I. Rotation Description
Obstetrics and Gynecology is the medical specialty concerned with the reproductive health and medical needs of adolescents and women. The specialty encompasses preventive health, reproductive health, maternal care and surgery for women of all ages. Obstetricians and gynecologists develop enduring relationships with their patients and deliver medical care that may include adolescent gynecology, infertility, endocrinology, and health maintenance during pregnancy, treatment of medical problems in pregnancy, operative gynecology and gynecological oncology. The diversity of the specialty is apparent in all practice settings and you will appreciate the challenges and thrill during your third year clerkships.

The Department of Obstetrics and Gynecology Department aims to embody competent and compassionate care and facilitate students' professional growth. The practice of obstetrics and gynecology occurs in the
outpatient office setting, labor and delivery unit and in the operating room. Due to the variety of practice opportunities and formats in obstetrics and gynecology, students should review their specific site instructions for a more detailed description of their specific practice setting. Regardless of your chosen area of specialty, you will be caring for women. This rotation is designed to best prepare each medical student to develop competence in areas of reproductive and preventive health care for women. The curriculum relies heavily upon the national learning objectives for medical student education outlined by the Association of Professors of Gynecology and Obstetrics.

The curriculum is taught through structured reading assignments, on-line case modules and lectures, and through the student-preceptor experience. Students are expected to complete their assignments for both obstetrics and gynecology and the longitudinal OMM course.

II. Course Goals and Objectives

A. Goals of the Course

Prior to the completion of the rotation, the student should demonstrate knowledge of the following:
(adapted from Association of Professors of Obstetrics and Gynecology Medical Student Objectives, ninth edition)

1. Develop competence in the medical interview and physical examination of women and incorporate ethical, social, and diverse perspectives to provide culturally competent health care.
2. Apply recommended prevention strategies to women throughout the life-span.
3. Recognize his/her role as a leader and advocate for women.
4. Demonstrate knowledge of preconception care including the impact of genetics, medical conditions and environmental factors on maternal health and fetal development.
5. Explain the normal physiologic changes of pregnancy including interpretation of common diagnostic studies.
6. Describe common problems in obstetrics.
7. Demonstrate knowledge of intrapartum care.
8. Demonstrate knowledge of postpartum care of the mother and newborn.
9. Describe menstrual cycle physiology, discuss puberty and menopause and explain normal and abnormal bleeding.
10. Describe the etiology and evaluation of infertility.
11. Develop a thorough understanding of contraception, including sterilization and abortion.
12. Demonstrate knowledge of common benign gynecological conditions.
14. Describe common breast conditions and outline the evaluation of breast complaints.
15. Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.
16. Describe gynecological malignancies including risk factors, signs and symptoms and initial evaluation.
17. Provide a preliminary assessment of patients with sexual concerns.

B. Clinical Performance Objectives

While the end-of-rotation exam is derived from the didactic curriculum and objectives described above in the “Clinical Modules – Required Curriculum” section, the end-of-rotation evaluation completed by your obstetrics and gynecology preceptor is based on clinical core competencies. These core competencies reflect student performance in 6 key areas: communication, problem solving, clinical skills, medical knowledge, osteopathic medicine and professional and ethical considerations. Your end-of-rotation evaluation from your preceptor will be based directly on your performance in these 6 core competencies as described below.
1. **Communication** - the student should demonstrate the following clinical communication skills:
   a. Effective listening to patient, family, peers, and healthcare team
   b. Demonstrates compassion and respect in patient communications
   c. Effective investigation of chief complaint, medical and psychosocial history specific to the rotation
   d. Considers whole patient: social, spiritual & cultural concerns
   e. Efficiently prioritizes essential from non-essential information
   f. Assures patient understands instructions, consents & medications
   g. Presents cases in an accurate, concise, well organized manner

2. **Problem Solving** – the student should demonstrate the following problem solving skills:
   a. Identify important questions and separate data in organized fashion organizing positives & negatives
   b. Discern major from minor patient problems
   c. Formulate a differential while identifying the most common diagnoses
   d. Identify indications for & apply findings from the most common radiographic and diagnostic tests
   e. Identify correct management plan considering contraindications & interaction

3. **Clinical Skills** - the student should demonstrate the following problem solving skills:
   a. Assesses vital signs & triage patient according to degree of illness
   b. Perform good auscultatory, palpatory & visual skills
   c. Perform a thorough physical exam pertinent to the rotation

4. **Osteopathic Manipulative Medicine** - the student should demonstrate the following skills in regards to osteopathic manipulative medicine
   a. Apply osteopathic manipulative medicine successfully when appropriate
   b. Perform and document a thorough musculoskeletal exam
   c. Utilize palpatory skills to accurately discern physical changes that occur with various clinical disorders
   d. Apply osteopathic manipulative treatments successfully

5. **Medical Knowledge** – the student should demonstrate the following in regards to medical knowledge
   a. Identify & correlate anatomy, pathology and pathophysiology related to most disease processes
   b. Demonstrate characteristics of a self-motivated learner including demonstrating interest and enthusiasm about patient cases and research of the literature
   c. Are thorough & knowledgeable in researching evidence based literature
   d. Actively seek feedback from preceptor on areas for improvement
   e. Correlate symptoms & signs with most common disease

6. **Professional and Ethical Behaviors** - the student should demonstrate the following professional and ethical behaviors and skills:
   a. Is dutiful, arrives on time & stays until all tasks are complete
   b. Consistently follows through on patient care responsibilities
   c. Accepts & readily responds to feedback, is not resistant to advice
   d. Assures professionalism in relationships with patients, staff, & peers
   e. Displays integrity & honesty in medical ability and documentation
   f. Acknowledges errors, seeks to correct errors appropriately
   g. Is well prepared for and seeks to provide high quality patient care
   h. Identifies the importance to care for underserved populations in a non-judgmental & altruistic manner
III. Rotation Design

A. Educational Modules
Educational modules using lectures, cases, and other forms of delivery are used for third year curriculum. Each student must complete a post-rotation exam to assure that the expected basic content or medical knowledge has been acquired during the rotation. In addition to the experiences received in the clinical training sites, students are expected to read the content of the assigned textbooks and online materials in order to complete the entire curriculum assigned for the clinical module.

