

Edward Via College of Osteopathic Medicine

MED 8080/MED 8085

Clinical Obstetrics and Gynecology and Modules
Academic Year 2025 - 2026

ROTATION SYLLABUS



Gwenn Jackson, MD, FACOG, CPE

Discipline Chair, Obstetrics and Gynecology
Louisiana Campus
Phone: 318-342-7137
gjackson@ulm.vcom.edu



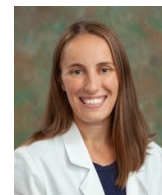
Steven Lewis, MD

Discipline Chair, Obstetrics and Gynecology
Carolinas Campus
Phone: 864-327-2825
slewis@carolinas.vcom.edu



Kenneth Harris, MD

Discipline Co-Chair, Obstetrics and Gynecology
Auburn Campus
Phone: 334-442-4045
klharris@auburn.vcom.edu



Anita Register, DO

Discipline Chair, Obstetrics and Gynecology
Virginia Campus
Phone: 540-231-5449
aregister@vt.vcom.edu



Kraig Smith, MD

Discipline Co-Chair, Obstetrics and Gynecology
Auburn Campus
Phone: 334-442-4045
rksmith@auburn.vcom.edu

I. Rotation Description

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

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

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

II. Course Goals and Objectives

A. Goals of the Course

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

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

18. Identify common osteopathic structural findings in pregnancy which occur to accommodate the shifting center of gravity.
19. Name the fascial regions/diaphragms which can restrict lymphatic flow.
20. Identify structures/regions that may be treated with OMT to balance the autonomic nervous system.
21. Identify an Osteopathic approach to the diagnosis and treatment of an obstetrical patient with somatic dysfunction of the lumbar spine, sacrum, pelvis, and lower extremity.

B. Clinical Performance Objectives

While the end-of-rotation exam is derived from the didactic curriculum and objectives described above in the “Clinical Modules – Required Curriculum” section, the end-of-rotation evaluation completed by your preceptor is based on clinical core competencies. These core competencies reflect student performance in 6 key areas: communication, problem solving, clinical skills, medical knowledge, osteopathic medicine and professional and ethical considerations. Your end-of-rotation evaluation from your preceptor will be based directly on your performance in these 6 core competencies as described below.

1. **Communication** - the student should demonstrate the following clinical communication skills:
 - a. Effective listening to patient, family, peers, and healthcare team
 - b. Demonstrates compassion and respect in patient communications
 - c. Effective investigation of chief complaint, medical and psychosocial history specific to the rotation
 - d. Considers whole patient: social, spiritual & cultural concerns
 - e. Efficiently prioritizes essential from non-essential information
 - f. Assures patient understands instructions, consents & medications
 - g. Presents cases in an accurate, concise, well-organized manner
2. **Problem Solving** – the student should demonstrate the following problem-solving skills:
 - a. Identify important questions and separate data in organized fashion organizing positives & negatives
 - b. Discern major from minor patient problems
 - c. Formulate a differential while identifying the most common diagnoses
 - d. Identify indications for & apply findings from the most common radiographic and diagnostic tests
 - e. Identify correct management plan considering contraindications & interaction
3. **Clinical Skills** - the student should demonstrate the following problem-solving skills:
 - a. Assesses vital signs & triage patient according to degree of illness
 - b. Perform good auscultatory, palpatory & visual skills
 - c. Perform a thorough physical exam pertinent to the rotation
4. **Osteopathic Manipulative Medicine** - the student should demonstrate the following skills in regard to osteopathic manipulative medicine
 - a. Apply osteopathic manipulative medicine successfully when appropriate
 - b. Perform and document a thorough musculoskeletal exam
 - c. Utilize palpatory skills to accurately discern physical changes that occur with various clinical disorders
 - d. Apply osteopathic manipulative treatments successfully
5. **Medical Knowledge** – the student should demonstrate the following in regard to medical knowledge
 - a. Identify & correlate anatomy, pathology and pathophysiology related to most disease processes
 - b. Demonstrate characteristics of a self-motivated learner including demonstrating interest and enthusiasm about patient cases and research of the literature
 - c. Are thorough & knowledgeable in researching evidence-based literature

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

III. Rotation Design

A. Educational Modules

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

B. Summative Evaluations

Students are assessed during their third year through both a clinical rotation competency evaluation and an end-of-rotation exam.

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

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

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

In addition to being assessed on clinical performance skills during the rotation, students are also assessed on the basic science and medical knowledge acquired through the educational modules. An end-of-rotation exam is administered to each student at the end of each rotation to assess the student's basic content and medical knowledge acquired during the rotation.

C. Logging Patient Encounters and Procedures

During the clinical years students need to develop the clinical competencies required for graduation and post-graduate training. These competencies are evaluated in many different ways: by faculty

observation during rotations, by examinations, by the COMLEX Level 2 CE examination, and VCOM's OMS 3 summative examinations. In order to develop many of these competencies and meet the objectives required for graduation, VCOM needs to ensure that each student sees enough patients and an appropriate mix of patients during their clinical years. For these reasons, as well as others discussed below and to meet accreditation standards, VCOM has developed requirements to log patient encounters and procedures.

Each day, students are required to log all patient type/clinical conditions and procedures/skills that they encounter that day into the VLMS application.

- Within the daily log, the clinical discipline chairs have also identified a specific set of patient presentations and procedures that each student is expected to see/do during the course of the rotation that should be logged in VLMS as you experience it. Students should be familiar with this list and should actively work to see these patients or be involved in these procedures. The list serves as a guide for the types of patients the clinical faculty think students should encounter during the rotation. The list does not include every possible diagnosis or even every diagnostic entity students must learn. The list reflects the common and typical clinical entities that the faculty feels VCOM students should experience. The list can be found in VLMS or CANVAS.
- Students must learn more than they will experience during clinical rotations. The log does not reflect the totality of the educational objectives during the rotation. Clinical experience is an important part, but only a part, of your rotation requirement. Students may discover they have not seen some of the presentations/procedures on the list during the rotation; however, they should arrange to see these problems in the fourth year or learn about them in other ways through the other course materials provided. Students need to commit themselves to extensive reading and studying during the clinical years. “Read about patients you see and read about patients you don’t see”.

One of the competencies students must develop during their clinical training involves documentation. Documentation is an essential and important feature of patient care and learning how and what to document is an important part of medical education. The seriousness and accuracy with which students maintain and update their patient logs are measures of professionalism. Students must review these logs with their preceptor prior to the end of the rotation period, as required by the final preceptor evaluation form. Students are encouraged to periodically review their VLMS entries with their preceptor during the rotation period.

