

Obstetrics and Gynecology Clerkship Syllabus

Academic Year 2026-2027

**Obstetrics and Gynecology
MED MD304
April 2026**

**Clerkship Director: Liberty Reforma, MD
Associate Clerkship Director: Kara Stoevers, MD
Clerkship Coordinator: Makeba Kent**





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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

- Labor and Delivery:
 - Created an “L&D orientation video” for additional orientation on the unique environment of Labor and Delivery
 - Piloting the use of a QR code for obtaining preceptor feedback on L&D
- Gynecology:
 - Added a “PM shift” to provide an opportunity to see more GYN consults/add-on cases
- Ambulatory
 - Significantly expanded the number of PACES preceptors and sessions
 - Added more built-in academic time for students

Diversity, Equity, and Inclusion Initiatives

The OBGYN clerkship is committed to fostering a respectful, inclusive learning and clinical environment that values diversity across race, ethnicity, gender identity and expression, sexual orientation, socioeconomic status, language, disability, religion and cultural background. We strive to provide equitable, culturally responsive, patient-centered care and education by recognizing and addressing systemic barriers and bias, making reasonable accommodations, and ensuring fair assessment and mentorship for all learners.

Other Recent Changes to the Clerkship

None

Medical Education Program Objectives

A 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	Demonstrate knowledge of basic, clinical, pathophysiologic, biopsychosocial, health systems sciences, and humanities, needed for clinical practice.
	MK.2	Apply foundational knowledge for clinical problem-solving, diagnostic reasoning, and decision-making to clinical scenarios.
	MK.3	Demonstrate knowledge of research design, interpretation, and application of research outcomes to clinical questions.
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	Identify common cognitive biases and implement mitigation strategies to reduce the impact of cognitive biases on decision making and patient care.
Effectively communicate with patients, families, colleagues and interprofessional team members (C)	C.1	Demonstrate the use of effective communication skills and patient-centered frameworks in history taking and physical examination
	C.2	Explain common diagnostic and therapeutic interventions, assessment, plan, and underlying rationale to patients, families and caregivers and provides counseling and education with attention to patient centered language and health literacy.
	C.3	Communicate clearly and effectively with colleagues within one's profession and team, consultants, and other members of the interprofessional team.
	C.4	Communicate effectively using digital technology, including EMR and telehealth, to optimize decision making and treatment of individuals and across the health care system.
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.1	Demonstrate humanism, integrity, respect, honesty, compassion, accountability, cultural humility, and responsiveness
	PCC.2	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.3	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.

A Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Exhibit skills necessary for personal and professional development needed for the practice of medicine (PPD)	PPD.1	Demonstrate trustworthiness and responsible behavior needed for the care of patients, including completing duties and tasks in a timely, thorough, and reliable way.
	PPD.2	Demonstrate awareness of one's own limitations, seek additional help when needed, display professionalism and flexibility needed to manage the uncertainty inherent to the practice of medicine.
	PPD.3	Identify opportunities for growth in one's performance through informed self-assessment and reflective practice, goal setting and actively seeking and incorporating feedback to improve.
	PPD.4	Locate, critically appraise, and synthesize information to support evidence-informed, patient-centered clinical decisions while implementing new knowledge, guidelines, and technologies 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	Work with the interprofessional team, demonstrating respect for the unique cultures, values, roles/responsibilities, and expertise of team members to address the needs of patients and coordinate patient care across healthcare systems.
	HS.2	Describe patient safety interventions and continuous quality improvement methods that enhance care for patients and populations
	HS.3	Explain how the healthcare system, health policy, economic factors, prevention efforts, health programs, and community organizations influence the health of individuals and communities.
Exhibit commitment to promoting and advancing health equity for all patients (HE)	HE.1	Demonstrate understanding of the historical and current drivers of structural inequities, their impact on healthcare, research, medical decision making and disparities in health outcomes.
	HE.2	Explain how one's own identity, lived experiences, privileges, and biases influence their perspectives of colleagues, patients, and clinical decision making.
	HE.3	Identify and explain potential strategies to reduce health disparities in patients and communities at the individual, local, community, and systems-based levels.

