

# Obstetrics/Gynecology and Pediatrics Block

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## SECTION I: Block information

By combining the two specialties you will have the opportunity to observe the developmental continuum from prenatal to postnatal life. During the perinatal period, medical decisions made by the mother will impact the infant, and the medical condition of the infant can affect the health of the mother. Psychosocial aspects of the family life prior to and during the pregnancy are important aspects in the care of the child.

The MSIII Obstetrics & Gynecology and Pediatrics clerkship is a 16-week block which integrates learning experiences between these two disciplines.

### Shared Learning Objectives

#### 1. **Pediatric & Adolescent Gynecology**

Collaboration between pediatric residents, Adolescent Medicine, and Gynecology faculty.  
Clinical assessment and gynecologic care of pediatric and adolescent patients.

You will be able to:

- Identify relevant gynecological/obstetrical/pediatric concerns that arise in the patient encounter
- Establish an age-appropriate alliance with the patient
- Communicate effectively (written and verbal) in an age-appropriate manner
- Demonstrate effective interaction techniques for working with young patients.

#### **Learning modality**

Clinic

#### 2. **Emergency Delivery Simulation**

You will participate in a simulated emergency care of both mother and neonate.

You will be able to:

- Evaluate the patient and suggest appropriate course of action.
- Interpret fetal monitoring strips, vital signs, and clinical data generated from an emergent event.
- Implement evidence-based treatment plans.
- Demonstrate knowledge of adult and neonatal resuscitation protocols.
- Work effectively in a team.

#### **Learning modality**

Simulation

Didactic

#### 3. **Longitudinal Experience**

You will be assigned one patient to follow through the antepartum, delivery and postpartum courses of pregnancy.

You will be able to:

- Observe the psychosocial impact that pregnancy and a newborn has on family function.
- Develop an appropriate provider relationship with an obstetrical patient and her newborn.
- Develop competence in executing a newborn physical exam.

**Learning modality:**

Clinical

**4. Lactation**

You will complete on-line learning modules on breastfeeding. You will also assist lactating mothers in the hospital and in the Baby Café.

You will be able to:

- Describe the physiology of milk production.
- Counsel a patient about breastfeeding at all points along the following continuum:
  - prenatal
  - postpartum
  - pediatric neonate visits
  - OB postpartum visits
- Discuss the etiology, prevention and treatment of common breastfeeding problems.

**Learning modality:**

Clinical

Self-study

**5. Patient Safety**

You will participate in a small-group mock Root-Cause Analysis of cases involving adverse maternal and pediatric outcomes.

You will be able to:

- Identify and categorize adverse events and outcomes.
- Analyze clinical events leading to poor outcomes.
- Suggest areas for change or improvement in clinical care.

**Learning modality:**

Simulation

Self-study

**6. Ethics**

You will be assigned roles and participate in a small-group session involving a clinical scenario to gain understanding of ethical considerations.

You will:

- Participate in small groups simulating considerations of a medical ethics committee.
- Present a researched perspective.
- Collectively render a decision regarding the clinical care of the patient.

**Learning modality:**

Small-group session  
Self-study

**7. Discharge Planning Activity (Inter-Professional Collaboration and Systems-Based Learning)**

You will be provided with a high-risk case scenario that will involve identifying additional professionals and other services for the care of a high risk mother and infant.

You will:

- Prepare the patient's discharge plan.
- Identify other professionals and local service resources for the continuing care of a woman and her infant.

**Learning modality:**

Small group session  
Self-study

**8. Sexual Abuse/Assault**

You will view a video on this subject and attend a presentation by a designated speaker on this topic.

- You will describe the medical and psychosocial management of a victim of sexual assault.

**Learning modality:**

Small group session  
Self-study

**Block Longitudinal Experience**

You will be assigned one expectant woman (hopefully, timed to deliver during your Clerkship Block). You will attend all of this patient's appointments (antepartum/postpartum) and the delivery of the infant, regardless of what rotation you are on. Once the child is born, you will attend the infant's appointments as well.

You are responsible for notifying the service and the clerkship coordinators of these appointments as soon as you receive scheduling information. All patient encounters will be appropriately documented. Notes will be turned in weekly and will be reviewed by the Clerkship Director. At the conclusion, you will reflect on the experience in writing and submit this reflection to both the Clerkship Coordinators and Directors. This activity is graded as Pass or Fail.

Note: Because of the nature of obstetrical deliveries, some experiences may not be available to all students. In the case of a missed delivery or no follow-up appointments, you must notify the Clerkship Director who will assign an alternate activity for you, which is required to be completed by the end of the clerkship block.

**Block Scheduling Information**

This block achieves its goals by weaving block (shared) activities with clerkship-specific activities. The following table depicts the schedule for each student (A-L) for all 16 weeks of the block. The charts underneath the table provide the key for the abbreviations within the table.

Please note that for Ob/Gyn, the schedule is categorized by week, but weeks labeled Gyn or Clinic may be on one of several services. Your individualized schedule will show which clinical area you are assigned to by the half-day.

**Block Schedule by group (sample):**

Student	Week																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			
A	WD	WN	Clinic	Clinic	OB/GYN				Pediatrics				OB/GYN						
B	WD	WN	Clinic	Clinic	OutPt	InPatient	OutPt	OutPt	ILP	Nursery	Specialty	Specialty	OutPt	InPatient	OutPt	NBME			
C	WD	WN	Clinic	Clinic	OB/GYN				Specialty	Nursery	ILP	Specialty	OB/GYN						
D	Specialty	Specialty	Clinic	Clinic	OB/GYN				WN	WD	Nursery	ILP	OB/GYN						
E	WN	WD	Specialty	Specialty	InPatient	OutPt	OutPt	OutPt	Nursery	ILP	Clinic	Clinic	InPatient	OutPt	OutPt				
F	WN	WD	Specialty	Specialty	OB/GYN				Clinic	Clinic	Nursery	ILP	OB/GYN						
G	WN	WD	Specialty	Specialty	OB/GYN				Nursery	ILP	Clinic	Clinic	OB/GYN						
H	Specialty	Specialty	ILP	Nursery	OutPt	OB/GYN				WD	WN	Clinic	Clinic	OutPt	OB/GYN				
I	Specialty	Specialty	ILP	Nursery	OutPt	OB/GYN				WN	WD	Clinic	Clinic	OutPt	OutPt		InPatient		
J	Nursery	ILP	WD	WN	OB/GYN				Clinic	Clinic	Specialty	Specialty	OB/GYN						
K	Nursery	ILP	WN	WD	OB/GYN				Clinic	Clinic	Specialty	Specialty	OutPt	OB/GYN					
L	Specialty	Specialty	WD	WN	OB/GYN				OutPt	Clinic	Clinic	ILP	Nursery	OB/GYN					
M	Clinic	Clinic	WN	WD	OutPt	OutPt	InPatient	InPatient	Specialty	Specialty	Nursery	ILP	OutPt	InPatient	OutPt				
N	Clinic	Clinic	Nursery	ILP	OB/GYN				Specialty	Specialty	WN	WD	OB/GYN						
O	Clinic	Clinic	Nursery	ILP	OutPt	InPatient	OutPt	InPatient	Specialty	Specialty	WN	WD	InPatient	OutPt	OutPt				
P	Clinic	Clinic	Specialty	Specialty	OB/GYN				Nursery	ILP	WD	WN	OutPt	OB/GYN					
Q	Nursery	ILP	Specialty	Specialty	InPatient	OutPt	OutPt	OutPt	WD	WN	Clinic	Clinic	InPatient	OutPt	OutPt				
R	OB/GYN				Pediatrics				OB/GYN				Pediatrics						
S	OutPt	InPatient	outpt	OutPt	Clinic	Clinic	WD	WN	OutPt	InPatient	OutPt	InPatient	ILP	Specialty	Nursery				
T	OB/GYN				WD	WN	Clinic	Clinic	OB/GYN				Specialty	Nursery	ILP				
U	OB/GYN				WD	WN	Nursery	Clinic	OB/GYN				Clinic	ILP	Specialty				
V	InPatient	OutPt	outpt	OutPt	WN	WD	Specialty	Clinic	InPatient	OutPt	InPatient	OutPt	Nursery	ILP	Clinic				
W	OB/GYN				WN	WD	Clinic	ILP	OB/GYN				Specialty	Clinic	Nursery				
X	OB/GYN				WN	WD	Clinic	Specialty	OB/GYN				Nursery	ILP	Clinic				
Y	OutPt	OutPt	outpt	InPatient	Clinic	Specialty	ILP	Nursery	OB/GYN				WD	WN	Clinic				
Z	OutPt	OutPt	outpt	InPatient	Specialty	Clinic	ILP	Nursery	OutPt	InPatient	OutPt	InPatient	WN	WD	Clinic				
AA	OutPt	OB/GYN			Nursery	ILP	WD	WN	OB/GYN				Clinic	Clinic	Specialty				
BB	OutPt	OB/GYN			Nursery	ILP	WN	WD	OB/GYN				Clinic	Clinic	Specialty				
CC	OB/GYN				OutPt	Specialty	ILP	WD	WN	OB/GYN				Clinic	Clinic	Nursery			
DD	OutPt	OutPt	InPatient	OutPt	OutPt	Clinic	Clinic	WN	WD	InPatient	OutPt	InPatient	OutPt	ILP	Specialty	Nursery			
EE	OB/GYN				OutPt	Clinic	Clinic	Nursery	Specialty	OB/GYN				WN	WD	ILP			
FF	OB/GYN				Clinic	Clinic	Nursery	Specialty	OB/GYN				WD	WN	ILP				
GG	OutPt	InPatient	OutPt	InPatient	ILP	Nursery	WN	WD	OutPt	InPatient	OutPt	OutPt	Clinic	Clinic	Specialty				
HH	OutPt	InPatient	OutPt	InPatient	Specialty	Nursery	Clinic	Clinic	OutPt	InPatient	OutPt	OutPt	WD	WN	ILP				
II	InPatient	OutPt	OutPt	OutPt	ILP	Nursery	Specialty	Clinic	OB/GYN				WN	WD	Clinic				

- Week#16: NBME Test taking

**Block Schedule Legend:**

<p><u>Pediatric Services</u></p> <p>WD ----- Ward Days</p> <p>WN ----- Ward Nights/ Weekends</p> <p>Clinic ----- Walk-In &amp; Continuity Clinic</p> <p>Specialty ----- PEDS Specialties Services</p> <p>ILP ----- Independent Learning Plan</p> <p>Nursery ----- Well Baby &amp; IMCN</p>	<p><u>Ob/Gyn Services</u></p> <p>BGYN ----- Benign Gynecology</p> <p>Clinic ----- TTUHSC Clinics</p> <p>COB ----- Complicated Obstetrics</p> <p>Specialty ----- OBGYN Specialties Services</p> <p>L&amp;D ----- Labor &amp; Delivery</p> <p>NF ----- Night Float</p> <p>ONC ----- Oncology</p> <p>TRI ----- Triage</p>
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**General schedule:**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday & Sunday
AM Activities	Clerkship specific	Clerkship specific	Clerkship specific	Clerkship specific	Clerkship specific	Clerkship specific
8:00 – 12:00 PM					OB Grand Rounds	Clerkship specific
PM Activities 12:00 PM – 3:00 PM	Clerkship specific	Clerkship specific	Clerkship specific	Clerkship specific	Block DIDACTICS (all groups attend)	
3:00 PM – 5:00 PM					Pediatric Clerkship Session	

This section contains a listing of topics that will be addressed during the Friday afternoon block didactic sessions. **The sessions are structured so that 1:00-2:00 PM will generally be devoted to Obstetrics & Gynecology topics. The 2:00-5:00PM block will generally cover Pediatric topics.**

*\*Please note that this table does not cover the longitudinal experience.*

Week#1	Topic/ Activity	Objectives	Faculty
<b>ORIENTATION DAY #1</b>			
Week#2	Topic/ Activity	Objectives	Faculty
	Intrapartum Fetal Surveillance (Self-Study)	<p>Rationale: Intrapartum fetal evaluation allows detection of aspects of labor that may affect the fetus.</p> <p>You will be able to describe techniques and interpretation of intrapartum fetal surveillance, including:</p> <ul style="list-style-type: none"> <li>A. Auscultation</li> <li>B. Electronic fetal monitoring</li> <li>C. Fetal scalp sampling</li> <li>D. Amniotic fluid assessment</li> </ul>	CANVAS LMS
	<p><b>Associated Readings:</b></p> <p><i>Obstetrics &amp; Gynecology</i>, 6<sup>th</sup> ed., Beckman: Reproductive Cycles - Chap. 33 Menstrual Cycle (material posted on CANVAS LMS)</p>		
Week#3	Topic/ Activity	Objectives	Faculty
	PEDS Emergencies Growth & Development: Principals of Care		Dr. Hernan
	<p><i>Obstetrics &amp; Gynecology</i>, 6<sup>th</sup> ed., Beckman: Antepartum - Chap. 6 Intrapartum Fetal Surveillance – Chap 9; On-line tutorial: link provided on CANVAS LMS Nelson Textbook of Pediatrics: Pediatric Health Supervision – Part XVI, Section 2, Chapter 170 Adolescent Medicine – Part II, Chapters 12-13</p>		
	<p><b>Assessment</b> Weekly Quizzes &amp; Case discussions</p>		

