

Achieving New Heights in Medical Education

# Ob/Gyn Required Clerkship Curriculum

## **Faculty**

Dr. Terry Dunn, MD, Clerkship Director

In order to make an appointment or to contact someone with an urgent clerkship issue, please email cherkshipdirectorshelpline@rvu.edu

## **Required Texts/Materials:**

- Symonds, I. & Arulkumaran, S. (2020). *Essential Obstetrics and Gynaecology* (6<sup>th</sup> ed.). Philadelphia, PA: Elsevier.
- Course Guide for Women's Health (Available in New Innovations.)

Please ask the library staff for assistance if the hyperlink is broken.

# **Recommended Learning Resources:**

Optional Learning Resources (eBook available from the RVU Library)

• Lo, B. (2013). Resolving Ethical Dilemmas: A Guide for Clinicians (5th ed.). New York, NY: LWW.

## Approach to the Patient

# The OB/GYN History

<u>Rationale:</u> A gynecological evaluation is an important part of primary health care and preventive medicine for women. A gynecological assessment should be a part of every woman's general medical history and physical examination. Certain questions must be asked of every woman, whereas other questions are specific to particular problems. To accomplish these objectives, optimal communication must be achieved between patient and physician.

The student will demonstrate the ability to:

- A. Perform a thorough obstetric-gynecologic history as a portion of a general medical history, including:
  - 1. Chief complaint
  - 2. Present illness
  - 3. Menstrual history
  - 4. Obstetric history
  - 5. Gynecologic history
  - 6. Contraceptive history
  - 7. Sexual history
  - 8. Family history
  - 9. Social history
- B. Interact with the patient to gain her confidence and to develop an appreciation of the effect of her age, racial and cultural background, and economic status on her health;
- C. Communicate the results of the obstetric-gynecologic and general medical history by well-organized written and oral reports.

## The OB/GYN Examination

<u>Rationale</u>: An accurate examination complements the history, provides additional information and helps determine diagnosis and guide management. It also provides an opportunity to educate and reassure the patient.

The student will demonstrate the ability to:

- A. Interact with the patient to gain her confidence and cooperation, and assure her comfort and modesty
- B. Perform a painless obstetric-gynecologic examination as part of a woman's general medical examination, including:
  - 1. Breast examination
  - 2. Abdominal examination
  - 3. Complete pelvic examination
  - 4. Recto-vaginal examination
- C. Communicate the relevant results of the examination in well-organized written and oral reports
- D. Share results
- E. Educate the patient regarding breast self-examination

# **Pap Smears and Cultures**

<u>Rationale:</u> The Pap smear is one of the most effective screening tests used in medicine today. Proper technique in performing the Pap smear and obtaining specimens for microbiologic culture will improve accuracy.

The student will demonstrate the ability to:

- A. Perform an adequate Pap smear
- B. Obtain specimens to detect sexually transmitted diseases
- C. Handle specimens properly to improve diagnostic accuracy
- D. Provide an explanation to the patient regarding the purpose of these tests

# **Diagnosis and Management Plan**

<u>Rationale</u>: Accurately identifying problems and selecting the most likely diagnosis leads to effective management plans.

The student will demonstrate the ability to:

- A. Generate a problem list
- B. Form a diagnostic impression, including differential diagnosis
- C. Consider economic, psychosocial and ethical issues
- D. Develop a management plan that includes
  - 1. Laboratory and diagnostic studies
  - 2. Treatment
  - 3. Patient education
  - 4. Continuing care plans

## **Preventative Care and Health Maintenance**

<u>Rationale:</u> The student will recognize the value of routine health surveillance as a part of health promotion and disease prevention.

The student will be able to:

- A. List age-appropriate screening procedures and recommended time intervals for mammograms, pap smears, STI evaluations, and others as appropriate:
  - B. Counsel patient regarding::
    - 1. Contraception
    - 2. Prevention of sexually transmitted diseases
    - 3. Domestic abuse/violence

#### **Obstetrics**

# **Maternal-Fetal Physiology**

<u>Rationale:</u> Knowledge of the physiologic adaptations to pregnancy will allow the student to better understand the impact of pregnancy in health and disease.