Throughout the year, data is reviewed by Clinical Affairs, the curriculum committees, and administration to ensure the clinical experiences meet the objectives of the rotation and to assess the comparability of experiences at various sites. The logs serve to:

- Demonstrate student exposure to patients with medical problems that support course objectives.
- Demonstrate level of student involvement in the care of patients.
- Demonstrate student exposure to, and participation in, targeted clinical procedures.
- Demonstrate student exposure to patient populations in both inpatient and outpatient settings.
- Demonstrate comparability of experiences at various clinical sites.
- Quantify for students the nature and scope of their clinical education and highlight educational needs for self-directed learning.

Students will receive a report at the end of the OMS 3 year that outlines the patient encounters the student was involved in throughout their rotations. These individual log reports can be shared during interviews/audition rotations/future credentialing to demonstrate the scope of their clinical experiences.

IV. Credits

MED 8080: 4 credit hours

MED 8085: 1 credit hour

V. Course Texts and Reference Materials

A. Required Textbooks

- Casanova, Robert. *Beckmann and Ling's Obstetrics and Gynecology*, 9th ed. Philadelphia, PA: Lippincott, Williams and Wilkins, 2024. ISBN: 978-1975180577 (retail price \$92.99) – Available in VCOM's eLibrary in LWW Health Library Clerkship Collection
- Dalley, Arthur and Anne Agur. *Clinically Oriented Anatomy*, 9th ed. Baltimore, MD: Lippincott, Williams & Wilkins, 2022. ISBN: 978-1975209988 (retail price \$114.99)
- Nicholas, Alexander, and Evan Nicholas. *Atlas of Osteopathic Techniques*, 4th ed. Baltimore, MD: Lippincott, Williams & Wilkins, 2023. ISBN: 978-1975127480978-1451193411 (retail price \$183.99) – Available in VCOM's eLibrary in LWW Osteopathic Medicine Collection
- Seffinger, Michael. *Foundations of Osteopathic Medicine*, 4th ed. Philadelphia, PA: Wolters Kluwer Health, 2019. ISBN: 978-1496368324 (retail price \$162.99) – Available in VCOM's eLibrary in LWW Osteopathic Medicine Collection

B. Recommended Textbooks

- Kuchera, Michael, and William Kuchera. *Osteopathic Considerations in Systemic Dysfunction*, 2nd ed revised. Centerville, OH: Greyden Press, 1994. ISBN: 978-1570741548 (retail price 54.95)

VI. Course Grading and Requirements for Successful Completion

A. Requirements

- Attendance according to VCOM and preceptor requirements as defined in the [College Catalog and Student Handbook](#).
- Review of the syllabus topics, learning objectives, and reading assignments:
 - In addition to the learning experience in the clinical site, the clinical curriculum consists of the reading assignments and learning objectives that are included in this syllabus, as well as clinical case modules and Aquifer Radiology cases that are derived from some, but not all, of the learning objectives. A student's success as a physician will depend upon the learning skills they develop during this core rotation, as guided by this syllabus and clinical case modules. National boards, residency in-training examinations, and specialty board examinations require ever increasing sophistication in student's ability to apply and manipulate medical knowledge to the clinical context.
- Completion and submission of 8 clinical case modules:
 - The clinical case modules were developed by VCOM Discipline Chairs and are intended to provide an OMS 3 student with a clinical, patient-centered approach to the learning content of this rotation. The modules should not be approached as rote learning, but should provide structured, clinically focused learning from the evidence base for this rotation. The same module may be included under multiple topics in the syllabus to show its relevance to the topic, but students only need to complete the module once. The clinical case modules must be submitted in Canvas **by no later than 5 PM on the day of your end of rotation exam** at: <https://canvas.vcom.edu>. **Failure to do so will result in a deduction of 5 points from your end-of-rotation exam score.**
 - [Module 1](#)
 - [Module 2](#)
 - [Module 3](#)

- [Module 4](#)
- [Module 5](#)
- [Module 6](#)
- [Module 7](#)
- [Module 8](#)

- Completion of 2 Aquifer Radiology cases:
 - Aquifer Radiology is a case-based virtual course that provides realistic case scenarios that demonstrate best-practices, helping students develop clinical reasoning skills that bridge the gap from content to practice. Upon completion of the cases, students should have a basic understanding of the principles and applications of medical imaging and be able to interpret common radiological studies in the context of presenting patient conditions. In addition, students should be able to recognize common osteopathic structural and viscerosomatic/somatomatic changes that correlate to specific radiographic findings.
 - In order to receive credit for the radiology cases and meet the requirements for passing the rotation, students must complete the cases, including all associated components of the online program such as the knowledge assessment questions associated with the cases. The same case may be included under multiple topics in the syllabus to show its relevance to the topic, but students only need to complete the case once. Progress will be reviewed by the online administrator to ensure completion of these requirements. Students must successfully complete the cases and knowledge assessment questions **by no later than 5 PM on the day of your end of rotation exam.**
 - [Aquifer Radiology Case 14](#)
 - [Aquifer Radiology Case 15](#)
 - To get full credit for each case completed, please be sure to click forward to the page at the end of the case that states “Summary of Your Case Session” in the upper left-hand corner.
 - Register for the Aquifer cases at: <https://www.aquifer.org>
Your email has been pre-loaded into Aquifer, and you should have received an email about how to set up your account.
 - If you are a first-time user:
 - Click “Sign in” in the top right corner.
 - Enter your institutional email address in the email box. Then click on the “Register” button at the bottom of the page.
 - You will be sent an email with a link to complete registration. Upon receipt of the registration email, click on the link “Click Here”. You will then be brought to the profile setup page. An email will be sent to you. Follow the instructions in the email to set up your account.
 - You will be asked to fill in your profile information and set up a password (8 character minimum). Once you have completed your user profile and created a password, you will receive a welcome email with links to useful information and guides. You would also be logged into the Aqueduct learning management system.
 - Once your profile is completed successfully, you will be brought to your institution’s Course page.
 - You will also receive a “Thank you for registering with Aquifer” email with links to tools, resources, and Aquifer news.
 - If you are a returning user:
 - Click “Sign in” in the top right corner.
 - Please log in with your institutional email and account password and click “Sign In”.

