



**Obstetrics and Gynecology  
Clerkship Handbook  
2024-2025**

Clinical Clerkship Director and Coordinators

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# INTRODUCTION

## OBGYN CLERKSHIP

OB/Gyn is a unique and varied specialty with lessons to teach all medical students, regardless of planned future specialty. The practice includes clinic visits and procedures as well as outpatient and inpatient surgeries in the OR and time spent on Labor and Delivery and in the Emergency Department. Women's Health Care includes both primary care and very specialized surgical and high-risk obstetric care. The specialty intersects with ethical and legal issues directly where beliefs translate into actions, sometimes in emergent situations where there is little time to ponder. We consult with and work alongside nearly all specialties. The entire range of human emotions are experienced during an OB/Gyn Clerkship, from the awesome experience of welcoming a new human being into the world to the grief and sorrow of the loss of a desired pregnancy or a cancer diagnosis. We are proactive in providing contraceptive options that can literally change an individual's life trajectory. We identify teratogens and intervene to prevent harm to a person who is not yet conceived. We identify precancer, remove it and prevent cervical cancer. We vaccinate individuals so the precancer never occurs. Since things can go from routine to urgent literally in seconds, we are great team players. We recognize human factors in patient safety and use effective communication tools in emergency settings. We provide care and reassurance about topics that are literally the most personal ones anyone can imagine. We help individuals escape Intimate Partner Violence. We mostly care for normal, healthy people going about their lives. We follow them over decades and watch their families grow and their priorities change. It is truly a privilege to experience everything an OB/Gyn clerkship offers, an experience you will never forget.

### A. Structure

Students will be assigned to one of many sites throughout the state. Students will be assigned to one or more attending physician (Preceptor), coordinated by the site director. This Preceptor will provide the hands-on clinical education through observation and direct student-patient interaction. The preceptor will give feedback and complete evaluations of student performance that will contribute to their overall grade. Students will also participate in weekly remote didactic sessions on Thursday mornings from 9:00 AM to noon via Teams. Each student will give a 15–20-minute presentation once during the 6-week rotation, submit 2 notes to the Clerkship Director and participate fully in Didactic sessions.

### B. Teaching Techniques and Evaluation Methodology

1. The student will attend scheduled weekly 3-hour remote didactic sessions on Teams for 5 weeks each track. The sixth week will not have didactics to allow preparation for the Shelf exam. The student's didactic presentation and participation in discussion during didactics will contribute to their grade.
2. The student will be required to keep an electronic log of all required patient care activities.

3. The student will be evaluated by their preceptor through periodic oral evaluation and by observations of clinical performance.
4. Preceptors will complete the mid-clerkship and end of clerkship evaluation forms. Students are required to submit their Mid-Clerkship evaluation form to the OB/Gyn Clerkship Director via Teams
5. The student will complete and return an evaluation form on the physician, site and clerkship.
6. Evaluations will be completed through a web-based secure electronic evaluation system, MedHub.
7. On the last day of their clerkship students will take the NBME Shelf exam for OB/Gyn. This score will form the basis of their grade, which can be modified based on their clinical and didactic performance. For details see the section on Grading.

C. Educational Activities

The clinical site will inform students of all educational programs and resources, e.g. lectures, conferences, videos, etc., available at the site and online.

D. Patient Care

Students will comply with all requirements related to patient care as established by the Clerkship Director and the clinical site along with those outlined in the Student Handbook. The Clerkship Director and clinical site have authority to require additional elements (vaccines, drug screening, attire, etc.) not mentioned in the Student Handbook. Professionalism and respect for patient confidentiality are expected at all times. In addition, students should always make it clear to patients that they are learners and do not give medical advice without the direction of their Preceptor or other licensed medical provider.

## Prior to the Start of the Rotation

Students will be contacted by the Site Director or their designee by the week prior to the start of the rotation. This should include the onboarding process and instructions on where and when to report for duty. If the student has not received instructions by the Wednesday before the start of the rotation, they should reach out to the Clerkship Coordinator and Clerkship Director by email to help them contact the site for instructions. Unless otherwise arranged, on the first day of the clerkship students will report for orientation at 8:00 A.M.

## ORIENTATION

Students will be provided appropriate orientation to the rotation expectations and the clinical facilities. This may include materials to be reviewed independently, virtual orientation prior to the start of the rotation, onsite orientation, and other methods to ensure that students are adequately prepared. At the start of clerkships, they will be introduced to the clinical service and physical plant by the Site Director or designee. For assignments at private office sites, additional orientation will be provided by the Preceptor or Preceptor's designee.

