

**Department of Obstetrics and Gynecology
Third Year Clerkship**

COURSE OVERVIEW

This course is an introductory experience in the provision of comprehensive medical care and counseling services to **elderly, adult and adolescent female patients**. The obstetrical conditions and gynecological problems commonly encountered by the physician provide the primary focus for this clerkship experience, but knowledge of serious or less common conditions is also available. Therefore the basis for the clerkship is to introduce the clinical information thought to be fundamental in the education of all physicians.

EXPECTATIONS

The expectation for the basic clerkship in obstetrics and gynecology is that you begin to build the foundation of knowledge and skills that you will need in the area of obstetrics and gynecology, **regardless of the specialty you decide to enter**. This foundation is described in the learning objectives listed below. In addition to the general categories, there are representative samples of competencies you are expected to demonstrate by the end of the clerkship. It is recognized that in a six week clerkship with all its activities, mastery of all the goals will be difficult. **However, through efficient use of your time and sound planning, along with the preceptoring and teaching you will experience, you will progress on your journey into women's health care.**

Ob/Gyn Core Rotation

- Demonstrates adequate knowledge by answering questions related to Obstetrics and Gynecology.
- Asks insightful questions and contributes to the care of their patient.
- Demonstrates competency of basic skills appropriate for this clerkship.
- Effectively works with health care professionals to provide patient-focused care.

Professionalism

- Displays respect for others.
- Actively seeks responsibility beyond the scope of expectations.
- Recognizes limitations of knowledge and incorporates feedback.
- Demonstrates integrity in all interactions.

Patient Care

- Obtains accurate obstetric and gynecologic.
- Performs both a complete physical exam including a pelvic exam and an organ-system specific examination.
- Orders commonly used diagnostic procedures and accurately interprets results.
- Exhibits effective problem solving skills.
- Provides care that is psychosocially appropriate.

Medical Knowledge

- Exhibits a satisfactory fund of knowledge and an understanding of basic pathophysiological processes concerning to Ob/Gyn problems.
- Demonstrates ability to apply knowledge to clinical situations.
- Demonstrates an understanding of the influences of patient's age, sex, socio-economic conditions, culture, race and ethnicity in the perception of illness and its treatment.

Practice-Based Learning and Improvement

- Uses evidence-based approaches.
- Can organize and discuss literature related to this specialty.
- Demonstrates use of information technology.

Interpersonal and Communication Skills

- Creates and sustains a therapeutic and ethically sound relationship with patients, families, and colleagues.
- Possesses effective listening skills.
- Clearly documents and presents patient data and clinical information.

Systems-Based Practice and Population Health

- Practices cost-effective health care and resource allocation that does not compromise quality of care.
- Functions as patient advocate.
- Can function effectively in different types of delivery systems, i.e. Clinic, Labor and Delivery, Inpatient setting, OR, etc.
- Demonstrates awareness of social and community issues related to Ob/Gyn.

DURATION OF THE CLERKSHIP

The clerkship will begin on Monday morning (or Tuesday, if a holiday happens to fall on a Monday) on the date determined by the general curriculum schedule stated for University of Arizona. Your clerkship responsibilities will end at 5:00 p.m. Wednesday of the last week of the clerkship. This will give you sufficient time to prepare for the clerkship examination which will be held on the last Friday of the rotation. The exam is **given at 8:30 a.m. on the last Friday of the clerkship**. On-line survey evaluation responsibilities are required following the examination.

GENERAL CLERKSHIP

Each clerkship site is divided into three or four segments. Approximately one and half week to two weeks will be spent on the L & D floor, gynecology, and surgery in the out-patient department.

WORK HOUR POLICY

We are compliant with the ACGME policy which states:

A) Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

B) Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

C) Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

It is this clerkship's policy that none of our third year students are treated differently from the housestaff in this regard. Any questions should be directed to Ms. Donna Willis.