Week#4	Topic/ Activity	Objectives	Faculty
	Disorders of the Breast	<p>Rationale: Breast disorders and concerns are common. They are often distressing and may indicate the presence of serious disease.</p> <p>You will be able to list:</p> <ol style="list-style-type: none"> <li>Describe symptoms and physical examination findings of benign or malignant conditions of the breast.</li> <li>Demonstrate the performance of a clinical breast examination.</li> <li>Discuss the steps in the evaluation of common breast complaints: mastalgia, mass, nipple discharge.</li> <li>Discuss initial management options for benign and malignant conditions of the breast.</li> </ol>	Dr. Lyn (OBG)
	Lactation (Self-Study):	<p>Rationale: Knowledge of the physiology and function of the breast during lactation allows appropriate counseling to the pregnant and postpartum patient.</p> <p>You will be able to list:</p> <ol style="list-style-type: none"> <li>List the normal physiologic and anatomic changes of the breast during pregnancy and postpartum.</li> <li>Recognize and know how to treat common postpartum abnormalities of the breast.</li> <li>List the reasons why breast feeding should be encouraged.</li> <li>Describe the resources and approach to determining medication safety during breast feeding.</li> <li>Describe common challenges in the initiation and maintenance of lactation.</li> </ol>	Baby Café/CANVAS LMS
	Recognition of Pediatric Emergencies	<p>Rationale: Children are difficult to evaluate. Early recognition of the child at risk for rapid deterioration can allow treatment and prevent critical illness or death and or allow time to activate appropriate systems to respond</p> <p>You will be able to demonstrate, cite, identify, etc.:</p> <ul style="list-style-type: none"> <li>○ Demonstrate proficiency with a focused pediatric history and PE</li> <li>○ Identify normal VS for all ages</li> <li>○ Identify abnormal VS and assess degree and seriousness of abnormality in all age groups</li> <li>○ Identify common pediatric emergencies</li> </ul>	Dr. L. Hernan (PEDS)
	Anemia	<ul style="list-style-type: none"> <li>● Pathophysiology of anemia</li> <li>● Clinical manifestation</li> <li>● Differential Diagnoses in children</li> <li>● Management</li> </ul>	Dr. M. Lacaze (PEDS)
<p><b>Associated Readings:</b></p> <p><i>Obstetrics &amp; Gynecology</i>, 6<sup>th</sup> ed., Beckman: Disorders of the Breast – Chap 31 (Material posted on CANVAS LMS.)</p> <p>BreastFeeding Basics – on-line modules (link provided on CANVAS LMS)</p> <p><i>Nelson Textbook of Pediatrics: Anemia – Part XX, Chapter 447</i></p> <p><i>Pediatric Emergencies</i></p>			
<p><b>Assessment:</b></p> <p>Weekly Quizzes</p> <p>Case discussions</p>			

Week#5-6	Topic/ Activity	Objectives	Faculty
	Jeopardy Review	Student will participate in a lecture review as an interactive learning experience.	Dr. Hernan
Week#7	Topic/ Activity	Objectives	Faculty
	Urinary Incontinence	<p>Rationale: 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.</p> <p>You will demonstrate knowledge of the following:</p> <ul style="list-style-type: none"> <li>A. Predisposing factors for pelvic organ prolapse and urinary incontinence</li> <li>B. Anatomic changes, fascial defects and neuromuscular pathophysiology</li> <li>C. Signs and symptoms of pelvic organ prolapse</li> <li>D. Physical exam                             <ul style="list-style-type: none"> <li>1. Cystocele</li> <li>2. Rectocele</li> <li>3. Enterocele</li> <li>4. Vaginal vault or uterine prolapse</li> </ul> </li> </ul>	Dr. Montoya (OBG)
	Developmental Physiology of the Pediatric Respiratory System	<p>Rationale: Children's respiratory physiology is different from the adult. Adolescent respiratory physiology is similar to adults. This is due to developmental and size issues. Therefore, child at different ages respond differently to illness and injury, and the treatment must be tailored to the specific age group.</p> <p>You will be able to demonstrate, cite, identify, etc:</p> <ul style="list-style-type: none"> <li>• Differences between children and adults important in respiration:                             <ul style="list-style-type: none"> <li>a. Anatomic</li> <li>b. Physiologic</li> </ul> </li> <li>• Identify developmental changes as they occur throughout the pediatric ages</li> <li>• Identify common causes of respiratory distress and failure at different ages</li> <li>• Identify appropriate equipment used to intervene in respiratory distress and failure at different ages</li> <li>• Articulate reasons why infants are prone to respiratory failure and hypoxemia</li> </ul>	Dr. L. Hernan (PEDI)
<p><b>Associated Readings:</b>  <i>Obstetrics &amp; Gynecology</i>, 6<sup>th</sup> ed., Beckman: Pelvic Support Defects, Urinary Incontinence and Urinary Tract Infection – Chap 28  <b>Nelson Textbook of Pediatrics: Respiratory System</b></p>			
<p><b>Assessment:</b>                      Weekly Quizzes    Respond to CLIPP Cases                      Case discussions    Clinical performance during both inpatient and outpatient rotations</p>			

Week#8	Topic/ Activity	Objectives	Faculty
	Contraception	Rationale: An understanding of contraceptive methods and associated risks and benefits is necessary to assist patients seeking to prevent pregnancy. You will be able to: <ul style="list-style-type: none"> <li>A. Describe the mechanism of action and effectiveness of contraceptive methods.</li> <li>B. Counsel the patient regarding the benefits, risks and use for each contraceptive method.</li> <li>C. Describe the barriers to effective contraceptive use and to the reduction of unintended pregnancy.</li> <li>D. Describe the methods of male and female surgical sterilization.</li> <li>E. List the risks and benefits of female surgical sterilization procedures.</li> </ul>	Dr. Mendez (OBG)
	Urinary Tract Infection in Children Nephrotic Syndrome Glomerulonephritis in Children	<ul style="list-style-type: none"> <li>• Signs, symptoms, evaluation, and management of urinary infections</li> <li>• Glomerular disease in children: evaluation and treatment</li> </ul>	Dr. G. Lozano (PEDI)
<p><b>Associated Readings:</b>  <i>Obstetrics &amp; Gynecology</i>, 6<sup>th</sup> ed., Beckman: Contraception – Chap 24 (Material posted on CANVAS LMS.)</p>			
<p><b>Assessment:</b>                      Weekly Quizzes                      Case discussions                      Post Test</p>			

Week#9	Topic/ Activity	Objectives	Faculty
	Jeopardy Review	Student will participate in a NBME and lecture review as an interactive learning experience.	Drs. Hernan
	Telephone Medicine Consultation	<p>Rationale: While telephone consultation with patients and other healthcare providers is part of the 21<sup>st</sup> century medicine, medical students rarely receive formal instruction or training in this skill or in strategies for triaging phone queries in an acute care setting. The Pediatric Observed Structured Clinical Examination (OSCE) is a good tool to teach these skills.</p> <p>You will be able to:</p> <ul style="list-style-type: none"> <li>A. Conduct an interview by telephone; elicit the history and any pertinent positive and negative information.</li> <li>B. Document this encounter and provide appropriate and safe advice to the patient/caregiver.</li> <li>C. Understand the grading formality of a standardized patient on the patient encounter and by the faculty on the note.</li> </ul>	
	<p><b>Assessment:</b>                      Case discussions                      Simulation                      Didactic (Self Study)</p>		

Week#10	Topic/ Activity	Objectives	Faculty
	Metabolic Disorders	<p>Rationale: The transition from intrauterine life to extrauterine independent existence is a major event: physiologically for the baby, emotionally for the family, and medically for the health care team. Physicians must have an appreciation for the physiologic changes a newborn experiences. The newborn has unique needs and vulnerabilities that are distinct from other periods of infancy. Most of the information covered in this section is pertinent in the first few hours and days of life. However, the newborn period extends through to the first month of life.</p> <p>You will be able to:</p> <ul style="list-style-type: none"> <li>• Know the common metabolic disorders</li> <li>• Understand the pathophysiologic basis of metabolic disorders</li> <li>• Identify some of the common signs and symptoms of metabolic disorder</li> <li>• Understand the concepts of management of metabolic disorders</li> </ul>	Dr. Maiyegun (PEDS)
	Neonatology	<p>Rationale: The transition from intrauterine life to extrauterine independent existence is a major event: physiologically for the baby, emotionally for the family, and medically for the health care team. Physicians must have an appreciation for the physiologic changes a newborn experiences. The newborn has unique needs and vulnerabilities that are distinct from other periods of infancy.</p> <p>You will be able to:</p> <ul style="list-style-type: none"> <li>• Describe the transition from the intrauterine to the extrauterine environment, including temperature regulation, cardiovascular/respiratory adjustment, glucose regulation, and initiation of feeding</li> <li>• List the information from the history of pregnancy, labor, and delivery obtained from the parents or medical record that has implications for the health of the newborn</li> <li>• Describe how gestational age can be assessed with an instrument such as the Ballard Scale, and identify key indications of gestational maturity</li> <li>• Describe the challenges for parents adjusting to a new infant in the home</li> </ul>	Dr. Maiyegun (PEDS)
<p><b>Associated Readings:</b>  <i>Nelson Textbook of Pediatrics:</i> Metabolic Disorders – Part XI, Chapter 81                  Neonatology – Part XV Chapter 48</p>			
<p><b>Assessment:</b>                  Case Discussion</p>			

Week#11	Topic/ Activity	Objectives	Faculty
	Menopause	<p>Rationale: Women spend as much as one-third of their lives in the postmenopausal years. Understanding the physical and emotional changes caused by estrogen depletion is important for all physicians who provide health care for women.</p> <p>You will be able to describe:</p> <ul style="list-style-type: none"> <li>A. Physiologic changes in the hypothalamic-pituitary-ovarian axis</li> <li>B. Symptoms and physical findings associated with hypoestrogenism</li> <li>C. Long-term changes associated with hypoestrogenism</li> <li>D. Management, including:               <ul style="list-style-type: none"> <li>1. Hormone therapy</li> <li>2. Nutrition and exercise</li> <li>3. Non-hormonal therapeutic options</li> </ul> </li> <li>E. Risks and benefits of hormone replacement therapy</li> </ul>	Dr. Schaffer (OBG)
	Recognition and Treatment of Pediatric Shock	<p>Rationale: Children’s response to shock differs from that of the adult. Adolescent physiology is similar to adults. This is due to developmental issues. Therefore, a child in shock will present differently at different ages, and will need different therapies.</p> <p>You will be able to demonstrate, cite, identify, etc:</p> <ul style="list-style-type: none"> <li>• Describe the different presentation of shock between children and adults.</li> <li>• Describe initial therapy for shock and indications for emergency treatment according to published practice parameters.</li> <li>• Describe age-related differences in etiology of shock.</li> </ul>	Dr. L. Hernan (PEDS)
	Emergent Delivery Simulation & Neonatal Review of Resuscitation Protocols	<p>Rationale: Student will participate in a simulation of emergency care of both mother and neonate.</p> <p>You will be able to:</p> <ul style="list-style-type: none"> <li>• Evaluate the patients and suggest appropriate course of action.</li> <li>• Interpret results of fetal monitoring strips, vital signs, and clinical data in an unexpected emergent event.</li> <li>• Demonstrate knowledge of adult and neonatal resuscitation protocols.</li> </ul>	Dr. L. Hernan (PEDS) Dr. H. Lyn (OBG)
	Ethics Activity	Objective: Students will gain understanding of ethical considerations by participating in a small group ethics discussion simulating an ethics committee.	Dr. L. Hernan (PEDS) Dr. H. Lyn (OBG)
	<p><b>Associated Readings:</b>            Obstetrics &amp; Gynecology, 6<sup>th</sup> ed., Beckman: Menopause – Chap 37 (Material posted on CANVAS LMS.)            Nelson Textbook of Pediatrics: Shock and Treatment            American Heart Association: 2010 Handbook of Emergency Cardiovascular Care for Healthcare Providers (material provided)            American Heart Association: Advance Cardiovascular Life Support (material provided)            Brierly J, Carcillo A, Choong K, et al. Clinical practice parameters for hemodynamic support of pediatric and neonatal septic shock: 2007 update from the American College of Critical Care Medicine. Crit Care Med 2009, 37(2): 666 -688.            Pediatric Critical Care Medicine, 3<sup>rd</sup> edition. Fuhrman and Zimmerman, ed. Chapter 27: Shock States.</p> <p><b>Assessment:</b> Case discussions/ Simulation</p>		



Week#12	Topic/ Activity	Objectives	Faculty
	Fluids & Electrolytes	<p>Rationale: All human beings need an uninterrupted supply of water, electrolytes, and energy. Excessive or diminished fluid intake or losses may lead to severe physiologic derangements, with significant morbidity and even mortality.</p> <p>You will be able to:</p> <ul style="list-style-type: none"> <li>• Signs &amp; symptoms of dehydration</li> <li>• Estimate fluid deficit</li> <li>• One method of fluid calculation</li> <li>• Calculate maintenance requirements</li> <li>• Assess for ongoing losses</li> <li>• Indication for oral rehydration therapy</li> <li>• Indication for perinatal rehydration therapy</li> <li>• 4 common electrolyte imbalances</li> </ul>	Dr. J. Peinado (PEDS)
	Infectious Rashes	<p>Rationale: Many children present in the ambulatory service and are admitted to the hospital with a variety of rashes that are important for their diagnosis and evaluation.</p> <p>You will be able to demonstrate, cite, identify, etc:</p> <ul style="list-style-type: none"> <li>• The most relevant rashes related to their frequency and importance for the pediatric patients will be the core of the presentation.</li> <li>• A small discussion will follow every slide describing its evolution and transcendence.</li> </ul>	Dr. G. Handal (PEDS)
	Mock RCA (Root Cause Analysis)	<p>Rationale: Students will participate in this activity to identify and categorize the root causes and contributing factors of an adverse patient outcome.</p> <p>You will:</p> <ul style="list-style-type: none"> <li>• Be familiar with the use of Root Cause Analysis in evaluating adverse outcomes in patient care.</li> <li>• When given a case, You will identify root cause/contributing factors.</li> <li>• When given a case, You will categorize the root causes/identifying factors.</li> <li>• Suggest an action plan based on the factors he/she identified.</li> </ul>	Dr. Lyn (OBG) Dr. Hernan (PEDS)
	<p><b>Associated Readings:</b>  <i>Nelson Textbook of Pediatrics:</i> Fluids &amp; Electrolytes – Part IX, Chapter 52                      Infectious Diseases – Part XVI  <i>Mock RCA:</i> Material provided prior to activity.</p>		
	<p><b>Assessment:</b>                      Weekly Quizzes                      Case discussions</p>		