B. Formative Evaluation
Student competency-based rating forms are used by the preceptor to evaluate each student’s clinical skills and the application of medical knowledge in the clinical setting. These forms are only completed by the clinical faculty member or preceptor. Performance on rotations will be evaluated by the primary clinical faculty member precepting the student. VCOM uses a competency-based evaluation form which includes the osteopathic core competencies. These competencies evaluated include:

a. Medical knowledge;
b. Communication;
c. Physical exam skills;
d. Problem solving and clinical decision making;
e. Professionalism and ethics;
f. Osteopathic specific competencies; and

g. Additional VCOM values.

Student competency is judged on clinical skill performance. Each skill is rated as to how often the student performs the skill appropriately (i.e. unacceptable, below expectation, meets expectation, above expectation, exceptional).

C. Logging Patient Encounters and Procedures
Students are required to maintain a log to identify the procedures performed and the number of essential patient encounters in the CREDO application. All students must review these logs with their preceptors prior to the end of the rotation period, as required by the final preceptor evaluation form. Students are encouraged to periodically review their CREDO entries with their preceptor during the rotation period.

IV. Credits
5 credit hours

V. Course Texts
A. Required Textbooks

B. Recommended Textbooks
- **APGO Case book** - The Association of Professors of Gynecology and Obstetrics has developed multiple case summaries based on the APGO Medical Student learning objectives. These cases can enhance the reading and discussion of the VCOM medical student learning objectives.

VI. **Course Grading and Requirements for Successful Completion**

A. **Requirements**

- Attendance according to VCOM and preceptor requirements as defined in the [College Catalog and Student Handbook](#).
- Completion of all Clinical Modules in the required curriculum.
- Understanding of and facility with all Clinical Modules in the Required Curriculum.
  - The goal of the curriculum is to ensure that you have learned the core objectives for medical students in the areas of women’s and reproductive health. The curriculum provides multiple tools including practice questions, reading assignments, cases and videos to assist in your learning. In addition, many of the topics were reviewed in your second year curriculum and a PowerPoint and lecture are available for your review on VCOM TV. You are not required to complete each of the reading assignments, however you are required to have a facility with the material and will be tested on the objectives now and during your clinical board exam. Use the resources for the topics that will be most conducive to your learning and will ensure that you know the material.
- Completing the uWISE examination questions.
  - uWISE is a series of interactive self-exam questions linked to the assigned reading objectives. Each uWISE clinical vignette is a multiple-choice question with five possible answers with immediate explanation and feedback. Some questions are enhanced with images to augment the learning process. The uWISE questions are very similar in format and content to the final examination questions for your clerkship and your medical board exams.
  - Register for uWISE – Please see your “Welcome to Your Rotation” email for instructions on how to register.
- Completing the online fetal monitoring course.
  - East Tennessee State University has created a self-guided [Electronic Fetal Monitoring Course](#). The course should require 2 hours of your time and teaches you the basic interpretation of fetal monitoring strips. Please work through the module. Additionally, you may complete quizzes and case scenarios if you desire.
- Logging Patient Encounters and Procedures in CREDO:
  - Students are required to log all patient encounters and procedures into the CREDO application. All students must review these logs with their preceptors prior to the end of the rotation period, as required by the final preceptor evaluation form. Students are encouraged to periodically review their CREDO entries with their preceptor during the rotation period. These reviews should stimulate discussions about cases and learning objectives, as well as identify curriculum areas the student may still need to complete. CREDO can be accessed at: [https://credo.education/](https://credo.education/)
- Rotation Evaluations:
  - Student Site Evaluation: Students must complete and submit at the end of rotation. See the VCOM website at: [http://intranet.vcom.edu/clinical/Login/index.cfm?fuseaction=LoginInfo&LoginPage=ViewStudentSchedule](http://intranet.vcom.edu/clinical/Login/index.cfm?fuseaction=LoginInfo&LoginPage=ViewStudentSchedule) to access the evaluation form.
  - Third-Year Preceptor Evaluation: It is the student’s responsibility to ensure that all clinical evaluation forms are completed and submitted online or turned in to the Site Coordinator or the Clinical Affairs Office at the completion of each rotation. Students should inform the Clinical Affairs Office of any difficulty in obtaining an
evaluation by the preceptor at the end of that rotation. See the VCOM website at: www.vcom.edu/academics/clinical-forms to access the evaluation form.

o Mid-Rotation Evaluation: The mid-rotation evaluation form is not required but highly recommended. See the VCOM website at: www.vcom.edu/academics/clinical-forms to access the mid-rotation evaluation form.

- Successful completion of the end-of-rotation written exam. The end-of-rotation exam questions will be derived directly from the specific objectives presented in each of the below modules.

B. Grading

Students must pass both the "module" and "rotation" portions of the course. All rotations have a clinical rotation grade and clinical modules/exam grade. The clinical rotation grade uses the Honors, High Pass, Pass, Fail system; these grades are not calculated in the GPA. The rotation modules are graded through the end of rotation exam.

