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.
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.

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. Formative 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. 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).

C. Logging Patient Encounters and Procedures
Students are required to maintain a log to identify the procedures performed and the number of essential patient encounters in the VLMS application. 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.

IV. Credits
5 credit hours

V. Course Texts
A. Required Textbooks
Available in electronic format on the VCOM Library – on LWW Osteopathic Medicine Collection
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.

- Completion and submission of the clinical curriculum
  - 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 and clinical case modules that are derived from some, but not all, of the learning objectives. 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.
  - 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 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/login/ldap. Failure to do so will result in a deduction of 5 points from your end-of-rotation exam score.
  - The content of the end-of-rotation exams will be based upon the learning objectives and reading assignments in this syllabus and the clinical case modules and their associated references.

- Logging Patient Encounters and Procedures in VLMS:
  - Students are required to log all patient encounter diagnoses and procedures into the VLMS application. A minimum of 100 encounters is required for each rotation and students must log the minimum number of encounters in order for the preceptor to sign off on the log.
  - An encounter is the same as a primary diagnosis. Secondary diagnoses, procedures, and prescriptions don't count towards the requirement, though we recommend logging those where possible to make your record accurate and complete. Multiple encounters can be logged under the same patient (i.e. in-patient, or even one you saw on multiple distinct times on the same day), and those do count separately towards the requirement. You can also enter didactic patients from hypotheticals discussed with your preceptor or lectures related to the rotation (these also count towards the requirement but be sure to mark them as didactic so that they remain organized separately from your real patients).
  - 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. If the rotation does not provide enough patient encounters/procedures to reach the minimum entry requirement, the student may request a waiver from the Associate Dean for Clinical Affairs. VLMS logs are due no later than 5 PM on the day of your end of rotation exam. VLMS can be accessed at: https://clinicalems.com
• Rotation Evaluations:
  o Student Site Evaluation: Students must complete and submit at the end of rotation. See the VCOM website at: https://intranet.vcom.edu/clinical to access the evaluation form.
  o Third-Year Preceptor Evaluation: It is the student's responsibility to ensure that all clinical evaluation forms are completed and submitted online or turned in to 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. See the VCOM website at: https://www.vcom.edu/academics/clinical-education-third-year/forms to access the evaluation form.
  o 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.

• Successful completion of the end-of-rotation written exam. The end-of-rotation exam questions will be derived directly from the specific objectives presented in each of the below modules.

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 Ob-case module files using the Canvas link provided above 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.

<table>
<thead>
<tr>
<th>Clinical Grading Scale and GPAs</th>
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<tr>
<th>OMS 3 End-of-Rotation Exam Grades</th>
<th>OMS 3 AND OMS 4 Clinical Rotation Grades</th>
<th>Other Grades</th>
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<tbody>
<tr>
<td>A 90-100</td>
<td>H Honors</td>
<td>IP In Progress</td>
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<tr>
<td>B+ 85-89</td>
<td>HP High Pass</td>
<td>INC Incomplete</td>
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<tr>
<td>B 80-84</td>
<td>P Pass</td>
<td>CP Conditional Pass</td>
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<tr>
<td>C+ 75-79</td>
<td>F Fail</td>
<td>R Repeat</td>
</tr>
<tr>
<td>C 70-74</td>
<td>Au Audit</td>
<td></td>
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<tr>
<td>F &lt;70</td>
<td></td>
<td>R Repeat</td>
</tr>
</tbody>
</table>
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, VCOM 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 call 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.
    - Student 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 greater 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 to 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 of 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.

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. The content of the end-of-rotation exams will be based upon the learning objectives and reading assignments in this syllabus and the clinical case modules and their associated references. The clinical case modules must be submitted in Canvas at:
https://canvas.vcom.edu/login/ldap

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
Perform a painless obstetric-gynecologic examination as part of a woman’s general medical examination.

Communicate the relevant results of the examination in well-organized written oral reports.

Educate the patient regarding breast self-examination.

4. Embryology and Pelvic Anatomy
   Reading Assignment: Beckmann, pp 29-41
   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.

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. 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 or 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
   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. 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 conditions 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
Module: 6
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
Modules: 1 and 4
Learning Objectives:
  i. Describe each procedure and list the indications and complications of each of the following:
     a. Ultrasound
     b. Chorionic villous sampling and amniocentesis
     c. Induction and augmentation of labor
     d. Episiotomy
     e. Spontaneous vaginal delivery
     f. Vacuum-assisted delivery
     g. Forceps delivery
     h. Breech delivery
     i. Cesarean delivery
     j. Vaginal birth after Cesarean section
     k. Newborn circumcision

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. 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
   Module: 5
   Learning Objectives:
   i. Describe standards of surveillance of an adult woman, including breast self-examination, physical examination and mammography
   ii. Diagnose the approach to a woman with the chief complaint of breast mass, nipple discharge or breast pain
   iii. List history and physical findings that might suggest the following abnormalities:
       a. Intraductal papilloma
       b. Fibrocystic changes
       c. Fibroadenoma
       d. Carcinoma
       e. Mastitis
   iv. Demonstrate the performance of a clinical breast examination

17. Infertility
   Reading Assignment: Beckmann, Chapter 42
   Module: 3
   Learning Objectives:
   i. Define infertility
   ii. List the causes of female and male infertility
   iii. Describe the evaluation and initial management 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
  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 methods to diagnose endometrial carcinoma
  v. Understand impact of staging on management and prognosis
  vi. Describe management of the patient with endometrial cancer

C. Ovarian and Adnexal Disease
  Reading Assignment: Beckmann, Chapter 50
  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 the symptoms and physical findings associated with ovarian cancer
  v. Describe the three histologic categories of ovarian neoplasm
      a. Epithelial
      b. Gonadal
      c. Germ Cell
  vi. 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

Osteopathic Manipulative Medicine and the Osteopathic approach to clinical cases are covered in the monthly workshops and tested on the OMM end-of-rotation exams. Students are responsible for reviewing the OMM Syllabus and meeting the learning objectives covered in each month’s workshop.