

OBSTETRICS
&
GYNECOLOGY
CLERKSHIP GUIDEBOOK

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SECTION I

ORIENTATION INFORMATION: OB/GYN CORE CLERKSHIP

Meg O'Reilly, MD, Clerkship Director

1/01/2008

SCHEDULES

The schedule is complicated. The goal is to give each student 2 weeks on an ob team, 2 weeks on a gyn team, 1 week on night-call and a half-day each week with a generalist preceptor in clinic.

Teams:

See PowerPoint attachment.

PRECEPTOR CLINIC

Each student has half a day per week assigned with a generalist preceptor. The preceptor clinic remains the same throughout the five-week clerkship. Please e-mail or page your preceptor to confirm time and places for clinic. This clinic pre-empts any other team duties that you have. However, if you have a conflict it is fine to ask your preceptor to change the time or day of the clinic that you attend. Some preceptors offer additional experiences, e.g. time in the OR with them. You may choose to spend additional time with your preceptor or resume your team duties, depending on which seems most educational to you.

During your week of nights, you are not expected to attend preceptor clinic, although you may ask if there is a make-up session available during another week.

L&D ORIENTATION

You will have a full day orientation with the clerkship director and coordinator. This will include an orientation to prenatal and interpartum care, suturing, knot tying and hands on delivery and cesarean section skills. At both OHSU and LEH there is a brief orientation to L&D held on the first or second day of the clerkship. All students attend at the L&D where you will take call, even if you start on the GYN service. St. Vincent students have an orientation with Dr. Stella Dantas prior to the clerkship orientation. Eugene students are expected at the Clerkship orientation at OHSU and will orient in Eugene the following day.

MIDWIFERY SERVICE

You will work primarily with the midwives at St. Vincents L&D. There is a midwifery service at Emanuel as well and you are always welcome to work with them if they don't already have a student.

At OHSU, the midwives welcome medical students in following their L&D patients if there is not a midwife student involved already. Feel free to ask them. If you do work with their service,

expect to function like a midwife student for the day or night that you are with them. Seeing their exam patients and following and supporting their labor patients will be your first duty for that day.

CLERKSHIP ORIENTATION

On the first day of each clerkship, Dr. O'Reilly includes a 3 hour session in the morning to go over a problem based learning exercise that is designed to get you ready for your first day or night on L&D. The written materials for this session available on the website, labeled "Orientation Assignment Normal Intrapartum Care". Please read about normal intrapartum and work through this exercise before coming to orientation.

TEXTS

There is no required text. Many students have liked Blueprints in Obstetrics and Gynecology, by Callahan, Caughey and Heffner. I've reviewed this and like it. Other similar books include those edited by Hacker & Moore or Beckman. It is essential to perform some outside reading and review to supplement the information provided in the formal and informal teaching lectures.

FRIDAY LECTURES AND PRESENTATIONS

Lectures are scheduled every Friday. You will do AM rounds, then come to OHSU for lectures, which begin between at 9 am. OB/GYN Grand Rounds is every Friday, 7:30-8:30 a.m. in UHS 8B60 and you are required to attend this. There are no grand rounds during July and August.

KEEPING TRACK OF PROCEDURES

A procedure log will be distributed to each student to help you track OBGYN procedures that have been identified as key components of the curriculum. Please use these sheets to note each

procedure you perform, and return them to the OB GYN student coordinator at the conclusion of the rotation. You will still need to fill out the E-Value Procedure log.

MIDWAY EVALUATION

After 2 weeks, we will email you a midterm evaluation form. This should be filled out with your OBGYN Preceptor and returned to the OBGYN clerkship coordinator during the third Friday of the clerkship. If you would like to speak with Dr. O'Reilly about the clerkship, please email for an appointment. oreillym@ohsu.edu.

ATTENDANCE

Please page your team if you need to be absent for any reason. If you must miss any of the clerkship, you need to make arrangements for make-up time with Dr. O'Reilly and Terri Welsh.

PROBLEMS

If you feel you are having a personality conflict or other sort of problems with your team or preceptor, please bring this to Dr. O'Reilly as early as possible. Five weeks goes by very quickly, and if we don't know about a problem, we cannot fix it.

OPTIONAL CLINICS

Students may elect to spend one morning or afternoon attending an abortion clinic at Planned Parenthood. This clinic is run by Dr. Nichols. They ask that you sign up in advance.

