

Obstetrics and Gynecology

**Obstetrics and Gynecology
MS312
2023-2024**

**Clerkship Director: LaKedra Pam
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Clerkship Coordinator: Makeba Kent**





Obstetrics and Gynecology Syllabus

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Medical Education Program Objectives

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:

INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Establish and maintain medical knowledge necessary for the care of patients (MK)	MK.1	Describe the normal development, structure, and function of the human body.
	MK.2	Recognize that a health condition may exist by differentiating normal physiology from pathophysiologic processes.
	MK.3	Describe the risk factors, structural and functional changes, and consequences of biopsychosocial pathology.
	MK.4	Select, justify, and interpret diagnostic tests and imaging.
	MK.5	Develop a management plan, incorporating risks and benefits, based on the mechanistic understanding of disease pathogenesis.
	MK.6	Articulate the pathophysiologic and pharmacologic rationales for the chosen therapy and expected outcomes.
	MK.7	Apply established and emerging principles of science to care for patients and promote health across populations.
	MK.8	Demonstrate knowledge of the biological, psychological, sociological, and behavioral changes in patients that are caused by or secondary to health inequities.
Demonstrate clinical skills and diagnostic reasoning needed for patient care (CSDR)	CSDR.1	Gather complete and hypothesis driven histories from patients, families, and electronic health records in an organized manner.
	CSDR.2	Conduct complete and hypothesis-driven physical exams interpreting abnormalities while maintaining patient comfort.
	CSDR.3	Develop and justify the differential diagnosis for clinical presentations by using disease and/or condition prevalence, pathophysiology, and pertinent positive and negative clinical findings.
	CSDR.4	Develop a management plan and provide an appropriate rationale.
	CSDR.5	Deliver an organized, clear and focused oral presentation.
	CSDR.6	Document patient encounters accurately, efficiently, and promptly including independent authorship for reporting of information, assessment, and plan.
	CSDR.7	Perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort.
	CSDR.8	Utilize electronic decision support tools and point-of-care resources to use the best available evidence to support and justify clinical reasoning.
	CSDR.9	Recognize explicit and implicit biases that can lead to diagnostic error and use mitigation strategies to reduce the impact of cognitive biases on decision making.
Effectively communicate with patients, families, colleagues and interprofessional team members (C)	C.1	Demonstrate the use of effective communication skills, patient-centered frameworks, and behavioral change techniques to achieve preventative, diagnostic, and therapeutic goals with patients.
	C.2	Clearly articulate the assessment, diagnostic rationale, and plan to patients and their caregivers.
	C.3	Effectively counsel and educate patients and their families.
	C.4	Communicate effectively with colleagues within one's profession and team, consultants, and other health professionals.
	C.5	Communicate one's role and responsibilities clearly to other health professionals.
	C.6	Demonstrate appropriate use of digital technology, including the EMR and telehealth, to effectively communicate and optimize decision making and treatment with patients, families and health care systems.

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
	C.7	Practice inclusive and culturally responsive spoken and written communication that helps patients, families, and health care teams ensure equitable patient care.
	C.8	Communicate information with patients, families, community members, and health team members with attention to health literacy, avoiding medical jargon and discipline-specific terminology.
	C.9	Communicate effectively with peers and in small groups demonstrating effective teaching and listening skills.
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.1	Demonstrate sensitivity, honesty, compassion, and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
	PCC.2	Demonstrate humanism, compassion, empathy, integrity, and respect for patients and caregivers.
	PCC.3	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.4	Show responsiveness and accountability to patient needs that supersedes self-interest.
	PCC.5	Explore patient and family understanding of well-being, illness, concerns, values, and goals in order to develop goal-concordant treatment plans across settings of care.
Exhibit skills necessary for personal and professional development needed for the practice of medicine (PPD)	PPD.1	Recognize the need for additional help or supervision and seek it accordingly.
	PPD.2	Demonstrate trustworthiness that makes colleagues feel secure when responsible for the care of patients.
	PPD.3	Demonstrate awareness of one's own emotions, attitudes, and resilience/wellness strategies for managing stressors and uncertainty inherent to the practice of medicine.
Exhibit commitment and aptitude for life-long learning and continuing improvement (LL)	LL.1	Identify strengths, deficiencies, and limits in one's knowledge and expertise.
	LL.2	Develop goals and strategies to improve performance.
	LL.3	Develop and answer questions based on personal learning needs.
	LL.4	Actively seek feedback and opportunities to improve one's knowledge and skills.
	LL.5	Locate, appraise, and assimilate evidence from scientific studies related to patients' health.
	LL.6	Actively identify, analyze, and implement new knowledge, guidelines, standards, technologies, or services that have been demonstrated to improve patient outcomes.
Demonstrate knowledge of health care delivery and systems needed to provide optimal care to patients and populations (HS)	HS.1	Identify the many factors that influence health including structural and social determinants, disease prevention, and disability in the population.
	HS.2	Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.
	HS.3	Demonstrate respect for the unique cultures, values, roles/responsibilities, and expertise of the interprofessional team and the impact these factors can have on health outcomes.
	HS.4	Work with the interprofessional team to coordinate patient care across healthcare systems and address the needs of patients.
	HS.5	Participate in continuous improvement in a clinical setting, utilizing a systematic and team-oriented approach to improve the quality and value of care for patients and populations.
	HS.6	Initiate safety interventions aimed at reducing patient harm.

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
	HS.7	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.
	HS.8	Integrate preventive interventions into the comprehensive health care of individuals.
	HS.9	Explain how different health care systems, programs and community organizations affect the health of neighborhoods and communities.
Exhibit commitment to promoting and advancing health equity for all patients (HE)	HE.1	Define health equity and describe the individual and population level differences in health outcomes and disease burden due to inequities in health care.
	HE.2	Comprehend the historical and current drivers of structural vulnerability, racism, sexism, oppression, and historical marginalization and how they create health inequity.
	HE.3	Explain how one's own identity, lived experiences, privileges, and biases influences their perspectives of colleagues, patients and clinical decision making.
	HE.4	Comprehend and identify the impact of health care inequities through medical decision making tools, interpreting medical literature and reviewing scientific research.
	HE.5	Identify factors needed to advocate for a more diverse and equitable healthcare environment at a local, community, and systems based level.

Third Year Learning Objectives

During the third-year clerkships, students will

- Demonstrate use of patient-centered interviewing and communication techniques
- Take a clinical history that demonstrates both organization and clinical reasoning
- Perform accurate and relevant physical exam techniques
- Demonstrate an ability to synthesize clinical information and generate a differential diagnosis, assessment and plan
- Demonstrate a compassionate and patient-sensitive approach to history taking and physical examinations
- Communicate well organized, accurate and synthesized oral presentations
- Counsel and educate patients and families
- Demonstrate timely, comprehensive and organized documentation
- Demonstrate a fund of knowledge in the clinical discipline and apply this to patient care
- Demonstrate an awareness of one's own learning needs and work to address these gaps
- Show respect and empathy for others
- Demonstrate accountability to the responsibilities of the student's role and expectations of a clinical clerk
- Communicate effectively with the interprofessional team

Obstetrics and Gynecology Clerkship Learning Objectives

At the end of the 3rd year clerkship in Ob/Gyn, the student will be able to:

- Demonstrate interpersonal and communication skills that build trust by addressing relevant factors including culture, ethnicity, language/literacy, socioeconomic status, spirituality/religion, age, sexual orientation and disability.
- Perform a medical interview and physical examination with confidence and incorporate ethical, social, and diversity perspective to provide culturally competent health care.
- Apply recommended prevention strategies to patients during their entire life.
- Recognize their role as a leader and advocate for patients' reproductive health.