## Rotation Schedule

Operational details of the daily and weekly schedule will be at the discretion of the Preceptor. OB/Gyn is truly a 24/7 specialty with many learning opportunities available outside standard working hours. In general, students will work Monday through Friday, but they may often need to work weekends and or nights to obtain clinical experience on L&D, subject to the Duty Hours Restrictions listed below.

Important variations in the schedule are:

The first Monday morning of the rotation will begin at the site of the clerkship rotation for orientation, generally beginning at 8:00 AM if not informed otherwise.

Thursday Mornings from 9:00-Noon are reserved for OB/Gyn Didactics on Teams. All students are expected to attend Didactics and actively participate.

The last Thursday of the rotation there is no didactic session but students are expected to perform their clinical duties that day.

The last Friday of the rotation is reserved for the NBME Subject Exam.

## Duty hours Restrictions

The California Northstate University College of Medicine follows the duty hour guidelines set by the Accreditation Council for Graduate Medical Education (ACGME). In brief, these guidelines encompass the following for medical students:

“Duty hours” are defined as all clinical and academic activities related to the education of the medical student, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as didactic sessions, grand rounds and conferences. Duty hours do not include reading and preparation time spent away from the duty site. Important points of this policy are:

- 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. In-house call must occur no more frequently than every third night.
- c. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours.  
Students may be on site for up to 6 additional hours in order to participate in didactic activities.
- d. Students must be provided with one day (24 consecutive hours) in seven, free from all educational and clinical responsibilities, averaged over a four-week period.
- e. Students will have a minimum of 10 hours break between shifts

Oversight of this policy will be the responsibility of the Clerkship Director and the relevant Clerkship Site Director/s. Faculty and students with concerns regarding possible duty hour violations should report those concerns directly to the Clerkship Director in a timely fashion.

## Attendance Policy

The Attendance Policy is outlined in the Student Handbook. It is an expectation that students will be present for all scheduled activities during their clinical clerkships. If they are unable to attend, they must notify their preceptor, Site Director and Clerkship Director in advance, and in writing. Missed days require a plan to make them up, worked out with the preceptor and Clerkship Director. Students may miss no more than 1.5 days during the 6-week clerkship.

## Responsibilities and Duties

1. While on clinical service, the student will at all times be responsible to the personnel in charge of the unit involved. In addition, all students will be expected to comply with the general rules established by the hospital or clinic at which they are being trained.
2. All problems or difficulties should be communicated to the Clerkship Director and Office of Medical Education.
3. Students should attend all hospital conferences related to their clinical service. In addition, students should attempt to attend any other hospital conferences or educational programs of interest as long as they do not interfere with clinical responsibilities.
4. Any time spent away from the hospital during regular duty hours for lectures, conferences, and other program conducted at outside hospitals or universities must be pre-approved by the supervising physician of the clinical service (Preceptor). If attendance at these programs will affect assigned hospital duties such as histories and physicals, this will also need to be cleared with the Clerkship Director.
5. With the exception of weekly didactic sessions, patient care assignments take precedence over lectures and conferences. The hospital and attending physicians are to allow the students to attend scheduled didactic sessions. Absences from clinical duty must be cleared in advance by the director of the individual clinical service. If attendance of mandatory lectures and conferences is pre-empted by patient care assignments, this absence must be cleared by the Clerkship Director.
6. CNUCOM values the students performing histories and physicals (H&P's) in the affiliated clerkship sites. In addition to their preceptors reviewing their clinic notes, students will be required to submit notes to the Clerkship Director for review and comment.
7. The Chair for each specific hospital will make clear to the clinical clerk the policy of that hospital for medical order writing. All activities (orders written or given, any patient care, progress notes, etc.) in a clinical setting are under the direction and supervision of an attending physician who assumes responsibility for the student and the patient.
8. Students are responsible to keep their immunizations current. If immunizations are not kept current, the ability to participate in clinical training will be denied. CNUCOM is required to ensure to the clinical sites that all student immunizations are current.
9. Students are required to provide proof of personal health insurance and HIPAA, BLS, ACLS, and OSHA training completion if requested by CNUCOM or a specific training site.

## EVALUATION AND GRADING

### General Philosophy

While evaluation is an important part of the clinical education process and can provide substantial information regarding performance, it is essential that students and clinical faculty alike recognize that the generation of a grade is not the purpose of clinical experiences. Focus should be maintained on gaining clinical experience, expanding fundamental knowledge, providing high-quality care, and developing clinical competence. It is important as well that students pay close attention not simply to the grade earned, but to the specific components of evaluations that are designed to provide feedback and guidance to improve future performance.

