

**Michigan State University
College of Human Medicine
Department of Obstetrics, Gynecology and Reproductive Biology**

**OBSTETRICS, GYNECOLOGY,
AND REPRODUCTIVE BIOLOGY CLERKSHIP
OGR 608
2013-2014**

**FACULTY AND STUDENT
OBSTETRICS AND GYNECOLOGY CLERKSHIP MANUAL**

This manual is designed to assist students in getting the most out of the clerkship. As you read this manual carefully, you will understand the departmental expectations and how you will be evaluated in the completion of this clerkship. In addition, this manual is intended to facilitate the supervision of students within the Obstetrics, Gynecology and Reproductive Biology (OGR) Clerkship across all clinical campuses. Clerkship Manuals are on file in each Community Coordinator's Office as well as each Assistant Dean's Office. Students are encouraged to familiarize themselves with the policies throughout the clerkship and will sign a document reflecting the understanding of the manual and clerkship responsibilities.

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SECTION 1

CLERKSHIP OVERVIEW

Introduction

The Obstetrics and Gynecology Clerkship is a required eight-week clinical clerkship taken by medical students during Block III of the CHM curriculum. The clerkship introduces students to the discipline of obstetrics, gynecology and reproductive biology.

Obstetricians-gynecologists provide specialty care for women and also serve as the primary care physicians for over one half of women in the United States. Within the specialty area of practice, these physicians provide obstetric and gynecologic care. As primary care physicians they assume responsibility for primary-preventive health care, including screening testing, counseling, health promotion and patient education, behavioral intervention, an/or consultation to address the major causes of morbidity and mortality in women. Thus it is paramount for these practitioners to understand the wide range of issues encompassed by the primary-preventive health care responsibility as well as the specialty of obstetrics and gynecology. Students will participate in a variety of experiences throughout the clerkship to impact their knowledge, skills, and attitudes regarding health care for women.

Michigan State University is committed to providing equal opportunity for participation in all programs, services and activities. Requests for accommodations by persons with disabilities may be made by contacting the Resource Center for Persons with Disabilities at 517-884-RCPD or on the web at rcpd.msu.edu. Once your eligibility for an accommodation has been determined, you will be issued a verified individual services accommodation (“VISA”) form. Please present this form to the Clerkship Assistant at the start of the term and/or two weeks prior to the accommodation date (test, project, etc). Requests received after this date will be honored whenever possible.

Educational Goals

The four major goals of the Obstetrics and Gynecology Clerkship are to:

1. Introduce students to the broad range of skills and knowledge encompassed in the specialty of Obstetrics and Gynecology.
2. Demonstrate the interrelationship of specialty and primary care in the care of women across the life span.
3. Provide students with the ability to address common inpatient and outpatient health problems of women.
4. Demonstrate the obstetrician-gynecologist’s interactions with other providers of medical care to achieve optimal benefit in the care of women.

Educational Objectives

The Department of Obstetrics, Gynecology and Reproductive Biology follow the APGO Medical Student Educational Objectives. Please refer to the APGO web site to review the APGO Medical Student Educational Objectives at www.apgo.org, Please request login information from the Clerkship Assistant.

SECTION 2

The following specific sections describing the clerkship requirements and the evaluation process are important for both students and faculty to understand and embrace in maximizing the learning opportunities available for all students at all campus locations.

MINIMUM REQUIREMENTS FOR OGR 608

The grade for the clerkship is determined by the Community Clerkship Director and approved by the Director of Medical Education. In order to pass the clerkship, a student must:

A. Satisfactorily complete the clinical component of the clerkship.

ATTENTION: STUDENT MUST LOG ALL PROCEDURES AND DIAGNOSES BY THE END OF THE DAY.

1. Student must be in attendance and scrubbed for a minimum of six vaginal deliveries, three Cesarean deliveries, six major gynecologic surgical cases, and eight minor gynecologic surgical cases as documented in the PDA Patient Log within 7 days of the experience;
 2. Student must have satisfactorily completed the following required clinical skills as documented in the PDA Patient Log. Procedures/diagnosis must be logged within 7 days of the experience or will not be accepted by the Department:
 - Breast exam (including instruction in the technique of Self Breast Examination or SBE)
 - GC/chlamydia cultures and wet prep
 - Visualization of abnormal cervix via colposcope
 - Initial prenatal exam (including complete history and physical, ordering of prenatal labs, assessment of need for prenatal diagnosis, assessment of need for additional labs and U/S as appropriate)
 - Evaluation of antepartum patient in outpatient setting (including interval history and completion of physical assessment with Leopold's maneuvers)
 - Evaluation of patient in labor (including obstetric history and performance of physical exam with cervical check, when appropriate)
 3. Student must have satisfactorily completed a Performance Based Assessment (PBA) of his/her pelvic examination skills including speculum exam, bi-manual exam and Pap smear;
 4. Student must have achieved a satisfactory evaluation on [1] the data collection and assessment portion of the Clinical Performance Evaluation forms (80% or more ratings of "met expectations" or "exceeded expectations") and [2] student professional behavior (no more than 2 marks indicating unprofessional behavior);
 5. Student must have satisfactorily completed 3 gynecologic case write-ups and 3 obstetric case write-ups—including the community resources component.
- B. Student must pass (not less than 3.5) the oral examination conducted at the conclusion of the clerkship;
- C. Student must pass (not less than 65) the written examination conducted at the conclusion of the clerkship.

SECTION 2 (con't)

- D. PF-SIMS - PF-SIMs are designed and intended to give clerkship students the opportunity to practice skills in a simulated environment where standardized patients, family members and health care members will portray challenging practice scenarios and provide immediate feedback to students. Simulators will also be used in stations where procedures or patient mannequins best address the skills involved. This exam is not graded, it only provides formative feedback. Students will participate in the PF-SIMS at either the Learning and Assessment Center in East Lansing, the Simulation Center in Grand Rapids, or the UP Campus. You can access additional information at: humanmedicine.msu.edu/cwa/pfsims/index.php
- E. The student is required to sign and return the Acknowledgement Form to the Clerkship Coordinator during the first week of the clerkship.
- F. *The student is required to complete the “End of Clerkship” evaluation in E*Value – students must complete by 5:00 pm the Monday following the last day of the clerkship.
- G. *The student is required to complete the following in D2L by the end of the 2nd week of the clerkship: 1) review all 19 core lectures, 2) complete all 19 quizzes and 3) complete the “focal lecture evaluation” once all 19 lectures have been reviewed and quizzes have been completed.
- H. *The student is required to complete the “OGR Preceptor” evaluations in E*Value – students must complete by 5:00 pm the Monday following the last day of the clerkship.
- I. Everything stated in this Clerkship Manual surpasses anything stated at orientation.

SECTION 3

ATTENDANCE

Students will participate in all aspects of the clerkship. Attendance at all scheduled activities during the clerkship is mandatory (e.g., focal lectures, clinic assignments, rounds, etc.) Additionally, students are to make themselves available for clinical experiences such as surgeries, deliveries and ambulatory patient care. Clinical obligation ends when the clinical experience has ended or the student has been dismissed by an attending or attending proxy. All scheduled assignments must be followed. If changes need to be made, approval must be given from the Clerkship Director and/or Community Clerkship Assistant before any changes to individual schedules are made. Failure to have approval will result in an unprofessional mark.

Students are also expected to complete an absence form for any time away from scheduled clerkship activities (form in Assistant Dean's office) and your clerkship Director and direct supervisor must be informed as stated on the Block III Policy Manual. Tardiness and unexcused absences will be acknowledged as unprofessional behavior on the CPE form.