- Exhibit the knowledge of preconception counseling including: genetics, medical conditions, and environmental factors on maternal and fetal health.
- Explain normal physiologic changes during pregnancy and interpret common diagnostic studies.
- Describe medical and surgical obstetric problems.
- Demonstrate knowledge of intrapartum care.
- Express knowledge of postpartum care of the birthing patient and newborn.
- Illustrate menstrual cycle physiology, discuss puberty, abnormal bleeding and menopause.
- Depict the etiology and evaluation of infertility and pediatric gynecology.
- Develop a thorough understanding of contraception, including sterilization and abortion.
- Display knowledge of common benign gynecological conditions including but not limited to urogynecology, vulvar disease, and STI's.
- Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain.
- Explain common breast conditions and outline the evaluation of breast complaints.
- Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.
- Describe gynecological malignancies including risk factors, signs and symptoms and initial evaluation.
- Provide a preliminary assessment of patients with sexual concerns.
- Perform a pelvic and breast exam under supervision according to the competency based evaluation guidelines.

Demonstrate the ability to gather a focused gyn history, perform an appropriate prenatal visit, illustrate motions of vaginal delivery and communicate effectively in oral and written presentations.

Contact Information



Clerkship Director

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Clerkship Coordinator

Makeba Kent

Medical Education Coordinator

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Office Hours: 9:00am-5:30pm

Clerkship Description

Focus of clerkship

The purpose of the 3rd year rotation in Obstetrics & Gynecology is to provide instruction in the basic knowledge and skills specific to the reproductive health maintenance and disorders of patients with female reproductive organs, to emphasize the importance of quality obstetrics and gynecology in providing continuous comprehensive care for patients, and to prepare the student for their future role as a physician.

Students in the 6-week Obstetrics and Gynecology Clerkship are placed at Boston Medical Center, Mount Auburn, Framingham MetroWest Medical Center, Saint Elizabeth's Hospital, or Kaiser, San Jose, CA. Each block of students will spend time on Inpatient Obstetrics, Inpatient Gynecology/Surgery, and Ambulatory OBGYN at all sites. Throughout the rotation, ambulatory experiences are obtained in both general and specialty clinics. During the inpatient gynecology rotation, some of the students placed at Boston Medical Center will be based at the Lahey Clinic in Burlington, MA.

Students will receive teaching from attending physicians, fellows, residents, midwives, L&D nurses, and other providers involved in the care of patients in our practice. The rotation includes weekend, overnight, and evening shifts. Students will always have the day off following an overnight shift. In addition to the clinical experiences, there are required weekly clinical application sessions (didactics) each Wednesday. The topics for these sessions are derived from Association of Professors of Gynecology and Obstetrics (APGO) Medical Student Educational Objectives, 11th Edition (2019).

Pre-requisite knowledge and skills

Students must have completed their second-year curriculum and the Transitional Clerkship and have taken the Step-I exam prior to taking this clerkship.

Prior to beginning the clerkship, the Student should know the following:

- Associate the male and female embryological urogenital structures with their adult counterparts.
- Compare changes in the male and female urogenital tracts from birth through senescence.
- Describe how sex chromosomes determine gonadal sex and compare the clinical manifestations of aberrant sex chromosome number or composition.
- Describe the role of androgens in the differentiation of the urogenital tract.
- To review and understand the endocrinology and physiology of the normal menstrual cycle.
- To recognize the various disorders along the hypothalamic, pituitary, ovarian and uterine axis which lead to irregular menses and secondary amenorrhea.
- To understand the pathophysiology and diagnostic criteria of Polycystic Ovarian Syndrome.
- To be able to evaluate patients with secondary amenorrhea.
- Distinguish between anovulatory causes of abnormal menstrual function and those due to organic lesions in the reproductive tract.
- Understand the peculiarities of pelvic visceral innervation and the pathogenesis of chronic pelvic pain.
- Become aware of the full spectrum of modern diagnostic and therapeutic tools available for management of menstrual disorders and pelvic pain.
- Appreciate the importance of individualized management and the opportunities for preventive healthcare in patients presenting with menstrual irregularities.
- Recognize the unspoken concerns of patients presenting with pelvic pain and menstrual irregularities.
- Understand the physiologic effects of estrogens and progestins
- Understand the effect of various contraceptive methods on the menstrual cycle

- List common contraceptive methods and the basis of action for each
- Describe medical conditions that might influence eligibility for the provision of certain contraceptive methods
- Understand the epidemiology, biology and clinical manifestations of common sexually transmitted infections.
- Understand the modes of transmission of common sexually transmitted infections and prevention strategies in all patient populations.
- Describe the pathogenesis of fibroids.
- Describe the pathogenesis of uterine polyps.
- Describe the pathogenesis of uterine synechiae in Asherman syndrome.
- Describe the pathogenesis of fallopian tubal disease and hydrosalpinx.
- Describe the theories of the pathogenesis of endometriosis.
- Review the epidemiology of the major malignancies of the female reproductive tract
- Learn the pathophysiology of the major malignancies of the female reproductive tract
- Understand the basic anatomy, physiology, and endocrinology required for proper fertility
- Explain the definition of infertility and the major causes of infertility
- Describe the workup of infertility
- Describe the medical treatment of infertility
- Understand the basic treatment involved with In Vitro Fertilization
- Review fertilization and initial recognition of pregnancy
- Understand the role of chromosome number and origin in successful pregnancy
- Review the endocrinology of pregnancy
- Delineate the physiologic effect of pregnancy on each organ system
- Highlight key areas in which physiologic adaptations lead to pregnancy complications

Clerkship Changes Made Based on Feedback

Oral Clinical Reasoning Assessment (Oral Exam): An orientation to this exam, with a demonstration and discussion of expectations, now takes place during **week one** of the clerkship, instead of **week five**. This gives students more time to reflect upon their approach to the core/required diagnoses and practice discussing clinical cases in the style of the exam. The format and content of the exam has been updated to reflect more accessible topics that students are more likely to have seen during day-to-day clinical activities.

Active Learning/Simulation: An instructional session on surgical scrubbing and OR sterility has been added to clerkship orientation, so students will be better prepared to participate in cesarean deliveries.

Midclerkship Feedback: These sessions were previously held during week three of the clerkship, when students had completed only two weeks of clinical work. They are now week four, when students will have completed three weeks of clinical work. This will allow students to receive more concrete clinical feedback from their preceptors.

