Obstetrics and Gynecology
Core Clerkship
Course Overview Document
2018-2019
Revised 4.23.2018
I. Introduction/Clerkship Overview:

Welcome to the core clerkship in Obstetrics and Gynecology. You are about to enter the field of women’s health care. Although only a small portion of you will choose Ob-Gyn as a career, all physicians must have certain knowledge, skills and attitudes about women’s health care.

The purpose of this rotation is to provide instruction in the basic knowledge and skills specific to the reproductive health maintenance and the reproduction disorders of women. The clerkship stresses the importance of the doctor-patient relationship, interviewing skills, appropriate physical exam, and clinical problem solving in caring for patients.

We will emphasize the importance of quality obstetrics and gynecology in providing continuous, comprehensive care for women. This foundation will prepare the student for his/her future role as a physician, regardless of specialty choice.

Students will receive teaching from attendings, residents, midwives and other providers involved in the care of patients in our practice. All faculty are either full time or voluntary faculty at BCM.
II. Clinical Sites and Contact Information:

Contact Information:

Clerkship Director:
Dr. Jocelyn Greely
Email: greely@bcm.edu
Site Contact: Ben Taub Hospital

Clerkship Associate Director:
Dr. Helen Dunnington
Email: helen.dunnington@bcm.edu
Site Contact: TCH Pavilion for Women

Assistant Clerkship Director/Site Director:
Dr. M. Aba Coleman
Email: macolema@bcm.edu

Clerkship Coordinator: Diane Jensen
Email: mjensen@bcm.edu
Phone: 832-826-7373
Office Location: Pavilion for Women, 6651 Main Street, 10th Floor, Houston, TX 77030

Rotation Structure

The OB/GYN Clerkship is an 8 week rotation divided into 2 week sub-rotations (2 Obstetric and 2 Gynecology). There are 8 teaching sites available. Each student will not rotate at every site, but will be assigned in order to increase exposure across the department.

<table>
<thead>
<tr>
<th>8 WEEKS</th>
<th>4 WEEKS OBSTETRICS</th>
<th>INPATIENT L&amp;D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AMBULATORY/ELECTIVE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>INPATIENT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AMBULATORY</td>
<td></td>
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</tbody>
</table>
### Sub Rotation and Clinical Site Options

<table>
<thead>
<tr>
<th>Sub-Rotation</th>
<th>Clinical Site Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBSTETRICS INPATIENT</strong></td>
<td>Ben Taub General Hospital Labor and Delivery</td>
</tr>
<tr>
<td></td>
<td>Pavilion for Women Labor and Delivery</td>
</tr>
<tr>
<td><strong>OBSTETRICS AMBULATORY/ELECTIVE</strong></td>
<td>Ben Taub Hospital OB Intake/Triage (OBI)</td>
</tr>
<tr>
<td></td>
<td>Pavilion for Women Triage (WAC)</td>
</tr>
<tr>
<td></td>
<td>Ben Taub General Hospital Antepartum</td>
</tr>
<tr>
<td></td>
<td>Pavilion for Women Antepartum</td>
</tr>
<tr>
<td></td>
<td>Center for Children &amp;Women Greenspoint</td>
</tr>
<tr>
<td></td>
<td>Center for Children &amp;Women Southwest</td>
</tr>
<tr>
<td></td>
<td>BT OB High Risk Clinic</td>
</tr>
<tr>
<td><strong>GYNECOLOGY INPATIENT</strong></td>
<td>Ben Taub General Hospital Benign Service</td>
</tr>
<tr>
<td></td>
<td>Ben Taub General Hospital Oncology Service</td>
</tr>
<tr>
<td></td>
<td>Baylor/ St. Luke’s / Pavilion for Women Benign Gynecology Service</td>
</tr>
<tr>
<td><strong>GYNECOLOGY AMBULATORY</strong></td>
<td>Harris Health Vallbona Clinic</td>
</tr>
<tr>
<td></td>
<td>Harris Health BT Towers Clinic</td>
</tr>
<tr>
<td></td>
<td>VA Gynecology Clinic</td>
</tr>
</tbody>
</table>
III. Compact Between Teachers, Learners, and Educational Staff

Learners pursuing a professional career at Baylor assume responsibility to develop in-depth knowledge, acquire and apply special skills, and demonstrate professionalism. Teachers guide and educate learners, and model appropriate attitudes, interpersonal skills and professional behaviors. Core educational staff support both learners and teachers. This Compact serves both as a pledge and a reminder to teachers, learners, and educational staff that moral, ethical and professional behavior by all BCM personnel is essential to the basic principles of this institution.

Guiding Principles of the Educational Compact

DUTY
All participants in the education mission have a duty to sustain a learning environment conducive to maintaining the knowledge, attitudes, and skills necessary for providing contemporary standards of professional behavior.

INTEGRITY
All education participants/parties will behave in a manner that reflects individual and institutional commitment to intellectual and moral excellence.

RESPECT
Fundamental to the ethic of professions is respect for every individual. Mutual respect between learners, as newer members of the profession, and their teachers, as experienced professionals, is essential for nurturing that ethic. In addition to individual respect, all educational parties must respect and follow established professional policies.

As a teacher, I pledge to:

- Maintain currency in my professional knowledge and skills
- Ensure excellence of the educational curriculum
- Be a Model of professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Nurture learner commitment to achieve personal, family, and professional balance
- Recognize and acknowledge expressions of professional attitudes and behaviors as well as the achievement of quantifiable academic excellence
- Respond vigorously to unprofessional behavior and indications of abuse or exploitation of faculty, learners, patients, colleagues, or staff
- Create a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact
- Accept responsibility for instilling these attributes in learners and faculty for whom I have responsibility

As a learner, I pledge to:

- Acquire the knowledge, skills, attitudes, and behaviors necessary to fulfill all established educational objectives
- Embody the professional virtues of integrity, empathy, altruism, compassion, respect, honesty, courage, and trustworthiness
- Respect as individuals, without regard to gender, race, national origin, religion, or sexual orientation, all patients, peers, faculty and staff
- Uphold the highest professional standards and conduct myself accordingly in all interactions with patients, peers, faculty and staff
- Assist my fellow learners in meeting their professional obligations, while fulfilling my own obligations as a professional
- Help create a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact
IV. Baylor College of Medicine, Core Competency Graduation Goals (CCGGs)

1. Professionalism
Each student graduating from BCM will:
1.1. Apply ethical decision making that upholds patient and public trust
1.2. Employ honesty, integrity, and respect in all interactions
1.3. Demonstrate a commitment to advocate for the needs and well-being of patients, colleagues, and self
1.4. Demonstrate caring, compassion, and empathy
1.5. Demonstrate awareness of one’s own biases and sensitivity to diverse patients and colleagues
1.6. Identify and fulfill responsibilities and obligations as a learner and a colleague
1.7. Recognize and avoid conflicts of interest
1.8. Adhere to patient confidentiality rules and regulations

2. Medical knowledge
Each student graduating from BCM will:
2.1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to diagnose, manage, and prevent disease
2.2. Utilize the principles of public health, epidemiology, and biostatistics in identifying and reducing the incidence, prevalence, and severity of disease to improve health
2.3. Interpret diagnostic tests as they relate to common clinical, laboratory, and radiologic findings in the spectrum of health and disease

3. Patient care
Each student graduating from BCM will:
3.1. Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care
3.2. Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity
3.3. Develop a prioritized problem list and differential diagnosis using patient’s biopsychosocial history, medical records, physical exam findings, and diagnostic studies
3.4. Obtain consent for and perform basic technical procedures competently
3.5. Perform comprehensive and focused biopsychosocial exams in a variety of patient care settings and recognize when each is indicated
3.6. Assess health risks using gender- and age-appropriate criteria and recommend potential preventive and therapeutic interventions
3.7. Select and interpret diagnostic tests accurately
3.8. Interpret physical findings accurately
3.9. Utilize critical thinking to provide appropriate evidence or support for clinical decisions and management of diseases

3.10. Provide timely and accurate documentation of all assessment, plans, interventions, and orders – including prescriptions and transfers-of-care between providers or settings

4. Interpersonal and communication skills
Each student graduating from BCM will:
4.1. Demonstrate patient-centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families
4.2. Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team
4.3. Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies
4.4. Apply verbal and written medical communication skills to basic and advanced medical scenarios

5. Practice-based learning and improvement
Each student graduating from BCM will:
5.1. Identify personal strengths and deficiencies in one’s knowledge, skills, and attitudes to integrate feedback and set personal improvement goals
5.2. Use and manage technology to access medical information resources to expand personal knowledge and make effective decisions
5.3. Apply principles and practices of evidence-based medicine (EBM) in making decisions about prevention, diagnosis, and treatment of disease

6. Systems-based practice
Each student graduating from BCM will:
6.1. Analyze the roles insurance plans and health care providers play in the health care system and how they affect providers’ and patients’ behavior
6.2. Provide appropriate referral of patients, including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
6.3. Examine the role of quality improvement and clinical pathways in optimizing health systems
6.4. Demonstrate the rationale for reporting and addressing events that could affect patient safety

7. Leadership
Building upon the foundation of competence in the other six domains, each student graduating from BCM will be able to:
7.1. Demonstrate the ability to work effectively as a member of an interprofessional health care team
7.2. Demonstrate the ability to give and receive behaviorally-specific feedback
7.3. Utilize skills that enhance the learning environment and team functioning
<table>
<thead>
<tr>
<th>Obstetrics and Gynecology Related Clerkship Objective</th>
<th>Medical Program Objective(s) (CCGG)</th>
<th>Mode of Teaching</th>
<th>Mode of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBG1- Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population</td>
<td>1.1, 1.3, 1.5</td>
<td>Clinical training</td>
<td>Informal Feedback&lt;br&gt;Mid-term Feedback</td>
</tr>
<tr>
<td>OBG-2- Develop competence in the medical interview and physical examination of women</td>
<td>3.5, 4.1</td>
<td>Clinical training&lt;br&gt;Didactic lecture series&lt;br&gt;Skills labs</td>
<td>Informal Feedback&lt;br&gt;Mid-term Feedback</td>
</tr>
<tr>
<td>OBG-3- Use an evidence-based medicine approach where possible to answer common and specific questions concerning women’s health</td>
<td>5.3</td>
<td>Clinical training&lt;br&gt;Didactic lecture series</td>
<td>Informal Feedback&lt;br&gt;Mid-term Feedback</td>
</tr>
<tr>
<td>OBG-4- Explain the mechanisms of action, indications, advantages, side-effects and contraindications of medications used in the management of common medical conditions</td>
<td>2.1</td>
<td>Clinical training&lt;br&gt;Didactic lecture series</td>
<td>Informal Feedback&lt;br&gt;Mid-term Feedback</td>
</tr>
<tr>
<td>OBG-5- Demonstrate effective and respectful communication with patients, families and the medical team</td>
<td>4.1</td>
<td>Clinical training</td>
<td>Informal Feedback&lt;br&gt;Mid-term Feedback</td>
</tr>
<tr>
<td>OBG-6 - Apply recommended prevention strategies to women throughout the life-span</td>
<td>2.2</td>
<td>Clinical training Didactic lecture series</td>
<td>Informal Feedback Mid-term Feedback</td>
</tr>
<tr>
<td>OBG-7 - Demonstrate knowledge of perioperative care and familiarity with obstetric and gynecological procedures</td>
<td>2.1, 3.4</td>
<td>Clinical training Didactic lecture series</td>
<td>Informal Feedback Mid-term Feedback</td>
</tr>
<tr>
<td>OBG-8 - Self-assess progress as learners and identify specific learning needs during the clerkship</td>
<td>1.6</td>
<td>Clinical training</td>
<td>Informal Feedback Mid-term Feedback</td>
</tr>
</tbody>
</table>
VI. You Said, We Did:

We value your feedback and the following changes have been made in response to student concerns and suggestions. Obstetrics and Gynecology Clerkship course changes for 2018-2019:

**Ob/Gyn Clerkship**

2017

We value your feedback and the following changes have been made in response to student concerns and suggestions.