Students are expected to participate each day (Monday through Friday, plus any weekend days/nights the students are assigned on-call duties) of the clerkship's eight week rotation. Students must be available until Friday, 5:00 pm the last day of the 8 week clerkship. Inability to be present at any clerkship function and/or absence during the clerkship must be reported to the Community Clerkship Director's office. It is expected that any time missed during the clerkship will be made up. The type of make-up is at the discretion of the Community Clerkship Director. **In compliance with Block III guidelines, students will only be excused to attend conferences if they are presenting and notify the Clerkship Director and Clerkship Assistant at least 30 days prior to the absence.** Absences of more than five days will result in the student repeating the clerkship. Students will be issued ET grades until absences are resolved.

Amended to CHM Attendance Policy, 2012
Amended 2/2013

CLINICAL STUDENT WORK HOURS POLICY

Clinical student work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Students must be provided with one day in seven, free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. Adequate time for rest and personal activities must be provided. This should consist of a 14-hour time period provided after in-house call lasting 24 or more hours.

Amended to CHM Student Work Hours Policy, June 2011.

ORIENTATION

Each clerkship commences with an orientation to the clerkship. **Attendance at the orientation is mandatory.** Inability to be present for this session must be reported to the

Community Clerkship Director, and may result in the inability to continue in the clerkship. **It is the student's responsibility to read the handbook, complete and sign the Acknowledgement Form and return the form to the Clerkship Assistant during the first week of the clerkship.**
SECTION 3 (cont'd)

It is also the student responsibility to familiarize him/her with all the requirements of the clinical rotation, including exam and evaluation policies. After review should the student have any questions, it is up to the student to seek clarification before continuing in the clerkship. Lack of awareness or understanding of the requirements will not serve as an excuse for less-than-acceptable performance in any component of the clerkship.

CONFIDENTIALITY

The patient's right to the confidentiality of his or her medical record is a fundamental tenet of medical care. The discussion of problems or diagnoses of a patient by professional staff/medical students in public violates patient confidentiality and is unethical. Under no circumstances can any medical record be removed from the clinical facility, nor is photocopying of the record permitted, unless required for academic purposes, in which case all records must be de-identified (patient identifying information removed). For presentations or rounds, students are permitted to extract information but not photocopy wholesale or any sections of the patient's chart.

PROFESSIONAL DEMEANOR

The student should be thoughtful and professional when interacting with patients, their families, clinical staff and faculty. Inappropriate behavior includes the use of offensive language, gestures, or remarks with sexual overtones or not reflecting cultural respect.

Students should maintain a neat and clean appearance, and dress in attire that is generally accepted as professional by the patient population served and meets the dress requirements of the facility where the student is scheduled for clinical activity. Students may be sent home to dress appropriately should the situation warrant.

Under pressure of fatigue, professional stress, or personal problems, students should strive to maintain composure. The student should seek supportive services when appropriate, either through the course faculty, or when necessary, through other resources provided by CHM and/or the Office for Student Affairs.

Use of Electronic Devices in Block III

Block III students are expected to be fully engaged in the clinical education experience. Using electronic devices while on clerkships, during the Core Competencies course, or during other required Block III activities can be distracting and disrespectful to patients, preceptors, lecturers, and your fellow students. Electronic devices are not to be used during rounds, meetings, small

groups or lectures including Core Comps sessions, or when in the room with patients; the only exception would be if instructed to do so by an attending or resident faculty member. Students wishing to retrieve information that may be relevant to the patient or small group discussion should get permission to do so from the faculty member. It is never appropriate for students to use electronic devices for reading e-mail, texting, surfing the web or other personal activities while on any Block III required activity. Students may receive unprofessional behavior notation(s) for failure to use electronic devices appropriately.

Please refer to the Block III Student Handbook Section on Professionalism for a more specific description of responsibilities and expectations.

Clerkship Policies

Rewritten 9/2001
Revised 6/2008
Revised 5/2013

SECTION 4

ON - CALL REQUIREMENTS

To maximize students' clinical experiences each student is required to participate in after hours clinical duties. This can be accomplished through either a traditional "on-call" experience or by a "night-float" system. This experience is determined by the clerkship director at each clinical campus.

Traditional On-Call System

If a traditional on-call experience is implemented, the student is required to be on-call 6 times during the clerkship. Two of these calls must be scheduled for an overnight weekend day (Friday or Saturday). Weekend calls for Friday will start with afternoon sign-out and end at morning report on Saturday. Saturday call will start with morning report and end on Sunday after morning report. Call assigned on Sunday will also start with morning report, but will end at 10 pm and not be overnight. In fairness to all students, we encourage call assignments for each student to include one Friday, one Saturday, and one Sunday call. If an emergency arises, at the approval of the Clerkship Director, changes will be made with an equivalent shift.

The remaining 3 to 4 calls will be weeknight calls beginning at afternoon sign-out and ending at 10:00 pm. The student has the option of staying later if he/she would like, but it is not required nor expected. The student's final grade will not be affected by staying beyond 10:00 pm. However, when a student is on call, they are not to leave until patient information has been transferred to the next responsible team member. Following weeknight call, students are expected to report for their normally scheduled clerkship activities the following day.

In order to encourage continuity of patient care, we encourage any call taken Monday through Friday to be assigned when the student is specifically on the OB teaching service. Saturday and Sunday calls are best taken during other times of the clerkship.

Students should not be scheduled any more frequently than every 3rd night. Call occurring more frequently than every third night needs to be cleared by the clerkship director of that community. Students will not be scheduled for call during the final week of the clerkship unless they have failed to complete their call requirements prior to that time.

While on-call, students are expected to work as part of the obstetrical team. They may also be asked to participate in gynecologic cases or obstetric workups, as well as emergency room visits. Students should check with their clerkship director or hospital coordinator regarding the specific expectations during the call assignment. You may be excused to study, participate in other clinical activities or rest, but you must communicate with your supervisor/hospital coordinator.

The schedule for on call is as follows:

Monday through Thursday – call starts at afternoon sign-out and ends at 10:00 pm.

Friday – call starts at afternoon/evening turnover and ends Saturday morning after morning report.

Saturday – call starts at morning report on Saturday and ends at morning report on Sunday.

Night Float System

For some clinical campuses, a night-float system is logistically a more useful system for providing after-hours clinical experiences. Special care has been taken to assure that work-hour duties for students on a night-float system are equivalent to students on other campuses who utilize a traditional on-call system. If an emergency arises, at the approval of the Clerkship Director, changes will be made with an equivalent shift.

Night-float will consist of one week duration (5 days), starting on Sunday and going through Thursday. Each day's work "shift" will start at afternoon sign-out and end the following morning at morning report. Students are expected to be present and participate in patient report activities at the beginning and end of each night-float shift. At the end of the night-float shift, students are excused to go home to rest.

Students will also be required to do a Friday, Saturday, and Sunday call during the remainder of the clerkship. The Friday call is overnight, starting at afternoon sign-out and ending the following morning at morning report. If possible, the Friday call should be assigned to a student who is on the OB teaching service, but who is not finishing a week of night-float. Saturday call starts at morning report, is also overnight, and ends on Sunday morning after morning report. Sunday call starts at morning report and ends at 5 pm when the night-float team arrives for duty and patient report has been transferred to that team. Saturday and Sunday calls may be taken at any time during the clerkship.

While on-call, students are expected to work as part of the obstetrical team. They may also be asked to participate in gynecologic cases or obstetric workups, as well as emergency room visits. Students should check with their clerkship director or hospital coordinator regarding the specific expectations during the call assignment. You may be excused to study, participate in other clinical activities or rest, but you must communicate with your supervisor/hospital coordinator.

Students will not be scheduled for night float or on-call during the final week of the clerkship unless they have failed to complete their call requirements prior to that time.

The schedule for night float is as follows:

Sunday through Thursday – call starts at evening sign-out and ends after morning report.

Friday – call starts at afternoon/evening turnover and ends Saturday morning after morning report.

Saturday – call starts at morning report on Saturday and ends at morning report on Sunday.

Sunday – call starts at morning report and ends at 5:00 pm.

