Clinical Clerkship Syllabus for Rotation in Obstetrics and Gynecology

This is the University of Alberta Department of Obstetrics and Gynecology six-week rotation in for third year medical students. There are many opportunities to learn. Your active participation in clinical activities and personal dedication to scholastic achievement during this six week period is critical to your success in the clerkship.

**ORIENTATION**
Students are to report on the second day of their clerkship to room 5S149 on the 5th floor of the Lois Hole Hospital for Women at the Royal Alexandra Hospital at 0700h for welcome and orientation. Clerkship orientation will include distribution of syllabus, review of goals and objectives, review of the assessment process, and outline of basic requirements for notification of absence.

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**GOALS OF THE CLERKSHIP**
Upon completion of the basic clerkship, each student should be able to:

A. Demonstrate skills in independent learning and critical thinking.

B. Establish a relationship of mutual respect between the physician, patient and the patient's family, and acquire the basic interpersonal skills which facilitate this relationship.

C. Appreciate the role of community agencies, practicing physicians and community health care programs in facilitating optimal care.

D. Develop positive attributes which will serve as the basis for a successful professional career.

E. Develop study habits which will enhance lifelong learning.

F. Acquire knowledge and skills relevant to the field of obstetrics and gynecology as delineated in the following pages.
The Goals of the Clerkship should be achieved through CanMEDs:

**Medical Expert**

Demonstrate the ability to perform a thorough Ob/Gyn history, including menstrual history, obstetric history, gynecologic history, contraceptive history and sexual history.

Demonstrate the ability to perform an obstetric-gynecologic examination, including breast examination, pelvic examination and recto-vaginal examination that is comfortable for the patient.

Identify normal and abnormal patterns (physical, intellectual and social).

Identify and accurately record the patient's problems (physical, intellectual and social).

Assess the data in the context of the patient's status.

Generate pertinent problem lists which cover most likely differential diagnoses, are well prioritized and include etiologies and plans for management (including: laboratory and diagnostic studies, treatment, patient education and continuing care plan).

Obtain necessary supplementary information and reassess the patient's status at appropriate intervals.

Present verbally at bedside or in conference, a concise summary of the patient.

**For the obstetrical patient the student will be able to:**
- assess the presence /absence of normal labour
- assess and diagnose ruptured membranes
- assess common problems in pregnancy such as perception of decreased fetal movement, abdominal pain and vaginal bleeding
- assess fetal well-being during labor and delivery
- demonstrate the ability to interpret electronic fetal monitoring
- assess analgesia /anesthesia needs for a patient in labour
- perform under supervision an uncomplicated vaginal delivery
- assess and manage postpartum complications
- describe the basic approach to evaluating common symptoms associated with the breast, including preventive measures for maintaining breast health as well as issues related to lactation

**For the gynecology patient the student will be able to:**
- describe the age appropriate screening procedures and recommended time intervals for routine health maintenance and disease prevention in women
- assess common emergency gynecologic problems such as abortion, ectopic pregnancy, pelvic inflammatory disease, appendicitis, torsion and renal calculi
- manage common gynecological issues such as contraception, menopausal symptoms, dysfunctional uterine bleeding, sexually transmitted infections, vaginal and vulvar disorders
- assess pelvic masses
- collect and interpret cervical cytology results
- develop an approach to diagnosis and management of infertility and incontinence
- assist under supervision at the closure of an abdominal incision
- list possible surgical complications and methods to minimize them
- follow surgical patients to recovery.

**Specific Objectives:**

**Preventative care and health maintenance**
- Identify age appropriate screening procedures & recommended time intervals for:
  a) Pre pregnancy and travel immunizations
  b) Mammogram and breast examinations
  c) Pap smear and general health examination
  d) Age and risk-appropriate screening of reproductive cancers

**Pap Smear & Cultures**
- Perform an adequate Pap smear
- Obtain specimens to detect STIs
- Handle specimens properly to improve diagnostic accuracy
- Provide an explanation to the patient regarding the purpose of these tests
- Describe the results based on established guidelines

**Preconception Care**
- Recognize the importance of pre pregnancy care and describe the issues that need to be discussed during pre-pregnancy care counseling
- Discuss the effects of teratogens, x-rays, infections, exposures to drugs, alcohol, cigarettes, medications and environmental toxins
- Develop a management plan of pre-pregnancy care including: Laboratory and diagnostic studies, Treatment, Patient education and Continuing care plans.

