

CORE OBSTETRICS & GYNECOLOGY (OB-GYN 301) Syllabus

Kansas City University
College of Osteopathic Medicine



COURSE DIRECTOR

Robert Moulton, DO

816.654.7382 – rmoulton@kansascity.edu

CREDIT HOURS: 4

COURSE DESCRIPTION

This required clerkship provides students with clinical exposure, observation, and training to further their understanding of obstetrics and gynecology (OB/GYN). Students focus on the diagnosis, treatment, and management of common OB/GYN conditions to prepare for more advanced study of the discipline. During the clerkship, students will continue to improve their abilities to obtain, record, analyze, and communicate clinical information. Variable – a minimum of 37.5 clock/contact hours of formalized clinical instruction equals one-semester credit.

Course Goals

[COURSE GOALS](#)

INSTRUMENT(S) OF STUDENT EVALUATION AND ASSESSMENT

- *Students will be evaluated through a combination of one or more of the following assessment modalities*
 - *Clinical Competency Assessment from Preceptor*
 - *Boards and Beyond Videos*
 - *TrueLearn Quiz*
 - *End of Clerkship Reflections from the Student*
 - *Standardized Case Log*
 - *OBGYN COMAT Exam*

This syllabus is to provide the student guidance in what may be covered and expected during the clerkship. Every effort will be made to avoid changing the clerkship requirements but the possibility exists that unforeseen events will make syllabus changes necessary. KCU reserves the right to amend, modify, add, delete, supplement and make changes as the clerkship needs arise.

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Clerkship Requirements

Didactic Conferences and Reading Assignments

While the focus of the clinical years is hands-on experience, didactic conferences and reading assignments are often provided as an aide to this learning process. Completion of reading assignments and attendance at didactic conferences scheduled by KCU, the Regional Assistant Deans, DMEs, the core site hospital, clerkship service or preceptor are required without exception.

Boards and Beyond Videos

Required Boards and Beyond videos have been added to core clerkship curriculum and must be completed and then acknowledged in Canvas prior to receiving a final grade and credit. The quiz associated with each required video from the playlist is highly encouraged, but not required. While students are encouraged to work through all Boards and Beyond Videos, only the following are required to be completed by the last day of the clerkship.

TrueLearn Quiz

A required 60 question TrueLearn quiz has been added to core clerkship curriculum and must be completed prior to receiving a final grade and credit. Students are encouraged to work through the TrueLearn Level 2 Combank throughout the third year to assist in preparing for COMAT's and COMLEX Level 2.

Case Log

In order to reasonably standardize the obstetrics and gynecology experience for all KCU students across many sites, **students will be required to complete a case checklist of common acute and chronic problems, and health maintenance visits.** If a student has been unable to see a patient with a particular problem, the student can supplement their experience with content from Boards and Beyond, or receive case-based instruction about that problem or visit type from their preceptor. The preceptor will sign off the list, acknowledging that the student has completed the expected encounters, and understands the principles presented.

COMAT Exam (End of Clerkship)

Students must pass a National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Test (COMAT) upon completion of each third-year core discipline.

Students are expected to study for these exams with similar rigor as all other high stakes examinations.

[Exam Blueprint](#)

Students are awarded a grade of Fail, Pass or Honors for COMAT Exams based on academic year norms established by the NBOME in combination with minimum standards set by KCU. Exam scores and Examinee Performance Profiles (EPP) are made available to students within 10 business days following the Exam date through www.nbome.org. [NBOME Percentile Scores](#)

provide normative information about the relative rank of test takers' performance in comparison to others who took the Examination.

When a student does not achieve a passing score on a COMAT Exam, a retake is required. The exact date and time of the remediation Exam will be communicated by the Assessment Department and students are expected to retake the Exam as scheduled.

End of Clerkship Reflections

Students are responsible to complete End of Clerkship Reflections through eValue at the end of every clinical experience to include:

- Evaluation of the Clerkship
- Evaluation of the Preceptor

Completion of these reflections are required prior to receiving a final grade or credit for any clerkship. Students are encouraged to provide accurate comments regarding the preceptor/clerkship experience. All information submitted in the reflections is anonymous and will be de-identified for anonymity before being released to the site or preceptor the following academic year.

Clerkship Attendance Policy

Please refer and adhere to the following sections in the Clinical Education Guidelines.

- Clinical and Educational Work Hours
- Absence from Clerkships

Evaluation & Grading

To be successful in this course the student must achieve the minimum score required in each component listed below. The final grade of Pass/Fail/Honors for the core rotation is derived from the following components:

Component	Evaluation Tool	Minimum Score Required
Clinical Competency Assessment from Preceptor	Clinical Clerkship Evaluation via eValue	Upon completion of this clerkship students should perform the behaviors outlined within the "expected" level of each competency rated on the clinical clerkship evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.
Standardized Case Log	Case Log via CANVAS	Upon completion of this clerkship, student is responsible for completing the case checklist in CANVAS with preceptor confirmation.
End of Clerkship Reflections <i>from the Student</i>	Evaluation of Clerkship Evaluation of Preceptor Via eValue	Upon completion of this clerkship student is responsible for completing evaluations of clerkship and preceptor via eValue.
Boards and Beyond	Videos	Completion of each video

TrueLearn	Quiz	Completion of quiz
Standardized Assessment	COMAT Exam	Scaled Core of 85 or greater Honor's Score is 113 or greater

All of above items are mandatory for successful course completion. Clinical Performance is assessed by each attending with whom the student has contact. Professionalism and work habits are a significant portion of the clinical assessment. These include the student attitude, demeanor, and interaction with attendings, peers, and staff. Character qualities and behaviors such as punctuality, teachability, honesty, bedside manner, and integrity are important for your professional development.

Please note, at the discretion of the clerkship director, may result in failure of rotation for non-professional student conduct, i.e. issues with attitude, absenteeism, participation.

Course Structure

Clerkships occur in various settings across the country and provide a wide variety of educational experiences giving students an opportunity to understand how context influences the diagnostic process and management decisions. Physicians routinely address complexities, including patients with multiple concerns, various psychosocial issues, and different, sometimes conflicting behaviors that influence their health and health care. Due to the breadth of care provided by physicians it is not possible to list all potential patient presentations that physicians competently manage. The required elements within the clinical curriculum are progressive and accomplished across the continuum of the required clerkships.

Students will rotate in assigned clinical settings in order to complete the required clerkships. Preceptors will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among clerkships, this standardized curriculum is provided. In order to successfully complete the required clerkships, students must fulfill requirements specified by their preceptor and complete the required elements of the standardized curriculum.