SECTION 5

PDA PATIENT LOG

The purposes of the PDA Patient Logs are:

1. To document a student's clinical experience in the Obstetrics and Gynecology clerkship;
2. To document a student's satisfactory performance of the clinical skills required to pass the clerkship;
3. To provide a student with formative evaluative feedback on his/her clinical performance;
4. To provide information to the Department on patient availability;
5. To provide information to the Department on faculty clinical activity within the clerkship.

Students are responsible for documenting every pertinent patient encounter (described in the PDA Patient Log) by providing the information requested in the PDA Patient Logs after each encounter. The Department has the right to not approve or accept any procedures/diagnosis logged after 7 days. Clerkship Directors and Clerkship Assistants will review the PDA Patient Logs periodically throughout the clerkship. Patient encounters must be documented by the appropriate supervising or attending physicians with physician signatures or initials as appropriate. Clinical performance feedback is to be provided, when appropriate.

PDA Patient Log information will be used to determine if the student has (1) appropriately completed during the required clinical activity*; (2) successfully performed the required clinical skills and (3) participated in the required number of obstetric and gynecologic procedures, all of which are necessary to meet the clinical requirements of the clerkship. PDA Patient Log information may also be used to describe a student's level of participation in the clerkship within the final grade memo. Students will complete the electronic PDA Patient Log activity using the E-value platform provided within the clerkship. The PDA Patient Log data will be used to provide formative and summative evaluation for and to the student throughout the clerkship, but specifically at mid-clerkship and end of clerkship summaries.

Final PDA Patient Log entries are to be completed electronically no later than 7 days of the experience. Any experience for Monday of the 8th week must be logged by 5:00 pm on Tuesday of the 8th week of the clerkship. Students are encouraged to periodically make hard copies of the log book, in the event it is lost. If the PDA Patient Log is lost, the student must reconstruct it and obtain required signatures.

IMPORTANT: Failure to complete the PDA Patient Log in an acceptable manner (as detailed above) will result in an unprofessional mark on the clinical performance portion of the clerkship. (See "Clinical Performance", "Clerkship Grade" and "Remediation" policies.) It will also be noted at the mid-clerkship summary.

*Students should spend 75% of their clinical time equally in hospital obstetrics and hospital gynecology. The remaining 25% of designated clinical time is spent in ambulatory obstetrics and gynecology settings. The PDA Patient Log should accurately reflect the student's activity in each clinical venue. The policies on "Minimum Requirements for OGR 608" as they pertain to deliveries and to major and minor gynecologic surgical cases delineate the procedural requirements in the inpatient setting. Regarding the ambulatory setting, students should be able to document approximately 20 half-day sessions spent in ambulatory ob/gyn activities during the course of the clerkship.

OGR 608 Diagnosis and Procedure Minimum Requirements

Below is a list of diagnoses and procedures that students are likely to experience during the clerkship. **Students must log in every diagnoses included in the list, as well as the minimum requirement for every procedure.**

Students must be in attendance and scrubbed for a minimum of six vaginal deliveries, three Cesarean deliveries, six major gynecologic surgical cases, and eight minor gynecologic surgical cases.

Diagnoses Roles = Actively Involved or Observed/Discussed					
Setting = Ambulatory or Hospital					
Patient Type = R (Real), S (Simulated), C (Case-based)					
APGO Objectives	Diagnosis Name	Minimum Requirement	Student Role	Setting	Patient Type
1, 16	Abnormal Pap Smear	1	O, A, P	Ambulatory	R
7	Abnormal Presentation	1	O, A, P	Ambulatory or Hospital	R
9	Abnormal Uterine Bleeding	1	O, A, P	Ambulatory or Hospital	R
9	Amenorrhea	1	O, A, P	Ambulatory	R
6	Anemia in Pregnancy	1	O, A, P	Ambulatory or Hospital	R
1, 2	Annual Check-up	1	A	Ambulatory	R
1, 2, 14	Breast Complaint	1	O, A, P	Ambulatory	R
11	Contraception	1	A	Ambulatory or Hospital	R
6	Diabetes in Pregnancy	1	O, A, P	Ambulatory or Hospital	R
10, 12, 13	Endometriosis	1	O, A, P	Ambulatory or Hospital	R
7	Failure to Progress in Labor	1	A	Hospital	R
6	First Trimester Bleeding	1	O, A, P	Ambulatory or Hospital	R
12	Incontinence and Pelvic Relaxation	1	O, A, P	Ambulatory or Hospital	R
10	Infertility	1	O, A, P	Ambulatory or Hospital	R
6	Intrauterine Growth Retardation	1	O, A, P	Ambulatory or Hospital	R
9	Menopausal Management	1	O, A, P	Ambulatory	R
6, 7	Multiple Pregnancy	1	O, A, P	Ambulatory or Hospital	R
	Other	1	O, A, P		R
12, 13, 16	Ovarian/Pelvic Mass	1	O, A, P	Ambulatory or Hospital	R
12, 13	Pelvic Inflammatory Disease	1	O, A, P	Ambulatory or Hospital	R
13	Pelvic Pain	1	O, A, P	Ambulatory	R
12	Polycystic Ovarian Syndrome (PCOS)	1	O, A, P	Ambulatory	R
6, 7	Postdate Pregnancy	1	O, A, P	Ambulatory or Hospital	R
9	Postmenopausal Bleeding	1	O, A, P	Ambulatory or Hospital	R
7, 8	Postpartum Hemorrhage	1	O, A, P	Hospital	R
6	Pre-Eclampsia and Eclampsia	1	O, A, P	Hospital	R
4	Preconceptional Counseling	1	O, A, P	Ambulatory	R
6, 7	Premature Labor	1	O, A, P	Ambulatory or Hospital	R
6, 7	Premature Rupture of Membranes	1	O, A, P	Ambulatory or Hospital	R
5	Prenatal Evaluation and Care	1	O, A, P	Ambulatory	R
12, 17	Sexually Transmitted Disease	1	O, A, P	Ambulatory	R
6	Third Trimester Bleeding	1	O, A, P	Ambulatory or Hospital	R
6	Urinary Tract Infection/Renal Disease in Pregnancy	1	O, A, P	Ambulatory	R
12, 16	Vulvar Disease	1	O, A, P	Ambulatory or Hospital	R
12	Vulvovaginitis	1	O, A, P	Ambulatory	R

Procedure Roles = Observe, Assist, or Perform under Supervision					
Setting = Ambulatory or Hospital					
Patient Type = R (Real), S (Simulated), C (Case-based)					
APGO Objectives	Procedure Name	Minimum Requirement	Student Role	Setting	Patient Type
14	Breast Exam (including instruction in the technique of SBE)	1	Perform under supervision	Ambulatory	R
7	Cesarean Deliveries	3	Observe or Assist	Hospital	R
15	Colposcope (visualization of abnormal cervix)	1	Observe or Assist	Ambulatory	R
5	Complete Prenatal H&P	1	Perform under supervision	Ambulatory	R
1, 12	GC/Chlamydia Cultures	1	Perform under supervision	Ambulatory or Hospital	R
5	Prenatal Intake Exam	1	Observe or Perform under supervision	Ambulatory	R
15	Major Gynecologic Surgical Cases	6	Observe or Assist	Hospital	R
15	Minor Gynecologic Surgical Cases	8	Observe or Assist	Hospital or Ambulatory surgery	R
1	Pelvic Exam	1	Perform under supervision	Ambulatory or Hospital	R
7	Vaginal Deliveries	6	Assist or perform under supervision	Hospital	R
12	Wet Prep	1	Perform under supervision	Ambulatory or Hospital	R

Clerkship Policies Revised 6/2011
 Revised 3-2012
 Revised 2/2013
 Revised 10/2013
 Revised 12/2013

SECTION 6

TEXTBOOKS AND OTHER RESOURCES MATERIALS

Required: American College of Obstetrics and Gynecology (ACOG) with Beckmann CRB, Ling FW, Barzansky BM, Herbert WNP, Laube DW, Smith RP, (2009) Obstetrics and Gynecology. (Sixth Edition) Wolters Kluwer: Lippincott Williams and Wilkins.

