

CSEF Milestones – OBGYN Clerkship

This document illustrates the progression from 3rd to 4th year and the performance expectations of a 3rd year versus a 4th year student.

Oral Presentations

Target Behaviors for 3 rd Year	Target Behaviors for 4 th Year/ Reach Behaviors for 3 rd Year	Reach Behaviors for a 4 th Year
<ul style="list-style-type: none"><input type="checkbox"/> Delivers presentations that are accurate, clear, well organized, focused, and concise for most patients<input type="checkbox"/> Accurately reports pertinent patient data including reproductive history (e.g., Gs/Ps), exam, and tests for uncomplicated patient presentations<input type="checkbox"/> Presents pertinent positive and negative findings in a prioritized way for gynecologic, pregnant, and postpartum patients<input type="checkbox"/> Includes accurate synthesis statements (i.e., “one-liners”) for uncomplicated patients	<ul style="list-style-type: none"><input type="checkbox"/> Tailors length and complexity of presentation to situation and receiver of information<input type="checkbox"/> Accurately reports patient data including reproductive history (e.g., Gs/Ps) in all cases including more complex or unusual cases (e.g., multiple gestations, prior demise)<input type="checkbox"/> Includes synthesis statements (i.e., “one-liners”) for complex patients with uncommon conditions	<ul style="list-style-type: none"><input type="checkbox"/> Can effectively involve patient and family when presenting in front of the patient at the bedside<input type="checkbox"/> Tailors length and complexity of presentation to situation and receiver of information with minimal advance warning at the bedside

Documentation

Target Behaviors for 3 rd Year	Target Behaviors for 4 th Year/ Reach Behaviors for 3 rd Year	Reach Behaviors for a 4 th Year
<ul style="list-style-type: none"> Writes notes that are complete, accurate, and well-organized, with appropriate use of templates for standardized documentation as indicated Accurately documents patient data including reproductive history (e.g., Gs/Ps) in straightforward cases Documents clinical reasoning including accurate synthesis statements (i.e., “oneliners”) and prioritized clinical problems for uncomplicated patients Provides a rationale for the management plan for common conditions 	<ul style="list-style-type: none"> Writes notes that are complete, accurate, and well-organized, with appropriate use of templates for standardized documentation as indicated Accurately documents patient data including reproductive history (Gs/Ps) in complex cases Documents clinical reasoning including accurate synthesis statements (i.e., “oneliners”) and prioritized clinical problems for patients with complex or uncommon presentations Cites relevant guidelines and evidence when applicable to provide rationale for management plans 	<ul style="list-style-type: none"> Provides an appropriate rationale for the management plan for common and less common conditions, citing relevant guidelines and evidence, where applicable Proactively updates discharge documentation (when relevant) in real time to facilitate transfer of care and handoffs Updates electronic handover tool with clear, relevant, and succinct documentation, when applicable Sometimes documents patient’s values and goals of care which may include advanced care planning

Data Synthesis/Diagnostic Skills

Target Behaviors for 3 rd Year	Target Behaviors for 4 th Year/ Reach Behaviors for 3 rd Year	Reach Behaviors for a 4 th Year
<ul style="list-style-type: none"> <input type="checkbox"/> Identifies normal and abnormal labor progress, including the basic components of fetal heart rate tracings <input type="checkbox"/> Identifies normal intraoperative anatomy and some common abnormal findings <input type="checkbox"/> Appropriately applies basic diagnostic algorithms for the most common clinical problems in gynecologic, pregnant, and postpartum patients <input type="checkbox"/> Prioritizes differential diagnosis accurately for the majority of common problems during pregnancy, and the postpartum period 	<ul style="list-style-type: none"> <input type="checkbox"/> Identifies “sick” vs. “not sick” patients correctly <input type="checkbox"/> Identifies less common labor abnormalities and subtle/uncommon findings in fetal heart rate tracings <input type="checkbox"/> Accurately and consistently identifies both normal and abnormal intraoperative anatomy <input type="checkbox"/> Accurately defines and prioritizes the key components of atypical presentations or uncommon clinical problems in gynecologic, pregnant, and postpartum patients <input type="checkbox"/> Prioritizes differential diagnosis accurately for common and some less-common problems during pregnancy, and the postpartum period 	<ul style="list-style-type: none"> <input type="checkbox"/> Often identifies “sick” vs. “not sick” patients correctly for common and uncommon presentations <input type="checkbox"/> Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real time for complicated or atypical presentations <input type="checkbox"/> Identifies one’s own clinical reasoning errors within the diagnostic process, with guidance <input type="checkbox"/> Makes the correct diagnosis for typical presentations of common diseases and often makes the correct diagnosis for atypical presentation of common diseases or typical presentations of uncommon diseases

Management Planning

Target Behaviors for 3 rd Year	Target Behaviors for 4 th Year/ Reach Behaviors for 3 rd Year	Reach Behaviors for a 4 th Year
<ul style="list-style-type: none"> <input type="checkbox"/> Suggests appropriate management based on the accepted guidelines for uncomplicated prenatal and postpartum care <input type="checkbox"/> Provides evidence-based management suggestions for common gynecologic conditions and common complications of pregnancy (e.g., preeclampsia, gestational diabetes) <input type="checkbox"/> Explains the rationale behind management of common obstetric and gynecologic conditions <input type="checkbox"/> Attempts to provide appropriate management suggestions for less common complications of pregnancy (e.g., alloimmunization) <input type="checkbox"/> Weighs benefits and risks of decisions when discussing potential management plans 	<ul style="list-style-type: none"> <input type="checkbox"/> Understands how patient-specific factors affect management in uncomplicated prenatal and postpartum care <input type="checkbox"/> Begins to incorporate contingency planning into management plans for common gynecologic conditions and common complications of pregnancy (e.g., preeclampsia, gestational diabetes) <input type="checkbox"/> Understands the rationale behind management of both common and less common obstetric and gynecologic conditions <input type="checkbox"/> Consistently provides appropriate management suggestions for less common complications of pregnancy (e.g., alloimmunization) 	<ul style="list-style-type: none"> <input type="checkbox"/> Develops and implements an initial management plan for patients with urgent or emergent conditions, when applicable <input type="checkbox"/> Consistently incorporates contingency planning into management plans <input type="checkbox"/> Able to modify management plans in real time with minimal guidance based on new information or a change in status <input type="checkbox"/> Accurately defines discharge criteria/follow up plan for all patients <input type="checkbox"/> Share best available evidence-based data/guidelines with their supervisor, peer, and/or team