Week#13	Topic/ Activity	Objectives	Faculty
	Sexually Transmitted Infections	Rationale: To prevent sexually transmitted infections and minimize their impact on health, the physician should understand their basic epidemiology, diagnosis and management. You will be able to list: A. Organisms and methods of transmission, symptoms, physical findings, and evaluation and management of each of the following: <ul style="list-style-type: none"> <li>• Gonorrhea</li> <li>• Chlamydia</li> <li>• Human papillomavirus infection</li> <li>• Human immunodeficiency virus (HIV) infection</li> </ul> B. Public health concerns, including: <ul style="list-style-type: none"> <li>• Screening programs</li> <li>• Costs</li> <li>• Prevention and immunizations</li> <li>• Partner evaluation and treatment</li> </ul>	Dr. Aun (OBG) Dr. Wojciechowska
	Orthopedics	<ul style="list-style-type: none"> <li>• Identify congenital orthopedic diseases</li> <li>• Common acquired orthopedic conditions</li> <li>• Manage infections in bone and joint diseases</li> <li>• Identify common pediatric fractures</li> </ul>	Dr. S. Maiyegun (PEDS)
	Pediatric Oncology	<ul style="list-style-type: none"> <li>• Most common cancers in children and adolescents</li> <li>• Signs and symptoms of leukemia, brain tumors</li> <li>• Diagnostic evaluation</li> <li>• Treatment strategy</li> </ul>	Dr. M. Lacaze(PEDS)
<p><b>Associated Readings:</b>                      Obstetrics &amp; Gynecology, 6<sup>th</sup> ed., Beckman: Sexually Transmitted Diseases – Chap 27 (Material posted on CANVAS LMS.)  <i>Nelson Textbook of Pediatrics</i>: Oncology – Part XXI                      Orthopedics – Part XXI, Chapter 663</p>			
<p><b>Assessment:</b>                      Weekly Quizzes                      Case discussions                      Post Test</p>			

Week#14	Topic/ Activity	Objectives	Faculty
	Upper/Lower Respiratory Tract Infections	<ul style="list-style-type: none"> <li>• Signs of respiratory distress</li> <li>• Signs and symptoms of epiglottitis, laryngotracheobronchitis, bronchiolitis, and foreign body aspiration: evaluation and treatment</li> </ul>	Dr. J. Peinado (PEDS)
	Toxins and Poisoning	<ul style="list-style-type: none"> <li>• Describe the developmental vulnerability for poisoning and accidental ingestions</li> <li>• List the ages at which prevalence of unintentional and intentional poisonings is highest and the interventions that decrease the incidence of childhood ingestions</li> <li>• Describe the emotions of guilt and anxiety that may be present in the parent/caregiver or child at the time of ingestions</li> <li>• Describe the environmental sources of lead, the clinical and social importance of lead poisoning, and screening tools to identify children at risk for lead poisoning</li> <li>• Describe the acute signs and symptoms of accidental or intentional ingestions of acetaminophen, iron, alcohol, narcotics, PCP, tricyclic, antidepressants, volatile, hydrocarbons, and caustics</li> <li>• Describe the immediate emergency management of children with toxic ingestions</li> <li>• Describe the role of the Poison Control Center</li> </ul>	Dr. J. Peinado (PEDS)
	<p><b>Associated Readings:</b></p> <p><i>Nelson Textbook of Pediatrics:</i> Respiratory Tract Infectious – Part XVIII                      Poisoning – Part XXXII, Chapters 707-710</p>		
<p><b>Assessment:</b></p> <p>Weekly Quizzes                      Case discussions</p>			

Week#15	Topic/ Activity	Objectives	Faculty
	Evaluation of Ovarian Mass	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. You will be able to describe: <ul style="list-style-type: none"> <li>A. Evaluation of the patient with an adnexal mass</li> <li>B. Characteristics of:                             <ul style="list-style-type: none"> <li>1. Functional cysts</li> <li>2. Benign neoplasms</li> <li>3. Carcinomas</li> </ul> </li> <li>C. Evaluation and management of carcinomas of the ovary                             <ul style="list-style-type: none"> <li>1. Symptoms and physical findings</li> <li>2. Risk factors</li> <li>3. Histologic classification</li> </ul> </li> <li>D. Impact of staging on management and prognosis</li> </ul>	Oncologist (OBG)
	<b>Associated Readings:</b> Obstetrics & Gynecology, 6 <sup>th</sup> ed., Beckman: Ovarian and Adnexal Disease – Chap. 46		
	<b>Assessment:</b> Weekly Quizzes Case discussions Post Test		

Week#16	Topic/ Activity	Objectives	Faculty
	NBME - You will take both shelf exams this week. Evaluations - You will complete the required clerkship evaluations this week.		

## Section I. Obstetrics & Gynecology Clerkship

### **Clerkship Learning Objectives:**

The following Learning Objectives align with the PLFSOM Medical Education Program Goals and Objectives: explicit references are provided in the sections indicated in parentheses.

### **Medical Knowledge**

**Goal:** You will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

You will develop an understanding of the assessment and management of common clinical conditions in Obstetrics and Gynecology in both the inpatient and outpatient setting. You will demonstrate the ability to acquire, critically interpret, and apply this knowledge. (1.1-1.9; 2.1-2.6)

**Objectives:** By the end of this clerkship experience you will be able to:

- Provide evidence based, age-appropriate preventive and health maintenance care (2.2-2.4).
- Recognize the signs, symptoms, and physical findings associated with commonly occurring conditions; furthermore, communicate effectively with patients about their concerns (2.1-2.3; 3.2, 3.4, 3.5). For example:
  - antenatal care, low risk
  - antenatal care, high risk
  - gestational diabetes
  - spontaneous abortion
  - ectopic pregnancy
  - pre-term labor
  - term labor
  - office and hospital management of pregnant patients with coexisting medical conditions
  - women’s health maintenance
  - sexually-transmitted diseases
  - menopause
  - pelvic floor relaxation
  - incontinence
  - abnormal vaginal bleeding
  - contraception
  - infertility
  - gynecologic oncology

### **Patient Care**

**Goal:** You will be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health (1.1 – 1.9; 2.1 – 2.6; 4.1 – 4.4; 5.1.- 5.7; 7.1 – 7.4).

**Objectives:** By the end of this clerkship experience, you will be able demonstrate the ability to:

- Obtain a competent clinical data base on obstetrical and gynecological patients, and perform a competent pelvic exam in the gravid and non-gravid patient (1.1, 1.3, 1.4, 1.6, 1.7).
- Develop knowledge and proficiency in the provision of ambulatory care to the uncomplicated pregnant patient, and to manage common conditions and complications associated with pregnancy (1.1, 1.3, 1.4, 1.6, 1.7, 4.1 – 4.3).
- Develop competency at the level of the MS III in the management of uncomplicated labor and delivery, and recognize indications for operative obstetrical intervention (1.1 – 1.9).
- Develop appreciation for the proficient management of high-risk pregnancies and for the management of complications of labor and delivery (1.1 – 1.9).
- Develop proficiency at the level of the MS III in the management of ambulatory gynecological patient (1.1 – 1.9).
- Perform or assist in the performance of Pap smears, wet prep and KOH preps, pelvic exams, deliveries and ultrasounds (1.1 – 1.9).
- Utilize diagnostic testing and imaging resources effectively and efficiently. (1.1 – 1.3, 1.7).

### **Interpersonal And Communication Skills**

**Goal:** You will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. (4.1 – 4.4; 5.1 – 5.7; 7.1 – 7.4; 8.1 – 8.6).

**Objectives:** Throughout this clerkship you will be able to demonstrate the ability to:

- Communicate effectively with patients and their families (4.1).
- Appropriately utilize interpreters, if necessary, to communicate with patients with limited English proficiency (4.1, 4.2).
- Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients (4.2).
- Maintain professional and appropriate personal interaction with patients (4.1, 4.3).
- Use effective listening, verbal and writing skills to communicate with patients and members of the health care team (4.1 – 4.4).

### **Professionalism / Ethics**

**Goal:** You will demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. (4.1 – 4.4; 5.1 – 5.7; 8.1 – 8.5)

**Objectives:** Throughout this clerkship, you will be able to demonstrate a commitment to:

- Being sensitive to patient and family concerns (5.1 – 5.6).
- Maintaining confidentiality and respecting patient privacy (5.1 – 5.7).
- Managing personal biases in caring for patients of diverse populations and different backgrounds and recognizing how biases may affect care and decision-making (5.1 – 5.6).
- Meeting professional obligations and the timely completion of assignments and responsibilities (5.6, 5.7).
- Advocate for patient needs (5.1 – 5.6)

### **Practice Base Learning and Improvements**

**Goal:** You will understand the application of scientific evidence and accept feedback for continuous self-assessment in the improvement of patient care practices (3.1 – 3.5; 5.1 – 5.7; 7.1 – 7.4; 8.1 – 8.5).

**Objectives:** During this clerkship experience, You will:

- Demonstrate effective use of digital technology (e.g., smart phones, tablets, PCs, etc.) for accessing and evaluating evidenced-based medical information (e.g., e-medicine, appropriate journals such as AAFP, NEJM, American Journal of Obstetrics and Gynecology, etc.) (3.1, 3.5).
- Accept feedback from faculty and incorporate this to improve clinical practice (3.1, 3.3).

### **System Based Practice**

**Goal:** You must demonstrate an awareness of medical systems, responsiveness to the larger context and system of health care, and the ability to effectively utilize system resources to provide optimal care. You will develop an appreciation of supportive health care resources, and understand their utilization as part of patient advocacy (5.1 – 5.7; 6.1 – 6.4; 7.1 – 7.4).

**Objectives:** During this clerkship experience, you will demonstrate the ability to:

- Utilize ancillary health services and specialty consultants properly (6.2; 6.4).

### **Inter-Professional Collaboration**

**Goal:** The student will demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient and population care. (7.1-7.4, 5.3, 4.2)

**Objectives:** during the clerkship experience the student will

- Demonstrate effective communication with healthcare providers (7.2, 7.3)
- Perform or assist in care planning with other healthcare providers (7.2, 7.3)

### **Personal and Professional Development**

**Goal:** The student will demonstrate required to sustain lifelong personal and professional growth. (8.1-8.5)

**Objectives:** During the clerkship the student will demonstrate the ability to:

- Recognize when to take responsibility and when to seek assistance. (7.1)
- Adapt to changing situations with flexibility and appropriate coping mechanisms. (8.2, 8.4)

**Clinical Expectations:**

During this clerkship, you are expected to experience the following:

<b>Condition</b>	<b>Associated Clinical Presentation(s)</b>
New OB visit	Contraception
Routine OB visit	Screening and prevention
Diabetes Management	Normal pregnancy
Non stress test/Fetal Monitoring	Diabetes and Hyperlipidemia
Evaluation/treatment vaginal discharge (wet prep)	Vaginal discharge
Evaluation of ruptured membranes (fern test)	Abnormal genital track bleeding
Assessment of Labor	Pregnancy loss
Evaluation/treatment 2nd and 3rd trimester bleeding	
Evaluation/treatment UTI and Pyleonephritis	
OB ultrasound	
Evaluation/treatment vaginal discharge (wet prep)	Pregnancy complications
Evaluation of ruptured membranes (fern test)	
Assessment of Labor	
Evaluation/treatment 2nd and 3rd trimester bleeding	
Evaluation/treatment UTI and Pyleonephritis	
OB ultrasound	
Evaluation/treatment of abnormal uterine bleeding	Abnormal genital track bleeding
Evaluation/treatment of sexually transmitted diseases	Pelvic pain Pelvic mass
Evaluation/treatment of abnormal pap smears	Pregnancy loss
Evaluation/treatment of spontaneous abortions	Menopause
Evaluation/treatment of Ectopic pregnancies	Prolapse/Pelvic floor relaxation
Contraception counseling	Pregnancy complications
Colposcopy	
Laser/Leep/Cryosurgery	
Endometrial biopsy	
Transvaginal sonography (+/-)	
Post-op care	
D&C	
Cold knife cone	
Tubal ligation (Laparoscopy and Laparotomy)	
Hysterectomy (Abdominal, Vaginal, and Laparoscopic Assisted Vaginal)	
Ectopic Pregnancy (Laparoscopy or Laparotomy)	
Adnexal surgery	
Pelvic floor surgery	
Evaluation/treatment cervical cancer	
Evaluation/treatment uterine cancer	
Evaluation/treatment ovarian cancer	

During this clerkship, students are expected to perform the following procedures:



Procedure	Associated Clinical Presentation(s)
Annual Exam (minimum of two exams in any age group) 18-25 years old 25-40 years old 40+ years old	Periodic Health exam-Adult Screening and prevention Contraception

### **Integration Threads**

X Geriatrics (C, L)	X Basic Science (C, L)	X Ethics (L)
X – Professionalism ©	X EBM	X Chronic illness care (C,L)
X Patient safety (S)	X Pain Management ©	X Clinical pathology (C,L)
X Palliative care (C,L)	X – Quality Improvement (L, S)	X Clinical and/or translational research (C)
X Communication skills (C)	X Diagnostic imaging (C)	
KEY: S- Simulation lab; C – Clinical experience; L - Lectures		

### **OBGYN CLERKSHIP THREADS**

In addition to these components being encountered or modeled during inpatient and outpatient clinical activities, activities that specifically address these are:

#### **ETHICS AND PROFESSIONALISM**

- 1.) Defined and explained during clerkship orientation
- 2.) Combined Ethics Activity; involving didactics, role playing
- 3.) Morning report
- 4.) Teaching Resident Sessions

#### **PATIENT SAFETY/QI**

- 1.) Mock root cause analysis
- 2.) Morning report

#### **PALLIATIVE CARE**

- 1.) Morning report

#### **COMMUNICATION SKILLS**

- 1.) Transparent Group OSCE
- 2.) OSCE

**BASIC SCIENCE**

- 1.) Didactic lectures
- 2.) Morning report

**PAIN MANAGEMENT**

- 1.) Clinical encounters
- 2.) Morning report

**DIAGNOSTIC IMAGING**

- 1.) Clinical encounters
- 2.) Morning report
- 3.) Didactic lectures

**CLINICAL PATHOLOGY**

- 1.) Didactic lectures
- 2.) Morning report

**Clerkship Components****Rotations**

- Labor and Delivery (2 weeks)
- Comprehensive OB Service (1 week)
- In-patient OB/GYN (1week)
- Out-patient OB/GYN (1week)
- Gynecologic Oncology Service (1 week)
- Benign Gynecology service (1 week)
- Triage (1week)

**Service Objectives and Preparations:****Benign Gynecology:**

## Objectives:

1. You will participate in the intraoperative care of the patient.
2. You will participate in the perioperative care of the patient.

