OB/GYN
Clerkship Learning Objectives

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General Description

Required Rotation
This required rotation of no less than four (4) weeks in a hospital-based service is intended to be a structured clinical experience under direct supervision. In a short time, all of Obstetrics and Gynecology cannot possibly be covered; this must therefore be considered an introductory experience. This rotation is a time to build a foundation in clinical problem solving and decision-making, a time to build clinical experience and acumen on a foundation of didactic information. Students on this service will be in their third year. The College of Osteopathic Medicine, Department of Surgery will administer a post-rotation examination when the student has completed this required rotation. The COMAT Obstetrics and Gynecology examination is a Standardized National Exam developed by the National Board of Osteopathic Medical Examiners, specifically designed for end of the OB/Gyn clerkship assessment. Students are required to achieve a passing exam score of at least 70%. Students should access the ANGEL site for detailed instructions regarding the requirements of this rotation.

Purpose
Clinical experiences are intended to assist the students’ transition from didactics to integrated clinical evaluation, decision-making, and management of obstetrical patients and patients with obstetrical and gynecological problems. In addition to gaining specific skills during this rotation, the student should also develop skill in systematic medical problem solving and patient management abilities, establish or reinforce patterns of independent learning and self-evaluation, and improve skills in communication and medical record keeping.

At the completion of this rotation, the student should have reached certain broad goals, including:
- improved basic skills in physical diagnosis;
- familiarity with ancillary diagnostic procedures (ultrasound, laparoscopy, etc.);
- an understanding of indications for appropriate laboratory and diagnostic tests.

Students are expected to assist in the management of acute and chronic problems, under supervision. The student should also develop fundamental psychomotor skills by performing routine basic procedures under direct supervision.

Objectives
We recognize that four weeks is insufficient time to cover a comprehensive list of objectives. Clearly, subjects addressed in any clinical rotation are dependent on the numbers of patients and kinds of disease entities presenting to a particular service. Nevertheless, certain minimum content in Obstetrics and Gynecology must be addressed, either by clinical exposure or by didactic materials so that students are prepared for Board examinations and other testing. Therefore, the following sections contain relatively broad, basic objectives for which students are responsible. Affective objectives are fundamental.

Affective
1. Be cognizant of the social and health policy aspect of women’s health (ethical issues, sterilization, abortion, domestic violence; adolescent care regarding STDs, contraception, and pregnancy).
Psychomotor Objectives - Gynecology
1. Conduct a medical interview and accurate physical exam with emphasis on obstetrics and gynecology.
   a. Establish rapport with patients.
   b. Generate a problem list.
   c. Form a diagnostic impression, including a differential diagnosis.
   d. Develop a management plan while also considering economic, psychosocial, and ethical issues.
   e. Recommend age-appropriate screening procedures and time intervals (mammogram, bone density, Pap, etc.).
2. Properly collect a Pap smear and microbiologic cultures.
   a. Provide an explanation to the patient regarding the purpose of the test.
   b. Understand the results.
   c. Develop a treatment plan based on the results.
3. Provide a preliminary assessment of sexual concerns.
   a. Take a sexual history.
   b. Knowledge of the female sexual response.
   c. Knowledge of female sexual dysfunction.