You may attend a session at the Fertility Consultants clinic, which is located at Riverplace. If you desire to do this, please contact Elizabeth Cook by email at cooke@ohsu.edu.

DRESS CODE

Students are expected to wear a white coat and name tag. Men should wear ties to clinic and women wear equivalent attire. Scrubs are for L&D and the OR. Please try not to wear scrubs to clinic.

OBGYN POLICY: EXAMS UNDER ANESTHESIA

Students have the opportunity to perform pelvic exams on anesthetized patients when they are scrubbed as part of the surgical team. If more than one student is involved in a case, only the student who is going to scrub should do the exam under anesthesia, unless there is special permission from the patient for another student to do an exam. Most patients are open to allowing this, but the surgical consent for exam only applies to the scrubbed team.

GRADES

There is a shelf exam that reflects your course objectives and counts 25% towards your final grade. Evaluations from residents and faculty make up the rest of the grade. The evaluation of your clinic preceptor is weighted at 15%, and each team evaluation is weighted 30%. The median grade is NH in this course.

Your final grade is submitted to the dean's office on a summary form (sample included in your packet). The summary comments represent a distillation of the various evaluators, and are meant to be transcribed directly onto your Dean's letter. Formative comments are transcribed straight off the evaluations and are not meant for the Dean's letter. If you want to review your grade packet, make an appointment with Terri Welsh, clerkship coordinator, 503-494-7897. You may also speak with Dr. O'Reilly if you have any concerns or questions after reviewing your grade packet.

OHSU Obstetrics & Gynecology Department
Protocol: Pelvic exam under anesthesia

Date of last revision: May 27, 2003
Submitted by: Alison Edelman MD

National attention has recently been focused on the ethics of pelvic exams under anesthesia by medical students without the consent of the patient. The ACOG Committee on Ethics has responded to this concern with the following statement (April 25, 2003):

Consistent with contemporary ethics and law, the ACOG Committee on Ethics believes that a woman's informed consent is a prerequisite to medical treatment and participation in research (1, 2). The principle of informed consent also is relevant to the participation of patients in teaching exercises. If a pelvic examination(s) that is planned for an anesthetized woman undergoing surgery offers her no personal benefit and is performed solely for teaching purposes, it should be performed only with her specific informed consent, obtained when she has full decision-making capacity. In addition, any participation by patients in educational exercises should respect patients' rights and should be nondiscriminatory. Race or socioeconomic status should not be the basis for selection of patients for teaching (3).

The Obstetrics and Gynecology Department at OHSU will implement the following precautions to provide our patients with the most complete informed consent.

- All patients undergoing gynecologic surgery will be consented for an 'exam under anesthesia'.
- 'Exam under anesthesia' should be written on the consent form on the same line as the surgery to be performed.
- During the consent process, the provider will also inform the patient about the role of the medical student in the operating room (performing a pelvic exam for learning, holding retractors, etc.). If a patient declines a medical student examination while under anesthesia – place this refusal on the consent form. It will be assumed if there is no notation written on the consent form that the patient has consented to an exam.
- Only students involved with the patient's care will be allowed to examine the patient under anesthesia.

References

1. American College of Obstetricians and Gynecologists. Code of professional ethics of the American College of Obstetricians and Gynecologists. In: Ethics in obstetrics and gynecology. Washington, DC: ACOG, 2002
2. American College of Obstetricians and Gynecologists. Ethical dimensions of informed consent. In: Ethics in obstetrics and gynecology. Washington, DC: ACOG, 2002
3. American College of Obstetricians and Gynecologists. Ethical issues in obstetric–gynecologic education. In: Ethics in obstetrics and gynecology. Washington, DC: ACOG, 2002

FINAL GRADE REPORT: OB/GYN 720, OREGON HEALTH AND SCIENCE UNIVERSITY

STUDENT NAME _____ _____ SSN _____ YR _____	COURSE <input type="text"/> START <input type="text"/> QUARTER <input type="text"/> END <input type="text"/> SITE LOCATION <input type="text"/> EXAM %, GRADE _____ FINAL GRADE _____
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INITIATIVE	DEPENDABILITY	ATTITUDE	HISTORY	PHYSICAL EXAM	PROB SOLVING	FOK	SUBTOTAL*	PROFESSIONALISM
OB TEAM								
GYN TEAM								
CLINIC								
OVERALL GRADE, CALCULATED AS: (EXAMGRADE * .25) + (SUBOB * .3) + (SUBGYN * .3) + (SUBCL * .15)								
EVALUATOR(S) COMMENT SUMMARY FOR DEANS LETTER								
Empty space for evaluator comments								

