OSS 651
Obstetrics/Gynecology Clerkship
Syllabus

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The OB/GYN Clerkship consists of a four-week rotation of hospital and ambulatory-based obstetrics and gynecology. This service should expose the medical student to all aspects of obstetrical and gynecological management of the female patient. Opportunities for experience in office gynecology and hospital or office-managed gynecologic surgery should be available. These experiences will be gained by reading, attendance at lectures, seminars, ambulatory clinics, floor coverage, delivery room and operating room exposure.

A maximum degree of practical clinical exposure should be provided, as well as learning in the areas of diagnosis and management, which is consistent with a medical student's level of knowledge. These should be obtained from lectures, readings, consults and history and physical examination reviews.

THE GOALS OF THE OBSTETRICS/GYNECOLOGY/WOMEN’S HEALTH CARE CLERKSHIP ARE TO:

1. Provide the medical student a fundamental knowledge base in obstetrics and gynecology.
2. Introduce the medical student to basic obstetrical and gynecological surgery procedures.
3. Facilitate the understanding of the approach to clinical problem-solving in obstetrics and gynecologic surgical management.
4. Encourage the continued development of the medical student's professional attitude and behavior within obstetrics/gynecology settings.

Recommended Text

Beckmann et al., (2010). *Obstetrics and Gynecology*. Lippincott Williams & Wilkins. (This text was written especially for clerkship students according to the APOG objectives).

OR

A. OBJECTIVES

LEARNING OBJECTIVES FOR THE OBSTETRICS/GYNECOLOGY CLERKSHIP RELATE TO FOUR AREAS: A) Knowledge (cognitive), B) Skills (psychomotor), C) Problem solving and D) Professional development.

A. KNOWLEDGE: By the end of the obstetrics/gynecology clerkship, the medical student is expected to have achieved, at a minimum, the following objectives through reading, observation, discussion and hands-on experience:

1. Demonstrate clinical skills pertinent to each patient encounter.
   b. Explain female stages of sexual development (be able to relate each patient to their development stage) and risks associated with each age group (Chapter 3, Beckmann, et al.; Chap 3. Hacker, et al.)

Obstetrics

2. Evaluate the obstetrics patient.
   a. Discuss the changes to the maternal-fetal physiology during pregnancy (Review Chapter 5, Beckmann, et al.; Chap 9, Hacker, et al.)
   b. Demonstrate ability to conduct a physical exam on an obstetrics patient (Pages 59-67, Beckmann, et al.; Pages 13-14, Hacker, et al.)

3. Describe how electronic fetal monitoring is used in assessing the normal labor pattern as well as how it can be helpful in evaluating dysfunctional labor and fetal status. Understand the limitations of electronic fetal monitoring. (Pages 111-117, Beckmann, et al.; Chapter 9, Hacker, et al.)

4. Describe normal labor and delivery. (Chapter 8, Beckmann, et al.; Chapter 8, Hacker, et al.)
   a. Describe the difference between true and false labor
   b. Evaluate the various stages of labor (Pages 97-100, Beckmann, et al.; Pages 98-105, Hacker, et al.)
   c. Explain the delivery process (Pages 95-100, Beckmann, et al.; Pages 102-103, Hacker, et al.)
   d. State the methods for pain management during delivery, including indications for local and regional anesthesia during labor and delivery (Pages 97-98, Beckmann, et al.; Pages 112-114, Hacker, et al.)
   e. List the steps involved in immediate postpartum care following delivery—see also #9 below (Chapter 10, Beckmann, et al.; Page 105, Hacker, et al.)
5. List and describe options of management for the following types of labor:
   b. Dysfunctional (Chapter 9, Beckmann et al.; Chapter 12, Hacker, et al.)

   b. State the indications and methods utilized for induction of labor and stimulation of labor (Pages 117, Beckmann, et al.; Pages 105-109, Hacker, et al.)

7. Describe the diagnosis and management options for the following fetal presentations:
   b. Multiple gestation (Chapter 17, Beckmann, et al.; Pages 160-172, Hacker, et al.)
   d. Face, brow, shoulder (Pages 104-105, 111, Beckmann, et al.; Pages 170-172, Hacker, et al.)
   e. Transverse lie (Page 63, Beckmann, et al.)

You can find short summary explanations in the following website links:
http://www.webmd.com/content/tools/1/slide_fetal_pos
http://www.who.int/reproductive-health/impac/Symptoms/Malpositions_malpresentations_S69_S81.html
This websites tells you what to do with each of the fetal positions.

8. Manage care of the newborn.
   a. State at least five items to be assessed in the preliminary examination of the newborn (Pages 119-121, Beckmann, et al.; Pages 114-118, Hacker, et al.)

