

# **Obstetrics & Gynecology Clerkship**

**Academic Year 2025-2026**

**Department of OBGYN**

**MEDMD 304**

**March 2025**

**Clerkship Director: Liberty Reforma, MD**

**Associate Clerkship Director: Kara Stoeve, MD**

**Clerkship Coordinator: Makeba Kent**





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## Clerkship Learning Objectives

At the end of the 3rd year clerkship in Obstetrics & Gynecology, the Chobanian & Avedisian SOM student will be able to:

- Select, justify, and interpret diagnostic tests and imaging for routine gynecologic care including preventative visits, preconception counseling, and evaluation of abnormal bleeding/discharge.
- Formulate a differential diagnosis of the acute (“surgical”) abdomen and pelvis through knowledge of condition prevalence, pathophysiology, and pertinent positive and negative clinical findings.
- Develop management plans, incorporating risks and benefits, for contraceptive management (including sterilization and abortion), abnormal uterine bleeding, dysplasia/malignancy of gynecologic organs, and menopausal symptoms.
- Develop and implement plans for routine prenatal, intrapartum, and postpartum care by utilizing and interpreting evidence-based practice guidelines.
- Interpret physical exam findings and diagnostic studies using knowledge of the normal physiologic changes of pregnancy.
- Formulate diagnostic and management plans for high-risk pregnancy and pregnancy complications based on the mechanistic understanding of disease pathogenesis.
- Conduct effective patient interviews to gather complete and hypothesis-driven histories in a patient-centered manner that is sensitive and responsive to patient concerns.
- Perform complete and hypothesis-driven pelvic exams under supervision while maintaining patient comfort.
- Effectively counsel and educate patients and their families, building trust through awareness of relevant biopsychosocial factors including race, culture and ethnicity, language, literacy, sexual orientation, gender identity, and disability.
- Participate in procedural and perioperative care including observation of the informed consent process, surgical timeouts and other procedural safety processes.
- Identify historic and current drivers of structural marginalization as related to race, gender identity, sexual orientation, and more, and the effect on inequities in reproductive health.

## Contact Information

### Clerkship Director



**Liberty Reforma, MD**

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### Associate Clerkship Director



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Assistant Professor

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### Clerkship Coordinator



**Makeba Kent**

Medical Education Coordinator

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Office: Dowling Building, 4<sup>th</sup> Floor, Room 4405

## Clerkship Description

### Focus of Clerkship

The purpose of the Obstetrics & Gynecology (OBGYN) clerkship is to prepare the student for their future role as a physician by providing the basic knowledge and skills specific to the reproductive health of persons with female reproductive organs.

All students at all sites will spend time on inpatient obstetrics (labor and delivery), gynecologic surgery, and ambulatory OBGYN. Ambulatory experiences span both general and subspecialty care.

Students will participate in interdisciplinary and inter-professional care delivery, and receive teaching from attending physicians, fellows, residents, midwives, L&D nurses, and other providers.

## Clerkship Changes Made Based on Feedback

- We have re-focused the clerkship orientation for Labor and Delivery clinical experiences to try to better prepare students with expectation setting. This is a unique environment in any hospital, and therefore has a 'learning curve' of its own, as it is different than ambulatory environments, operating rooms, or emergency care. During orientation we will set expectations and tips for involvement and learning.
- In the ambulatory portion of the block at BMC, we have recruited additional faculty members and have added more PACES sessions to the students' ambulatory schedule, allowing more hands-on clinical practice with GYN urgent care and follow up of abnormal Pap smears. We have also increased continuity with ambulatory providers, to provide an opportunity to demonstrate growth to an individual preceptor, while still preserving the many learning opportunities there are of subspecialty and procedural clinics in OB/GYN.
- In the GYN portion of the block at BMC, the morning start time for pre-rounding varies based on the number of patients admitted to the hospital. We standardized the communication process between residents and medical students regarding this planned rounding time.