3. You will be able to discuss common post-operative complications and their management.
4. You will participate in team care of selected patients including presenting the patient on rounds, and writing SOAP notes.
5. You will participate in the evaluation of gynecology patients in the ED.

Preparation:

1. Review pelvic anatomy.
2. Review hysterectomy, and pelvic prolapse.
3. Review PID, abnormal uterine bleeding, and first trimester bleeding.

Additional Responsibilities:

1. You will arrive at 5:30 A.M. and will prepare a work list for morning rounds.
2. At the end of the week, You will present evaluation forms to the residents and attending faculty.

**Labor and Delivery:**

Objectives:

1. You will perform 1-2 vaginal deliveries.
2. You will participate in labor management.
3. You will scrub on at least 1 cesarean section.
4. You will be able to identify abnormal labor.
5. You will be able to discuss interventions for the management of shoulder dystocia.
6. You will discuss interventions for the management of post-partum hemorrhage.

Preparation:

1. Complete online course on evaluation of fetal heart rate monitoring strips.
2. Review normal labor.
3. Review abnormal labor.
4. Review cardinal movements of the fetus in the birth canal.

Additional Responsibilities:

1. You will arrive at 7 A.M. and participate in Morning Report.
2. At the end of the week, you will present evaluations to the attending faculty, senior, and junior residents on the L&D day shift.

**Obstetrics Night Float:**

Objectives:

1. You will perform >2 vaginal deliveries (with assistance).
2. You will be familiar with management of labor.
3. You will interpret a fetal heart rate tracing and tocodynamometer.
4. You will be familiar with the indications for cesarean section.
5. You will scrub on at least 1 cesarean section.

6. You will be able to discuss evaluation and management of pregnancy-induced hypertension.

Preparation:

1. Complete the online module for the interpretation of fetal monitoring.
2. Review the mechanism of performing a vaginal delivery.
3. Review normal labor.
4. Review PIH and preeclampsia.

Additional Responsibilities:

1. You will participate in post-partum rounds prior to the end of each night shift (approximately 6 A.M.). This entails writing postpartum notes on 1 – 2 patients.
2. At the end of the week, you will present evaluation forms to the senior and junior residents who were on night float.

**Gynecology Oncology:**

Objectives:

1. You will participate in perioperative care of gyn oncology patients.
2. You will participate in team care of selected patients including presenting the patient on rounds and writing SOAP notes.
3. You will evaluate gyn oncology patients in the outpatient setting.
4. You will be able to discuss evaluation and non-surgical treatment of cancers of the female genital tract.
5. You will explain the indications for colposcopy , will prepare patients for colposcopy, and will be able to interpret results of colposcopy biopsies.

Preparation:

1. Review pelvic anatomy.
2. Review female genital tract cancers ( cervix, ovary, uterus).
3. Review abnormal Pap smears.

Additional Responsibilities:

1. You will arrive at 6 A.M. and assist the intern in preparation for morning rounds.
2. You will present an evaluation to the residents and the attending faculty at the conclusion of the week.

**Clinic (Faculty Practice/Resident clinic/Private Community Practice):**

Objectives:

1. You will observe the interaction and flow of patients and provider in a private office setting.
2. You will interview patients and present patient information to the attending physician as directed.

Preparation:

1. Review office prenatal care.
2. Review health maintenance and ambulatory gynecologic office care.

**Additional Responsibilities:**

1. For off-site Community Practice: You will arrive at the preceptor's clinic as designated by the Preceptor/Clinic Manager.
2. You will be allowed to attend any in-patient procedures at Sierra/Providence.
3. For both Practices: You will present evaluation forms to the attending physician at the end of the session. If there is more than one session with the same faculty physician, you will present the evaluation from the last encounter.)

**Triage:**

**Objectives:**

1. Observe and perform a breast exam.
2. You will be able to discuss lactation and assist lactating mothers with breastfeeding.

**Preparation:**

1. Review speculum exam, wet mount.
2. Review and complete on-line module for breastfeeding and complete all assignments for the service.

**Additional Responsibilities:**

1. You will participate in antepartum rounds at ~7 A.M.
2. Present evaluation form to resident in L&D triage at end of week as well as the lactation consultant after attending Baby Café.

**Specialty: (Breast clinic/Ultrasound/Lactation service/OB Anesthesia)**

**Objectives:**

1. You will observe and perform a breast exam.
2. You will discuss the evaluation and management of abnormal mammogram findings and palpable breast mass.
3. You will observe common indications for abdominal and pelvic ultrasound examinations.
4. You will interact with and assist lactating mothers in the hospital and in Baby Café.

**Preparation:**

1. Review and complete on-line module for breastfeeding and complete all assignments for the service.
2. Review material available for each service.

**Additional Responsibilities:**

1. Present evaluation form to OBG junior resident in L&D triage at end of week, to the lactation consultant after attending Baby Café and to the supervising faculty on the Ultrasound service.

### **Complicated Obstetrics (COB) Clinics:**

#### Objectives:

1. You will interview and present patients to residents and attending physicians.
2. You will be able to discuss gestational diabetes, & disorders of blood pressure in pregnancy.
3. You will be able to discuss common post-partum and post-cesarean section complications.

#### Preparation:

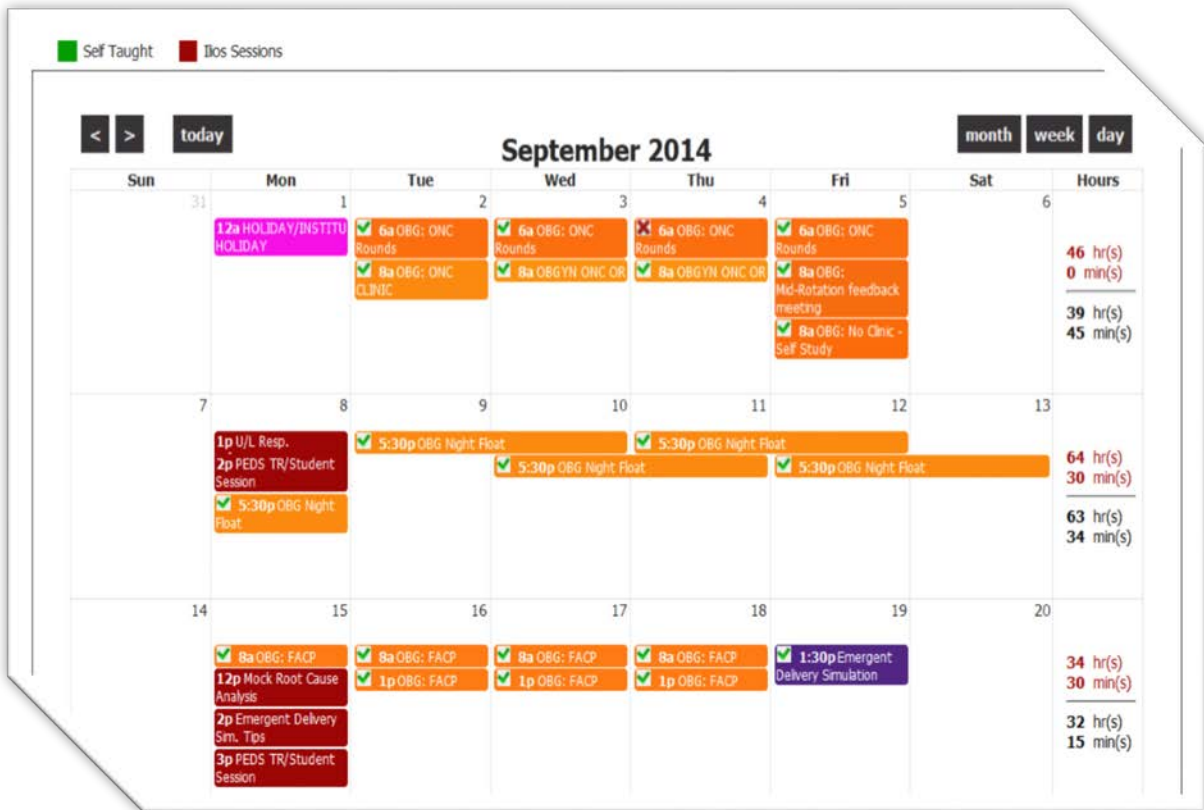
1. Review gestational diabetes.
2. Review chronic hypertension in pregnancy and preeclampsia.
3. Review postpartum complications including anemia and post-partum hemorrhage.
4. Review evaluation and management of febrile illness in the peri- and post-partum periods.

#### Additional Responsibilities:

1. You will participate in postpartum rounds: 5:30 A.M. – 2nd floor Children’s Hospital.
2. At the end of the week, you will present evaluation forms to the attending faculty making comp rounds, and the residents on the comp OB team.

### **A Sample Clerkship Schedule:**

This tables show what a representative individual student's schedule might look like:



Ex: OB/GYN Schedule (partial)

**NOTES:**

**OBGYN Clinics** start @ 8:30 A.M. & 1P.M.; **OR cases** begin @ 8 A.M.; **OR case list** of surgeries will be discussed during Grand Rounds the Friday prior to service; **Night Float service** – 5:30 P.M. – 7 A.M.

**Clerkship Activities**

***DIDACTICS:***

- **Block Didactics.** Every Friday, didactics are held for the block. Included are specialty-specific and combined didactic activities. Topics, material and instructions will be provided and posted in your scheduling system.
- **Resident/student sessions.** A resident on the COB service will meet with the group of students for weekly sessions. The goal of these sessions is to review various topics related to Obstetrics/Gynecology and will help prepare you for the NBME exam. Clinical presentation schemes are used. Topics and instructions will be provided throughout the rotation.
- **Departmental Didactic Sessions/Grand Rounds.** Didactic sessions/Grand Rounds are held for the entire department every Friday and are mandatory. If these sessions are not applicable to the clerkship, alternate activities are provided. Schedules will be posted into your scheduling system.

- **Other didactic activities:** You must participate in the weekly journal discussions during morning report (articles will be provided to all students). You must also participate in the monthly Journal Club held during Departmental Didactics (articles will be provided to all students).

***SIMULATION AND TRAINING:***

- **Suturing:** You will attend this clinic to gain the basic suturing and knot tying skills used in the OBGYN OR. You will be instructed on one-handed and two-handed knots; proper technique for handling suturing instruments (e.g.,. loading needle driver, using tissue forceps, etc); and practice continuous locking suturing. Performance and proficiency will be assessed at the end of the clerkship by the Clerkship Director. An assessment form will be provided for review prior to the exam.
- **Pelvic Exam:** You will attend this simulation clinic to gain the basic clinical skills for the pelvic exam. The simulation is intended to instruct you on how to interact with the patient in a sensitive manner that assures the patient’s comfort and modesty. It will also introduce the correct way to perform a complete external inspection, speculum examination, and bimanual examination. Performance and proficiency will be assessed at the end of the clerkship by the Clerkship Director and the Standardized Patient and Health Care assistant. An assessment form will be provided for review prior to the exam.

**Clerkship Specific Op Log Expectations:**

As indicated in the Block Policies section, you are expected to complete OpLog entries in a timely manner and on a weekly basis. In addition to the basic requirement that you record a minimum number of patients, there is also a requirement that you experience a minimum number within certain experience categories. Students who do not meet these expectations in the documentation of their clinical experiences will not be eligible for “Honors” designation; nevertheless, students will still be required to meet these requirements by the use of other resources (e.g.,. simulation; on-line resources). The following table indicates the minimum you must see by experience category:

**\*\*\*OP-LOG ENTRIES MUST BE UPDATED WEEKLY\*\*\***

Below are the possible categories and diagnoses:

<b>Essential Procedures</b> <i>(in either category of involvement: A; M; O)</i>	<b>GYN Clinic - Outpatient Procedures</b> <i>(in either category of involvement: A; M; O)</i> <b>2 pt min to include the additional required as noted</b>
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Vaginal delivery (2)  
 Observed annual H and P (2)  
 Annual exam in any age group (2)

Wet mount (2)  
 Colposcopy (2)  
 Cryo/LEEP  
 Endometrial Biopsy  
 Transvaginal U/S  
 Word catheter for Bartholin's abscess  
 I+D abscess  
 IUD  
 Implanon  
 Pessary  
 Diaphragm fitting

**GYN Clinic**

*(in either category of involvement: A; M; O)*

**2 pt min to include the additional required as noted**

Abnormal uterine bleeding	Vulva lesions
STI (2)	Vaginal lesions (not discharge)
Abdominal pain (2)	Vaginal discharge (2)
Abnormal Pap/dysplasia	Cervical lesions (polyps, etc. not polyp, dysplasia)
Spontaneous abortion	Uterine abnormalities
Ectopic pregnancy	Adnexal abnormalities (cysts, masses)
Molar pregnancy	PCOS (2)
Menopause/perimenopause (2)	SUI
Pelvic pain/LAP (dysmenorrhea, dyspareunie, endometriosis) (2)	Pelvic floor disorders (prolapse-cele) (2)
Infertility	Preop exam
Contraceptive counseling (2)	Postop exam
	Wound infection