The KCU-COM standardized core curriculum has been designed for the purpose of ensuring that students understand expectations and work to achieve competency in the diagnosis and management of common illnesses. In so doing, students will gain an appreciation for appropriate utilization of a variety of treatment modalities.

Required Textbooks

All available through [KCU Library Databases](#) with KCU Student ID

- [Access Medicine](#)
- [Blueprints Obstetrics & Gynecology](#), 7e Tamara L Callahan, Aaron B Caughey
- [Hacker and Moore's Essentials of Obstetrics and Gynecology](#), 6e, (Eds) Nevill F Hacker, Joseph C Gambone and Calvin J Hobel

Recommended Resources

(All available through [KCU Library Databases](#) with KCU User ID)

- [An Osteopathic Approach to Diagnosis and Treatment](#), 4e Eileen L DiGiovanna, Stanley Schiowitz, Dennis J Dowling

- [Centers for Disease Control and Prevention](#)
- [Comprehensive Gynecology](#), 8e Roger A Logo, David M Gershenson, Gretchen M Lentz, Fidel A Valea
- [Foundations of Osteopathic Medicine](#), 4e, Anthony G Chila, Jane E Carreiro, Dennis J Dowling, Russell G Gamber, John C Glover, Ann L Habenicht, John A Jerome, Michael M Patterson, Felix J Rogers, Michael A Seffinger, Frank H Willard
- [Gabbe's Obstetrics: Normal Problems and Pregnancies](#), 8e, Steven G Gabbe
- [The American College of Obstetricians and Gynecologists](#)
- U.S. Department of Health and Human Services: [Agency for Healthcare Research and Quality\(AHRQ\) – National Guideline Clearinghouse](#)
- [United States Preventive Services Task Force](#) is a suggested reference source for evidence-based health promotion/disease prevention *plans*

Osteopathic Medical Education Core Competencies

The AACOM has identified competencies that all osteopathic students should develop during their training. These help ensure that students are able to demonstrate and/or develop specific skills. These overarching competencies and objectives are specifically addressed in the clinical clerkship syllabi and specific topics we anticipate students will be exposed to in this course are labeled with the corresponding competency. The competencies are:

Competency 1: Osteopathic Philosophy & Osteopathic Manipulative Medicine

Graduates are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT). The education goal is to train a skilled and competent osteopathic practitioner who remains dedicated to lifelong learning and to practice habits consistent with osteopathic principles and practices.

Competency 2: Medical Knowledge

Graduates are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in lifelong learning activities, including research.

Competency 3: Patient Care

Graduates must demonstrate the ability to effectively treat patients, providing medical care that incorporates osteopathic principles and practices, empathy, awareness of behavioral issues, preventive medicine and health promotion.

Competency 4: Interpersonal & Communication Skills

Graduates are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health-care teams.

Competency 5: Professionalism

Graduates are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, lifelong learning, and sensitivity to diverse patient populations. Graduates should be cognizant of their own physical and mental health in order to effectively care for patients.

Competency 6: Practice-Based Learning & Improvement

Graduates must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

Competency 7: Systems-Based Practice

Graduates are expected to demonstrate an understanding of healthcare delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.

Competency 8: Health Promotion/Disease Prevention

Graduates are expected to coordinate preventive health care across providers. Collaborate within a patient-centered team and demonstrate preventive health principles by modeling a healthy lifestyle.

Competency 9: Cultural Competencies

Graduates are expected to demonstrate an understanding of the scope of culture and the elements that form and define it. Understand the public health implications of cultural competence in health care. Demonstrate familiarity with basic religious and cultural beliefs that affect patients' understanding of the etiology of their illness and/or the efficacy of their treatment.

Competency 10: Evaluation of Health Sciences Literature

Graduates are expected to utilize current technologies, e.g. websites, online search engines, PDA-based programs, information services, and journals to locate health science literature. Apply critical concepts from statistics, epidemiology, and research design to evaluate health science literature.

Competency 11: Environmental and Occupational Medicine (OEM)

Graduates are expected to understand the policy framework and major pieces of legislation and regulations related to environmental and occupational health (i.e. regulations essential to workers' compensation, accommodation of disabilities, public health, worker safety, and environmental health and safety, etc.).

Competency 12: Public Health Systems

Graduates are expected to apply understanding of the interaction of public health and health care systems in the practice of osteopathic medicine as it affects health promotion and disease prevention. Recognize differences among public health systems, epidemiological systems, and individual systems in the utilization of resources and in the practice of osteopathic medicine.

Competency 13: Global Health

Graduates are expected to identify and treat individual patients with varying cultural beliefs regarding health, disease, and patient care. Compare and contrast differing non-U.S. health care systems.

Competency 14: Interprofessional Collaboration

Graduates are expected to respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care. Act with honesty and integrity in relationships with patients, families, and other team members. Engage other health professionals (appropriate to the specific care situation) in shared patient centered problem solving for effective team-base care.

[Osteopathic Core Competencies for Medical Students](#), American Association of Colleges of Osteopathic Medicine, in conjunction with all U.S. Osteopathic Medical Schools (2012)

Core Entrustable Professional Activities for Entering Residency

Just as the anticipated topics a student will see are tagged to the correlating Osteopathic Competency, we also will label the EPA associated. Over the past several years, program directors have increasingly expressed concern that some medical students are not prepared for residency. While both allopathic and osteopathic medical schools must show that their students' meet specific competencies to maintain accreditation, this alone was not ensuring that the students were able to assume the increased responsibility inherent with starting residency programs as graduates of medical or osteopathic medical schools. For this reason, in 2013 ten schools were chosen to pilot the initial institution of EPA requirements and in 2016 a report was issued by AACOM that, with the unified pathway for residency match, osteopathic schools should include EPAs in their curriculum.