Diversity, Equity, and Inclusion Initiatives

- Continuous updates of clerkship materials reflect inclusivity of gender and sexual diversity.
- Students participate in all departmental Health Equity Rounds/Grand Rounds sessions.
- Didactic sessions include focused review of health inequities such as disparate access to infertility care and forced sterilization

Site Information

Site maps indicating the availability of student resources at our affiliate hospitals can be found under the Clinical Sites section of the Medical Education Office's Student Resources page at <http://www.bumc.bu.edu/busm/education/medical-education/student-resources/#siteinfo>.

Framingham Metrowest Medical Center

115 Lincoln St., Framingham, MA 01702

Site Director: William Brazen, William.Brazen@mwmc.com

Site Administrator: Michele Murphy, 508-383-1559, Michele.Murphy@mwmc.com

- Formal didactic lectures daily and daily morning rounds.
- Evaluation of patients in outpatient clinic once a week, working 1:1 with attendings
- Evaluation of antepartum, intrapartum and postpartum patients on the obstetrical service. Attendance in perinatology and genetic/amniocentesis clinics.
- Evaluation of gynecological patients. Students are expected to scrub in on surgical cases and follow the patient from admission to discharge.
- The preceptor/student ratio is 1:1. There is 1:1 student progress meeting with the Clerkship Director at the halfway point of the rotation. Students are supervised by attending physicians

Kaiser Permanente, San Jose

276 International Circle, Family Health Center, 2nd Floor, Unit F San Jose, CA. 95119

Site Director: Katie Lemieux MD, (408) 362-4740, Katie.L.Lemieux@kp.org

Kaiser Permanente is a pre-paid integrated health care system with emphasis on prevention and quality. The OB/GYN Clerkship will allow students to work closely with Physicians and Midwives to prepare them for sub-internships in OB/GYN, its subspecialties, or other fields. Students will appreciate a high volume environment on Labor and Delivery, in the clinics, and in the operating room for a broad overview of Women's Health Care and to appreciate the opportunities in the field of OB/GYN.

Lahey Clinic (Gynecologic Surgery only)

41 Mall Rd., Burlington, MA 01805

Site Director: Caroline Nitschmann MD, caroline.nitschmann@lahey.org

Site Administrators: Martinha Rosa, (781) 744-9628, Martinha.F.Rosa@lahey.org
Brenda O'Neil (781) 744-8564, Brenda.M.O'Neil@lahey.org

During your two-week gynecologic surgery block, you will be at Lahey when you are not assigned to an ambulatory clinic at Boston Medical Center. You will be in the OR every day at Lahey. You should wear scrubs every day of the week. Wear your white coat over your scrubs if you are not in the Pre-Op Holding, the OR, or PACU. In other words, if you are not doing something associated with the OR or if you are up on the floors, you should wear your white coat. On weekends, some of the residents wear scrubs or professional attire, but all the Attendings wear professional attire. You can wear your scrubs and white coat on the weekends.

Mount Auburn Hospital

330 Mt. Auburn St., Cambridge, MA 02138

Site Director: Malcom (Kip) Mackenzie, MD mmacken1@mah.harvard.edu

Site Administrator: Lynne Doherty, (617) 499-5161, ladohert@mah.harvard.edu

Mt Auburn hospital is a community hospital just west of Harvard Square, serving the population of Cambridge and surrounding communities. Students will experience Ob care on Labor and Delivery, Ob/Gyn care in clinics, including MFM, Gyn Onc and Uro Gyn clinics, and Gyn cases in the OR. Due to the busy schedule and no Gyn floor rotation, you won't be rounding as much as other sites, but you'll be spending that time seeing more patients and exploring the field. MAH has a comparable birth rate to BMC, but with fewer medical students on at a time, so there can be plenty to do, and many opportunities to participate.

St. Elizabeth's Medical Center

736 Cambridge St, Brighton, MA 02135

Site Director: Amen Ness, MD Amen.Ness@steward.org

Site Administrator: Abigail Silk, (617) 562-7060, Abigail.Silk@steward.org

St. Elizabeth's is a community-based hospital but also the tertiary care referral site for all other Steward affiliated facilities. You will be considered a member of the care team along with physicians, midwives, physician assistants, nurse practitioners and nurses. You will work with BU Physician Assistant program students as well as other medical and midwifery students. We offer a mix of patient interactions on Labor & Delivery, in the operating room and in outpatient clinics. Your schedule will change daily to take advantage of various learning opportunities, but in general, you will spend half the rotation covering obstetrics and the other half covering gynecology. Having a car is preferred for the clerkship as we have some offsite clinics; however, public transportation is available to some of these locations.

Clerkship Schedules

Boston Medical Center Wards

OB Rounds

- Weekdays
 - Board Signout – 7:00AM (No pre-rounding)
 - Multi-Disciplinary Rounds – 8:30AM
 - Sit-down Rounds – 5PM (Only students on L&D during the day)
- Weekend and Holidays:
 - Board Signout – 7:00AM
 - Multi-Disciplinary Rounds – 8:30AM

Gyn Rounds

- Weekdays
 - Team Floor Rounds – 6:15AM (Have your patient presentation ready)
 - Attending Sit-down Rounds – 7:00AM
 - Operating Room Start Time – 7:20AM
 - Evening Sign-outs – 5:30PM (ALL Students on Gyn Team for the day)

- Preop Gyn conference: Fridays 7:30AM
- Tumor Board: alternating Mondays 7:30AM
- Weekend and Holidays
 - Sit-down Rounds – 7:00AM (No pre-rounding)

Block Schedule

Block schedule dates for all clerkships can be located on the Medical Education website:

<http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/>

Didactic Schedule

Every Wednesday. All sessions are mandatory. Kaiser students will join via videoconference at 10:00am Eastern (7:00am Pacific)

7:30-8:30AM: Departmental Grand Rounds

8:30AM-10:00AM: Lecture, Case Discussions

10:00AM-12PM: Small Groups

1:00PM – Simulations, Workshops, Team-Base Learning

Midpoint Evaluations will occur during Week 4

Student Case Presentations will occur during Week 5

Oral Exams will occur during Week 6

Night Schedule

Each student will participate in overnight shifts on the labor floor or Gyn night consults. Depending on site, this may be integrated or a separate experience

Holidays

Juneteenth: Monday, June 19, 2023

Thanksgiving: Wednesday, November 22, 2023 at 12PM – Sunday, November 26, 2023

Intersession: Sunday, December 24, 2023 – Monday, January 1, 2024

Other holidays that occur during specific blocks will be communicated by the clerkship director.