**Antepartum/Postpartum Care Outpatient**

*(in either category of involvement: A; M; O)*

**2 pt min to include the additional required as noted**

**Antepartum Care ER/Triage**

*(in either category of involvement: A; M; O)*

**2 pt min to include the additional required as noted**

Routine OB (2)	Eval/Rx vag dc
Diabetes Management (2)	R/O ROM
Advanced Maternal Age	Assessment of labor (2)
Abnormal Screening or U/S	Eval/Rx spontaneous abortion
OB U/S	Eval/Rx ectopic
Amniocentesis	Eval/Rx bleeding in pregnancy including previa (2)
Multiple Gestation	Eval/Rx UTI and pyelo
High Risk OB HTN (2)	Ob U/S
High Risk OB Other	Discomforts of pregnancy (low abd pain, round lig pain, other) (2)
Imcompetent cervix	Trauma
Postpartum visit (2)	Decreased fetal movement
Preop BTL, Essure	
Abdominal pain (2)	

**GYN - Inpatient Procedures**

*(in either category of involvement: A; M; O)*

**2 pt min 2 pt min to include the additional required as noted**

Uterine surgery, not hyst (2)	D&C – obstetrical (2)
Pelvic floor surgery & suspensions (2)	D&C – gynecological (2)
Laparotomy	Conization of cervix
Hysterecomy (vag, abd, laparoscopic) (2)	Laparoscopy
Endometrial ablation	Tubal ligation
Labial or vaginal procedure	Hysterosocpy (2)
Postop care in hosp – uncomplicated (2)	Essure (2)
Postop care in hosp – complicated (2)	Ectopic pregnancy (2)
Molar pregnancy	Endometriosis surgery
Egg retrieval	Adnexal surgery
Embryo transfer	Adhesions

**Labor & Delivery/Postpartum/Antepartum: Must have an observed H & P**

*(in either category of involvement: A; M; O)*

**2 pt min to include the additional required as noted**

Admit H&P (labor, induction, scheduled C/S)	Fetal Demise
Management of labor (2)	Termination
Forceps/vacuum assisted delivery	Postpartum care in hosp – uncomplicated (2)
Repair of episiotomy, laceration (2)	Postpartum care in hosp – complicated (2)
Cesarean section (san blood) (2)	Antepartum care:
Postpartum tubal	Pyelo, UTI
Cerclage	Hyperenesis
Preeclampsia/Eclampsia/HELLP Syndrome (2)	Oligo
PROM/PPROM	Diabetes
Preterm labor (2)	Chronic HTN
Postpartum hemorrhage	Preeclampsia
Placenta previa	Gb disease
Malpresentation (breech, transverse, etc.)	Other
Abruption	

**GYN ONCOLOGY**

*(in either category of involvement: A; M; O)*

**2 pt min to include the additional required as noted**

Eval/treatment of:

Vulvar cancer
Cervical cancer (2)
Uterine cancer
Tubal cancer
Ovarian cancer (2)
Trophoblastic gestational neoplasm (2)

Categories of involvement:

- *Assisted*: Student was actively involved in the patient encounter or procedure but was not acting independently.
- *Managed*: Student directed the encounter or procedure under the supervision of a faculty or resident member.

- *Observed*: Student was present during the encounter or procedure but was not an active participant.

**OBGYN CLINICAL ASSESSMENT FORM:**

Components	SCALE	SOURCE
<b>Knowledge for Practice</b>		Clinical Evaluations
Identifies biopsychosocial issues relevant to patient treatment.		
Can compare and contrast normal variation and pathological states commonly encountered in Obstetrics and Gynecology.		
Can independently apply knowledge to identify problem.		
<b><i>Comments related to Knowledge for Practice (If none, please enter NA):</i></b>		
<b>Patient Care and Procedural Skills</b>		
Completes an appropriate history.		Clinical Evaluations
Exam is appropriate in scope and liked to history.		

Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings.	Needs Improvement, Pass, Honors, N/A	Pelvic Exams Suture Exams GYN OSCE	
Provides preventive healthcare services and promotes health in patients			
Appropriately documents findings.			
<b>Comments related to Patient Care and Procedural Skills ( If none, please enter NA):</b>			
<b>Interpersonal and Communication Skills</b>			
Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds.			Clinical Evaluations Continuity Patient Activity
Presentations to faculty or resident are organized.			
<b>Comments related to Interpersonal and Communication Skills (If none, please enter NA):</b>			
<b>Practice-Based Learning and Improvement</b>			
Takes the initiative in increasing clinical knowledge and skills.			Clinical Evaluations
Accepts and incorporates feedback into practice			
<b>Comments related to Practice-based Learning and Improvement (If none, please enter NA ):</b>			
<b>System-Based Practices</b>			
Effectively utilizes medical care systems and resources to benefit patient health.			Clinical Evaluations Systems Enrichment Activities (Mock RCA, Emergent Delivery Simulation; Sexual Abuse activity)
Demonstrates understanding of processes for maintaining continuity of care throughout transitions (change in team of providers or transfer in level of care).			
<b>Comments related to System-based Practice (If none, please enter NA ):</b>			
<b>Professionalism</b>			
Is reliable and dependable		Clinical Evaluations Clerkship Coordinator Professionalism Evaluations Timely OP-log entries	
Acknowledges mistakes			
Displays compassion and respect for all people.			
Demonstrates honesty in all professional matters			
Protects patient confidentiality			
Dress and grooming appropriate for the setting			
<b>Comments related to Professionalism (If none, please enter NA ):</b>			
<b>Interprofessional Collaboration</b>	Needs Improvement		

Works professionally with other health care personnel including nurses, technicians, and ancillary service personnel	, Pass, Honors, N/A	Clinical Evaluations
Is an important, contributing member of the assigned team.		
<b>Comments related to Interprofessional Collaboration (If none, please enter NA ):</b>		Emergent Delivery Simulation activity
<b>Personal and Professional Development</b>		
Recognizes when to take responsibility and when to seek assistance		Clinical Evaluations
Practice flexibility in adjusting to change and difficult situations		
<b>Comments related to Personal and Professional Development (If none, please enter NA ):</b>		
<b>Overall Comments/ strengths/weaknesses (required):</b>		

### Clerkship Resources

#### Contact Information

Role	Who	Phone #	Fax/ Pager	Email	Office
Clerkship Director	Heidi Lyn, MD	915-215-5034		<a href="mailto:heidi.lynn@ttuhsc.edu">heidi.lynn@ttuhsc.edu</a>	4801 Alberta Ave., Clinic Bldg. 2 <sup>nd</sup> floor, Suite C250
Clerkship Coordinator	Veronica Anaya	915-215-5136	Fax 545-0901	<a href="mailto:veronica.anaya@ttuhsc.edu">veronica.anaya@ttuhsc.edu</a>	4801 Alberta Ave., Clinic Bldg. 2 <sup>nd</sup> floor, Suite C237

#### Logistical Issues

Heidi Lyn, M.D., OB/GYN Clerkship Director, 915-215-5034, 4801 Alberta Ave., Clinic Bldg. 2<sup>nd</sup> floor  
Harvey Greenberg, M.D., OB/GYN MS4 Director, 915-215-5034, 4801 Alberta Ave., Clinic Bldg. 2<sup>nd</sup> floor  
Sandra Lopez, MD., OB/GYN MS4 Co-Director, 915-215-5034, 4801 Alberta Ave., Clinic Bldg. 2<sup>nd</sup> floor

Veronica Anaya, OB/GYN Clerkship Coordinator, 915-215-5034, 4801 Alberta Ave., Clinic Bldg. 2<sup>nd</sup> floor

**Clinic location:** 4801 Alberta Ave, Clinic building, 2<sup>nd</sup> floor, Suite #209 & #210

**Labor and Delivery:** Children's Hospital, 2<sup>nd</sup> floor; 4<sup>th</sup> & 5<sup>th</sup> floors

**Readings for clerkship:**

Required textbook readings are:

*Obstetrics & Gynecology*, 6th ed., Beckman, Charles

*Obstetrics Gynecology & Infertility*, 6th ed, Gordon, John

**Assessment Forms (other clerkship specific):**

**OSCE:**

There are three skill sets that are assessed for the final OSCE grade. The clinical OSCE exam will be held during Week 15. The other two skill sets assessed are suturing and pelvic exams. These assessments will be held during Weeks 12 and 13. For these exams, the following forms are used to assess your performance.

OB/GYN Clerkship  
Suture Performance Assessment  
(by Clerkship Director/Faculty)

Student Name: \_\_\_\_\_, MS3

Date: \_\_\_\_\_

Rating Scale:

1-Not Done	2 – Needs Improvement	3 – Well Done	C/A – Cannot Assess
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<b>Demonstrate the following:</b>				
1. Secure square knot with two-handed tie	1	2	3	C/A
2. Secure square knot one-handed tie	1	2	3	C/A
3. Correct technique for loading a needle driver	1	2	3	C/A
4. Correct technique for holding and manipulating a needle driver	1	2	3	C/A
5. Correct technique for holding and manipulating tissue forceps	1	2	3	C/A
6. Insert needle at 90-degree angle to the "tissue"	1	2	3	C/A
7. Protects needle for 1-hand tie	1	2	3	C/A
8. Correct technique for placing continuous sutures	1	2	3	C/A

Summary of Observation: (Please include assessment of performance and areas of future focus)

Feedback given: \_\_\_ YES \_\_\_ NO

Observer signature: \_\_\_\_\_ Student signature: \_\_\_\_\_

OB/GYN Clerkship  
Pelvic Exam Performance Assessment (by Medical Staff)

Student: \_\_\_\_\_, MS3 Date: \_\_\_\_\_ Evaluator: MA - \_\_\_\_\_

Rating Scale: 

1-Not Done	2 – Needs Improvement	3 – Well Done	C/A – Cannot Assess
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Direct Observation by Medical Staff				
External Examination	Circle one			
1. Examines external genitalia	1	2	3	C/A
2. Inspects mons pubis	1	2	3	C/A
3. Inspects labia majora	1	2	3	C/A
4. Inspects labia minora	1	2	3	C/A
5. Inspects clitoris	1	2	3	C/A
6. Inspects urethral meatus	1	2	3	C/A
7. Inspects introitus	1	2	3	C/A
8. Inspects Bartholin's gland	1	2	3	C/A
9. Inspects perineum	1	2	3	C/A
10. Inspects anus	1	2	3	C/A
Speculum Examination				
11. Holds speculum at 45-degree angle	1	2	3	C/A
12. Inserts speculum properly	1	2	3	C/A
13. Rotates speculum at full insertion	1	2	3	C/A
14. Opens speculum slowly	1	2	3	C/A
15. Identifies cervix	1	2	3	C/A
16. Secures speculum in an open position	1	2	3	C/A
17. Inspects cervix	1	2	3	C/A
18. Inspects vaginal walls while removing speculum	1	2	3	C/A
19. Handles speculum appropriately	1	2	3	C/A
20. Removes speculum appropriately	1	2	3	C/A
21. Bimanual Pelvic Examination	1	2	3	C/A
22. Introduces fingers into vagina	1	2	3	C/A
23. Palpates cervix and cervical os	1	2	3	C/A
24. Palpates uterine body, apex of fundus	1	2	3	C/A
25. Palpates right adnexa/ovary	1	2	3	C/A
26. Palpates left adnexa/ovary	1	2	3	C/A

Summary of Observation: (Please include assessment of performance and areas of future focus)

Feedback given: \_\_\_ YES \_\_\_ NO

Observer signature: \_\_\_\_\_ Student signature: \_\_\_\_\_



OB/GYN Clerkship  
Pelvic Exam Performance Assessment (by Standardized Patient)

Student: \_\_\_\_\_, MS3 Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Rating Scale: 

1-Not Done	2 – Needs Improvement	3 – Well Done	C/A – Cannot Assess
------------	-----------------------	---------------	---------------------

Direct Observation of the Patient				
Communication/Interpersonal Skills	Circle one			
1. Introduces self and explains role	1	2	3	C/A
2. Uses appropriate eye contact, body language	1	2	3	C/A
3. Uses facilitative listening skills	1	2	3	C/A
4. Demonstrates empathy	1	2	3	C/A
Preparation				
5. Checks all equipment/supplies	1	2	3	C/A
6. Adjusts exam light prior to gloving	1	2	3	C/A
7. Washes hands before exam	1	2	3	C/A
General Techniques/Exam Skills				
8. Demonstrates concern for the patient's comfort and modesty	1	2	3	C/A
9. Explains to patient what is being done	1	2	3	C/A
10. Enlists the patient's cooperation during the exam	1	2	3	C/A
11. Follows a logical sequence of exam from one region to another	1	2	3	C/A
12. Emphasizes areas of importance	1	2	3	C/A
13. Modifies the exam to adapt to patient limitations (imposed by illness, age or temperament of patient)	1	2	3	C/A
14. Positions patient: hips to end of table and heels on foot rests	1	2	3	C/A
15. Wears gloves throughout exam	1	2	3	C/A
16. Gloves remain clean (no contamination)	1	2	3	C/A
17. Avoids unexpected/sudden movements	1	2	3	C/A
Professional Conduct/Additional Skills				
18. Describes each step of exam to patient prior to performing	1	2	3	C/A
19. Maintains patient modesty	1	2	3	C/A
20. Attends to patient's comfort	1	2	3	C/A
21. Performed exam in a gentle and professional manner	1	2	3	C/A
22. Extends bottom of exam table for patient comfort	1	2	3	C/A
23. Instructs patient to return to sitting position at conclusion of exam	1	2	3	C/A
Patient Education Skills (when appropriate)				
24. Addresses beliefs, misconceptions (if applicable)	1	2	3	C/A
25. Gives explanations in clear language, avoids jargon	1	2	3	C/A
26. Invites questions/checks for understanding (if applicable)	1	2	3	C/A

Summary of Observation: (Please include assessment of performance and areas of future focus)




