<table>
<thead>
<tr>
<th>You said</th>
<th>We did</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would like to see more structure and more detailed instructions for this subrotation. Expectations were not set at the start of this subrotation.</td>
<td>Developing standardized mini orientations to each sub rotation via PowerPoint for each team to use. Will implement at all sites.</td>
</tr>
<tr>
<td>For the most part, it was a good rotation, but occasionally the residents seemed like they didn't want to teach.</td>
<td>Working with our residents as teachers to develop curriculum for residents to become more comfortable with teaching, engaging students and giving feedback.</td>
</tr>
<tr>
<td>The only issue I had with the L&amp;D service at Ben Taub was that on nights we usually did not get 10 hours off between shifts due to signout. That made that week very hard, but otherwise it was a great learning experience.</td>
<td>We have educated faculty and residents on multiple occasions at department faculty meetings and resident didactic session regarding the duty hour policy. We have also reviewed our sub rotations to determine the most likely location of the violation. We have posted signage to remind everyone to comply with the policy.</td>
</tr>
<tr>
<td>IPE wasn't a good experience. Not hands on. I just listened to nurses gossip about their lives. IPE was terrible. Nurses do not want students at all. The nurses during my IPE experience were very unprofessional and talked inappropriately about my classmates, attendings and residents</td>
<td>We have begun to give nursing in-services regarding the L&amp;D IPE experience explaining the purpose and the role of the medical students.</td>
</tr>
<tr>
<td>I wish that students had been allowed to present our own patients during sign out at the end of the day for the students on days or at sign out in the morning for students on nights; that would have been a really good opportunity to practice my oral presentation skills.</td>
<td>The expectation during the L&amp;D sub rotation has been updated to include student presentation during the L&amp;D board sign out during the am and pm shifts. This expectation will be communicated during the standardized sub rotation orientations and during the clerkship orientation.</td>
</tr>
</tbody>
</table>
VII. Student Roles, Responsibilities and Activities:

On the first day of the clerkship during orientation, each student will receive a binder with the following:

1. Course Overview Document
2. Sub rotation guidelines/ expectations
3. Student Rotation schedules
4. Clinical Activities List (Will log completion in E-Value)
5. Duty hour log (Turn in paper form)
6. Lecture Schedule
7. Resident schedules and contact information
8. Preceptor assignment and contact information
9. IPE Evaluation Form (Turn in paper form)
10. Self-Assessment Forms (Turn in paper form)

Clerkship Roles and Responsibilities

- Show up on time for all scheduled clinical responsibilities and all educational activities. Students are expected at all didactic lectures and clinical skill sessions. Attendance will be taken at all sessions and is part of the clinical evaluation grade.
- Participate fully in the care of your patients. Follow up on assessments and results of any diagnostic tests for your patients; be prepared to update your preceptor when asked.
- Absences: Notify your attending physician, supervising resident, and the clerkship office if you are absent for any reason. The clerkship coordinator, Diane Jensen, can be reached at 832-826-7373 and by email at mjensen@bcm.edu.
- Medical students are part of a team. They are expected to participate fully as a team member. They must treat patients, their families and all hospital staff with unfailing courtesy and respect. Students need to take responsibility for patients assigned to their care, and communicate with the clinical team.
- Maintain patient confidentiality. Do not discuss patient information to non-medical team members. Do not discuss patient information while on the elevator.
- Chaperones are required at ALL times for ALL patients during sensitive physical exams such as the breast and pelvic exam.
- Attend all scheduled rounds, lectures, and teaching conferences offered during each sub rotation, as well as all Core Clerkship lectures. A list of scheduled conferences and teaching sessions are included in this document.
- Dress Code
  - As representatives of Baylor College of Medicine and the Department of Ob-Gyn, you are all expected to uphold a professional level of conduct and appearance in the workplace, including clinical and non-clinical (i.e. core clerkship lecture) settings.
  - Always keep your BCM ID/student badge in clear view
  - Scrubs are for when working in the operating room or L&D. Do not wear scrubs in private clinics.
  - Wear appropriate clothes in all clinics. This includes dress shirts (neck ties are optional), slacks, dresses/skirts at/below the knee, and close-toed shoes.
  - Wear white coat with either scrubs or dress clothes.
  - No dirty scrubs or white coats anywhere.

- **TIPS FOR THE ROTATION:**
  - Medical students are responsible for the quality of their educational experience. Be proactive during clinical experiences.
  - Return to clinical duties after didactic lectures and BCM required activities such as LACE, CABS, etc.
  - Introduce yourself to the patients, nurses, and other clinical team members.
  - Know your patients at all times by reviewing their medical records prior to caring for them.
  - Plan to see the patient even if you don’t speak the language. All clinical sites have translation services available.
Medical students should reflect on their performance. Ask for and integrate feedback to improve clinical skills at every opportunity.

**DO’S AND DONT’s of the Clerkship:**
- Read the Ob/GYN medical student guidelines.
- Return to clinical duties after lectures, LACE, CABS, etc. – this point is **not** optional.
- Introduce yourself!
- Know your patients.
- Do not expect to scrub into a case unless you have met the patient and reviewed the chart.
- Show interest (this is your educational experience).
- Be present and accountable (It is unprofessional to shirk responsibilities).
- Do not expect to sleep if you are on night float.
- Ask for an orientation (expectations) from your team.
- Ask questions at appropriate times.
- Avoid being argumentative.
- See the patient even if you don’t speak the language (phone translation service always available).
- If you are the only one sitting there, chances are you may be missing a clinical experience.

**Evaluations:** Complete evaluations of your preceptors, residents, and the overall clerkship via E*value

**Midterm feedback (MTF):** MTF is a mandatory activity designed as a “checkpoint” in order to review a student’s progress towards completion of course requirements. Items to be reviewed during this session include the following: Direct observation forms, clinical log, evaluations and feedback (to date), student goals/self-assessment, and plans for improvement and/or remediation. MTF is NOT a predictor of your final grade. A student may meet the criteria for a failing grade at any time during the clerkship based on professionalism or clinical performance, including after MTF.

**Direct Observations (DO):** Students are required to have at LEAST one faculty-observed history and one faculty-observed physical exam documented in E*Value in the 8-week clerkship. One DO should be completed before MTF. The H&P need not, and should not, be a full H&P – it should be focused. They also need not be on the same patient – a preceptor can observe a history on one patient and an exam on another. Recommendation to complete either at Preceptor and/ or Gynecology Clinic.

**Standardized Patient Exam:** The Clerkship Standardized Patient Encounter occurs the last Wednesday of the rotation. The exam entails a complete H&P of a typical Ob-Gyn patient.
- 15 minutes – History
- 2 minutes – Receive paper information regarding Physical Exam AND LABS
- 5 minutes – Medical Decision making/ Patient Counseling
- 15 minutes – Post Encounter Questions
  [https://www.bcm.edu/education/schools/medical-school/current-students/programs/standardized-patient-program](https://www.bcm.edu/education/schools/medical-school/current-students/programs/standardized-patient-program)

**ALL of the following must be completed/turned in to the Clerkship Office on or before the last day of the clerkship.** If all assignments are not complete by the official end date of the clerkship, the student will receive an INCOMPLETE in the course. If the student completes the assignment within seven days of the end of the clerkship, a grade will be assigned accordingly. Students will receive a DEFERRED and are subject to failure if assignments are >7 days past due.
- Case Log in E*Value (formerly “Passport”) – 100% completion required
- Two (2) Direct Observations in E*Value
- IPE evaluation form
- Duty hour log
Activities

**OB/GYN Case Log (formerly known as Clinical Experience Passport)**

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<table>
<thead>
<tr>
<th>Diagnosis/Condition Name</th>
<th>Minimum Role Required</th>
<th>Minimum # Required</th>
<th>Clinical Setting</th>
<th>Options/Alternative Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic Exam</td>
<td>Perform</td>
<td>1</td>
<td>Outpatient</td>
<td>APGO Video/written assignment</td>
</tr>
<tr>
<td>Obstetrics H&amp;P</td>
<td>Perform</td>
<td>1</td>
<td>Inpatient</td>
<td>APGO Video/written assignment</td>
</tr>
<tr>
<td>Normal spontaneous vaginal delivery</td>
<td>Assist</td>
<td>1</td>
<td>Inpatient</td>
<td>APGO Video/written assignment</td>
</tr>
<tr>
<td>Perineal laceration repair</td>
<td>Observe</td>
<td>1</td>
<td>Inpatient</td>
<td>APGO Video/written assignment</td>
</tr>
<tr>
<td>Cesarean section</td>
<td>Observe</td>
<td>1</td>
<td>Inpatient</td>
<td>APGO Video/written assignment</td>
</tr>
<tr>
<td>Postpartum progress note</td>
<td>Perform</td>
<td>1</td>
<td>Inpatient</td>
<td>APGO Video/written assignment</td>
</tr>
<tr>
<td>Premature rupture of membranes i.e. “Water broke”</td>
<td>Assist</td>
<td>1</td>
<td>Inpatient</td>
<td>APGO Video/written assignment</td>
</tr>
<tr>
<td>Preterm labor</td>
<td>Assist</td>
<td>1</td>
<td>Inpatient</td>
<td>APGO Video/written assignment</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>Observe</td>
<td>1</td>
<td>Inpatient</td>
<td>APGO Video/written assignment</td>
</tr>
<tr>
<td>Post-op progress note</td>
<td>Perform</td>
<td>1</td>
<td>Inpatient</td>
<td>APGO Video/written assignment</td>
</tr>
<tr>
<td>Contraceptive counseling</td>
<td>Assist</td>
<td>1</td>
<td>Outpatient</td>
<td>APGO Video/written assignment</td>
</tr>
<tr>
<td>Vulvar/vaginal disease, including vaginal discharge</td>
<td>Assist</td>
<td>1</td>
<td>Outpatient</td>
<td>APGO Video/written assignment</td>
</tr>
<tr>
<td>Pelvic Mass</td>
<td>Assist</td>
<td>1</td>
<td>Outpatient</td>
<td>APGO Video/written assignment</td>
</tr>
<tr>
<td>Abnormal Uterine Bleeding</td>
<td>Assist</td>
<td>1</td>
<td>Outpatient</td>
<td>APGO Video/written assignment</td>
</tr>
</tbody>
</table>

**STUDENTS SHOULD ONLY LOG ALTERNATE EXPERIENCES IF THEY HAVE NOT MET THE MINIMUM ROLE REQUIREMENT**

Clinical Logging is an ESSENTIAL task during your clerkship. The list of required diagnosis and procedures are the minimum requirements the Clerkship Director and Curriculum Committee has designated as what every student should see and/or do during the course of the rotation regardless of assigned clinical sites. You will log your completed activities in E-Value.

THE CLINICAL ACTIVITIES LISTED ARE CRITICAL TO YOUR OB/GYN EXPERIENCE. YOU WILL ONLY LOG ACTIVITIES THAT YOU HAVE PARTICIPATED IN AND CONTRIBUTED TO THE CARE OF THE PATIENT. WE ARE TRUSTING YOU TO BE HONEST WITH YOUR EXPERIENCES. DISHONESTY IS A MAJOR PROFESSIONALISM CONCERN.

The Activities will be reviewed with you during your mid-term feedback session. It is our job to ensure that you are able to see/do the necessary items listed, so we can provide alternative experiences or adjust sites as necessary prior to the conclusion of the rotation. Please notify Clerkship office one week prior to the end of rotation if you are unable to complete any logging requirement. By the last day of the Clerkship, you should have completed all activities and have them logged in.

The defined roles for logging are:

*PERFORM: The student performs the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills (DOES, PERFORMS, OBTAINS, FULFILLS).
Examples:
Student **performs** a history/exam and/or develops the differential diagnosis on a patient with AUB; student gathers and/or interprets pertinent data for a surgical patient

*ASSIST*: The student **assists with** the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills (ASSISTS, HELPS).

Examples:
Student **assists with** or participates as a team member in developing a differential diagnosis or management plan for a patient. Students is scrubbed in for surgical procedure and assists with the case.

*OBSERVE*: The student is present **as an observer** during the patient history, physical exam, differential diagnosis, treatment decision-making, and/or relevant procedural skills (WATCHES, SHADOWS).

Examples:
Student **observes** the resident performing a history or exam; student is present during a team discussion of the management plan of a patient with AUB (e.g. on rounds); student observes a surgery/ procedure but is not scrubbed in.