## Grading Policies

### Grading Overview

The standardized grading policy for M3 is presented here first. The detailed specifics for the OBGYN rotation follow.

## CNU COM Clerkship Grading Policy

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A student's final clerkship grade will be based on the following three components:

- Academic NBME Shelf Exam Results.
- Clinical Evaluation of Student by Preceptor in rotations.
- Clinical Evaluation of Student by Clerkship Director in didactics.

The NBME Shelf exam score is an empirical measurement of student knowledge in the particular specialty field. Students are scored against a large national cohort of similar third year medical students. CNSU-COM's policy is that students Shelf score will be graded based upon the following percentile results on Shelf:

- $\geq 5$  = Pass
- $\geq 30$  = High-Pass
- $\geq 75$  = Honors

*This NBME Shelf "grade" will be the starting point of the student's final grade.*

But this Shelf grade will then be compared against a composite Clinical grade, generated from the combination of Clinical Evaluation by Preceptor, and Clinical Evaluation by Clerkship Director.

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The Final Grade will then be determined as follows:

- The NBME Shelf exam grade will generally\* be the starting point
- But the final grade can be moved up, or down, based upon student performance in the clinical segments (Preceptor and Didactic)\*

### Example Grading Scenario #1

- NBME score of "pass" but is in the upper half\* of the "pass" range
- Combination of Preceptor and Didactics Score is "honors"
- Students final grade can be elevated (at discretion of CD) from pass to high-pass based upon superlative clinical performance.

### Example Grading Scenario #2

- NBME score of "honors" but in the lower half\* of the "honors" range
- Combination of Preceptor and Didactics Score is only "pass"
- Students final grade can be reduced (at discretion of CD) from honors to high-pass based upon less than stellar clinical performance.



An **academic** grade of **pass**, will not be lifted all the way to **honors** by even stellar **clinical** performance, but it can move the **final grade** up (or down) to the next adjacent grade level above (or below) their **academic** grade.

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#### \* **Flexibility in the Grading System**

Clerkship Directors may and can opt to tighten up the parameters, for example only allowing movement up or down...if Shelf is in upper or lower quarter of grade range (rather than the upper or lower half of the grade range). Doing so would give the **Shelf** move weight, as compared to **clinical** and **didactics** components.

### **Details of Preceptor Grade Component (Attending preceptors please note)**

#### **Numeric “5 Point Likert Scale” Scoring**

Completion of the MedHub Educational Program Objectives (EPO) scores are important to help us assign student grades. Preceptors are asked to rank students on 15 areas of performance. These 15 topics are grouped and follow the COM General Competencies System:

- GC1 are questions about Patient Care (PC)
- GC2 cover Medical Skills and Knowledge (MSK)
- GC3 addressed Communication Skills (C)
- GC4 deals with Professionalism (P)
- GC5 deals with EMR and Healthcare Systems (HC)
- GC6 deals with Reflective Practice and Personal Development. (RP)

In each area of student performance, preceptors are asked to evaluate the student on a 1 to 5 Likert scale, with the 1 to 5 scale representing:

1. Fail – you believe the student should flunk the clerkship (and repeat)
2. Needs Improvement – performance not so low as to fail student, but in this area student should obtain remediation before passing
3. Pass – good performance sufficient (at this level of training and without remediation) to proceed forward with training
4. High-Pass – exemplary performance above average
5. **Honors** - outstanding performance

On average, a student performing at or above 3.0 on average will be considered to have Passed their preceptor evaluation. A student performing from 3.5-4.4 will be considered for the “High-Pass” grade. A student who averages 4.5 or above will be a candidate for an “**Honors**” grade. A student scoring below 3.0 will be seriously evaluated for necessary remediation. This could include additional course assignments, repeat of some or all of the clinical time in the clerkship, or might contribute to a failing grade in the clerkship. Any of the 15 topics ranked or graded as 1 (fail) will require full review by CD and possibly Student Evaluation & Promotions Committee (SPC), even in the case of of the overall score reaching a passing average of 3.0 or above.

**Narrative comments are critical to thorough student evaluation.**

Preceptors provide narrative comments on each student, commenting on both strengths and weaknesses.

All narrative comments by preceptors will be reviewed by the Clerkship Director, along with the checklist scores when determining **final grades** for the clerkship rotation. Student's numeric preceptor grade component for the clerkship rotation component may be raised or lowered based on exceptionally persuasive narrative comments from an attending preceptor. This is entirely at the discretion of the CD, and their own judgement of the narrative comments.