Feedback given: \_\_\_ YES \_\_\_ NO

Observer signature: \_\_\_\_\_ Student signature: \_\_\_\_\_

## OB/GYN Faculty and Residents

Obstetrics and Gynecology Faculty Physicians				
 <p><b>Veronica T. Mallett, M.D.</b> Professor and Founding Chair</p>	 <p><b>Jose Aun, M.D.</b> Assistant Professor</p>	 <p><b>Heidi Lyn, M.D.</b> Assistant Professor OB Clerkship Director</p>	 <p><b>Janine James, M.D.</b> Assistant Professor</p>	 <p><b>Harvey Greenberg, M.D.</b> Associate Professor Gynecologic Oncology Division Head</p>
 <p><b>Melissa D. Mendez, M.D.</b> Assistant Professor OB Residency Program Director</p>	 <p><b>Patricia Rojas-Mendez, M.D.</b> Instructor</p>	 <p><b>T. Ignacio Montoya, M.D.</b> Assistant Professor</p>	 <p><b>Lisa Moore, M.D.</b> Professor Maternal-Fetal Medicine Division Chief</p>	 <p><b>Sireesha Y. Reddy, M.D.</b> Professor General Ob &amp; Gyn Division Chief Women's Health Practice Medical Director</p>
 <p><b>J. Salvador Saldivar, M.D., M.P.H.</b> Assistant Professor Gynecologic Oncology Minimally Invasive Surgery Fellowship Director</p>	 <p><b>Michael Schaffer, M.D.</b> Assistant Professor</p>	 <p><b>Robert W. Vera, M.D.</b> Associate Professor</p>		
Obstetrics and Gynecology Faculty Associates				
 <p><b>Bindu Poudel, WHNP-BC, CNM, DNP</b></p>	 <p><b>Gayla Sholey, CNM, MSN</b></p>	 <p><b>Nikki Skrinak, WHNP, CNM, MSN</b></p>	 <p><b>Carlos Valenzuela, CNM, MSN</b></p>	

## Obstetrics and Gynecology Resident Physicians

PGY-1	 <b>Lina Caicedo, MD</b> Ohio State University Columbus, OH <span style="background-color: yellow;">PGY-1</span>	 <b>Ann M. Dobry, MD</b> Edward Vua College of Osteopathic Medicine Spartanburg, SC <span style="background-color: yellow;">PGY-1</span>	 <b>Michael G. Domina, DO</b> University of New England Biddeford, ME <span style="background-color: yellow;">PGY-1</span>	 <b>James W. Rob, MD</b> University of Arkansas Little Rock, AR <span style="background-color: yellow;">PGY-1</span>	 <b>Dhyana Velasco, MD</b> University of New Mexico Albuq, NM <span style="background-color: yellow;">PGY-1</span>			
	PGY-2	 <b>Jessica Gher, DO</b> Arizona College Glendale AZ <span style="background-color: yellow;">PGY-2</span>	 <b>Nourhan Mustafa, MD</b> University of Arizona <span style="background-color: yellow;">PGY-2</span>	 <b>Christopher Ortiz, DO</b> University of North Texas <span style="background-color: yellow;">PGY-2</span>	 <b>Christopher Petr, MD</b> Loma Linda University, CA <span style="background-color: yellow;">PGY-2</span>	 <b>A. Zambrano, MD</b> New York Medical College Valhalla, NY <span style="background-color: yellow;">PGY-2</span>		
		PGY-3	 <b>Jami Barnard, M.D.-</b> TTUHSCS/PLFSOM-EP <span style="background-color: yellow;">PGY-3</span>	 <b>Laura Moreno, M.D.-</b> Boston University <span style="background-color: yellow;">PGY-3</span>	 <b>Diego Ramirez, M.D.-</b> Universidad Monterrey <span style="background-color: yellow;">PGY-3</span>	 <b>Leslie Rafanan, D.O. -</b> Univ. of N.TX, Ft. Worth <span style="background-color: yellow;">PGY-3</span>	 <b>Shelby Apodaca, MD</b> University of New Mexico Albuq. <span style="background-color: yellow;">PGY-3</span>	
			PGY-4	 <b>Kyle Biggs, DO</b> AZ Coll of Osteo Med, Glendale AZ <span style="background-color: yellow;">PGY-4</span>	 <b>Elisha Jackson MD</b> Univ. of Kansas, Kansas City, KS <span style="background-color: yellow;">PGY-4</span>	 <b>Naima Khamsi MD,</b> Boston University, Boston, MA <span style="background-color: yellow;">PGY-4</span>	 <b>Ghazaleh Moayedi, DO</b> Univ of North Texas <span style="background-color: yellow;">PGY-4</span>	

## Section II: Pediatric Clerkship

### Clerkship Learning Objectives:

The objectives for the pediatrics clerkship follow the current APA/COMSEP (Council on Medical Student Education in Pediatrics) General Clerkship Curriculum (2008-2016) organized around the eight core competencies implemented by the ACGME and meeting the LCME ED-2 standard. The objectives also reflect the integrated nature of the OB-GYN/Pediatrics block. Some topics covered during the OB-GYN/Pediatrics block have been identified as “shared topics” and will be addressed with students through integrative lectures, workshops, seminars, case conferences, or shared rounds. Examples of shared topics include adolescent gynecology/contraception, adolescent STIs, pregnancy/birth, neonatology, intrauterine/fetal/congenital infections of the newborn, as well as Perinatal M and M Conference, Delivery Room Resuscitation Simulation, Poor Outcome of birth/Root-Cause Analysis, Discharge Planning activity and an Ethics activity.

A summary of core learning objectives, organized by the ACGME competency domains and Paul L. Foster School of Medicine Medical Education Goals and Objectives and schemes follows:

### **Medical Knowledge**

**Goal:** You must acquire knowledge about established and evolving biomedical, epidemiological, clinical, and psychosocial sciences and apply this knowledge to patient care. You will develop an understanding in the assessment and management of common clinical conditions in pediatrics in the inpatient and the outpatient setting. You will demonstrate the ability to acquire, critically interpret, and apply this knowledge.

**Objectives:** Recognize the signs, symptoms, physical findings of common pediatric problems including the following (PC: 1.1- 1.9; KP: 2.1 – 2.6):

- Health Supervision from birth through adolescence
- Growth
- Development
- Behavior
- Nutrition
- Issues unique to adolescence
- Issues unique to newborn
- Common acute pediatric illness/common pediatric complaints
- Common chronic illness and disability
- Therapeutics with specific pediatric dosing of medications
- Fluids and electrolytes management appropriate for age and clinical situations
- Pediatric emergencies
- Child Abuse

## **Patient Care**

**Goals:** You must be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

**OBJECTIVES:** By the completion of this clerkship experience, you will be able to:

- Determine which patients can be managed in a outpatient setting, general inpatient setting and which require higher levels of care and expertise in a critical care unit (PC: 1.5 , 1.6).
- Demonstrate skills at the MS III level in evaluating, diagnosing, managing, and determining the appropriate disposition of pediatric patients (PC: 1.1 – 1.9 KP: 2.1 – 2.3; PBL: 3.4, 3.5)
- Develop differential diagnoses, planning diagnostic studies, formulate and implement therapeutic options and plans for discharge of patients under the student’s care (PC: 1.2 – 1.4, 1.6, 1.8; KP: 2.2, 2.3).
- Utilize appropriate consultants/subspecialists (ICS: 4.2; PC: 1.5, 1.6).
- Utilize diagnostic testing and imaging resources effectively and efficiently (PC: 1.1, 1.3; SBP: 6.2, 6.3).

## **Interpersonal And Communication Skills**

**Goal:** You must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their families, and professional associates. You will develop knowledge of specific techniques and methods that facilitate effective, empathic communication and culturally sensitive.

**Objectives:** You will demonstrate the ability to:

- Communicate effectively with families and patients (taking into account patients age/ developmental levels). (ICS: 4.1 – 4.4).
- Interview adolescent patients in an effective manner (ICS: 4.1 – 4.4).
- Appropriately utilize interpreters, if necessary, to communicate with non-English speaking patients (ICS: 4.1, 4.3).
- Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients (ICS: 4.2, 4.4))
- Maintain professional and appropriate interactions with patients and their caregivers (ICS: 4.1, 4.3; Prof: 5.1, 5.6).
- Effectively listen, and then utilize verbal and writing skills to communicate with patients, families, and members of the health care team (ICS: 4.1 – 4.4; IPC: 7.2, 7.3).

## **Professionalism/ Ethics**

**Goal:** You must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

**OBJECTIVES:** During this clerkship, you will demonstrate:

- Sensitivity to patient and family concerns (Prof: 5.1, 5.6, 5.7).
- Acceptance of parent and patient differences in culture, beliefs, attitudes, and lifestyle (Prof: 5.1)
- The ability to manage personal biases in caring for patients of diverse populations and different backgrounds and to recognize how these biases may affect care and decision-making (Prof: 1.1, IPC: 7.2; PPD: 8.3 – 8.5).
- Respect for patient privacy and confidentiality (Prof: 5.2, 5.5, 5.7).
- Commitment to following through with professional obligations and the timely completion of assigned tasks and duties (ICS: 4.4; Prof: 5.3, 5.7; IC: 7.3; PPD: 8.1, 8.5).
- Commitment to treat faculty, residents, staff, and fellow students with respect and courtesy (Prof: 5.1, 5.3, 5.7; IC: 7.3, 7.4).
- Advocate for patient needs (Prof: 5.7).

## **Practice Base Learning And Improvement**

**Goal:** You will understand the application of scientific evidence and accept feedback for continuous self-assessment in the improvement of patient care practices.

**OBJECTIVES:** During this clerkship experience, you will:

- Demonstrate the use electronic technology (e.g., PDA, PC, internet) for accessing and evaluating evidenced-based medical information (e-medicine, journals AAFP, NEJM, AJP, etc.) (PC: 1.2; KP: 2.2, 2.3; PBL: 3.1, 3.3, 3.4).
- Accept feedback from the faculty, residents, and other team members, and incorporate this to improve your clinical practice (PBL: 3.3; Prof: 5.3).

## **System Based Practice**

**Goal:** You must demonstrate an awareness of medical systems, responsiveness to the larger context and system of health care, and the ability to effectively utilize system resources to provide optimal care. You will develop an appreciation of supportive health care resources and understand their utilization as part of patient advocacy.

**Objectives:** During this clerkship experience, you will demonstrate the ability to:

- Utilize ancillary health services and specialty consultants properly (SBP: 6.2; PC: 1.1, 1.2, 1.5, 1.6; IC: 7.2; PPD: 8.1, 8.3, 8.5).

- Utilize the integrated systems available to help the mother and infant with unexpected complications or problems during the perinatal period (i.e. neonatal resuscitation teams in delivery room, lactation consultants, etc. (SBP: 6.2; PC: 1.1, 1.2, 1.5, 1.6; IC: 7.2; PPD: 8.1, 8.3, 8.5).

### **Interprofessional Collaboration**

**Goal:** You must demonstrate the ability to engage in an interprofessional team in manner that optimizes safe, effective patient and population-centered care.

**OBJECTIVES:** During this clerkship experience, you will demonstrate the ability to:

- Use knowledge of one's own role and the roles of other health care professionals to work together in providing safe and effective care.
- Function effectively both as a team leader and team member.

### **Personal and Professional Development**

**Goal:** You must demonstrate the qualities required to sustain lifelong personal and professional growth.

**OBJECTIVES:** During this clerkship experience, you will demonstrate the ability to:

- Recognize when to take responsibility and when to seek assistance.
- Demonstrate flexibility in adjusting to change and difficult situations.
- Demonstrate the ability to employ self-initiated learning strategies (problem definition identification of learning resources and critical appraisal of information) when approaching new challenges, problems or unfamiliar situations.



### **Required Patient Encounters:**

During this clerkship, you must have a patient encounter involving all of the following conditions or complete alternative method of learning (didactic session, mock-OSCE, CLIPP Case, etc.). You will be asked if you have the required encounters. The requirement for the child abuse encounter is fulfilled if a student had participated in the care of an abused patient, rounded on an abused patient, or ruled out child abuse where it was considered in the differential diagnosis for a patient.

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#### **Condition**

Newborn (< 7 days):

- Well baby X 3
- Jaundice
- Prematurity
- Respiratory Distress Syndrome

Child (≥ 7days – 21 years old):

- Child abuse/ neglect
  - Heart murmur
  - Developmental delay or regression
  - FTT
  - Obesity
  - Respiratory distress
  - Asthma
  - Sore throat
  - Rashes
  - Otitis
  - Diabetes mellitus
  - Exanthems
  - Abdominal pain
  - Infantile Colic
  - Diarrhea
  - Anemia
  - Well Child Exam: 2-4-6 months, 12 months, Toddler, School-age, and Adolescent
- 

Obviously the Department of Pediatrics cannot guarantee that you will encounter patients with all of these conditions. You are responsible for informing the Clerkship Director, Coordinator, or Chief Resident that you have not completed a required patient encounter in time for an alternative experience to be arranged. This typically occurs during and after the mid-clerkship evaluation.



## Procedures

During this clerkship, you will not be directly responsible for any procedures while on a Pediatric Rotation; however, you may be asked to assist and will be expected to keep a log of the procedures in which you have participated.