Core Entrustable Professional Activities for Entering Residency are:

1. Gather a history and perform a physical examination
2. Prioritize a differential diagnosis following a clinical encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss orders and prescriptions
5. Document a clinical encounter in the patient record
6. Provide an oral presentation of a clinical encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibly
9. Collaborate as a member of a professional team
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement

[Core Entrustable Professional Activities for Entering Residency: Curriculum Developers' Guide, American Association of Medical Colleges](#)

Course Expectations

Students learn the fundamentals of an approach to the evaluation and management of frequently occurring, complex, concurrent, and ill-defined problems across a wide variety of acute and chronic presentations. The expectation for these required clerkships *includes progressive competency in performance of:*

- Application of basic sciences **Medical Knowledge**, including anatomy, microbiology, pharmacology, physiology, biochemistry, as well as **Osteopathic Principles and Practices** into the diagnosis and intervention of common medical conditions in the course of **Patient Care**.
- Effective **Interpersonal and Communication Skills** incorporating knowledge, behaviors, critical thinking, and decision-making skills related to:
 - Historical assessment
 - Physical examination

- Osteopathic structural exam
 - Application of osteopathic manipulative medicine when clinically indicated
- Outlining a differential diagnosis for presenting complaints
 - Devising an evidence-based, cost-effective diagnostic approach
 - Appropriate interpretation of diagnostic studies
- Discriminating between available therapeutic modalities
- Understanding **Practice-Based Learning and Improvement** and the impact of epidemiology, evidenced-based medicine, best clinical practices, clinical guidelines, and the delivery of quality health care on.
- Appropriate use of technology (e.g., web-based, handheld computer) to support patient education and disease prevention activities.
- Demonstrating **Professionalism** in upholding the highest moral and ethical standards in interactions with members of the health care team and with patients.
- Awareness of and responsiveness to **Systems-Based Practices** in the context of the health care systems including the critical role of family physicians within the health care system, and identifying system resources to maximize the health of the individual and the community.

Course Objectives

Student Learning Objectives for Obstetrics Care Presentations

At the end of the clerkship, for each common symptom, students should be able to:

- Differentiate among common etiologies based on the presenting symptom.
- Elicit a focused history and perform a focused physical examination.
- Recognize “don’t miss” conditions that may present with a particular symptom.
- Discuss the importance of a cost-effective approach to the diagnostic work-up.
- Describe the initial management of common and dangerous diagnoses that present with a particular symptom.
- Demonstrate a comprehensive women’s history and physical, including:
 - Menstrual history, obstetric history, gynecologic history, contraceptive history, sexual history, family/genetic history, and social history.
 - Understanding the process of normal labor and delivery and recognize deviations.
- Demonstrate knowledge of newborn assessment and recognition of abnormalities requiring intervention.
- Discuss prevention strategies for women throughout the lifespan.

Core Presentations for Obstetrics Care

Common causes are listed below. *This list is not exhaustive and there may potentially be other clinical presentations within a topic that are not presented.*

Topic	Objectives	Common	Osteopathic Clinical Skills	AOA Comp	EPA
A Life-Course Perspective for Women's Health Care: Safe, Ethical, Value-Based Practice with a Focus on Prevention Chapter 1	<ul style="list-style-type: none"> • Be familiar with preventative health screening for women (Table 1-2) 		Osteopathic considerations in pregnancy	1, 2, 3, 4, 5, 8	3
Clinical Approach to the Patient Chapter 2	<ul style="list-style-type: none"> • Obtain an obstetric history and perform a physical examination (Figure 2-3, 2-5, 2-6, 2-7, 2-8) • Be familiar with the different types of speculums (Figure 2-2) • Provide an oral presentation of the 	Video PAP	Osteopathic considerations in pregnancy Conduct an appropriate history	1, 2, 3, 4, 5	1, 5, 6, 8

	clinical encounter		and musculoskeletal exam that includes palpation techniques focusd on the abdominal region		
Female Reproductive Anatomy and Embryology Chapter 3	<ul style="list-style-type: none"> Be familiar with the development and anatomy of the external and internal genitalia (Figure 3-2, 3-3, 3-6) Distinguish between the various types of uterine positions (Figure 3-9) 		Osteopathic considerations in pregnancy	1, 2, 3, 5	7
Female Reproductive Physiology Chapter 4	<ul style="list-style-type: none"> Understand the reproductive cycle Discuss the Hypothalamic-Pituitary-Ovarian Axis and the endocrine components of the menstrual cycle (Table 4-1) (Figure 4-1, 4-2, 4-3) Be familiar with the histophysiology of the endometrium (Figure 4-7, 4-8) 		Osteopathic considerations in pregnancy	1, 2, 3, 4, 5, 7	6, 7, 9
Endocrinology of Pregnancy and Parturition Chapter 5	<ul style="list-style-type: none"> Understand the fetoplacental unit and the interactions between hormones of the fetal, placental, maternal origins (Table 5-1) 		Osteopathic considerations in pregnancy	1, 2, 5	7
Topic	Objectives	Common	Osteopathic Clinical Skills	AOA Comp	EPA
Maternal Physiologic and Immunologic Adaptation to Pregnancy Chapter 6	<ul style="list-style-type: none"> Understand the changes in the cardiovascular, respiratory and renal systems Be familiar with fetal circulation (Figure 6-3) (Table 6-6) Discuss the development of fetal immunity Describe approaches to assessing the following: <ol style="list-style-type: none"> Fetal wellbeing Fetal growth Amniotic fluid volume Fetal lung maturity Be familiar with recommended weight gain in pregnancy (Table 6-5) 		Osteopathic considerations in pregnancy Conduct an appropriate musculoskeletal exam that includes consideration of relevant anatomy and physiologic changes	1, 2, 3, 5	5, 6, 7, 8, 9
Antepartum Care: Preconception and Prenatal Care, Genetic Evaluation and Teratology, and Antenatal Fetal Assessment Chapter 7	<ul style="list-style-type: none"> Be able to provide preconception care and counseling Understand what takes place at a first prenatal visit and routing lab testing Confirming pregnancy and determining viability Differentiate the types of spontaneous abortion (missed, complete, incomplete, threatened, and septic) Describe the causes of spontaneous abortion Describe how certain medical conditions affect pregnancy Describe how pregnancy can affect medical conditions Counsel patients regarding history of genetic abnormalities including: congenital and hereditary disorders, autosomal recessive disorders, sex-linked disorders and multifactorial disorders Counsel patients regarding genetic screening options Know the indications for genetic counseling (Box 7-1) other than advanced maternal age 	Uterine Aspiration Video Ultrasound video Obstetrical Ultrasound	Osteopathic considerations in pregnancy Identify and discuss how cultural competence and sensitivity to patient autonomy can positively impact physician patient communication Understand the emotional aspects of miscarriage Lower back pain in pregnancy Lower extremity swelling during pregnancy	1, 2, 3, 4, 5, 6,	1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12