- **ALTERNATIVE EXPERIENCE** = (to be used only when actual patient experience is not available) Please contact Clerkship Director and Coordinator by email if you are unable to complete a logging requirement.

*Please contact the Clerkship Director if any clarification is needed on any of the above logging expectations and definitions. Students are to notify the clerkship office PRIOR to the last week of the clerkship for assistance in finding patients and/or to determine alternative learning methods in order to meet every objective.*
Case Logging on E*Value: Instructions for Students

During this clerkship, you will be required to log every required patient case listed in the case log (formerly “Passport”). When you have performed, assisted or observed an activity on the list, you will log it into E*Value. You can log the activity directly from your phone or tablet following the directions below.

1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E*Value.
2. Log in manually using your E*Value login and password
3. Select your CURRENT Core Clerkship for Program (BCM, Core Clerkship-XX)
4. Click Continue (screen shot at right).
5. Click on the “Doctor” icon and select +Add New Case (screen shot #2 below)
6. On the next screen, log your activity by filling in the required information:
   (screen shot #3 below)
   a. Interaction Date: current date is default
   b. Setting
   c. Supervisor Role
   d. Supervisor: name of supervisor
   e. Patient Information
      i. Gender
      ii. Patient Age
   f. Procedures:
      i. Choose a procedure: you can multi-select if more than one procedure took place with the same attending
      ii. Select your role in the procedure; click Add Procedure
      iii. Click on Save Record
7. You can log another procedure or just close the screen.
8. Review & Log (screen shot #4 below)
   i. Review the information just logged
Each student will participate in weekly didactics each Wednesday. These include case based discussions, small group discussions, and hands on skills workshops.

Please refer to the lecture schedule distributed on the first day of the clerkship (or the clerkship Blackboard site) for a copy of the schedules associated with the clerkship. The daily lecture schedule changes per clerkship, but the topics are consistent and are listed below.

(https://bcm.blackboard.com/webapps/blackboard/content/listContentEditable.jsp?content_id= 80311_1&course_id= 963 _1)

<table>
<thead>
<tr>
<th>Lectures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal Uterine Bleeding</td>
</tr>
<tr>
<td>Benign Gyn</td>
</tr>
<tr>
<td>Contraception</td>
</tr>
<tr>
<td>Diabetes and Hypertension in Pregnancy.</td>
</tr>
<tr>
<td>Early Pregnancy Complications</td>
</tr>
<tr>
<td>FHT monitoring</td>
</tr>
<tr>
<td>HPV/Cervical Ca</td>
</tr>
<tr>
<td>Infertility</td>
</tr>
<tr>
<td>IPV/Sexual Assault</td>
</tr>
<tr>
<td>Late Pregnancy Complications</td>
</tr>
<tr>
<td>Maternal Physiology</td>
</tr>
<tr>
<td>Ovarian Cancer</td>
</tr>
<tr>
<td>Pelvic Pain</td>
</tr>
<tr>
<td>STIs</td>
</tr>
<tr>
<td>Urogynecology</td>
</tr>
<tr>
<td>Uterine Cancer</td>
</tr>
<tr>
<td>Women’s Health Care Part 1*</td>
</tr>
<tr>
<td>Women's Health Care Part 2**</td>
</tr>
</tbody>
</table>
Student Schedules and Sub-rotation Expectations

Student Schedules:
Please refer to the schedule distributed on the first day of the clerkship (or the clerkship Blackboard site) for a copy of the schedules associated with the clerkship.

(https://bcm.blackboard.com/webapps/blackboard/content/listContentEditable.jsp?content_id=_80269_1&course_id=_963_1)

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORIENTATION</td>
<td>1st day of clerkship 8a – 4p</td>
</tr>
<tr>
<td>Vaginal Delivery Workshop</td>
<td>End of orientation</td>
</tr>
<tr>
<td>Grand Rounds</td>
<td>Wednesday 8-9a</td>
</tr>
<tr>
<td>Didactics</td>
<td>Wednesday afternoon</td>
</tr>
<tr>
<td>Simulation Workshop</td>
<td>2nd Wednesday of clerkship</td>
</tr>
<tr>
<td>Pelvic Exam Training</td>
<td>1st Wednesday of Clerkship (if not completed during PPS3)</td>
</tr>
</tbody>
</table>

BCM Ob/GYN Core Clinical Clerkship Medical Student Sub rotation Guidelines/Expectations

See Appendix

Longitudinal Preceptor
- Each student is assigned to a faculty member. The student will meet with the faculty for 4 half-day preceptor sessions.
- The sessions may be inpatient or outpatient depending on the faculty’s schedule.
- The student is responsible for contacting and coordinating the completion of these sessions with the assigned faculty.

Simulation skills workshop
- Vaginal delivery workshop
- Foley Catheter insertion
- Breast examination
- Suture skills workshop
- Pelvic exam training
### VIII. Grades:

#### Grading Rubric

<table>
<thead>
<tr>
<th>Requirements</th>
<th>% of Final Grade</th>
<th>Minimum Score to Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>NBME Subject Exam</td>
<td>30%</td>
<td>Set by BCM at the national 5% performance score</td>
</tr>
<tr>
<td>SP Exam</td>
<td>15%</td>
<td>Score of $\geq 60%$</td>
</tr>
<tr>
<td>Clinical Evaluations (E*value)</td>
<td>55%</td>
<td>Clinical score is within 2 standard deviations of the mean of all students</td>
</tr>
</tbody>
</table>

Items that must be completed by the end of the clerkship:
- Clinical Experience log (online)
- Direct Observations ($2 = 1H/1P$, online)
- Duty Hour Log (paper)
- Longitudinal Preceptor Visits (minimum of 4)
- IPE evaluation form (paper)

If all assignments are not complete by the official end date of the clerkship, the student will receive an INCOMPLETE in the course. If the student completes the assignment within 7 days of the end of the clerkship, a grade will be assigned accordingly. Students will receive a DEFERRED and are subject to failing if assignments are >7 days past due.

#### Professionalism*

All students are expected to fulfill their responsibilities and obligations as a learner and a colleague. Lapses in professionalism will result in a report to the Integrity Hotline and may result in lowering of the final grade. EXAMPLES include repeated tardiness, failure to complete or turn in assignments, unexcused absences, inappropriate behavior, and lack of judgment regarding safety to self or others, as well as other professionalism issues.

#### Grade Distribution

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>*Approximate % of students in academic year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors (H)</td>
<td>Exceptional performance in all areas</td>
<td>30%</td>
</tr>
<tr>
<td>High Pass (HP)</td>
<td>Performance exceeds the Pass requirements</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>but does not reach Honors level</td>
<td></td>
</tr>
<tr>
<td>Pass (P)</td>
<td>Satisfactory overall performance</td>
<td>30%</td>
</tr>
<tr>
<td>Marginal Pass</td>
<td>Below average overall performance</td>
<td></td>
</tr>
<tr>
<td>Incomplete (I)</td>
<td><strong>Temporary grade</strong> given when a student</td>
<td></td>
</tr>
<tr>
<td></td>
<td>is unable to complete the requirements for</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a rotation because of illness or other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>extenuating circumstances AND is</td>
<td></td>
</tr>
<tr>
<td></td>
<td>considered to be passing the rotation at</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the time the grade is given.</td>
<td></td>
</tr>
<tr>
<td>Deferred (D)</td>
<td><strong>Temporary grade</strong> given when a student</td>
<td></td>
</tr>
<tr>
<td></td>
<td>has not successfully completed all of the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>requirements at the end of the rotation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AND requires remediation in order to meet</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the minimum rotation requirements</td>
<td></td>
</tr>
<tr>
<td>Fail (F)</td>
<td>**Earning a failure in the clerkship by</td>
<td></td>
</tr>
<tr>
<td></td>
<td>any of the following manners will require</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the student to repeat the course in its</td>
<td></td>
</tr>
<tr>
<td></td>
<td>entirety:**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Clinical performance alone, regardless</td>
<td></td>
</tr>
<tr>
<td></td>
<td>of test scores, that is 2 SD below the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>mean will be reviewed and may result in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>failure.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Lapses or issues with professionalism</td>
<td></td>
</tr>
<tr>
<td></td>
<td>alone independent of clinical performance.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Failing 2 or more graded components on</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the clerkship (i.e.: the NBME and SP exam)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Failing only the SP or NBME Exam:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 1st Failure: Failing the SP exam or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the NBME will result in a Deferred grade</td>
<td></td>
</tr>
<tr>
<td></td>
<td>to be submitted and the student is</td>
<td></td>
</tr>
<tr>
<td></td>
<td>required to retake and successfully pass</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the exam. The highest grade that can be</td>
<td></td>
</tr>
<tr>
<td></td>
<td>received for the course will be a Pass.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 2nd Failure: A second Fail of the SP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>exam or the NBME will require the student</td>
<td></td>
</tr>
<tr>
<td></td>
<td>to repeat the course in its entirety. An</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F will appear on the transcript and the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>highest grade that can be received upon</td>
<td></td>
</tr>
<tr>
<td></td>
<td>repeat of the course is a Pass.</td>
<td></td>
</tr>
</tbody>
</table>
3rd Failure: On repeat of the course, students who fail any SP or NBME examination on the overall third attempt will fail the course for a second time and be referred to the Student Promotions Committee for adjudication.

5. Overall performance that is 2 SD below the mean will be reviewed and may result in failure.

IX. Evaluation Forms:
The clinical evaluations will follow the standard E-value evaluation format instituted by the medical school. Attendings will be selected at the beginning of the clerkship to evaluate the student during the clerkship. Each sub-rotation will have an assigned faculty scribe for the two weeks. The assigned faculty scribe will solicit feedback from other attendings clinically assigned during the sub rotation, as well as the resident team. The evaluation schedule will be sent be email every two weeks to the respective medical students, residents and faculty. The medical student will also receive a clinical evaluation from the Longitudinal Preceptor. This will give each student a total of 5 clinical evaluations per clerkship.

E*Value Student Evaluation Form for OB/GYN

PROF1: The student exhibits **professionalism with respect to patients and families**: compassionate and respectful, advocates for patient/family’s needs.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Major Concerns</th>
<th>Minor Concerns</th>
<th>No Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

PROF2: The student exhibits **professionalism with respect to colleagues and team**: reliable and prepared, cooperative, proactive

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Major Concerns</th>
<th>Minor Concerns</th>
<th>No Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

PROF3: The student exhibits **professionalism with respect to other students**: Serves as a positive role model.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Major Concerns</th>
<th>Minor Concerns</th>
<th>No Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

PROF4: The student exhibits **professionalism with respect to self-improvement**: Seeks, accepts and integrates feedback; self-aware of performance.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Major Concerns</th>
<th>Minor Concerns</th>
<th>No Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

COMP1: **Rate this student's knowledge of common obstetric and/or gynecologic diseases including pathophysiology and diagnosis.**

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Little knowledge</th>
<th>Some knowledge</th>
<th>Mostly complete knowledge base</th>
<th>Good level of knowledge</th>
<th>Superb level of knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

COMP2: **Rate this student's knowledge of the appropriate treatment(s) for common obstetric and/or gynecologic diseases.**