## Integration Threads

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–	geriatrics	X	basic science	X	ethics
X	professionalism	X	EBM	X	chronic illness care
X	patient safety	X	pain management	X	clinical pathology,
X	palliative care	X	quality improvement	–	clinical and/or
X	communication skills	X	diagnostic imaging		translational research

---

## PEDIATRIC CLERKSHIP THREADS

In addition to these components being encountered or modeled during inpatient and outpatient clinical activities, activities that specifically address these are:

### ETHICS AND PROFESSIONALISM

- 1.) Defined and explained during clerkship orientation
- 2.) Combined Ethics Activity; involving didactics, role playing
- 3.) Morning report
- 4.) Clerkship Teaching Sessions

### PATIENT SAFETY/QI

- 1.) Mock root cause analysis
- 2.) Morning report

### PALLIATIVE CARE

- 1.) Morning report

### COMMUNICATION SKILLS

- 1.) Transparent Group OSCE
- 2.) OSCE
- 3.) Delivery Room Resuscitation Scenario

### BASIC SCIENCE

- 1.) Didactic lectures

- 2.) Morning report
- 3.) ILP

#### **EBM**

- 1.) Morning report
- 2.) OSCE
- 3.) Subspecialty Clinic and ILP presentations
- 4.) Didactics

#### **PAIN MANAGEMENT**

- 1.) Morning report

#### **DIAGNOSTIC IMAGING**

- 1.) Morning report
- 3.) Didactic lectures

#### **CHRONIC ILLNESS CARE**

- 1.) Clinical encounters
- 2.) Didactic lectures
- 3.) Morning report

#### **CLINICAL PATHOLOGY**

- 1.) Didactic lectures
- 2.) Morning report

## **Clerkship Components**

### **Rotations**

The pediatrics component of the integrated Pediatrics/OB-GYN rotation occurs in the following settings:

- Inpatient
  - Newborn Nursery (1 week)
  - Wards (2 weeks): Days - 1 week; Nights/Weekend - 1 week
- Ambulatory Pediatrics (3 - 4 weeks)
  - General Pediatrics (1-2 weeks)
  - Subspecialty Pediatrics (1-2 weeks)
- Individual Learning Plan (1 week)

### **Service Descriptions**

#### **Newborn and Neonatal Intermediate Care Unit:**

You are supervised by the faculty and residents in the “Well-Baby” Nursery for the majority of the first week. During this time, you will learn the normal newborn exam. You are exposed to common neonatal problems (prematurity, jaundice, respiratory distress) in the WBN, NICU, or IMCU.

#### **Individual Learning Plan (ILP):**

You will identify your own deficiencies in knowledge or clinical skills and identify areas of clinical interest or potential career interest. With the assistance of the Clerkship Director and Chief Resident, you will develop a week-long curriculum to address these areas, as well as methods to assess the effectiveness of the curriculum. The curriculum will be implemented and managed by the Chief Resident and Clerkship Director. Not all desired experiences may be available.

The purpose of this Clerkship component is to encourage self-directed learning and to help create a habit of lifelong learning.

#### **In-Patient Service:**

You are integrated into the Pediatric Ward team which includes interns, residents, hospitalists, community physicians, nurses, respiratory therapists, social workers, nutritionists, families, patients, etc. You are supervised by pediatric house staff and pediatric hospitalists 24/7. You will spend one week on the day team, and one week on the night/weekend team.

**General Ambulatory Clinic:**

You experience all aspects of the Ambulatory Clinic, including taking vital signs, administering hearing and sight exams, giving immunizations, and patient management. You are involved in the care of children from post-nursery discharge through adolescence. This rotation may also include experience at the urgent care center. During the clinic rotation, you will participate in the **team** activity SNAP (Supplemental Nutrition Assistance Program [food stamps]) Challenge. You will generate a meal plan for a hypothetical child. You will be given the weekly average SNAP benefit in cash to shop for food. Food may be donated by your or given to the Clerkship Coordinator for donation. Meal plans and food choices will be assessed by a PEDS nutritionist. Feedback will be given to you on their food choices.

**Specialty Clinic:**

You will interact with patients on multiple subspecialty services and learn the challenges of managing chronic illnesses for physicians and families.

**Example of Clerkship Weekly Schedule on Scheduler 15:**

March 2015							Hours
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
1	2	3	4	5	6	7	37 hr(s) 55 min(s)
	8:30a PEDS Clerkship Orientation 1p PEDS: CC, Red Pod	8a MS3 General PEDS Clinic 1p PEDS: CC, Teal Pod	8a MS3 General PEDS Clinic 1p PEDS: SNAP Challenge Pick-up \$31.50	8a PEDS: Morning Report 8:35a MS3 General PEDS Clinic 1p PEDS: CC, Teal Pod	8a MS3 General PEDS Clinic 1p PEDS: CC, Red Pod		33 hr(s) 0 min(s)
8	9	10	11	12	13	14	33 hr(s) 49 min(s)
	8a PEDS: Morning Report 8:35a MS3 General PEDS Clinic	8a MS3 General PEDS Clinic 1p PEDS: CC, Teal Pod	8a MS3 General PEDS Clinic 2p SNAP Receipt Review	8a PEDS: Morning Report 8:35a MS3 General PEDS Clinic 1p PEDS: CC, Teal Pod	8a Holiday		24 hr(s) 49 min(s)
15	16	17	18	19	20	21	43 hr(s) 49 min(s)
	8a PEDS: Morning Report 8:35a PEDS Nursery 1p Pediatric Emergencies 2p PEDS TR/Student Session	8a PEDS Nursery	8a PEDS Nursery	8a PEDS: Morning Report 8:35a PEDS Nursery	8a PEDS Nursery		40 hr(s) 0 min(s)

## **Required Clerkship Didactic Activities**

- **Morning Report** every Monday and Thursday@ 8:00 A.M. in the AEC building: Sr. Resident discusses admissions from the night before and an interesting case is presented. You may be assigned a Morning Report presentation while on Wards.
- **Friday Combined Didactic Lectures** will be held every Friday afternoon throughout the OB/Gyn and PEDS Clerkship (Noon – 3 P.M.). This schedule is available on ‘Scheduler 15’, as well as within CANVAS LMS. All necessary reading material will be provided prior to scheduled lecture via email or on CANVAS LMS.
- **Pediatric Clerkship Teaching Session** will be held after the required ‘Friday Combined Didactic Lectures’ (3 P.M.-5 P.M.). While you are on the PEDS service, you are required to attend this session led by Clerkship Director or Chief Resident. Peer teaching is also done at this time.
- **Pediatric Grand Rounds** takes place the first and third Wednesday of the month from 8:00 A.M. – 9:00 A.M. in Auditorium ‘A & B’ in the AEC. This activity can be used to fulfill CME credit requirements. Breakfast is available at 7:30 A.M.

## PEDS Clerkship Required Components/ Grading

### Wards

Observed H&P – resident or faculty – see scoring rubric – turn in by end of Ward Rotation (Superior/Pass/Fail)

- Superior ≥ 90%
- Pass = 70%,
- If failed, must re-do until a pass is obtained
- Must pass to complete Clerkship
- ≤ 2 attempts to pass will not affect the final grade; however, > 2 attempts to pass may affect ability to receive an 'Honors'.

Write-up – faculty - see scoring rubric - turn in by end of Ward Rotation (Superior/Pass/Fail)

- Pass = 70%, Superior = 90%
- If fail, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors
- Orders – 2 Admission sets, 1 Discharge set, prescription writing(s).
- Project (If assigned) --- Must complete to fulfill Clerkship requirements

### Nursery

Observed newborn H&P – resident or faculty - see scoring rubric - turn in by end of Nursery Rotation (Superior/Pass/Fail)

- Superior ≥ 90%
- Pass = 70%
- If fail, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

Write-up – faculty ---see scoring rubric - turn in by end of Nursery Rotation (Superior/Pass/Fail)

- Superior ≥ 90%
- Pass = 70%
- If fail, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

### General Pediatric Clinic

2 Observed Clinic H&P – faculty or resident - see scoring rubric - turn in by end of Clinic Rotation (Superior/Pass/Fail)

- Superior ≥ 90%
- Pass = 70%
- If fail, must re-do it until pass
- Must pass to complete Clerkship

- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

Prescription Writing - faculty or resident – must write at least 4 prescription on real or mock patients, and receive feedback from faculty or resident on format of prescription and accuracy/appropriateness of dosing.

### **Specialty Clinic**

Student presented didactic (10 – 15 minute presentation) on topic or case of your choosing – presented to fellow students (Pediatric Clerkship Session) during or immediately after Specialty Clinic Rotation. This presentation is to be submitted to Clerkship Coordinator and/or Clerkship Director by the end of Specialty Clinic Rotation.

- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

Reflective writing (<1 page) - turn in by end of Specialty Clinic Rotation to Clerkship Coordinator and/or Clerkship Director.

- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

**Continuity Patient** (all assignments to be turned in to Clerkship Coordinator and/or Clerkship Director by the end of Clerkship)

Newborn H&P

- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

Reflective writing

- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

Follow-up infant visit notes – *if at TTUHSC Clinics*

- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

### **SNAP Challenge**

Receipts - must be turned in by end of 1<sup>st</sup> week in Clinic

- Must complete to fulfill Clerkship requirements

Reflective writing – turn on by end of Clinic Rotation

- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

**15 CLIPP Cases** - must be completed by end of week 16

- Must complete to fulfill Clerkship requirements

**Discharge Planning Activity** - (Honors/High Pass/Pass/Fail)

- Pass = 70%
- If fail, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

**Ethics Project** -- (Honors/Pass/Fail) – based on participation and effort

- If fails, will be given a make-up assignments
- Failure of or to complete make-up assignment will result in loss of Honors

**ILP (as assigned)** – must be completed by Friday after ILP week (Pass/Fail)

- Must complete all assignments or fail the activity
- If fails, will be given opportunity to remediate
- Failure of remediation will result in loss of Honors and may result in failing PBL competency

**Simulation** -- (Pass/Fail)

- If fail, must re-do it until pass
- If excused absence – alternate activity will be given
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

**Mock RCA** - (Pass/Fail)

- Must complete pre-activity worksheet, participate in didactic, and complete post-activity worksheet within one week of being assigned.
- Failure to complete all components will result in failing grade
- If fails, will be given a make-up assignments and/or must re-do until pass.
- If excused absence – alternate activity will be given

UNEXCUSED ABSENCES WILL RESULT IN FAILURE OF SCHEDULED ACTIVITIES WITHOUT OPPORTUNITY FOR REMEDIATION OR ALTERNATE ACTIVITY. THIS WILL RESULT IN “Needs Improvement” for final grade in PROFESSIONALISM, AND will affect the ability to honor the clerkship and MAY RESULT IN NEEDS IMPROVEMENT for the CLERKSHIP.

Grading policy states:

***A student who fails Professionalism may receive a Needs Improvement for the Clerkship or may not receive Honors for the Clerkship at the discretion of the course director, regardless of the scores on all other items.***

\*\*\*SEE CLERKSHIP DIRECTOR AND/OR COORDINATOR FOR ANY QUESTIONS.



## **Pediatric Clerkship Final Evaluation**

1. Knowledge for Practice
  - a. Grade -“Needs improvement, Pass, Honors”
  - b. Graded activities:
    - Faculty & Resident evaluations
    - Delivery Room Simulation
    - Pediatric Clinic Presentation
    - Wards Project
    - Specialty Clinic Presentation
    - Transparent Group OSCE
    - Continuity Patient
    - SNAP Challenge
    - ILP Presentation
  - c. Comments – meant to justify the score in this competency. Could be taken from the weekly evaluations.
2. Patient Care and Procedural Skills
  - a. Grade – “Needs improvement, Pass, Honors”
  - b. Graded activities:
    - Faculty & Resident evaluations
    - Observed H&P’s (Wards, Nursery, Clinic x2)
    - Routine Checklist (Clinic)
    - Transparent Group OSCE (Telephone Medicine)
    - Delivery Room Simulation
    - H&P Write-ups (Nursery, Wards)
    - Order Writing/ Prescription Activities
    - Continuity Patient
  - c. Comments – meant to justify grade in this competency
3. Interpersonal and Communication Skills
  - a. Grade – “Needs improvement, pass, honors”
  - b. Graded activities:
    - Faculty & Resident evaluations
    - Transparent Group OSCE (Telephone Medicine)
    - Continuity Patient
    - Ethics Activity
    - Communication w/ Director and Coordinator
    - Delivery Room Simulation

- c. Comments – meant to justify grade in this competency
- 4. Practice-based Learning and Improvement
  - a. Grade – “Needs improvement, pass, honors”
  - b. Source – list sources for evaluation in this competency
    - Faculty & Resident evaluations
    - ILP
    - CLIPP Cases
    - Transparent Group OSCE (Telephone Medicine)
    - Delivery Room Simulation
    - Order Writing/ Prescription Activities
    - Ethics Activity
  - c. Comments – meant to justify grade in this competency
- 5. Systems-Based Practice
  - a. Grade – “Needs improvement, pass, honors”
  - b. Source – list sources for evaluation in this competency
    - Faculty & Resident evaluations
    - Discharge Planning Activity
    - Mock RCA
    - Ethics Activity
  - c. Comments – meant to justify grade in this competency
- 6. Professionalism
  - a. Grade – “Needs improvement, pass, honors”
  - b. Source – list sources for evaluation in this competency
    - Faculty & Resident evaluations
    - Ethics case
    - Timely Op-Log Entry
    - Timely completion course requirements
  - c. Comments – meant to justify grade in this competency
- 7. Interprofessional Collaboration
  - a. Grade – “Needs improvement, pass, honors”
  - b. Source – list sources for evaluation in this competency
    - Faculty & Resident evaluations
    - Discharge Planning Activities
    - Ethics Case
    - SNAP Challenge
    - Mock RCA

c. Comments – meant to justify grade in this competency

8. Personal and Professional Development

a. Grade – “Needs improvement, pass, honors”

b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations

ILP

Reflective Writings: Continuity Patient, Specialty Clinic, SNAP Challenge, ILP (if assigned)

c. Comments – meant to justify grade in this competency

9. NBME score

10. OSCE

11. MSPE comments

12. General Comments (Optional and not for MSPE)

13. Final grade for Clerkship – Honors, Pass, Fail

## PEDS Clerkship Evaluations, Rubrics, Assessments, & Observations

### WARDS (Day and Night):

WARD H&P EXAMINATION EVALUATION			
STUDENT: _____	DATE SUBMITTED: _____		
FACULTY: _____			
		MAXIMUM POINTS	ACTUAL POINTS
<b>I. IDENTIFYING INFORMATION</b> Source of information (parent, patient, old chart) Medical reason for admission		5	
<b>II. HISTORY</b>		30	
<b>Chief Complaint</b> Nature, duration, onset			
<b>Present illness</b> Appropriate sequence of events Adequate description of symptoms Clarity and conciseness			
<b>Past Medical History</b> Perinatal history Immunization and allergies Adequate description of past illnesses, surgeries, and medications			
<b>Review of Systems</b> (a systematic attempt to elicit current symptoms not yet reported) Adequate reflection of additional current symptoms			
<b>Family History</b> Family tree through grandparents Relevance to present illness			
<b>Social History</b> Adequate description on child's environment			
<b>Dietary History</b> Early feedings and current diets and habits Food intolerance			
<b>Age Appropriate Development</b> Major milestones Psychomotor development and school Interpersonal skills and socialization			
<b>III. PHYSICAL EXAMINATION</b> (Please attach the Growth Chart and BMI) Vital signs / Growth (including head circumference, if relevant growth chart) General appearance Head, neck, eyes, ENT, cardiopulmonary, abdomen, skin, extremities, lymphatics, DDST, neurological, genitalia (including Tanner staging)		25	
<b>IV. PROBLEM LIST</b> Complete list of problems identified in history and physical		5	
<b>V. ASSESSMENT</b> Appropriate and concise summary of the pertinent positives and negatives		5	
<b>VI. DIFFERENTIAL DIAGNOSIS</b> Relevant to case		5	
<b>VII. PLAN</b>			
<b>Diagnostic Plan</b> Appropriate procedure and labs Adequate documentation of need Relate each plan to a problem		5	
<b>Therapeutic Plan</b> Appropriate procedures and medication Adequate documentation and explanation of procedures, medications, and Patient/Parent Education Explanation of problems, plans, and follow-ups		5	
<b>VIII. OVERALL QUALITY</b> Readability, grammar and composition, organization, appropriate use of abbreviations/absence of duplication, adequate use of medical terminology		10	
Evaluated by: _____		Grade: _____	
		H & P Grading Scale	
		< 70	70 - 89
		Fail	Pass
		90 - 100	Superior