	<ul style="list-style-type: none"> Be familiar with first and second trimester genetic screening 				
Antepartum Care: Preconception and Prenatal Care, Genetic Evaluation and Teratology, and Antenatal Fetal Assessment Chapter 7 (continued)	<ul style="list-style-type: none"> Understand teratogen and their effects on a developing fetus (Box 7-2, 7-3, scroll down to locate) Identify antenatal testing including kick counts, non-stress tests (Figure 7-3, 7-4), stress tests, biophysical profile (Table 7-4) and umbilical artery Doppler assessment (Figure 7-5, 7-6) 		<p>Describe somatic dysfunction in pregnancy and how manipulative treatment may influence physiological processes impacted</p> <p>Describe pain and pain behavior common in pregnancy</p> <p>Describe how somatic dysfunction may affect key functions involved in female patient and in pregnancy</p> <p>Pelvic and Sacral Anatomical Considerations</p> <p>Sacropelvic Somatic Dysfunction</p>		
Topic	Objectives	Common	Osteopathic Clinical Skills	AOA Comp	EPA
Normal Labor, Delivery, and Postpartum Care: Anatomic Considerations, Obstetric Analgesia and Anesthesia, and Resuscitation of the Newborn Chapter 8	<ul style="list-style-type: none"> Understand the anatomic characteristics of the fetal head (Figure 8-1, 8-2) and female pelvis (Table 8-1) (Figure 8-3, 8-4, 8-5) Be able to differentiate between true and false labor (Braxton Hicks) Be familiar with induction and augmentation techniques of labor Understand the indications and contraindications for the induction and augmentation of labor (Table 8-2) Describe 4 stages of normal labor (Table 8-5) (Figure 8-9) Understand the clinical management of the second stage of normal labor (Figure 8-11, 8-12) Differentiate perineal lacerations (Figure 8-14, 8-15, 8-16) Discuss breast health and benefits of breastfeeding Be familiar with postpartum depression, postpartum blues and postpartum psychosis Be familiar with obstetric analgesia and anesthesia options (Figure 8-17) (Box 8-1 scroll down) (Table 8-7, 8-8) Describe immediate assessment, care of newborn status Know the normal physiologic changes of the puerperium and the transitions to pre-pregnancy physiology Discuss postpartum health maintenance and common issues/concerns including infection, depression/fatigue, newborn feeding 	<p>Vaginal Delivery Video</p> <p>First and Second Degree Repair of the Perineum Video</p> <p>Third and Fourth Degree Repair of the Perineum Video</p>	<p>Osteopathic considerations in pregnancy</p>	1, 2, 3, 4, 5, 6	3, 5, 6, 8, 9, 12

	and care, contraception, sexual intercourse				
Fetal Surveillance during Labor Chapter 9	<ul style="list-style-type: none"> Describe the techniques of fetal monitoring Interpret intrapartum electronic fetal monitoring and be able to discuss variability, accelerations, decelerations and sinusoidal patterns (Table 9-1) (Figure 9-3, 9-4, 9-5) (Box 9-1, scroll down) 		Osteopathic considerations in pregnancy	2, 3, 4, 5, 8	5, 6, 7, 8, 9, 10, 12
Obstetric Hemorrhage: Antepartum, Intrapartum and Postpartum Chapter 10	<ul style="list-style-type: none"> Be able to differentiate placenta previa and abruptio placenta and understand their risk factors (Figure 10-1) (Box 10-2) Know definition of postpartum hemorrhage and most common causes (Box 10-3, 10-4) (Table 10-1) List the causes of third trimester bleeding and be able to manage them Describe the initial evaluation of a patient with third trimester bleeding Be familiar with blood products used to correct coagulation defects (Table 10-2) 		Osteopathic considerations in pregnancy	1, 2, 3, 5	2, 3, 5, 6, 7, 8, 9, 10, 12
Topic	Objectives	Common	Osteopathic Clinical Skills	AOA Comp	EPA
Uterine Contractility and Dystocia Chapter 11	<ul style="list-style-type: none"> Be able to manage protraction and arrest disorders of labor (Figure 11-2, 11-3) Be familiar with macrosomia and shoulder dystocia and their potential risks 		Osteopathic considerations in pregnancy	1, 2, 3, 5	3, 5, 6, 7, 8, 10
Obstetric Complications: Preterm Labor and Delivery, PROM, IUGR, Postterm Pregnancy, and IUFD Chapter 12	<ul style="list-style-type: none"> Be familiar with preterm labor, risk factors, diagnosis and management Understand the agents used in tocolytic therapy (Box 12-1) Be familiar with the benefits of antenatal corticosteroids Know how to diagnosis premature rupture of membranes Differentiate between oligohydramnios and polyhydramnios Discuss testing for pulmonary maturity Understand the etiology, clinical manifestations, diagnosis and management of intrauterine growth restriction Be familiar with the diagnosis and management of postterm pregnancies Discuss the etiology and management of intrauterine fetal demise 		Osteopathic considerations in pregnancy	1, 2, 3, 4, 5	2, 3, 5, 6, 7, 8, 9, 10
Multiple Gestation and Malpresentation Chapter 13	<ul style="list-style-type: none"> Discuss the incidence and epidemiology of multiple gestations including abnormalities of the twinning process (Figure 13-1) Understand the complications of multiple gestations (Box 13-1) Be able to determine which twin presentations can deliver vaginally (Box 13-2) 		Osteopathic considerations in pregnancy	1, 2, 3, 5	2, 5, 6, 7, 8, 9, 10

	<ul style="list-style-type: none"> Understand the difference of fetal malpresentations including: Breech, face, brow and compound presentations (Figure 13-7) Know the criteria for vaginal delivery of a breech presentation (Box 13-4) (Figure 13-6, A-E) 				
Hypertensive Disorders of Pregnancy Chapter 14	<ul style="list-style-type: none"> Be able to classify and treat the hypertensive disorders including pre-eclampsia, eclampsia, chronic hypertension and gestational hypertension (Box 14-1, 14-2) Know the initial laboratory evaluation for a preeclamptic patient (Box 14-3) Be familiar with antihypertensive medications and seizure prophylaxis in a hypertensive pregnant patient (Table 14-1, 14-2, 14-3) 		Osteopathic considerations in pregnancy	1, 2, 3, 5	2, 3, 4, 5, 6, 7, 8, 9, 10
Topic	Objectives	Common	Osteopathic Clinical Skills	AOA Comp	EPA
Rhesus Alloimmunization Chapter 15	<ul style="list-style-type: none"> Understand the pathophysiology of and alloimmunization Be familiar with the recognition of pregnancy risks and how to prevent and treat this disease Know the indications and dosing for Rh immune globulin (Box 15-1) Understand middle cerebral artery Doppler peak velocities (Figure 15-2, 15-3 under figure 2) Be familiar with percutaneous umbilical blood sampling Describe a fetus with fetal hydrops (Figure 15-1) 		Osteopathic considerations in pregnancy	1, 2, 3, 5	1, 2, 3, 5, 6, 7, 8, 9, 10, 11
Common Medical and Surgical Conditions Complicating Pregnancy Chapter 16	<ul style="list-style-type: none"> Be familiar with gestational diabetes: Incidence and classifications (Table 16-1), complications (Table 16-2) and diagnosis (Table 16-3) Know the pharmacologic treatment options for gestational diabetes (Box 16-1) Describe hyperemesis gravidarum and discuss treatment options Recognize that pregnancy is a hypercoaguable state and identify deep vein thrombosis and pulmonary embolism Identify common medical and surgical conditions in pregnancy Discuss the potential impact of the conditions on the gravid patient and the fetus/newborn 		Osteopathic considerations in pregnancy	1, 2, 3, 6, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12