CALL

A student will take call **in the hospital five times** during the clerkship. During the night call if you have any specific questions or problems please contact the PGY-4 on service. (In general, if you have any questions about your responsibility on any of the services, **a resident** will be available to assist you.) The third year resident is in the best position to determine what responsibilities would be appropriate for your level of training and skill. Following the night on call, you may be excused from responsibilities after rounds or noon the next morning in order to rest. The purpose of call is not to overly tire you but to

enhance your learning and give you an appreciation of the demands placed on an obstetrician/gynecologist. In general, you will be on call **one weekend day (Saturday or Sunday)** in the six weeks of your rotation. Weekend day call begins at 0700 hr. If you are not on-call for the weekend and you have no unusual or seriously ill patients you are **not required** to make rounds. It is appropriate medical behavior to "sign out" your patients with your classmate. However, it is **not** expected that they will make rounds on patients who have experienced an uncomplicated labor and delivery.

SMALL GROUP DISCUSSIONS

There will be several didactic conferences which you will be expected to attend. These conferences are a required activity and should only be missed if there is illness or an emergency. Because a significant amount of material is reviewed in a brief period of time, it is mandatory that you prepare for these conferences by reviewing the **appropriate APGO Learning Objectives** and the **appropriate chapters in the assigned text** prior to the conference.

PRESENTATIONS

You must present a brief review of a subject during your service specific rotations. Please refer to the "Guidelines for Student Presentations."

CLINICAL PASSPORT LOG

Each medical student will be expected to complete a "log" of procedures performed and topics reviewed during their clerkship experience. Please turn the completed log at the end of the rotation to the clerkship secretary.

TECHNICAL PROCEDURES

One of the most enjoyable procedures in medical school is delivering a baby. However, there will be occasions when the patient, the attending physician or the resident does not believe that is suitable to have a student included in the delivery. Please respect their wishes and do not become offended; there will be many other opportunities. In order to integrate yourself into the delivery room or surgical team we would suggest that you learn names of some basic instruments and **practice knot tying**; the more facile one is in terms of handling instruments, observing sterile technique, and knot tying, the more technical responsibility you are likely to be given during your clerkship.

CHARTING

A medical student's history and physical exam, orders and progress notes cannot stand as the sole documentation for the patient's care. Every item written in the chart must be initialed by resident or an attending physician. It is the **student's responsibility** to see that this policy is followed. Every note or order not initialed becomes the responsibility of that medical student and will not be acknowledged by the nursing staff, resident or attending staff.

EVALUATION

The evaluation of the third year medical students is carried out in conjunction with a process established in the Department of Obstetrics and Gynecology at the University of Arizona. A significant portion of the evaluation comes from the residents and attending physicians who interact with you and the preceptor experience. In addition, you will be able to choose a member of the house staff whom you would like to evaluate your performance; a blank evaluation form will be provided for you. The remainder is determined by your performance on the NBME examination. Half way through the clerkship you will meet with the chief resident to discuss your performance; of course, **this issue may be discussed at any time that you deem it necessary.** It will take four weeks for the written evaluation to be constructed and forwarded to the Student Records office in Tucson. You may call the clerkship director at that time if you

wish to review any portion of your evaluation. Evaluation of your performance on this service will become part of your overall medical school record and could, if you so desire, serve as a basis for a letter of recommendation to prospective house officer training programs.

GRADING

The policy for this AY 2006-07 will be based upon a point system. This system was evaluated in the previous year and thought to be fairer to students. A summary of the grading system can be found with criteria for honors in this manual. Please note that a failing grade on the clinical performance or shelf exam would prevent someone from obtaining an overall passing grade for the entire clerkship.

If you fail the written exam, a grade of incomplete will be given and you will be required to take the exam again; it is advised to seek assistance from the academic learning specialist on the Tucson or Phoenix campus. If the exam is failed and passed with a retake you can only receive an overall grade of **Pass**. If the exam is failed twice, you will also be required to repeat a three week clinical rotation; you will also be required to see the academic specialist at the Tucson or Phoenix campus. If you are unable to pass the written examination after taking it three times, you will be given two options. One, you can receive a grade of Fail for the clerkship, or two, you can retake the entire six week clerkship. The grade you receive for that clerkship will be your standing grade. You will not be given a grade of higher than Pass, and your performance on your previous examinations will be noted in your Dean's letter.

USMLE Step 2 scores will not be accepted in lieu of the NBME exam. If you pass the exam but fail the clinical rotation, you will be required to repeat the rotation. Please bring any questions to the respective clerkship site coordinators.