Third Year Learning Objectives

(Linked to relevant Medical Education Program Objectives in parentheses)

A third-year clerkship student will:

- Apply discipline specific knowledge within the context of clinical care (MK.2)
- Gather an organized and hypothesis driven clinical history while being attentive to the patient's needs (CSDR.1, C.1, PCC.1)
- Perform a pertinent and accurate physical examination, accurately identifying any common abnormalities while demonstrating sensitivity to the patient (CSDR.2, C.1, PCC.1)
- Analyze clinical data to formulate an assessment including a prioritized differential diagnosis supported by disease prevalence, pathophysiology, and relevant positive and negative clinical findings using strategies to minimize cognitive bias (CSDR.3, CSDR.8)
- Formulate an evidence based management plan that shows comprehension of the underlying disease process (CSDR.4)

- Deliver an accurate, well-structured, and synthesized oral presentations appropriate for the clinical setting (CSDR.5)
- Document in the medical record in an accurate, organized and timely manner (CSDR.6)
- Communicate effectively with the interprofessional healthcare team (C.3, HS.1)
- Demonstrate an ability to perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort (CSDR.7)
- Counsel and educate patients and families using patient-centered language that addresses patient concerns and clearly communicates plans of care (C.2, PCC.3)
- Elicit feedback, communicate learning needs, demonstrate self-directed learning, and take opportunities to improve knowledge and skill gaps (PPD.2, PPD.3)
- Treat all patients and team members with compassion, respect, and empathy (PCC.1)
- Display trustworthiness and an understanding of the responsibilities of a clinical student (PPD.1)
- Apply an understanding of the social and structural determinants of health to clinical care and initiate steps towards addressing the individual needs of patients (HE.1, HE.3)
- Use electronic decision support tools and point-of-care resources to apply the best available evidence in supporting and justifying clinical reasoning (PPD.4, HS.2)
- Practice inclusive and culturally responsive spoken and written communication that ensure equitable patient care (PCC.1, C.3)

Pre-requisite knowledge and skills

Students must have completed the preclerkship curriculum and the Transitional Clerkship and have taken the Step 1 exam prior to entering the core clerkship phase of the curriculum.

Clerkship Learning Objectives

(Linked to Medical Education Program Objectives in parentheses)

1. Conduct effective patient interviews to gather complete and hypothesis-driven histories in a patient-centered manner that is sensitive and responsive to patient concern. (CSDR.1, C.1, PCC.3)
2. Perform complete and hypothesis-driven exams (and specifically, pelvic exams) under supervision while maintaining patient comfort. (CSDR.2)
3. Select, justify, and interpret diagnostic tests and imaging for routine gynecologic care throughout the reproductive lifespan. (CSDR.3)
4. Formulate a differential diagnosis of the acute (“surgical”) abdomen and pelvis through knowledge of condition prevalence, pathophysiology, and pertinent positive and negative clinical findings. (MK.1, MK.2CSDR.3)
5. Apply basic gynecologic topics including contraceptive management (including sterilization and abortion), abnormal uterine bleeding, dysplasia/malignancy of gynecologic organs, reproductive infertility, amenorrhea, and menopausal symptoms to the provision of outpatient, inpatient, and surgical gynecologic care. (MK.2, CSDR.4)
6. Develop and implement plans for routine prenatal, intrapartum, and postpartum care by utilizing and interpreting evidence-based practice guidelines, (CSDR.3, CSDR.4, PPD.4)
7. Communicate clinical information accurately and demonstrating an understanding of the patient’s problems via concise, focused, well-organized patient presentations, admission write-

ups, and progress notes in the EMR in the OB/GYN outpatient and inpatient setting. (CSDR.5, CSDR.6, C3, C4)