Required and recommended textbooks are listed on the textbook listing from the Dean's Office based on your areas of interest.

The faculty does not endorse the use of "Blueprints" or other similar outline-type texts as appropriate resources for final examination preparation or documentation on written assignments.

Revised 6/2009

SECTION 7

MID-CLERKSHIP EVALUATION

Each student will be evaluated midway through the clerkship by the Community Clerkship Director or Hospital Coordinator. The purpose of the mid-clerkship evaluation is to provide timely feedback to students so that areas of concern can be addressed during the remainder of the clerkship. Information for this evaluation will be drawn from required assignments and feedback / comments from clinical preceptors. Students will receive feedback on the following:

1. Data collection and assessment
2. Professional behavior
3. Physical examination and procedural skills
4. Case write-ups review
5. PDA Patient Log review

Students will then discuss with the Clerkship Director their goals for the remaining time in the clerkship.

Clerkship Policies

Revised 6/2004
Revised 6/2008

SECTION 8

OBSTETRIC (OCW) AND GYNECOLOGIC CASE WRITE-UP (GCW)

Students must satisfactorily complete 3 obstetric case write-ups and 3 gynecologic case write-ups as part of the requirement to pass the clinical portion of the clerkship. One of the six write-ups will be replaced with an underserved community write-up.

- OCW's are to be completed on patients with specific obstetrical complications with whom the student interacted during the clerkship. Expected components of the OCW's include: present illness, antenatal testing, past obstetric history, medical history, social history, family history, review of systems, physical examination, impression, plan, labor and delivery data, and infant data.
- GCW's are to be completed on patients with whom the student interacted during the clerkship. GCW's will include, but may not be limited to, a complete problem list with an assessment and plan for each problem presented. Each OCW and GCW must include a complete, yet succinct, academic discussion including discussion of the psychosocial and/or ethical considerations of the case. Photocopies of pathology reports, the operative report, references, and other pertinent information should be attached to the write-ups. If such copies are not available, then a succinct summary statement on each should be written by the student and appended to the write-ups.
- Community Resource write-up will replace either one OB write-up or one GYN write-up. The community resource write-up will be completed on a patient with specific community resource needs and with whom the student interacted during the clerkship. The Community Resource write-up will include a visit to a resource and two additional sources found via internet, phone book, etc. Cover sheets for community OB and GYN write-ups are on the OB/GYN website.

Write-ups should be submitted to the Director's office periodically during the clerkship (see section on "Time Requirements" below).

Write-ups will be evaluated as either acceptable or unacceptable. An unacceptable write-up requires rewrite and resubmission. All write-ups ultimately must be completed in an acceptable manner in order to pass the clinical portion of the clerkship. **After approval by the Clerkship Director, all six write-ups must be returned to the Community Clerkship Assistant before the end of the clerkship, NO EXCEPTIONS.**

Guidelines for Write-ups

The Obstetric and Gynecologic Write-ups consist of two portions – data base information and the academic discussion.

Data Base Information:

1. Information to be included in the OCW should be readily available from the maternal medical records including prenatal care record, hospital medical records and the infant medical record. Information to be included in the GCW should be elicited from the history and physical. Any identifying patient information other than initials should not appear in the

write-up. Not protecting the privacy of a patient in written work may result in an incomplete grade of the assignment.

2. Data base information should be complete and accurate. Falsification of data is a form of academic dishonesty, is unacceptable professional behavior, and will not be tolerated. Instances of unprofessional behavior will be reported to the Community Assistant Dean and to the Associate Dean for Academic programs and may result in a college-level hearing and a variety of sanctions, including dismissal from the College.

The Academic Discussion:

1. The academic discussion should include a complete, yet succinct, and appropriate discussion of the details of the individual patient case indicating an understanding of the elements of the case leading to the diagnosis and, where appropriate, a complete differential diagnosis. The academic discussion should be approximately 2 typewritten pages in length. Discussions of longer length will not be the determining factor in the write-ups being determined acceptable or unacceptable.
2. Although the clinical aspects of the case should be accentuated, the student should demonstrate an understanding of the basic pathophysiology of the conditions described in the write-up and how it pertains to the particular patient case.
3. If the case involves more than one specific problem or diagnosis, each should be individually identified and the impact of each on the particular patient case should be demonstrated. However, the main focus of the discussion may be on the most important, interesting, OR educational aspect of the case.
4. Management and treatment options should be discussed including the risks and benefits of each option.
5. The psychosocial and/or ethical considerations of the case need to be delineated and their impact on the individual patient discussed.
6. The academic discussion should be in the student's own words and should synthesize information from a number of resources/references. Plagiarism is a form of academic dishonesty, is unacceptable professional behavior, and will not be tolerated. Instances of unprofessional behavior will be reported to the Community Assistant Dean and to the Associate Dean for Academic Programs and may result in a college-level hearing and a variety of sanctions, including dismissal from the College.
7. The academic discussion should conclude with a list of references which may include, but are not limited to, the following:
 - a. Standard obstetric and gynecologic texts
 - b. Other medical texts that apply to the particular case
 - c. Articles from medical literature
 - d. Other sources of information such as focal problem sessions, personal communication, etc.

Sources that are not approved for use as written resources for the reference section of the assignment include "Blueprints" and similar review type texts.

Guidelines for Underserved Community Resource Write-up

In replacement of **one** of the obstetric or gynecology write-ups, you are to focus on community resources available to address the problems/situations presented by one of your patients. For this particular write-up, you will select a patient who is disadvantaged (preferably a recipient of Medicaid) that you and your Clerkship Director agree upon and omit the H & P portion. You will identify three resources available to your patient within the community, visit one of them and complete a summary of these resources. (See Underserved Community Resource Assignment Forms.)

One resource may be a website. The other two must be agencies, services, facilities, or groups that would help your patient in her situation physically, psychologically, socially, or economically. You are required to visit only one of the resources. For each of the three resources you choose, you must complete a form summarizing the services available there. These forms are available at www.obgyn.msu.edu.

During the final week of the clerkship, Clerkship Directors will be encouraged to meet with your peers and present this patient and the resources you found applicable to your patient's condition. You will receive a pass or fail on this assignment as you would with the other write-ups. In order to pass the clerkship you must satisfactorily pass all the write-ups including this one.

Time Requirements

Each community will develop a schedule for periodic submission of write-ups throughout the course of the clerkship. Students are encouraged to begin submitting their write-ups during the second week of the clerkship with the final submission during the seventh week of the clerkship. No write-ups will be accepted from students after the 7th week of the clerkship unless a time extension is granted prior to the 8th week.

Time Extension

In the event that extenuating circumstances preclude a student from submitting write-ups according to the community's submission schedule, the Clerkship Director may extend the deadline. However, the student must request the extension from the Director prior to the write-ups' due date and must provide adequate rationale for the extension. For the record, the Director must document in writing the extenuating circumstances that precipitated the extension and must document the agreed upon extension deadline. A student cannot petition for another extension but must adhere to the agreed upon deadline or he/she will receive a CP grade on the clinical portion of the clerkship. Generally, the extension period will not exceed 2 weeks from the end of the clerkship.

If very special circumstances warrant a longer extension period than 2 weeks from the end of the clerkship, it is the responsibility of the Director to not only document the circumstances, but to request the longer extension from the Director of Medical Education. They will agree on the extension deadline and will so inform the student. Again, no further extensions will be granted and failure to adhere to the extension deadline will result in the student being given a CP grade on the clinical performance portion of the clerkship.

SECTION 9

REQUIRED CLINICAL SKILLS AND PROCEDURES

The Department of Obstetrics and Gynecology has identified a number of clinical skills that each student must satisfactorily perform in order to meet the requirements of the clerkship. These skills include:

Gynecology:*

1. The ability to take a focused gynecologic history.
2. The ability to complete a breast exam, including providing patient instruction in the technique of SBE.
3. The ability to complete a pelvic examination including speculum exam, bi-manual exam, pap smear, cultures for sexually transmitted disease and wet prep.
4. The attainment of basic surgical skills including correct handling of instruments and proper knot tying technique.