Holidays by Clerkship can be viewed on the Medical Education website at:

<http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/#clerkhols>

Assessment and Grading

Clerkship Grading Policy

HOW MUCH EACH PART OF YOUR GRADE IS WORTH:	
Clinical Grade Percentage	60%
Shelf/Exam Percentage	25%
Oral Examination	10%
“Other” Components Percentage	5%
Extra Credit – Patient Portfolio	0.5 points added to final numeric score Writeup of three patients seen during the clerkship (Ambulatory, Obstetrics, Gynecology) (Must counsel 2 patients, no partial credit; Due by last Wednesday of block 5PM EST)
HOW YOUR FINAL WORD GRADE IS CALCULATED:	
Honors	88.0-100.0
High Pass	79.0-87.9
Pass	70.0-78.9 or between 1.5-2.49 in any domain on the final CSEF
Fail	<69.9 or <1.5 on any domain on the final CSEF or < 2 averaged on the final CSEF (Clinical Fail)
HOW YOUR CLINICAL GRADE IS CALCULATED WITH THE CSEF:	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
SHELF/EXAM GRADING	
Exam minimum passing (percentile/2 digit score)	<5th% / 64%
What is “Other” and what percentage is it worth?	
Item	Evidence Based Medicine Presentation
Percentage	5%
Other components that need to be completed in order to pass the clerkship	
Patient log	
2 FOCuS Forms – 1 Interview Technique, 1 Physical Exam	
Standard Clerkship Clinical Grade Procedures/Policies	
<ul style="list-style-type: none"> Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. Preceptors DO NOT determine the final “word” grade. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component. The CSEF form will be used to numerically calculate your clinical grade: 1 to 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 3rd year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g., if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator. CSEF Clinical Grade Calculations should be made using the 0.01 decimal point in each domain (though the rounded number will be checked off on the final CSEF) to give a final number. Any average of <1.5 in any domain = an automatic fail for the clerkship 	

Any average of < 2.5 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching

>2.5 in all domains, standard rounding will be used

<2.00 = Clinical fail which will = a fail for the clerkship

2.00-3.44 = Clinical pass

3.45-4.44= Clinical high pass

>4.45=Clinical honors

The clinical grade will be reported in the CSEF final narrative

- Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data and submit the final clinical evaluation.

Clerkship Specific Clinical Grade Procedures/Policies

- The clinical grade will be worth 60% of the final grade of the clerkship and will be calculated out of a 5-point scale from the CSEF
- The shelf is worth 25% of the final grade of the clerkship. The 2-digit score will be used to calculate the numeric score out of 100.
- Students at BMC, BMC/Lahey, Mount Auburn and St. Elizabeth's will request evaluations from faculty (including midwives, nurse practitioners and fellows), and residents.
- Primary preceptors at Kaiser and MetroWest will collect evaluation data from the other providers with whom the student works. The primary preceptor will collate this data and submit the final clinical evaluation.

Professional Conduct and Expectations

Evaluation of a medical student's performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Student expectations include those listed below in [professional compartment sections](#). If there are multiple professionalism concerns through a clerkship the student will not be eligible to receive honors on the clerkship. A student will be given feedback prior to receiving their final grade for the clerkship if their professional conduct is of concern. Prior to receiving a final grade, if a clerkship director determines that a student does not meet the professional conduct and expectations of the clerkship, a student will fail the clerkship. Any professionalism lapses resulting in either a clerkship fail or ineligibility to receive honors will require narrative comments by the clerkship director in the summative comments section of the final evaluation and the student will be given feedback in advance of the final grade form submission.

Shelf Exam Failure & Remediation

If a student fails their shelf exam, they will receive an Incomplete for the clerkship and retake the exam at the end of the year. Students:

- will not receive a Fail on their transcript if they pass the reexamination.
- will not be eligible for a final grade of honors - if the final grade calculation would earn the student honors, they will receive high pass as a final grade. Students would still be eligible to receive a clinical honors.
- If a student fails the reexamination, they will have Fail on their transcript, and have to remediate the clerkship.

Clerkship Failure & Remediation

If a student fails a third- or fourth-year clerkship, the student will receive a Fail grade and will be required to repeat the clerkship. The grade for the repeated clerkship will be calculated based on the grading criteria outlined in the syllabus for Pass, High Pass, or Honors independent of the prior Fail. The original Fail grade will remain on the transcript. The original summative evaluation narrative will be included in the MSPE, in addition to the summative evaluation from the repeated clerkship.

If a student fails the remediated clerkship again and the SEPC allows for another remediation, the grade for the repeat clerkship will still be calculated based on the grading criteria outlined in the course syllabus for (Pass, High Pass, or Honors). The original two failures will remain on the transcript. The repeated course will be listed again, and the word (Repeat) will appear next to both course names.

Grade Review Policy

The School's Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Chobanian & Avedisian School of Medicine MD Students:

<http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/>

AME/Kaiser Core Faculty Direct Observation

During the third year, students will be directly observed by their core AME (or Kaiser) faculty three times throughout the year. They will also submit one write up in their core AME/Kaiser faculty's discipline, and one video of a session with an SP for review and feedback. At the end of the year, the core AME/Kaiser faculty will write a narrative summary describing the student's growth trajectory and competency development in the observed domains. This narrative will be included as part of the End of Third Year Assessment (in addition to the EOTYA 6 station OSCE).

Formative Assessments

The purpose of formative assessment is to improve student learning by providing feedback on how well they are learning skills and content during the clerkship. Formative assessments are not included in the calculations of students' final grades. Each clerkship has required **FOCuS (Feedback based on Observation of Clinical UME Student)** forms which must be completed by the mid/end of the clerkship. These forms will provide formative assessment through direct observation of CSEF behaviors. Each student is required to complete one interviewing technique and one physical exam FOCuS form on each clerkship.

The "Physical Exam" in the OBGYN clerkship is the "Abdomino-Pelvic examination." We will focus our exam feedback on the abdomino-pelvic exam only. We will teach you how to perform the breast examination during a skills simulation session at orientation. You may certainly ask for feedback about breast examination if you perform one during the clerkship. However, you may not get the chance to perform breast examinations on patients due to the decrease in annual examinations and routine breast examinations.

Formative Assessment and Feedback Policy

Boston University Chobanian & Avedisian School of Medicine ensures that each medical student is provided with formative assessment early enough during each required course or clerkship to allow sufficient time for remediation. Formative assessment occurs at least at the midpoint of each required course or clerkship four or more weeks in length.

Full Policy: <http://www.bumc.bu.edu/busm/education/medical-education/policies/formative-assessment-and-feedback/>

Mid-Clerkship Review

You and your clerkship director, site director or primary faculty/preceptor will complete the Mid-clerkship Evaluation form at the mid clerkship point.

The purpose of this evaluation is to give the student a chance to understand both their strengths as well as opportunities to improve. The feedback received at the mid-clerkship review is intended to allow the student to improve their clinical skills in real time.

Final Summative Assessments

The final summative assessment will be based on the clerkship grading policy and include a final narrative describing your overall grade, clinical grade, based on the CSEF (Clinical Student Evaluation Form), and other assessments, depending on the clerkship. The summative narrative must include a final summative statement regarding your professionalism on the clerkship (meet expectations or did not meet expectations) per the AAMC MSPE requirements. The final grade form summative narrative appears in your MSPE and is based on aggregate comments from your individual CSEFs and is written by a site director/clerkship director and is reviewed by the clerkship director before submission.

NBME Subject Examination

Students will take the Obstetrics and Gynecology NBME Subject Examination on the last Friday of the clerkship (unless otherwise communicated by the Medical Education Office). Students are given a reading day the day before the exam. Students do not report to their clerkship site on the reading day or the day of the exam. Students will be given 2 hours 45 minutes to complete this exam. Shelf exam dates can be found in the [3rd year google calendar](#).