<table>
<thead>
<tr>
<th>OMS 3 End-of-Rotation Exam Grades</th>
<th>OMS 3 AND OMS 4 Clinical Rotation Grades</th>
<th>Other Grades</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 90-100</td>
<td>H Honors</td>
<td>IP In Progress</td>
</tr>
<tr>
<td>B+ 85-89</td>
<td>HP High Pass</td>
<td>INC Incomplete</td>
</tr>
<tr>
<td>B 80-84</td>
<td>P Pass</td>
<td>CP Conditional Pass</td>
</tr>
<tr>
<td>C+ 75-79</td>
<td>F Fail</td>
<td>R Repeat</td>
</tr>
<tr>
<td>C 70-74</td>
<td></td>
<td>Au Audit</td>
</tr>
<tr>
<td>F &lt;70</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Remediation

Students who fail one or more rotations or one or more end-of-rotation exams twice will be referred to the Promotion Board. If a student fails the professionalism and ethics portion of the evaluation he or she may be removed from the rotation and referred to the Professionalism and Ethics Standards Board. No grade will be changed unless the Office of Clinical Affairs certifies to the Registrar, in writing, that an error occurred or that the remediation results in a grade change.

- Failure of an End-of-Rotation Exam

Students must pass each end of rotation exam with a C (70%) or better to receive a passing grade for the clinical medical knowledge module. Students who fail an end of rotation exam but pass the clinical rotation evaluation component have a second opportunity to pass the exam within 28 days of notification. If the student passes the remediation exam, the remediated exam grade will be the grade recorded on the transcript and be GPA accountable. If the student fails the end of rotation exam a second time, the student will receive an “F” grade for the rotation and will be brought before the Promotion Board. If the student is allowed to repeat the rotation, all components of the rotation must be repeated. In this case, the “F” grade remains the permanent grade for the initial rotation and the student will receive a new grade for the repeated rotation. The grade will be recorded in a manner that designates that it is a repeated rotation (eg. R-pass).

- Failure of a Rotation

If a student fails the clinical rotation evaluation the student will receive an “F” grade for the rotation and will be brought before the Promotion Board. If the student is allowed to repeat the rotation, all components of the rotation must be repeated. In this case, the “F” grade remains the permanent grade for the initial rotation and the student will receive a new grade for the
repeated rotation. The grade will be recorded in a manner that designates that it is a repeated rotation (eg. R-pass).

- **Failure to Make Academic Progress**
  Repeated poor a failing performance in a specific competency area on the evaluation form across more than one rotation may also be a reason for a required remediation at the discretion of the Associate Dean for Clinical Affairs in consultation with the clinical chair, the preceptor, and the Promotion Board. In general, rotations should show a progression of improvement in clinical performance. Those students who receive a mere “Pass” on multiple rotations and/or maintain a “CP” on one or more rotations after final grades are received, will be counseled about overall performance and may be required to complete an additional rotation at the end of the year. Any additional curriculum or required remediation will be based on the performance measure. In general, rotations should show a progression of improvement in performance. Those students who continually score in the "unsatisfactory" category or repeated "performs some of the time, but needs improvement" consistently and do not improve over time or who fail one or more rotations may be deemed as not making academic progress and, as a result, may be referred to the Promotion Board and be required to complete additional curriculum. Multiple rotation failures may result in dismissal.

Poor ratings on the clinical rotation evaluation in the professional and ethical areas of the assessment are addressed by the Associate Dean for Clinical Affairs. The Associate Dean may design a remediation appropriate to correct the behavior or if needed may refer the student to the Professionalism and Ethics Board. In the case of repeated concerns in a professional and/or ethical area, the Associate Dean for Clinical Affairs may refer the student to the Campus Dean for a Behavioral Board or Promotion Board hearing. The Campus Dean will act upon this referral depending on the severity and the area of the performance measure. Poor ratings in this area will include comments as to the exact nature of the rating. Repeated poor a failing performance in a specific competency area on the evaluation form across more than one rotation may also be a reason for a required remediation at the discretion of the Associate Dean for Clinical Affairs in consultation with the clinical chair and the preceptor, and the Promotion Board. In general, rotations should show a progression of improvement in clinical performance.

**VII. Academic Expectations**
Grading policies, academic progress, and graduation requirements may be found in the *College Catalog and Student Handbook* at: [http://www.vcom.edu/handbooks/catalog/index.html](http://www.vcom.edu/handbooks/catalog/index.html)

**A. Attendance**
Attendance for all clinical rotation days is mandatory. The clinical site will determine the assigned days and hours to be worked within the rotation period. Students are required to attend any orientation the clinical site sets as mandatory prior to any rotation or the clinical year. The orientation sessions vary by site and are required to maintain assignment to the site. Although the clinical site determines the assigned days and hours to be worked, VCOM has established the following guidelines:

- 4 week rotations may not be less than 20, eight hour days for a total of a minimum of 160 hours and often average 180 hours or greater.
  - Students may be required to work up to 24 days in a 4-week period or 25 days in a 1-month rotation, including call and weekends at the discretion of the clinical site.
  - If the clinical site requires longer daily hours or shift work, the student may complete the required hours in less than 20 days with the following specifications:
    - Students should not work greater than 12 out of every 14 days
    - Student should not work more than 12 hours daily, exclusive of on-call assignments.
- If on-call hours are required, the student should not be on duty for greater than 30 continuous hours.
- Students may be required to work weekends but in general should have 2 weekends per month free and 2 of 7 days per week free.
- 2 week rotations may not be less than 10, eight hour days for a total of a minimum of 80 hours and often average 100 hours or greater.
  - If the clinical site requires longer daily hours or shift work, the student may complete the required hours in less than 10 days with the following specifications:
    - Students should not work greater than 12 out of every 14 days.
    - Students should not work more than 12 hours daily, exclusive of on-call assignments, and may not complete the 2 week rotation in less than 1 week.
    - If on-call hours are required, the student should not be on duty for greater than 30 continuous hours.
    - Students may be required to work weekends but in general should have 2 of 7 days per week free.