Obstetric Procedures Chapter 17	<ul style="list-style-type: none"> Describe fetal abnormalities that can be detected by prenatal ultrasound (Box 17-1) Be able to describe a biophysical profile and its importance in antenatal testing (Box 17-2) Differentiate between amniocentesis and chorionic villus sampling 	Ultrasound video Obstetrical Ultrasound C-Section Video	Osteopathic considerations in pregnancy	1, 2, 3, 5	5, 6, 7, 8, 9, 10, 11
Obstetric Procedures Chapter 17 (continued)	<ul style="list-style-type: none"> Describe the difference between McDonald and Shirodkar cerclage in the treatment of cervical insufficiency (Figure 17-2) Understand the differences in obstetric forceps and be familiar with their applications in operative vaginal deliveries (Figure 17-3, 17-4, 17-5) Describe vacuum extraction delivery Differentiate between potential advantages and disadvantages of forceps versus vacuum deliveries (Figure 17-6) Describe the indications and different types of cesarean delivery (Figure 17-7) Identify patients that are candidates for vaginal birth after cesarean section Discuss external cephalic versions and the success rate 	Forceps Delivery Video Vacuum-Assisted Delivery Video			
Obstetric Presentation Topic		Recommended Assignment Case Files Access Medicine			
Clinical Med Ob/Gyn: Abortion Septic		Case # 45			
Clinical Med Ob/Gyn: Chlamydial Cervicitis and HIV in Pregnancy		Case # 20			
Clinical Med Ob/Gyn: Ectopic Pregnancy		Case # 43			
Clinical Med Ob/Gyn: Infertility, Peritoneal Factor		Case # 56			
Clinical Med Ob/Gyn: Preeclampsia with Severe Features		Case # 16			

Additional acute care measures that may be encountered can be found in course syllabi FMED 301, IMED 301/302, PEDS 301, PSYC 301, and SURG 301/302.

Student Learning Objectives for Gynecologic Presentations

At the end of the clerkship, for preventive care measures, students should be able to:

- Elicit a focused history that includes information about adherence, self-management, and barriers to care.
- Develop competence in the medical interview and physical examination of women and incorporate ethical, social, and diversity perspectives to provide culturally competent health care.
- Demonstrate knowledge of common benign gynecological infections and conditions.
- Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.
- Discuss normal puberty and how to recognize deviations from normal.
- Discuss importance of cost effective healthcare.
- Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments, appropriate surveillance, and tertiary prevention. **(AOA 6)**

Core Presentations for Gynecologic Diseases

Common causes are listed below. *This list is not exhaustive and there may potentially be other clinical presentations within a topic that are not presented.*

Topic	Objectives	Common	Osteopathic Clinical Skills	AOA Comp	EPA
Benign Conditions and Congenital Anomalies of the Vulva and Vagina Chapter 18	<ul style="list-style-type: none"> Be familiar with benign conditions of the vulva (Table 18-1) Recognize benign conditions of the vagina (Table 18-2) 	Bartholin Cyst Catheter Placement Video		2, 3, 4, 5	1, 2, 5, 6, 8, 9, 10, 11
Benign Conditions and Congenital Anomalies of the Vulva and Vagina Chapter 18	<ul style="list-style-type: none"> Identify and treat a Bartholin cyst Discuss Rokitansky-Küster-Hauser syndrome Recognize an imperforate hymen (Figure 18-6, A-B) 	Bartholin Gland Duct Incision and Drainage			
Benign Conditions and Congenital Anomalies of the Uterine Corpus and Cervix Chapter 19	<ul style="list-style-type: none"> Be knowledgeable about the diagnosis, classification and treatment of fibroids <i>leiomyomas</i> (Figure 19-1, 19-2, 19-3, 19-4) (Table 19-1) Discuss the diagnosis and treatment options of endometrial and cervical polyps Identify risk factors for endometrial hyperplasia and be familiar with the types of hyperplasia and their treatment options (Figure 19-7) Recognize the variations in uterine development (Figure 19-8) 			2, 5	1, 3, 5, 6, 7, 8, 9
Benign Conditions and Congenital Anomalies of the Ovaries and Fallopian Tubes Chapter 20	<ul style="list-style-type: none"> Differentiate benign ovarian masses (Table 20-1) (Figure 20-1, 20-2) Be able to distinguish the different modalities for the evaluation of adnexal masses (Table 20-2) Describe the differences of epithelial ovarian neoplasms versus sex cord-stroma ovarian neoplasms versus germ-cell tumors (Figure 20-3, 20-4, 20-5, 20-6) Understand the treatment options for benign ovarian cysts 	Ovarian Cystectomy Video		2, 3, 5	1, 2, 3, 5, 6, 7, 8, 9, 10
Topic	Objectives	Common	Osteopathic Clinical Skills	AOA Comp	EPA
Pelvic Pain : Acute, Cyclic (Dysmenorrhea), and Chronic Chapter 21	<ul style="list-style-type: none"> Discuss the pathophysiology and clinical features and treatment of primary (Figure 21-2) (Box 21-2, 21-3) and secondary dysmenorrhea (Box 21-4) Demonstrate understanding and awareness of both the gynecologic (Box 21-6) and non-gynecologic causes of acute pelvic pain Know surgical and non-surgical management for pelvic pain 			2, 3, 5	1, 2, 3, 5, 6, 7
Infectious Diseases of the Female Reproductive and Urinary Tract Chapter 22	<ul style="list-style-type: none"> Differentiate between bacterial vaginosis, trichomonas and vulvovaginal candidiasis and know their treatment options Discuss the risk factors and treatment options for pelvic inflammatory disease (Figure 22-4) (Table 22-4, 22-5, 22-6) (Box 22-1) Understand the clinical presentations and treatment options for herpes, syphilis, chancroid, granuloma inguinale, lymphogranuloma venereum and condylomata accuminata (Table 22-7) 			2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 8, 9, 12