Obstetrics:*

1. The ability to complete an initial prenatal exam including complete history and physical and assessment of need for prenatal diagnosis and for additional labs and U/S as appropriate
2. The ability to evaluate an antepartum patient in an outpatient setting including interval history and completion of physical assessment with Leopold's maneuvers.
3. The ability to evaluate a patient in labor including obstetric history and performance of physical exam with cervical check when appropriate.
4. The ability to interpret electronic fetal monitoring strips.
5. The ability to assist in or perform an uncomplicated spontaneous vaginal delivery including episiotomy repair.

*Concomitantly, the student will demonstrate professional and caring rapport with patients and families. Additionally, the student will demonstrate the ability to consider psychosocial and ethical issues that are germane to the patient/case. At all times the student will demonstrate appropriate professional behavior in interactions with patients and their families, attendings, residents, nurses, other medical staff, and educational programs staff.

In partial fulfillment of these requirements, students must demonstrate that they have been in attendance and scrubbed for a minimum of six vaginal deliveries, three Cesarean deliveries, six major gynecologic surgical cases, and eight minor gynecologic surgical cases.

The satisfactory attainment of these skills and completion of requirements is the responsibility of the student who must obtain appropriate documentation from supervising physicians through use of the PDA Patient Log and the use of the Performance Based Assessment (PBA) Evaluation Form testing pelvic examination and Pap smear skills. Student performance is also be evaluated through the oral examination, written examination, and use of the CHM Clinical Performance Evaluation Form.

SECTION 10

CLINICAL PERFORMANCE

Each clerkship student's clinical performance will be evaluated by the Community Clerkship Director based upon information provided by: (a) the CHM CPE-Clinical Performance Evaluation Form (E-Value); (b) the Ob/Gyn PBA- Performance Based Assessment Evaluation Form; (c) the Obstetric and the Gynecologic Case Write-ups; and (d) the PDA Patient Log. (Please refer to policies on each of these.)

A student's clinical performance will be assessed on the student's clinical skills as well as his/her interactions during the clerkship with a variety of individuals. The Clerkship Director may include in his/her CPE form any information that has been disseminated to him/her from individuals who interacted with the student during the clerkship that also may or may not have been included in other CPE forms. The grade for the clinical performance portion of the clerkship will be issued based upon the following:

1. Conditional Pass – A conditional pass grade for clinical performance will be issued if **ANY ONE or MORE** of the following occur:
 - a. CPE form
 - a.1 Clinical Performance Ratings – Greater than 20% but no more than 40% in the “Below Expectations” OR 3-4 unprofessional behavior notations from all evaluators combined.
 - b. Case Write-ups – not all 6 write-ups completed or evaluated as being acceptable
 - c. PDA Patient Log
 - c.1 Not satisfactorily completed or submitted within 7 days of experience.
 - c.2 Each of the clinical skills not attested by a supervising physician as having been satisfactorily completed.
 - c.3 Completion of required number of clinical procedures not documented.
 - d. Performance Based Assessment of Pelvic Examination Skills – not all elements of the PBA Evaluation Form are checked as “Done and Adequate”
2. Pass Grade – A pass grade for clinical performance will be issued when **ALL** of the following conditions are met:
 - a. CPE form
 - a.1 Clinical Performance Ratings – 80% or greater in “Met” and “Exceeded” Expectations with no more than 2 unprofessional behavior notations from all evaluators combined.
 - b. Case Write-ups – all 6 write-ups evaluated as being acceptable and returned to the Community Clerkship Assistant.
 - c. PDA Patient Log
 - c.1 Satisfactorily completed and submitted within 7 days of experience to document required clinical activity
 - c.2 Successful completion of each of the clinical skills as attested by a supervising physician
 - c.3 Completion of required number of clinical procedures

- d. Performance Based Assessment of Pelvic Examination Skills – all elements of the PBA Evaluation Form are checked as “Done and Adequate”
3. No Pass Grade – Any one of the following three conditions:
 1. Greater than 20% but no more than 40% in the “Below Expectations” and 3-4 unprofessional behavior notations from all evaluators combined.
 2. Greater than 40% in “Below Expectations”
 3. 5 or more unprofessional behavior notations from all evaluators combined.
4. Honors Grade – An honors grade for clinical performance will be issued when **ALL** of the following conditions have been met:
 - a. CPE form
 - a.1 Clinical Performance Ratings – 100% in “Met” and “Exceeded” Expectations with no unprofessional behavior notations.
 - b. Case Write-ups – all 6 write-ups evaluated as being acceptable and returned to the Clerkship Assistant
 - c. PDA Patient Log
 - c.1 Satisfactorily completed and submitted within 7 days of the experience
 - c.2 Successful completion of each of the clinical skills as attested by a supervising physician
 - c.3 Completion of required number of clinical procedures
 - d. Performance Based Assessment of Pelvic Examination Skills – all elements of the PBA Evaluation Form are checked as “Done and Adequate”

A student who receives a Conditional Pass grade on the clinical performance portion of the clerkship will receive no more than a Conditional Pass grade for the clerkship. If the student also does not pass either the written examination or oral examination, the student will receive a No Pass grade for the clerkship. (See policies sections on: “CHM Clinical Performance Evaluation Form”, “Remediation” and “Grade for the Clerkship”.)

An N grade will require that the student repeat the clerkship.

SECTION 11

CHM CLINICAL PERFORMANCE EVALUATION FORM

The College of Human Medicine's Clinical Performance Evaluation Form assesses students' data collection and assessment skills as well as their professional behavior. Forms will be completed by various individuals with whom students interacted during the clerkship. A minimum of three evaluations must be filled out per student to ensure proper evaluation of clinical performance.

CPE forms will be provided to faculty evaluating students by the Clerkship staff. Students will not be provided empty forms to give to evaluators for their completion. Evaluation forms that have not been managed as described above will not be considered part of the students' final evaluation.

The Clerkship Director may include in his/her CPE form any information that has been disseminated to him/her from individuals who interacted with the student during the clerkship that also may or may not have been included in other CPE forms. CPE forms will be scored by each Clerkship Director office and a frequency report generated. The Director of Medical Education reserves the right to correct mathematical errors on any final reports and return them to individual sites for re-issuance. The CPE forms are scored in the following manner:

Clinical Performance Ratings

- a. **Conditional Pass** – Greater than 20% but no more than 40% in the “Below Expectations” or 3-4 unprofessional behavior notations from all evaluators combined.
- b. **Pass** – 80% or greater in “Met” and “Exceeded” Expectations with no more than 2 unprofessional behavior notations from all evaluators combined.
- c. **Honors** – 100% in “Met” and “Exceeded” Expectations with no unprofessional behavior notations.

*A student cannot be considered for an “honors” grade on the clinical performance of the clerkship if there are ANY CHECKS indicating unprofessional behavior.

Patterns of unprofessional behavior in a single course/clerkship will become an academic matter. This means that professionalism will be reflected in the student's grade for the course or clerkship, will be included in narrative comments in letters by clerkship faculty, and will be commented upon in the final Dean's letter.

In some instances, student behavior may be so egregious that any single instance will be handled by the disciplinary, not the academic process. Examples of such behavior include instances of academic dishonesty, behaviors which compromise the safety or endanger the welfare of a patient, and instances of threats of harm to patients, patient families, other students, faculty or staff. In the case of such instances, the process followed will be that outlined in the MSRR document, under Disciplinary Hearings.

Clerkship Policies

Revised June 2010
Revised April 2011
Revised May 2013

SECTION 12

PERFORMANCE BASED ASSESSMENT

All students will be assessed on their pelvic examination skills while enrolled in OGR 608. A Pelvic Examination Performance Based Assessment Form (PBA) will be used to determine if a student has demonstrated satisfactory appropriate pelvic examination skills.