It should be noted that preceptors will have final determination of the distribution of hours, which may vary from this policy but should not in general be less than 160 hours for a 4 week rotation or less than 80 hours for a 2 week rotation. The institution’s DSME and assigned clinical faculty determine clinical duty hours. Students are responsible to the assigned clinical faculty and are expected to comply with the general rules and regulations established by the assigned clinical faculty, and/or the core hospital(s), or facility associated with the rotation.

The average student clinical day begins at 7 am and ends at 7 pm. Students are expected to work if their assigned clinical faculty is working. Some rotations assign students to shifts and in such cases the student may be required to work evening or night hours. If on-call hours are required, the student must take the call; however, the student should not be on duty for greater than 30 continuous hours.

Students may be required to work weekends, but in general should have two weekends per month free and two of seven days per week free. Student holidays are determined by the clinical site and follow those of other students and/or residents from the clinical site. Students must be prompt and on time for the clinical rotation.

Students are expected to arrive on time to all clinical rotations. If a student is late, he or she must notify the site coordinator and the preceptor prior to or at the time they are scheduled arrive. Students must have a reason for being late such as illness or vehicle issues and it is not anticipated that this would occur more than one occasion AND it is important the student call in prior to being late. Repeated tardiness is considered as unprofessional behavior and is a reason for dismissal from a rotation. Students with repeated tardiness will be referred to the PESB. Tardiness is defined as more than 5 minutes after the scheduled time the preceptor designates as the expected arrival time.

The Office of Clinical Affairs requires that the medical student complete and submit an Excused Absence Clinical Rotations Approval form for any time "away" from clinical rotations. Forms are available at: www.vcom.edu/academics/clinical-forms. The student must have this form signed by their preceptor and others designated on the form to obtain an excused absence and must be provided to the DSME and the Office of Clinical Affairs through the site coordinator. The form must be completed prior to the beginning of the leave. If an emergency does not allow the student to submit this prior to the absence, the “Excused Absence Clinical Rotations Approval” form must be submitted as soon as the student is physically able to complete the form. In addition to completion of the form, students must contact the Department of Clinical Affairs, the Site Coordinator, and the preceptor’s office by 8:30 AM of the day they will be absent due to an illness or emergency. No excused absence will be granted after the fact, except in emergencies as verified by the Associate Dean for Clinical Affairs.
Regardless of an excused absence, students must still complete a minimum of 160 hours for a 4 week rotation and 80 hours for a 2 week rotation in order to pass the rotation. Any time missed must be remediated during the course of the rotation for credit to be issued. Students may remediate up to four missed days or 48 hours missed during any rotation period by working on normal days off. OMS 3 and OMS 4 students who have any unexcused absences will be referred to the PESB.

VIII. Professionalism and Ethics
It is advised that students review and adhere to all behavioral policies including attendance, plagiarism, dress code, and other aspects of professionalism. Behavioral policies may be found in the College Catalog and Student Handbook at: http://www.vcom.edu/handbooks/catalog/index.html

A. VCOM Honor Code
The VCOM Honor Code is based on the fundamental belief that every student is worthy of trust and that trusting a student is an integral component in making them worthy of trust. Consistent with honor code policy, by beginning this exam, I certify that I have neither given nor received any unauthorized assistance on this assignment, where “unauthorized assistance” is as defined by the Honor Code Committee. By beginning and submitting this exam, I am confirming adherence to the VCOM Honor Code. A full description of the VCOM Honor Code can be found in the College Catalog and Student Handbook at: http://www.vcom.edu/handbooks/catalog/index.html

IX. Pre-requisites to a Successful Clerkship
Please ensure that you are familiar with these four review topics prior to beginning your obstetrics and gynecology clerkship.

1. Female Reproductive Physiology
Reading Assignment: Beckmann, pp 321-326
Online PowerPoint Presentation: Female Reproductive Physiology
Learning Objectives:
   i. Review female reproductive physiology including:
      a. Hypothalamic-pituitary-ovarian axis
      b. Follicular and luteal phases of menstrual cycle
      c. Proliferative and secretory phases of the endometrium

2. Intrapartum Fetal Surveillance
Reading Assignment: Beckmann, pp 98-111
Online Fetal Monitoring Course: Tennessee State University has created a self-guided Electronic Fetal Monitoring Course. The course should require 2 hours of your time and teaches you the basic interpretation of fetal monitoring strips. Please work through the module. Additionally, you may complete quizzes and case scenarios if you desire.
Learning Objectives:
   i. Learn to interpret basic EFM patterns using a systematic approach
   ii. Learn to use standardized terminology to appropriately document the patterns
   iii. Learn to properly manage the clinical situations represented by the EFM pattern

uWISE Questions: Objective 26: Intrapartum Fetal Surveillance

3. Obstetrics and Gynecologic History and Exam
Reading Assignment: Beckmann, pp 1-13
Online PowerPoint Presentation: Women’s Health History
Learning Objectives:
   i. Perform a thorough obstetric-gynecologic history as a portion of a general medical history
ii. Interact with the patient to gain her confidence and to develop an appreciation of the effect of her age, racial and cultural background, and economic status on her health
iii. Communicate the results of the obstetric-gynecologic and general medical history by well-organized written and oral reports
iv. Interact with the patient to gain her confidence and cooperation, and assure her comfort and modesty
v. Perform a painless obstetric-gynecologic examination as part of a woman’s general medical examination
vi. Communicate the relevant results of the examination in well-organized written oral reports
vii. Educate the patient regarding breast self-examination

4. Embryology and Pelvic Anatomy

Reading Assignment: Beckmann, pp 29-41
Online PowerPoint Presentation: Comprehensive Review of the Female Reproductive System Anatomy by Dr. Danielson

Learning Objective:
  i. Review pelvic anatomy, with a particular focus on surgical pelvic anatomy in preparation for clinical surgical experiences.
  ii. Describe basic development of early human embryo as it relates to reproductive anatomy.