The student will be able to describe:

- A. Maternal physiologic and anatomic changes associated with pregnancy
- B. Physiologic functions of the placenta and fetus
- C. Effect of pregnancy on common diagnostic studies

# **Preconception Care**

<u>Rationale:</u> The proven benefits of good health prior to conception include a significant reduction in maternal and fetal morbidity and mortality.

The student will be able to:

- A. Describe how certain medical conditions affect pregnancy
- B. Describe how pregnancy affects certain medical conditions
- C. Counsel patients regarding a history of genetic abnormalities
- D. Counsel patients regarding advanced maternal age
- E. Counsel patients regarding substance abuse
- F. Counsel patients regarding nutrition and exercise
- G. Counsel patients regarding medications and environmental hazards
- H. Counsel patients regarding immunizations

# **Antepartum Care**

<u>Rationale</u>: Antepartum care promotes patient education and provides ongoing risk assessment and development of an individualized patient management plan.

The student will be able to cite methods to:

- A. Diagnose pregnancy
- B. Assess gestational age
- C. Distinguish an at-risk pregnancy
- D. Assess fetal growth, well-being, and maturity
- E. Appropriate diagnostic studies
- F. Nutritional needs of pregnant women
- G. Adverse effects of drugs and the environment
- H. Perform a physical examination on obstetric patients
- I. Answer commonly asked questions concerning pregnancy and labor and delivery
- J. Counsel women with an unintended pregnancy

# **Intrapartum Care**

<u>Rationale:</u> Understanding the process of normal labor and delivery allows optimal care and reassurance for the parturient and timely recognition of abnormal events.

The student will be able to describe:

- A. Characteristics of true and false labor
- B. Initial assessment of the laboring patient
- C. Stages and mechanism of normal labor and delivery
- D. Techniques to evaluate the progress of labor
- E. Pain management during labor
- F. Methods of monitoring the mother and fetus
- G. Management of normal delivery
- H. Vaginal repair
- I. Indications for operative delivery
- J. Immediate postpartum care of the mother

## **Postpartum Care**

<u>Rationale</u>: Knowledge of normal postpartum events allows appropriate care, reassurance and early recognition of abnormal events.

The student will be able to describe:

- A. Normal maternal physiologic changes of the postpartum period
- B. Normal postpartum care
- C. Appropriate postpartum patient counseling

# **Ectopic Pregnancy**

<u>Rationale</u>: Ectopic pregnancy is a leading cause of maternal morbidity and mortality in the United States. Early diagnosis and management may not only save lives, but may also preserve future fertility.

The student will be able to:

- A. Develop a differential diagnosis of first trimester bleeding
- B. List risk factors predisposing patients to ectopic pregnancy
- C. Describe symptoms and physical findings suggestive of ectopic pregnancy
- D. Understand methods and tests used to confirm the diagnosis of ectopic pregnancy
- E. Explain treatment options

# Preeclampsia-Eclampsia Syndrome

<u>Rationale:</u> Preeclampsia-eclampsia syndrome accounts for significant morbidity and mortality in both the mother and newborn.

The student will be able to explain:

- A. Definition(s) and classification of hypertension in pregnancy
- B. Pathophysiology of preeclampsia-eclampsia syndrome
- C. Symptoms, physical findings and diagnostic methods
- D. Approach to management
- E. Maternal and fetal complications

#### **Abnormal Labor**

<u>Rationale</u>: Labor is expected to progress in an orderly and predictable manner. Careful observation of the mother and fetus during labor will allow early detection of abnormalities so that management can be directed to optimize outcome.