## Details of Didactics Grade Component

The bulk of the **Final Grade** is based upon the above two components:

- The **Academic** NBME Grade
- The **Clinical** Preceptor Grade

But there is one final component, that similar to the Clinical Preceptor Grade, can bump the **Final Grade** up, or down. That final component is the Grade conferred during **Didactics** by the individual Clerkship Director. The specific structure used in the production of this component will not be specified here, as it can and does vary from clerkship specialty, to clerkship specialty, and may even vary somewhat from block to block, as the availability of resources (guest lecturers, lab availability, in-person vs virtual **didactics**, etc) is changing and active. At times, even the Clerkship Director themselves may change, and the new CD may recommend different grading ideas and rubrics from the former. But the sum-components of the **Didactics** experience that may be brought to play in the production of this **Didactics** component may include:

- Attendance
- Timely submission of assignments
  - Assignments may include
    - case reports
    - quizzes
    - mid-clerkship evaluations
    - clinical topical write-ups or presentations
    - other at discretion of CD
- Successful logging of "Must-See Cases"
- Ongoing logging of "Must-Do Procedures"
- Participation in Discussions
- Participation in Lab (if any)
- Grading of any of the above (vs pass/fail)

To be clear, the **Didactics** grade is entirely at the discretion of the Clerkship Director, and to reiterate cannot be subject to strict simplification or restriction in this document.

## Professionalism and Remediation

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**Lapses of professionalism or low preceptor ratings.** Professional behavior (discussed elsewhere) is the sine qua non of being a physician. Any allegation of a lapse in professionalism in the clerkship will be investigated by the clerkship director. Such lapses may include, but are not limited to, cheating; plagiarism; or failure to fulfill patient care responsibilities. Likewise, any score of “below expectations” or less by any preceptor will be investigated by the clerkship director. If the allegation of a lapse in professionalism is substantiated, or if the rating of “below expectations” or less is found to be accurate, either of these criteria alone (regardless of NBME exam scores and other preceptor evaluations) may be grounds to receive a failing grade in the clerkship. The student will also be referred to the Student Evaluation and Promotions Committee for further consideration. Y “incomplete” grade may be assigned, and remediation may be required. Further details are discussed in the next section.

### **Details of remediation of borderline performance; Y grade options.**

#### Scenario: Low NBME score, acceptable preceptor evaluations

A student who receives ratings from preceptors at or above the “meets expectations” level, but who scores less than 5% on the NBME Subject Examination in emergency medicine can be managed along one or both of the following pathways:

1. “Bad Test Day” – if the student feels he or she was prepared for the test, but suffered from some unforeseen problem such as illness, family or other stress, or other un-avoidable distraction that prevented them from performing up to par, that student may request a “quick re-take” of the Shelf exam. This must be explained to the Clerkship Director and the CD must agree that a quick re-take is justified. Quick means ideally that the student sits for the re-take in general within a week of the original exam date, or at most two weeks of original exam date. Note that this quick re-take is not intended to allow the student to study more. This presumes that they already did study enough, but just suffered from unforeseeable stresses on the test day.
2. If the student does require a quick retake test, and fails this second attempt...OR if the reason the student did not pass the first attempt was actually lack of study and preparation for the first test, then the student will be given a Y grade for the course. Student and CD then need to sit down and discuss the situation, and come up with a remediation plan. A remediation plan could involve:
  1. Identification of free or other time where student can study more for a re-take test
  2. Deferral of an upcoming clerkship to create time for study
  3. Referral to student affairs for test preparation counseling
3. This plan must be documented in a SPC referral, signed by student and CD and the Chief of Clinical Education, and submitted to SPC for review and either approval, or other remediation recommendation.

The student may remediate the Y grade by taking the examination a final second, or third time (third if a “quick retake test” was allowed), the time frame to be determined in consultation with the clerkship director.

If the student passes the retake NBME exam (after the administration of a Y grade), their Y will then be upgraded to a Y/P grade, which is a passing grade, but the Y will remain along with the Pass. The maximum grade achievable upon remediation shall be that of “Y/Pass”.