A good web source: http://babies.sutterhealth.org/breastfeeding/bf_techniques.html
9. Describe how the following medical complications can affect pregnancy and its outcome.
   g. Hematologic diseases (anemia, sickle cell, etc.) (Pages 151-154, Beckmann, et al.; Page 80, Hacker, et al.)
   h. Pulmonary disorders (asthma, pneumonia, etc.) (Page 162, 177, Beckmann, et al.; Pages 204-205, Hacker, et al.)
   i. Thyroid disorders (hyper, hypo) (Pages 158-159, Hacker, et al.)
   j. First trimester bleeding

10. Describe how third trimester bleeding and the following placental complications can affect management and delivery. (Chapter 21, Beckmann, et al.; Pages 127-131, Hacker, et al.)
   a. Placenta previa (Pages 128-130, Hacker, et al.)
   b. Placenta abruptio (Pages 130-131, Hacker, et al.)

11. Outline the diagnosis and management of the following complications of pregnancy and delivery:
   b. Polyhydramnios, oligohydramnios (Pages 177, 179, Beckmann, et al; Pages 147; 355-367, Hacker, et al.)

12. Describe the assessment and management of uncomplicated puerperium, as well as the following complications of puerperium: (Chapter 11, Beckmann, et al; Pages 109, Hacker, et al.)
   b. Fever (Page 193, Beckmann, et al.)
Gynecology

13. Describe the various indications of reproductive endocrinology. (Chapter 38, Beckmann, et al.; Chapter 34, Hacker, et al.)
   a. Define infertility
   b. List several major causes for human infertility
   c. Describe some common methods used to treat infertility

14. List indications and methods of contraception, including the following: (Chapter 24, Beckmann, et al.; Chapter 26, Hacker, et al.)
   a. Rhythm method
   b. Barriers
   c. Oral contraceptives, implants and injectables
   d. Intrauterine devices


   a. Adnexal torsion
      http://www.emedicine.com/EMERG/topic353.htm
      http://radiographics.rsajnl.org/cgi/content/full/22/2/283
   b. Appendicitis
      http://digestive.niddk.nih.gov/diseases/pubs/appendicitis/
   c. Diverticulitis
      http://digestive.niddk.nih.gov/diseases/pubs/diverticulosis/
   d. Renal calculi
      http://www.emedicine.com/EMERG/topic499.htm

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   c. Diverticulitis
      http://digestive.niddk.nih.gov/diseases/pubs/diverticulosis/
   d. Renal calculi
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17. List the risks and benefits of various gynecologic procedures. (Chapter 32, Beckmann, et al.; Chapter 30, Hacker, et al.)
   a. List various imaging techniques and benefits of each
   c. Hysteroscopy, D&C
   d. Colposcopy
   e. Office endometrial biopsy
   f. Describe the indications of and the various types of hysterectomy procedures (Pages 301-302, Beckmann, et al.; Pages 338-342, Hacker, et al.)
   a. Premenopausal
   b. Postmenopausal
   http://www.aafp.org/afp/991001ap/1371.html

19. Describe the maintenance of breast health.
   b. Be able to explain how to perform regular self-exam of breasts (Pages 5-9, Beckmann, et al.; Page 326, Hacker, et al.)

20. Outline the diagnosis and management of various pelvic infections, including sexually transmitted infections and pelvic inflammatory disease. (Chapter 27, Beckmann, et al.; Chapter 22, Hacker, et al.)

21. Indicate the evaluation and treatment of various vaginal and vulvar disorders. (Chapter 26, Beckmann, et al.)
   a. Describe and define pelvic organ prolapse
   b. Interpret the various signs and symptoms of vaginal dryness
   c. Describe the various symptoms and treatments for: vulvodynia, trichomoniasis and yeast infections
   d. Evaluate and diagnose vulvar and vaginal neoplasms

22. List the steps involved in conducting a papanicolaou (pap) smear and be able to interpret the reports of normal vs. abnormal pap smear. (Pages 11, 379-380, Beckmann, et al.; Chapter 38, Hacker, et al.) (You can access a video at the following website: http://obgyn101.org/videos.html)
   a. Understand and describe cervical cytology screening guidelines
   b. Understand when to utilize High Risk HPV screening/testing
   d. List the initial steps toward the treatment of a person with an abnormal pap smear


   a. Evaluate the presenting symptoms of uterine leiomyoma
   b. Explain the procedures for diagnosis and treatment for uterine leiomyoma
25. Evaluate the risk factors for endometrial carcinoma, as well as understand the diagnosis and treatment of endometrial carcinoma (Pages 397-401, Beckmann, et al.; Chapter 41, Hacker, et al.)
   a. Describe the pathogenesis and risk factors for the two kinds of endometrial hyperplasia/carcinoma
   b. Evaluate the physical findings and diagnosis of a patient with endometrial cancer
   c. Analyze the appropriate management of the various types and phases of endometrial hyperplasia

26. Describe the physiologic and pathologic findings of patients with ovarian and adnexal disease (Chapter 46, Beckmann, et al.; Chapter 20, Hacker, et al.)
   a. List the physiologic and pathologic processes of the ovary of different age groups and approach to each group of patients
   b. Compare the various types of cysts in the ovary: functional; benign; and malignant
   c. Explain the histologic classification of the common epithelial tumors of the ovary
   d. Explain the risk factors for ovarian cancer and the essentials of communicating that information to a patient

