



Obstetrics & Gynecology

OM7174

Clerkship Rotation Syllabus

CLASS OF	2026
DATES	2024-2025
CREDIT HOURS	4.0
CONTACT HOURS	160
ASSESSMENT TOOLS	Clinical Performance - Preceptor Evaluation(s) Professionalism Cognitive Performance - COMAT
TRANSCRIPT CATEGORIES	Honors/Pass/Fail
LOCATION	Rotation Site
CLERKSHIP DIRECTOR	Traci Groening, DO
COURSE COORDINATOR(S)	Whitney Cano

Course Description

The Obstetrics and Gynecology core clerkship is a four (4) week experience served in both ambulatory and inpatient settings. The clerkship affords students the opportunity to gain experience in the diagnosis and management of common presentations in the practice of women's health and promotion of wellness and disease prevention. Students will participate in providing prenatal care, management of labor and uncomplicated childbirth, and postnatal care. Exposure to principles of gynecologic surgery, minor diagnostic and therapeutic procedures, and operative experience will also be available depending upon the practice assignment at each RAC. Each practice may have a unique profile of patients that will offer greater insight into a particular entity.

Course Goals

1. Provide the medical student with a fundamental knowledge base in obstetrics and gynecology.
2. Introduce the medical student to basic obstetrical and gynecological OB/GYN procedures.
3. Facilitate understanding of the approach to clinical problem-solving in obstetrics and gynecology ambulatory and surgical management.
4. Encourage the continued development of the medical student's professional attitude and behavior within obstetrics and gynecology settings.

Prior to the completion of the rotation, the student should demonstrate knowledge of the following: *(adapted from Association of Professors of Obstetrics and Gynecology Medical Student Objectives, 9th edition)*

1. Develop competence in the medical interview and physical examination of women and incorporate ethical, social, and diverse perspectives to provide culturally competent healthcare.
2. Apply recommended prevention strategies to women throughout the lifespan.
3. Recognize his/her role as a leader and advocate for women.
4. Demonstrate knowledge of preconception care including the impact of genetics, medical conditions, and environmental factors on maternal health and fetal development.
5. Explain the normal physiologic changes of pregnancy including the interpretation of common diagnostic studies.
6. Describe common problems in obstetrics.
7. Demonstrate knowledge of intrapartum care.
8. Demonstrate knowledge of postpartum care of the mother and newborn.
9. Describe menstrual cycle physiology, discuss puberty and menopause, and explain normal and abnormal bleeding.
10. Describe the etiology and evaluation of infertility.
11. Develop a thorough understanding of contraception, including sterilization and abortion.
12. Demonstrate knowledge of common benign gynecological conditions.
13. Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain.
14. Describe common breast conditions and outline the evaluation of breast complaints.
15. Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.
16. Describe gynecological malignancies including risk factors, signs and symptoms, and initial evaluation.
17. Provide a preliminary assessment of patients with sexual concerns.

Course Objectives

<u>Objective:</u>	<u>AOA Core Competencies</u>	<u>Programmatic Level Educational Objectives</u>
1. Formulate a prioritized list of the 8-10 most common differential diagnoses for each of the problems/diseases specified by combining clinical information and outside resources effectively (literature search, readings, etc.)	3	1, 4, 5
2. Formulate a cost effective diagnostic approach consistent with the prioritized differential diagnoses	3	1, 4, 5, 7
3. Define therapies for common disease processes encountered in Obstetrics & Gynecology	2	1
4. List common risks vs. benefits to be considered when selecting treatments and management therapies	3	1
5. Perform a thorough history and physical exam.	3	1, 3, 4
6. Present cases concisely, emphasizing the pertinent elements of the historical and physical findings, labs, treatments, and the biopsychosocial explanations for each problem	3	1, 4
7. Recognize urgent/emergent situations and alert appropriate health care providers	3	1, 4
8. Demonstrate professionalism, compassion, and empathy when communicating with patients and healthcare team members	5	3, 4
9. Demonstrate effective communication in the patient's chart by creating a comprehensive and pertinent legal document	3	1, 3, 4
10. Demonstrate a desire to learn by asking questions of faculty, fellow students, and team members	3	1, 4, 6
11. Exhibit a capable and professional demeanor by concern for patients and in interactions with team members	5	3, 4
12. Exhibits the ability to recognize the patient as a whole person and promote and integrate OMT into the clerkship	1	2