EXAM REVIEW

A thorough exam review will be conducted at the end of the rotation. Pre-exam material will be distributed prior to the review session, which students must complete and bring with them to the meeting.

PRECEPTORS

Each medical student will be assigned a **preceptor** during the clerkship experience. This individual is an obstetrician/gynecologist who has demonstrated strong interest in medical education. Her/his responsibility is to assist with the orientation, answer any questions that might arise about the institution or medical problems that you have seen, and **to review with you the histories and physical examinations you have prepared. You are required to hand in at least three history and physical exams to the preceptor.** It is the student's responsibility to contact the preceptor during the first week of rotation and arrange for a weekly meeting of approximately one hour; you should meet weekly with your preceptor. Several days prior to the meeting the preceptor should be handed your history and physical examination which will also include your diagnostic impression, appropriate lab work to be ordered, and a discussion of several paragraphs concerning the etiology, pathogenesis, and management of the patient's medical problem. The preceptor is not necessarily someone with whom you will scrub or attend in deliveries on a daily basis. If you experience any problems contacting your preceptor please let the clerkship coordinator know immediately.

ABSENCES

The maximum allowable time away during your 6 week rotation is 5 clinical days or 1 on call nights this includes religious holidays. Please contact your clerkship site coordinator if you have any questions about this policy. These absences **must** be pre-approved by the Department Chair or Site Coordinator. Otherwise, the rotation will be repeated. This should not be interpreted as "Vacation."

DRESS

You will notice that there are certain expectations of the residents in obstetrics and gynecology pertaining to their professional attire. While scrub suits are considered appropriate when you are in labor and delivery, a white laboratory coat should be worn during clinic duty. You should wear your identification badge on your laboratory coat and scrub suits. When you are not in labor and delivery, neatly pressed clean clothes are required. Specifically, sandals without socks for male students are not considered appropriate. The wearing of a necktie (including bolos) is strongly encouraged. It is the students' responsibility to make sure their coat is clean and maintained in a professional manner. Dress codes are sensitive areas; it is the philosophy of the institution to maintain a high degree of professionalism. If you have any questions or concerns about this policy, please contact the clerkship site coordinator.

CAREER INTEREST IN OBSTETRICS AND GYNECOLOGY

The majority of students, approximately 95% of the graduating class, do not enter obstetrics and gynecology. Many of them will enter other fields of primary care. There may be a student who has an interest in obstetrics and gynecology as a career. I believe it is helpful to identify those people initially to assist with some career planning information. If you see this field as having potential interest for you, please make an appointment with me to discuss the matter in more detail. If you would like more information please refer to the APGO website at www.apgo.org.

There are **three requirements** you should remember:

1. Hand in at least three histories and physical exams and discuss with your preceptor.
2. Use your on-call time to your best advantage (L & D, ER, flow responsibilities, studying).
3. Turn in your completed Clinical Passport Log at the end of your rotation.

READ, THINK, DO, ENJOY!

John H. Mattox, M.D., FACOG
Chair and Program Director
Professor, Clinical Obstetrics
Gynecology and Community Medicine
Clerkship Director
University of Arizona College of Medicine

TIPS ON HOW TO HAVE A SUCCESSFUL ROTATION

- Be on time: If you can't, let someone know.
- See patients whom you have participated in their care, regardless of the rotation you are on; have the progress notes written and signed before "official" morning rounds.
- When your patients go for special studies, try to go with them. Stay with patients for moral support; if possible find out results, and report to the resident before attending rounds.
- Try to watch interesting procedures even if they do not involve your patients.
- **Be enthusiastic**; it makes life easier and more fun.
- **Don't sit back, get in there! If things get busy and you don't speak up, someone may forget to ask you.**
- Most of all, **be courteous to everyone**; this is a very special time in many people's lives and very uncomfortable at that.
- **READ DAILY!** This time will pass very quickly. Use the learning objectives from the textbook to help direct your study.
- **Ask if you are not sure.**