Cognitive Objectives – Gynecology
1. Understand current contraceptive technology.
   a. Describe the physiologic basis (OCPs, IUD, emergency contraception, permanent sterilization, etc.).
   b. Describe the effectiveness of each form of contraception.
   c. Be able to counsel the patient regarding the risks and benefits for each form of contraception.
   d. Know surgical and non-surgical methods of pregnancy termination and be able to provide non-directive counseling regarding pregnancy options.
2. Provide a differential diagnosis of an ‘acute abdomen’- pelvic infection, ectopic pregnancy, adnexal torsion, appendicitis, diverticulitis, renal calculi, etc.
3. Describe the changes involved in the menstrual cycle, including changes associated with puberty and menopause.
   a. Describe the normal menstrual cycle.
   b. Define abnormal uterine bleeding.
   c. Describe etiologies of abnormal uterine bleeding.
   d. Define amenorrhea, oligomenorrhea, and dysmenorrhea.
   e. Perform an assessment of symptoms and physical findings associated with hypoestrogenism and the management of these menopausal/perimenopausal symptoms.
4. Discuss common gynecologic disorders.
   a. Describe symptoms and physical findings in patients with uterine leiomyomas.
   b. Describe symptoms and physical findings in patients with endometriosis.
   c. Define chronic pelvic pain, cite etiologies, and list diagnostic procedures for its evaluation.
5. Basically describe causes, evaluation, and treatment of infertility.
   a. Define infertility.
   b. Describe male and female factors of infertility.
6. Understand common vaginal and vulvar disorders and the appropriate diagnostic and management options.
   a. Be able to interpret a wet mount.
   b. Vaginitis
   c. STDs: gonorrhea, Chlamydia, herpes simplex virus, human papillomavirus, human immunodeficiency virus and hepatitis B virus infection.
   d. UTIs.
7. Discuss reproductive cancers.
   a. List risk factors for cervical, endometrial, and ovarian cancers.
   b. Describe symptoms and physical findings of a patient with endometrial cancer.
   c. Describe symptoms and physical findings of a patient with ovarian cancer.
   d. Outline the proper management of a patient with postmenopausal bleeding.
Cognitive Objectives – Obstetrics

1. Understand the basic physiologic adjustments that accompany normal gestation.
   a. Maternal anatomic changes associated with pregnancy.
   b. Effect of pregnancy on common laboratory test results.

2. Understand embryonic and fetal development, especially what does and does not affect it, what is and is not teratogenic.

3. Describe preconception, antepartum, intrapartum, and postpartum care.
   a. Describe how certain medical conditions affect pregnancy, including substance abuse, nutrition, exercise and immunizations.
   b. Describe how pregnancy affects certain medical conditions.
   c. Know how to diagnose pregnancy and determine gestational age.
   d. Know when to perform diagnostic studies during pregnancy and understand the results.
   e. Know signs and symptoms of labor.
   f. Know the three stages of labor and recognize common abnormalities.
   g. Be able to interpret electronic fetal monitoring.
   h. Describe the steps of a vaginal delivery.
   i. Describe the components of normal postpartum care.

4. Understand breast health issues.
   a. Describe normal physiologic and anatomic changes of the breast during pregnancy and postpartum.
   b. Recognize postpartum abnormalities of the breast.
   c. Identify commonly used medications which are appropriate and inappropriate to use while breastfeeding.

5. Common problems in obstetrics.
   a. Develop a differential diagnosis for bleeding and abdominal pain in the first trimester.
   b. Develop a differential diagnosis for bleeding for 1st trimester vaginal bleeding.
   c. Define and describe the signs of preeclampsia - eclampsia.
   d. Describe the pathophysiology of isoimmunization and describe how to prevent it.
   e. Develop a differential diagnosis for 3rd trimester bleeding.
   f. Cite the risk factors for preterm labor and its signs and symptoms.
   g. Cite the risk factors for premature rupture of membranes and describe the signs, symptoms, and diagnostic methods to confirm rupture of membranes.
   h. List risk factors for postpartum hemorrhage.
   i. Identify risk factors and diagnose postpartum blues, depression, and psychosis.
   j. Describe the evaluation of and treatment goals for gestational diabetes.

Implementation
Course objectives are to be accomplished in a College affiliated hospital or clinical facility, under supervision. Basic objectives must be covered during the rotation to assure adequate student preparation for Board examinations and other evaluations such as post-rotation examinations. The use of diverse methods appropriate to the individual and the clinical site are encouraged, but patient-centered teaching is optimal.