27. Explain ways to maintain preventative health for women.
   a. Analyze the socio-cultural dimensions of health policies for women (Chapter 3, Beckmann, et al.)
   b. Advise patients about preventative health care pertinent to each age group (Pages 15-21, Beckmann, et al.; Chapter 1, Hacker, et al.)
   d. Evaluate the signs of domestic violence (Chapter 48, Beckmann, et al.; Pages 322-325, Hacker, et al.)
B. CLINICAL SKILLS:
It is highly suggested that you perform, at least once, each of the skills listed below:

**Obstetrics**

1. Perform physical examination of the obstetrical patient.
2. Properly perform a bladder catheterization on an obstetrical patient in the delivery room.
3. Properly scrub, gown and glove, and maintain sterile technique.
4. Do an accurate vaginal examination on a patient in labor and delivery. Describe fetal position, station and cervical dilation and effacement.
5. Perform a normal vaginal delivery with supervision.
6. Understand indications and technique of midline episiotomy.
7. Understand steps in repair of a midline episiotomy or laceration.
8. Assign proper Apgar scores to newborn infants.
9. Perform, adequately, a bulb and DeLee suction of an infant with supervision.
10. Properly clamp and cut the umbilical cord and obtain cord samples.
11. Properly delivery the placenta and examine its surface.
12. Following delivery of the placenta, properly evaluate the cervix and vagina for lacerations.
13. Adequately assist during a Cesarean section.

**Gynecology/Gynecological Surgery**

14. Adequately perform speculum exam and pelvic exam
15. Perform physical examination of the gynecological surgical patient.
16. Perform and write up a consult on a gynecologic patient.
C. LEARNING ACTIVITIES

Learning activities will vary, both in kind, amount and emphasis. The following are examples of learning activities you should participate in when they are available on your obstetrics/gynecology rotation.

1. READING: Please use the reading references in the list of objectives.

2. HISTORY AND PHYSICAL REVIEW: An important portion of your learning experience will be obtaining patient histories and physical examinations. You should make every effort to have your H&P’s reviewed by your supervisor.

3. MORNING REPORT: This program provides up-to-date information on patients in labor, on the floors and current surgery schedule.

4. LECTURES: Lectures on various topics are provided as scheduled, by the attending and Resident staff. They are intended to provide up-to-date information on clinical research findings and techniques in various aspects in obstetrics and gynecology. As time permits, you are encouraged to attend the hospital’s regular lecture program.

5. SEMINARS: As time permits, you are encouraged to attend any OB/GYN seminars.

6. CONSULTATIONS: You will be expected to participate in obstetrical and gynecological surgical consultations. Be aware of the procedure for doing and presenting consults at the hospital. Be available to participate in the consults. Prepare yourself for the consult by reading the chart or reading material, or by discussing the case with your supervisor or Resident.

7. SCRUBBING ON DELIVERIES AND GYNECOLOGICAL SURGERIES: You will be more or less, active members of the delivery or gynecological surgery team, based on your availability and motivation to participate. Be aware of available deliveries and the surgery schedule.

RESPONSIBILITIES

While on the rotation, you shall report to the Resident covering the "labor and delivery board" for your initial assignments. You are expected to be on service from 7AM until 7PM weekdays; and night call and weekend days as they are scheduled. You are expected to follow all patients in labor and participate in as many deliveries as possible, including female patient H&P’s and newborn H&P’s. When time permits, you shall attend the OB/GYN services ambulatory clinics and participate in gynecological procedures.
D. EVALUATION

Requirements for Rotation:

1. PROBLEM SOLVING AND PROFESSIONAL DEVELOPMENT
The medical student is expected to achieve a satisfactory level of performance and development in the areas listed on the Clerkship Evaluation form. REMEDIATION: Ratings of unsatisfactory in two or more categories will be reviewed with you by a member of the MSU/COM OB/GYN faculty, with a specific plan for remediation to be decided on a case-by-case basis.

2. REQUIRED EXAMINATION
All students are required to pass the NBOME subject shelf examination in Obstetrics/Gynecology in order to receive a “Pass” grade for this rotation.

Students must take the OB exam on the last Friday of the core OB/GYN rotation. Please contact Ms. Evita Gilbert (517-432-5423 / gilber10@msu.edu) for exam dates/times. The exam is offered on the Michigan State University campus, the DMC, and Macomb University Center. The exam is 2 hours in length and contains 100 questions.

As the College transitions from the paper-based NBOME Subject Shelf Exam to the online COMAT version, departmental chairs and course faculty will evaluate individual student performance on this examination relative to overall performance of the MSUCOM cohort.

Students identified by the department as scoring below proficiency will be notified. This exam is offered as a practice for the NBOME licensure exam. Students performing poorly may anticipate similar results and possible failure of their licensure exam. Further study and review is encouraged.

3. REQUIRED ROTATION LOGS
When working in the hospital, keep a log of all your daily patient encounters. You must record these encounters in the online ENCORE logging system. You must record all patients you observe and attend to each day. Please refer to the ENCORE logging system protocol for details.

4. At the completion of your rotation, please fill out the end-of-rotation student evaluation that is online: http://kobiljak.msu.edu/Evaluation/UnitIII.html