8. Apply the normal physiologic changes of pregnancy to the formulation of diagnostic and management plans for both routine and high-risk prenatal, intrapartum and postpartum care. (MK.2, CSDR.3, CSDR.4)
9. Develop a basic understanding of normal vs abnormal labor and fetal heart rate tracing interpretations to begin formulating management plans for laboring patients on labor and delivery. (CSDR.3, CSDR4)
10. 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. (C.2, PCC.3)
11. Participate in procedural and perioperative care including basic suturing/knot-tying, observation of the informed consent process, surgical timeouts and other procedural safety processes, (CSDR.7, PCC.2, HS.2)
12. 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. (HE.1)
13. Develop productive, collaborative working relationships with other members of the interprofessional health care team and system, working toward the improvement of the systems of care. (HS1, HS.3)
14. Use the electronic health record to efficiently navigate a patient's prenatal and gynecologic record to provide up-to-date, evidence-based care. (C4)
15. Self-reflect and set goals based on learning experiences and feedback received. (PPD3)
16. Conduct a focused literature review using peer-reviewed sources to answer a clinical question and present findings in a concise presentation format. (MK.3 , PPD4, C.3)
17. Behave in a professional manner toward patients, family, and other members of the health care team, demonstrating honesty, reliability, commitment to confidentiality and patient autonomy, and self-improvement through soliciting and accepting feedback. (PPD.1-3)

Session Learning Objectives and Notes

Multiple Choice Question Session: Contraception

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

- Describe the range of postpartum contraceptive options available to patients. (5, 10)
- Explain the main types of hormonal and nonhormonal contraceptives and their basic mechanisms. (5)
- Understand common side effects and safety considerations for each contraceptive option. (5)
- Identify common contraindications and patient factors that influence contraceptive selection. (5)
- Compare long-acting, short-acting, reversible, and permanent contraception approaches, including benefits and limitations. (5)
- Discuss how contraceptives can be used to manage menstrual-related conditions. (5, 10)
- Apply patient-centered counseling principles to select appropriate contraceptive methods. (10)

Suturing Workshop

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

- Practice holding and using a needle-driver, forceps and scissors (11)
- Practice the basics of one-handed and two-handed knot-tying (11)

- Begin to practice subcuticular suturing (11)

Case Discussion: Early Pregnancy Bleeding

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

- Create a prioritized differential diagnosis for early pregnancy bleeding (5)
- Obtain a focused and differential-driven HPI and ROS for early pregnancy bleeding (5)
- Obtain a history (reproductive, medical, surgical, social) that identifies risk factors for early pregnancy complications (4, 5)
- Provide accurate patient education on the differences between threatened abortion and the types of spontaneous abortion (4, 5, 10)
- 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 (4, 5, 10)

Multiple Choice Question Session: High Risk Obstetrics

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

- Explain why pregnancy increases insulin resistance and the role of placental hormones in this process. (8)
- Describe when and how pregnant people are screened for glucose intolerance and the general approach to diagnosis. (6, 8)
- List common maternal characteristics that raise the risk for abnormal glucose metabolism in pregnancy (8)
- Summarize postpartum follow-up and ongoing monitoring recommendations for people who had glucose intolerance in pregnancy. (8)
- Outline basic monitoring goals for glucose control in pregnancy, indications for escalating therapy, and general first-line treatment principles. (6, 8)
- Understand the definition of fetal growth restriction (FGR) and parental/fetal/placental risk factors for FGR (8)
- Describe how multifetal gestation and maternal comorbidities modify obstetric risk, including risks for preterm birth, hypertensive disorders, operative delivery, and growth concerns. (8)

Case Discussion: Late Pregnancy Bleeding and Postpartum Hemorrhage

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

- Create a prioritized differential diagnosis for late pregnancy bleeding (6, 8)
- Obtain a focused and differential-driven HPI and ROS for late pregnancy bleeding (1, 6, 8)
- Obtain a history (reproductive, medical, surgical, social) that identifies risk factors for placental abnormalities and postpartum hemorrhage (1, 6, 8)
- Provide accurate patient education on the pathophysiology, parental, and fetal complications of placental abnormalities (6, 8, 10)
 - Formulate a plan for the diagnostic workup and management of bleeding in the 2nd/3rd trimesters (6, 8)
 - Formulate a plan for the evaluation and management of postpartum hemorrhage (6, 8)