**Prenatal diagnosis**
- Understand the impact of late maternal and paternal age on pregnancy
- Discuss the basic genetics concepts and implication of prenatal genetic screening and diagnosis
- Understand the ethical, moral and psychological implications of a positive prenatal screen

**Antepartum care**
- Describe the maternal physiologic and anatomic changes associated with pregnancy and the physiologic functions of the fetus and placenta
- Cite methods to:
  a) Diagnose pregnancy
  b) Assess gestational age
  c) Distinguish an at-risk pregnancy
  d) Assess fetal growth, well-being & maturity
- Describe patient education programs, nutritional needs of pregnant women and adverse effects of drug & environment
- Perform a physical exam on obstetrical patients
- Answer commonly asked questions regarding pregnancy, labour & delivery

**Intrapartum care**
- Describe the:
  a) Initial assessment of the labouring patient
  b) Characteristics of false labour
  c) Stages and mechanisms of normal labour and delivery
  d) Techniques to evaluate the progress of labour
  e) Management of normal delivery
  f) Technique of vaginal repair
- Describe the standards of monitoring in labor including clinical and electronic monitoring
- Demonstrate skill in interpreting electronic fetal monitoring graphs
- Discuss the principles of 'Active Management of Labor'
- List options for pain management during labour
- List indications and contraindications for oxytocin administration
- Recognize the indications for fetal scalp sampling
- List methods of evaluating cephalo-pelvic disproportion
- List Indication and prerequisites for operative delivery
- Know management of abnormal fetal presentations
- List risk factors for and management of shoulder dystocia
- Know about management of vaginal birth after cesarean delivery

**Immediate Care of the Newborn**
- Describe the techniques for assessing newborn status
- Describe the Immediate care of the normal newborn
- Discuss situations requiring immediate intervention in newborn care

**Postpartum Care**
- Describe normal maternal physiologic changes of the postpartum period, normal postpartum care, appropriate postpartum patient counseling (eg. postpartum depression)
- Identify risk factors for postpartum infection,
- List most common infectious organisms and the indications for use of prophylactic antibiotics

**Lactation**
- List the normal physiologic and anatomic changes of the breast during pregnancy and lactation
- Know how to recognize and treat common postpartum abnormalities of the breast
- Know the reasons why breast feeding should be encouraged
- Recognize commonly used medications which are appropriate and inappropriate to use while breast feeding
- Counsel the lactating patient about commonly asked questions such as frequency, duration, inadequate production of milk, etc.
Medical Complications of Pregnancy
- Know the interaction between pregnancy and the following medical conditions:
  a) Anemia
  b) Diabetes Mellitus
  c) Cardiac disease
  d) Asthma
  e) Urinary tract infection
  f) Infectious diseases including: TORCH (toxoplasma, rubella, cytomegalovirus (CMV), herpes), varicella, parvovirus, group B streptococcus, viral hepatitis, HIV, HPV and other sexually transmitted diseases
  g) Alcohol, tobacco, and other substance abuse

Gestational Hypertension
- Know the definition and classification of hypertension in pregnancy
- Describe the pathophysiology of preeclampsia
- List the symptoms, physical findings and laboratory tests/investigations
- Describe the approach to management
- List maternal and fetal complications

Isoimmunization
- Describe the pathogenesis of red blood cell isoimmunization
- Know the rationale for use of rhesus D immunoglobulin prophylaxis during pregnancy
- Know the clinical circumstances under which isoimmunization is likely to occur
- Cite methods used to determine presence of isoimmunization and severity of fetal involvement
- Cite methods of treatment in utero and postnatally

Fetal Growth Abnormalities
- Define fetal macrosomia and fetal growth restriction
- Describe etiologies of abnormal growth
- Cite methods of detection of fetal growth abnormalities
- List associated morbidity and mortality

Multi-fetal Gestation
- Describe the etiology of monozygotic, dizygotic, mutizygotic gestation
- Know about the altered maternal physiology with multifetal gestation
- List complications of multifetal gestation
- Describe approach to antepartum, intrapartum, and postpartum management

Fetal Death
- List common causes of fetal death in each trimester
- Enumerate symptoms, physical findings, and diagnostic methods to confirm the diagnosis
- Describe management of a patient with fetal death
- Know about emotional reactions and their effect on management
- List maternal complications of fetal death, including disseminated intravascular coagulopathy