	<ul style="list-style-type: none"> Describe infections associated with pregnancy including: Chorioamnionitis and postpartum endometritis 				
Infectious Diseases of the Female Reproductive and Urinary Tract Chapter 22 (continued)	<ul style="list-style-type: none"> Be familiar with perinatal infections and the acronym “TORCH” Perform a Pap smear Obtain specimens to detect sexually transmitted infections Identify the risk factors for STI and vulvar cervicitis disease Discuss recognition and treatment of urinary and pelvic infections 				
Pelvic Floor Disorders: Pelvic Organ Prolapse, Urinary Incontinence, and Pelvic Floor Pain Syndromes Chapter 23	<ul style="list-style-type: none"> Describe normal pelvic anatomy and pelvic support Be able to evaluate, diagnose and manage Cystocele, Rectocele, Enterocele, uterine or apical prolapse (Figure 23-1, 23-2, 23-3, 23-4) Describe screening questions to elicit signs and symptoms of urinary incontinence Differentiate the types of urinary incontinence Describe the evaluation diagnosis of incontinence (Figure 23-5, 23-6) and surgical treatment options for the various types (Figure 23-8) (Box 23-1) Identify the medical and surgical treatment options for incontinence Distinguish between vesicovaginal ureterovaginal, urethrovaginal and rectovaginal fistulas (Figure 23-10) 			2, 3, 4, 5	1, 2, 3, 5, 6, 7, 8, 9,
Ectopic Pregnancy Chapter 24	<ul style="list-style-type: none"> Identify risk factors for ectopic pregnancy Describe how an ectopic pregnancy is diagnosed (Figure 24-1) Differentiate medical versus surgical treatment options for patients with ectopic pregnancy (Figure 24-2, 24-3) Be familiar with the contraindications of Methotrexate MTX (Box 24-2) 	Ectopic Pregnancy Video		2, 4, 5	1, 2, 3, 5, 5, 6, 7, 8, 9, 10, 11, 12
Topic	Objectives	Common	Osteopathic Clinical Skills	AOA Comp	EPA
Endometriosis and Adenomyosis Chapter 25	<ul style="list-style-type: none"> Explain the three common theories for endometriosis including: Sampson, Meyer and Halban Be familiar with the symptoms of endometriosis, common sites (Figure 25-1) of implants and their appearances (Figure 25-2) Discuss medical and surgical treatment options for endometriosis (Box 25-1) Be familiar with the diagnosis, management and treatment options for adenomyosis (Figure 25-4, 25-5) 	Laparoscopic Management of Endometriosis Video		2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 8, 9, 12
Abnormal Uterine Bleeding Chapter 26	<ul style="list-style-type: none"> Understand potential causes of changes in the menstrual cycle Know the terminology used to describe bleeding patterns (Table 26-1) 			2, 3, 4, 5, 6, 7, 8	2, 3, 4, 5, 6, 7, 8, 9, 10

	<ul style="list-style-type: none"> Describe PALM-COEIN classification system for abnormal uterine bleeding (Figure 26-1) 				
Abnormal Uterine Bleeding Chapter 26 (continued)	<ul style="list-style-type: none"> Be familiar with the tradition terminology for abnormal uterine bleeding (Box 26-1, scroll down) Understand the initial diagnostic tests in the workup for acute bleeding in women of reproductive age (Box 26-2) Distinguish between medical therapeutic options for acute (Box 26-3, scroll down) and chronic (Box 26-4) heavy menstrual bleeding 				
Family Planning : Reversible Contraception, Sterilization, and Abortion Chapter 27	<ul style="list-style-type: none"> Know the different types of contraception and their potential failure rates (Table 27-1) Distinguish between the different types of available intrauterine devices (Table 27-4) Be familiar with the permanent contraception options (Figure 27-2, 27-3) 	IUD Insertion Video#1 IUD Insertion Video#2 Tubal Ligation Video		2, 3, 4, 5, 7, 8	1, 4, 5, 6, 7, 8, 9, 11, 12
Sexuality and Female Sexual Dysfunction Chapter 28	<ul style="list-style-type: none"> Be familiar with the different types of sexual development (gender identity disorder) and varied sexual expression (heterosexuals, homosexuals, bisexuals, transgender or transsexual individuals) Describe the four phases of the female sexual response cycle (Figure 28-2) Know the classifications of female sexual dysfunction (Box 28-2, scroll down) Appreciate drugs that can diminish sexual function (Box 28-3) 			2, 3, 4, 5, 6	1, 2, 5, 6, 7, 9, 10
Topic	Objectives	Common	Osteopathic Clinical Skills	AOA Comp	EPA
Intimate Partner and Family Violence, Sexual Assault, and Rape Chapter 29	<ul style="list-style-type: none"> Recognize the prevalence, incidence and adverse effects of intimate partner violence (Box 29-1) (Figure 29-1) Understand the physician's responsibility in addressing partner and/or family violence (Box 29-2) Be familiar with RADAR checklist and approach to domestic violence and sexual abuse Know the CDC recommendations for testing following a sexual assault Appreciate the psychological sequelae of sexual assault and be familiar with the national programs for help (Box 29-4, scroll down) 			2, 3, 4, 5, 7, 8	1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12
Breast Disease : A Gynecologic Perspective Chapter 30	<ul style="list-style-type: none"> Understand the various types of screening for breasts in asymptomatic women (breast exam, mammography, ultrasound, MRI) Be familiar with common benign breast disorders (fibrocystic disease, hyperplasia, fibroadenoma, intraductal papilloma, galactocele) Identify the etiology, tumor types, tumor spread and treatment of breast carcinoma 			2, 3, 4, 5, 6	1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 13