GRADE KEY 2008-09

CLINICAL PERFORMANCE VALUES ARE AS FOLLOWS:	TEST SCORE GRADE SCALE:	
1-1.9 = FAIL	3.9-4.1 = NEAR HONORS	> 73 = 5.0
2-2.9 = MARGINAL	4.2 - 5 = HONORS	64-72=4.0
3-3.8 = SATISFACTORY		54-63=3.0
PROFESSIONALISM IS PASS (1) OR FAIL (0)		40-53=2.0

**HISTORY, PROBLEM SOLVING AND FOK ARE DOUBLE VALUE*

SIGNATURE:

DATE:

Student Evaluation, OBGYN Clerkship

Student Name:

Evaluators:

Rotation (Circle one): **OB** **GYN** **GYN ONC**

Site (Circle one): **OHSU** **EH** **GSH** **ST.V PRECEPTOR**

Character, Interpersonal Skills and Professional Responsibility

Circle appropriate number of descriptions in each category

INITIATIVE AND INTEREST

1	2	3	4	5	N/A
Not well motivated. Avoids "doing" when possible. Appears disinterested. Never volunteers	Accepts average load of work. Rarely volunteers or actively participates.	Does all work expected. Often volunteers.	Works exceptionally hard. Seeks new learning experiences.	Active leader, takes advantage of extra learning experiences.	Cannot evaluate.

ATTENDANCE AND DEPENDABILITY

1	2	3	4	5	N/A
Consistently absent or late to conferences & patient rounds; not prepared for didactic or patient care activities.	Occasionally late or absent; sometimes unprepared for conferences or rounds. (circle which)	Attends all teaching conferences & rounds. Is prepared & prompt.	Consistently prompt & prepared at conferences & rounds. Enthusiastically provides appropriate patient care.	Assumes added patient care responsibilities. Always reliable.	Cannot evaluate.

EDUCATIONAL AND PROFESSIONAL ATTITUDES

1	2	3	4	5	N/A
Often hostile, argumentative. Resists criticism. Overconfident or too self-confident. Poorly dressed & groomed.	Responsive to questions but does not volunteer. Rarely contributes to discussions. Makes changes when asked.	Good participation. Accepts criticism well. Appropriately dressed & groomed. Appropriately confident.	Excellent participation. Eager to learn & be evaluated. Stimulates learning process.	Functions independently. Knows when to seek help and when independence is appropriate.	Cannot evaluate.

CLINICAL KNOWLEDGE AND SKILLS/HISTORY TAKING AND RECORDING

1	2	3	4	5	N/A
Interview skills poor - wanders. History incomplete; record disorganized.	History complete. Cannot distinguish relevant from irrelevant. Somewhat disorganized. Needs to work on case presentations.	History complete. Pertinent positive and negative noted. Organized and legible. Good case presentations.	Concise and complete history. Understands relevance of pertinent positives & negatives.	Interview well-directed. Database & organization outstanding. Excellent case presentations.	Cannot evaluate.

PHYSICAL EXAM AND TECHNICAL SKILLS

1	2	3	4	5	N/A
General physical poor - incomplete & inaccurate. GYN physical poor - incomplete & inaccurate. Ward	General PE complete, but inaccurate at times. GYN PE superficial & inaccurate. Basic ward skills, but	General PE complete & accurate. GYN PE-performs complete exam smoothly; some inaccuracies	Complete and accurate exam. Can vary exam in concordance with patient history.	General & GYN exam skills above level of training. Ward skills excellent.	Cannot evaluate.

skills poor.	needs work.	appropriate to level of training. Good ward skills.			
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CLINICAL PROBLEM SOLVING

1	2	3	4	5	N/A
Cannot identify major problem. Cannot develop differential diagnosis. Very inefficient. Little practical judgement.	Can identify major problem, but cannot set priorities. Cannot generate differential diagnosis. Gets bogged down in details. Inefficient.	Can prioritize problems. Can develop differential diagnosis that directs workup. Adequate understanding of lab info. Able to suggest therapeutic plan.	Efficient in use of clinical information. Differential diagnosis reflects individual history not just the textbook workup. Good practical judgement. Usually has correct therapeutic plan.	Excellent analysis of problems. Very efficient. Good utilization of lab & other parameters. Can develop good therapeutic plan. Outstanding clinical judgment.	Cannot evaluate.