- Logging patient encounters and procedures in VLMS:
 - **Students are required to log daily** - Students are **required to log all patient type/clinical conditions and procedures/skills that they encounter that day** into the VLMS application at: <https://vlms.app/login.html>
 - Within the daily log, the clinical discipline chairs have also identified a specific set of patient presentations and procedures that each student is expected to see/do during the course of the rotation that should be logged in VLMS as you experience it. Students should be familiar with this list and should actively work to see these patients or be involved in these procedures. The list serves as a guide for the types of patients the clinical faculty think students should encounter during the rotation. The list does not include every possible diagnosis or even every diagnostic entity students must learn. The list reflects the common and typical clinical entities that the faculty feels VCOM students should experience. The list can be found in VLMS or CANVAS.
 - Students should log only an encounter with or exposure to a real patient.
 - Simulated patients, case presentations, videos, grand rounds, written clinical vignettes, etc. should not be logged even though they are all important ways to learn clinical medicine. Many of these educational experiences, along with self-directed reading, are necessary preparation for COMLEX Level 2 and postgraduate training. This log, however, focuses on a unique and critical component of clinical training, namely, involvement with “real” patients.
 - Longitudinal care of a patient that results in a new diagnosis or secondary diagnosis should be entered as a new entry instead of editing the original entry.
 - Multiple encounters with the same patient that do not result in a new diagnosis or procedure should not be logged. However, if multiple encounters result in a new diagnosis or a new procedure is performed, these should be entered as a new entry.
 - Student involvement with patients can occur in various ways with different levels of student responsibility. The most “meaningful” learning experience involves the student in the initial history and physical exam and participation in diagnostic decision making and management. A less involved but still meaningful encounter can be seeing a patient presented by someone else at the bedside. Although the level of responsibility in this latter case is less, students should log the diagnoses seen in these clinical encounters. Patient experiences in the operating or delivery room should also be logged.
 - All students must review these logs with their preceptors prior to the end of the rotation period, as required by the final preceptor evaluation form. Students are encouraged to periodically review their VLMS entries with their preceptor during the rotation period. These reviews should stimulate discussions about cases and learning objectives, as well as identify curriculum areas the student may still need to complete.
 - Failure to log daily results in the following and is cumulative throughout the academic year (not reset each rotation period):
 - First OMS 3 notification: Email warning outlining consequences
 - Second OMS 3 notification: Meeting with the Associate Dean
 - Third OMS 3 notification: Behavioral contract
 - Fourth OMS 3 notification: Students will receive an IP “In-Progress” grade for the rotation until logging for the rotation is completed.
 - Fifth OMS 3 notification: Referral to PESB/Honor Code (whichever is most appropriate), which could lead to sanctions and/or permanent record in the

student file or MSPE.

- Rotation evaluations:

The following evaluations must be completed and submitted for successful completion of the rotation:

- Mid-Rotation Evaluation: The mid-rotation evaluation form is not required but highly recommended. See the VCOM website at: <https://www.vcom.edu/academics/clinical-education-third-year/forms> to access the mid-rotation evaluation form.
- Third-Year Preceptor Evaluation: Student competency-based rating forms are used by the preceptor to evaluate each student's clinical skills and the application of medical knowledge in the clinical setting. These forms are only completed by the clinical faculty member or preceptor. It is the student's responsibility to ensure that all clinical evaluation forms are completed and submitted online or turned into the Site Coordinator or the Clinical Affairs Office at the completion of each rotation. Students should inform the Clinical Affairs Office of any difficulty in obtaining an evaluation by the preceptor at the end of that rotation. Preceptors must complete the evaluation at: <https://intranet.vcom.edu/clinical>
- Student Evaluation of the Preceptor: Students must complete and submit an evaluation of their preceptor at the end of the rotation. The form must be completed at: <https://intranet.vcom.edu/clinical>
- Student Evaluation of the Site: At the end of the student's last OMS 3 year rotation, the student must complete and submit an evaluation of their core rotation site, DSME, and Site Coordinator. The form must be completed at: <https://intranet.vcom.edu/clinical>

- Successful completion of the end-of-rotation written exam:

The content of the end-of-rotation exams will be based upon the learning objectives and reading assignments, including OMM, in this syllabus, the clinical case modules, and the Aquifer Radiology cases and their associated references.

B. APGO uWise Self-Assessment Tool

During your OB/GYN rotation, VCOM will provide you with an active subscription to the APGO Undergraduate Web-Based Interactive Self-Evaluation (uWISE) self-assessment tool, which provides students with a personal subscription. Use of this resource **is not a requirement** for the rotation but is highly recommended. Students in past years have found it very helpful in preparing for the rotation and end-of-rotation exam. APGO uWISE consists of an approximately 600-question interactive self-exam designed to help medical students acquire the necessary basic knowledge in obstetrics and gynecology. Students find this resource to be an extremely valuable study tool since it allows you to gain feedback on each of the questions as you move through the various exams. It is recommended that you use this resource throughout your OB/GYN clerkship rotation as a supplement to the curriculum and as a study tool.

- Instructions on how to login to this resource will be sent to you as you enter your OB/GYN rotation.

C. Grading

Students must pass both the "module" and "rotation" portions of the course. All rotations have a clinical rotation grade and clinical modules/exam grade. Failure to submit all of the case module files using the Canvas link provided above and the Aquifer Radiology cases **by no later than 5 PM on the day of your end of rotation exam** will result in a **deduction of 5 points from your end-of-rotation exam score. VLMS logs are due no later than 5 PM on the day of your end of rotation exam.**

Clinical Grading Scale and GPAs						
OMS 3 End-of-Rotation Exam Grades			OMS 3 AND OMS 4 Clinical Rotation Grades		Other Grades	
A	90-100	4.0	H	Honors	IP	In Progress
B+	85-89	3.5	HP	High Pass	INC	Incomplete
B	80-84	3.0	P	Pass	CP	Conditional Pass
C+	75-79	2.5	F	Fail	R	Repeat
C	70-74	2.0			Au	Audit
F	<70	0.0				

D. Remediation

Students who fail a clinical rotation, fail an end-of-rotation exam twice, or who have more than one first attempt failure on end-of-rotation exams within an academic year (even if the student has successfully remediated the prior end-of-rotation exam on the second attempt) will be referred to the Promotion Board. If a student fails the professionalism and ethics portion of the evaluation he or she may be removed from the rotation and referred to the Professional and Ethical Standards Board. No grade will be changed unless the Office of Clinical Affairs certifies to the Registrar, in writing, that an error occurred or that the remediation results in a grade change.

- **Failure of an End-of-Rotation Exam**

Students must pass each end of rotation exam with a C (70%) or better to receive a passing grade for the clinical medical knowledge module. Students who fail an end of rotation exam but pass the clinical rotation evaluation component have a second opportunity to pass the exam within 28 days of notification. If the student passes the remediation exam, the remediated exam grade will be the grade recorded on the transcript and be GPA accountable.

If the student fails the end of rotation exam a second time, the student will receive an “F” grade for the rotation and will be brought before the Promotion Board. If the student is allowed to repeat the rotation, all components of the rotation must be repeated, and the repeated rotation must be with a different preceptor than the one from the original rotation that the student failed. Once repeated, the transcript will show both the initial clinical medical knowledge module course and the initial clinical rotation competency evaluation course, as well as the repeated clinical medical knowledge module course and the repeated clinical rotation competency evaluation course. The repeated courses will have the letter “R” at the end of the course number to reflect that they are repeated. Both the grade earned for the initial courses and the repeated courses will be recorded on the transcript, but only the repeated courses will be GPA accountable, regardless of whether the initial or repeated course grade is higher.