Although students will have ample opportunity to perform pelvic examinations during the clerkship, students are expected to satisfactorily perform the pelvic examination PBA only ONCE during the clerkship. It is the students' responsibility to have a supervising physician evaluate their pelvic examination skills on an actual patient during the clerkship and to have the PBA form completed and submitted to the Clerkship Secretary in his/her community campus by the end of the clerkship. Since a component of the PBA evaluates the student's interactional and psychosocial skills, the PBA is to be completed on UNANESTHETIZED patients only.

A student will have satisfactorily demonstrated pelvic examination skills when he/she has a completed form with ALL check marks in the "Done and Adequate" column of the form. Any checks in the "Not Done or Inadequate" column indicate unsatisfactory pelvic examination skills and the student will need to arrange to try the PBA at another time.

By the end of the clerkship if the student has not completed and submitted a satisfactory PBA form, the student will receive a CP grade for the clinical performance portion of the clerkship. (Please refer to the policies on "Clinical Performance", "Grading" and "Remediation".)

PERFORMANCE BASED ASSESSMENT - PELVIC EXAMINATION and PAP SMEAR

Student Name: Date:

Patient "X" presents at the office for an annual examination. You review her medical record and complete a history.

Student Instructions: Please perform a pelvic examination and obtain a pap smear. A rectal exam does **not** need to be included. Describe your findings to the patient.

Evaluator Instructions: Place a check mark in the box which best describes the students performance of each component of the pelvic examination. Please include comments that can serve as feedback to the student.

Evaluation Elements	Done (and adequate)	Not Done (or inadequate)	Comments
General			
Utilized proper lighting			
Used clean technique throughout			
Doctor/Patient Interactions and Professional Elements			
Introduced himself/herself to the			
Provided help in positioning			
Displayed concern for the patient's comfort and concerns about modesty			
Gave clear instructions and explanations			
Displayed professional demeanor throughout			
External Exam			
Inspected external genitalia and noted			
Inserted speculum appropriately			
Vaginal Exam			
Inspected vagina and noted any discharge, secretions, and			
Noted any urethrocele, cystocele, rectocele, and/or enterocele			
Cervical Exam			
Visualized cervix and noted its appearance			
Performed Pap test			
Obtained exocervical			
Obtained endocervical swab			
Displayed knowledge about proper specimen preparation			
Bimanual Exam			
Noted Uterine position, size, shape, and			
Palpated adnexa and noted size and tenderness			

Evaluator Name: _____ Signature: ____

Passing performance = all elements checked as "Done"

SECTION 13

WRITTEN EXAMINATION

The NBME subject examination in ob/gyn will be given at the conclusion of the clerkship.* Students will be given 2 hours and 30 minutes to complete the examination. Grading on the written examination will be determined as follows:

- < 65 = No Pass
- 65-78 = Pass
- 79-81 = High Pass
- > 81 = Honors

A student who receives a no pass grade on the written examination, but passes all other aspects of the clerkship, will receive a conditional pass (CP) grade for the clerkship and is required to repeat the written examination. (See section on “Remediation”.) The NBME subject examination in ob/gyn will be administered as the remediation exam. Students must achieve a score equal or greater than 65 in order to receive a pass grade on the repeat written examination.

If a student receives a pass grade on the repeat written examination, a pass grade for the clerkship will be appended to the CP grade (CP/P). If the student receives a no pass grade on the repeat written exam, a no pass grade for the clerkship will be appended to the CP grade (CP/N). A student will not be permitted to repeat the examination for the same clerkship more than once except under extremely unusual circumstances as determined by the Director of Medical Education and then only with the concurrence of all the Community Clerkship Directors and the Department Chairperson.

Retaking of the written exam must be completed by the end of the 3rd year and passed before student is allowed to progress to take OB-GYN electives. The Department of Obstetrics, Gynecology, and Reproductive Biology will pay for the retaking of the written exam. The retake must be scheduled a minimum of 4 weeks ahead of time, in writing. The student may not cancel or change the date once the exam order has been placed (exceptions: death or severe illness in family). If the student must reschedule the exam less than the 4 weeks deadline, the student must pay ancillary costs, which include a \$150.00 last-minute charge.

A student who does not pass the written exam and also fails to pass the oral examination and/or receives a CP on the clinical performance portion of the clerkship will receive a no pass grade (N) for the clerkship. (See policies section on “Remediation” and “Final Grade for Clerkship”.)

*There may be very unusual circumstances that would prohibit a student from taking the written examination at the scheduled time. Generally these circumstances would be of a very serious nature and would have occurred just prior to the examination being scheduled. In these circumstances the student would request from the Clerkship Director that his/her examination be postponed. The Clerkship Director will consult with the Director of Medical Education regarding the request and decision to postpone. In the event of a postponement, a timeframe within which the exam must be taken will be established and the student will not be issued a grade until the exam is completed.

SECTION 14

ORAL EXAMINATION

An oral examination is given at the conclusion of the clerkship.* Students are evaluated by two faculty members. The exam lasts 30 minutes during which time the student is questioned regarding two clinical cases (one obstetric and one gynecologic) requiring skills in differential diagnosis, problem-solving, and analysis of patient management.

Students will receive a grade of No Pass, Pass, High Pass or Honors based upon the evaluation of their oral examination performance by the faculty examiners. Results of the examination will be provided to the student at the conclusion of the exam in a sealed envelope to be opened at the student's discretion. Students must be on-time for the Oral Exam, otherwise the student may receive a CP and/or a mark for "Unprofessional Behavior" related to tardiness.

A student who receives a No Pass grade on the oral exam, but who passes all other aspects of the clerkship, will receive a Conditional Pass (CP) grade for the clerkship and will be required to retake the oral examination. (See policies section on "Remediation".) If at all possible, the repeat oral will be conducted by faculty examiners other than those who conducted the initial oral exam.

If the student passes the repeat oral examination, a Pass grade for the clerkship will be appended to the CP grade (CP/P). If the student receives a No Pass on the repeat oral exam, a No Pass grade for the clerkship will be appended to the CP grade (CP/N). A student will not be allowed to repeat the oral exam for the same clerkship more than once except under extremely unusual circumstances as determined by the Director of Medical Education and then only with the concurrence of all the Community Clerkship Directors and the Department Chairperson.

A student who does not pass the oral exam and also fails to pass the written examination and/or receives a CP on the clinical performance portion of the clerkship will receive a no pass grade (N) for the clerkship. (See policies section on "Remediation" and "Final Grade for Clerkship".)

*There may be very unusual circumstances that would prohibit a student from taking the oral examination at the scheduled time. Generally these circumstances would be of a very serious nature and would have occurred just prior to the examination being administered. In these circumstances the student would request from the Clerkship Director that his/her examination be postponed. The Clerkship Director will consult with the Director of Medical Education regarding the request and decision to postpone. In the event of a postponement, a timeframe within which the exam must be taken will be established and the student will be issued an ET grade.