KNOWLEDGE IN SUBJECT AREA

1	2	3	4	5	N/A
Inadequate knowledge of medical principles, pathophysiology. No outside reading, doesn't listen on rounds.	Adequate knowledge of day-to-day patient care, but inadequate knowledge of pathophysiology. Little outside reading.	Adequate knowledge of basic patient care. Can discuss pathophysiology related to patient's problems. Does outside reading. Learns from rounds.	Above average knowledge base. Directs reading independently. Able to discuss patients at rounds.	Excellent knowledge of patient care & pathophysiology. Extensive outside reading. Knowledge adds to team understanding of the patient.	Cannot evaluate.

PROFESSIONALISM ASSESSMENT (PUT AN "X" IN THE APPROPRIATE BOXES)

Honesty and Integrity	Performs below expectation	Performs at expectation
Dependable for reporting accurate information		
Handles confidential information appropriately		
Accepts responsibility for assigned role in the care of patients		
Respect for Others and Teamwork	Performs below expectation	Performs at expectation
Avoids arrogance toward others ³		
Behaves in a respectful manner to people with differing beliefs and personalities		
Collegially works with nurses and other professionals		
Demonstrated respect for other learners		
Appropriately attributes sources of information in written products		
Respect for Patients	Performs below expectation	Performs at expectation
Demonstrates compassion for patients		
Appropriately advocates for patients' needs		
Final Assessment: Circle One	Student performs below expectations	Student meets expectations

TIME SPENT WITH STUDENT

Little or no contact	Sporadic & superficial contact	Infrequent but in-depth contact	Frequent & in-depth contact	Little or no contact	Sporadic & superficial contact
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FORMATIVE COMMENTS:

(Not for use in Dean's letter. Constructive criticisms or minor problems and/or suspected major problems that need to be addressed)

SUMMATIVE COMMENTS:

(Comments for Dean's letter)

Signature: _____**OBJECTIVES FOR OBSTETRICS AND GYNECOLOGY CLERKSHIP**

February 5, 2009

GENERAL

Performance objectives describe activities that you are expected to do during your clerkship. You will be asked to keep a log of these procedures and activities. At the end of the clerkship, we ask for your procedure log. The log in no way influences your grade, but is our way to check that students are getting the expected experience during the clerkship. We also ask you to document on the log card that you have had a history and physical examination observed by your preceptor and that you have received feedback on these activities.

Knowledge objectives outline the minimum knowledge of women's health care that we expect no matter what your future field will be. Within the bounds of available time and these objectives, you can decide to emphasize different aspects of the course, i.e. if you're going into radiology you may want to concentrate on ultrasounds, or if you're interested in cardiology you may want to concentrate more on the way pregnancy affects the heart or on diagnosis of congenital heart defects. You will have opportunities to pursue special interests in presentations among the students and for your teams.

Behavior objectives reiterate the professional behavior that we expect all providers of health care to attain.

Success on this rotation depends on good communication with your team. The schedule is complex in order to give you exposure to the rich experiences available in OBGYN. Let your teams know what interests you, and let them know where you are and what you are doing if it varies from your schedule. Don't tell your team what doesn't interest you.

BEHAVIORAL OBJECTIVES

Tell your team where you can be found. If you must miss scheduled activities or are late, call your team.

If you don't understand the schedule or the reason for the schedule discuss it with your team or with the course director or coordinator.

If you feel there is a personality conflict between you and a resident or attending, bring it to the course director early.

Make eye contact with your patients and with your team members.

Maintain confidentiality - i.e. h/o TAB, STD, HIV testing - look for and trust non-verbal cues about sensitive issues - when in doubt wait to ask until family members leave or withhold sensitive information when a family member is present.