	<ul style="list-style-type: none"> Appreciate the staging of breast carcinoma (Box 30-1) 				
Gynecologic Procedures: Imaging Studies and Surgery Chapter 31	<ul style="list-style-type: none"> Discuss the various imaging studies and procedures in a gynecologic practice (Table 31-1) (Figure 31-1) Understand the different procedures for endometrial sampling and their indications (Figure 31-2) (Box 31-2) Be familiar with conization, cryoablation of the cervix and subsequent indications Know the indications and complications of: laparoscopy (Box 31-1), hysteroscopy (Figure 31-5) (Box 31-4) and hysterectomy (Table 31-2) (Figure 31-6) 	Robotic Hysterectomy Video Transvaginal Hysterectomy for Prolapse Endometrial Ablation		2, 3, 5, 6, 7, 8	1, 3, 4, 5, 6, 7, 8, 9, 11, 12
Puberty and Disorders of Pubertal Development Chapter 32	<ul style="list-style-type: none"> Understand the endocrinologic changes of puberty Be familiar with the hypothalamic-pituitary-gonadal axis and inhibition (Figure 32-2) Recognize the stages of pubertal development as defined by Marshall and Tanner (Table 32-1) (Figure 32-3, 32-4, 32-5) Appreciate the classification and lab evaluation of female precocious puberty (Box 32-1, 32-2, <i>scroll down</i>) Discuss the radiologic and laboratory tests used to evaluate delayed puberty (Box 32-3) 			2, 3, 4, 5, 8	1, 2, 3, 5, 6, 7, 8, 9
Amenorrhea, Oligomenorrhea and Hyperandrogenic Disorders Chapter 33	<ul style="list-style-type: none"> Know clinical classifications of menstrual disorders: primary and secondary Amenorrhea (Table 33-1) Be familiar with the steroid biosynthetic pathway (Figure 33-1) Be able to diagnose premature ovarian failure Understand causes of elevated prolactin (Box 33-1) Appreciate hyperandrogenic disorders and the Ferriman-Galloway Scoring System for Hirsutism (Figure 33-2) (Box 33-2, <i>scroll down</i>) Identify and treat polycystic ovarian syndrome (Figure 33-3, 33-5) 	Polycystic Ovarian Syndrome Ultrasound Video		2, 3, 5, 8	1, 2, 3, 5, 6, 7, 8, 9
Topic	Objectives	Common	Osteopathic Clinical Skills	AOA Comp	EPA
Infertility and Assisted Reproductive Technologies Chapter 34	<ul style="list-style-type: none"> Understand etiologic factors, diagnostic tests and treatment option for infertility (Table 34-1) (Box 34-1, <i>scroll down</i>) Be familiar with the World Health Organization (WHO) reference values of semen characteristics (Table 34-2) Discuss the process of intrauterine insemination (Figure 34-2) Understand the difference between ovulatory, cervical (Figure 34-3), uterine and tubal factors (Figure 34-4) for infertility Appreciate the process and overall success rates of in vitro fertilization IVF (Figure 34-6, 34-7) 			2, 3, 4, 5, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 11

Menopause and Perimenopause Chapter 35	<ul style="list-style-type: none"> Describe common symptoms and treatment for premenopausal and menopausal patients Recognize consequences associated with the lack of estrogen (Table 35-2) Know the risk factors, diagnosis and treatment for osteoporosis (Figure 35-3) (Box 35-1, 35-2, scroll down) 			2, 3, 5	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 13
Menstrual Cycle–Influenced Disorders Chapter 36	<ul style="list-style-type: none"> Identify the criteria for making the diagnosis of PMS and PMDD (Figure 36-1) (Box 36-1, scroll down) (Table 36-1) List treatment options for PMS and PMDD Be familiar with menstrual migraine headaches and treatment 		Dysmenorrhea and Premenstrual Syndrome	1, 2, 3, 4, 5	1, 5, 6, 7, 8, 9
Principles of Cancer Therapy Chapter 37	<ul style="list-style-type: none"> Recognize the indications, side effects and precautions for commonly used chemotherapeutic agents in a female patient with ovarian carcinoma (Table 37-1) Understand the different types of radiation therapy and associated complications (Box 37-1, scroll down, 37-2, 37-3, scroll down) (Figure 37-4) Appreciate pain management and end of life issues in a patient with carcinoma 			2, 3, 4, 5	1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13
Cervical Dysplasia and Cancer Chapter 38	<ul style="list-style-type: none"> Describe the different types of HPV and which ones are commonly associated with cervical carcinoma List common risk factors for cervical carcinoma (Box 38-1) Know when to perform a pap smear and utilize the Bethesda classification of cytologic abnormalities (Figure 38-1) (Box 38-2) Discuss the management of a patient with an abnormal pap smear and subsequent treatment options (Figure 38-3, 38-4) Be familiar with the staging, treatment and survival rates of carcinoma of the cervix (Figure 38-6) (Table 38-1) 	LEEP Video Introduction to LEEP Conization Video Colposcopy Video		2, 3, 4, 5, 6, 7, 8	1, 2, 3, 5, 6, 7, 8, 9, 11, 12
Topic	Objectives	Common	Osteopathic Clinical Skills	AOA Comp	EPA
Ovarian, Fallopian Tube, and Peritoneal Cancer Chapter 39	<ul style="list-style-type: none"> Identify risk factors, describe the pathogenesis and be aware of early screening methods for ovarian, fallopian tube and peritoneal cancer Recognize the different staging for ovarian, fallopian tube and peritoneal carcinoma (Table 39-1) (Box 39-1 scroll down) Differentiate the histogenetic classification of primary ovarian neoplasms (Table 39-2) (Figure 39-2, 39-3, 39-4) Describe the management for ovarian and prognosis carcinomas 			2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 8, 9, 11
Vulvar and Vaginal Cancer Chapter 40	<ul style="list-style-type: none"> Identify risk factors, describe the pathogenesis and be aware of early 			2, 3, 4, 5	2, 3, 4, 5, 6, 7, 8, 9, 11

	<p>screening methods of vulvar and vaginal cancer</p> <ul style="list-style-type: none"> Be familiar with the lymphatic drainage of the vulva (Figure 40-4) and understand the incidence of lymph node metastases (Table 40-1) Appreciate carcinoma staging of the vulva and vagina (Table 40-2, 40-3) 				
<p>Uterine Corpus Cancer Chapter 41</p>	<ul style="list-style-type: none"> Identify risk factors and the clinicopathologic types of endometrial carcinoma (Table 41-1) Be familiar with the different causes of postmenopausal bleeding (Table 41-2) Interpret staging for carcinoma of the endometrium (Table 41-3) Understand treatment options for endometrial carcinoma (Figure 41-4) (Table 41-4) Distinguish the histologic criteria for leiomyosarcomas 	<p>Endometrial Biopsy Video</p>		2, 3, 4, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 11
<p>Gestational Trophoblastic Diseases Chapter 42</p>	<ul style="list-style-type: none"> List symptoms and physical examination findings of patients with gestational trophoblastic neoplasia Know pathological features, classification and treatment of complete mole, partial mole and choriocarcinoma (Figure 42-1) (Box 42-1, 42-2, scroll down, 42-3, 42-4) 	<p>Radiologic Imaging</p>		2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 8, 9
Gynecology Presentation Topic		Recommended Assignment Case Files Access Medicine			
Clinical Med Ob/Gyn: Amenorrhea (Primary), Müllerian Agenesis		Case # 55			
Clinical Med Ob/Gyn: Bacterial Vaginosis		Case # 38			
Clinical Med Ob/Gyn: Breast, Abnormal Mammogram		Case #48			
Clinical Med Ob/Gyn: Cervical Cancer		Case # 58			
Clinical Med Ob/Gyn: Hirsutism, Sertoli-Leydig Cell Tumor		Case # 53			
Clinical Med Ob/Gyn: Pelvic Organ Prolapse		Case # 33			
Clinical Med Ob/Gyn: Perimenopause		Case # 30			
Clinical Med Ob/Gyn: Urinary incontinence		Case # 35			
Clinical Med Ob/Gyn: Polycystic Ovarian Syndrome		Case # 52			
Clinical Med Ob/Gyn: Urinary Tract Infection (Cystitis)		Case # 40			

Additional acute care measures that may be encountered can be found in course syllabi FMED 301, IMED 301/302, PEDS 301, PSYC 301, and SURG 301/302.