The final clerkship grade will be based on the following components:

- 1) NBME subject (Shelf) exam
- 2) Preceptor evaluation
- 3) Clerkship Director assessment of student performance

#### Details of Grading Components

##### 1) The NBME Subject Examination (Shelf Exam)

Grading will be “Shelf First,” meaning the Shelf score will provide the basis for the student’s grade. See detailed description under Determination of Final Grade – “Shelf First” below. The Shelf Exam is used as an assessment of fundamental medical knowledge. NBME provides a table of National percentile scores for each of the preceding 2 years’ cohorts taking the exam:

PASS: 5<sup>th</sup> percentile or higher in either of the prior 2 years  
HIGH PASS: 30<sup>th</sup> percentile or higher in either of the prior 2 years  
HONORS: 75<sup>th</sup> percentile or higher in either of the prior 2 years

Students scoring below the 5<sup>th</sup> percentile nationally on the Shelf exam may qualify for a “quick retake” of the exam. This acknowledges that people can sometimes have a “bad test day.” This is not intended to allow more time for study. The retest will be taken as quickly as possible after the failed test. A passing score on the retest is treated as if it were the original score, subject to the same modifications described above. A student who fails the quick retake exam will receive a Y grade and a remediation plan will be developed with the Student Promotions Committee. A student may not pass the clerkship without achieving a score in the 5<sup>th</sup> percentile on the Shelf exam.

##### 2) Evaluation by the Preceptors

###### Formative Feedback from Preceptors

Ongoing formative evaluation during the clerkship is essential to allow students to improve skills during the rotation. Students may expect (and ask for) daily feedback from preceptors in the following areas:

###### Cognitive skills

- History taking
- Physical examination
- Understanding of ancillary testing & data
- Formulation of differential diagnosis, and treatment plan

Personal skills

- Professionalism
- Dress
- Demeanor
- Performance of exam
- Any other concerns

The frequency and mechanisms of formative feedback delivery are shown in the table. Preceptors should communicate significant concerns to the Clerkship Director immediately for monitoring or remediation as appropriate.

Frequency and Mechanism of Formative Feedback	
Frequency	Mechanism
Daily	Verbal feedback from Preceptor
	One-on-one interaction with Preceptor
	“Teachable moments” at the bedside and during clinical care
Weekly	Participation in didactic sessions with camera on
	Student presentations completed and uploaded to Teams after presenting
Mid-clerkship	Formative feedback summarized & discussed in meeting with Preceptor and Mid-Clerkship Form submitted to Teams by student.
Ongoing	Completion of required patient log activities
Ongoing	Submission of clinic notes to Clerkship Director as outlined in Teams
End of Clerkship	Preceptor submits student evaluation
	Student takes NBME Shelf Exam
	Clerkship Director assigns Final grade according to process below

Evaluation of Students

Mid Clerkship Evaluations

Students will print the Mid Clerkship Evaluation form from Teams and give it their Preceptor(s) by the end of the second week of the rotation. By the end of the third week they should meet with the Preceptor in person and go over their feedback in order to have time to make improvements before their Preceptor evaluation is completed. They will then submit their completed and signed evaluation form to the Clerkship Director via Teams by the end of the third week. Forms not submitted to Teams by the 4<sup>th</sup> week will be considered late.

## Preceptor Final Evaluation of Students

Preceptors submit their evaluations in Med Hub on a scale of Fail, Poor, Pass, High Pass and Honors or insufficient contact. There are 15 questions total in 6 subject areas reflecting the ACGME competencies:

- 1) Patient Care
- 2) Medical & Scientific Knowledge
- 3) Communication & Interpersonal Skills
- 4) Professionalism
- 5) Healthcare Systems
- 6) Reflective Practice and Personal Development.

In Addition, the Evaluations Form includes 2 areas for narrative Student performance evaluation. The first addresses the student's strength and weaknesses with respect to the Educational Program Objectives (EPOs) with specific examples. This portion is not included in the student's MSPE. The second area is for the Clerkship Director's Narrative for MSPE. This is a combination of the preceptor narrative feedback and the Clerkship Director's independent assessment as outlined below.

### 3) Clerkship Director Assessment of the Student

#### Weekly Didactic Session Participation

Attendance and active participation with the camera turned-on are expected of all students during the weekly didactic sessions unless the physical location does not allow it. Failure to comply will be taken into consideration in the assignment of grades. Unexcused absences may result in penalty or assignment of remedial work at the discretion of the Clerkship Director.

#### Student Topic Presentations

At the beginning of the rotation each student will select their top 3 preferred topics from the list posted on Teams to present at one of the 5 weeks of didactic sessions and email those choices to the Clerkship Director. The Clerkship Director will assign the topics in the order the student preferences are received. If none of the selections are available by the time the last students submit their preferences, the Clerkship Director will assign a topic for the student to present.

- PowerPoint presentations on the assigned subject 15-20 minutes in length
- They should be thorough but succinct, no more than 20 slides including references
- Case examples are welcome, but Boards-type questions are not necessary
- Use Peer-reviewed journal articles or sites like UpToDate for references, not WebMD or Google
- Must be completed by each student and turned in to the clerkship director no later than two days [Tuesday] prior to day of the presentation [Thursday] to allow the Clerkship Director time to review the slides for accuracy and completeness.
- Following the presentation the student will upload their PowerPoint to Teams for their classmates to access.
- The goal of this exercise is to teach the student the utility of using the primary medical literature to guide the care of patients.