## Diversity, Equity, and Inclusion Initiatives

Health equity is an integral part of our obstetric and gynecologic practice here at BMC, and we inherently build upon topics of maternal morbidity and mortality, reproductive health advocacy and reproductive justice in our clerkship didactics. Students also get exposure to the multitude of social determinants of health that affect our patients in clinic and on labor and delivery.

## Other Recent Changes to the Clerkship

- We have new clerkship leadership: Dr. Reforma (clerkship director) and Dr. Stoeber (associate clerkship director)
- We have changed MetroWest from a medical student site to a physician assistant site.
- We have streamlined our Blackboard site to be more easily accessible especially for the evidence based medicine discussion posts.
- We have started using a microphone at didactics to improve small group learning experience quality for learners streaming in.

## Clerkship Sites

### 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](mailto:Katie.L.Lemieux@kp.org)

Kaiser Permanente is a pre-paid integrated health care system with emphasis on prevention and quality. The BUSM 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: Christina Johnson, MD, [Christina.Johnson@lahey.org](mailto:Christina.Johnson@lahey.org)

Site Administrators: Martinha Rosa, (781) 744-5209, [Martinha.F.Rosa@lahey.org](mailto:Martinha.F.Rosa@lahey.org)

Brenda O'Neil (781) 744-8561, [Brenda.M.Oneil@lahey.org](mailto:Brenda.M.Oneil@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 Directors: Zoe McKee, MD [zmckee@mah.harvard.edu](mailto:zmckee@mah.harvard.edu)

Erin Stefely, MD [erin.stefely@mah.org](mailto:erin.stefely@mah.org)

Site Administrator: Lorna Harris, (617) 499-5161, [ladohert@mah.harvard.edu](mailto: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: Julie Stone, MD [Julie.Stone@bmc.org](mailto:Julie.Stone@bmc.org)

Site Administrator: Julie Delange (617) 562-7060, [Julie.Delange@bmc.org](mailto:Julie.Delange@bmc.org)

St. Elizabeth's is a community-based hospital and was previously the tertiary care referral site for all other Steward affiliated facilities although is now a part of the BMC network, transition ongoing. 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.

### **Boston Medical Center**

1 Boston Medical Center Place, Boston MA 02118

Site Director: Liberty Reforma, MD [liberty.reforma@bmc.org](mailto:liberty.reforma@bmc.org)

Site Administrator: Makeba Kent (617) 414-7481, [Makeba.Kent@bmc.org](mailto:Makeba.Kent@bmc.org)

BMC is a tertiary care hospital with OB/GYN subspecialty departments and level 3 NICU. You will be considered a member of the care team along with physicians, midwives, physician assistants, nurse practitioners and nurses. Students will appreciate a high-volume environment on Labor and Delivery, in the clinics, and in the operating room for a broad overview of the field of OB/GYN.

### **BMC OB Rounds**

- Sunday - Friday
  - AM Board Signout – 7:00AM (No pre-rounding)
  - PM Board Signout – 5:30PM
- Saturday
  - AM Board Signout – 7:00AM
  - PM Board Signout – 7:00PM

### **BMC Gyn Rounds**

- Weekdays
  - Team Floor Rounds – 6:30AM (may vary with patient census)
  - Attending Sit-down Rounds – 7:00AM
  - Operating Room Start Time – 7:20AM
  - PM Signout – 5:30PM

## **Clerkship Schedules**

### **Didactic Schedule**

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

- 7:30-8:30AM EST: Departmental Grand Rounds
- 8:30AM-10:00AM EST: Self-Study
- 10:00AM-12:00PM EST: Case Sessions or MCQ Sessions
- 1:00PM-4:00PM EST: Simulations, Case Sessions or MCQ Sessions

**Midpoint Evaluations** will occur during Week 4

**Evidence-Based Medicine Presentations** will occur during Week 5

**Oral Clinical Reasoning Assessments** (oral exams) will occur during Week 6

### **Call Schedule**

At BMC, each student will participate in:

- two overnight shifts on the labor floor. Students have no clinical responsibilities during the day shift prior to or immediately following an overnight shift.
- weekend shifts on the labor floor. These may be day shifts or overnight shifts.