X. Obstetric Clinical Modules

5. Maternal-Fetal Physiology

Reading Assignment: Beckmann, pp 43-55
Online PowerPoint Presentation:
  • Fetal and Neonatal Circulation, Dr. Danielson
  • Physiology of Pregnancy, Dr. Reilly

uWISE Questions: Objective 8: Maternal-Fetal Physiology

Learning Objectives:
  i. Discuss the maternal physiologic anatomic changes associated with pregnancy
  ii. Describe the physiologic functions of the placenta and fetus
  iii. Discuss the effect of pregnancy on common diagnostic studies

6. Preconception Care/Antepartum Care

Reading Assignment: Beckmann, pp 56-85

uWISE Questions: Objectives 9 and 10: Preconception and Antepartum Care

Learning Objectives:
  i. Describe how certain medical conditions affect pregnancy
  ii. Describe how pregnancy affects certain medical conditions
  iii. Identify patients with a genetic risk and counsel them on genetic screening options
  iv. Recall the risk associated in pregnancy in advanced maternal age
  v. Counsel patients regarding nutrition and exercise
  vi. Counsel patients regarding medications and environmental hazards
  vii. Counsel patients regarding immunizations

7. Intrapartum Care

Reading Assignment:
  • Beckmann, pp 86-97

uWISE Questions: Objectives 11 and 26: Intrapartum Care and Intrapartum Fetal Surveillance

Learning Objectives:
  i. Describe characteristics of true and false labor
  ii. Describe initial assessment of the laboring patient
iii. Describe stages and mechanism of normal labor and delivery
iv. Describe techniques to evaluate the progress of labor
v. Describe pain management during labor
vi. Describe methods of monitoring the mother and fetus
vii. Describe management of normal delivery
viii. Describe indications for operative delivery

8. Postpartum Care

A. Normal Postpartum Physiology and Care
Reading Assignment: Beckmann, pp 120-126
On-line PowerPoint Presentation: Postpartum Care
Learning Objectives:
   i. Describe maternal physiologic changes of the postpartum period
   ii. Describe normal postpartum care
   iii. Describe appropriate postpartum patient counseling
   iv. Describe vaginal repair
   v. Describe immediate postpartum care of the mother

B. Postpartum Hemorrhage
Reading Assignment: Beckmann, pp 127-133
On-line PowerPoint Presentation: Postpartum Care
uWISE Questions: Objective 27: Postpartum Hemorrhage
Learning Objectives:
   i. List risk factors for postpartum hemorrhage
   ii. Describe differential diagnosis of postpartum hemorrhage
   iii. Describe the immediate management of the patient with postpartum hemorrhage, including:
       a. Inspection for lacerations
       b. Use of uterine contractile agents
       c. Management of volume loss
       d. Management of coagulopathy

C. Postpartum Infection
Reading Assignment: Beckmann, pp 122
On-line PowerPoint Presentation: Postpartum Care
uWISE Questions: Objective 28: Postpartum Infection
Learning Objectives:
   i. List the risk factors for postpartum infection
   ii. List differential diagnosis of postpartum infection (endometritis mastitis
   iii. Describe evaluation and management of the patient with postpartum infection

9. Complications of Pregnancy

A. Ectopic Pregnancy
Reading Assignment: Beckmann, pp 167-173; 252-255
uWISE Questions: Objective 15: Ectopic Pregnancy
Learning Objectives:
   i. Develop a differential diagnosis of first trimester bleeding
   ii. List risk factors predisposing patients to ectopic pregnancy
   iii. Describe symptoms and physical findings suggestive of ectopic pregnancy
   iv. Understand methods and tests used to confirm the diagnosis of ectopic pregnancy
v. Explain treatment options

B. Spontaneous Abortion
Reading Assignment: Beckmann, pp 173-176
uWISE Questions: Objective 16: Spontaneous Abortion
Learning Objectives:
  i. Develop a differential diagnosis for first trimester vaginal bleeding
  ii. Differentiate the types of spontaneous abortion
  iii. Define recurrent abortion
  iv. List the complications of spontaneous abortion
  v. Identify the causes and complications of septic abortion
  vi. Counsel a patient following a spontaneous abortion

C. Medical and Surgical Conditions in Pregnancy
Reading Assignment: Beckmann, pp 177-218
uWISE Questions: Objectives 17a and 17b: Medical and Surgical Complications in Pregnancy
Learning Objectives:
  i. Anemia
  ii. Urinary tract disorders
  iii. Infectious diseases
  iv. Cardiac disease
  v. Respiratory disorders
  vi. Surgical abdomen
  vii. Gestational Diabetes
     a. Describe the incidence and risk factors for gestational diabetes
     b. Define gestational and pre-gestational diabetes and describe White’s classification
     c. Describe the protocol for screening and diagnosis of gestational diabetes
     d. Describe the maternal and fetal complications of gestational and pre-gestational diabetes
     e. Describe the management and monitoring of gestational and pre-gestational diabetes in pregnancy