ORAL EXAM TOPICS

OB TOPICS	GYN TOPICS
Pre-eclampsia-Eclampsia Syndrome	Endometriosis
Diabetes in Pregnancy	Infertility
Third Trimester Bleeding	Ovarian/Pelvic Mass
Prenatal Evaluation and Care	Abnormal Pap Smear
Urinary Tract Infection/Renal Disease in Pregnancy	Contraception
Fetal Growth Restriction	Menopause Management
Postpartum Hemorrhage	Post Menopausal Bleeding
Preterm Labor/Premature Rupture of Membranes	Abnormal Uterine Bleeding
Multiple Gestation	PCOS/Hirsutism
First Trimester Bleeding	Pelvic Pain/STI
	Vulvovaginitis
	Amenorrhea
	Urinary Incontinence and Pelvic Relaxation

Revised 3/2012
 3/2013

SECTION 15

OB/GYN Clerkship Grade

Final Grade	*Clinical Performance Grade	Oral Exam Grade	Written Exam Grade
H	H**	H	HP
H	H**	H	H
H	H**	HP	H
P	P	P	P, HP
P	P	P	H
P	P	H	P, HP, H
P	H	P	P, HP
P	H	H/HP	P
P	P	HP	HP
P	P	HP	H
P	P	H	H
P	H	P	H
CP	P	P	N ₁
CP	P	N ₁	P, HP
CP	P	N ₁	H
CP	P	H	N ₁
CP	CP ₁	P	P, HP
CP	CP ₁	H	H
CP	CP ₁	P	H
CP	CP ₁	H	P, HP
CP	H	N ₁	P, HP
CP	H	P	N ₁
CP	H	N ₁	H
CP	H	H	N ₁
N	P	N	N
N	CP	P	N
N	CP	N	P, HP
N	CP	N	N
N	CP	H	N
N	H	N	N
N	N*	P, HP, H	P, HP, H

1 – Requires remediation

*N on CPE will result in an N grade. Please see CPE grade criteria

**Requires 100% in “Met” or “Exceeded” expectations with no marks of unprofessional behavior

Students who must remediate are to submit a remediation plan to the Director of Medical Education. See policies section on “Remediation”.

Revised 6/2013

A student who is required to remediate a portion of the clerkship may do so only ONCE unless under very unusual circumstances. (See policies section on “Written Examination” and “Oral Examination”). Successful remediation will result in a pass grade for the clerkship being appended to the CP grade (CP/P). A student who remediates a CP grade, will not be eligible for an Honors grade. Failure to successfully complete the remediation requirements will result in a no pass grade for the clerkship being appended to the CP grade (CP/N).

A student who receives a CP due to unprofessional behavior will be required to remediate four (4) weeks of the OB/GYN clerkship. The Block III Handbook refers to other requirements the student must address regarding subsequent course work following an unprofessional behavior remediation (Refer to Block III Handbook available at: http://www.echt.chm.msu.edu/blockiii/handbooks/Block_III_Handbook.pdf)

A student who receives a no pass grade for the clerkship will be required to repeat the clerkship in its entirety. A student is advised, but not required, to repeat the clerkship in another community. If at all possible, the student will have different examiners for the oral examination. All aspects of the repeat clerkship, however, will be the same as required for other clerkship students and the repeat clerkship student is expected to complete all requirements of the clerkship a second time. Pass/fail levels and criteria will be the same for a repeat clerkship as for other students. A student repeating the clerkship will be eligible to receive an honors grade for the repeat clerkship.

A student who receives a no pass on the repeat clerkship will **NOT** be allowed to enroll in the clerkship again except as ordered by the College based upon policies extant within the College or University relative to readmission.

Professional Behavior evaluation on the FCE

A standardized Professional Behavior evaluation is part of every CHM Final Clerkship Evaluation (FCE). To pass this component, a student must demonstrate consistent professional behavior in clinical settings, as evaluated on the Clinical Performance Evaluation (CPE), as well as in non-clinical settings and interactions. In addition to any professionalism notations on the CPE, students will receive one unprofessional behavior notation on the FCE for each instance of unexcused absence, late submission of assignments, lack of civility towards clerkship staff or others, and any other unprofessional behaviors not recorded on the CPE.

All clinical departments use the same criteria for determining the grade on the Professional Behavior component on the FCE:

- Pass: No more than 2 unprofessional behavior notations for all clerkship components combined.
- Conditional Pass: 3-4 unprofessional behavior notations for all clerkship components combined. **Please note that students who receive a Conditional Pass for professionalism**

on the CPE and a Conditional Pass for professional behavior on the FCE will receive one Conditional Pass grade for professional behavior in the clerkship, although both CPs will be noted on the FCE. A CP grade for professional behavior in the clerkship will require that the student repeat four weeks of an eight-week clerkship and two weeks of a four-week clerkship.

- No Pass: 5 or more unprofessional behavior notations for all clerkship components combined.

A No Pass grade for Professional Behavior will require that the student retake the entire clerkship.

SECTION 16

STUDENT EVALUATIONS

Students are required to complete the following clerkship evaluation forms. The Department uses the feedback on the forms to modify and enhance the clerkship.

These include:

1. Focal Lecture Evaluations – in Angel/D2L after completing all lectures - required
2. CHM End of Clerkship Evaluation – in E*Value - required
3. OGR Preceptor Evaluation – in E-Value - required

Revised 6/2010
Revised 3/2012
Revised 2/2013

SECTION 17

REMEDIATION

Various components of OGR 608 may need to be remediated in order for a student to successfully complete the requirements of the clerkship. The student's Community Administrator will notify the student in writing regarding failure of any component of the clerkship.

1. **Written and Oral Examinations:** A student who fails one of the examinations at the conclusion of the clerkship (oral or written) will be required to repeat that examination. In notification received from the Community Administrator, the student will be informed that if the retake of an exam is not passed, the student will receive a grade of **N** and the clerkship must be repeated. The remediation plan must allow adequate time for remediation and procurement of the written exam from the NBME (minimum of 6 weeks). Students generally will be unable to retake the oral exam any sooner than 6 weeks following the clerkship to allow adequate time for preparation and study.
2. **Clinical Performance Components:** A student who does not successfully meet the requirements of the clerkship with regard to any of the clinical performance components (e.g., [a] data collection and assessment; [b] clinical skills; [c] pelvic examination skills; [d] PDA Patient Log; and [e] write-ups) but who successfully completes all the other requirements of the clerkship, will be required to complete 4 additional weeks of the clerkship spent in clinical activity. Students who do not demonstrate appropriate professional behavior during the clerkship will be required to complete an individualized program developed by the faculty and approved by the Director of Medical Education.

This remediation plan is to be completed within 4 weeks of being notified of failure of any component of the clerkship. It must be signed by the student, the appropriate Community Clerkship Director and the Assistant Dean's Office representative. The written remediation plan agreed upon by the Clerkship Director, the Dean's Office, and the student is to be submitted in writing by the student to the Director of Medical Education for final approval, with copies to the Community Clerkship Director and the Assistant Dean's Office. Repeat examinations will not be ordered or scheduled until a remediation plan has been received and approved by the Director of Medical Education. Additionally, if a student does not adhere to the remediation plan, the repeat examination will be cancelled. The remediation plan must address the following using the Remediation Plan form provided:

1. Component(s) of the clerkship requiring remediation
2. What time period will the remediation occur?
3. Is student planning to use a tutor?
4. If a tutor is being utilized, indicate the name of the tutor (or TBD):
5. Give specific remediation activities that the student will engage in during this remediation period (i.e., self-studying, meeting with the clerkship director):

The period of remediation prior to the repeat of the oral or written examination is one during which the student is expected to study, reread material and arrange for tutoring. Students are not to be tutored by other students. Tutoring options using attendings or residents should be scheduled and approved by the Community Clerkship Director. Practice oral examination sessions are suggested for those who must retake the oral exam.

Remediation Policies, p. 2

A student may remediate a clerkship deficiency only one time except as specified in the policies sections on the oral exam, written exam, and clinical component. Students generally may not remediate the OGR Clerkship during a time when they are responsible to another course or clerkship. Only under unusual circumstances would the Director of Medical Education approve remediation during a concurrent clerkship. If a student requests in his/her plan of remediation to remediate during an ongoing clerkship or course, it will be necessary for that Course Director to submit approval in writing to the Community Assistant Dean and the Director of Medical Education that the remediation occurring concurrently with the ongoing course will not negatively impact the student's progression through that current course.

Failure to successfully remediate a deficiency will result in a no pass grade (N) for the clerkship. Additionally, failure of the student to fulfill the conditions of remediation (e.g., to meet with the Community Clerkship Director and Assistant Dean's office staff and to submit a remediation plan to the Director of Medical Education within two weeks from the date of notification of the need to remediate) may result in the student being issued a no pass grade (N) for the clerkship.