If a patient states that she is uncomfortable with you, involve a resident or faculty in the discussion with the patient. If her behavior leaves doubt, it is preferable to reconfirm that the patient is comfortable rather than to continue with your interaction.

Always have a resident or faculty present when you do any intimate exam.

Be assertive in suggesting a plan of care to your team, but wait until the team has approved your plan before suggesting it to the patient.

Be responsible for your ideas and actions, be ready to explain why you chose a given plan. Aim to have a better reason than "I was told to do this".

When you are on the ob team, in order to gain continuity, it is OK to be late for or called away from clinic or postpartum rounds in order to attend a delivery. However, you must inform your team that you are doing this. Likewise, if you are in surgery or working up a patient in GYN clinic or ER and this will make you late for call, let your team know.

OBSTETRICS AND GYNECOLOGY PERFORMANCE OBJECTIVES

Knowledge & Skills Objectives	Instructional Strategies	EVALUATION METHODS	DOCUMENTATION
Incorporate age appropriate counseling and screening tests into an annual exam.	<p>Perform and document at least 3 annual exams, including breast and pelvic exam.</p> <p>Counsel at least 5 women about contraception options.</p> <p>Perform at least 3 Pap smears and look up results.</p>	<p>Review and co-sign note with resident and/or attending;</p> <p>Resident/attending to observe and review.</p>	Keep log of pelvic exams on your procedures card.
Understand indications for surgical management of gyn problems.	<p>Write at least 1 H&P and admit orders for a surgical patient.</p> <p>Attend and scrub in to at least 3 surgeries.</p>	Review note and co-sign by resident and/or attending.	Enter cases into log.
Recognize and treat common post-operative problems.	Perform twice-daily rounds on at least 2 post-op patients from admission until discharge.	Review note and co-sign by resident and/or attending.	Enter cases into log.
Demonstrate the principles of suturing and knot tying.	Close fascia or subcutaneous layer at least once during surgery.	Resident/faculty to observe and review.	Enter into log.
Provide risk stratified antenatal care.	<p>Perform and document at least 5 prenatal visits.</p> <p>Order antenatal tests appropriate for gestational age.</p> <p>Recognize medical and/or social factors contributing to a</p>	Review note and co-sign by resident and/or attending.	Enter cases into log.

	high-risk pregnancy.		
Recognize and manage active labor.	<p>Write H&P and admit orders for at least 3 laboring women.</p> <p>Examine and assess at least 2 triage patients who rule out for active labor.</p> <p>Write intrapartum notes and orders every 2 hours for at least 3 laboring women.</p> <p>Attend the delivery; write the delivery note and post-partum orders for 3 women.</p> <p>Attend at least 2 Cesarean deliveries.</p>	<p>Review note and co-sign by resident and/or attending.</p> <p>Present patients at board rounds.</p>	Enter deliveries and labor management on log.
Understand post-partum care.	Perform daily rounds on and discharge at least 5 post-partum women.	Review note and orders, and co-sign by resident and/or attending.	Enter cases into log.
Understand the basics of fetal monitoring.	Review and describe fetal monitor tracings on at least 5 women.	Resident/faculty to observe and review.	Enter cases into log.
Recognize and treat high-risk pregnancy.	<p>Perform daily rounds on and write order for at least 1 antepartum high-risk patient.</p> <p>Participate in high-risk rounds and understand the role of other services in the care of high-risk pregnant women.</p>	<p>Review note and orders, and co-sign by resident and/or attending.</p> <p>Present patient at high-risk rounds.</p>	Enter cases into log.

Knowledge Objectives

1. Obstetrics

Introduction/Orientation to Labor and Delivery

List 3 ways to diagnose pregnancy.

Describe 4 criteria for dating a pregnancy by clinical parameters (i.e. without ultrasound)

Describe the effects of pregnancy on cardiovascular, pulmonary, renal, and GI systems.

List 4 health habits that you inquire about during preconceptual counseling.

List 2 lab tests that you would consider ordering during preconceptual counseling.

Define "adequate" prenatal care as described by ACOG. List 3 pathological processes prenatal care is designed to diagnose, and what impact these diagnoses have on the pregnancy.

List 8 routine prenatal labs and reasons for each.

List 3 indications for an ob ultrasound for dating.

Differentiate among the terms position, presentation, station, effacement, dilation.

List 5 criteria used to describe basic fetal heart rate tracings. List 3 types of decelerations and the implications of each.