Using the OB-GYN Sources

A.	Required Textbook/CD	Cost to replace**
	1. Beckmann - Obstetrics and Gynecology, 5 th Edition	\$50
	2. Pretest- Obstetrics & Gynecology 10 th Edition)	\$25
	3. Obstetrics Gynecology & Infertility- 5 th Edition (small red book)	\$15
	4. Que Paso?	\$ 9
	5. CD of Pelvic Anatomy	\$400
B.	Major Texts References	
	1. Gabbe - Maternal/Fetal Medicine	
	2. Droegemueller - Comprehensive Gynecology	
	3. Speroff - Clinical Gynecologic Endocrinology	
	4. Cunningham – Williams Obstetrics	
C.	Major Journals	
	1. Obstetrics and Gynecology (green)	
	2. American Journal of Obstetrics and Gynecology (gray)	
	3. OB-GYN Survey (white)	
D.	Web Based Sources	
	1. ACOG	www.acog.org
	2. APGO	www.apgo.org
	3. Pub Med	www.pubmed.gov
	4. OVID	

****Please note:** If any material is so severely damaged and cannot be used for another student, or becomes lost, you will be asked to write a check to have that item replaced. Your final grade will not be given until all of the materials loaned to have been returned.

Labor and Delivery

1. Follow assigned patients
2. Assist with deliveries
3. Write a post delivery note
4. Follow patients postpartum
5. Document any assessments in chart; daily progress rates should be recorded by 0700 hr

Gynecology

1. Scrub in on assigned cases
2. Review patient's chart prior to surgery
3. Write postoperative orders
4. Write brief H/P or pre-op note
5. Write daily progress notes; this should be on the chart by 0700 hr

Subspecialty Rotation (occasional experience)

1. These experiences are introductory and mainly observational.
 2. You could spend 5-7 days on each service – high risk ob and gyn oncology.
- **You are not required to round on your patients the weekends and holidays you are not on call.**
 - **You are not required to follow your fellow students' patients on the weekends they are not on call.**

MEDICAL STUDENT III GUIDELINES

TASKS TO ACCOMPLISH (use check list)

1. ___ Obtain complete OB and GYN history (including sexual history)
 2. ___ Perform adequate breast, pelvic and rectal exam (with stool guaiac for women >40 years)
 3. ___ Prepare wet prep for vaginal infection
 4. ___ Obtain pap smear
 5. ___ Obtain cervical cultures
 6. ___ Diagnose pregnancy by exam and lab tests; date pregnancy
 7. ___ Provide routine perinatal care (measure fundus, listen fetal heart, determine fetal presentation)
 8. ___ Diagnose rupture of membranes (observe ferning of amniotic fluid)
 9. ___ Interpret fetal heart tracing
 10. ___ Ascertain cervical dilation, fetal station, effacement
 11. ___ Perform spontaneous vaginal delivery and episiotomy repair
 12. ___ Assess and examine newborn, record APGAR scores; observe newborn resuscitation
 13. ___ Provide routine postpartum care
 14. ___ Perform a postoperative visit and a 6 week post-delivery exam
 15. ___ Assist at a cesarean section and forceps or vacuum delivery
 16. ___ Observe laparoscopy, with and without laser
 17. ___ Observe ultrasound of fetus
 18. ___ Observe amniocentesis
 19. ___ Observe elective abortion (optional)
 20. ___ Observe abdominal hysterectomy
 21. ___ Observe vaginal hysterectomy
 22. ___ Observe tubal sterilization
- When you are assigned to gynecology, the surgery (particularly if it is a procedure you have not seen before), takes priority to the resident conferences.