D. Pre-eclampsia-Eclampsia Syndrome
Reading Assignment: Beckmann, pp 191-199
uWISE Questions: Objective 18: Preeclampsia-Eclampsia Syndrome
Learning Objectives:
  i. Classify the types of hypertension in pregnancy
  ii. Describe the pathophysiology of preeclampsia-eclampsia
  iii. Describe the signs and symptoms to diagnose preeclampsia-eclampsia
  iv. Explain the management of a patient with preeclampsia-eclampsia
  v. List the maternal and fetal complications associated with preeclampsia-eclampsia

E. Alloimmunization
Reading Assignment: Beckmann, pp 201-208
uWISE Questions: Objective 19: Rh Isoimmunization
Learning Objectives:
  i. Describe the pathophysiology of alloimmunization, including:
     a. Role of red blood cell antigens
     b. Clinical circumstances under which D alloimmunization is likely to occur
     c. Discuss the use of immunoglobulin prophylaxis during pregnancy for the prevention of alloimmunization
d. Discuss the methods used to determine maternal alloimmunization and the severity of fetal involvement

F. Multifetal Gestation and Malpresentation
   Reading Assignment: Beckmann, pp 134-139
   uWISE Questions: Objective 20: Multifetal Gestation
   Learning Objectives:
   i. Describe the etiology of monozygotic, dizygotic and multizygotic gestation
   ii. Describe symptoms, physical findings and diagnostic methods
   iii. Describe approach to antepartum, intrapartum, and postpartum management

G. Fetal Death
   Reading Assignment:
   - Prine L.W. *Office Management of Early Pregnancy Loss*
   - Van Dinter M.S. *Managing Adverse Birth Outcomes: Helping Parents and Families Cope*
   uWISE Questions: Objective 21: Fetal Death
   Learning Objectives:
   i. Describe the common causes of fetal death in each trimester
   ii. Describe the symptoms, physical findings, and diagnostic methods to confirm the diagnosis and etiology of fetal death
   iii. Describe the medical and psychosocial management of a patient diagnosed with a fetal demise

H. Abnormal Labor
   Reading Assignment: Beckmann, pp 98-105
   uWISE Questions: Objective 22: Abnormal Labor
   Learning Objectives:
   i. List abnormal labor patterns
   ii. List methods of evaluating fetopelvic disproportion
   iii. List fetal and maternal complications resulting from abnormal labor
   iv. List indications and contraindications for oxytocin administration
   v. List strategies for management of abnormal fetal presentations
   vi. List indications for vaginal birth after cesarean delivery
   vii. List strategies for emergency management of breech and shoulder dystocia

I. Third-Trimester Bleeding
   Reading Assignment: Beckmann, pp 152-157; 129
   uWISE Questions: Objective 23: Third Trimester Bleeding
   Learning Objectives:
   i. Describe the approach to the patient with third-trimester bleeding
   ii. Compare symptoms, physical findings and diagnostic methods that differentiate patients with placenta previa, abruption placenta and other causes of third-trimester bleeding
   iii. Describe complications of placenta previa and abruption placenta
   iv. Describe immediate management of shock secondary to third-trimester bleeding
   v. Describe components of the various blood products and indications for their use

J. Preterm Labor
   Reading Assignment: Beckmann, pp 147-151
   On-line PowerPoint Presentation: *Preterm labor*
   uWISE Questions: Objective 24: Preterm Labor
   Learning Objectives:
   i. Cite factors predisposing to preterm labor
ii. Cite signs and symptoms of premature uterine contractions
iii. Cite causes of preterm labor
iv. Cite management of preterm labor, including:
   a. Tocolytics
   b. Steroids
   c. Antibiotics

K. Premature Rupture of Membranes
   Reading Assignment: Beckmann, pp 158-162
   On-line PowerPoint Presentation: Premature Rupture of Membranes
   uWISE Questions: Objective 25: Preterm Rupture of the Membranes
   Learning Objectives:
   i. Summarize the history, physical findings, and diagnostic methods to confirm ROM
   ii. Cite the factors predisposing to premature rupture of membranes
   iii. List the risks and benefits of expectant management vs. immediate delivery based on gestational age
   iv. Describe methods to monitor mom and fetus during expectant management

L. Post Term Pregnancy
   Reading Assignment: Beckmann, pp 163-166
   uWISE Questions: Objective 30: Postterm Pregnancy
   Learning Objectives:
   i. Describe normal period of gestation
   ii. Describe complications of post-maturity
   iii. Describe management of prolonged gestation

M. Fetal Growth Abnormalities
   Reading Assignment: Beckmann, pp 140-146
   uWISE Questions: Objective 31: Fetal Growth Abnormalities
   Learning Objectives:
   i. Define macrosomia and fetal growth restriction
   ii. Describe etiologies of abnormal growth
   iii. Cite methods of detection of fetal growth abnormalities
   iv. Cite associated morbidity and mortality

N. Obstetric Procedures
   Reading Assignment: Beckmann, pp 81-105; 118-119
   uWISE Questions: Objective 32: Obstetric Procedures
   Learning Objectives:
   i. Student will be able to describe each procedure and list the indications and complications of each of the following:
      a. Ultrasound
      b. Chorionic villous sampling
      c. Amniocentesis and cordocentesis
      d. Induction and augmentation of labor
      e. Episiotomy
      f. Spontaneous vaginal delivery
      g. Vacuum-assisted delivery
      h. Forceps delivery
      i. Breech delivery
      j. Cesarean delivery
      k. Vaginal delivery after Cesarean section
1. Newborn circumcision