Case Discussion: Abnormal Uterine Bleeding and Pre-Op Care

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

- Correlate endocrine physiology to the phases of the normal menstrual cycle (5)

- Obtain a complete menstrual history and identify abnormal bleeding profiles (1, 5)
- Obtain a differential-driven HPI and ROS using the ACOG diagnostic framework for AUB (5)
- Formulate a plan for the diagnostic workup of abnormal uterine bleeding (3, 5)
- Create a patient-specific plan for medical and/or surgical management of abnormal uterine bleeding (3, 5)
- Coordinate the key components of pre-operative care for GYN surgery (11)

Multiple Choice Question Session: GYN Cancer

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

- Apply guideline-based algorithms to manage abnormal cervical screening results (Pap/HPV), including indications for colposcopy, treatment (e.g., LEEP), and appropriate follow-up intervals. (3, 5, 14)
- Recognize common adolescent gynecologic congenital anomalies (e.g., imperforate hymen, Müllerian anomalies), their presentations, and initial evaluation steps. (5)
- Differentiate functional ovarian cysts from ovarian neoplasms based on age, symptoms, and imaging features; identify ultrasound findings that prompt surgical evaluation (e.g., solid components, papillary excrescences, ascites). (4, 5)
- Identify hormonally active ovarian tumors by clinical signs (virilization or estrogenic symptoms) and link likely tumor types (Sertoli-Leydig, granulosa cell) to appropriate evaluation and management. (5)
- Describe common ovarian germ cell and epithelial tumor presentations, associate key tumor markers (LDH, AFP, beta-hCG, inhibin, CA-125) with tumor types, and outline initial diagnostic and surgical approaches. (3, 5)
- Explain standard surgical staging and treatment principles for major gynecologic malignancies: ovarian (debulking ± chemo), endometrial (hysterectomy ± lymphadenectomy/sentinel node mapping), and vulvar (biopsy and tailoring treatment to stage and etiology). (3, 5)
- Recognize vulvar cancer risk factors and clinical presentations that warrant biopsy and referral for oncologic management. (3, 5)

Multiple Choice Question Session: Reproductive Endocrinology and Infertility

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

- Describe the typical sequence and clinical signs of puberty in people assigned female at birth. (5)
- Recognize when pubertal development or menstrual onset is delayed and when to initiate evaluation. (5)
- Identify major congenital and genetic causes of absent menses and relevant clinical features. (5)
- Distinguish common presentations that help differentiate causes of primary amenorrhea. (5)
- List common methods to assess ovulation and understand their general uses and limitations. (5)
- Summarize the main contributors to infertility and common male and female factors. (5)
- Explain basic principles of assisted reproductive technologies and key hormones involved in supporting early pregnancy after treatment. (5)
- Recognize features and reproductive implications of ovarian dysfunction and options for achieving pregnancy when ovarian function is impaired. (5)
- Outline a general approach to evaluating amenorrhea, including important history elements, key exam findings, basic initial investigations, and when to refer. (3, 5)

Case Discussion: Preterm Labor

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

- Create a prioritized differential diagnosis for preterm labor (8, 9)
- Obtain a focused and differential-driven HPI and ROS for preterm labor (1, 8, 9)
- Obtain a history (reproductive, medical, surgical, social) that identifies risk factors for preterm labor and preterm birth (1, 8, 9)
- Create a comprehensive evaluation and management plan for preterm labor (8, 9)
- Create a comprehensive evaluation and management plan for PPROM (8, 9)

Papaya Workshop

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

- Participate in a simulation for a uterine evacuation (11)