Student Learning Objectives for Preventive Care Presentations

At the end of the clerkship, for preventive care measures, students should be able to:

- Define wellness as a concept that is more than “not being sick.”
- Define primary, secondary, and tertiary prevention.
- Identify risks for specific illnesses that affect screening and treatment strategies.
- For women: elicit a full menstrual, gynecological, and obstetric history.
- Encourage lifestyle changes to support wellness (weight loss, smoking cessation, safe sexual practices, exercise, activity, nutrition, diet).
- Find and apply the current guidelines for adult immunizations.
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender.

Core Presentations for Preventive Care

Each patient will have a unique combination of primary, secondary, and possibly tertiary prevention recommendations based on his/her risk factors and current diseases. In addition, patient preferences, time constraints, and variability in insurance coverage limit the ability to

provide all recommended clinical prevention services for every patient. Creating an individualized health promotion plan requires a preventive medicine knowledge base and skills in negotiation and patient education. Obstetricians and gynecologists are skilled in prioritization and must partner with patients to determine which preventive services are appropriate, important, and affordable. It should be stressed that clinical prevention can be included in every office visit. Learning to “juggle,” i.e., prioritize or co-manage, acute, chronic, and prevention agendas, is an advanced skill.

Health Promotion	Recommended Assignment
STD Education	<ul style="list-style-type: none"> • STD Modules for Clinicians-CDC
Legal and Ethical Issues in Obstetrics Practice	<ul style="list-style-type: none"> • Obstetrics: Normal and Problem Pregnancies, Sixth Edition (Chapter 54)

Additional preventative care measures that may be encountered can be found in course syllabi FMED 301, IMED 301/302, PEDS 301, PSYC 301, and SURG 301/302.

Programmatic and Course Research

As a part of the ongoing mission of Kansas City University to improve teaching excellence, there may be research conducted in this class in regards to student study strategies, student views on learning, and the efficacy of classroom pedagogy. Other activities for which performance will be measured (i.e., assignments and exams) are no different from those that would be completed by students in a class where research was not being conducted. Any pedagogical interventions used in this class as a part of the research study will be consistent with professional standards for responsible teaching practices. Throughout the research process student data will be collected anonymously and securely. Final data values will not contain personal identifiers. Upon request, student data can be withheld from the research study.

Policies & Procedures

Students are expected to present and conduct themselves in a professional manner at all times. Students are required to read, understand, and adhere to all the policies and procedures as outlined in the [Clinical Education Guidelines](#).

Department of Clinical Education Contacts

Contact information for faculty and staff of the Department of Clinical Education can be accessed [here](#).

ADDENDUM Curriculum B

DO not complete Curriculum B unless notified by a member of the Clinical Education Department.

Curriculum B provides both an in-person and online component. It is given when a clerkship is shortened due to unforeseen circumstances. This scenario will include two-weeks of online curriculum and two-weeks of an in-person clerkship.

In the event a student is assigned to Curriculum B, the following are the additional clerkship requirements:

ADDITIONAL CURRICULUM B REQUIREMENTS

- *Students will be required to complete the additional components listed below*
 - *Completion of Case Presentation 1*
 - *Completion of Case Presentation 2*
 - *Completion of PowerPoint Presentation*

Completion of Case Presentation 1

The student shall develop **one [1] case** considering a given scenario. The student will record themselves doing the presentation and submit in Canvas for faculty review. Accepted file types include .mov, .mp4, pptx, and .wmv. Other file types may not be accepted if they cannot be opened by the grader. Professional dress and white coat is required.

A **complete** history and physical exam will be prepared in the Power Point presentation (as it would be documented in the patient's medical record, including the osteopathic structural exam). The students should record themselves presenting the case as they would present the case to their attending physician.

Presentation must include the History and Physical, the clinical, laboratory, and diagnostic findings. A differential diagnosis and a plan for workup and treatment. Discharge and/or follow-up planning will be presented as well as preventive and long-term goals. The student will select one of the following cases:

Student Last Name Begins with A-I:

1. A 16 yo patient presenting for oral contraceptives
2. A 26 yo patient believes she is pregnant

Student Last Name Begins with J-P:

1. A 39 yo patient complaining of abnormal vaginal bleeding
2. A 20 yo G0P0 patient with irregular menses

Student Last Name Begins with Q-Z:

1. A 64 yo with vaginal bleeding
2. A 45 yo with left adnexal pain

Completion of Case Presentation 2

The student shall develop **one [1] case** considering a given scenario. The student will record themselves doing the presentation and submit in Canvas for faculty review. Accepted file types include .mov, .mp4, pptx, and .wmv. Other file types may not be accepted if they cannot be opened by the grader. Professional dress and white coat is required.

A **complete** history and physical exam will be prepared in the Power Point presentation (as it would be documented in the patient's medical record, including the osteopathic structural exam). The students should record themselves presenting the case as they would present the case to their attending physician.

Presentation must include the History and Physical, the clinical, laboratory, and diagnostic findings. A differential diagnosis and a plan for workup and treatment. Discharge and/or follow-up planning will be presented as well as preventive and long-term goals. The student will select one of the following cases:

Student Last Name Begins with Q-Z:

3. A 16 yo patient presenting for oral contraceptives
4. A 26 yo patient believes she is pregnant

Student Last Name Begins with A-I:

3. A 39 yo patient complaining of abnormal vaginal bleeding
4. A 20 yo GPO patient with irregular menses

Student Last Name Begins with J-P:

3. A 64 yo with vaginal bleeding
4. A 45 yo with left adenexal pain

Completion of PowerPoint Presentation

The student shall develop **one [1] PowerPoint** presentation on one of the following OBGYN topics:

1. Performing a routine Annual Well woman exam with a PAP.
2. Evaluating a woman in labor

Presentation must be a minimum of 10 slides and submitted in canvas course.

Evaluation & Grading for Curriculum B

To be successful in Curriculum B the student must complete the additional components listed below.

Component	Evaluation Tool	Minimum Score Required
Case Presentation 1	Canvas – Curriculum B	Completion of presentation
Case Presentation 2	Canvas – Curriculum B	Completion of presentation
PowerPoint Presentation	Canvas – Curriculum B	Completion of PowerPoint