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Little knowledge</th>
<th>Some knowledge</th>
<th>Mostly complete knowledge base</th>
<th>Good level of knowledge</th>
<th>Superb level of knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
### COMP3: Rate if this student knows appropriate use and limitations of common laboratory tests, diagnostic procedures, and obstetric and pelvic imaging techniques.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Little knowledge</th>
<th>Some knowledge</th>
<th>Mostly complete knowledge base</th>
<th>Good level of knowledge</th>
<th>Superb level of knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### COMP4: Rate this student's ability to elicit a complete obstetric and gynecologic history.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Unable to recall all elements</th>
<th>Poor information gathering</th>
<th>Some incomplete data gathering</th>
<th>Elicits a clinically relevant history</th>
<th>Consistently elicits subtle historical findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### COMP5: Rate this student's ability to perform a complete obstetric and/or gynecologic examination.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Unable to recall all exam elements</th>
<th>Omits important exam elements</th>
<th>Omits minor exam elements</th>
<th>Conducts complete exam</th>
<th>Consistently performs all exam elements well</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### COMP6: Rate this student's ability to accurately interpret findings from the history and the obstetric and/or gynecologic examination.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Significant gaps in ability</th>
<th>Limited ability</th>
<th>Some ability</th>
<th>Good ability</th>
<th>Superb ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### COMP7: Rate this student's ability to localize problems in obstetric and/or gynecologic patients and to formulate a differential diagnosis.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Significant gaps in ability</th>
<th>Limited ability</th>
<th>Some ability</th>
<th>Good ability</th>
<th>Superb ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### COMP8: Rate this student's verbal patient presentations.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Disorganized &amp; unfocused with major omissions</th>
<th>Somewhat unfocused with minor omissions</th>
<th>Complete; mostly well-organized</th>
<th>Complete, well organized</th>
<th>Complete, very well-organized, concise; tailored to clinical context</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### COMP9: Rate this student's written notes.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Disorganized &amp; unfocused with major omissions</th>
<th>Somewhat unfocused with minor omissions</th>
<th>Complete; mostly well-organized</th>
<th>Complete, well organized</th>
<th>Complete, very well-organized, concise; tailored to clinical context</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### COMP10: Rate this student's ability to communicate effectively with patients in both routine and complex cases.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Significant gaps in ability</th>
<th>Limited ability</th>
<th>Some ability</th>
<th>Good ability</th>
<th>Superb ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### COMP11: Rate this student's ability to communicate with patients who represent diverse cultures.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Ineffective</th>
<th>Effective w/ patients most like themselves but not w/ others</th>
<th>Effective w/ some patients from diverse groups</th>
<th>Effective w/ most patients from diverse groups</th>
<th>Effective w/ all patients, no matter the patient's background</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### COMP 12: Rate this student's ability to critically evaluate and appropriately apply medical resources in practice.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Unable to access, critique, or apply information</th>
<th>Uses basic resources; critiques &amp; applies information if prompted</th>
<th>Uses &amp; critiques basic resources; can sometimes apply in practice</th>
<th>Uses &amp; critiques diverse resources and applies in practice</th>
<th>Uses, critiques &amp; applies a broad set of resources to improve practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### COMP 13: Rate this student's skill at appropriately protecting patient confidentiality according to HIPAA rules.

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Does not understand importance; unaware of breaches</th>
<th>Understands importance; recognizes most breaches</th>
<th>Understands importance; recognizes &amp; notes breaches</th>
<th>Understands importance; avoids breaches</th>
<th>Understands importance; promotes protection of confidentiality among others</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Direct Observation E-Value Form
- This exercise should facilitate the feedback and coaching process in order to help you improve your clinical performance and prepare you for future SP Exams and USMLE Clinical Skills.
- The form has three distinct parts:
  - Observation of **HISTORY TAKING** (all or part)
  - Observation of **PHYSICAL EXAM** (all or part)
  - **PROFESSIONALISM**
- The faculty member should rate you **only on the items they observe**. Examples below:

#### Observation of History Taking

<table>
<thead>
<tr>
<th>Item</th>
<th>This Type Not Observed</th>
<th>Cannot Do</th>
<th>Can Do With Significant Guidance</th>
<th>Can Do With Limited Guidance</th>
<th>Can Do Alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History of Present Illness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Past Medical History</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Psych History</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. OB-Gyn History</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

#### Observation of Physical Exam

<table>
<thead>
<tr>
<th>Item</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>GU/Pelvic Exam</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
E-Value Direct Observation Instructions for Students

During this clerkship, we ask that you launch **at least two** (2) Direct Observation forms to faculty who have observed you performing **any part** of a history and/or physical examination. You can launch the direct observation form directly from your phone or tablet following the directions below.

1. Search for e-value.net on a web browser (Safari, Google, etc.). There is not an app for E*Value.
2. Login manually using your E*Value login and password, select the correct program; click continue.
3. Choose Ad Hoc from the choices on the screen (screen shot #1)
4. On the next screen complete the following: (screen shot #2)
   a. Select an Evaluation type: **Who Observed You?**
   b. Who would you like to evaluate you?: (Not Applicable)
   c. Activity: **Direct Observation**
   d. Time Frame: **Direct Obs, Term x** (choose the appropriate term for the rotation you are taking).
   e. Click **Next**
5. To select the name of the person who observed you, (screen shot #3)
   a. click on the bar above **Add**
   b. the names will appear below the ‘Done’ button
   c. scroll through the names from the list and stop on the name you want to select
   d. touch **Add**
      (You may not see a name in the box, but if you click on the bar below **Remove**, you will see the name of the person you chose.
   e. Click **Submit**
6. You will see a message that says Thank you for completing this evaluation. (screen shot #4)
7. Your instructor should immediately receive an email (which looks like it came from the clerkship coordinator) with a direct link to the form.

---

**Screen Shot #1**

**Screen Shot #2**

**Screen Shot #3**

**Screen Shot #4**
X. MIDTERM FEEDBACK

Midterm feedback is designed as a mid-clerkship checkpoint to review an individual student’s progress towards completion of course requirements. Timing of midterm feedback is purposeful to allow the student sufficient time for remediation during the clerkship. Items to be reviewed during this session are: direct observation feedback, passport review, current rotation evaluations, student’s goals, and plans for improvement. The Midterm feedback session is NOT a predictor of your final grade.


XI. Recommended Texts/Videos/Resources:

- Obstetrics and Gynecology, Beckman and Ling, 7th Edition
- Association of Professors of Gynecology and Obstetrics website question bank “U Wise” along with other useful resources which can be accessed at https://www.apgo.org/student.html
- A website with description of common Obstetrics and Gynecology procedures can be found at http://atlasofpelvicsurgery.com/home.html
- APGO Ob/GYN Clerkship: Your Guide to Success
- APGO Medical Student Educational Objectives (Videos)
  - https://www.youtube.com/playlist?list=PLy35JKgvOASnHHXni4mjXX9kwVA_YMDpq
Policies and Procedures

Complete list of BCM policies and procedures: https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Policies&area=23
Link to student handbook: https://www.bcm.edu/education/schools/medical-school/student-affairs/student-handbook

Absences and Tardiness

- Regular attendance and participation in every aspect of the rotation is required. Advance notice of any planned absences must be directed to the clerkship office before the beginning of the rotation.
- Excused and Unexcused absences are defined in the BCM handbook https://www.bcm.edu/education/schools/medical-school/student-affairs/student-handbook/policies-guidelines/attendance-and-participation
- If a student must miss any part of the rotation, they should notify the Clerkship Office immediately. A message left on voice mail or sent via email is acceptable.
- It is the student’s responsibility to inform their upper level resident and preceptor of any absences – planned or otherwise. Failure to communicate with the Clerkship Office and preceptor about an absence will result in the absence being considered unexcused and is grounds for failure.

Student Grievances Policy https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances

- Grievances are not the same as disagreements. A student cannot file a grievance merely because s/he disagrees with the grade. A student can file a grievance if they believe the grade was unfair, for example, if it is felt to be an act of discrimination
- We encourage that student grievances be resolved, if possible, by the student and the individual (student, faculty, and/or staff) most closely related to the grievance. If no resolution is established, the student may ask her/his supervisor, program director, or dean for assistance.
- If the grievance cannot be informally resolved by the supervisor, program director, or dean, the student must file a written grievance.
- A student may file a grievance via the Integrity Hotline using one of the following methods:
  1. Call: (855) 764-7292
- You may choose to identify yourself or to file anonymously. If filed anonymously, your confidentiality will be protected to the limit of the law and within the scope of certain program accreditation requirements.
- Once the grievance has been filed, you will be asked to create a password and will be assigned a tracking number, called a Report Key. Use your password and Report Key to log into the Integrity Hotline Web Portal to check status, answer questions, or submit new information.
- Process map for reporting grievances: https://intranet.bcm.edu/policies/StudentGrievancesProcess.pdf
Reporting Mistreatment and Breaches in Professional Behavior

- Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.
- Examples of mistreatment include sexual harassment, discrimination, humiliation, and other forms of assessment in a punitive manner.
- https://intranet.bcm.edu/index.cfm?fuseaction= Policies.Display_Policy&Policy_Number=23.2.02
- A student should report mistreatment or unprofessional behavior via the Integrity Hotline using one of the following methods:
  1. Call: (855) 764-7292

Student Disability Policy

- Baylor College of Medicine (BCM) is committed to providing equal educational access for qualified students with disabilities in accordance with state and federal laws.
- Newly accepted and currently enrolled students are responsible for initiating a disability-related request for reasonable accommodation or modification no less than 30 business days prior to the start of the course for which accommodation is requested.
- Full policy: https://intranet.bcm.edu/index.cfm?fuseaction= Policies.Display_Policy&Policy_Number=23.1.07

Duty Hours

- Duty hours, including all in-house call activities, must be limited to an average of 80 hours per week over a 4-week period. Duty periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital. An additional 4 hours may be spent to ensure appropriate, effective and safe transition of care. Minimum time off between scheduled duties is 10 hours. Students must receive a minimum of either 24 hours off per 7-day work period, or 4 days off per 28-day work period.
- Duty hours are defined as time spent in all clinical and academic activities related to the program; e.g., patient care (inpatient and outpatient), administrative duties relative to patient care, the provision of transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and/or preparation time spent away from duty site.

Patient Safety

- Patient safety is everyone's responsibility. Concerns should be reported to the appropriate affiliated institution for both quality improvement and assurance.
- Click on the link below for information on how and where to report at BCM affiliated institutions:
XIII. Frequently Asked Questions:

1. Who do I report to?
   • Please refer to the Ob/GYN Medical Student Guidelines as to the appropriate resident/attending to report to on the first day of each sub-rotation.

2. Who is responsible for giving me mid-term feedback (MTF)?
   • MTF sessions are scheduled prior to the first week of the Clerkship. MTF sessions are on a one-on-one basis with member of the OB/GYN UME Team. The goal of the session is to ensure adequate progress in the clerkship requirements and to review the clinical evaluations up to that time.

3. What do I do if I can’t make it in one day?
   • Notify the clerkship office immediately by calling 832-826-7373 and/or email mjensen@bcm.edu.
   • Inform your upper level resident and/or your attending of any absences, planned or otherwise.
   • Failure to communicate with the clerkship office and/or your attending about an absence will result in the absence being considered unexcused.

4. Should I ask the attendings and residents I work with for feedback?
   • You should ALWAYS ask the attendings/residents who you work with for immediate specific feedback. This will allow for continual improvement of your performance during the rotation.

5. What counts towards my 80 hour work week?
   • No more than 24 hrs in-house + 4 hrs for patient handoffs
   • You must have 1 day off every 7 days (or 4 days off in every 28 days)
   • OB/GYN has all weekends off (2 days off per every 7 days).
   • Study time does not count toward work hours

6. What should I do I have been mistreated but I don’t feel comfortable reporting it?
   • Please feel free to discuss any concerns of mistreatment with any member of the clerkship leadership team.
   • The chair of the department, Dr. Belfort, is also happy to discuss any concerns with you. As it is completely confidential, please also consider reporting mistreatment to the reporting system at the Integrity Hotline at 855 764-7294 or go to the Integrity Hotline Web Portal: https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html.