Students at other sites may participate in overnight or weekend shifts depending on clinical volume. Depending on site, this may be integrated into the work week or a separate experience (night float).



## Clerkship Grading

ASSESSMENT OF LEARNING	
Clinical Grade Percentage	60%
Shelf/Exam Percentage	25%
"Other" Components Percentage	15%
CLINICAL GRADE	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
SHELF EXAM	
Minimum score to pass	64
OTHER	
Oral Examination (OCRA)	10%
Evidence-Based Medicine Presentation	5%
FINAL GRADE	
Honors	88.0-100.0
High Pass	79.0-87.9
Pass	70.0-78.9 or between 1.50-2.49 in any domain on the final CSEF
Fail	<69.9 or <1.50 on any domain on the final CSEF or < 2.00 averaged on the final CSEF (Clinical Fail)
<b>ASSESSMENT FOR LEARNING</b>	These items must be done by the deadlines provided at orientation to be eligible to receive final grade of honors. Students will receive one standard all-clerkship email reminder. Email sample shown below.
Completing patient encounter logs by the last Sunday of the clerkship block.	
Completing all FOCuS forms by the last Sunday of the clerkship block.	
Completing all clerkship assignments by last Sunday of the clerkship block.	
Completing mid-clerkship form in advance of the meeting at mid-clerkship, and submitting the form by the final Sunday of the clerkship block.	
Requesting supervisor (faculty, resident etc.) evaluations from all evaluators as soon as possible, but must be completed by the last Sunday of the clerkship block.	
<b>ASSESSMENT OF PROFESSIONALISM</b>	To meet professionalism expectations students must meet the following expectations listed below:
Arriving at clerkship didactic sessions on time.	
Evaluations are requested by the last Sunday of the clerkship block.	
Reviewing and responding to e-mail requests from clerkship administration within 2 business days	
Returning borrowed clerkship materials (e.g. pager) by the last business day of the clerkship block.	
Informing clerkship leadership and supervising faculty/residents of absences in advance of the absence (barring extenuating circumstances).	
The following are also expectations of the clerkship and repeated patterns of behavior (after feedback with faculty) will be factored into the professionalism conduct component of the clerkship performance:	
Treating and communicating in a respectful manner with all members of the clerkship team, including clinical and administrative faculty and staff.	
Engaging in the core curriculum and participating respectfully with peers and colleagues at all times.	

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 above in [professional comportment sections](#).

A pattern of behavior as reflected (e.g. in more than one narrative comment) in faculty/resident CSEF (clinical professionalism) and/or events noted by clerkship faculty/administration (administrative professionalism) in one or multiple areas, after providing feedback to student, will result in one of the following statements in the final clerkship evaluation:

- If there are professionalism concerns as detailed in the assessment of learning, assessment of professionalism, or in the CSEF, **the student's final grade will be adjusted down to next grade level (e.g. a student who earns a High Pass will receive the final grade of Pass, or if a student earns a Pass, they will receive the final grade of Fail).** In addition, **a student with administrative and/or clinical professionalism concerns will not be eligible to receive final grade honors.** An email exchange will be provided to document the professionalism concern and feedback exchanged before a summative statement is placed in the final grade. SAO dean will be cc'd to provide ongoing support.

[illegible]

## Clinical Evaluation Procedures

Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. 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. Preceptors DO NOT determine the final “word” grade.

1. 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 form) to give a final number.