The student will be able to list:

- A. Abnormal labor patterns
- B. Methods of evaluating fetopelvic disproportion
- C. Fetal and maternal complications resulting from abnormal labor
- D. Indications and contraindications for oxytocin administration
- E. Strategies for management of abnormal fetal presentations
- F. Indications for vaginal birth after cesarean delivery
- G. Strategies for emergency management of breech and shoulder dystocia

## **Third Trimester Bleeding**

<u>Rationale:</u> Bleeding in the third trimester requires immediate patient evaluation. Thoughtful, prompt evaluation and management is necessary to reduce the threat to the lives of the mother and fetus. The student will be able to:

- A. Describe the approach to the patient with third-trimester bleeding
- B. Compare symptoms, physical findings and diagnostic methods that differentiate patients with placenta previa, abruptio placenta and other causes of third-trimester bleeding
- C. Describe complications of placenta previa and abruptio placenta
- D. Describe immediate management of shock secondary to third-trimester bleeding

E. Describe components of the various blood products and indications for their use

#### **Preterm Labor**

<u>Rationale:</u> Prematurity is the most common cause of neonatal mortality and morbidity. The reduction of preterm births remains an important goal in obstetric care.

Understanding the causes and recognizing the symptoms of preterm labor provides the basis for management decisions.

The student will be able to cite:

- A. Factors predisposing to preterm labor
- B. Signs and symptoms of premature uterine contractions
- C. Causes of preterm labor
- D. Management of preterm labor, including:
  - 1. Tocolytics
  - 2. Steroids
  - 3. Antibiotics

#### **Obstetric Procedures**

<u>Rationale:</u> Knowledge of obstetric procedures is basic to management and counseling of the pregnant patient.

The student will be able to describe:

- A. Ultrasound
- B. Chorionic villous sampling
- C. Amniocentesis and cordocentesis
- D. Antepartum fetal assessment
- E. Intrapartum fetal surveillance
- F. Induction and augmentation of labor
- G. Episiotomy
- H. Spontaneous vaginal delivery
- I. Vacuum-assisted delivery
- J. Forceps delivery
- K. Breech delivery
- L. Cesarean delivery
- M. Vaginal delivery after cesarean section
- N. Newborn circumcision

#### Gynecology

# **Contraception and Sterilization**

<u>Rationale</u>: An understanding of the medical and personal issues involved in decisions regarding contraceptive methods is necessary to adequately advise patients requesting contraception.

The student will be able to explain:

- A. Physiologic and pharmacologic basis of action
- B. Effectiveness
- C. Benefits and risks
- D. Financial considerations of the various methods of contraception

## **Abortion**

<u>Rationale:</u> Induced abortion is a reproductive option considered by some patients. Regardless of one's personal views, the practitioner should be aware of the techniques, management and complications of induced abortions.

The student will be able to list:

- A. Surgical and non-surgical pregnancy terminate
- B. Potential complications of abortion, such as
  - 1. Hemorrhage
  - 2. Infection
- C. Psychosocial considerations of abortion

# **Sexually Transmitted Infections and Urinary Tract Infections**

<u>Rationale</u>: To prevent sexually transmitted infections and minimize their impact on health, the physician should understand their basic epidemiology, diagnosis and management.

The student will be able to list:

- A. Organisms and methods of transmission, symptoms, physical findings, and evaluation and management of each of the following:
  - 1. Gonorrhea
  - 2. Chlamydia
  - 3. Herpes simplex virus
  - 4. Syphilis
  - 5. Human papillomavirus infection
  - 6. Human immunodeficiency virus (HIV) infection
  - 7. Hepatitis B virus infection
- B. Public health concerns, including:
  - 1. Screening programs
  - 2. Costs
  - 3. Prevention and immunizations
  - 4. Partner evaluation and treatment

# **Pelvic Relaxation and Urinary Incontinence**

<u>Rationale:</u> Patients with conditions of pelvic relaxation and urinary incontinence present in a variety of ways. The physician should be familiar with the types of pelvic relaxation and incontinence and the approach to management of these patients.

The student will demonstrate knowledge of the following:

- A. Predisposing factors for pelvic organ prolapse and urinary incontinence
- B. Anatomic changes, fascial defects and neuromuscular pathophysiology
- C. Signs and symptoms of pelvic organ prolapse
- D. Physical exam
  - 1. Cystocele
  - 2. Rectocele
  - 3. Enterocele
  - 4. Vaginal vault or uterine prolapse

#### **Endometriosis**

<u>Rationale</u>: Endometriosis is a common problem of women of reproductive age, which may result in pelvic pain, infertility and menstrual dysfunction.