Describe 3 methods for pain control during labor.

Describe placenta previa, placenta accreta, circumvallate placenta, and succenturiate lobe.

Differentiate among 1st, 2nd, 3rd, and 4th degree obstetrical lacerations.

Define postpartum hemorrhage and describe 3 methods for treating it.

Describe 5 common problems that occur postpartum that women need to be warned about prior to discharge.

Describe how to treat an uncomplicated UTI in an ob patient and in a gyn patient.

Hypertensive disorders

Define pre-eclampsia.

Describe 4 risk factors for developing pre-eclampsia and in general the treatment

Infections

Define amnionitis and endomyometritis. List 3 risk factors for post-partum endomyometritis. List the 3 most common bacteria that contribute to post-partum endomyometritis.

Describe the 2 accepted maternal screening methods for reducing neonatal Group B strep infections.

List the 5 TORCH syndromes and the most common fetal effects of each.

Describe maternal screening for HIV infection. What is the aim of treating during pregnancy?

Premies and Postdates

Describe 2 risks involved in postdatism

Define preterm labor.

Define preterm contractions.

Define preterm ruptured membranes

Distinguish among risks for preterm labor and etiologies of preterm labor. List 5 of each.

Abnormal Labor

Define active labor and latent labor. Be able to distinguish between them.

Describe the normal labor curve for nullip- and multiparous women. Describe 3 options for managing failure to progress normally.

List 4 risks of multiple gestation.

Substance Abuse

Describe 3 community resources that are available for women with substance abuse problems.

Breast-feeding

Describe the role of oxytocin, prolactin, estrogen and progesterone in lactation.

Describe common management for nipple soreness.

Genetics

Describe the quadruple marker test and sequential screen and how to counsel women about these screening tests.

List 3 indications for genetic amniocentesis.

Gestational diabetes

Define gestational diabetes.

Describe how to screen for and who to screen for gestational diabetes, and 3 risks associated with it.

Ectopic pregnancy and spontaneous abortion

Describe 4 possible etiologies of first trimester bleeding.

Describe 3 risk factors for ectopic pregnancy.

Describe 2 ways to diagnose a non-viable pregnancy.

Describe 3 risks for spontaneous abortion and 3 causes of spontaneous abortion.

Bleeding during pregnancy

Describe 4 possible etiologies of third trimester bleeding.

Describe the psychology of pregnancy loss and grieving.

2. Oncology

Pelvic mass

Differentiate signs and symptoms of benign vs malignant pelvic masses.

Describe the effect of endogenous and exogenous hormones on the ovary.

Describe 2 absolute indications for surgery on a pelvic mass.

List 4 risk factors for ovarian cancer.

List the 3 major classes of ovarian cancer and their benign counterparts.

List 3 criteria for surgically staging ovarian cancers.

Describe the incidence of ovarian cancers by age.

Describe the 5 year survival rates for ovarian cancers by stage and by tumor type.

Cervical and vulvar cancer

Describe how to stage cervical cancer.

Distinguish radical hysterectomy from simple hysterectomy.

Describe 2 possible treatments for invasive cervical cancer.

Describe the 5 year survival for cervical cancer by stage and tumor type.

Describe 3 signs and symptoms of vulvar cancer and 2 risk factors for vulvar cancer.

List 2 vulvar dystrophies and know how to distinguish them.

Endometrial cancer and GTN

Describe 4 risk factors for endometrial cancer.

Describe how to diagnose and stage endometrial cancer.

List 2 methods for treating endometrial cancer.

Define gestational neoplastic neoplasia. List 2 risk factors for GTN. List 2 possible treatments for GTN.

3. Gynecology

Contraception and Abortion

Name the four major categories of contraception, their effectiveness and use effectiveness, contraindications, pertinent exam and history to be noted prior to prescribing, and side effects.

Describe the three options available to women when pregnancy is diagnosed.

STD screening and prevention

List 6 guidelines that determine if a patient needs STD screening.

Name 6 common STD diagnoses, the symptoms and signs of each, and how to test for them.

Describe 4 methods for preventing STD's.

Describe the effectiveness at STD prevention of each contraception method.

Cancer screening and prevention

Describe the ACOG guidelines for cervical, ovarian, endometrial, breast, and colon cancer screening by age group.