REMEMBER, USE PRECAUTIONS FOR HIV AND HEPATITIS B PROTECTION

COMMONLY USED ABBREVIATIONS

AB	Abortion	LC	Living Children
AFI	Amniotic Fluid Index	LDR	Labor Delivery Recovery; LDRP (includes Postpartum stay)
AROM	Artificial Rupture of Membranes	LGA	Large for Gestational Age
BOW	Bag of Water	LML	Left Mediolateral Episiotomy
BPD	Biparietal Diameter	LMP	Last Menstrual Period
BPP	Biophysical Profile	LNMP	Last Normal Menstrual Period
BRP	Bathroom Privileges	LTCS	Low Transverse Cesarean Section
BTS	Bilateral Tubal Sterilization	L/S	Lecithin/Sphingomyelin Ratio
CE	Cervical Exam	ML	Midline Episiotomy (MLE)
CPD	Cephalopelvic Disproportion	MSF	Meconium Stained Fluid
CST	Contraction Stress Test	NICU	Neonatal ICU
CS	Cesarean Section	NST	Nonstress Test
CX	Cervix	NSVD	Normal Spontaneous Vaginal Delivery
D&C	Dilation & Curettage	OCT	Oxytocin Challenge Test
DIC	Disseminated Intravascular Coagulopathy	PE	Pulmonary Edema
EBL	Estimated Blood Loss	PIH	Pregnancy Induced Hypertension
EDC	Estimated Date of Confinement	POD	Post-Operative Day
EFM	Electronic Fetal Monitoring	PP	Postpartum
EFW	Estimated Fetal Weight	PRBC	Packed Red Blood Cells
EGA	Estimated Gestational Age	PROM	Premature Rupture of Membranes
FF@U	Fundus firm at umbilicus	PTL	Pre-Term Labor
FH	Fundal Height	RCS	Repeat Cesarean Section
FHR	Fetal Heart Rate	RML	Right Mediolateral Episiotomy
FHT	Fetal Heart Tones	ROM	Rupture of Membrane
FIR	Family Infant Recovery	RTC	Return to Clinic
FL	Femur Length	SAB	Spontaneous Abortion
FMI	Fetal Movement Index	SB	Stillborn
FSE	Fetal Scalp Electrode	SGA	Small for Gestational Age
G	Gravida; P Para	SROM	Spontaneous Rupture of Membranes
GDM	Gestational Diabetes Mellitus	SSE	Sterile Speculum Exam
HTN	Hypertension	TAB	Therapeutic Abortion
IUFD	Intrauterine Fetal Demise	UC	Uterine Contractions
IUG	Intrauterine Gestation	US	Ultrasound
IUGR	Intrauterine Growth Retardation	VE	Vaginal Exam
IUP	Intrauterine Pregnancy	VE	Also: Vacuum Extraction
IUPC	Intrauterine Pressure Catheter	VIP	Volunt. Interruption of Pregnancy
LBW	Low Birth Weight		

**BANNER GOOD SAMARITAN MEDICAL CENTER
OBSTETRICS AND GYNECOLOGY
MEDICAL STUDENT III CLERKSHIP
CRITERIA FOR CLINICAL HONORS**

Introduction

Many students are seeking an honors grade in the belief that it will significantly improve their chances of obtaining a post-graduate training position. There is some validity in this thinking but program directors are seeking more than a “good grade.” It is more important that the student participate actively in the clerkship, obtain as much knowledge and experience as possible, **enjoy the learning situation** and not be overly concerned about the grade. The award of the Honors grade is to recognize the **outstanding** performance. There are no quotas but experience has shown over the years that about 20 to 25 percent of the students will meet the criteria. It is expected that all the students will perform in a satisfactory manner and rarely will there be a poor performance. It is extremely important to understand that having an excellent rapport with one or two residents is not the criteria for honors grade. When a student is told that they are working well or they did a very good job at work-up or presentation those instances do not always translate into an honors grade.

Data Organization

Consistently obtains an extensive problem oriented history with a high degree of accuracy, performs an outstanding, thorough and careful physical examination recognizing all significant findings. Work ups are complete, thorough, accurate and prompt.

Knowledge Assessment

Consistently demonstrates extensive knowledge not only of that clinical problem but the applied basic science component. Demonstrates thorough understanding of the patient’s problem and aware of psychosocial circumstances which may influence the clinical outcome. Reads scientific journals germane to their patients clinical picture.

Problem Solving

Consistently identifies all of the major problems, establish a list differential diagnoses and the clinical plan in a thorough manner. Understands the ramifications of the cost of drugs, x-rays, and other testing that pertains to developing a management plan. Information is presented with a high degree of reliability. Prioritizes diagnoses and management plans nearly all of the time.

Technical Skills

Shows substantial improvement over the course of clerkship. Recognizes the components of performing thorough pelvic examination. Can describe findings on a bimanual consistently with high degree of accuracy. Consistently demonstrates that the information obtained is clinically valuable and accurate.