## Clinic and Specialty Notes

Each student is required to submit 2 written notes over the course of the rotation to the Clerkship Director via the Assignments Tab in Teams. One will be an OBGYN Clinic Note following the format of the clinic note template posted on Teams. The second will be the student's choice of another clinic note, Delivery Note or OP Note. These will be reviewed by the Clerkship Director and feedback will be given on Teams. Grading will take into consideration how well the template was followed, thoroughness of the note and completeness of the differential diagnosis/medical decision making.

## Mid Clerkship Evaluation Form Submission

Students are expected to follow the process above for printing the Mid Clerkship Evaluation Form and reviewing it with their preceptor in time to make improvements. Failure to complete the process by the end of the fourth week will be noted in the Clerkship Director's assignment of grades.

## Core Clinical Conditions and Procedures Log in MedHub

Students will log their clinical experiences in MedHub. The following categories are required to be logged by the end of the rotation:

- Abnormal Gyn condition (vaginal discharge, abnormal pap, malignancy, sexually transmitted disease, breast pain/lump)
- Labor and delivery (normal, complicated)
- Normal Gynecologic condition (menstrual cycle, menopause, pap smears, mammograms,)
- Obstetric/pregnancy condition (complicated pregnancies, Diabetes in pregnancy, HTN in pregnancy)
- Reproductive issues (contraception, sexual dysfunction, infertility).

Similarly, the following procedures are required to be logged by the end of Part B:

- Uterine ultrasound (OBGYN specific)
- Pelvic exam (OBGYN specific)
- Finger stick glucose
- Foley catheter placement Peripheral I.V. placement
- Urine dipstick (as available)
- Venipuncture

## Determination of Final Grade – “Shelf First”

“Shelf First” means the basic score is established by the Shelf score, but can be modified up or down based on clinical and didactic performance. Anyone who is above the average percentile for their Shelf First grade could be “bumped up” by their clinical or didactic performance. For example, anyone who is in the 18<sup>th</sup> percentile or higher and does High Pass or Honors work in clinical and didactics could be elevated from Pass to High Pass. Similarly, anyone in the 53<sup>rd</sup> percentile or higher could be elevated from High Pass to Honors if their clinical and didactic performance is exceptional. If a student's Shelf score is

below the 18<sup>th</sup> percentile, they cannot move up to High Pass. If their score is below the 53<sup>rd</sup> percentile they cannot move up to Honors. Conversely, poor performance in clinical or didactics may lead to the final grade being one step lower than the Shelf portion of the grade. Students cannot move up 2 steps from Pass to Honors, or down 2 steps from Honors to Pass. A student who achieves a 5<sup>th</sup> percentile score on the Shelf exam but does not receive a passing score in didactics or from their Preceptor will need to do remedial work to pass.

A student may receive a failing grade in the OB/Gyn clerkship despite having a Shelf score at the 5<sup>th</sup> percentile or higher if any of the following criteria are met:

1. Substantiated lapse of professionalism -see Student Handbook for definition
2. Substantiated ratings of less than “pass” from a preceptor or
3. Failure to perform assignments required by the Clerkship Director and outlined above

### Evaluation of Clinical Assignment

Following each clinical clerkship, students are expected to complete an evaluation of the preceptor, site, and clerkship. This will be completed online. Students will receive reminders via electronic mail of evaluations they need to complete. Students should take care to distinguish the assessment of these three portions of their experiences in order to provide the most useful feedback to CNUCOM. It is only through honest, fair, and frank evaluations that problems can be identified and corrected, and appropriate praise can be offered to those deserving. This is a serious responsibility for students, and appropriate thought and time should be dedicated to this part of the clinical education program. Clinical faculty can view, via the electronic evaluation system, summary data of these evaluations only after a threshold number of evaluations has been reached in order to maintain student anonymity.

## Objectives for the OB/Gyn Clerkship

Learn how to function as a physician in an OB/Gyn context including:

- Assuming the appropriate and necessary level of responsibility and commitment to patient care
- Developing a compassionate approach to patient care
- Working effectively in a health care team
- Developing and improving clinical skills – history-taking, physical exam, oral and written presentation, diagnostic reasoning, procedures
- Developing a successful approach to solving patient-based problems

## Information for Preceptors:

Preceptors are the backbone of our clinical clerkship. Without you and others like you we literally would not exist. We recognize that teaching is time consuming and reduces your efficiency. We appreciate your willingness to share your time and expertise to help shape the future generation of physicians. We hope you find the experience to be rewarding and stimulating.