Any average of <1.50 in any domain = an automatic fail for the clerkship

Any average of < 2.50 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching

>2.50 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

2. The CSEF clinical score is converted to a final 2-digit percentage that is counted towards the final grade. For example, the final CSEF clinical score average of 4.45 would get converted to 90%. The Final CSEF percentage is used towards the final grade calculation, weighted as indicated in the table above as “Clinical grade percentage” (varies by clerkship).
3. 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.

### 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 during the remediation dates.

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.
- Will still be eligible to receive a clinical honors.
- 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:

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

## **Assignments**

### **Evidence-Based Medicine Presentation**

All students will present a ten-minute review of the primary literature that addresses a clinical question related to obstetrics or gynecology. Students are encouraged, but not required, to review clinical questions that overlap with their own specialty of interest. For example, a student who is interested in radiation oncology may wish to present on the efficacy of external beam radiation in cervical cancer. A standard grading rubric will be applied.

### **Oral Examination**

All students will be individually administered an oral examination on the last Wednesday of the clerkship, which will consist of 14 minutes to complete the exam and 5 minutes of feedback. Each student will randomly be assigned one case to be examined on, out of four possible cases. Each of the potential cases will be derived from the list of Required Patient Encounters for the OBGYN clerkship. The student will be asked questions regarding pathophysiology, evaluation, diagnosis, and management. A standard grading rubric will be applied to each case. Students will receive feedback about the case at the completion.

## **Recommended Texts**

- [Beckmann and Ling's Obstetrics & Gynecology; 9<sup>th</sup> Edition](#) – available online in Alumni Medical Library's E-Book collection.

## Session Learning Objectives and Notes

### OBGYN 101 (Orientation 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

### Early-Pregnancy Bleeding (Case Session)

After this session, when seeing a patient with vaginal bleeding in early pregnancy, BUCASM students will be able to:

- Create a prioritized differential diagnosis
- Obtain a focused and differential-driven HPI and ROS
- Obtain a history (reproductive, medical, surgical, social) that identifies risk factors for early pregnancy complications
- Provide accurate patient education on the differences between threatened abortion and the types of spontaneous abortion
- Create a plan for the diagnostic workup and management of the three major subtypes of abnormal early pregnancy: ectopic pregnancy, spontaneous abortion, and molar pregnancy

### Late-Pregnancy Bleeding (Case Session)

By the end of this session, when seeing a patient with vaginal bleeding in mid- to late pregnancy or postpartum, BUCASM students will be able to:

- Create a prioritized differential diagnosis
- Obtain a focused and differential-driven HPI and ROS
- Obtain a history (reproductive, medical, surgical, social) that identifies risk factors for placental abnormalities and postpartum hemorrhage
- Provide accurate patient education on the pathophysiology, parental, and fetal complications of placental abnormalities
- Formulate a plan for the diagnostic workup and management of bleeding in the 2<sup>nd</sup> and 3<sup>rd</sup> trimesters
- Formulate a plan for the evaluation and management of postpartum hemorrhage

### Abnormal Uterine Bleeding (Case Session)

After this session, when seeing a patient with abnormal uterine bleeding, BUCASM students will be able to:

- Correlate endocrine physiology to the phases of the normal menstrual cycle
- Obtain a complete menstrual history and identify abnormal bleeding profiles
- Obtain a differential-driven HPI and ROS using the ACOG diagnostic framework for AUB

- Formulate a plan for the diagnostic workup of AUB
- Create a patient-specific plan for medical and/or surgical management of AUB
- Coordinate the key components of pre-operative care for GYN surgery

### Preterm Labor (Case Session)

By the end of this session, when seeing a preterm patient with abdominal pain, BUCASM students will be able to:

- Create a prioritized differential diagnosis
- Obtain a focused and differential-driven HPI and ROS
- Obtain a history (reproductive, medical, surgical, social) that identifies risk factors for preterm labor and preterm birth
- Create a comprehensive evaluation and management plan for preterm labor
- Create a comprehensive evaluation and management plan for PPROM