**Preterm Labour**
- Describe the pathophysiology of preterm labour
- List factors that predispose to preterm labour
- Describe the signs, symptoms of preterm labour and diagnostic method/tests to confirm preterm labour
- Know the management of preterm labour, including: a) tocolytics, b) steroids, and c) antibiotics

**Preterm Premature Rupture of Membranes (PPROM)**
- List factors that predispose to PPROM
- History, physical findings, and diagnostic method to confirm PPROM
- Know risks and benefits of expectant management versus immediate delivery
- Know the management of PPROM, including steroids and antibiotics

**Antepartum Hemorrhage**
- Describe the approach to patient with antepartum hemorrhage
- Compare symptoms, physical findings and diagnostic methods that differentiate patients with placenta previa, abruptio placentae, vasa previa and other causes of antepartum hemorrhage
- List complications of placenta previa, abruptio placentae and vasa previa
- Describe management of placenta previa, abruptio placentae and vasa previa

**Postpartum Hemorrhage**
- Know about the importance of active management of the third stage of labor
- Know about pregnancy adaptations that are protective against blood loss during pregnancy
- List risk factors for postpartum hemorrhage
- List differential diagnosis of postpartum hemorrhage
- Describe management of the patient with postpartum hemorrhage

**Normal and Abnormal Uterine Bleeding**
- Describe the endocrinology and physiology of the normal menstrual cycle
- Distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
- List causes of abnormal uterine bleeding
- Evaluate and diagnose abnormal uterine bleeding
- Describe the prevalence of uterine leiomyomas, symptoms and physical findings, methods to confirm the diagnosis and indications for medical and surgical treatment

**Amenorrhea**
- Define primary and secondary amenorrhea, and oligomenorrhea
- List causes of amenorrhea
- Describe differential diagnosis, evaluation and management of amenorrhea

**Contraception**
- Council patients on the various methods of contraception including social and financial considerations
- Describe physiologic or pharmacologic basis of action and effectiveness of the various methods
- List benefits and risks of the various methods
- Know about methods of male and female surgical sterilization including risks, benefits, surgical complications, failure rates and reversibility

**Spontaneous Abortion**
- Develop a differential diagnosis for first trimester bleeding
- Distinguish between different types of abortions including missed abortion and septic abortion
- Describe management of different types of abortion
- Define recurrent abortion, its causes, investigation and management
- Describe etiology and management of molar pregnancy

**Ectopic Pregnancy**
- List risk factors predisposing patients to ectopic pregnancy
- Describe symptoms and physical findings suggestive of entopic pregnancy
- Understand methods and tests used to confirm the diagnosis of ectopic pregnancy
- Describe medical and surgical treatment options

**Hyperemesis Gravidarum**
- Outline the theories of etiology
- Describe how to assess seriousness of symptoms
- Describe the principles of treatment

**Termination of Pregnancy**
- Know about psychosocial considerations and ethical issues related to termination of pregnancy
- List medical and surgical methods for termination of pregnancy termination
- List risks, benefits and complications various methods

**Sexually Transmitted Infections**
- List organisms, modes of transmission, symptoms, physical findings, evaluation and management of sexually transmitted infections including:
  a) Gonorrhea
  b) Chlamydia
  c) Herpes Simplex virus infection
  d) Syphilis
  e) Human papilloma virus infection
f) Human immunodeficiency virus (HIV) infection

g) Hepatitis B and C virus infection

- Council patients on public health concerns, including:
  a) Screening programs
  b) Costs
  c) Prevention and immunization
  d) Partner evaluation and treatment

Chronic Pelvic Pain
- Define chronic pelvic pain
- Cite the incidence and etiologies
- Describe clinical manifestations
- List investigations and procedures for differential diagnosis
- List management options

Pelvic Relaxation and Urinary Incontinence
- Knowledge of the following:
  a) Predisposing risk factors for pelvic organ prolapse and urinary incontinence
  b) Pathogenesis and anatomic changes
  c) Symptoms of pelvic organ prolapse and urinary incontinence
  d) Findings on physical examination and methods of diagnosis
  e) Nonsurgical and surgical treatment of pelvic organ prolapse and urinary incontinence

Infertility
- Define primary and secondary infertility
- List causes of male and female infertility
- Describe evaluation and management of infertility
- Know about psychosocial considerations and ethical issues related to infertility