- **Failure of a Rotation**

If a student fails the clinical rotation evaluation the student will receive an “F” grade for the rotation and will be brought before the Promotion Board. If the student is allowed to repeat the rotation, all components of the rotation must be repeated, and the repeated rotation must be with a different preceptor than the one from the original rotation that the student failed. Once repeated, the transcript will show both the initial clinical medical knowledge module course and the initial clinical rotation competency evaluation course, as well as the repeated clinical medical knowledge module course and the repeated clinical rotation competency evaluation course. The repeated courses will have the letter “R” at the end of the course number to reflect that they are repeated. Both the grade earned for the initial courses and the repeated courses will be recorded on the transcript, but only the repeated courses will be GPA accountable, regardless of whether the initial or repeated course grade is higher.

- **Failure to Make Academic Progress**

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

Poor ratings on the clinical rotation evaluation in the professional and ethical areas of the assessment are addressed by the Associate Dean for Clinical Affairs. The Associate Dean may design a remediation appropriate to correct the behavior or if needed, may refer the student to the Professional and Ethical Standards Board. In the case of repeated concerns in a professional and/or ethical area, the Associate Dean for Clinical Affairs may refer the student to the Campus Dean for a referral to the Professional and Ethical Standards Board or Promotion Board. The Campus Dean will act upon this referral depending on the severity and the area of the performance measure. Poor ratings in this area will include comments as to the exact nature of the rating.

VII. Academic Expectations

Grading policies, academic progress, and graduation requirements may be found in the [College Catalog and Student Handbook](#).

A. Attendance

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

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

It should be noted that preceptors will have final determination of the distribution of hours, which may vary from this policy but should not in general be less than 160 hours for a 4-week rotation. The institution's DSME and assigned clinical faculty determine clinical duty hours. Students are

responsible to the assigned clinical faculty and are expected to comply with the general rules and regulations established by the assigned clinical faculty, and/or the core hospital(s), or facility associated with the rotation.

The average student clinical day begins at 7 am and ends at 7 pm. Students are expected to work if their assigned clinical faculty is working. Some rotations assign students to shifts and in such cases the student may be required to work evening or night hours. If on-call hours are required, the student must take the call; however, the student should not be on duty for more than 30 continuous hours. Students may be required to work weekends, but in general should have two weekends per month free and two of seven days per week free. Student holidays are determined by the clinical site and follow those of other students and/or residents from the clinical site. Students must be prompt and on time for the clinical rotation.

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

The Office of Clinical Affairs requires that the medical student complete and submit an Excused Absence Clinical Rotations Approval form for any time "away" from clinical rotations. Forms are available at: <https://www.vcom.edu/academics/clinical-education-third-year/forms>. The student must have this form signed by their preceptor and others designated on the form to obtain an excused absence and must be provided to the DSME and the Office of Clinical Affairs through the site coordinator. The form must be completed prior to the beginning of the leave. If an emergency does not allow the student to submit this prior to the absence, the "Excused Absence Clinical Rotations Approval" form must be submitted as soon as the student is physically able to complete the form. In addition to completion of the form, students must contact the Department of Clinical Affairs, the Site Coordinator, and the preceptor's office by 8:30 AM on the day they will be absent due to an illness or emergency. No excused absence will be granted after the fact, except in emergencies as verified by the Associate Dean for Clinical Affairs.

Regardless of an excused absence, students must still complete a minimum of 160 hours for a 4-week rotation in order to pass the rotation. Any time missed must be remediated during the course of the rotation for credit to be issued. Students may remediate up to four missed days or 48 hours missed during any rotation period by working on normal days off. OMS 3 students who have any unexcused absences will be referred to the PESB.

B. Prohibited Use of External Accelerators

At times, there may be lectures on VCOMTV where completion will be documented as part of passing the course (these will be clearly indicated in the course syllabus). For these lectures, the use of an external accelerator is prohibited, as VCOMTV is unable to track completion through these programs. If a student uses an external accelerator for these assignments, they will be required to re-watch the lecture(s) in VCOMTV within the required timeline. Failure to document a student's completion of these assignments within the required timeline due to use of an external accelerator may result in failure of the course.

VIII. Professionalism and Ethics

It is advised that students review and adhere to all behavioral policies including attendance, plagiarism, dress code, and other aspects of professionalism. Behavioral policies may be found in the [College Catalog and Student Handbook](#).

A. VCOM Honor Code

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

IX. Syllabus and Rotation Schedule

Please use this syllabus as a guide, paying particular attention to the learning objectives as an outline of what you are expected to know for each topic/module. Refer to the rotation calendar for specific dates of exams.

The faculty of the course will make every effort to adhere to the syllabus and rotation schedule; however, the Office of Clinical Affairs reserves the right to make changes to the syllabus; including changes to examinations, quizzes, modules, homework or other assignments; and/or the schedule with as much advance notice as possible. These changes will be communicated to the students in writing via Canvas or email.

X. Pre-requisites to a Successful Clerkship

Please ensure that you are familiar with these four review topics prior to beginning your obstetrics and gynecology clerkship.

In addition to the topics below with reading references and learning objectives, students must also complete the assigned clinical cases and the assigned Aquifer Radiology cases. The content of the end-of-rotation exams will be based upon the learning objectives and reading assignments, including OMM, in this syllabus, the clinical case modules, and the Aquifer Radiology cases and their associated references. The clinical case modules must be submitted in Canvas at: <https://canvas.vcom.edu>

1. Female Reproductive Physiology

Module: [5](#)

Learning Objectives:

- i. Review female reproductive physiology including:
 - a. Hypothalamic-pituitary-ovarian axis
 - b. Follicular and luteal phases of menstrual cycle
 - c. Proliferative and secretory phases of the endometrium

2. Intrapartum Fetal Surveillance

Reading Assignment: Beckmann, pp 98-111

Additional Resources:

- <http://www.perinatology.com/Fetal%20Monitoring/Intrapartum%20Monitoring.htm>
- <http://www.aafp.org/afp/2009/1215/p1388.html>

Online Fetal Monitoring Course: The NCC EFM Tracing Game is part of the free online EFM toolkit at NCC-EFM.org. This web game uses NICHD terminology to identify tracing elements and categorize EFM tracings. You should spend at least two hours of your time working on the quizzes and learning basic interpretation of fetal monitoring strips. Additionally, some of these strips will be tested on in Module 1.

Module: [1](#)

Learning Objectives:

- i. Learn to interpret basic EFM patterns using a systematic approach.
- ii. Learn to use standardized terminology to appropriately document the patterns.
- iii. Learn to properly manage the clinical situations represented by the EFM pattern.