Professional Demeanor

Demonstrates independent study, spontaneously reads extra material, presents oneself as having a mature and professional attitude, courteous to patients and colleagues, exceptionally hard worker, curious, seeks responsibility, promotes harmony, gains confidence of the patient and family.

AY 06-07 Grading System Honors Grade

Clinical Rotation	Points
Honors	5
High Pass	4
Pass	3
Fail	-5

Shelf Exam	Points
Honors	2
High Pass	1
Pass	0.5
Fail	-5

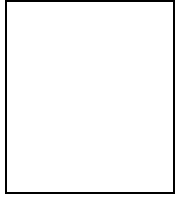
Presentation	Points
Honors	1
High Pass	0.5
Pass	0.5
Fail	0

Preceptor	Points
Honors	1
High Pass	0.5
Pass	0.5
Fail	0

8 points required for overall Honors grade
6 points required for overall High Pass grade
4 points required for overall Pass grade

Exam Scores to achieve for:
Honors- 76= 77th percentile
High Pass- 73= 62nd percentile
Pass- 61= 12th percentile

**UNIVERSITY OF ARIZONA
OBSTETRICS AND GYNECOLOGY
THIRD YEAR MEDICAL STUDENT EVALUATION**



Student _____ Dates _____ to _____

NOT ENOUGH CONTACT TO EVALUATE _____

	Always	Usually	Sometimes	Seldom	N
OB/Gyn Core Discipline					
Demonstrates adequate knowledge by answering questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Asks insightful questions and contributes to patient care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Demonstrates mastery of basic skills appropriate to clerkship level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Professionalism					
Responsive to needs of others, superseding self-interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<i>Displays respect for others.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Has high professional standards and strives for excellence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Actively seeks responsibility beyond the scope of expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Recognizes limitations of knowledge and incorporates feedback.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Knowledge of and a commitment to uphold ethical principles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<i>Demonstrates integrity in all interactions.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Patient Care					
Obtains accurate medical histories that cover all essential aspects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Performs both a complete and an organ-system specific examination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Performs commonly used diagnostic procedures and accurately interprets results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Exhibits effective problem solving skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Effectively works with health care professionals to provide patient-focused care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Is sensitive to patients' psychosocial needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medical Knowledge					
Exhibits an excellent fund of knowledge and an understanding of basic pathophysiological processes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<i>Demonstrates excellent ability to apply knowledge to clinical situations.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<i>Demonstrates an understanding of the influences of patient's age, sex, socio-economic conditions, culture, race and ethnicity in the perception of illness and its treatment.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Practice-Based Learning and Improvement					
Exhibits skills of self-directed learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Uses evidence-based approaches.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Interpersonal and Communication Skills					
Establishes professionally appropriate relationships with patients and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Possesses effective listening skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Clearly documents and presents patient data and clinical information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Systems-Based Practice and Population Health

	Always	Usually	Sometimes	Seldom	N
Functions as patient advocate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can function effectively in different types of delivery systems, i.e. Clinic, Labor and Delivery, Inpatient setting, OR, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OVERALL COMMENTS:

Candidate for:

Honors _____

High Pass _____

Pass _____

Fail _____

Numerical comments are critical, but the evaluation will be returned to you if comments are not included.
Note: Written comments are included on student narrative.

Evaluator: _____ **Date:** _____

**UNIVERSITY OF ARIZONA SCHOOL OF MEDICINE
OVERALL CLERKSHIP GRADING FORM**

Students Name: _____

Course Number: 803 Dates Taken: _____ Year: 3rd

Department: Obstetrics and Gynecology Site: _____

Faculty Member Completing Form: John H. Mattox, M.D.

Performance:

(60%) **Clinical Grade** -based on student's overall clinical competence including: practical clinical knowledge base, critical thinking skills, basic clinical skills, attitude and ability to communicate effectively with patients, peers, staff and faculty:

Honors
High Pass
Pass
Fail

(30%) **Examination Grade** -based on performance on final examination (61 min. passing grade)

Honors
High Pass
Pass
Fail

(5%) **Presentation Grade** -based on students performance, knowledge and exposition

Honors
High Pass
Pass
Fail

(5%) **Preceptor Grade** -based on interactions with student.