Remotely administered assessments

Students are responsible for ensuring that they meet any technical needs required for remotely administered assessments (e.g., NBME Shelf Exams, OCRAs). This includes, but is not limited to, ensuring:

- computer specifications meet requirements outlined on the Alumni Medical Library website: <https://www.bumc.bu.edu/medlib/computing/busmrequirements/>
- for NBME shelf exams, the student runs the laptop certification process noted below
- a consistent and stable internet connection
- a quiet testing space where the student will not be disturbed during assessment administration

Clerkships will reserve BUMC space as an onsite testing space for any remotely administered assessments. Students who do not have an appropriate testing space or prefer to test on campus should reach out to their clerkship coordinator at least two weeks prior to the assessment to make arrangements to test on campus.

Students with technical difficulties during a remotely administered assessment who do not take their assessment at a designated campus location will not be able to submit a grade reconsideration request solely for this reason.

Shelf Exam Laptop Certification Process

Students must certify their laptops one week before the NBME Subject Exam and again on the day before the exam. Instructions are provided on the Alumni Medical Library website at:

<http://www.bumc.bu.edu/medlib/services/computing/nbme/>

If a student has technical difficulties during a shelf exam, they must report this to the clerkship coordinator. The clerkship coordinator must inform the Medical Education Office, and the student is required to have their laptop evaluated by BUMC IT before their next shelf exam.

<https://www.bumc.bu.edu/it/support/bumc-it/request/>

Exam Policies

<http://www.bumc.bu.edu/busm/education/medical-education/policies/exam-policies-for-medical-students/>

Make-Up Exams

Students needing to make up the exam or remediate only the exam portion of the clerkship must contact the Clerkship Coordinator to arrange for a make-up/remediation date. **Students may not take a make-up or remediation exam during any block they currently have a scheduled rotation.** Make-up and remediation exams will typically be scheduled at the end of the third-year blocks between mid-May and early June.

Roles and Responsibilities

Each clerkship is directed by the School's Clerkship Director who oversees all clerkship sites. Each clinical site is directed by a clerkship site director who ensures that students are appropriately supervised and faculty and residents are prepared to teach at their site. Clerkships also have multiple clinical faculty that have varying degrees of exposure to students. The responsibilities of the directors and coordinators are described below more specifically. Clerkship directors are assisted by assistant clerkship directors, clerkship site directors, and clerkship coordinators.

School's Clerkship Director & Assistant Clerkship Director

- Oversees the clerkship curriculum's design, implementation, and administration
- Defines clerkship specific learning objectives and requirements
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensures student and faculty access to appropriate resources for medical student education
- Orients students to the overall clerkship, including defining the levels of student responsibility requirements (i.e., required diagnoses and procedures, direct observations, forms, feedback), grading structure and student schedule
- Oversees teaching methods (e.g., lectures, small groups, workshops, clinical skills sessions, and distance learning) to meet clerkship objectives
- Develops faculty involved in the clerkship and provides faculty development across sites specific to clerkship needs
- Evaluate and grade students
 - Develops and monitors assessment materials
 - Uses required methods for evaluation and grading
 - Assures timely mid-clerkship meetings at all sites with students
 - Ensures students receive timely and specific feedback on their performance
 - Submits final grade form for students via School of Medicine's evaluation system
- Evaluates clerkship, faculty, and programs via peer review and annual data from the Medical Education Office (MEO) and national organizations (AAMC, NBME, etc.)
- Supports each student's academic success and professional growth and development, including identifying students experiencing difficulties and providing timely feedback and resources
- Address any mistreatment and professionalism concerns in real time and communicate with MEO
- Participates in the school's clerkship Educational Quality Improvement and peer review processes with completion of action items
- Ensures LCME accreditation preparation and adherence
- Adheres to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Overall Clerkship Coordinator

- Supports the clerkship director in their responsibilities above
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Responds within one business day to student emails and questions
- Maintains student rosters and clinical schedules
- Coordinates orientations and didactic sessions
- Liaises with site directors and administrators to coordinate student experiences across all sites and timely collection of evaluations
- Verifies completion of clerkship requirements, including midpoint and final evaluations for each student, required diagnoses, and FOCuS forms
- Monitors students' reported work hours and report any work hours violations to the clerkship director
- Coordinates and proctors clerkship exams

Clerkship Site Director

- Oversees the clerkship curriculum and administration at the site
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Is available and responsive to students' questions and concerns
- Ensures all faculty and residents teaching students are oriented to students' expectations, responsibilities, learning objectives, requirements, and assessments used in the clerkship
- Ensures student and faculty access to appropriate resources for medical student education
- Orients students to the clinical site when new students arrive at the site
- Reviews clerkship requirements and student expectations at site
 - Provides site specific information including, but not limited to, lockers, library, call rooms as applicable and required by LCME
 - Reviews site-specific schedule, discusses student role and responsibilities at site, supervision at site, and who to contact with questions and concerns
- Supervises students and ensures clerkship specific required observations are completed
- Meets with the student for the Mid-clerkship review
- Meets with the student for the final exit meeting
- Ensures timely and specific formative feedback based on direct observations
- Works with faculty and residents to delegate increasing levels of responsibility to students based on clerkship requirements
- Provides site didactics when applicable
- Recognizes students with academic or professionalism difficulties and communicates to Clerkship Director in a timely fashion
- Completes and ensures the accuracy of student evaluation forms, including formative and summative narratives for students at the site
 - Ensures collection of feedback and evaluation data from all physicians who work with each student by the end of the clerkship block to meet school's grading deadlines
 - Ensures that narrative data are consistent with and support numerical data

- Evaluates students fairly, objectively, and consistently following medical school and clerkship rubrics and guidelines
- Addresses any student mistreatment concerns immediately and notifies the Clerkship Director
- Adheres to the AAMC Teacher-Learner Expectations guidelines
- Reviews site specific evaluations at mid-year and end of year and facilitates improvements based on data
- Works with School to provide faculty development for faculty and residents
- Answers Clerkship Director's questions or concerns regarding site evaluation or student concerns
- Participates in educational programming and meetings as requested by Clerkship Director or Assistant Dean for Affiliated Sites
- Adheres to LCME guidelines

Clerkship Site Coordinator

- Supports the clerkship site director in their responsibilities above
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Responds within one business day to student emails and questions
- Sends out welcome email informing students where and when to arrive at least 72 hours before student start date
- Provides students with their contact information and remains available for questions and concerns during working days and hours
- Ensures students are oriented to clinics and hospital
- Obtains, tracks, and manages student rosters
- Obtains and maintains student information required by the site, as applicable
- Creates and distributes:
 - Student schedules to students, faculty, and staff before clerkship start date
 - Didactics/Presentation schedules, if applicable
- Schedules mid-clerkship evaluations; tracks and keeps record of completion and provides to overall Clerkship Coordinator
- Informs faculty and overall Clerkship Coordinator of student absences
- Arranges and schedules educational resources as applicable (e.g., SIM lab, EMR & Scrub training) and helps students troubleshoot
- Provides students with necessary documents and resources needed to be oriented to site
- Monitors and processes evaluations for distribution to faculty and residents
- Collects timely feedback from faculty for mid and end of clerkship evaluations to meet School's deadlines
- Collects feedback and evaluation data from all physicians who work with each student by end of clerkship block to meet School's grading deadlines
- Understands evaluation system and all site requirements
- Communicates site information changes (e.g., faculty, rotation details) to School's Clerkship Director and Clerkship Coordinator
- Maintains communication with Clerkship coordinator centrally and response within one business day
- Coordinates site specific meetings and faculty development with School