The Association of Professors of Gynecology and Obstetrics (APGO) offers a wealth of resources to assist with teaching and evaluation of students. The Medical Student Objectives for Faculty provide a systematic framework and resource that defines a central body of women’s health knowledge, skills and attitudes fundamental to the practice of a general physician. The 11<sup>th</sup> edition is currently undergoing revision and should be published in 2025. The Curriculum Builder allows for interactive search and filtering of the Objectives. There are videos and teaching cases for faculty. There is an Ob-Gyn student logbook and an Essential Clinical Skills Checklist. The Effective Preceptor Series (and companion videos) include 16 topics to help enhance teaching skills, inclusiveness and effectiveness. Similarly, the Effective Student Advising Series help with advising students about careers in OB/GYN.

## Clerkship Goals/Curriculum

The overarching goals of the clerkship are for students to

- (a) improve and focus history taking
- (b) improve and refine the physical examination
- (c) develop a reasonable differential diagnosis; and
- (d) outline an initial diagnostic and treatment plan.

We want students to meet these goals by examining patients with both acute and chronic obstetric and gynecologic problems in both the inpatient and outpatient settings.

The Curriculum follows the 6 ACGME Curriculum General Competencies. These are mapped to the Educational Program Objectives (EPOs) as indicated on the table below. The Final Evaluation of the students in MedHub assesses the student’s performance in each area. The Clerkship Learning Objectives (CLOs) are mapped to the EPOs in the second table.

General Competency	Educational Program Objectives
<p><b>PC1: Patient Care</b></p>	<p>PC1: Clinical History Taking            PC2: Patient Examination            PC3: Medical Notes            PC4: Oral Presentations            PC5: Medical Skills            PC6: Patient Care Teams            PC7: Patient Management            PC8: Cost Effective Comparison in Treatment</p>
<p><b>MSK2: Medical and Scientific Knowledge</b></p>	<p>MSK1: Knowledge of Medical Practices            MSK2: Problem Solving &amp; Diagnosis            MSK3: Medical Treatment            MSK4: Life-Long Learning            MSK5: Research or Knowledge Expansion</p>

<b>C3: Communication and Interpersonal Skills</b>	C1: Communication Medical Team C2: Communication with Patient, Family and Community
<b>P4: Professionalism</b>	P1: Ethical Behavior P2: Ethical Responsibility P3: Ethical Principles and Boundaries P4: Professional Relationships
<b>HC5: Health Care Systems</b>	HC1: Healthcare Delivery Systems HC2: Delivery Systems Improvement
<b>RP6: Reflective Practice and Personal Development</b>	RP1: Personal Assessment RP2: Time Management RP3: Stress/Wellness Management RP4: Conflict Resolution

COURSE LEARNING OBJECTIVES Students will be expected to successfully complete the following objectives by the end of the 6-week OBGYN clerkship.

<b>Clerkship Learning Objectives (CLO)</b>	<b>Narrative</b>	<b>EPO</b>	<b>Assessment</b>
<b>CLO-1</b>	Demonstrate an adequate fund of foundational knowledge in the application of relevant basic science principles and concepts to the surgical and medical problems encountered in the field of OBGYN.	MSK 1-5, PC-7	NBME OBGYN Shelf and Preceptor and CD evaluations
<b>CLO-2</b>	Demonstrate skill in obtaining a focused and complaint-directed medical history and physical examination in the OBGYN setting and communicate both orally and in writing clear and concise presentations. Demonstrate the ability to interact with all levels of OBGYN staff and consultants as a team member.	PC 1-7, C 1&2, HC 1	Preceptor and CD evaluations

CLO-3	Identify relevant clinical historical and physical findings, understand the appropriate use of diagnostic studies and formulate reasonable and logical differential diagnoses for common complaints encountered in OBGYN	PC 1,2,5,7 MSK 1-3	NBME OBGYN Shelf and Preceptor and CD evaluations
CLO-4	Demonstrate an understanding of the effective use of medical resources. Develop the ability to interpret commonly ordered diagnostic studies, such as laboratory tests, EFM tracings and ultrasound. Effectively use available technology and educational resources to manage patients efficiently in the surveillance and prevention of disease.	PC 5,7,8 MSK 1-4	NBME OBGYN Shelf and Preceptor and CD evaluations
CLO-5	Demonstrate understanding of the principles of the treatment of disease, including treatment to stabilize unstable patients, and the rationale to assess and reassess in the monitoring of patients' progress.	PC 1,2,5,7 RP 2	NBME OBGYN Shelf and Preceptor and CD evaluations
CLO-6	Demonstrate professionalism during interactions with all OBGYN staff and consultants. As an active team member, participate in all aspects of patient care, and demonstrate professional, respectful, and effective patient centered communication with an understanding of the role of Human Factors in patient safety.	P 1-4, HC 1,2 RP 1,3,4	Preceptor and CD evaluations