Honors
High Pass
Pass
Fail

COMPOSITE GRADE - a combination of the Clinical and Examination Grades which is reported on the University grade sheets:

Honors
High Pass
Pass
Incomplete
Fail

Narrative Evaluation: Completion of the narrative evaluation is most important for the development of a meaningful Dean's Letter and is critical in monitoring student performance particularly when such performance is marginal or outstanding.

**University of Arizona College of Medicine
Third Year Clerkship Obstetrics & Gynecology**

Guidelines for Preceptors

- Each department site coordinator will assign a faculty preceptor to every 3rd year medical student rotating through the required clerkship.
- The student should be informed that it is their responsibility to make contact with the preceptor. This meeting should receive a very high priority and it should occur weekly.
- The student will submit for critique at least 3 complete history and physical exams performed on patients seen during their rotation. The types of patients should cover the width and breadth of the specialty. The student should be asked to discuss portions of the material submitted.
- Preceptors also serve as an ombudsman or sounding boards for the students as they go through their rotation. If any problems or conflicts arise there should be an attempt to deal with it at this level.
- The preceptor should be familiar with the general orientation packet the students receive for the clerkship.
- The preceptor will submit an evaluation using the standard form designated for the clerkship (see enclosed).
- Any problems or issues identified by the preceptor should be conveyed to the site coordinator on each campus as soon as possible.

University of Arizona College of Medicine
Department of Obstetrics and Gynecology

Guidelines for Student Presentations

Topics

- You may select any topic from the fields of obstetrics, gynecology, gynecologic oncology, reproductive endocrinology, or women's healthcare. Some topics which are peripherally related, such as breast-feeding or medico-legal aspects of ob/gyn care, are also appropriate.
- It does not matter whether the topics have been previously (or recently) covered.
- How to come up with a topic:
 1. Any patient-related topic that comes up in rounds in worth considering (post-partum hemorrhage, lupus in pregnancy)
 2. Any uncertainty that you note in day to day management (Why do some people use antibiotics for PPROM and others don't? Why do we start OCP's in two weeks following delivery?)
 3. Review a textbook, and pull a topic of interest from there (adnexal masses, benign breast disease).
 4. Dig through a recent Ob/Gyn magazine which features review articles, and find a topic of interest. Some examples of this type of magazine are Contemporary Ob/Gyn, The Female Patient, and Ob/Gyn Management. Recent issues included articles on multiple gestation, postpartum fever, group B strep, diabetes, gyn cancer, enterocele, improving endometrial ablation, and communicating with your menopausal patients.
 5. Talk to the residents, site coordinator, or to your preceptor to get ideas.
 6. Talk to your mother, your sister, your neighbor, or any other non-medical person. Ask them what some of their Ob/Gyn concerns are, and design a talk around that. Breast cancer, endometriosis, or hormone replacement therapy might be examples of these types of topics.
 7. Any Ob/Gyn topic of interest to you.

The Presentation

- The presentations are 15-20 minutes only.
- The use of some audio-visual aid, such as overhead transparencies or slides, is nice, **but is not required**.
- Handouts are appropriate. If you decide to use handouts, make sure they are neat and readable. They may be in outline form, paragraph form, or any other format that you prefer.
- Try to incorporate references into your presentation, so those in attendance will know where to get more information if they desire. Limit them to no more that five unless you are doing a review topic.
- If you are reviewing an important or landmark article, try to bring a few copies of the article with you, or at least provide the reference.
- Your grade for the presentation will ultimately be determined more by the appropriateness of the topic, your knowledge of the topic, the content of your talk, and your enthusiasm rather than by the glitz and glamour of your multi-media presentation.

Important Points

- These sessions are very low-key. Do not get stressed out over these.
- Your presentation is a very small portion of your clerkship grade (10%). Please do not steal too much time from your clinical experience or from your studies to prepare for you talk, since doing so could ultimately harm your grade more.

Religious Holidays: The religious holidays listed below have been designated non-work days by the religions that celebrate them.