Primary Clinical Faculty/Preceptors/Trainees

- Sets and clearly communicates expectations to students
- Observes students' history taking and physical exam skills, and documents it on the FOCuS form
- Delegates increasing levels of responsibility to students based on clerkship requirements
- Maintains appropriate levels of supervision for students at site
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Recognizes students with academic or professionalism difficulties and communicates to Clerkship Director in a timely fashion
- Gives students timely and specific formative feedback based on direct observations
- Assesses students objectively using School of Medicine's evaluation system
- Adheres to the AAMC Teacher-Learner Expectations guidelines

Supervision

Initially, the primary clinical faculty members should designate time to observe you performing: **history taking, focused physical exam, clinical problem-solving and interaction with patients and patient education.** Once the supervisor establishes the student's level of confidence and competency, the student should be delegated increasing levels of responsibility in patient care, as appropriate. Although students may initiate a particular patient encounter on their own and without direct supervision, the faculty must at some point review the encounter with the student and inform the patient in-person that the student's assessment and management plan has been reviewed and approved by the faculty. The faculty is ultimately responsible for the evaluation, treatment, management, and documentation of patient care. If students have concerns regarding their clinical supervision, the site director and clerkship director should be immediately notified. Any supervision concerns should also be immediately submitted through the ATM link or directly to the Associate Dean of Medical Education.

Supervision and Delegating Increasing Levels of Responsibility

It is expected that the level of student responsibility and supervision will be commensurate with student's competency and level of confidence. When the student arrives to a new setting, a faculty may wish to observe you for the first session. Thereafter, you should begin to see patients on your own. In the outpatient setting, **the student should initially perform 4-5 focused visits per day in the first week, increasing to 6-12 thereafter. In the inpatient setting, the student should initially follow 1-2 patients and increased to 3-4 thereafter.** When a student feels that they are being asked to perform beyond their level of confidence or competency, it is the responsibility of the student to promptly inform the preceptor. It is then the preceptor's responsibility to constructively address the student's concerns and appropriately restructure the teaching encounter to address the student's learning needs.

Under no circumstances should the following occur:

- Patient leaves the office/hospital without having had a direct face-to-face encounter with clinical faculty/supervising resident.
- Primary faculty gives "prior approval" for student to perform intervention (order labs, prescribe meds) without satisfactory review.
- Patient leaves office/hospital without being informed that assessment/ management plan has been directly reviewed and approved by the faculty.
- Learning in which a student is expected to perform an intervention or encounter without the prerequisite training and/or adequate supervision.

- Student note provides the only record of the visit. Although all faculty see all patients, faculty must document that they were actually the person responsible for seeing and examining the patient.

Intimate Exam Policy

Students participating in an intimate exam with a patient (which includes, pelvic, genitourinary and rectal exam) must have a chaperone with them, irrespective of the gender of the patient or the student. Permission to participate in an intimate exam must be obtained by the supervisor in advance of the examination itself. The patient has the right to decline student attendance at any examination. If a student is unable to perform any intimate exam due to patient preference, the student's evaluation will not be impacted and if necessary, the clerkship director will provide an alternative experience.

Physical Exam Demonstrations

The demonstration of the physical examination on students should not be done by any supervisor of students including residents and attending faculty. Practicing the physical examination on students places them in a position where they may feel pressure to consent to something they may not feel comfortable with.

Third Year Student

Obstetrics and Gynecology is a surgical specialty. Scrubs and appropriate personal protective equipment should be worn at all times. Please change out of your street clothes when you arrive at the hospital and change back at the end of your shift. All students will be provided with scrub IDs at BMC or the equivalent at off-sites. Scrubs with a white coat may also be worn in the ambulatory setting.

You are part of a team. You are expected to participate fully as a team member. You must treat patients, their families and all hospital staff with unfailing courtesy and respect. You should take responsibility for patients assigned to your care and communicate with the resident team and attending staff.

You are expected at all student, resident and department lectures, case presentations and clinical skill sessions. Attendance will be taken at all sessions and will be taken into account when determining your final grade and drafting the final summative statement.

Clinical responsibilities begin on 1st day of the clerkship and end at 6:30p on the Tuesday before the end of the block.

Clinical Responsibilities:

Students are expected to go to all clinical assignments. Because ambulatory schedules may change due to provider sickness/vacation/conferences, students should check the clinic schedule ahead of time to make sure there are patients booked under the provider and email the provider ahead of time to let them know they will be working with them. If the student sees there are no patients and finds that the provider is away, they need to let the Clerkship Coordinator or the Site Coordinator/Director know in order to make a re-assignment. Ideally this should be >24 hours' notice, unless there is a sudden emergency cancellation.

Professional Compartment

Students are expected to adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations, located on the Policies page, under "Academic Policies and Information"

(<http://www.bumc.bu.edu/busm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf>)

Students are expected to be aware of and follow the site expectations on professional comportment, including, but not limited to, dress code and the use of phones, pagers, and laptops. Students must arrive on time at their site and for any scheduled sessions. Any missed sessions and absences must adhere to the Attendance & Time Off Policy.

Further, below are expectations for student professional conduct and behavior in the core clerkship curriculum. These include, but are not limited to:

- Treating and communicating with the clerkship team in a respectful manner.
- Engaging in the core curriculum and participating respectfully with peers and colleagues at all times.
- Arriving at clerkship didactic sessions on time and being present throughout sessions.
- Requesting faculty and resident evaluations in a timely manner.
- Reviewing and responding to e-mail requests in a timely manner.
- Returning borrowed clerkship materials on time.
- Handing in all assignments on time.
- Completing all logs and FOCuS forms by the clerkship specific deadline.
- Informing clerkship leadership and supervising faculty/residents of absences in advance of the absence.

Professional conduct will be reviewed at the mid-clerkship feedback session. Additionally, students will be given feedback prior to receiving their final grade when professionalism concerns are identified on the clerkship. If students are not meeting expectations for professional conduct and behavior in the clerkship or there are concerns, students will be made aware of the concerns noted by the clerkship directors, clerkship coordinator, faculty or residents.

Ethical Behavior for Examinations and Mandatory Sessions

- Refrain from any conversation with your peers during exams and as you leave the L-11 testing space (when applicable), including within the vending room and elevator waiting area, until you are on the elevator.
- Refrain from leaving your computer camera view at any point during the examination. Any time where a student cannot be viewed may result in failure of the examination.
- Don't seek or receive copies of the examinations
- Signing in classmates, or signing in yourself and not staying for mandatory sessions is considered cheating and violations will be referred to Medical Student Disciplinary Committee
- If you are aware of any violations of the ethical standards listed above, within the Student Disciplinary Code of Academic and Professional Conduct, or otherwise, report it to the Clerkship Director

Student Evaluation of the Clerkship

Student feedback is a highly valued, critical resource for helping us continually improve our curriculum. Evaluation of learning experiences is a requirement of the Liaison Committee on Medical Education. To ensure that we have a representative amount of data on our courses and clerkships, all students are expected to complete an evaluation via the School of Medicine's evaluation system, MedHub (<https://bu.medhub.com/>), for each of the courses/modules and their instructors. All evaluations are anonymous and aggregate data is only released to clerkship directors after grades have been submitted for the blocks. Please comment freely and honestly about your experience.