Hirsutism and Virilization
- Know about normal variations in development of secondary sex characteristics
- Define hirsutism and virilisation
- List etiology including ovarian, adrenal, pituitary and pharmacological causes
- Describe evaluation and management of patient with hirsutism or virilization

Menopause
- Describe physiological changes in hypothalamic-pituitary-ovarian axis associated with hypoestrogenism
- Describe symptoms and physical findings in menopausal women
- Know about principles of management including hormone therapy
- List risks and benefits of HRT

Domestic Violence and Female Adult Sexual Assault
- Cite prevalence of violence against women, elder abuse and child abuse
- Assess the involvement of any patient in domestic violence situations
- Counsel patients for short term safety
- Counsel patients regarding local support agencies for long term management and resources
- Counsel patients requiring resources for batterers and perpetrators of domestic violence
- Know about medical, forensic and psychological evaluation and treatment of the following:
  a) Adult sexual assault victim
  b) Acquaintance rape

**Communicator**

Demonstrate skills that convey respect, flexibility, sensitivity, empathy and compassion towards patients, their families and team members.

Develop rapport with the patient in order to gain her confidence and cooperation, to assure comfort and modesty.

Effectively communicate results of the ob/gyn & general medical history in well-organized written and oral report.

Deliver information to a patient and family, colleagues and other professionals in a professional manner and in such a way that is understandable, encourages discussion and participation in decision-making.

Complete in an accurate, legible and timely manner all required documentation, such as notes on assessments, progress notes and discharge summaries.

Summarize and organize relevant information of the patient (maintain legible notes on assessments, progress and discharge).

Engage in communication that reflects, with a high degree of consistency, a professional attitude when interacting with patients and their families or caregivers, peers, educators, other health care professionals and providers of community services.

Explain the importance of effective patient-centered communication in the patient-physician relationship and its effect on patient outcomes.

Establish a relationship of mutual respect between the physician, patient and the patient's family, and acquire the basic interpersonal skills which facilitate this relationship.

Demonstrate the ability to address sensitive issues with compassion and demonstrate sensitivity to human differences and understanding of the impact of gender, ethnic, cultural, socioeconomic and other social factors.

Demonstrate the ability to assess and counsel women for sex- and gender-appropriate reduction of risk, including lifestyle changes and genetic testing, in a manner that is sensitive to cultural beliefs.

Demonstrate the ability to be facilitative with peers, patients, families, caregivers, community resources and interdisciplinary team members.
Demonstrate awareness and sensitivity to human differences, including differences in age, gender, disability, sexual orientation, ethnicity, cultural background, socioeconomic or psychosocial factors.

Provide and be receptive to constructive and professional feedback to and from peers and preceptors about their communication practices and group work interactions.

**Collaborator**
Describe the role and responsibilities of other healthcare professionals.

Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team.

Demonstrate behaviors of inquiry that show a positive regard for ongoing learning, such as curiosity and flexibility when differences of opinion arise.

Reflect on interprofessional team function.

Recognize one’s own differences, biases, assumptions and limitations that may contribute to interprofessional tension.

**Manager**
Make proficient use of technology assisted learning as it is deployed in this clerkship.

Explain the manager role of the physician with regards to helping patients navigate the healthcare system.

Discuss the concept of resource allocation in the management of the individual patient’s healthcare within the whole health system.

Discuss and begin to incorporate the cost perspectives into clinical decision-making.

**Scholar**
Facilitate the learning of self and others in various small-group and team-based settings.

Demonstrate ability to engage in self-directed learning based on reflective practice and life-long learning principles.

Understand how to formulate a clinical question and search the literature using the library website and other resources.

Research the information required (including evidence-based resources and other resources) in order to prepare for presenting possible diagnostic and management options for discussion.

Critically appraise retrieved evidence and information and demonstrate integration of new learning.
Apply the concepts of validity, importance and applicability to help clinicians answer clinical questions and patients’ questions regarding therapy, harm, diagnosis, prognosis, and screening.

Provide and receive effective feedback

**Health Advocate**
Demonstrate the ability to discuss social and health policy aspects of women's health, including ethical issues surrounding sterilization, domestic violence, adolescent pregnancy, and access to health care.

Recognize different points of view regarding culture, religion, beliefs, illness, disease, medicine, and medical practices and discuss in an open and non-judgmental manner.

Describe how different social determinants of health influence how the patient copes with an illness, influences health, disease and disability, influences access to health care services and how they may or may not receive support.