SECTION 18

ELECTIVE CLERKSHIPS

The Department of Obstetrics and Gynecology offers the following elective clerkships across all 6 communities:

OGR 609	Advanced Gynecology (Inpatient and Outpatient)
OGR 610	Perinatology
OGR 611	Reproductive Endocrinology and Infertility
OGR 612	Gynecologic Oncology
OGR 614	Advanced OB (Inpatient and Outpatient)

These electives may not be offered at every community campus; students should discuss elective options with the community Assistant Dean's office. To enroll in an obstetrics and gynecology elective a student must have successfully completed the required obstetrics and gynecology clerkship (OGR 608). The Department believes that students choosing obstetrics and gynecology as a career should have a broad-based knowledge of medicine and that elective experiences should reflect this broad view. Additionally, students may NOT enroll in the same ob/gyn elective experience (e.g., perinatology, oncology) more than once.

All OB/GYN elective experiences, whether at home sites or away, require students to write a paper or make an oral presentation relative to an elective topic that is mutually agreed upon by the student and his/her elective supervisor. In addition, the CHM CPE form for electives must be completed by the supervisor of the elective regarding student's level of performance. Call hours are part of the clinical experience as determined by the course and supervisor.

The student must complete the required approval forms for all inter-campus and off-campus OB/GYN electives taken.

1. Inter-Campus/Off-Campus Clerkship Request—Objectives and key evaluators must be identified

Once students have submitted the required elective request form, the form will be sent to the Department of OGR for review and signature approval, for off-campus electives only. Students may not begin the off-campus elective until departmental approval has been issued. All necessary paperwork for approval must be completed and approved no later than 60 days prior to the beginning of the elective. If a student is requesting to take an international elective, proof of required immunization status (according to the Centers for Disease Control and Prevention guidelines) and previous immunization records must be submitted before departmental approval will be granted (60 days prior to start of elective). Failure to comply with required immunizations may result in lack of approval for the elective. If a student takes an elective without previous approval by the department, credit may not be given for the rotation. Supervising faculty both within MSU and outside MSU must agree to complete the required evaluation (CPE and oral/written presentation) prior to the approval of the elective by the Department.

The satisfactory completion of requirements for all electives (home site or away) is the responsibility of the student who must obtain appropriate documentation from supervising physicians through completion of the oral or written presentation. Students will provide the supervising physician the evaluation form and a return envelope so the evaluation may be sealed upon completion and mailed to the department or hand carried by the student. The grade for the elective cannot be submitted until all paperwork is completed.

Clerkship Policies

Revised 6/2013

SECTION 19

NON-MSU/CHM STUDENTS

Non-MSU/CHM students desiring to take OGR 608 must be approved by the Department Chairperson, the Community Clerkship Director and the Assistant Dean of the community in which the student wishes to enroll. Once approved, students will be evaluated in the same manner as MSU/CHM students and must complete the clerkship requirements expected of MSU/CHM students except in the most unusual circumstances and then only with the concurrence of the Ob/Gyn Chairpersons both at MSU/CHM and the student's own institution.

Non-MSU/CHM students desiring to take an obstetrics and gynecology elective (OGR 609-614) must be approved by the Clerkship Director and Assistant Dean of the community in which the student wishes to enroll, as well as the Director of Medical Education. Elective requirements and evaluation methodologies must be approved by the Community Clerkship Director.

SECTION 20

Informal Student Grievance Procedures for OGR Department Clerkships

Responsible Agent: Clerkship Director/Director of Medical Education

Category: Academic

Effective Date: June 2010

Policy Statement:

Informal resolution of differences between faculty and students is the preferable course of action. Informal resolution of these differences should proceed as expeditiously as possible with all parties involved. This procedure is to provide guidance so that the information known by each party (faculty and student) is shared with the ultimate decision maker (department chairperson). The student must start the informal process no later than the mid-semester following the semester in which the alleged violation occurred (MSRR 5.3.3). The steps are outlined as below:

Procedure:

- 1) If a student disagrees with a faculty decision/grade on a procedural matter or department process, the student is advised to discuss the concern with the community clerkship director. If resolution occurs, the informal procedure ends and no further action is taken. **The resolution is documented in writing for student and faculty, and both will sign and date this document**, a copy of which will be retained in the student file. (Note: “Where an instructor or a committee has rendered a judgment regarding a medical student’s academic performance, that judgment is presumed to be made in good faith and the grievant [student] bears the burden of proving the contrary, with the exception of allegation of academic dishonesty. In those cases, the faculty member bears the burden of proof.” [MSRR 5.1.5])
- 2) If resolution between the student and the clerkship director does not occur, the student should put in writing the concern to the Director of Medical Education. Outcomes of all meetings should be documented in writing. The Director of Medical Education may or may not meet with the student and/or clerkship director, separately or together, depending on the nature of the concern. The procedure ends at this step if resolution occurs. **The resolution is documented in writing for student and faculty, and all involved parties will sign and date this document**, a copy of which will be retained in the student file.
- 3) If resolution does not occur, the student submits the concern in writing to the Department Executive Committee. The Department Executive Committee will convene with the student and involved faculty to present their concerns (either in person or by phone/video). The Department Chair will then make the decision with the guidance of the executive committee. **The resolution is documented by the chairperson in writing and a copy is sent to all involved parties**, a copy of which will be retained in the student file.
- 4) If resolution between the student, faculty, and department does not occur, the student and faculty are directed to the Medical Students Rights and Responsibilities (http://humanmedicine.msu.edu/current_students/GrievancesComplaints.asp), CHM Associate Dean for Academic Affairs, and the MSU Ombudsman for guidance on formal procedures.

SECTION 21

Michigan State University College of Human Medicine Guidelines Regarding HCFA Rules and Student Charting

The HCFA rule related to students writing in patient charts has raised concerns and resulted policy review within the College of Human Medicine. Therefore, the following discussion applies to faculty supervising medical students, as well as medical students.

The HCFA rules are intended only for the physician that bills for the visit, not those that assist in the care (e.g., student). This rule **does not** prohibit the student from documenting any part of the patient visit. In fact, a medical student may document any or all of the three components (history, physical examination, medical decision making) required for a patient encounter. These components are important for students to conduct as well as document, and appropriately should remain a part of the patient's medical record.

However, HCFA is paying for a physician to see the patient (federally subsidized care) and wants the services to be provided by the physician. Therefore, the teaching physician may **NOT** refer to a medical student's documentation in order to bill at a particular level. (With the exception of the Review of Systems (ROS) and Family and Social History).

The teaching physician may verify and must re-document the history obtained by the student. All other components (history of present illness, physical examination, and medical decision making) must be performed and RE-DOCUMENTED by the teaching (billing) physician. The depth and extent of the student's documentation is irrelevant. This rule also applies to the documentation by other kinds of students (e.g., physician assistants and nurse practitioners).

The current CHM policy seems very reasonable and appears to require no change. However, the teaching (billing) physicians are the individuals at risk for fraud and abuse if they utilize student documentation in order to bill. Medical students should not be concerned to find their notes redocumented by the teaching (billing) physician in the medical record.

(Modified from the Block III Correspondence Document on HFCA Guidelines of 11/29/2000)

1/2001

File Copy

Student Name: _____

I HAVE READ AND UNDERSTAND THE REQUIREMENTS
NECESSARY TO SATISFACTORILY COMPLETE THE OB/GYN
CLERKSHIP AND ACHIEVE A PASSING GRADE FOR OGR 608.

Student Signature

Date

1/01

Student Copy

Student Name: _____

I HAVE READ AND UNDERSTAND THE REQUIREMENTS
NECESSARY TO SATISFACTORILY COMPLETE THE OB/GYN
CLERKSHIP AND ACHIEVE A PASSING GRADE FOR OGR 608.

Student Signature

Date

6/2008