List four components of the Bethesda system for classifying Pap results and be aware of the ASCCP Guidelines for management of abnormal pap smears.

Describe 4 risk factors for cervical intra-epithelial neoplasia (CIN) and for cervical cancer.

List 3 treatments for CIN.

Distinguish between endometrial hyperplasia with and without atypia. Interpret endometrial biopsy results and recommend treatment.

Vaginitis

Define 3 causes of vaginitis, the signs and symptoms of each, an office-based test for each and how to treat each diagnosis.

Pelvic pain - acute

Describe the 5 most common items on the differential diagnoses for acute pelvic pain. Describe 5 signs, symptoms, or tests that would be available in a stat lab that enable you to distinguish among these items.

Distinguish an acute surgical abdomen from a non-surgical abdomen.

Describe 2 outpatient and one inpatient antibiotic regimen for treating PID.

List 4 criteria for admitting a woman with PID.

Describe the 2 most common PID pathogens and their relative incidence.

Describe the 4 risk factors for contracting PID.

Describe 3 possible sequelae of PID.

Pelvic pain - chronic

Define chronic pelvic pain.

Describe 4 items on the differential diagnosis for chronic pelvic pain. Describe 4 signs or symptoms to help distinguish among these items.

Describe 2 theories regarding the pathogenesis of endometriosis.

Menopause

Define menopause.

Describe 4 signs and symptoms of menopause.

Describe 2 regimens for hormone replacement therapy (HT).

Describe 3 pros and 3 cons of HT.

Describe 2 contraindications to HT.

Menstrual Cycle

Define the normal menstrual cycle, describe variations in normal at menarche and perimenopause.

Diagram the menstrual cycle, showing levels of ovarian and pituitary hormones.

Define dysmenorrhea and describe 2 common treatments for it.

Define premenstrual syndrome.

Describe the effects of hormonal variation on other systems ie headaches, seizure disorders, GI tract, sleep, mood.

Define abnormal uterine bleeding and list 3 common hormonal and 4 common non-hormonal causes of it.

Define the terms estrogen breakthrough, estrogen withdrawal, and progesterone withdrawal.

Infertility and amenorrhea

Define infertility.

Describe the three categories of infertility.

List 3 risk factors for infertility.

Define primary amenorrhea and describe 4 major causes.

Define secondary amenorrhea and 4 major causes.

Define hirsutism, describe its relation to anovulation, and list 3 major causes.

Urogynecology

Define 3 types of incontinence.

Describe 4 signs and symptoms of UTI.

Describe how to treat an uncomplicated UTI in an ob patient and in a gyn patient.

List 4 risk factors for UTI.

Breast disease

Describe the differential diagnosis for a breast mass by age, i.e. <30, 30-50, >50.

Describe 2 criteria for ordering a mammogram.

List 4 risk factors for breast cancer.

Define galactorrhea.

Define mastalgia.

Describe 2 risk factors for mastitis and the most common pathogen.

Sexuality

Define sexual orientation and gender dysphoria.

Identify the 4 phases of sexual response.

Explain the impact of pregnancy, the postpartum period, and menopause on sexuality.

Define sexual dysfunction. List 5 classes of drugs that may cause sexual dysfunction.

Physical, emotional, and sexual abuse

Describe 2 community resources available for women with these problems.

Describe the cycle of abuse and 2 risk factors for being in an abusive relationship.

Pelvic Anatomy

Describe the course of the ureter.

Describe the blood supply and innervation of the uterus, ovaries, bladder and vulva

Understand the repair of obstetric laceration.

Understand the embryology of the reproductive tract, and its relationship to uterine anomalies.

STUDENT EXPECTATIONS—OHSU OB TEAM

Welcome to the OB Team!

Although not all students will go on to Ob/Gyn careers, all of you will interact with female patients and/or mothers, wives, sisters, and friends in your life. This is your chance to learn all you can about our field and to **have fun!**

Frequently we take care of women during very vulnerable times. Please show respect to all patients, which means introducing yourselves, knocking at doors, pulling curtains before doing exams, etc.

Ally yourselves with the nurses on L and D as they can frequently make the experience with patients go more smoothly.

Labor and delivery can be a fast paced environment. Students really can be a huge help when things get busy—especially with checking in on patients and writing notes. Conversely, sometimes things can be very slow. When there is down time, use it to read and ask residents/staff to teach.