Learning objectives for the Obstetrics & Gynecology clerkship rotation relate to four broad areas:

- a) Cognitive Knowledge
- b) Psychomotor Skills
- c) Problem solving
- d) Professional development

By the end of the obstetrics/gynecology clerkship, under the direction and supervision of an OB/GYN attending, resident or PGY 1 extern, the medical student is expected to have achieved, at a minimum, the following objectives through reading, observation, discussion and hands-on experience.

General Clinical Skills

1. Demonstrate clinical skills pertinent to each patient encounter.
 - a. Write a thorough H & P (Beckmann, et al.)
 - b. Demonstrate ability to conduct an adequate pelvic and breast examination of the patient (Beckmann, et al.)
 - c. Explain female stages of sexual development and risks associated with each age group (Chapter 38, Beckmann, et al.)
2. Female Embryology and Anatomy (Chapter 4, Beckmann et al.)

Obstetrics

3. Evaluation of the obstetrics patient.
 - a. Discuss the changes to the maternal-fetal physiology during pregnancy (Chapter 5, Beckmann, et al.)
 - b. Describe the elements of proper preconception and antepartum care. (Beckmann, et al.)
 - Diagnosis of Pregnancy
 - c. Demonstrate ability to conduct a physical exam on an obstetrics patient (Beckmann, et al.)
 - d. Describe the assessment of fetal well-being including:
 - Screening tests (Beckmann et al.)
 - Fetal growth and well-being (Beckmann et al.)
 - Fetal Maturity (Beckmann et al.)
 - e. Electronic Fetal Monitoring (Beckmann, et al.)
 - Normal labor patterns
 - Dysfunctional labor
 - Fetal status
 - Limitations of electronic fetal monitoring
4. Normal labor and delivery. (Chapter 8, Beckmann, et al.)
 - a. Describe the difference between true and false labor.
 - b. Stages and Cardinal Movements of labor.
 - c. Fetal presentation, position and station.
 - d. Pain management during delivery, including indications for local and regional anesthesia during labor and delivery.
 - e. Immediate postpartum care. (Chapter 11, Beckmann, et al.)
5. Preterm and Dysfunctional Labor
 - a. Preterm Labor (Chapter 15, Beckmann, et al.)
 - b. Dysfunctional Labor (Beckmann et al.)
6. Obstetrics Procedures
Operative delivery. (Beckmann, et al.)
 - a. Induction and stimulation of labor. (Beckmann, et al.)
 - b. Cesarean Section (Beckmann, et al.)
7. Describe the diagnosis and management of the following:
 - a. Multiple gestation (Chapter 13, Beckmann, et al.)
 - b. Breech (Beckmann, et al.)

