

COURSE SYLLABUS

College of Osteopathic Medicine Academic Year 2025-26

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Syllabus content and language are subject to change.

Required Textbooks

[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*

Grading Scale

H (Honors) are reported when all the following are met (Core clerkships only):	• Student achieves honors score on the first attempt COMAT Exam (Core Clerkships) • Clinical Competency Assessment receives a “meets expectations” or “exceeds expectations” in all areas of the evaluation including comments • Enrollment Verification, Clerkship Reflection, Evaluation of Preceptor are completed • CANVAS requirements are successfully met (Core Clerkships)
P (Pass) is reported when:	• Student achieves a passing score on the COMAT Exam on first attempt (Core Clerkships) • Clinical Competency Assessment receives a “meets expectations” or “exceeds expectations” • Enrollment Verification, Clerkship Reflection, Evaluation of Preceptor are completed • CANVAS requirements are successfully met • Student achieves a Pass after remediating a failed clerkship

F/P (Fail/Pass of Course) is reported when the student received an F (Failure of the Course) but then passes the course upon remediation:	• Student fails COMAT once, then successfully remediates ◦ This includes if you honor second attempt • Clinical Competency Assessment receives a recommended fail on first attempt of the clerkship, then successfully remediates the clerkship • Student fails same COMAT Exam twice and successfully passes the remediation of the clerkship and COMAT • Student achieves honors score on COMAT Exam, but fails the clerkship, then successfully repeats clerkship
F (Failure of Course) is reported when student fails both the course and remediation:	• Student fails clerkship remediation • Student fails the same COMAT Exam twice, then fails remediation of clerkship and/or COMAT Exam

Course Goals

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.

Learning Objectives

Please reference the [Clinical Education Guidelines](#) for:

- AOA Core Competencies
- EPA's (Core Entrustable Professional Activities)

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 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	● 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	● 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 clinical encounter	Video PAP	Osteopathic considerations in pregnancy Conduct an appropriate history and musculoskeletal exam that includes palpation techniques focused on the abdominal region	1, 2, 3, 4, 5	1, 5, 6, 8

Female Reproductive Anatomy and Embryology Chapter 3	- 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	- 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	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	- 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: - 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	- 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 - Be familiar with first and second trimester genetic screening	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
Antepartum Care: Preconception and Prenatal Care, Genetic Evaluation and Teratology, and Antenatal Fetal Assessment Chapter 7 (continued)	- 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		Describe somatic dysfunction in pregnancy and how manipulative treatment may influence physiological processes impacted		

	(Table 7-4) and umbilical artery Doppler assessment (Figure 7-5, 7-6)		Describe pain and pain behavior common in pregnancy Describe how somatic dysfunction may affect key functions involved in female patient and in pregnancy Pelvic and Sacral Anatomical Considerations Sacropelvic Somatic Dysfunction		
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	- 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 and care, contraception, sexual intercourse	Vaginal Delivery Video First and Second Degree Repair of the Perineum Video Third and Fourth Degree Repair of the Perineum Video	Osteopathic considerations in pregnancy	1, 2, 3, 4, 5, 6	3, 5, 6, 8, 9, 12
Fetal Surveillance during Labor Chapter 9	- 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	- 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)		Osteopathic considerations in pregnancy	1, 2, 3, 5	2, 3, 5, 6, 7, 8, 9, 10, 12

	- 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)				
Topic	Objectives	Common	Osteopathic Clinical Skills	AOA Comp	EPA
Uterine Contractility and Dystocia Chapter 11	- 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	- 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	- 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) - 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)		Osteopathic considerations in pregnancy	1, 2, 3, 5	2, 5, 6, 7, 8, 9, 10
Hypertensive Disorders of Pregnancy Chapter 14	- 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	- 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	- 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 hypercoagulable 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	- 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)	- 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	• 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	• 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	• 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	• 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	• Discuss the pathophysiology and clinical features and treatment of			2, 3, 5	1, 2, 3, 5, 6, 7

Chapter 21	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				
Infectious Diseases of the Female Reproductive and Urinary Tract Chapter 22	• 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) • Describe infections associated with pregnancy including: Chorioamnionitis and postpartum endometritis			2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 8, 9, 12
Infectious Diseases of the Female Reproductive and Urinary Tract Chapter 22 (continued)	• 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	• 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	• 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, 6, 7, 8, 9, 10, 11, 12

Topic	Objectives	Common	Osteopathic Clinical Skills	AOA Comp	EPA
Endometriosis and Adenomyosis Chapter 25	- 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	- Understand potential causes of changes in the menstrual cycle - Know the terminology used to describe bleeding patterns (Table 26-1) - Describe PALM-COEIN classification system for abnormal uterine bleeding (Figure 26-1)			2, 3, 4, 5, 6, 7, 8	2, 3, 4, 5, 6, 7, 8, 9, 10
Abnormal Uterine Bleeding Chapter 26 (continued)	- 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	- 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	- 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	- 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			2, 3, 4, 5, 7, 8	1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12