The student will be able to describe:

- A. Theories of pathogenesis
- B. Symptoms and physical findings
- C. Common sites of implants
- D. Methods of diagnosis
- E. Non-surgical and surgical management

#### **Chronic Pelvic Pain**

<u>Rationale:</u> Every physician should understand that chronic pelvic pain (CPP) might be the manifestation of a variety of problems.

The student will be able to:

- A. Define chronic pelvic pain
- B. Cite the incidence and etiologies
- C. Cite clinical manifestations
- D. Cite diagnostic procedures
- E. List management options

#### **Disorders of the Breast**

<u>Rationale</u>: Every physician should understand the basic approach to evaluating the common symptoms associated with the breast.

The student will be able to:

#### A. Describe:

- 1. Standards of surveillance of an adult woman, including breast self-examination, physical examination and mammography
- 2. Diagnostic approach to a woman with the chief complaint of breast mass, nipple discharge or breast pain
- 3. History and physical findings that might suggest the following abnormalities:
  - -Intraductal papilloma
  - -Fibrocystic changes
  - -Fibroadenoma
  - -Carcinoma
  - -Mastitis
- B. Teach a woman how to perform breast self-examination

## **Gynecological Procedures**

<u>Rationale:</u> Evaluation and management of gynecologic problems frequently requires performing diagnostic and therapeutic surgical procedures. Understanding the risks and benefits of such procedures is important in counseling patients about their options for treatment and reasons for having the procedures performed.

The student will be able to counsel a patient regarding the risks, benefits and financial considerations of the following procedures:

- A. Colposcopy and cervical biopsy
- B. Cone biopsy
- C. Cryotherapy
- D. Culdocentesis
- E. Dilation and curettage
- F. Electrosurgical excision of cervix
- G. Endometrial biopsy
- H. Hysterectomy
- I. Hysterosalpingography
- J. Hysteroscopy
- K. Laparoscopy
- L. Laser vaporization
- M. Mammography
- N. Needle aspiration of breast mass
- O. Pelvic ultrasonography
- P. Pregnancy termination
- Q. Vulvar biopsy

# Reproductive Endocrinology, Infertility

# **Puberty**

<u>Rationale</u>: The maturation of the reproductive system at the time of puberty is accompanied by physical and emotional changes that are part of this normal transition. In order to provide appropriate care and counseling, the physician must have an understanding of the normal sequence of puberty and recognize deviation from the norm. The student will be able to describe:

- A. Normal puberty, including:
  - 1. Physiological events that take place in the hypothalamic-pituitary- ovarian axis and their target organs
  - 2. Sequence of and expected ages at which these changes occur
  - 3. Psychological aspects
- B. Abnormal puberty, including characteristics, causes and diagnostic approach to early or delayed puberty onset

#### Amenorrhea

<u>Rationale:</u> The absence of normal menstrual bleeding may represent an anatomic or endocrine problem. A systematic approach to the evaluation of amenorrhea will aid in the diagnosis and treatment of its cause. The student will be able to list:

- A. Definitions of primary amenorrhea, secondary amenorrhea and oligomenorrhea
- B. Causes of amenorrhea
- C. Evaluation methods
- D. Treatment options

## **Normal and Abnormal Uterine Bleeding**

<u>Rationale:</u> The occurrence of bleeding at times other than expected menses is a common event. Accurate diagnosis of abnormal uterine bleeding is necessary for appropriate management.

The student will be able to:

- A. Describe endocrinology and physiology of the normal menstrual cycle
- B. Distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
- C. List causes of abnormal uterine bleeding
- D. Evaluate and diagnose abnormal uterine bleeding
- E. Describe therapeutic options

#### **Dysmenorrhea**

<u>Rationale:</u> Dysmenorrhea is often the impetus for women to seek health care. Accurate diagnosis guides effective treatment.