Teamwork & Professionalism

Target Behaviors for 3 rd Year	Target Behaviors for 4 th Year/ Reach Behaviors for 3 rd Year	Reach Behaviors for a 4 th Year
<ul style="list-style-type: none"> <input type="checkbox"/> Shows respect towards peers, supervisors and clinical staff through appropriate verbal and nonverbal communication <input type="checkbox"/> Integrates effectively into team activities by recognizing distinct roles, responsibilities, and contributions of interprofessional team members' and demonstrates understanding and limitations of their role and where they can proactively participate in meeting needs of team <input type="checkbox"/> Communicates with the interprofessional team, keeping members informed and up-to-date while maintaining clear and effective communication channels. <input type="checkbox"/> Demonstrates trustworthiness and reliability including consistent punctuality, preparation, and commitment to assigned tasks, while maintaining confidentiality and ethical standards <input type="checkbox"/> Identifies opportunities for growth in one's performance through self-reflection, being receptive to feedback and actively using it to improve behavior and performance 	<ul style="list-style-type: none"> <input type="checkbox"/> Shows respect towards peers, supervisors and clinical staff through appropriate verbal and nonverbal communication <input type="checkbox"/> Actively integrates into the team by anticipating workflow and positively contributing to the team's efficiency <input type="checkbox"/> Proactively communicates with interprofessional team members (e.g., Consults, referrals, PT, social work, VNA) to improve patient care <input type="checkbox"/> Able to articulate an appropriate consult question prior to initiating a consult <input type="checkbox"/> Incorporates recommendations from interprofessional team members into the care plan <input type="checkbox"/> Demonstrates trustworthiness and reliability, appreciates the professional role and gravity of being the "doctor" by being fully engaged in patient care activities, while maintaining confidentiality and ethical standards <input type="checkbox"/> Displays self-awareness of knowledge, skills, and limitations by engaging in appropriate help-seeking behaviors, and soliciting input from supervisors 	<ul style="list-style-type: none"> <input type="checkbox"/> Actively integrates into the team by anticipating workflow and positively contributing to the team's efficiency by mentoring students <input type="checkbox"/> Leads coordination of care of patients in complex clinical situations, effectively utilizing the roles of interprofessional teams <input type="checkbox"/> Anticipates consultative needs and incorporates recommendations <input type="checkbox"/> Proactively develops strategies and plans to address limitations of knowledge, skills, and emotions whether self-identified or highlighted through feedback from others <input type="checkbox"/> Demonstrates flexibility and maturity in adjusting to change and constructive feedback <input type="checkbox"/> Displays self-awareness of knowledge, skills, and limitations by engaging in appropriate help-seeking behaviors, and soliciting input from supervisors in an efficient and timely way

Patient Centered Communication & Humanistic Care

Target Behaviors for 3 rd Year	Target Behaviors for 4 th Year/ Reach Behaviors for 3 rd Year	Reach Behaviors for a 4 th Year
<ul style="list-style-type: none"> <input type="checkbox"/> Provides accurate information to the patient <input type="checkbox"/> Emphasizes key points of diagnosis and/or plan <input type="checkbox"/> Encourages patient questions/perspectives/concerns <input type="checkbox"/> Uses appropriate language based on patient's health literacy <input type="checkbox"/> Avoids medical jargon for most patients <input type="checkbox"/> Engages appropriately with interpreters when interpreters are needed <input type="checkbox"/> Ensures that patient/family understands explanations/counseling using verbal and non-verbal techniques (reflective statements, summary statements, open body language, nodding, eye contact, etc.) <input type="checkbox"/> Demonstrates humanism, empathy, compassion and cultural humility by acknowledging patients' emotional needs and responding with appropriate validation and support 	<ul style="list-style-type: none"> <input type="checkbox"/> Communicates about diagnostic testing and how results will influence diagnosis, further evaluation, and future plans of care <input type="checkbox"/> Addresses patient questions while communicating plan <input type="checkbox"/> Communicates appropriately about discharge readiness in discussions with patient/family <input type="checkbox"/> Demonstrates ability to navigate difficult patient conversations and encourage behavioral change <input type="checkbox"/> Identifies appropriate opportunities for basic patient counseling, motivational interviewing, teach-back and provides patient centered education/resources when applicable <input type="checkbox"/> Demonstrates cultural humility through active learning, seeking patient perspectives on their experiences with the healthcare system and adjusting approach accordingly. 	<ul style="list-style-type: none"> • Identifies and attempts to mitigate barriers to effective communication • Attempts to lead challenging conversations, i.e. family meetings, delivering bad news, and discussing goals of care with patients and families when applicable • Engages in shared decision-making with consideration of patient values and psychosocial determinants • Consistently demonstrates cultural humility and mentors students in developing these skills