3. Obstetrics and Gynecologic History and Exam

Reading Assignment: Beckmann, Chapter 1

Module: [5](#)

Learning Objectives:

- i. Perform a thorough obstetric-gynecologic history as a portion of a general medical history.
- ii. Interact with the patient to gain her confidence and to develop an appreciation of the effect of her age, racial and cultural background, and economic status on her health.
- iii. Communicate the results of the obstetric-gynecologic and general medical history by well-organized written and oral reports.
- iv. Interact with the patient to gain her confidence and cooperation and assure her comfort and modesty.
- v. Perform a painless obstetric-gynecologic examination as part of a woman's general medical examination.
- vi. Communicate the relevant results of the examination in well-organized written oral reports.
- vii. Educate the patient regarding breast self-examination.
- viii. Identify methods to incorporate holistic care in the management of patients receiving OB or gyn care.

4. Embryology and Pelvic Anatomy

Reading Assignment: Moore's Clinically Oriented Anatomy pp 559-661

Module: [5](#)

Learning Objective:

- i. Review pelvic anatomy, with a particular focus on surgical pelvic anatomy in preparation for clinical surgical experiences.
- ii. Describe basic development of early human embryo as it relates to reproductive anatomy.
- iii. Identify structures/regions that may be treated with OMT in order to balance the autonomic nervous system.
- iv. Name the fascial regions/diaphragms which can restrict lymphatic flow.

XI. Obstetric Curriculum

5. Maternal-Fetal Physiology

Reading Assignment: Beckmann, pp 43-55

Module: [4](#)

Learning Objectives:

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

6. Preconception Care/Antepartum Care

A. Preconception Care

Reading Assignment: Beckmann, Chapter 6

Module: [4](#)

Learning Objectives:

- i. Assess a patient's genetic risk as well as father's genetic risk with regard to pregnancy.
- ii. Describe genetic screening options in pregnancy.
- iii. Recall the risk associated in pregnancy in advanced maternal age.
- iv. Counsel patients regarding nutrition and exercise.
- v. Assess a patient's medications, immunization and environmental hazard in pregnancy.

B. Antepartum Care

Reading Assignment: Beckmann, Chapter 6

Module: [4](#)

Learning Objectives:

- i. Diagnose pregnancy.
- ii. Determine gestational age.
- iii. Describe appropriate diagnostic studies and their timing for a normal pregnancy.
- iv. Assess risk factors for pregnancy complications.
- v. List the nutritional needs of pregnant women.
- vi. Identify the adverse effects of drugs and the environment on pregnancy.
- vii. Discuss answers to commonly asked questions concerning pregnancy, labor and delivery.
- viii. Identify the 2 most common complaints of an obstetrical patient in each trimester.
- ix. Identify common osteopathic structural findings in pregnancy which occur to accommodate the shifting center of gravity.
- x. Distinguish the 5 models used in osteopathic patient care for an obstetrical patient with lower extremity edema and low back pain.
- xi. From a list, identify common diagnoses/approaches to be considered in an obstetrical patient with low back pain.
- xii. Identify an Osteopathic approach to the diagnosis and treatment of an obstetrical patient with somatic dysfunction of the lumbar spine, sacrum, pelvis, and lower extremity.
- xiii. Identify the differential diagnosis for a pregnant patient with lower extremity edema.
- xiv. Describe approaches to assessing the following:
 - a. Fetal well-being
 - b. Fetal growth
 - c. Amniotic Fluid volume
 - d. Fetal lung maturity

7. Intrapartum Care

Reading Assignment: Beckmann, Chapter 8

Module: [1](#)

Learning Objectives:

- i. Differentiate between the signs and symptoms of true and false labor.
- ii. Perform initial assessment of laboring patient.
- iii. Describe the four stages of labor and recognize common abnormalities.
- iv. Explain pain management approaches during labor.
- v. Describe methods of monitoring the mother and the fetus.
- vi. Describe the steps of a vaginal delivery.
- vii. List indications for operative delivery.

8. Postpartum Care

A. Normal Postpartum Physiology and Care

Reading Assignment:

- Beckmann, Chapter 11
- [ACOG Committee Opinion No. 736 Optimizing Postpartum Care](#)

Module: [2](#)

Learning Objectives:

- i. Describe maternal physiologic changes of the postpartum period.
- ii. Describe normal postpartum care.
- iii. Describe appropriate postpartum patient counseling.
- iv. Describe appropriate postpartum contraception.
- v. Diagnose common postpartum breast problems and recommend appropriate treatment.
- vi. Develop care plan and recommendations following obstetrical complications.

- vii. Classify the categories of perineal repair.

B. Postpartum Hemorrhage

Reading Assignment:

- Beckmann, pp 127-133
- [ACOG Practice Bulletin Number 183 Postpartum Hemorrhage](#)

Module: [2](#)

Learning Objectives:

- i. List risk factors for postpartum hemorrhage.
- ii. Describe differential diagnosis of postpartum hemorrhage.
- iii. Describe the immediate management of the patient with postpartum hemorrhage, including:
 - a. Inspection for lacerations
 - b. Use of uterine contractile agents
 - c. Management of volume loss
 - d. Management of coagulopathy

C. Postpartum Infection

Reading Assignment: Beckmann, pp 122

Module: [2](#)

Learning Objectives:

- i. List the risk factors for postpartum infection.
- ii. List common postpartum infections.
- iii. Describe evaluation and management of the patient with postpartum infection.

9. Complications of Pregnancy

A. Ectopic Pregnancy

Reading Assignment: Beckmann, Chapter 19

Online Case: [Aquifer Radiology Case 14](#)

Module: [4](#)

Learning Objectives:

- i. Develop a differential diagnosis of first trimester bleeding.
- ii. Perform a physical exam to assess for acute abdomen.
- iii. List risk factors for ectopic pregnancy.
- iv. Discuss diagnostic protocols for ectopic pregnancy.
- v. Discuss the imaging management of suspected ectopic pregnancies and the correlation with clinical data.
- vi. Incorporate the ultrasound findings of an “empty uterus” with the clinical data in suspected ectopic pregnancy.
- vii. Describe treatment options for patients with ectopic pregnancy.

B. Spontaneous Abortion

Reading Assignment: Beckmann, Chapter 19

Module: [4](#)

Learning Objectives:

- i. Develop a differential diagnosis for first trimester vaginal bleeding.
- ii. Differentiate the types of spontaneous abortion (incomplete, inevitable, threatened, missed, complete).
- iii. Define recurrent abortion.
- iv. List the complications of spontaneous abortion.
- v. Identify the causes and complications of septic abortion.
- vi. Counsel a patient following a spontaneous abortion.