7. Is there a dress code?
   • Yes, as representatives of Baylor College of Medicine and the Department of Ob-Gyn, you are all expected to uphold a professional level of conduct and appearance in the workplace, including clinical and non-clinical (i.e. core clerkship lecture) settings.
      o Always keep your BCM ID/student badge in clear view
      o Scrubs are for when working in the operating room or L&D. Do not wear scrubs in private clinics.
      o Wear work appropriate clothes in all clinics. This includes dress shirts (neck ties are optional), slacks, dresses/skirts at/below the knee, and close-toed shoes.
      o Wear white coat with either scrubs or dress clothes.
      o No dirty scrubs or white coats anywhere.
8. **Grade concern**

- If you have a question or concern regarding your grade, please notify the Clerkship Director and Clerkship Coordinator immediately. Please refer to grade verification / grade appeal policy online.
- [https://bcm.blackboard.com/webapps/blackboard/content/contentWrapper.jsp?course_id=963_1&displayName=Student+Grievances+and+Mistreatment&href=https%3A%2F%2Fwww.bcm.edu%2Feducation%2Facademic-faculty-affairs%2Fstudent-services%2Fstudent-grievances&cR2XileGYOo=Jg0ZyS7m6jluwm%2F9VgHVTDxbFQR8liAxRp3ZoIEJI%3D](https://bcm.blackboard.com/webapps/blackboard/content/contentWrapper.jsp?course_id=963_1&displayName=Student+Grievances+and+Mistreatment&href=https%3A%2F%2Fwww.bcm.edu%2Feducation%2Facademic-faculty-affairs%2Fstudent-services%2Fstudent-grievances&cR2XileGYOo=Jg0ZyS7m6jluwm%2F9VgHVTDxbFQR8liAxRp3ZoIEJI%3D)
Ob/Gyn Clerkship
Sub rotation Guidelines and Expectations:

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REVISED 02.22.2018
## BCM OB/GYN CLERKSHIP
### GYNECOLOGY AMBULATORY
#### SUBROTATION GUIDELINES/EXPECTATIONS

<table>
<thead>
<tr>
<th>STUDENT EXPECTATIONS</th>
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<tr>
<td>1. Student to student handoffs: Discuss rotation with immediately previous Gynecology students (obtain information on note templates, logistics (where, when, etc.).</td>
</tr>
<tr>
<td>2. Clinical knowledge and patient communication:</td>
</tr>
<tr>
<td>a. Be able to obtain a complete OB and GYN history.</td>
</tr>
<tr>
<td>b. Be able to understand and discuss current forms of contraception and Pap smear screening guidelines.</td>
</tr>
<tr>
<td>3. Physical examination skills: Learn to perform pelvic examinations (including pap smears and cervical/vaginal specimens).</td>
</tr>
<tr>
<td>4. Student communication: Learn to give focused and pertinent oral presentations.</td>
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<th>FACULTY EXPECTATIONS</th>
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<td>1. Student interaction/feedback: As time permits, see patients with students and give feedback.</td>
</tr>
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<td>2. Student Teaching: Teach at minimum one learning topic/week. (i.e. Practice bulleting, article review, APGO video/case)</td>
</tr>
<tr>
<td>3. Student Observation: Observe students during history taking and/or pelvic examination, as time permits. (i.e. HPI, OB/GYN history, pelvic exams may be used for required direct observation)</td>
</tr>
</tbody>
</table>

**Student Notation:** Depending on site, there may be limited computer access. Please, reserve use of computers for resident/faculty use as first priority. You may bring your own laptop or use workroom computers when available.

**Resident Notation:** Please note the faculty scribe for the sub-rotation and send completed E-value form (hand written/one per team) for each student on service to be used for official clinical evaluations.

**Faculty Notation:** Please note the faculty scribe for the sub-rotation and send timely feedback (via email) regarding each student on service to be used for official clinical evaluations.
**Ambulatory Gynecology (Ben Taub Towers GYN, Vallbona, VA)**

**General Information:**
For BT Towers Gyn Clinic and Vallbona Clinic, you will not round on patients. For all clinic rotations you do not have clinical responsibilities over the weekend.

Please wear your white coats.

Pick one resident with whom you will work and introduce yourself. At first you will shadow the resident until you and the resident feel comfortable with you starting to see patients on your own. You will then do the history part and potentially part of the physical (general, heart, lungs, abdomen, and extremities). You will always do the pelvic exam under the guidance of the resident or faculty. After you have seen the patient, return to the workstation and present to the resident in standard format. You will then accompany the resident back to the patient’s room for the physical exam. By the end of the first day, you are expected to interview patients by yourself and present to the resident. Include your assessment and plan in your presentation.

There are often pap smears and procedures in the Gyn clinic. If you are interested in doing pap smears, ask the resident if this is a patient that would be good for you to do one on. Very young, very old, virginal, or patients who have had radiation are usually not the best choices for your first few pelvic exams. **Never do pelvic exams on your own!**

Prior to seeing a patient, you may review the chart from their last encounter to get a sense of the purpose of their current visit. For well woman exams, look up the results of their last pap and, if applicable, mammogram. Include these in your presentation.

For every patient, you need to review her current medications, allergies, and perform a review of systems. Your residents will show you how to review meds if you have never done this before.

New patients and annual well woman exams need full histories and physicals.

Established patients (seen by gynecology in the same clinic within the past 3 years) need at least a “subjective” assessment, medication/allergies review, and review of systems.

Verify with the resident before disclosing any sensitive information to the patients or family members. Consults and communication with other services should be done through the resident.

Language Line Interpreter: 713-873-7300. There is a phone in every patient room.

Please coordinate among yourselves and have at least 1-2 people bring laptops, as there may not enough computers for everyone in the workstation.

Please familiarize yourself with the “common topics” listed under each clinic prior to starting. Helpful guidelines for management of pap smear results: [http://www.asccp.org/asccp-guidelines](http://www.asccp.org/asccp-guidelines)
**BT Towers (Formerly Smith) Clinic**

**Location:** 1504 Taub Loop (between Ben Taub Garage and the hospital) 4th Floor (green waiting room)

**Time:** 0800 until all the patients are seen, usually around 1700.

**EPIC context:** “BT Gynecology”

**Clinic Contact Information:** Team Workroom # 713-873-7351/7368

**Schedule:**

**Monday:** Urogynecology (“Gyn-GU”) all day. **Arrive at 0730** for a discussion over an article led by faculty. Normally the article is chosen over the weekend and emailed to the residents. Email your 4th year resident (please cc the other incoming students) if you do not receive it by Sunday.

**Tuesday:** AM - Benign gynecology, Pre-Op, Beta Clinic. PM - students are off

**Wednesday:** (NEW) BT GYN Conference 700 - 750 am (Confirm location with Clinic Chief)

Then, go to **Grand Rounds at 0800** at TCH.

Return to clinic afterwards - first patients are scheduled for 0900.

Wednesday PM - residents have didactics. Students go to any assigned clerkship activities.

**Thursday:** Benign gyn, pre-op, beta

**Friday:** Benign gyn, pre-op, beta

**BT Towers (Smith) Clinic Gyn consists of these clinics:**

1. **Benign Gynecology** - the bulk of this sub rotation
   - common topics: abnormal uterine bleeding, leiomyoma, dysmenorrhea, postmenopausal bleeding, contraception, adnexal masses, endometriosis, postoperative visit, PCOS

2. **Benign Gynecology Pre-Op**
   - scheduling patients for surgery the following month. Counseling regarding risks/benefits/alternatives of surgery and obtaining informed consent. See below.

3. “Beta” Clinic - so named because many patients are having their beta-HCG’s followed
   - common topics: early pregnancy loss, first trimester bleeding, ectopic pregnancy, molar pregnancy

4. **D&C/Contraception**
   - may include office hysteroscopy and Essures

5. **Urogynecology (Gyn-GU):**
   - Mondays only
   - common topics: pelvic organ prolapse, urinary incontinence, postoperative visit

At times there may only be 3 residents at the clinic with more than 3 students. You can choose to work in teams with the residents and/or a student can work with the “pre-op resident”. This resident is responsible for evaluating and scheduling patients for surgery. This is a very stressful and time consuming rotation for the assigned 3rd year resident. They may ask you to shadow only while working with them. Although you may not take a history or do an exam, it is a good opportunity to hear how the pre-operative process works.
Vallbona Clinic

Location: 6601 Tamef, Houston, TX 77074 (713-219-3030)
Time: 0800 until all the patients are seen, usually around 1600-1700
EPIC context: "VL OB/GYN"

Please do not park in reserved spaces. You can be towed.

Schedule: clinic Monday, Tuesday, Thursday, Friday. Clinic is closed on Wednesdays.
Wednesdays: Grand Rounds at 0800 at TCH, then to any assigned clerkship activities. If no assigned activities, you may use this time as study time.

Common topics: well woman exam, abnormal uterine bleeding, vaginal discharge, contraception, dysmenorrhea, STI’s, cervical dysplasia, colposcopy/LEEP, prenatal visit, breast lump, adnexal masses, PCOS, postmenopausal bleeding

Upon arrival at the clinic, find the dry erase board with the list of residents that will be in clinic that session. (The residents will rotate sometimes daily and sometimes between the morning and the afternoon.) Please choose a resident to work with and introduce yourself.

This is a good time to fulfill some of your log book requirements, and you should take advantage of the opportunity.

Also this is a great time to be exposed to the Dysplasia clinic. Please take turns rotating with the dysplasia resident for exposure to Colposcopy and LEEPs.
VA Gynecology

**Location:** 2002 Holcombe Blvd, Houston, TX 77030. The VA parking lot is huge, so get there early the first day! VA Gyn Clinic is on the 5th floor near the Blue Elevators.

**Time:** 0840 until all the patients are seen. Wednesdays are operating days - OR starts at 0830.

**EPIC context:** N/A – you will be using CPRS.

**Schedule:**

**Pre-rotation:** Page the 4th year resident the Friday prior to the rotation (personal pager or VA pager: 713-791-1414) to find out where and when to show up. Also ask if you are expected to round on patients your first day on service.

Dr. Rosenbaum is the attending at the VA. He can assist you in obtaining a badge and set of scrubs while you are on the rotation. You will also need a temporary parking permit if you will be driving – if you were not sent a form ahead of time, please contact Diane. Unlike the other ambulatory clinics, there is only 1 resident and 1 student at a time at the VA.

**Monday:** clinic
**Tuesday:** clinic

**Wednesday:** OR day. First case starts at 0830. You will need to show up earlier to meet with the patient (PACU is on 5th floor. Double check with the resident for time.) **YOU WILL NEED TO OBTAIN SCRUBS SPECIFIC TO THE VA. CHECK WITH MAIN OR FRONT DESK.**

**Thursday:** clinic for ½ day. (Resident to BT Towers (Smith) Clinic in pm.) Student to any assigned clerkship activities.

**Friday:** clinic for ½ day. (Resident to Vallbona in pm.) Student to any assigned clerkship activities.

Your role in performing procedures is up to the discretion of the 4th year.

Students participate in writing the computerized clinic notes. The resident will do discharge paperwork and orders.

Students are expected to follow-up on labs/imaging reports/procedures/consultations on their assigned patients.

**Common topics:** abnormal uterine bleeding, postmenopausal bleeding, contraception, cervical dysplasia, endometriosis, pelvic pain, STI's
Appendix:

A. Urogynecology ROS:

Do you leak urine when you do not mean to?
How much does this bother you?
Leakage with coughing, sneezing, or laughing?
Urgency? (strong sensation of needing to void)
Do you leak when you feel this urgency?
#voids per day (alternatively, how often she needs to void)
#nighttime voids
Amount of fluid intake daily?
#cups of coffee, tea, soda, or alcohol per day?
Does you need to wear pads? How many per day? Are they fully or partially soaked when you change them?
Frequent UTI’s? Number of UTI’s the past year?
Pain with urination?
Difficulty starting or stopping stream?
Splinting to void or to defecate?

Prolapse:
Bulge in the vagina?
Straining or splinting with bowel movements?
Constipation?

How much does this affect your ability to:
   Leave the house or travel?
   Perform physical activities such as household chores, walking, or exercising?
   Socialize?
   Have intercourse?
### BCM OB/GYN CLERKSHIP
### GYNECOLOGY INPATIENT
### SUBROTAION GUIDELINES/EXPECTATIONS

#### STUDENT EXPECTATIONS

1. **Student to Student Handoffs:**
   Discuss rotation with immediately previous Gynecology students (obtain information on note templates, logistics (where, when, etc.).

2. **Clinical Knowledge and Patient Communication:**
   One student is expected to participate in each surgical case. The student should review chart prior to meeting patient, meet patient in Pre-Op Holding prior to the case, and review basic anatomy and steps of planned surgical procedure.

3. **Rounding/Chart Documentation:**
   Students are expected to pre-round daily. (See and examine assigned patient, write progress note, and be prepared to present patient during resident and/or attending rounds. Notes should be completed and signed prior to verbal presentations.)

4. **Teamwork:**
   Assist with “floor work”/consults when not in operating room. (i.e. f/u on lab/radiological studies, interview/assess patients, etc.)

#### RESIDENT EXPECTATIONS

1. **Student Communication:**
   Give in person orientation to students on first day of rotation.

2. **Student Feedback:**
   Mid sub-rotation, give constructive feedback on oral presentations and written notes to each student individually.