	2006-2007	2007-2008	2008-2009	2009-2010
Bahá'í Feast of Naw-Ruz	Mar 21	Mar 21	Mar 21	Mar 21
Bahá'í 1st day of Ridvan	Apr 21	Apr 21	Apr 21	Apr 21
Bahá'í 9th day of Ridvan	Apr 29	Apr 29	Apr 29	Apr 29
Bahá'í 12th day of Ridvan	May 2	May 2	May 2	May 2
Bahá'í Declaration of the Bab	May 23	May 23	May 23	May 23
Bahá'í Ascension of Baha'u'llah	May 29	May 29	May 29	May 29
Bahá'ís Martyrdom of the Bab	Jul 9	Jul 9	Jul 9	Jul 9
Rosh Hashanah*	Sept 22-23	Sept 13-14	Sept 30-Oct 1	Sept 19-20
Yom Kippur*	Oct 2	Sept 22	Oct 9	Sept 28
Sukkot*	Oct 7-8	Sept 27-28	Oct 14-15	Oct 3-4
Shemini Atzeret & Simchat Torah*	Oct 14-15	Oct 4-5	Oct 21-22	Oct 10-11
Bahá'í Birth of the Bab	Oct 20	Oct 20	Oct 20	Oct 20
Bahá'í Birth of Baha'u'llah	Nov 12	Nov 12	Nov 12	Nov 12
Passover*	Apr 3-4 Apr 9-10	Apr 20-21 Apr 26-27	Apr 9-10 Apr 15-16	Mar 30-31 Apr 5-6
Shavu'ot*	May 23-24	June 9-10	May 29-30	May 19-20

*Jewish holidays begin at sunset on the day preceding the given date.

Note: Bahá'í holidays begin at sunset on the day preceding the given date. There are also 19 days of fasting (Mar 2-21). Work is not forbidden, but because of the fasting, exams may be easier to take in the morning or evening.

Religious Holidays: Work Not Strictly Forbidden

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
Ramadan begins*	Sept 24	Sept 13	Sept 2	Aug 22	Aug 12
Eid al-Fitr*	Oct 24	Oct 13	Oct 1	Sept 21	Sept 10
Ash Wednesday	Feb 21	Feb 6	Feb 25	Feb 17	Mar 9
Purim*	Mar 4	Mar 21	Mar 10	Feb 28	Mar 20
Holy Thursday	Apr 5	Mar 20	Apr 9	Apr 1	Apr 21
Good Friday	Apr 6	Mar 21	Apr 10	Apr 2	Apr 22
Holy Saturday	Apr 7	Mar 22	Apr 11	Apr 3	Apr 23
Easter Sunday	Apr 8	Mar 23	Apr 12	Apr 4	Apr 24
Eid al-Adha*	Dec 31	Dec 20	Dec 8	Nov 28	Nov 17
Ashura*	Jan. 29	Jan 19	Jan 19	Dec 27	Dec 16
Hanukah*	Dec 16 - 23	Dec 5-12	Dec 22-29	Dec 12-19	Dec 2-9
Christmas	Dec 25	Dec 25	Dec 25	Dec 25	Dec 25

*Islamic dates are approximate. The official days can be plus/minus one day and depend upon the official physical sighting of the new moon. This can be confirmed at the time by calling the Islamic Center at (520) 624-3233.

• Jewish holidays begin at sunset on the day preceding the given date.

#Orthodox Christian holidays. Most Orthodox Christians would also be excused from work obligations on Christmas.

Calendar covers the following religious groups: Ba'hai, Catholic, Episcopalian, Jewish, Lutheran, Muslim, and Orthodox Christian.

Arizona Board of Regents
Accommodation of Religious Observance and Practice

- 1 No employee, agent, or institution under the jurisdiction of the Arizona Board of Regents shall discriminate against any student, employee, or other individual, because of such individual's religious belief or practice or any absence thereof.
- 2 Administrators and faculty members are expected to reasonably accommodate individual religious practices. A refusal to accommodate is justified only when undue hardship would result from each available alternative of reasonable accommodation.
- 3 No administrator or faculty member shall retaliate or otherwise discriminate against any student, employee or prospective employee because that individual has sought a religious accommodation pursuant to this policy.
- 4 It is the responsibility of the president of each university, and the executive director of the Board as to the central staff, to take such actions as are necessary to insure that the intent of this policy is implemented. In implementing this policy, the president of each university shall insure that the policy is included in the university catalog and in such other publications as will assure that all members of the university community are advised of its existence, and the manner in which information regarding its implementation may be obtained.