C. Medical and Surgical Conditions in Pregnancy

Reading Assignment: Beckmann, Chapter 21

Module: [6](#)

Learning Objectives:

- i. Identify the following medical and surgical conditions in pregnancy and discuss the potential impact of the conditions on the gravid patient and the fetus/newborn, as well as the impact of pregnancy (if any) on each condition and appropriate evaluation.
 - a. Anemia
 - b. Urinary tract disorders
 - c. Hypertension
 - d. Infectious diseases
 - e. Cardiac disease
 - f. Respiratory disorders
 - g. Surgical abdomen

D. Pre-eclampsia-Eclampsia Syndrome

Reading Assignment: Beckmann, Chapter 21

Module: [6](#)

Learning Objectives:

- i. Classify the types of hypertension in pregnancy.
- ii. Describe the pathophysiology of preeclampsia-eclampsia.
- iii. List risk factors for preeclampsia.
- iv. Recognize the signs and symptoms to diagnose preeclampsia-eclampsia.
- v. Explain the management of a patient with preeclampsia-eclampsia.
- vi. List the maternal and fetal complications associated with preeclampsia-eclampsia.
- vii. Explain the diagnosis and management of HELLP syndrome.

E. Gestational and Pre-Gestational Diabetes

Reading Assignment: Beckmann, Chapter 20

Module: [6](#)

Learning Objectives:

- i. Describe the incidence and risk factors for gestational diabetes.
- ii. Define gestational and pre-gestational diabetes.
- iii. Discuss the impact of diabetes on the gravid patient and the fetus as well as the impact of pregnancy on diabetes.
- iv. Describe the protocol for screening for and diagnosing gestational diabetes.
- v. Describe the management and monitoring of gestational and pre-gestational diabetes in pregnancy.

F. Alloimmunization

Reading Assignment: Beckmann, Chapter 23

Module: [6](#)

Learning Objectives:

- i. Describe the pathophysiology and diagnosis of alloimmunization.
- ii. Describe the use of immunoglobulin prophylaxis during pregnancy for the prevention of alloimmunization.
- iii. Discuss the management of a patient with Rh-D sensitization in pregnancy.

G. Multifetal Gestation and Malpresentation

Reading Assignment: Beckmann, Chapter 13

Learning Objectives:

- i. List the risk factors for multifetal gestation.
- ii. Describe the embryology of multifetal gestation.
- iii. Describe the diagnosis and management of multifetal gestation.
- iv. Describe the potential maternal and fetal complications associated with multifetal gestation.

H. Fetal Death

Reading Assignment:

- Prine LW. [Office Management of Early Pregnancy Loss](#)
- Van Dinter MS. [Managing Adverse Birth Outcomes: Helping Parents and Families Cope](#)

Module: [2](#)

Learning Objectives:

- i. Describe the common causes of fetal death in each trimester.
- ii. Describe the symptoms, physical findings, and diagnostic methods to confirm the diagnosis and etiology of fetal death.
- iii. Describe the medical and psychosocial management of a patient diagnosed with a fetal demise.

I. Abnormal Labor

Reading Assignment: Beckmann, Chapter 9

Module: [1](#)

Learning Objectives:

- i. List abnormal labor patterns.
- ii. Describe the causes and methods of evaluating abnormal labor patterns.
- iii. List fetal and maternal complications resulting from abnormal labor.
- iv. List indications and contraindications for oxytocin administration.
- v. Describe indications along with risks and benefits of a trial of labor after cesarean delivery.
- vi. Discuss strategies for emergency management of breech presentation, shoulder dystocia and cord prolapse.

J. Third-Trimester Bleeding

Reading Assignment: Beckmann, Chapter 16

Module: [6](#)

Learning Objectives:

- i. List the causes of third trimester bleeding.
- ii. Describe the initial evaluation of a patient with third trimester bleeding.
- iii. Differentiate the signs and symptoms of third trimester bleeding.
- iv. List the maternal and fetal complications of placenta previa, placental abruption and uterine rupture.
- v. Describe the initial evaluation and management plan for acute blood loss.

K. Preterm Labor

Reading Assignment: Beckmann, Chapter 17

Module: [6](#)

Learning Objectives:

- i. Identify the modifiable and non-modifiable factors and causes for preterm labor.
- ii. Describe the signs and symptoms of preterm labor.
- iii. Describe the initial management of preterm labor.

- a. Use of tocolytics
- b. Indications for steroid use
- c. Indications for antibiotics
- iv. List indication and contraindications of medications used in preterm labor.
- v. List the adverse outcomes associated with preterm birth.

L. Premature Rupture of Membranes

Reading Assignment: Beckmann, Chapter 17

Module: [6](#)

Learning Objectives:

- i. List the history, physical findings and diagnostic methods to confirm rupture of membranes.
- ii. Identify risk factors for premature rupture of membranes.
- iii. Describe the risks and benefits of expectant management versus immediate delivery, based on gestational age.
- iv. Describe the methods to monitor maternal and fetal status during expectant management.

M. Post Term Pregnancy

Reading Assignment: Beckmann, Chapter 18

Learning Objectives:

- i. Describe normal period of gestation.
- ii. List the complications of prolonged gestation.
- iii. Describe the evaluation and evidence-based management options for prolonged gestation.

N. Fetal Growth Abnormalities

Reading Assignment: Beckmann, Chapter 14

Module: [6](#)

Learning Objectives:

- i. Define macrosomia and fetal growth restriction.
- ii. Describe etiologies of abnormal growth.
- iii. List methods of detection of fetal growth abnormalities
- iv. Describe the management of fetal growth abnormalities.
- v. List the associated morbidity and mortality.

O. Obstetric Procedures

Reading Assignment: Beckmann, pp 81-105; 118-119

Online Case: [Aquifer Radiology Case 14](#)

Modules: [1](#) and [4](#)

Learning Objectives:

- i. Describe each procedure and list the indications and complications of each of the following:
 - a. Chorionic villous sampling and amniocentesis
 - b. Induction and augmentation of labor
 - c. Episiotomy
 - d. Spontaneous vaginal delivery
 - e. Vacuum-assisted delivery
 - f. Forceps delivery
 - g. Breech delivery
 - h. Cesarean delivery
 - i. Vaginal birth after Cesarean section
 - j. Newborn circumcision

- ii. Describe obstetric ultrasound:
 - a. Radiation risk to the fetus
 - b. Four indications for first trimester ultrasound
 - c. Describe the normal sequence of appearance of embryonic structures on first-trimester ultrasound
 - d. Four indications for second and third trimester ultrasound

XII. Gynecology Curriculum

10. Menstrual Cycle and Vaginal Bleeding

A. Normal and Abnormal Bleeding

Reading Assignment: Beckmann, Chapter 37, 39

Module: [7](#)

Learning Objectives:

- i. Define the normal menstrual cycle and describe its endocrinology and physiology.
- ii. Define abnormal uterine bleeding.
- iii. Describe the pathophysiology and identify etiologies of abnormal uterine bleeding using the PALM-COEIN classifications.
- iv. Describe the steps in the evaluation and initial management of abnormal uterine bleeding.
- v. Describe clinical applications of Sonohysterography.
- vi. Summarize medical and surgical management options for patients with abnormal uterine bleeding.