### WARDS OBSERVED H & P

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

#### RATING SCALE

- 0 = Not done, but should have been
- 1 = Done incorrectly or incompletely
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- 3 = Done with minimal assistance, or complete and accurate, but room for improvement
- 4 = Done skillfully and completely without assistance

Professionalism	Information Gathering	Physical Examination	Information Sharing
Introduces self	Uses open-ended questions	Washes hands	Clearly explains diagnosis
Calls child & parent by name	Progresses with specific questions	Has child appropriately unclothed	Correctly explains management plan
Professional appearance	Logical sequence	Minimizes discomfort	Explains reasons for recommendations
Good eye contact	Does not ask presumptive/leading questions	Preserves modesty	Checks family's understanding of recommendations
Avoids jargon/explains medical terms	Asks for clarification if necessary	Explains actions to parent & child	Articulates reasons for follow-up or re-contact
Comments:	Appropriately includes child in interview	Sequence matched to cooperation level	Comments:
	Reflects parent's/patient's feelings	Correct exam techniques used	
	History complete relative to presenting complaint	General	
	Comments:	Head/scalp	
		Neck	
		Eyes	
		Nose/mouth/throat	
		Ears	
		Lungs	
		Cardiovascular	
		Abdomen	
		Skin	
		Skeletal	
		GU	
		Neuro	

Presentation: \_\_\_\_\_ Topic: \_\_\_\_\_

Comments: \_\_\_\_\_

**NURSERY:**

**NURSERY H & P WRITE-UP/EVALUATION**

STUDENT: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_  
 FACILITY: \_\_\_\_\_

	Maximum point value	Actual score
<b>I. IDENTIFYING DATA</b> (including source)	5	_____
<b>II. HISTORY</b>	30	_____
<b>Antenatal</b>		
Prenatal Exam		
Complications		
Maternal Medical History		
<b>OB History</b>		
Prenatal activities		
Complications		
<b>Family History</b>		
Paternal		
Maternal & Paternal grandparents		
Siblings		
Complications		
<b>Social History</b>		
Adequacy description of the child's environment		
Complications		
<b>Neonatal - I&amp;D</b>		
NICU		
Labor		
Delivery		
Apgar		
<b>III. PHYSICAL EXAMINATION</b>	25	_____
Attach the "Ballard Chart"		
Be sure to address: <i>h/t/s, head, neck, chest, heart, lungs, abdomen, extremities, neurological, skin, genitalia.</i>		
Complications		
Color (conuse picture of patient)		
<b>IV. PROBLEM LIST</b>	10	_____
Comprehensive list of problems identified in history and physical		
Appropriately problems		
Appropriate assessment		
<b>V. PLAN</b>		
<b>Diagnostic Plan</b>	9	_____
Appropriate procedures and lab		
Adequate documentation of need		
<b>Therapeutic Plan</b>	9	_____
Appropriate procedures and medications		
Adequate documentation and explanation of procedures, medications, and dosages		
<b>Parent Education</b>	7	_____
Explanation of problems, plans, and follow-up		
Please explain the patient's condition and plan of treatment as you explained it to the family		
<b>VI. OVERALL QUALITY</b>	5	_____
Based on neatness, grammar and organization, and organization		
Appropriate use of abbreviations		
Appropriate use of medical terminology		
Absence of duplication		
<b>Evaluated by:</b> _____		<b>Grade:</b> _____

P Grading Scale: 

< 70	70-89	90-100
Fair	Pass	Superior

**OBSERVED HISTORY & PHYSICAL - NURSERY**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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Data Gathering	Score	Physical Examination	Score	Comments
Describe prenatal issues affecting infant		General Appearance/Posture		
Discusses neonatal course		<b>Head:</b> Fontanelles, skull, shape, eyes, ears, neck, hair		
Reviews & correctly interprets vital signs, feeding, voiding, & stooling		<b>Eyes:</b> Red reflex, discharge, placement to ears		
Integrates maternal data into assessment of newborn		<b>Lungs:</b> Observation, Auscultation		
Articulates one's own systematic approach to exam		<b>Cardiovascular:</b> Observation, Palpation: pulses, PMI Auscultation		
Provides for safety of infant		<b>Abdomen:</b> Auscultation, Palpation		
Provides for thermal regulation		<b>Genitourinary - Male:</b> Identify urethral tip, presence of testes		
<b>Comments:</b>		<b>Genitourinary - Female:</b> Separate labia		
		<b>Extremities:</b> Assesses ROM, shoulders, elbows, wrists, fingers, hips, knees, ankles		
		<b>Hips:</b> performs Barlow & Ortolani correctly, rationale		
		<b>Back &amp; Spine:</b> Observation, palpation		
		<b>Skin:</b> Observation, palpation		
		<b>Neuro -</b> elicits at least 5 newborn reflexes		
		<b>Ballard:</b> performs at least 8 of 12 correctly		

Score Earned: \_\_\_\_\_

Observer: \_\_\_\_\_

**GENERAL CLINIC:**

**CLINIC OBSERVED H & P**

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

**RATING SCALE**

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- 4 = Done skillfully and completely without assistance

Professionalism	Information Gathering	Physical Examination	Information Sharing	
Introduces self	Uses open-ended questions	Washes hands	Clearly explains diagnosis	
Calls child & parent by name	Progresses with specific questions	Has child appropriately unclothed	Correctly explains management plan	
Professional appearance	logical sequence	Minimizes discomfort	Explains reasons for recommendations	
Good eye contact	Does not ask presumptive/leading questions	Preserves modesty	Checks family's understanding of recommendations	
Avoids jargon/explains medical terms	Asks for clarification if necessary	Explains actions to parent & child	Articulates reasons for follow-up or re-contact	
Comments:	Appropriately includes child in interview	Sequence matched to cooperation level	Arranges for follow-up	
	Reflects parent's/patient's feelings	Correct exam techniques used	Solicits questions	
	History complete relative to presenting complaint	General	Comments:	
	Comments:	Head/face		
		Neck		
		Eyes		
		Nose/mouth/throat		
		Ears		
		Lungs		
		Cardiovascular		
		Abdomen		
		Gen		
		Skeletal		
		GI		
		Neuro		


Presentation: \_\_\_\_\_ Topic: \_\_\_\_\_

Comments: \_\_\_\_\_

Please note: This form is due by the **second Friday** of the Clinic Rotation.

ILP Self-Observation Chart:

NAME: \_\_\_\_\_

  
**INDIVIDUAL LEARNING PLAN**  
 MSIII SELF LEARNING OBSERVATION

I learn best by: \_\_\_\_\_

<b>DEFICIENCIES:</b>	<b>LEARNING PLAN:</b>	<b>MEASUREMENT &amp; EVALUATION:</b>
<b>INTERESTS:</b>		

SNAP Challenge Grading Sheet (graded by pediatric nutritionist):

**SNAP CHALLENGE GRADE SHEET**

Group # \_\_\_\_

Students: \_\_\_\_\_

Completing assignment on time	Yes	No
<b>Nutrition Analysis</b>		
Calories	Yes	No
Vitamins	Yes	No
<i>Low in D, C, E, Thiamin, B<sub>12</sub></i>		
Minerals	Yes	No
<i>Low in Sodium, Iron, Copper</i>		
Macronutrients	Yes	No
<i>High protein</i>		
Participation	Yes	No
Comments from nutritionist:		
Grade	%	

Neonate Resuscitation Simulation Checklist:

**NEONATAL RESUSCITATION CHECKLIST & EVALUATION**

Session # \_\_\_\_\_ Group \_\_\_\_\_

Group A - NEONATE RESUSCITATION

\*Circle Item if done appropriately and in timely fashion

**Preparation:**

- Turn on warmer
- Towels and blankets available

**Equipment:**


- Bulb syringe
- Suction catheter
- Stethoscope
- Oxygen
- Mask
- Pulse oximeter probe and monitor
- Laryngoscope
- Checked bulb
- ET tubes

**Resuscitation:**

- Warm, dry, stimulate
- Clear airway
- 30 sec evaluation - Assess HR, breathing
- PPV
- Pulse ox
- 30 sec evaluation - Assess HR, breathing
- Appar - 1min
- PPV or intubation
- Chest compressions
- 30 sec evaluation
- Appar - 5 min


### **Clerkship Specific Op Log Expectations:**

As indicated in the Block Policies section, you are expected to complete Op-Log entries at least weekly. You must record a **minimum of 30 patients** in a **minimum of 10 categories** (There are a total of 16 categories available).



**Required Patients**

- **Nursery**
  - Normal newborn exam X 3
  - Jaundice
  - Prematurity
  - Respiratory distress
- **Health Maintenance**
  - 2, 4, 6 month
  - 12 months
  - Toddler
  - School Age
  - Adolescent
- **Child**
  - Child Abuse/Neglect
  - Heart Murmur
  - Developmental Delay
  - FTT
  - Obesity
  - Sore throat
  - Diabetes
  - Rashes
  - Abdominal Pain
  - Colic
  - Diarrhea
  - Anemia
  - Asthma
  - Otitis
  - Respiratory Distress



**\*\*\*OP-LOG ENTRIES MUST BE UPDATED AT LEAST WEEKLY\*\*\***

**Failure to do so may result in loss of Honors or failure in Professionalism**

Categories of involvement:

- *Assisted:* You are actively involved in the patient encounter and or procedure but not acting independently.
- *Managed:* You directed the encounter or procedure under the supervision of a faculty or resident member.
- *Observed:* You were present while the encounter or procedure was performed but was not an active participant.

## **Clerkship Resources**

### **Contact information**

<b>Role</b>	<b>Who</b>	<b>Office Phone #</b>	<b>Cell Phone #</b>	<b>Email</b>
Clerkship Unit Coordinator	John D. Ramirez	915-215-5727	915-274-0544	<a href="mailto:john.d.ramirez@ttuhsc.edu">john.d.ramirez@ttuhsc.edu</a>
Clerkship Director	Lynn J. Hernan, MD	915-215-5727		<a href="mailto:lynn.fuhrman@ttuhsc.edu">lynn.fuhrman@ttuhsc.edu</a>



## PEDIATRIC FACULTY:

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### **DEPARTMENT CHAIR AND PHYSICIAN IN CHIEF**

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#### **BRADLEY P. FUHRMAN, M.D.**



E-mail: [brad.fuhrman@ttuhsc.edu](mailto:brad.fuhrman@ttuhsc.edu)

*Department Chair  
Physician-in-Chief  
El Paso Children's Hospital*

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### **PEDIATRIC RESIDENCY PROGRAM DIRECTOR**

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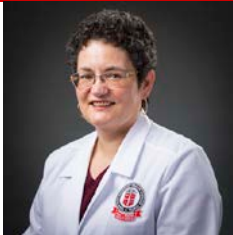
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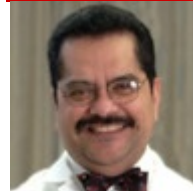


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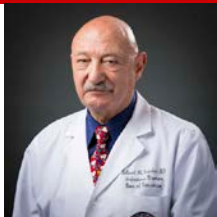
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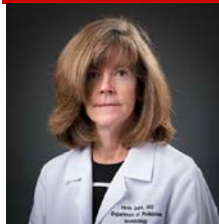


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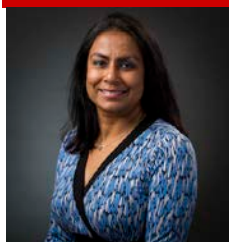


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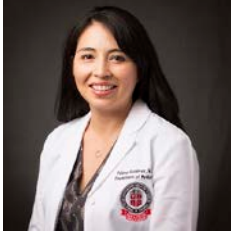
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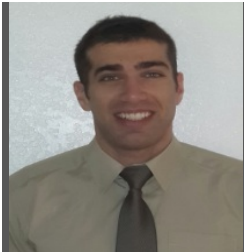
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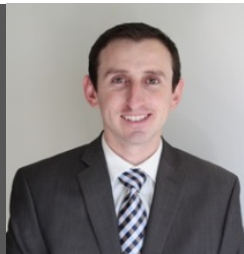
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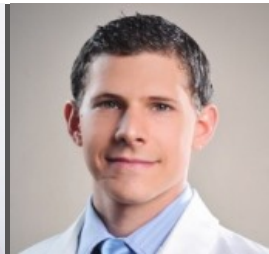
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