Blackboard

Students will have access to a Blackboard site for the clerkship. The site is listed under “My Courses” as Obstetrics and Gynecology 2023-2024 on your Blackboard landing page.

Students who have questions about the Blackboard site or find that they do not have access to the site should contact the Clerkship Coordinator for assistance.

Blackboard Learn: <https://learn.bu.edu/>

Assignments

Nursing Session forms

If you are assigned to work a day shift with a labor and delivery nurse, you will be required to submit your checklist and feedback comments from the nurse you worked with on the Blackboard site.

Literature Review Presentation

Students will be required to give a presentation of a review of the literature on a clinical topic of their choosing. This presentation will be done at BMC for students who are at BMC, BMC/Lahey, and St. Elizabeth’s and presented to peers during the third Wednesday of the block.

Students at Mt Auburn, Kaiser, and MetroWest will present at their respective sites to an audience of attendings. All sites will use the same grading rubric.

Examples of the content and format are under “Case Presentation” on Blackboard. Please review the PowerPoint template before beginning your presentation. The presentation format will also be reviewed on the first Wednesday of the block.

The presentation should be limited to 10 minutes and will be timed. The goal is to deepen your own knowledge and educate your colleagues regarding a specific clinical topic.

Your presentation will be graded by clerkship faculty and by your peers. The presentation is graded by the following criteria (listed on Blackboard):

- Presentation Skills
- Organization
- Presentation of medical literature/evidence
- Discussion of evidence

Patient Encounters/Case Logs

Across the third year, there are required patient encounters and procedures that must be logged whenever they are seen. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient.

Required Patient Encounters (The Core)

<http://www.bumc.bu.edu/busm/education/medical-education/faculty-resources/>

Students should log every time they see any patient with the required patient encounter and continue to log throughout all clerkships.

<u>Required Patient Encounters</u>	<u>Required Procedures</u>
<ul style="list-style-type: none"> • Abdominal/Pelvic Pain-Hospitalized Patient • Abdominal/Pelvic Pain-Ambulatory Patient • Amenorrhea • Hot flashes • Abnormal uterine bleeding • Pre-operative patient • Post-operative patient • Sexual dysfunction • Urinary changes (incontinence, etc.) • Vaginal discharge • Contraceptive management • The patient who is trying to get pregnant • The patient who is pregnant • The patient in labor • The postpartum patient • High BP - preeclampsia 	<ul style="list-style-type: none"> • Female urinary catheterization (P) • NSVD (P) • D&C observation (O) • Suturing (P) • Pap smear (P) • Scrubbing and sterile gown/gloving (P)

Alternative Patient Encounters

If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. In this clerkship, the alternative experiences are paper cases.

Patient Encounter Log

Students are expected to log their patient encounters in [MedHub \(https://bu.medhub.com/\)](https://bu.medhub.com/). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

Policies and Procedures for Evaluation, Grading and Promotion of Boston University Chobanian & Avedisian School of Medicine MD Students

<http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/>

Collaborative Student Assessment System

<http://www.bumc.bu.edu/busm/education/medical-education/policies/collaborative-student-assessment-system/>

Student Disciplinary Code of Academic and Professional Conduct

<http://www.bumc.bu.edu/busm/faculty/medical-student-disciplinary-code/>

Attendance Policies

On-site hours must be limited to 80 hours per week, averaged over a two-week period. Violations should be reported directly to the clerkship director or to an Associate Dean (Medical Education or Student Affairs). As part of becoming a professional, medical students should have the flexibility to address personal and professional needs at their discretion. In the clerkship year, as students transition to more of a professional work environment, they gain the responsibility of a working professional, yet do not have the agency to attend to their personal needs. As such, the Student Affairs Office and Medical Education Office have developed this personal day policy in conjunction with the clerkship directors for the core clerkship year. In addition to addressing issues of wellness and professional development, this policy will teach students the importance of time management and managing days off.

Time off requests must comply with the Attendance & Time Off Policy.

- Attendance & Time Off Policy: <http://www.bumc.bu.edu/busm/education/medical-education/policies/attendance-time-off-policy/>
 - 3rd Year Excused Absence Form: <https://wwwapp.bumc.bu.edu/MedPersonalDays/home/Index>
- Work Hours: <http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/>
- Jury Service: <http://www.bu.edu/dos/policies/lifebook/jury-service/>
- Religious Observance: <https://www.bu.edu/chapel/religion/religiouslifepolicies/>
- Weather Policy: <http://www.bumc.bu.edu/busm/education/medical-education/policies/weather-policy/>

Clerkship Specific Restricted Dates

- Clerkship orientation
- First full clinical day of clerkship
- Wednesday didactics
- Any scheduled overnight/evening shift
- Assigned to student-run PACES clinic

Scrubs Policy

<http://www.bumc.bu.edu/busm/education/medical-education/policies/scrubs-policy/>

School of Medicine Policies

In addition to the expectations listed above, all students are expected to adhere to Chobanian & Avedisian School of Medicine and Boston University policies.

<http://www.bumc.bu.edu/busm/education/medical-education/policies/>

BU Policies and Student Support Services

Appropriate Treatment in Medicine

Boston University Chobanian & Avedisian School of Medicine is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the School's community to respect each person's worth and dignity, and to contribute to a positive learning environment where medical students

are enabled and encouraged to excel.

Chobanian & Avedisian SOM has a **ZERO** tolerance policy for medical student mistreatment.

Students who have experienced or witnessed mistreatment are encouraged to report it using one of the following methods:

- Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci, MD, directly by email (bob.vinci@bmc.org)
- Submit an online Incident Report Form through the online reporting system <https://www.bumc.bu.edu/busm/student-affairs/atm/report-an-incident-to-atm/>

These reports are sent to the ATM chair directly. Complaints will be kept confidential and addressed quickly.

Appropriate Treatment in Medicine website: <http://www.bumc.bu.edu/busm/student-affairs/atm/>

Needle Sticks and Exposure Procedure

<http://www.bumc.bu.edu/busm/student-affairs/additional-student-resources/needle-stickexposure/>

Boston University Sexual Misconduct/Title IX Policy

<http://www.bu.edu/safety/sexual-misconduct/title-ix-bu-policies/sexual-misconducttitle-ix-policy/>

Boston University Social Media Guidelines

<http://www.bu.edu/policies/information-security-home/social-media-guidelines/>

Using Generative AI in Coursework Guidelines

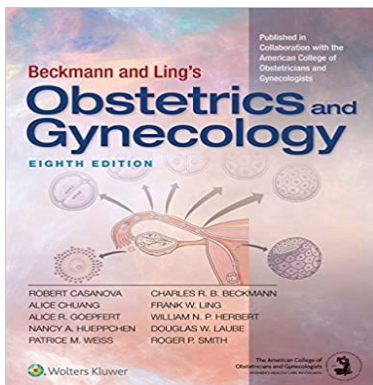
With the increased use of Generative AI, Boston University's Faculty of Computing & Data Sciences has issued guidelines around use and attribution.