Evidence Based Medicine Presentations

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

- Conduct a focused literature review of peer-reviewed primary sources to answer a specific clinical question related to the field of OBGYN (16)

Multiple Choice Question Session: Shelf Review

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

- Review key high-yield topics for the OBGYN clerkship shelf exam (3, 4, 5, 6, 8, 9)

Clerkship Sites

Site Maps

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:

<https://www.bumc.bu.edu/camed/current-students/#clinicalsites>

<https://www.bumc.bu.edu/camed/education/medical-education/student-resources/>

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 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

Site Administrators: Martinha Rosa, (781) 744-5209, Martinha.F.Rosa@lahey.org and Brenda O'Neil (781) 744-8561, 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 Director: Zoe McKee, MD zmckee@mah.harvard.edu

Site Administrator: Lorna Harris, (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.

Boston Medical Center-Brighton

736 Cambridge St, Brighton, MA 02135

Site Director: Julie Stone, MD Julie.Stone@bmc.org

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

BMC-Brighton 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 Directors: Liberty Reforma, MD liberty.reforma@bmc.org and Kara Stoeve, MD kara.stoeve@bmc.org

Site Administrator: Makeba Kent (617) 414-7481, 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.

Clerkship Schedules

Schedules

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

<https://www.bumc.bu.edu/camed/education/medical-education/academic-calendars/>

Holidays

- Juneteenth: Thursday, June 19, 2026
- Thanksgiving: Wednesday, November 25, 2026 at 12PM – Sunday, November 29, 2026
- Intersession: Monday, December 21, 2026 – Sunday, January 3, 2027

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:

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

Didactic Schedule

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	65
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)
ASSESSMENT FOR LEARNING	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 Wednesday of the clerkship block.	
Completing all FOCuS/SOCS forms by the last Wednesday of the clerkship block.	
Completing all clerkship assignments by due date last Wednesday 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 must be completed by the last Sunday of the clerkship block.	
ASSESSMENT OF PROFESSIONALISM	To meet professionalism expectations students must meet the following expectations listed below:
Complete onboarding paperwork for all clerkship sites in a timely fashion, by deadlines provided by site	
Arriving at clerkship obligations on time (e.g. clinical shifts, didactics, orientation, OSCEs, meetings etc)	
Requesting supervisor (CSEF of and by faculty, resident etc.) evaluations from all evaluators must be completed by clerkship specified deadlines	
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). Absences should be reported to course directors & coordinators, supervisors <u>and</u> in the absence portal.	
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.	
80% of all assigned evaluations to students in MedHub must be completed by 2 weeks* after clerkship ends	
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 above in professional comportment sections .	
If there are no professionalism concerns, students will receive the following statement in their summative statement: "This student MET the administrative and clinical professionalism expectations of the clerkship."	

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:

1. This student did not meet the **administrative professionalism** expectations (SPECIFICS PROVIDED FROM LIST OF ADMINISTRATIVE PROFESSIONALISM BEHAVIORS) and was/was not responsive to feedback.
2. This student did not meet the **clinical professionalism expectations**, (SPECIFICS PROVIDED FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.
3. This student did not meet the **clinical and administrative professionalism expectations**, (SPECIFICS PROVIDED FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.

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.**

Sample Email Example

[illegible]

Standard Clerkship Clinical Grade Procedures/Policies

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.

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)

Each core clerkship has a list of patient encounters and procedures that students are required to see before the end of the rotation. Students should log every time they see any patient with the required patient encounter and continue to log throughout all clerkships.

The full list of encounters and the clerkship-specific lists are available at

<https://www.bumc.bu.edu/camed/education/medical-education/faculty-resources/>

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. Alternative experiences may be simulation, videos, etc., depending upon the clerkship requirement.

Patient Encounter Log

Students are expected to log their patient encounters in MedHub (<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.

Recommended Texts

- Beckmann and Ling's Obstetrics & Gynecology; 9th Edition – available online in Alumni Medical Library's E-Book collection.