Identify emerging and ongoing issues for populations who are vulnerable including: First Nations People, new immigrants, disabled adults, adults with mental health issues and populations living in poverty.

Identify points of influence in the healthcare system and its structure.

**Professional**
Adhere to the University of Alberta, Faculty of Medicine and Dentistry Code of Conduct and to the Professional Standards for Students in the Faculty of Medicine and Dentistry.

Define professionalism as the key values required in the profession, including honesty, integrity, maintaining appropriate patient boundaries, maintaining confidentiality, and a commitment to patient well-being.

Define professionalism in the context of medical school, and within the medical profession, and to apply its principles to all activities, including during assignments, small group interactions, examinations, self-assessment, peer-assessment, faculty assessment, online in social media etc.

Discuss the importance of context in the interpretation of professionalism.

Discuss that self-regulation of the profession is a privilege and as such, each physician has the obligation to actively maintain professional competence participate in peer/colleague assessment and self-assessment as applicable.

Explain how self-reflection facilitates the student’s professional identity formation, and shapes their approach to all patients.

Discuss basic legal and ethical challenges that physicians face in practice, and begin to apply key concepts to navigate these challenges.
Give constructive and professional feedback and assessment to their peers and colleagues about attitudes, behaviors, practices and group work interactions in a structured manner.

Demonstrate a sense of responsibility: taking initiative, carrying out assigned duties exhibiting dependability and self-direction.

Demonstrate punctuality.

Recognize and appropriately respond to ethical issues encountered during the course.

Recognize factors such as fatigue, stress, and competing demands/roles that impact on personal and professional performance. Seek assistance when professional or personal performance is compromised.
Expectations of the Clinical Experience to Achieve the Clinical Competencies (minimum expectations)

**Obstetrics**

The student should do at least 5 obstetrical histories

The student should have at least 2 obstetrical histories reviewed by either a resident or preceptor for completeness, accuracy, discussion of impression and review of management and diagnostic strategies

The student should attend at least 5 prenatal examinations and review with the resident or preceptor the recommended time intervals for routine prenatal care and review the components of the examination in the context of disease prevention or management in these patients.

The student should attend at least 2 post partum examinations and review with the resident or preceptor the components of the post partum examination, and perform the pelvic speculum and digital examination and collection of cervical cytology

The student should perform at least 2 thorough obstetric physical examinations, including pelvic examination, with confirmation of findings by either resident or preceptor

The student should discuss and interpret at least two electronic fetal monitoring strips with either the resident or preceptor

The student should, under supervision, perform at least two uncomplicated vaginal deliveries followed by a discussion of the mechanism of labor with either the resident or preceptor

**Gynecology**

The student should do at least 5 gynecologic histories

The student should have at least 2 gynecologic histories reviewed by either a resident or preceptor for completeness, accuracy, discussion of impression and review of management and diagnostic strategies

The student should perform at least 2 thorough gynecologic physical examinations, including comprehensive breast examination, placement of speculum, collection of cervical cytology, pelvic examination, with confirmation of findings by either resident or preceptor

The student should assist during at least two major pelvic procedures with review of pelvic anatomy with the resident or preceptor and participate in the plan for routine postoperative cared following gynecologic surgery

The student should assist at the closure of at least two abdominal incisions

The student should assist during at least two laparoscopic procedures

*Should the clinical rotation be such that this minimum clinical exposure not be anticipated, then the student should contact the site coordinator or the clerkship director by the mid-point of the rotation.*
PROTOCOL FOR GRADING MEDICAL STUDENTS IN THE OBSTETRICS AND GYNECOLOGY CLERKSHIP

Students are evaluated in this clerkship on their clinical performance, achievement of performance skills, and cognitive achievement by means of a written final examination.

A. Clinical Performance.

A standard assessment form is used that has been generated and approved by the Curriculum Committee, is used by other clerkships, and is published for student review in this syllabus. Please review it.

The assessments of clinical performance are the staff/faculty preceptors and senior residents (if present in the assigned hospital)

Written assessments of medical students by faculty and residents also take into account presentations, participation at conferences, and, where applicable, clinical encounters.

Written clinical performance evaluation is made in the six areas detailed in the standard assessment form: knowledge, problem solving, clinical skills, interpersonal skills, professional characteristics, and motivation/enthusiasm.

An assessment of student progress is made at the midpoint of the clerkship. Problems that are identified at this time can be addressed and should be resolved by the end of the clerkship. Obviously it is possible for difficulties to arise after the midpoint. The students’ encounter log will be reviewed at midpoint.