Didactic methods to achieve required objectives include:
- reading assignments
- lectures
- computer-assisted programs (if available)
- student attendance at/participation in formal clinical presentations by medical faculty

Clinically oriented teaching methods may include:
- assignment of specific and supervised patient care responsibilities
- participation in clinic visits, daily patient rounds and conferences
- supervised and critiqued clinical work-ups of patients admitted to the service
- assigned, obstetrics and gynecology case study assignments and presentations
Three levels of achievement are identified:

- familiarity with a variety of medical procedures through observation and assisting
- proficiency in clinical procedures through actual supervised performance
- awareness of the availability of various medical procedures and their use

**Texts and Resources**

**Required Text:**


Hacker, Essentials of Obstetrics and Gynecology, 5th Ed, Elsevier Health Sciences, 2010

**Reference Texts:**


**Additional Helpful Reading Resources**
Audio Digest OB/GYN Tapes
Clinics in Obstetrics and Gynecology, Philadelphia: W.B.Saunders, current editions

**Assignments**
From your chosen assignment text, read the appropriate sections for each of the core problems listed in the Cognitive Objectives section.

**Post Rotation Examinations**
Des Moines University Department of Obstetrics and Gynecology will require the completion of the NBOME-COMAT obstetrics and gynecology subjective examination with a passing score of 70% or greater. The NBOME-COMAT obstetrics and gynecology exam is a web-based exam administered by the NBOME and accessed via the NBOME website. A DMU approved proctor at your rotation site must proctor your exam. This exam will provide the student an opportunity to be informed of his or her progress nationally. The obstetrics and gynecology exam must be taken on the Thursday or Friday of the last week of this rotation.

The NBOME-COMAT obstetrics and gynecology subject examination consists of 100 test items, has a 2-hour time limit and a 10-minute tutorial prior to taking the exam.
A remediation retake exam will be available to those who fail the NBOME-COMAT obstetrics and gynecology exam via the OB/Gyn Clerkship RETAKE (DO2013) site on ANGEL. It is the responsibility of the student to contact the department academic assistant within 48 hours of being notified of an examination failure to request becoming enrolled in the ANGEL remediation site. **The surgery retake examination must be taken within 3 weeks of the initial failure date.** Passing score for the retake examination is **70%** or greater. For any passing score on the retake exam, a score of 70% will be reported to the office of Clinical Affairs. Failure to complete the retake exam within the specified time period will result in failure of the rotation.

Those failing the retake will be required to complete an **oral remediation exam** conducted by the OB/Gyn Department and other DMU faculty. The student is required to notify the department chair or academic assistant within 48 hours of the failure so that an oral exam can be scheduled. The student is responsible for making all arrangements, including time off from their current rotation as well as travel back to Des Moines University for the oral exam. **The oral remediation exam will be video-taped/recorded.** The final exam grade will be determined by the Department of OB/Gyn at the completion of the oral exam. For successful completion of the oral remediation exam a grade of “pass” will be reported to the office of Clinical Affairs. Failure of the oral examination will result in failure of the rotation and the student will need to retake the OB/Gyn clinical rotation and retake the NBOME-COMAT OB/Gyn post rotation examination. The student will need to notify the Chair or the Academic Assistant immediately following the **failure of the retake exam so that an oral exam may be scheduled at DMU.** The final exam grade will be determined by the Department of OB/Gyn at the completion of the oral exam. The student is responsible to make all arrangements, including the scheduling of the exam time with the Department of OB/Gyn; scheduling time away from their rotation that they are presently on; and travel expenses. **The oral exam will be video-taped.**

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<thead>
<tr>
<th>TOPIC</th>
<th>%</th>
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<tbody>
<tr>
<td>Normal Obstetrics</td>
<td>15-25%</td>
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<tr>
<td>Abnormal Obstetrics</td>
<td>20-30%</td>
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<tr>
<td>General Gynecology</td>
<td>25-35%</td>
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<tr>
<td>Reproductive Endocrinology</td>
<td>10-20%</td>
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<tr>
<td>Gynecologic Oncology</td>
<td>5-15%</td>
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<tr>
<td>History/Examination/Communication/Interaction</td>
<td>40-50%</td>
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<tr>
<td>Diagnosis/management – PapSmear/DNA testing</td>
<td>35-45%</td>
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<tr>
<td>Health Promotion/Disease Prevention</td>
<td>10-15%</td>
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<tr>
<td>Secondary Overarching Topics</td>
<td>1-5%</td>
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**COMAT Obstetrics and Gynecology Subject Examination % Breakdown by Topic**