3. **Student Teaching:**
   Teach at minimum one learning topic/week. (i.e. suturing/knot tying, fibroids, adnexal masses, etc.)

#### FACULTY EXPECTATIONS

1. **Student Interaction/Feedback:**
   Listen to medical student presentation daily on rounds and give feedback.

2. **Student Teaching:**
   Focus on teaching one learning topic in OR (i.e. key structure/anatomy important for specified procedure)

3. **Student Observation:**
   Observe students during rounds and/or during consults, as time permits. (i.e. focused HPI during rounds and pelvic exam during consults may be used for required direct observation)

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**Student Notation:** Depending on site, there may be limited computer access in the Resident Workroom. Please, reserve use of workroom computers for resident/faculty use as first priority. You may bring your own laptop or use workroom computers when available.

**Resident Notation:** Please note the faculty scribe for the sub-rotation and send completed E-value form (hand written/one per team) for each student on service to be used for official clinical evaluations.

**Faculty Notation:** Please note the faculty scribe for the sub-rotation and send timely feedback (via email) regarding each student on service to be used for official clinical evaluations.
Ben Taub Benign Gynecology Service

Who to contact:

You should contact the R4 on the team, preferably by the Friday prior to when you are starting. You will meet in the gynecology office (#713-873-2625), which is the unlabeled office near 3F across from OBI (OB intake). There is a code on the door, 2810. If you get lost, text your residents.

So... where do I go?

Every day starts with ward rounds. Be ready with pre-rounding on your patients to present to the R4 between 0630 to 0700; Confirm time with the team the day prior. There is a faculty member rounding on all days (time varies per faculty) and you will be expected to present your patients in these rounds. These are teaching rounds, so also be prepared to be questioned on your patients and related gynecology topic questions. Try to read about your patients the previous evening. After teaching rounds, the team will go to the PACU located beside L&D to pre-op the planned cases for the day. The first OR case of the day begins at 0730 (except Wednesday).

Expected numbers of patients to be seen daily:

About 1-3 patients - mostly 2 patients. In general, you will be expected to divide the list amongst yourselves. Check with your team on the first day for expectations. You will need to access the “BT GYN A” list to find the patients on service as follows: system lists → BT Hospital Service → BT GYN A. You may want to “create a list” to save these patients, ask your residents how. All notes should be completed and SIGNED (and do not cosign notes) prior to rounds with the R4.

Expectations for medical record documentation:

You will take part in the daily rounding where you will document your findings in the chart. Your notes will be checked by one of the residents and corrections will be made if necessary. Please let the residents know of any serious clinical findings on your history or on your clinical exam and bring it to their attention immediately so that it can be dealt with in a timely fashion. There have been cases which ended with good outcomes due to dedicated medical students bringing emergent findings to the attention of the residents.

So... how do I round?

You will be expected to see general postoperative patients and write “SOAP” notes on their progress.


O: review vital signs and prepare to present a range if asked. “Stable” is not sufficient, as a HR of 0 is “stable” 😊. Physical exam to include a CV / Respiratory exam as well as an
Ben Taub Benign Gynecology Service (cont.)

abdominal exam. Evaluate the incisions (don’t remove bandages without checking with your residents first. If it looks healthy (bandage off) should be described as “clean / dry / intact”. If bandage has spots of blood on it, you can comment on this. Look at Foley catheter (if inserted) and note the appearance of urine. On POD #1, calculate and report urine output described as cc/kg/hour. Adequate UOP is defined as > 0.5 cc/kg/hr. Review and report postoperative hemoglobin or any other postoperative labs.

A/P: Be prepared to synthesize a “one liner” describing your patient and a plan! Ambulate, meet postoperative milestones, advance diet, discontinue Foley if UOP adequate (if you’re not sure, check with your residents).

Role in performing procedures:

You are expected to scrub into all major cases to assist with the surgery and to observe and/or scrub into minor cases. There will be an OR schedule posted in the GYN office, pay attention to it and divide cases among yourselves. All Gyn ORs start at 0730 (except Wednesday); hence, be in the PACU at least 15-20 min before to introduce yourself to the patient and to learn about her case history. Learn your surgical knot tying (watch videos on YouTube and PRACTICE!!!) and be prepared to do it when you are given an opportunity to do abdominal or skin closures. Try to be helpful in the OR in positioning and moving the patient. The more interest you show, the more you get to do.

Expectations for oral patient presentations:

You may be asked to do an oral presentation during the ward rounds on a common gynecology topic - your R4 will let you know.

Role in communicating with patients, families, consultants, primary care providers, and other members of the health care team:

All major medical information that needs to be communicated to the patients, such as operative findings and disease status, will be done by the residents - you may be present at that time to learn important points on patient communication. All in-house consults are done by the residents, but you may be asked to participate or perform an H&P and then present to your resident.

Expectations for patient follow up - labs/imaging reports/consultations:

You will need to follow up labs ordered on your patients and inform the team residents. Before you finish your day make sure all the required labs, imaging or consultations have been done on your patient. If anything is incomplete, please bring it to the notice of your resident. You will also do post-operative checks/rounds on patients whose surgery you scrubbed into. These checks are performed about 4 hrs. post-surgery. Ask your team how best to participate.
**Ben Taub Benign Gynecology Service (cont.)**

**Rotating with the Gyn Consult resident:**

Due to the larger team present on Ben Taub Benign Gynecology, you will be assigned at least 1 day to spend with the Gyn Consult resident. This resident is typically 1 of the 2 interns on the team. The Gyn Consult resident responds to all gynecology consults in the hospital (floor and ER). The patients vary from 1st trimester bleeding to tubo-ovarian abscesses to ovarian torsion.

On your assigned day, after rounding with the team, contact the resident (X39744) to find out where to meet him/her. You will spend the day assisting in consults.

**NOTE:** If the consult service is slow, you can scrub into OR cases if not attended by another medical student.

**Pre-Op Conference (Tuesday 4 pm)**

This is an educational conference designed to discuss upcoming surgical candidates and to confirm their “fit” for surgery. The patient’s PMH/PSH will be reviewed and risk factors for surgical complications discussed. Please feel free to engage in the discussions and ask any questions for clarification.

**Gyn Conference (Wednesday 7 - 7:50 am - BT3D Conference room)**

This is an educational conference designed to review common Gynecology topics presented by GYN faculty and Minimally Invasive Surgery (MIS) fellows.

Each topic has been chosen from the list of ACOG Practice Bulletins, Committee Opinions, and the American Association of Gynecologic Laparoscopists (AAGL) reading list.

**Rotating study time**

When there are more than 3 students assigned to the BTGYN service, there will be a 4th student without an assignment. (2 students in the OR and 1 student with GYN consult). The 4th student can use that time for study. The 4th student may leave the Gyn office to find a comfortable study environment (i.e. Baylor main campus) and is expected to return when their assigned case is scheduled. It is the student’s responsibility to get updates on the scheduled cases in order to ensure they are back in time. Suggestion would be for the student scrubbed in to notify the next student when one case is finishing in order to prepare for the next case. Please coordinate with other students on rotation as well as the Gynecology team.
Ben Taub Gynecology Oncology Service

Who to contact?

Contact the R4 first, by the Friday before you start, by email preferably. They will tell you what time to meet on your first day. Your main point of contact will be either an R2 or the R4, they will let you know during your first day who to contact. Please make sure you clarify with the R4 how many patients they expect you to see and what time you should have your notes finished.

So... where do I go?

There is a Gyn Onc office across the doors to enter 3B (labeled “gynecology office, code to enter is 2810). The R4 will have you meet them either in that office or on 3B where the majority of the GYN Onc patients are located. Again, the meeting location for your first day will be determined by the R4.

So... how do I round?

Every day will begin with you rounding on your patients and discussing your plan with the R2. Your R4 will arrive later that morning and the entire team will round together. During these brief rounds, your residents will likely communicate about the patients to the R4. You will be given the opportunity to present your patient to the attending later at formal rounds.

The Gyn Onc general weekly schedule is as follows:

**Mon** - Clinic  (Context: SC GYN ONCOLOGY)

**Tues** - AM Tumor Board: Operating Room  (Rounding Context: BTGYN ONCOLOGY)

**Wed** - AM Grand Rounds. Morning is generally administrative time for residents, and thus study time for students. In the afternoon, residents in Didactics/ Lecture - check with them for duties. 4:00 pm preoperative conference in conference room on the 10th floor of the pavilion. (Often students run late to this due to your lecture)

**Thurs** - OR

**Fri** - Clinic

Gyn Onc clinic will take place at Smith Clinic 4th floor.

Expected number of patients to be seen daily (morning rounds, laboring patients, surgeries):

Variable, however expect to see 1-2 patients. You will need to access the BTGYN ONC list to find the patients on service as follows: system lists → BT Hospital Service → BTGYN ONC. You may want to “create a list” to save these patients, ask your residents how. All notes should be completed and SIGNED (and do not cosign notes) prior to rounds with the R4.

Role in performing procedures:

You will be expected to scrub for all OR cases unless specifically told otherwise by a resident. It is good form to review the chart in the PACU and know what procedure is going to be
Ben Taub Gynecology Oncology Service (cont.)

performed and for what indication. During the case your involvement will range from retraction and suture cutting to skin and fascial closures.

Expectations for medical record documentation (H&Ps, notes, discharge paperwork):

You are expected to do daily progress notes and assist with discharge paperwork. It is a good idea to being working on the hospital course of the discharge summary during the course of the patient’s admission instead of waiting until the day of discharge.

Expectations for oral patient presentations:

Present notes in SOAP format unless told differently by residents. Make sure to include vitals, pertinent positives of the physical exam, and important lab values.

General format for a postoperative patient:


O: review vital signs and prepare to present a range if asked. “Stable” is not sufficient, as a HR of 0 is “stable” 😊. Physical exam to include a CV /

Respiratory exam as well as an abdominal exam. Evaluate the incisions (don’t remove bandages without checking with your upper levels first. If it looks healthy (bandage off) should be described as “clean / dry / intact”. If bandage has spots of blood on it, you can comment on this. Look at Foley catheter (if inserted) and note the appearance of urine. On POD #1, calculate and report urine output described as cc/kg/hour. Adequate UOP is defined as > 0.5 cc/kg/hr. Review and report postoperative hemoglobin or any other postoperative labs.

A/P: Be prepared to synthesize a “one liner” describing your patient and a plan! Ambulate, meet postoperative milestones, advance diet, discontinue Foley if UOP adequate (if you’re not sure, check with your residents)

Role in communicating with patients, families, consultants, primary care providers, and other members of the health care team:

This is team dependent and highly variable. In general, all discussions with families or patients regarding lab values, pathology, or prognosis should only be done by residents.

Expectations for patient follow-up - labs/imaging reports/consultations:

Keep track of all lab values and communicate that with the team. Part of functioning within the team is following up on all imaging results for your patient and informing a resident.
**Baylor/ St. Luke’s / PFW Benign Gynecology Service**

**Who to contact:**

By the Friday prior to the start of your rotation, contact the 4th year assigned to PFW GYN for details. The 4th year PFW resident is responsible for assigning cases both to residents and students and will send you an email with a schedule of where to be and for what cases.

Diane will help with getting your ID badges (TCH), computer access, and scrub class requirements. Physician services is in Room G127 near the TCH gift shop, and her phone # is 832-355-4200. After completing her paperwork, to obtain your badge you take the yellow service elevators to level B2 (only 2 of the 4 actually go to B2) and follow the signs to Security/Badging to receive your badge.

You will also need badging and computer access for St. Luke’s.

**Where to go - 1st day and daily rounds:**

Your 4th year resident will inform you of what cases you are expected to scrub on and where to meet. General rule of thumb is to be in the PACU ~ 30 minutes prior to your assigned case and introduce yourself to the patient. Be sure to clarify your role as a student and observer.

For rounds, you are expected to round on all patients who stay overnight for the duration of their hospital course and write a note. Discuss with your 4th year about who will be staying in house, and when to coordinate rounds with them.

**Expected numbers of patients to be seen daily (morning rounds, laboring patients, surgeries):**

The workload is highly variable, so be flexible. There is no maximum patient load. If you scrub into a case, you will be expected to **follow that patient postoperatively until they are discharged home.** You will not need to write postoperative notes on patient discharged from PACU. Just ask your resident for clarification about the disposition for your patient at the end of the case.