When things are busy, residents don't get to formally teach as much as they would like, but you should always ask questions. We tend to teach as we're going. Most learning on L and D is experiential, not didactic.

This experience is as good as you make it. Get involved. Scrub on every case. Gown for every delivery. If you see us running to the OR to do an emergency cesarean section, jump in and join the case. Don't expect to be called when something happens, you should already be there!

Rounding

- All students are expected to round every morning.
- You are responsible for generating the rounding list of all OB patients on 13C and 14C. Usually the night float student does this so that it is ready when everyone else arrives.
- Start rounding at about 5:45am (may vary depending on how busy the service is).
- Sat-Sun start rounding at 7:00 (if starting call) and 6:00 (if finishing call) and meet on L&D at 8:00 am.
- Start with at least 2-3 patients (or more). By the end of the rotation, you should be seeing 4-5 patients.
- At OHSU we perform collaborative rounds on the Mother Baby Unit (MBU). You will be a member of the collaborative team and will have the opportunity to interview, examine and present patients you know.
- Generally at St. Vincent's and Emanuel all notes should be completed **before 7:00 am** Mon-Thurs and before 6:45am on Fridays, so that the resident can read notes and give feedback.

- Prioritize rounding on patients with whom you were involved in the delivery.
- Do NOT do any pelvic/perineal/rectal exams without a resident present.
- **These schedules are subject to change. Please check with your resident team about what time rounds begin for both morning and evening for your particular site.**
- If you are concerned about a patient, please find the resident right away to see her with you.
- Students should sign up for several patients to present during rounds. This is your chance to shine in front of the attending.
- Remember that the residents have to see all patients too, so don't take it personally if s/he beats you to a patient. If there is already a resident note in the chart, you may check in with the patient if you desire, but **do not write a note after the resident note.**
- Check in with Chief Resident on Friday afternoons after lectures before going home.

After Morning Rounds

- After signout, finish any duties upstairs (i.e. removing staples, writing prescriptions) and be ready for any formal teaching rounds or routine L&D work.
- L and D students: check in with the 2nd/3rd year running the board and sign up for labor and C/S patients; meet them.
- Friday: go directly to Grand Rounds after signout. Grand Rounds are required for all students at all sites (except Eugene). Residents are also required to attend Grand Rounds, so morning work with them will still allow you to arrive at OHSU in time for Grand Rounds.

Clinic Students

- Mon, Wed starts at 9:00 am. Tue, Thurs starts at 8:30 with chart review (in conference room where your Friday lectures are).
- When done with clinic, check in on L&D, then get lunch.
- Start on backboard (PP) rounds anytime after 1:30pm (split patients with MS4 if there is one).
- All backboard patients should be seen by students and discussed with resident prior to signout.
- Board rounds on L&D at 6:00 pm (5:00pm on Friday).

L&D Students:

- Follow mostly term, laboring patients and other patients that interest you. Ask the 2nd or 3rd year who is running the board who to follow. You should follow as many patients as you can without spreading yourself too thin.
- Laboring patients need a note approximately **every two hours**, which should include mention of vital signs, labor progression and fetal status. Do not do cervical exams without a resident present. Try to coordinate your note with when the resident is planning to do a cervical exam so you can include this in your note (this info is vital to your assessment of labor progress).

- It is expected that you observe at least 3 patients through the 2nd stage of labor (pushing/delivering), which means you should mainly be in the room during this time. It is okay to not be checking on your other patients if you are staying in one room for her delivery. You should gown for the deliveries of patient that you are following.
- If your patient goes to a cesarean section or for tubal ligation, pull your gloves and give them to the scrub tech and make sure he/she has a gown for you.
- After deliveries, help with the paperwork.
- Board rounds on L&D at 6:00 pm. (5:00pm Friday)

Night Students

- Come for board signout at 6:00pm (5:00pm on Friday).
- Sign up for labor patients as when on L and D.
- Unless you are in a delivery, you should be participating in morning rounding upstairs.

Feedback: You are encouraged to give us feedback during the rotation to help make this a great experience for you. Don't wait until the last day! We will be trying to give you feedback throughout the rotation, with each note, each delivery, etc. Also you should ask for feedback!