	Appreciate the psychological sequelae of sexual assault and be familiar with the national programs for help (Box 29-4, scroll down)				
Breast Disease : A Gynecologic Perspective Chapter 30	- 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 - Appreciate the staging of breast carcinoma (Box 30-1)			2, 3, 4, 5, 6	1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 13
Gynecologic Procedures: Imaging Studies and Surgery Chapter 31	- 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	- 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, scroll down) - 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	- 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, scroll down) - 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	- Understand etiologic factors, diagnostic tests and treatment option for infertility (Table 34-1) (Box 34-1, scroll down) - Be familiar with the World Health Organization (WHO) reference			2, 3, 4, 5, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 11

	- 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)				
Menopause and Perimenopause Chapter 35	- 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	- 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	- 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	- 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	- 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)			2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 8, 9, 11

	Describe the management for ovarian and prognosis carcinomas				
Vulvar and Vaginal Cancer Chapter 40	- Identify risk factors, describe the pathogenesis and be aware of early screening methods of vulvar and vaginal cancer - 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)			2, 3, 4, 5	2, 3, 4, 5, 6, 7, 8, 9, 11
Uterine Corpus Cancer Chapter 41	- 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	Endometrial Biopsy Video		2, 3, 4, 8	1, 2, 3, 4, 5, 6, 7, 8, 9, 11
Gestational Trophoblastic Diseases Chapter 42	- 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)	Radiologic Imaging		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	STD Modules for Clinicians-CDC
Legal and Ethical Issues in Obstetrics Practice	Obstetrics: Normal and Problem Pregnancies, Ninth Edition

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.

Assessments

The final grade Pass/Fail/Honors for the core clerkship is derived from the following components:

Component	Evaluation Tool	Minimum Score Required
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.
Standardized Assessment	COMAT Exam	Scaled Score of 95 or greater Honor's Score is 113 or greater
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.
End of Clerkship Evaluations from the Student	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.

All of above items are mandatory for successful course completion. Professionalism and work habits are a significant portion of the clinical assessment. These include the student’s demonstration of respectful behavior towards others, respect for patient privacy, accountability, and integrity. Please note that professional behaviors which are below expectations, at the discretion of the clerkship director, may result in failure of rotation for non-professional student conduct. Be punctual, be prepared, and represent KCU well.

Course Schedule

Based on the individual core-site location.

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.

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.

POLICIES

Program policies are available in the University Catalog & Student Handbook:

- [College of Osteopathic Medicine](#)

Additional course policies may be displayed below:

Class Attendance and Absences

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

- Clinical and Educational Work Hours
- Absence from Clerkships

Assistance

Course	Technical	Comprehension	Health and Wellness
Your instructor is the first line of support for course-related questions. Contact them by KCU email, KCU phone, or Canvas Inbox messaging.	IT Helpdesk helpdesk@kansascity.edu 816-654-7700 Library Services (KC) library@kansascity.edu 816-654-7260 Library Services (Joplin) dawsonlibrary@kansascity.edu 417-208-0686	Learning Enhancement https://bit.ly/KCU-AcademicSupport Tutoring Services Student.Success@kansascity.edu Academic Accommodations accommodations@kansascity.edu	Counseling Services https://bit.ly/KCU-CounselingResources Counseling Services (Distance Education) https://timelycare.com/KCU New Users Click "Get Registered" Student Affairs (KC) KCStuAffairs@kansascity.edu Student Affairs (Joplin) JoplinStuAffairs@kansascity.edu

UNIVERSITY POLICIES

All KCU courses adhere to policies and procedures within KCU's University Catalog & Student Handbook for the respective academic year, available online at <https://catalog.kansascity.edu/>. References to a selection of these policies are found below:

Health and Wellness

KCU is committed to student wellness. Through student leadership and support from the University's administration, programming on and off campus is designed to encourage self-care, resilience, and personal growth to address the health of the body, mind, and spirit. Reference: [Student Health & Wellness](#)

Academic Integrity, Honesty, and Plagiarism

The University holds its students to the highest intellectual and professional integrity standards. Therefore, the attempt of any student to pass an assessment by improper means, present work that the student has not performed, or aid and abet a student in any dishonest act will result in disciplinary action, which may include dismissal. Reference: [Academic Dishonesty](#)

Grievances

KCU is committed to treating all university community members fairly regarding their personal and professional concerns. The student grievance policy ensures that concerns are promptly dealt with and resolutions are reached fairly and justly. The University's grievance procedure enables students to bring complaints and problems to the attention of the University's administration. KCU forbids retaliatory action against students presenting concerns and complaints in good faith. Reference: [Student Grievances](#)

Accommodations

KCU is committed to non-discrimination based on disability and allowing equal access to programs, services, and activities following applicable federal, state, and local laws. Reference: [Student Disability Services & Resources](#)

Equity, Diversity, and Inclusion

KCU is deeply committed to cultivating diversity and inclusion on its campuses and challenging our students to embrace cultural proficiency and adeptness. Reference: [Diversity & Inclusion](#)

Emergency Procedures

KCU has instituted certain security measures for student safety. To reach the Office of Safety & Emergency Management, call 816.654.7911 (Kansas City) or 417-208-0800 (Joplin). Reference: [Campus Security & Facilities](#)

ADDENDUMS

Addendum 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 GoPo patient with irregular menses

Student Last Name Begins with Q-Z:

1. A 64 yo with vaginal bleeding
2. A 45 yo with left adenexal 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 GoPo 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