**Role in performing procedures:**

Medical students are expected to scrub into cases assigned to them by the residents and to perform duties as assigned.

**Expectations for medical record documentation (H&Ps, notes, discharge paperwork):**

Read over the H&P and introduce yourself to the patient before the patient is taken back to the OR. Post-op checks are often performed the day of surgery, usually 4 hours after the procedure has been completed. See the patient and have the daily progress note ready as determined by the residents. You will typically not be responsible for any discharge paperwork.
**Baylor/ St. Luke’s / PFW Benign Gynecology Service (cont.)**

**Expectations for oral patient presentations:**

Please know your patients well. You are expected to present your patients in the standard SOAP form. Be pertinent and concise, but be prepared to provide additional details. Make sure to include vitals, pertinent positives of the physical exam, and important lab values.

**General format for a postoperative patient:**

- **S:** Pain control? Pain scale _/10 (decreases to _/10 with meds). Tolerating PO? Nausea/vomiting? Ambulating? Voiding without difficulty? Flatus?

- **O:** review vital signs and prepare to present a range if asked. “Stable” is not sufficient, as a HR of 0 is “stable”. Physical exam to include a CV /

Respiratory exam as well as an abdominal exam. Evaluate the incisions (don’t remove bandages without checking with your upper levels first. If it looks healthy (bandage off) should be described as “clean / dry / intact”. If bandage has spots of blood on it, you can comment on this. Look at Foley catheter (if inserted) and note the appearance of urine. On POD #1, calculate and report urine output described as cc/hour. Adequate UOP is defined as > 0.5 cc/kg/hr. Review and report postoperative hemoglobin or any other postoperative labs.

- **A/P:** Be prepared to synthesize a “one liner” describing your patient and a plan! Ambulate, meet postoperative milestones, advance diet, discontinue Foley if UOP adequate (if you’re not sure, check with your residents)

**Role in communicating with patients, families, consultants, primary care providers, and other members of the health care team:**

Be respectful and courteous to everyone. You are not expected to convey definitive treatment or plan of care, as this should be discussed first with the team. You are not expected to make consultations nor provide recommendations to a consulting team. However, you will need to learn to collaborate with all teams involved in the care of your patients.

**Expectations for patient follow up - labs/imaging reports/consultations:**

Do what is necessary for patient care and have a positive attitude. Be willing to help out your team!
BCM OB/GYN CLERKSHIP
OBSTETRICS AMBULATORY/ELECTIVE
SUBROTAION GUIDELINES/ EXPECTATIONS

STUDENT EXPECTATIONS

1. Student to student handoffs:
   Discuss rotation with immediately previous students (obtain information on note templates, logistics (where, when, etc.).

2. Clinical knowledge and patient communication:
   c. Learn to obtain a complete history and physical, including OB and GYN history.
   d. Learn to initiate a preliminary assessment and plan.
   e. Focus on quality of patient encounters, not quantity.

3. Student communication:
   Learn to give focused and pertinent oral presentations to residents/ faculty.

4. Clinical knowledge:
   Become familiar with routine OB complaints. (i.e. leakage of fluid, abdominal pain/contractions, vaginal bleeding, assessment of elevated BP, etc.)

RESIDENT EXPECTATIONS (if applicable)

1. Student communication:
   Give in person orientation to students on first day of rotation.

2. Student feedback:
   Mid sub-rotation, give constructive feedback on oral presentations and written notes to each student individually.

3. Sub-rotation student guidance:
   Help students with student integrate into team and give helpful work assignments. (i.e. setting up and assisting with ultrasound, communication with nursing regarding changes in plan of care, assisting with discharge summaries, etc.)

FACULTY EXPECTATIONS

1. Student Observation/feedback:
   a. Observe students during history taking and oral presentations. Give immediate feedback. (i.e. HPI, OB/GYN history, PMH/PSH, etc. may be used for required direct observation)
   b. Observe students’ physical exam skills, when applicable (i.e. fundal height/ Doppler fetal heart tones, pelvic examinations – these items may be used for required direct observation).

2. Teaching rounds (when applicable per sub-rotation)
   Teach at minimum one learning topic/week. (i.e. Practice bulleting, article review, APGO video/case)

Student Notation: Depending on site, there may be limited computer access. Please, reserve use of computers for resident/faculty use as first priority. You may bring your own laptop or use workroom computers when available.

Resident Notation: Please note the faculty scribe for the sub-rotation and send completed E-value form (hand written/one per team) for each student on service to be used for official clinical evaluations.

Faculty Notation: Please note the faculty scribe for the sub-rotation and send timely feedback (via email) regarding each student on service to be used for official clinical evaluations.
**Ben Taub: Antepartum**

**Who to contact FIRST - in what order?**

Contact the Antepartum second year resident (# 713-873-9491 Antepartum). He or she will provide you with details.

**Where and when to go - 1st day and daily rounds:**

Clarify with your 2nd year about where and when to meet for rounds (usually on 3C). Attending rounds will typically follow rounding with the resident.

**Expected numbers of patients to be seen daily (morning rounds, hospitalized patients):**

During morning rounds, you may be assigned 2-4 patients to see, depending on patient volume. This is very variable depending on the number of hospitalized patients and the complexity of the patients that you are assigned. After rounds, you will assist the antepartum 2nd year resident in completing his/her floor work.

**Expectations for medical record documentation (H&Ps, notes, discharge paperwork):**

Every resident does things differently, but there is a basic structure to how we do our notes that you will understand once you get there. You can go in and see the patient and ask them the 4 important questions, “Baby moving? Any loss of fluid, vaginal bleeding, or contractions?” and then follow up on their diabetes, or hypertension, or anything you can tell needs to be asked from the previous note. Complete your daily SOAP note in EPIC and present to your resident.

**Expectations for oral patient presentations:**

Always start your presentations with, “This is a 35 year old G4P3 @ 32 4/7 weeks” and go on from there....

**Role in communicating with patients, families, consultants, primary care providers, and other members of the health care team:**

Always ask your resident if you are unsure, but most of the time if there is any major/possibly bad news to convey, the attending or resident should do it.

**Role in writing orders and prescriptions:**

Unfortunately, orders and prescriptions are done in EPIC by the resident.
Pavilion for Women: Antepartum

Who to contact FIRST - in what order?

Contact the Antepartum 3rd year resident (#832 – 822 – 8948 Antepartum). He or she will provide you with details.

Where and when to go - 1st day and daily rounds:

You will most likely be rounding with the antepartum resident and faculty in the morning. The 3rd year antepartum resident will be able to guide you. If unsure, meet in the OB Physician Lounge which is located on the 9th floor of the PFW.

Expected numbers of patients to be seen daily (morning rounds, hospitalized patients, surgeries):

During morning rounds, you may be assigned 2-4 patients to see, depending on patient volume. This is very variable depending on the number of hospitalized patients and the complexity of the patients that you are assigned. After rounds, you will assist the antepartum 2nd year resident in completing his/her floor work. You may also be asked to participate in scheduled Cesarean Sections on the 5th floor of the PFW.

Expectations for medical record documentation (H&Ps, notes, discharge paperwork):

Every resident does things differently, but there is a basic structure to how we do our notes that you will understand once you get there. You can go in and see the patient and ask them the 4 important questions, “Baby moving? Any loss of fluid, vaginal bleeding, or contractions?” and then follow up on their diabetes, or hypertension, or anything you can tell needs to be asked from the previous note. Complete your daily SOAP note in EPIC and present to your resident.

Expectations for oral patient presentations:

Always start your presentations with, “This is a 35 year old G4P3 @ 32 4/7 weeks” and go on from there….

Role in communicating with patients, families, consultants, primary care providers, and other members of the health care team:

Always ask your resident if you are unsure, but most of the time if there is any major/possibly bad news to convey, the attending or resident should do it.

Role in writing orders and prescriptions: Unfortunately, orders and prescriptions are done in EPIC by the resident.
**Ben Taub OB Triage (OB Intake-OBI)**

**Who to contact FIRST- in what order?**

The L&D interns run the service, so the best thing to do would be to either find them or page them when you arrive for your shift. They will let you know any specific expectations that they have for you. (#713-873-2243 OBI)

**Where to go - 1st day and daily rounds:**

OB Intake is on the 3rd floor of Ben Taub Hospital, across from labor and delivery. You will be expected to be present for check-out on L&D at 7:00 am at the L&D board (unless urgent or emergent patient care is needed on OBI).

**When to show up for different sites:**

You are expected to be there from 7am to 6pm. There is no rounding.

**Expected numbers of patients to be seen daily (morning rounds, laboring patients, surgeries):**

This is completely dependent on how many people happen to come to OBI. It is like an ER, so some days are very busy and some days aren’t!

**Role in performing procedures:**

After asking the intern, you can help with speculum exams or cervical checks if the patient has not ruptured her membranes. If you are interested, you can do and learn a lot.

**Expectations for medical record documentation (H&Ps, notes, discharge paperwork):**

Every intern may have different expectations. You are usually expected to write out an H&P in EPIC, and then present the patient to the intern.

**Expectations for oral patient presentations:**

Always get the whole history before presenting to the intern. Make sure you know the patient’s age, gravity, parity, how many weeks they are, and whether they have any previous medical conditions or surgeries (including cesarean sections).

**Role in writing orders and prescriptions:**

Unfortunately, prescriptions are done in EPIC by the resident.
**PFW Triage (Women’s Assessment Center- WAC)**

**Who to contact FIRST- in what order?**

Your point of contact for this rotation will be the Hospitalist on for that day. They can be reached at (832) 822-8949. The Hospitalists have many roles at the PFW and are not present in the WAC at all times. Also not all patients who present to the WAC are seen by the hospitalist. This does not mean you cannot see the patient, but you would have to check-out to another attending.

**Where to go - 1st day and daily rounds:**

The WAC is on the 11th floor of the Pavilion for Women. You will be expected to be present for check-out on L&D at 7:00 am in the conference room (unless urgent or emergent patient care is needed on WAC).

**When to show up:**

You are expected to be there from 7am to 7pm.

**Expected numbers of patients to be seen daily:**

Volume of patients varies day to day. Please introduce yourself to the patients and explain your role in their care.

**Role in performing procedures:**

Procedures include cervical checks, speculum exams and ultrasounds. Please do not perform any without approval of the attending physician.

**Expectations for medical record documentation (H&Ps, notes):**

Please check with the attending prior to recording any documentation into EPIC. Your notes require a co-signature by the attending.

**Expectations for oral patient presentations:**

You will be expected to present the patients you see to the attending physician. Please be complete and provide pertinent information. You will be expected to know the patient's complete history and answer any questions regarding their condition.

**Role in writing orders and prescriptions:** Unfortunately, prescriptions are done in EPIC by the attending.
The Center for Children and Women

Who to contact FIRST - in what order?

Your point of contact for this rotation will be the physicians and midwives assigned to the clinic for that day. They will be present in the morning Huddle which starts at 7am. At Greenspoint, the contact # for the OB front desk is 832-828-1670 (opens at 6:45 am), and the Subrotation coordinator is Dr. F. Armstrong. At the Center Southwest, the # for the OB front desk is 832-733-1020 and the subrotation coordinator is Dr. B. Ratan. For any assistance needed at the Centers, contact Kendria Mitchell (832-828-1557, kkmitche@texaschildrens.org). For any absences, contact Dr Ratan, bmratan@bcm.edu.

Where to go:

The Center for Children and Women Greenspoint
700 N. Sam Houston Parkway West
Houston, TX 77067
Classroom 2

The Center for Children and Women Southwest
9700 Bissonnet, Suite 100 (enter by Timmy Chan’s restaurant)
Houston, TX 77036
Classroom 1

When to show up:

You are expected to be there from 7am to 3pm.

Expected numbers of patients to be seen daily:

Volume of patients varies day to day. You will typically be responsible for 2-3 patients per half day. Please introduce yourself to the patients and explain your role in their care.

Role in performing procedures:

In the clinic, you will shadow the physician or midwife until you and the faculty feel comfortable with you starting to see patients on your own. You will only do the history part and will always do the exam under the guidance of the faculty.