<https://www.bu.edu/cds-faculty/culture-community/conduct/gaia-policy/>

Learning Strategies and Tools

Recommended Texts

Beckmann and Ling's Obstetrics & Gynecology; 8th Edition – available online in Alumni Medical Library's E-Book collection.



MedHub

Chobanian & Avedisian School of Medicine uses MedHub for evaluation and assessment. MedHub uses Single-Sign-On with BU accounts, and contains tutorial and training resources under the “Help” tab once logged in.

Students with technical issues or in need of additional help beyond the resources provided should submit a support ticket via: <https://www.bumc.bu.edu/evaluate/medhub-support-tickets/>

Echo360/Technology

Echo360 may only be used for streaming captured lecture videos; the videos may not be downloaded. Taking smartphone or digital pictures or videos of any part of the lecture in class, or at home, is similar to downloading and is not allowed. There are a number of reasons for this, including that students and/or the University may be liable for violations of federal copyright and privacy laws as a result of the use of copied material.

If you experience any technical problems, please report the issue in one of the following ways to generate an IT ticket:

- **Echo360 Related Issues:** Create a ticket on the Ed Media site (<http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/>): sign in and provide pertinent information that will enable an effective response. Have a link to the problematic video ready to copy/paste into this form.
- **Educational Technology Related Issues:** For assistance with technology supported by BUMC's Educational Media (e.g., ExamSoft), tickets can be created via their website at: <http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-issue/>
- **Other Technology Related Issues:** For assistance with BU-wide technology, such as Blackboard, email an example (e.g., picture or very brief phone video) to ithelp@bu.edu with a descriptive subject line and give as many details as possible on the what, where, how you are using the service and what type of computer, browser, etc. along with type of student (i.e. M3). Always include link(s) to or screen shots of where the issue is occurring.

School's Policy on Recordings: <https://www.bumc.bu.edu/busm/education/medical-education/policies/classroom-recordings/>

Tutoring

Peer tutors may be requested via the Office of Academic Enhancement's Peer Tutoring Program at: <http://www.bumc.bu.edu/busm/student-affairs/office-of-academic-enhancement/academic-enhancement/peer-tutoring-program/>

Disability & Access Services

Disability & Access Services' goal is to provide services and support to ensure that students are able to access and participate in the opportunities available at Boston University. In keeping with this objective, students are expected and encouraged to utilize the resources of Disability & Access Services to the degree they determine necessary. Although a significant degree of independence is expected of students, Disability & Access Services is available to assist should the need arise.

<https://www.bu.edu/disability/accommodations/>

Session Learning Objectives and Notes

Didactic Sessions will be held on Wednesdays throughout the block.

All readings and student handouts may be found on Blackboard

OBGYN 101 (Lecture)

By the end of this session, students will be able to:

- Obtain and present an obstetric history in “Gs & Ps” format
- Understand the component of menstrual, gynecologic, and sexual histories
- Describe the components of fetal heart rate tracings
- Understand the stages of labor

Adnexal Masses (Lecture)

By the end of this session, students will be able to:

- Describe the initial management of a patient with an adnexal mass
- Compare the characteristics of functional cysts, benign ovarian neoplasms, and ovarian malignancies
- List the risk factors and protective factors for ovarian cancer
- Describe the three histologic categories of ovarian neoplasms

Urogynecology (Lecture)

By the end of this session, students will be able to:

- Describe the categories and clinical presentation of urinary incontinence
- Discuss the management options for stress, urge, and mixed urinary incontinence
- Describe the clinical presentation and initial evaluation of pelvic organ prolapse

High-Risk Obstetrics (Lecture)

By the end of this session, students will be able to:

- Discuss the maternal and fetal/neonatal risks of pre-gestational diabetes
- Describe the screening for gestational diabetes
- Discuss the diagnostic criteria for hypertensive disorders of pregnancy
- Discuss the prevalence and clinical presentation of postpartum pre-eclampsia
- Discuss the antenatal screening and management of fetal growth restriction

Menopause (Lecture)

By the end of this session, students will be able to describe:

- Physiologic changes in the hypothalamic-pituitary-ovarian axis
- Symptoms and physical findings associated with hypoestrogenism
- Long-term changes associated with hypoestrogenism
- Management, including:
 1. Hormone therapy
 2. Nutrition and exercise
 3. Non-hormonal therapeutic options
- Risks and benefits of hormone replacement therapy

First-Trimester Bleeding (Small Group)

By the end of this session, students will be able to:

- Develop a differential diagnosis for vaginal bleeding and abdominal pain in early pregnancy
- Identify risk factors for ectopic pregnancy
- Discuss diagnostic protocols and treatment options for ectopic pregnancy
- Differentiate between threatened abortion and the types of spontaneous abortion (missed, complete, incomplete, septic).
- Discuss treatment options for spontaneous abortion, and associated complications
- Develop an evaluation and management plan for abnormal early pregnancy

Third-Trimester Bleeding (Small Group)

By the end of this session, students will be able to:

- Develop a differential diagnosis for vaginal bleeding and abdominal pain in the third trimester of pregnancy
- Describe the initial evaluation of a patient with third trimester bleeding
- Understand the etiology, risk factors, and fetal complications of placental abnormalities
- Discuss the etiologies of postpartum hemorrhage
- Understand the components of risk assessment for postpartum hemorrhage
- Develop an evaluation/management plan for postpartum hemorrhage

Abnormal Uterine Bleeding (Small Group)

By the end of this session, students will be able to:

- Define the normal menstrual cycle and describe its endocrinology and physiology
- Describe the pathophysiology and identify etiologies of abnormal uterine bleeding
- Understand the evaluation and initial management of abnormal uterine bleeding
- Summarize medical and surgical management options for patients with abnormal uterine bleeding

Preterm Labor/Premature Rupture of Membranes (Small Group)

By the end of this session, students will be able to:

- Describe the clinical presentation of preterm labor
- Identify the risk factors for preterm labor
- Describe the initial management of preterm labor
- List indications and contraindications of medications used in preterm labor

Vaginal Delivery and Shoulder Dystocia - Simulation

- Describe the cardinal movements of labor
- Perform the steps of delivery (simulated)
- Understand risk factors for shoulder dystocia and how to identify a shoulder dystocia during delivery
- Perform the initial steps in the management of shoulder dystocia: McRobert's maneuver, suprapubic pressure, delivery of the posterior arm, rotational maneuvers
- Describe advanced steps for managing a shoulder dystocia

EBM Case Presentation

By the end of the Evidence Based Medicine Case Presentation, students will be able to:

- Recognize that an oral presentation in a concise and orderly manner is a key skill of any physician and the presentation will assist the student in mastering this skill
- Use translational research and clinical research to illustrate and define management of clinical cases and support available management guidelines
- Present a clinical case or a clinical question concisely
- Present the pathophysiology and epidemiology of the clinical case or questions
- Review the management for the patient based on current literature