## Preceptor Responsibilities:

All attending physicians (Preceptors) are expected to provide:

- Daily supervision (may be direct or indirect but readily available)
- Direct observation of basic skills
- Teaching and guidance
- Constructive feedback
- Written and verbal assessment of student performance must be performed at mid-clerkship and upon completion of the rotation

- Mid-Clerkship written assessments are due 3 weeks from the beginning of the clerkship
- Final Student Evaluations on MedHub are appreciated as soon as possible after completion of the clerkship (It's easier to remember that way!) no later than the end of 2 weeks following the clerkship
- Preceptors are prohibited from medically treating the medical students that they are supervising and from engaging in personal relationships with students that violate sexual harassment policies
- Students should not perform pelvic exams without the preceptor physically present

Specific responsibilities. These goals can be met in different ways in different venues. At minimum, we request the following of attending preceptors:

- Allow each student to perform one complete history and examination and present that patient to the preceptor, on average once per day.
- Students must submit notes as required to the Clerkship Director.
- Assign additional patient experiences that may include focused exams on follow-up patients.
- Ensure student experiences are hands-on, with oral patient presentations to preceptors.
- Provide constructive feedback on physical exam, differential diagnosis, and treatment and documentation.
- Assign brief readings (preferably from recent primary literature) on interesting patient topics as you see fit.

Giving feedback. Ongoing formative feedback during the clerkship is essential to allow students to improve skills during the rotation. At minimum, the following categories should be evaluated:

- Cognitive skills
- History taking
- Physical examination including speculum exam
- Understanding of ancillary testing & data Formulation, differential diagnosis, and treatment plan
- Personal skills
- Professionalism
- Dress
- Demeanor
- Any other concerns

Preceptors should communicate any concerns to the clerkship director immediately for monitoring or remediation as appropriate.

Documenting student performance. All 15 questions are evaluated equally. The baseline expectation of student performance is that of High Pass. An Honors grade should be given when the student is truly outstanding. Similarly, students who are not performing at Pass level should be notified during the mid-clerkship evaluation and concerns brought to the Clerkship Director with sufficient time to remedy them. If the preceptor has had insufficient contact to evaluate the student's healthcare delivery systems improvement it is better to check "insufficient contact" than to assign a grade.

Attending preceptors please note while completion of the Pass, High Pass and Honors or Insufficient Contact multiple choice items is necessary for assigning student grades, narrative comments are critical for a thorough student evaluation. Please provide narrative comments on each student, commenting on both strengths and weaknesses. Your narrative comments may boost a student's clerkship score if their final clerkship grade is on the borderline between two letter grades.

## Examples of Outpatient Preceptor Routine

Note: These are basic examples. Development of bedside and in-office teaching techniques will be the focus of future faculty development workshops.

Preparatory issues:

- Meet with student each morning to review the schedule of patients;
- Identify patients whom the student will evaluate independently (including the specific educational focus of the encounter);
- Identify patients for whom the student will shadow the preceptor;
- Discuss any questions from reading assignments or self-directed learning that student performed overnight.

Patient encounter (several possible variations, preceptors are encouraged to use each of these techniques over the course of the rotation depending on the educational objective of the encounter):

- Preceptor sees the patient and the student observes;
- Student interviews and/or examines patient independently, presents patient to preceptor, student and preceptor then interview/examine patient together;
- Student interviews and/or examines patient with preceptor observing.

Short debriefing (immediately following encounter): student and preceptor reflect on patient encounter; follow up on questions and teaching points; identify plan for further self-directed learning.

Daily debriefing (at end of day): more leisurely discussion of any remaining questions; review plans for self-directed learning; review next day's patient schedule, assign any pertinent preparatory reading based on anticipated patient encounters.

## Evaluation of Clinical Assignment

Following each clinical clerkship, students are to complete an evaluation of the preceptor, site, and clerkship online. Students will receive evaluation reminders via electronic mail. They should distinguish the assessment of these three portions of their experiences to provide the most useful feedback to CNUCOM. Only through honest, fair, and frank evaluations can problems be identified and corrected, and appropriate praise. Clinical faculty can view, via the electronic evaluation system, summary data of these evaluations only after a threshold number of assessments are complete to maintain student anonymity.