Students concerned about their progress at any time during the clerkship may also ask for an interim evaluation of their progress. Such evaluations are done by request only.

B. Examinations

The final examination is a 50-60 item multiple choice exam. This examination is based on the goals and objectives included in this syllabus. Identification of fetal heart rate tracings, labour patterns and gross identification of some typical clinical conditions may be included.

In addition, an OSCE examination will occur at the end of each 6 week rotation. This consists of five or six stations, of 10 minutes duration, where specific clinical situations are presented. The student is expected to assess and manage the situation presented.

Electronic devices may not be used during the MCQ examination, and should not be brought to the Lab. During the OSCE, students may use gestational age calculators (wheels), notepaper and pens.

The MCQ exam is worth 12.5 % of your final mark. A pass mark for this exam is 50%. The OSCE exam is worth 37.5% of your final mark. The pass mark for this exam is 55%. Each student must pass both exams to pass the rotation.

Should a student not receive the required minimum mark on either exam, they are considered to have failed the rotation. The student’s performance will then be reviewed at the clinical academic standing meeting in August. At that time all of the third year courses are reviewed. Rewrites of examinations are generally allowed if a student has only failed one course during the third year; these will occur subsequent to the academic standing meeting in August.

Fifty percent (50%) of the final mark is based on your clinical evaluations. A failing grade occurs when significant problems have been identified by preceptors (2 marks of 2 or less on the standard form). The UME office will review the assessments. If a student is considered to have failed the clinical evaluation, this is also reviewed at academic standing in August. Remediation is determined then but will usually include more clinical time on the rotation.
Patient Encounter Log:
You are required to track your patient encounters during the rotation (see attached form). These are minimal requirements. If you do not anticipate meeting these requirement, please notify your site coordinator as soon as possible, allowing time for rectification of the issue. You are also required to enter these encounters on MedSIS. These entries will be evaluated at your midpoint evaluation and the final evaluation. **Your final examination scores will not be released until the patient encounter log is complete on MedSIS.**

Professionalism:
a. Your dress, cleanliness and behavior must be appropriate to your profession and acceptable to your preceptor physician and site director. Wear your white coat and name tag when on duty in clinic, on formal ward rounds, and scheduled conferences.
b. Always introduce yourself as a student physician to the patient and the patient's family or friends. Never walk into a room and begin an exam or procedure without introducing yourself.
c. Personal cell phones are to be turned off when participating in clinical responsibilities, e.g. rounds, operating room, educational conferences, etc.
d. Punctuality. It is expected that your attendance at rounds, meetings and departmental functions will be punctual. If you cannot make an appointment, it is expected that you will notify concerned parties in a timely fashion.

Miscellaneous Information:

**Absence due to illness:** If you become ill during the clerkship and are unable to carry on with your responsibilities, call the site clerkship co-coordinator as soon as possible and report your illness. In addition, notify the chief resident on your service.
Clerkship Director: Dr V. Jain @ 780-735-4812
Clerkship co-coordinators;
Royal Alexandra Hospital: Dr. J. Tankel @ 780-414-0782
Grey Nun’s Hospital: Dr J. Boulton @ 780-450-8503
Misericordia Hospital: Dr. Graeme Brassard @ 780-483-2901
Sturgeon Hospital: Dr. Florence Tam @780-459-1121

**Absence due to other reasons:** The Clerkship Director (Dr. V. Jain) or hospital Clerkship Coordinator can excuse your absence from the clerkship for reasons other than illness, if necessary. Arrangements will have to be made at least one week in advance of your planned departure. As soon as you have the approval, you are to alert the chief resident on your service of your absence.

**Problems:** If you have any problems during the clerkship (people problems, school problems, personal problems, etc.), please discuss this with the Clerkship Director or Clerkship Coordinator in your hospital. Unresolved problems do affect clinical performance and how we function as professionals. We cannot help you with a problem we do not know about, so please take the responsibility to talk with someone when you have any kind of problem during this clerkship.
**Evaluations**: Two evaluations are requested (on MedSIS):
1. Program evaluation
2. Your faculty preceptor.