There are often pap smears and procedures in the clinic. If you are interested in doing pap smears, ask the faculty that you are with if this is a patient that would be good for you to do one on. Please do not perform any without approval and direct supervision of the faculty.

Expectations for medical record documentation (H&Ps, notes):

Please check with the physicians and midwives prior to recording any documentation into EPIC. Your notes require a co-signature by the attending.
Expectations for oral patient presentations:
You will be expected to present the patients you see to the physicians and midwives. Please be complete and provide pertinent information. You will be expected to know the patient's complete history and answer any questions regarding their condition.

Role in writing orders and prescriptions: Prescriptions are done in EPIC by the faculty.

The Centers for Children and Women is a very unique clinical site and you will have the opportunity to see inter-professional practice in action. Please take advantage of all the additional provider types that you’ll see providing clinical care to our patients—they all have a lot to teach.
BT Towers OB High Risk Clinic

Who to contact FIRST- in what order?

Your point of contact for this rotation will be the residents and faculty assigned to the clinic for that day. There are also MFM fellows in clinic on certain days.

Where to go:

Ben Taub Towers (between Ben Taub garage and the hospital)
1504 Taub Loop, 4th floor
OB High Risk clinic is the floral mauve colored patterned waiting room

When to show up:

You are expected to be there from 8am until patients are seen.

The clinic is open Monday - Thursday and some Fridays. Please coordinate with the OB High Risk Clinic Chief to confirm the schedule.

The OB High Risk clinic encompasses the antenatal testing unit, OB ultrasound unit, and the genetic counseling center. A suggested schedule is:

1 day - ultrasound

1 day - genetics

3 days - clinic (only if there is clinic on Friday)

(Please discuss and coordinate this schedule with your OB High risk clinic chief on the first day.)

Expected numbers of patients to be seen daily:

Volume of patients varies day to day. You will typically be responsible for 2-3 patients per half day. Please introduce yourself to the patients and explain your role in their care.

Language Line Interpreter: 713-873-7300. There is a phone in every patient room.

Role in performing procedures: (Please wear your white coats.)

Pick one resident with whom you will work and introduce yourself. At first you will shadow the resident until you and the resident feel comfortable with you starting to see patients on your own. You will then do the history part and potentially part of the physical (general, heart, lungs, abdomen, and extremities). After you have seen the patient, return to the workstation and present to the resident in standard format. You will then accompany the resident back to the patient’s room for the physical exam. By the end of the first day, you are expected to interview patients by yourself and present to the resident. Include your assessment and plan in your presentation. If a pelvic exam is indicated, you will always do the pelvic exam under the guidance of the resident or faculty.
BT Towers OB High Risk Clinic (cont.)

Prior to seeing a patient, you may review the chart from their last encounter to get a sense of the purpose of their current visit.

**Expectations for medical record documentation (H&Ps, notes):**

For every patient, you need to review her current medications, allergies, and perform a review of systems. Your residents will show you how to review meds if you have never done this before.

Please coordinate among yourselves and have at least 1-2 people bring laptops, as there may not enough computers for everyone in the workstation.

Please check with the residents/faculty prior to recording any documentation into EPIC. Your notes require a co-signature by the attending.

**Expectations for oral patient presentations:**

You will be expected to present the patients you see to the team. Please be complete and provide pertinent information. You will be expected to know the patient's complete history and answer any questions regarding their condition.

**Role in writing orders and prescriptions:**

Prescriptions are done in EPIC by the residents/faculty.
**STUDENT EXPECTATIONS**

1. **Student to student handoffs:**
   Discuss rotation with immediately previous Obstetrics students (obtain information on note templates, logistics (where, when, etc.),

2. **Patient Continuity:**
   Each shift, follow at least one patient and know them well.

3. **Rounding/Chart Documentation:**
   a. Daily, round and write progress notes on at least one patient. This applies to both sites. (Notes should be completed and signed prior to verbal presentations during rounds.)
   b. Write discharge summary on at least one patient during “days” week.

4. **Team handoffs:**
   Present one labor patient during board sign-out at the end of the week.

**RESIDENT EXPECTATIONS**

1. **Student communication:**
   Send orientation email weekend prior to Sub-rotation. (No later than Saturday prior).
   Give in person orientation to students on first day of rotation (days and nights separately).

2. **Student feedback:**
   Mid sub-rotation, give constructive feedback on oral presentations and written notes to each student individually.

3. **Labor patient expectations**
   Discuss general plan for student involvement with laboring patients (i.e. plan for recheck in ~ 4 hours...).

4. **Procedure teaching:**
   a. Review steps of vaginal delivery with students
   b. Discuss steps of cesarean section with students (review relevant anatomy and student’s role during procedure).

**FACULTY EXPECTATIONS**

1. **Student communication/ interaction**
   Attempt to actively interact with students during the shift and give feedback when appropriate.

2. **Student teaching:**
   Teach Leopold maneuvers with students

3. **Student interaction:**
   Listen to at least one postpartum progress note student presentation daily

4. **Student Teaching:**
   Teach one learning topic daily (may be case discussion, review APGO video, etc.)

**Student Notation:** There is limited computer access in the Labor Resident Workroom. Please, reserve use of workroom computers for resident/faculty use as first priority. You may bring your own laptop, use computers in patient rooms/hallways, or use workroom computers when available.

**Resident Notation:** Please note the faculty scribe for the sub-rotation and send completed E-value form (hand written/one per team) for each student on service to be used for official clinical evaluations.

**Faculty Notation:** Please note the faculty scribe for the sub-rotation and send timely feedback (via email) regarding each student on service to be used for official clinical evaluations.
**Ben Taub L&D (Days and Nights)**

**Who to contact FIRST - in what order?** You do not need to call prior. Arrive for L&D board rounds at 7 am.

**L&D Days:** Arrive on first day of rotation to L&D Board rounds at 7am. *(X 38774 Resident Workroom)*. Clarify with team about where to meet for postpartum rounds (usually 3B or 3C) on subsequent days. This will occur prior to board rounds daily at 7:00 am.

**L&D Nights:** Arrive for board rounds at 7 pm Sunday and 5:30 pm Monday - Thursday nights. You do not need to contact the residents in advance. (Note: students are expected to work through the night shift. If it is slow, you may take turns rotating in OBI.)

**NOTE:** The L&D Resident Workroom is only for people on L&D Days/Nights.

**Where to go - daily rounds:**

Ben Taub Labor and Delivery on 3F.

**When to show up:**

Once again, keep in close communication with your team for rounding time.

**Expected numbers of patients to be seen daily (morning rounds, laboring patients, surgeries):**

L&D is extremely team- and effort-dependent. You will be expected to follow 2-4 patients each morning and on L&D. The workload is highly variable, so be flexible. On L&D, the more interested and proactive you are, the more you will feel part of the team and involved in patient care. We expect medical students to be active participants in all situations.

**L&D Nights:** If the L&D service is light, feel free to work in OBI for triage experience.

**Role in performing procedures:**

Medical students are expected to scrub into and assist on every procedure: vaginal delivery, cesarean delivery, and postpartum tubal ligations. You should only scrub in/assist if you have met and have been following that patient.

Please remember that these are surgical procedures, and we do not expect you to be proficient in performing them without supervision. You should NEVER perform an exam or procedure without supervision. Look to your resident and faculty to guide you on what extent you will play in the specific patient care.

**Expectations for medical record documentation (H&Ps, notes, discharge paperwork):**

Medical students are expected to write H&Ps for assigned patients being admitted to L&D. Present the H&P to a resident for feedback. Make sure a resident has co-signed every
Ben Taub L&D (Days and Nights) cont.

H&P/note you have placed into the chart. However, a resident H&P is also required for the chart (same as required for Internal Medicine and Pediatrics). Progress notes are expected to be written every 2 hours on L&D, but may vary for each patient. This is a good opportunity to learn to write discharge summaries. Remember, you are a part of a team!! We must all work together. Help out as much as you can, and you will end up learning more. This can be a very valuable, educational rotation if you put forth the effort to learn as much as you can about each of your patients.

Expectations for oral patient presentations:

Please know your patients well. You are expected to present your patients in the standard form, for both H&Ps and for rounds. Be pertinent and concise, but be prepared to provide additional details.

Role in communicating with patients, families, consultants, primary care providers, and other members of the health care team

Be respectful and courteous to everyone. You are not expected to convey definitive treatment or plan of care, as this should be discussed first with the team. You are not expected to make consultations nor provide recommendations to a consulting team. However, you will need to learn to collaborate with all teams involved in the care of your patients.

Role in writing orders and prescriptions

Unfortunately, residents write orders and prescriptions in EPIC.

Expectations for patient follow up - labs/imaging reports/consultations

Know your patients. Do what is necessary for patient care and have a positive attitude. Be willing to help out your team!
Pavilion for Women L&D (Days and Nights)

**Who to contact FIRST - in what order?** You do not need to call prior. Arrive for L&D board rounds at 7 am.

**L&D Days:** (# 832-826-3989 Resident Workroom). The formal board rounds are daily at 7:00 am in the PFW L&D conference room (9th floor).

**L&D Nights:** Arrive for L&D board rounds in the PFW L&D conference room at 5:30 pm Sunday - Thursday nights. You do not need to contact the residents in advance. (Note: students are expected to work through the night shift. If it is slow, you may take turns rotating in the WAC.)

**Where to go – daily rounds:**

**L&D Days:** Communicate with your 3rd year for daily arrival time. You will be expected to round on any postpartum patients whose care you have participated in. Have notes done prior to sign out at 0700.

**L&D Nights:** Formal check out rounds occur at 5:30 pm in the PFW L&D conference room (9th floor). No floor rounding.

**Expected numbers of patients to be seen daily (morning rounds, laboring patients, surgeries):**

L&D is extremely team- and effort-dependent. You will be expected to follow 2-4 patients each morning during rounds and throughout the day on L&D. The workload is highly variable, so be flexible. On L&D, the more interested and proactive you are, the more you will feel part of the team and involved in patient care. We expect medical students to be active participant in all situations. Since this is a private hospital, it is very important to introduce yourself to all patients/attending physicians.

**Role in performing procedures:**

Medical students are expected to scrub into and assist on every procedure: vaginal delivery, cesarean delivery, and postpartum tubal ligations. Please remember that these are surgical procedures, and we do not expect you to be proficient in performing them without supervision. You should NEVER perform an exam or procedure without supervision. Look to your resident and faculty to guide you on what extent you will play in the specific patient care.

**Elective C/S schedule:**

Divide up scheduled repeat cesarean deliveries between students on labor & delivery. When there are more than 2 students assigned to L&D, each student should take turns covering the scheduled c/s’s for the day. Contact the R2 on scheduled sections rotation to know when and where to be.

It is unacceptable to go into a delivery or procedure without earlier meeting the patient.
Pavilion for Women L&D (Days and Nights) cont.

Expectations for medical record documentation (H&Ps, notes, discharge paperwork):

Medical students are expected to write H&Ps for assigned patients being admitted to L&D. Present the H&P to a resident for feedback. Make sure a resident has co-signed every H&P/note you have placed into the chart. However, a resident H&P is also required for the chart (same as required for Internal Medicine and Pediatrics). Progress notes are expected to be written every 2 hours on L&D, but may vary for each patient. This is a good opportunity to learn to write discharge summaries. Remember, you are a part of a team!! We must all work together. Help out as much as you can, and you will end up learning more. This can be a very valuable, educational rotation if you put forth the effort to learn as much as you can about each of your patients.

Expectations for oral patient presentations:

Please know your patients well. You are expected to present your patients in the standard form, for both H&Ps and for rounds. Be pertinent and concise, but be prepared to provide additional details.

Role in communicating with patients, families, consultants, primary care providers, and other members of the health care team:

Be respectful and courteous to everyone. You are not expected to convey definitive treatment or plan of care, as this should be discussed first with the team. You are not expected to make consultations nor provide recommendations to a consulting team. However, you will need to learn to collaborate with all teams involved in the care of your patients.

Role in writing orders and prescriptions

Unfortunately, residents write orders and prescriptions in EPIC.

Expectations for patient follow up - labs/imaging reports/consultations

Know your patients. Do what is necessary for patient care and have a positive attitude. Be willing to help out your team!