B. Uterine Leiomyoma

Reading Assignment: Beckmann, Chapter 48

Learning Objectives:

- i. Cite the prevalence of uterine leiomyoma.
- ii. Identify symptoms and physical findings in patients with uterine leiomyoma.
- iii. Describe the diagnostic methods to confirm uterine leiomyomas.
- iv. Describe the management options for the treatment of uterine leiomyomas.

C. Amenorrhea

Reading Assignment: Beckmann, Chapter 38, 39

Learning Objectives:

- i. Define amenorrhea and oligomenorrhea.
- ii. Explain the pathophysiology and identify the etiologies of amenorrhea and oligomenorrhea, including possible nutritional causes.
- iii. Describe associated symptoms and physical examination findings of amenorrhea.
- iv. Discuss the steps in the evaluation and initial management of amenorrhea and oligomenorrhea.
- v. Describe the consequences of untreated amenorrhea and oligomenorrhea.

D. Premenstrual Syndrome (PMS)/Premenstrual Dysphoric Disorder (PMDD)

Reading Assignment: Beckmann, Chapter 43

Learning Objectives:

- i. Identify the criteria for making the diagnosis of PMS and PMDD.
- ii. Describe treatment options for PMS and PMDD.

11. Contraception and Sterilization

Reading Assignment: Beckmann, Chapter 26 & 27

Module: [7](#)

Learning Objectives:

- i. Describe the physiologic basis of contraception.
- ii. Describe the effectiveness of each form of contraception.
- iii. Counsel the patient regarding the benefits and risks for each form of contraception.
- iv. Cite the financial considerations of the various forms of contraception.
- v. Describe the methods of male and female sterilization.
- vi. List the risks and benefits of procedures including:
 - a. Potential surgical complications
 - b. Failure rates
 - c. Reversibility

12. Vulvar and Vaginal Disease

Reading Assignment: Beckmann, Chapter 46

Module: [3](#)

Learning Objectives:

- i. Describe normal vaginal appearance and secretions.
- ii. Formulate a differential diagnosis for vulvovaginitis.
- iii. Interpret a wet mount microscopic examination.
- iv. List the evaluation and management of common vulvar problems, including:
 - a. Atrophy
 - b. Dermatological conditions of vulva
 - c. Bartholin's gland disease
 - d. Vulvodynia
 - e. Trauma

13. Sexually Transmitted Infections (STI) and Pelvic Inflammatory Disease

A. Sexually Transmitted Infections

Reading Assignment: Beckmann Chapter 28 & 29

Module: [3](#)

Learning Objectives:

- i. Describe the guidelines for STI screening and partner notification.
- ii. Describe STI prevention strategies, including immunization.
- iii. List the causative pathogens of common STI's.
- iv. Describe the symptoms and physical exam findings associated with common STI's.
- v. Discuss the steps in the evaluation and initial management of common STI's.
- vi. Review the CDC guidelines for treating the following sexually transmitted infections:
 - a. Bacterial vaginosis
 - b. Chlamydia
 - c. Gonorrhea
 - d. Syphilis
 - e. Chancroid
 - f. Trichomoniasis
 - g. HSV

B. Pelvic Inflammatory Disease

Reading Assignment: Beckmann, pp 255-256

Learning Objectives:

- i. Describe the pathophysiology of salpingitis and pelvic inflammatory disease.

- ii. Describe the evaluation, diagnostic criteria, and initial management of salpingitis/pelvic inflammatory disease.
- iii. Identify the long-term sequelae of salpingitis including tubo-ovarian abscess, chronic salpingitis and pelvic adhesions.

14. Cervical Disease and Neoplasia

Reading Assignment:

- Beckmann, Chapter 47
- [2012 ASCCP Guidelines for the Management of Abnormal Cervical Cancer Screening Tests](#)
- [2021 ACOG Practice Advisory: Updated Cervical Cancer Screening Guidelines](#)

Module: [5](#)

Learning Objectives:

- i. Describe the pathogenesis of cervical cancer.
- ii. Describe the epidemiology and clinical burden of HPV.
- iii. List the guidelines for HPV vaccination.
- iv. List the risks factors for cervical neoplasia and cancer.
- v. List the guidelines for cervical screening.
- vi. Describe the initial management of a patient with an abnormal Pap test.
- vii. Describe the symptoms and physical findings of a patient with cervical cancer.

15. Pelvic Pain

A. Dysmenorrhea

Reading Assignment: Beckmann, Chapter 32

Module: [3](#)

Learning Objectives:

- i. Define dysmenorrhea.
- ii. Distinguish primary from secondary dysmenorrhea.
- iii. Identify the etiologies of dysmenorrhea.
- iv. Discuss the steps in the evaluation and management of dysmenorrhea.

B. Endometriosis

Reading Assignment: Beckmann, Chapter 31

Learning Objectives:

- i. Describe the theories of the pathogenesis of endometriosis.
- ii. List the common sites of endometriosis.
- iii. Describe the symptoms and physical exam findings in a patient with endometriosis.
- iv. Describe the diagnosis and management options for endometriosis.

C. Chronic Pelvic Pain

Reading Assignment: Beckmann, Chapter 32

Learning Objectives:

- i. Define chronic pelvic pain.
- ii. Define prevalence and common etiologies of chronic pelvic pain.
- iii. Describe the symptoms and physical exam findings in a patient with chronic pelvic pain.
- iv. Discuss the evaluation and management options for chronic pelvic pain.
- v. Discuss the psychosocial issues associated with chronic pelvic pain.

16. Breast Disorders

Reading Assignment: Beckmann, pp 122; 285-294

Online Case: [Aquifer Radiology Case 15](#)

Module: [5](#)

Learning Objectives:

- i. Describe standards of surveillance of an adult woman, including breast self-examination and physical examination.
- ii. Describe the current recommendations for screening mammography and discuss key controversies surrounding screening mammography.
 - a. Recognize the potential consequences of a low specificity screening examination such as mammography.
- iii. Describe the approach to screening for patients who are at high risk for breast cancer, with mammography and MRI.
- iv. Diagnose the approach to a woman with the chief complaint of breast mass, nipple discharge or breast pain.
- v. List history and physical findings that might suggest the following abnormalities:
 - a. Intraductal papilloma
 - b. Fibrocystic changes
 - c. Fibroadenoma
 - d. Carcinoma
 - e. Mastitis
- vi. Demonstrate the performance of a clinical breast examination.
- vii. Describe the appearance of a simple breast cyst on ultrasound.
- viii. Describe how mammography is performed.
- ix. Differentiate between indications for “screening” and “diagnostic” mammography.
- x. Outline BIRADS categories and their implications for patient management.
- xi. List common abnormalities that can be seen on mammograms.
- xii. Describe the role of image-guided core needle breast biopsies.
- xiii. Discuss how sentinel nodes studies are performed.