Student evaluations are used to improve teaching performance and the clerkship design. Mature students use evaluation forms as a means of improving medical education. They are most useful to faculty in describing situations or behaviors that concern you or to point to inadequacies that need attention. Preceptor evaluations are anonymous and will only be given to the preceptors at the end of the year to protect your anonymity. Your cooperation in this endeavor is appreciated.
Educational Activities for Medical Students:

Educational lectures, presentations and meetings take precedence over clinic responsibilities **except** when students are involved in emergent life-saving activities. If you are involved in a clinic activity at the time an educational exercise is scheduled, you should request supervising faculty/residents to excuse you so you can attend the educational activity.

Night Call:
Students are expected to take night call every seventh night. This experience should allow the student to:
- Evaluate a patient who is newly admitted to the hospital
- Follow an unstable patient’s changing course through a continuous 24-36 hours period
- Gain insight into the decision-making process of junior physicians when more senior physicians are not directly available

Additional Reading:
In a six-week clerkship, the student must rely on readings from authoritative sources to establish a well rounded database in obstetrics and gynecology. The purpose of this list is to aid the student in achieving an understanding and appreciation of the scope and depth of OB/GYN by not only reading about clinical situations encountered on a daily basis, but also conditions not likely to be commonly encountered but which are nevertheless important to understand.

General Texts:

Obstetrics Texts

**Gynecology:**

**Reproductive Endocrinology:**

**Gynecologic Oncology:**

**Maternal-Fetal Medicine:**


**Operative Obstetrics:** “Operative Obstetrics,” Hankins, Clark, Cunningham, Gilstrap, 1995, Appleton & Lange.
BASIC Ob/Gyn HISTORY

DATE / TIME

ID (Identifying Data)
- Age
- GTPAL
- Gestational age (if applicable)

CC (Chief Concern)
- Symptom(s) for which patient is seeking care or advice
- Put in patient's own words!

HPI (History of Presenting Illness)
- Clear, chronological account of symptom development
- Ex: Abdominal pain
  - Location
  - Provoking / relieving factors
  - Quality
  - Radiation
  - Severity
  - Timing (onset, duration, frequency)
- Associated symptoms
- Significant positives / negatives
- Cardinal Ob Sx
  - Contractions (CTX)
  - Leaking of fluid (LOF)
  - Vaginal bleeding (PVB)
  - Fetal movement (FM)

PMH (Past Medical History) PSH

(Past Surgical History) PObsHx (Past Obstetrical History)
- Chronological account of previous pregnancies, including complications

PGyneHx (Past Gynecological History)
- Menstrual Hx – menarche, frequency/duration/flow,
  dysmenorrhea, dyspareunia, intermenstrual bleeding, postcoital
  bleeding, menopause
- Sexual Hx (including STIs)
- Pap Hx
Meds
- List of current medications including dose and frequency of use
- Note recently discontinued, added or medication changes

Allergies
- Note specific reaction

Fx (Family History)
- Note age and health, or age and cause of death, of immediate family members
- Note occurrence of common medical conditions (ex: DM, CAD, HTN, Dyslipidemia, CA, renal failure, etc.)
- Pedigree may be useful

Sx (Social History)
- Education / Occupation
- Household / Marital status (screen for domestic violence)
- Smoking (pack years)
- EtOH
- Recreational street drugs
DATE / TIME

Preop Dx: ____________________________________________

Postop Dx: ____________________________________________

Procedure: ____________________________________________

Surgeon: ____________________________________________

Assistants: ____________________________________________

Anesthesia: ____________________________________________ (Type of Anesthetic)

Findings: ____________________________________________

Complications: ____________________________________________

Estimated Blood Loss (EBL): ______________________________

Drains:  _________________ ex: Foley, JP (including location), Vaginal packing

Disposition: ____________________________________________ ex: Stable to RR
**BASIC POSTOP ORDERS**

**DATE / TIME**

D – Diet (ex: CF)

A – Activity (ex: AAT)

V – Vital signs (ex: Routine postop VS) “4

Is”

I – IV (ex: IV RL @ 150 cc/hr)

I – Ins & Outs (ex: I&O q4h, Call MD if u/o < 120cc/4h) I –

Investigations (ex: CBCD POD#1)

I – Incentive spirometry (ex: q1h while awake)

“Anties”

**Anti-Pain**

- Narcotic (ex: Morphine 5-10mg sc/IM q4h prn)
- Anti-inflammatory (ex: Voltaren 50mg pr q8h x 48hrs then prn)
- Tylenol (ex: Tylenol pl/#3 i-ii po q4-6h prn)