XI. Gynecology Clinical Modules

10. Menstrual Cycle and Vaginal Bleeding

A. Normal and Abnormal Bleeding

Reading Assignment: Beckmann, pp 321-326; 332-336

On-line PowerPoint Presentation: Menstrual Cycle, A Problem-based Tutorial

uWISE Questions: Objective 45: Normal and Abnormal Uterine Bleeding

Learning Objectives:

i. Abnormal Bleeding
   a. Describe endocrinology and physiology of the normal menstrual cycle
   b. Distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
   c. List causes of abnormal uterine bleeding
   d. Evaluate and diagnose abnormal uterine bleeding
   e. Describe the therapeutic options of abnormal bleeding

ii. Leiomyomas
   a. Describe the prevalence of uterine leiomyomas
   b. Describe the symptoms and physical findings
   c. Describe the methods to confirm the diagnosis
   d. Describe the indications for medical and surgical treatment

B. Amenorrhea

Reading Assignment: Beckmann, pp 332-336; 327-331

uWISE Questions: Objective 43: Amenorrhea

Learning Objectives:

i. Define:
   a. Primary amenorrhea
   b. Secondary amenorrhea
   c. Oligoamenorrhea

ii. List causes of amenorrhea

iii. Describe evaluation methods

iv. Describe treatment options

C. Premenstrual Syndrome

Reading Assignment: Beckmann, pp 363-368

uWISE Questions: Objective 49: Premenstrual Syndrome

Learning Objectives:

i. Define premenstrual syndrome

ii. Describe theories of etiology

iii. Describe methods of diagnosis

iv. Describe management strategies

11. Contraception and Sterilization

Reading Assignment: Beckmann, pp 225-238

uWISE Questions: Objective 33: Contraception and Sterilization

Learning Objectives:

i. Describe the physiologic basis of contraception

ii. Describe the effectiveness of each form of contraception

iii. Counsel the patient regarding the benefits and risks for each form of contraception

iv. Cite the financial considerations of the various forms of contraception
v. Describe the methods of male and female sterilization
vi. List the risks and benefits of procedures including:
   a. Potential surgical complications
   b. Failure rates
   c. Reversibility

12. Vulvar and Vaginal Disease
   Reading Assignment: Beckmann, pp 245-249; 379-388
   uWISE Questions: Objective 35: Vulvar and Vaginal Disorders
   Learning Objectives:
   i. Describe normal vaginal appearance and secretions
   ii. Evaluation and management of vaginitis due to:
      a. Bacteria
      b. Fungi
      c. Trichomonas
   iii. Evaluation and management of common vulvar problems, including:
      a. Atrophy
      b. Dermatological conditions of vulva
      c. Bartholin’s gland disease
      d. Vulvodynia
      e. Trauma

13. Sexually Transmitted Infections
   A. Sexually transmitted Infections
      Reading Assignment: Beckmann pp 250-261
      uWISE Questions: Objective 36: Sexually Transmitted Infections
      Learning Objectives:
      i. Describe the guidelines for STI screening and partner notification including HIV
      ii. List the causative pathogens of common STI's
      iii. Describe the symptoms and physical exam findings associated with common STI's
      iv. Discuss the steps in the evaluation and initial management of common STI's
      v. Review the CDC guidelines for treating the following sexually transmitted infections:
         a. Bacterial vaginosis
         b. Chlamydia
         c. Gonorrhea
         d. Syphilis
         e. Chancroid
         f. Trichomoniasis
         g. HSV
      vi. Know the most common side effects and drug interactions of the antimicrobials used in the treatment of STI’s

   B. Pelvic Inflammatory Disease
      Reading Assignment: Beckmann, pp 255-256
      uWISE Questions: Objective 36: Sexually Transmitted Infections and Urinary Tract Infections
      Learning Objectives:
      i. Describe the pathogenesis of salpingitis
      ii. List the signs and symptoms of salpingitis
      iii. Describe the management of salpingitis
      iv. Counsel the patient about the public health concerns of STI, including screening programs, prevention and immunizations and partner evaluation and treatment
14. Cervical Dysplasia

Reading Assignment:
- Beckmann, pp 389-398
- New Cervical Cancer Screening Recommendations from the U.S. Preventive Services Task Force and the ACS/ASCCP/ASCP

uWISE Questions: Objective 52: Cervical Disease and Neoplasia

Learning Objectives:
- i. Describe the epidemiology and clinical burden of HPV
- ii. Identify the risk factors for cervical and vulvar neoplasmia and cancer
- iii. Describe the indications for screening
- iv. Describe the appropriate utilization of new techniques for evaluating cervical neoplasmia
- v. Describe the technique for obtaining an adequate Pap smear
- vi. Describe the management of a patient with an abnormal Pap smear

15. Pelvic Pain

A. Endometriosis and Dysmenorrhea

Reading Assignment: Beckmann, pp 271-281

uWISE Questions: Objective 38: Endometriosis and Objective 46 Dysmenorrhea

Learning Objectives:
- i. Define premenstrual syndrome
- ii. Define primary and secondary dysmenorrhea
- iii. Cite the causes of dysmenorrhea
- iv. Describe the evaluation and management of dysmenorrhea
- v. Describe the theories of the pathogenesis of endometriosis
- vi. List the common sites of endometriosis implants
- vii. List the chief complaints a patient with endometriosis may present
- viii. List the physical exam finding a patient with endometriosis may have
- ix. Describe how endometriosis is diagnosed
- x. Outline a plan for managing endometriosis

B. Chronic Pelvic Pain

Reading Assignment: Beckmann, pp 281-284

uWISE Questions: Objective 39: Chronic Pelvic Pain

Learning Objectives:
- i. Define chronic pelvic pain
- ii. Cite the incidence and etiologies
- iii. Describe the clinical manifestations and diagnostic procedures
- iv. List management options
- v. Cite the psychosocial issues associated with chronic pelvic pain
- vi. Define vulvodynia
- vii. Examine possible etiologies of vulvodynia