17. Infertility

Reading Assignment: Beckmann, Chapter 42

Online Case: [Aquifer Radiology Case 14](#)

Module: [3](#)

Learning Objectives:

- i. Define infertility.
- ii. List the causes of female and male infertility.
- iii. Describe the evaluation and initial management including imaging of an infertile couple.
- iv. Describe the psychosocial issues associated with infertility.
- v. Describe the management options for infertility.

18. Pelvic Support Defects and Urinary Incontinence

Reading Assignment: Beckmann, Chapter 30

Module: [8](#)

Learning Objectives:

- i. Define pelvic support defect and pelvic organ prolapse.
- ii. Identify the following elements on physical exam:
 - a. Cystocele
 - b. Rectocele
 - c. Vaginal vault prolapse
 - d. Uterine prolapse
- iii. List behavioral, medical and surgical methods to appropriately treat incontinence and pelvic organ

- prolapse.
- iv. Incorporate screening questions to differentiate between types of incontinence when eliciting a patient history.
- v. Discuss the difference between stress, urge, and overflow incontinence.
- vi. List risk factors for UTI.
- vii. Differentiate between the diagnosis and treatment of upper and lower UTI.

19. Menopause

Reading Assignment: Beckmann, Chapter 41

Module: [8](#)

Learning Objectives:

- i. Define menopause.
- ii. Describe physiologic changes in the hypothalamic-pituitary-ovarian axis associated with perimenopause/menopause.
- iii. Describe symptoms and physical exam findings related to perimenopause/menopause.
- iv. Discuss management options for patients with perimenopausal/menopausal symptoms.
- v. Discuss long-term changes associated with menopause.

20. Abortion

Reading Assignment: Beckmann, Chapter 19

Learning Objectives:

- i. List surgical and non-surgical pregnancy termination methods.
- ii. Identify potential complications of abortion.

21. Hirsutism and Virilization

Reading Assignment: Beckmann, Chapter 40

Module: [7](#)

Learning Objectives:

- i. Recognize normal variations in secondary sexual characteristics.
- ii. Define hirsutism and virilization.
- iii. List etiologies including ovarian, adrenal, pituitary and pharmacological.
- iv. Describe the steps in the evaluation and initial management options for hirsutism and virilization.

22. Gynecologic Neoplasia

A. Vaginal/Vulvar Cancer

Reading Assignment: Beckmann, Chapter 46

Module: [8](#)

Learning Objectives:

- i. List risk factors for vulvar neoplasms.
- ii. Describe the symptoms and physical examination findings of a patient with vulvar neoplasms.
- iii. List indications for vulvar biopsy.

B. Cancer of Uterine Corpus

Reading Assignment: Beckmann, Chapter 48

Online Case: [Aquifer Radiology Case 15](#)

Module: [8](#)

Learning Objectives:

- i. List risk factors for endometrial hyperplasia/cancer.
- ii. Describe symptoms and physical findings.
- iii. Outline the causes of endometrial hyperplasia/cancer.

- iv. Describe how to evaluate post-menopausal vaginal bleeding.
- v. Identify the threshold for abnormal endometrial thickness in a postmenopausal patient and next step management.
- vi. Describe methods to diagnose endometrial carcinoma.
- vii. Understand impact of staging on management and prognosis.
- viii. Describe management of the patient with endometrial cancer.

C. Ovarian and Adnexal Disease

Reading Assignment: Beckmann, Chapter 50

Online Case: [Aquifer Radiology Case 15](#)

Module: [8](#)

Learning Objectives:

- i. Describe the initial management of a patient with an adnexal mass.
- ii. Compare the characteristics of:
 - a. Functional cysts
 - b. Benign ovarian neoplasms
 - c. Carcinomas
- iii. List the risks factors and protective factors for ovarian cancer.
- iv. Describe when and how patients at increased risk of ovarian cancer should be screened.
- v. Describe the symptoms and physical findings associated with ovarian cancer.
- vi. Describe the three histologic categories of ovarian neoplasm.
 - a. Epithelial
 - b. Gonadal
 - c. Germ Cell
- vii. Understand the impact of staging on management and prognosis.

D. Gestational Trophoblastic Disease

Reading Assignment: Beckmann, Chapter 45

Module: [2](#)

Learning Objectives:

- i. Describe symptoms and physical examination findings of gestational trophoblastic disease.
- ii. Describe diagnostic methods for GTN including molar pregnancy.
- iii. List the treatment options and follow-up for GTN including molar pregnancy.
- iv. Recognize the difference between molar pregnancy and GTN.

23. Sexual Assault/Domestic Violence

Reading Assignment: Beckmann, Chapter 36

Module: [3](#)

Learning Objectives:

- i. Identify patients at increased risk for sexual assault.
- ii. Describe the medical and psychosocial management of a victim of sexual assault.
- iii. Cite prevalence and incidence of violence against women, elder abuse and child abuse.
- iv. Demonstrate screening methods for domestic violence.
- v. Communicate the available resources for a victim of domestic violence including short-term safety.

24. Sexuality and Modes of Sexual Expression

Reading Assignment: Beckmann, Chapter 35

Learning Objectives:

- i. Obtain a sexual history, including sexual function and sexual orientation.
- ii. Describe the physiology of the female sexual response.
- iii. Describe the common patterns of female sexual dysfunction.
 - a. Female arousal disorder
 - b. Female orgasmic disorder
 - c. Genitopelvic pain/penetration disorder
- iv. Identify the physical, psychological and societal impact on female sexual functions.

25. Osteoporosis

Reading Assignment:

- Beckmann, pp 19, 348-349
- [ACOG Practice Bulletin #129: Osteoporosis](#)

Module: 8

Learning Objectives:

- i. Define osteoporosis and osteopenia.
- ii. Describe the pathophysiology of osteoporosis.
- iii. Interpret bone density testing and delineate the criteria for the diagnosis of osteoporosis and osteopenia.
- iv. List risk factors for osteoporosis and identify fracture risk using FRAX.
- v. Identify the clinical manifestations of osteoporosis.
- vi. Develop an evaluation plan for osteoporosis.
- vii. List secondary causes of osteoporosis and how to screen for them.
- viii. Define prevention strategies for osteoporosis and fracture.
- ix. List major sequelae of osteoporosis.
- x. Discuss treatment options for osteoporosis:
 - a. Lifestyle management
 - b. Nutrients and supplements
 - c. Medications, including hormones, bisphosphonates, RANKL inhibitors