The student will be able to cite the following:

- A. Definitions of primary and secondary dysmenorrhea
- B. Causes of dysmenorrhea
- C. Management strategies

# **Infertility**

<u>Rationale</u>: The evaluation and management of an infertile couple requires an understanding of the processes of conception and embryogenesis, as well as sensitivity to the emotional stress that can result from the inability to conceive.

The student will be able to cite:

- A. Definition of primary and secondary infertility
- B. Causes of male and female infertility

# Neoplasia (Gynecologic Cancers)

# Gestational Trophoblastic Neoplasia

<u>Rationale</u>: Gestational trophoblastic neoplasia is important because of its malignant potential and the associated risks of morbidity and mortality.

The student will be able to describe:

- A. Symptoms and physical findings
- B. Diagnostic methods
- C. Management and follow-up

# **Vulvar Neoplasms**

<u>Rationale</u>: Proper evaluation of vulvar symptoms allows for early recognition and diagnosis of neoplasia, which can improve outcome and may avoid the need for extensive surgery.

The student will be able to describe:

- A. Risk factors of vulvar neoplasms
- B. Methods of diagnosis
- C. Diagnosis and management

# Cervical Disease and Neoplasia

<u>Rationale</u>: Detection and treatment of pre-invasive lesion reduces the medical and social costs of, as well as the mortality associated with, carcinoma of the cervix.

The student will be able to describe:

- A. Risk factors of cervical disease and neoplasia
- B. Indications for screening
- C. Symptoms and physical findings of cervical neoplasia
- D. Evaluation and management of the patient with an abnormal Pap smear
- E. Impact of staging on management and prognosis

#### **Endometrical Carinoma**

<u>Rationale:</u> Endometrial carcinoma is the most common gynecologic malignancy, with approximately 35,000 cases per year.

The student will be able to describe:

- A. Risk factors for endometrial carcinoma
- B. Symptoms and physical findings
- C. Management of the patient with postmenopausal bleeding
- D. Methods to diagnose endometrial carcinoma
- E. Impact of staging on management and prognosis
- F. Management of the patient with endometrial cancer

## **Ovarian Neoplasms**

Rationale: Adnexal masses are a common finding in both symptomatic and asymptomatic patients.

Management is based on determining the origin and character of these masses.

The student will be able to describe:

- A. Evaluation of the patient with an adnexal mass
- B. Characteristics of:
  - 1. Functional cysts
  - 2. Benign neoplasms
  - 3. Carcinomas

- C. Evaluation and management of carcinomas of the ovary
  - 1. Symptoms and physical findings
  - 2. Risk factors

# Human Sexuality and Violence against Women

# **Sexuality**

<u>Rationale</u>: All physicians should be able to provide a preliminary assessment of patients with sexual concerns and make referrals when appropriate.

The student will be able to describe:

- A. Physiology of male and female sexual response
- B. Physiologic, emotional and societal influences on sexuality during the following life events:
  - 1. Childhood
  - 2. Adolescence
  - 3. Reproductive years, including pregnancy and postpartum
  - 4. Menopausal and postmenopausal years
- C. Patterns of sexual function and dysfunction

#### **Sexual Assault**

<u>Rationale</u>: Individuals who are the victims of sexual assault often have significant physical and emotional sequelae.

The student will be able to explain medical, forensic, psychological evaluation and treatment, and follow-up of:

- A. Child sexual assault victim
- B. Adult sexual assault victim
- C. Acquaintance rape

#### **Domestic Violence**

<u>Rationale:</u> Domestic violence affects a significant proportion of the U.S. population in all economic classes and walks of life. All physicians should screen for the presence of domestic violence.

The student will be able to:

- A. Cite prevalence and incidence of violence against women, elder abuse, child abuse
- B. Assess the involvement of any patient in domestic violence situations
- C. Counsel patients for short-term safety
- D. Counsel patients regarding local support agencies for long-term management and resources
- E. Counsel patients requiring resources for batterers and perpetrators of domestic violence