**Anti-Emetic**

- Gravol 25-50mg po/IM/IV q4h prn
- Maxeran 10mg IM/IV q6h prn

**Anti-Thrombin**

- Heparin 5000 units sc q12h (q8h if ↑ BMI)

**Anti-biotics**

- If required, usually Ancef & Flagyl (pen-allergic – Clinda & Gent)

**Antecedent**

- Preop meds

“Drains”

- Foley vs. Suprapubic
- JP
- Vag pack
POST-OP ROUNDING

Basics:
- CF to DAT (means the nurses can advance the diet as the patient tolerates clear fluids to full fluids to solids)
- Urine output – should be urinating 0.5cc/kg/hr – which is approximately 30cc/hr – so in 8 hours the patient should void at least 240cc (8hr X 30cc)
- JP drains – before pulling, should be <30cc/ 8 hrs consistently, trending downwards in volume. Document if sanginous (blood), serosang (mix of blood and serous fluid) or serous (nonbloody fluid). If a drain is left too long, the body starts to produce serous fluid and the volumes start increasing.
- PVR (post-void residuals) – done in patients who have had a procedure which might affect voiding function (ie. anterior vaginal repair, TVT). Write order as: D/C Foley. Do TOV (trial of voids) with PVRs (post-void residuals) as per protocol. The protocol is that the patient voids >200cc and has residuals of <100cc on three consecutive voids. What this protocol entails is that the patient voids into a measuring hat (TOV), then the nurse does an ultrasound with the “bladder scanner” to determine the PVR. These values are recorded on a sheet of paper at the front of the chart.
- PCA (Patient controlled analgesia) – used after most laparotomies
- Vaginal packs – are always removed POD#1. Should not be left in the vagina more than 24 hours.
- Staples +/- sutures – If a pfannensteil incision, D/C POD #3 (which is typically when the patient goes home). If a midline incidion, D/C POD #5-7 – can be done at the Ob/Gyne’s office, or if from out of town – GP or ER.

“Typical” course post laparotomy (ie. TAH +/- BSO):
POD #1
- D/C Foley (if urine output has been good)
- Decrease IV rate – SL (saline lock) IV when drinking well
- Mobilize

POD#2
- D/C

PCA POD#3
- D/C home
- D/C staples +/- sutures if pfannensteil incision

“Typical” course post anterior vaginal repair OR Burch +/- other procedures:
POD#1 –Do NOT D/C Foley
POD#2 – D/C Foley. Do TOV with PVR as per protocol
DATE / TIME

POD # _____ - Procedure ____________________________

S (Subjective), Procedure & POD Dependent

- Shortness of breath / chest pain / leg pain
- Pelvic pain control
- Nausea / vomiting
- Flatus
- Vaginal bleeding

O (Objective)

- Vital signs
- Urine output
- JP output & quality
- Bloodwork
- Physical examination – incision, abdomen

A (Assessment) P

(Plan)
Patient Encounter Log
Clerkship rotation in Obstetrics and Gynecology

Name - ___________________________    Student ID# ______________________

Period of rotation - ___________ to ____________, 20____

Please track the clinical encounters as they occur (in the adjacent boxes, two encounters per item), and log these into MedSIS as you go along the rotation. These are the minimal requirements for satisfactory completion of the clerkship rotation in Obstetrics and Gynecology. If any areas are deficient midway through the rotation, please inform your preceptor so that modifications in your schedule may be made as needed.

Assessment of a patient with the following conditions:

<table>
<thead>
<tr>
<th>Condition</th>
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<tbody>
<tr>
<td>First prenatal visit (clinic)</td>
<td></td>
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<tr>
<td>GHTN/preeclampsia (labor ward)</td>
<td></td>
</tr>
<tr>
<td>Preterm labor (labor ward)</td>
<td></td>
</tr>
<tr>
<td>Urinary incontinence /infertility/menopause (clinic)</td>
<td></td>
</tr>
<tr>
<td>Menstrual disorder (clinic)</td>
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<tr>
<td>Annual exam/need for contraception (clinic)</td>
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</tbody>
</table>

Performance of/participation in the following:

<table>
<thead>
<tr>
<th>Activity</th>
<th></th>
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<tbody>
<tr>
<td>Pelvic exam/PAP smear</td>
<td></td>
</tr>
<tr>
<td>Laparoscopy/laparotomy</td>
<td></td>
</tr>
<tr>
<td>Vaginal delivery</td>
<td></td>
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<tr>
<td>Cesarean delivery</td>
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