16. Breast Disorders

Reading Assignment: Beckmann, pp 122; 285-294

uWISE Questions: Objective 40: Disorders of the Breast

Learning Objectives:
- i. Describe standards of surveillance of an adult woman, including breast self-examination, physical examination and mammography
ii. Diagnose the approach to a woman with the chief complaint of breast mass, nipple discharge or breast pain
iii. List history and physical findings that might suggest the following abnormalities:
   a. Intraductal papilloma
   b. Fibrocystic changes
   c. Fibroadenoma
   d. Carcinoma
   e. Mastitis
iv. Be able to teach a woman how to perform breast self-examination

17. Infertility
   Reading Assignment: Beckmann, pp 353-362
   uWISE Questions: Objective 48: Infertility
   Learning Objectives:
   i. Define infertility
   ii. Describe the causes of female and male infertility
   iii. Describe the evaluation and initial management of infertility
   iv. List the psychosocial issues associated with infertility

18. Pelvic Support Defects, Urinary Incontinence and Urinary Tract Infection
   Reading Assignment: Beckmann, pp 262-270
   uWISE Questions: Objective 37: Pelvic Relaxation and Urinary Incontinence
   Learning Objectives:
   i. Identify the following elements on physical exam
      a. Cystocele
      b. Rectocele
      c. Vaginal vault prolapse
      d. Uterine prolapse
   ii. List behavioral, medical and surgical methods to appropriately treat incontinence and pelvic organ prolapse
   iii. Incorporate screening questions to differentiate between types of incontinence when eliciting a patient history
   iv. Discuss the difference between stress, urge, and overflow incontinence
   v. List risk factors for UTI
   vi. Differentiate between the diagnosis and treatment of upper and lower UTI

19. Menopause
   Reading Assignment: Beckmann, pp 345-352
   uWISE Questions: Objective 47: Menopause
   Learning Objectives:
   i. Describe physiologic changes in the hypothalamic-pituitary-ovarian axis associated with perimenopause / menopause
   ii. Describe appropriate management of menopausal/perimenopausal symptoms
   iii. Counsel patients regarding menopausal issues
   iv. List long term changes associated with menopause

20. Abortion
   Reading Assignment: Beckmann, pp 167-176
   uWISE Questions: Objective 34: Abortion
   Learning Objectives:
   i. Describe surgical and non-surgical pregnancy termination methods
   ii. List potential complications of abortion, such as:
21. Hirsutism and Virilization

Reading Assignment: Beckmann, pp 337-344

On-line PowerPoint Presentation: Hirsutism, Dr. Mulligan

uWISE Questions: Objective 44: Hirsutism and Virilization

Learning Objectives:

i. Cite normal variations in secondary sexual characteristics
ii. List definitions of hirsutism and virilization
iii. List causes including ovarian, adrenal, pituitary and pharmacological
iv. Evaluate the patient with hirsutism or virilization

22. Gynecology Oncology

A. Vaginal/Vulvar Cancer

Reading Assignment: Beckmann, pp 379-388

uWISE Questions: Objective 51: Vulvar Neoplasms

Learning Objectives:

i. List risk factors for vulvar neoplasms
ii. Describe methods of diagnosis including the indications for vulvar biopsy
iii. Review management of vulvar neoplasms

B. Cancer of Uterine Corpus

Reading Assignment: Beckmann, pp 406-414

uWISE Questions: Objective 54: Endometrial Carcinoma

Learning Objectives:

i. List risk factors for endometrial carcinoma
ii. Describe symptoms and physical findings
iii. Describe management of the patient with postmenopausal bleeding
iv. Describe methods to diagnose endometrial carcinoma
v. Understand impact of staging on management and prognosis
vi. Describe management of the patient with endometrial cancer

C. Ovarian and Adnexal Disease

Reading Assignment: Beckmann, pp 415-426

uWISE Questions: Objective 55: Ovarian Neoplasms

Learning Objectives:

i. Evaluation of the patient with an adnexal mass
ii. Characteristics of:
   a. Functional cysts
   b. Benign neoplasms
   c. Carcinomas
iii. Evaluation and management of carcinomas of the ovary
   a. Symptoms and physical findings
   b. Risk factors
   c. Histologic classification
iv. Impact of staging on management and prognosis
D. Gestational Trophoblastic Disease  
Reading Assignment: Beckmann, pp 374-378  
uWISE Questions: Objective 50: Gestational Trophoblastic Neoplasia  
Learning Objectives:  
   i. Describe symptoms and physical findings of gestational trophoblastic disease  
   ii. Describe diagnostic methods  
   iii. Describe management and follow-up

23. Sexual Assault/Domestic Violence  
Reading Assignment: Beckmann, pp 312-319  
uWISE Questions:  
   - Objective 57: Sexual Assault  
   - Objective 58: Intimate Partner Violence  
Learning Objectives:  
   i. Identify patients at increased risk for sexual assault  
   ii. Describe the medical and psychosocial management of a victim of sexual assault  
   iii. Cite prevalence and incidence of violence against women, elder abuse, child abuse  
   iv. Demonstrate screening methods for domestic violence  
   v. Communicate the available resources for a victim of domestic violence including short-term safety

Osteopathic Manipulative Medicine and the Osteopathic approach to clinical cases are covered in the monthly workshops and tested on the OMM end-of-rotation exams. Students are responsible for reviewing the OMM Syllabus and meeting the learning objectives covered in each month’s workshop.