- c. Face, brow and compound presentations (Beckmann, et al.)
- d. Shoulder Dystocia (Beckmann et al.)
- 8. Newborn Care (Chapter 10, Beckmann et al.)
 - a. State at least four items to be assessed in the preliminary examination of the newborn. (Beckmann, et al.)
 - b. Describe the elements of the Apgar scoring system. (Beckmann, et al.)
 - c. Describe the use and indications for an umbilical cord blood gas. (Beckmann et al.)
 - d. Demonstrate ability to advise the newborn's mother about breast feeding and techniques. (Beckmann, et al.)
- 9. Pregnancy Complications
 - a. Ectopic pregnancy (Beckmann, et al.)
 - b. Hypertensive disorders in pregnancy (Gestational hypertension, chronic hypertension, preeclampsia, eclampsia, HELLP) (Beckmann, et al.)
 - c. Cardiovascular disease (Beckmann, et al.)
 - d. Diabetes (gestational and insulin dependent) (Beckmann, et al.)
 - e. Urinary tract infections (Beckmann, et al.)
 - f. Isoimmunization (Beckmann, et al.)
 - g. Hematologic diseases (anemia, sickle cell, etc.) (Beckmann, et al.)
 - h. Pulmonary disorders (Beckmann, et al.)
 - i. Thyroid disorders (Beckmann, et al.)
 - j. Spontaneous abortion (Beckmann et al.)
- 10. Third Trimester Bleeding (Chapter 16, Beckmann, et al.)
 - a. Placenta previa
 - b. Placenta abruption (Beckmann, et al.)
- 11. Complications of pregnancy and delivery:
 - a. Premature rupture of membranes (Chapter 17, Beckmann, et al.)
 - b. Polyhydramnios, oligohydramnios (Beckmann, et al.)
 - c. [Umbilical cord prolapse](#)
 - d. Post-term pregnancy (Chapter 18, Beckmann, et al.)
- 12. Management of uncomplicated puerperium as well as the following complications of puerperium: (Chapter 11, Beckmann, et al.)
 - a. Postpartum Hemorrhage (Chapter 12, Beckmann, et al.)
 - b. [Fever](#)
 - c. [Endometritis](#)

Gynecology

- 13. Normal female reproductive cycle. (Chapter 37, Beckmann et al.)
- 14. Amenorrhea. (Beckmann et al.)

15. Premenstrual Dysphoric Disorder (PMS). (Chapter 43, Beckmann et al.)
16. Contraception and Sterilization (Chapter 26, Beckmann, et al.)
 - a. Rhythm method
 - b. Barriers
 - c. Oral contraceptives, implants and injectables
 - d. Intrauterine devices
 - e. Sterilization procedures (Chapter 27, Beckmann, et al.)
17. Infertility. (Chapter 42, Beckmann, et al.)
 - a. Define infertility.
 - b. List several major causes for human infertility.
 - c. Describe some common methods used to treating fertility.
18. Female Sexual Dysfunction (Beckmann, et al.)
19. Sexual Assault and Domestic Violence. (Chapter 36, Beckmann et al.)
20. Vulvo-vaginitis (Chapter 28, Beckmann et al.)
 - a. Bacterial vaginosis
 - b. Trichomonas
 - c. Vulvovaginal Candidiasis
 - d. Atrophic Vaginitis
21. Urinary tract infections (Beckmann, et al.)
22. Sexually Transmitted Diseases (Chapter 29, Beckmann et al.)
 - a. Chlamydia
 - b. Gonorrhea and Pelvic Inflammatory Disease
 - c. Genital Herpes
 - d. Human Papilloma Virus
 - e. Syphilis
 - f. HIV
23. Dysmenorrhea and Chronic Pelvic Pain. (Chapter 32, Beckmann et al.)
24. Breast disorders including Breast Cancer. (Chapter 33, Beckmann et al.)
25. Abnormal Uterine Bleeding.
 - a. Premenopausal (Beckmann et al.)
 - b. Postmenopausal (Beckmann et al.)
26. Endometriosis. (Chapter 31, Beckmann et al.)
27. Uterine Leiomyoma (Fibroids). (Chapter 48, Beckmann et al.)
 - a. Presenting symptoms of uterine leiomyoma.
 - b. Diagnosis and treatment for uterine leiomyoma.
28. Benign Vulvar Disorders. (Chapter 46, Beckmann, et al.)
 - a. Describe the symptoms, diagnoses and treatments for vulvodynia and other benign vulvar diseases
 - b. Evaluate and diagnose vulvar and vaginal neoplasms
29. Pelvic Support Defects and Urinary Incontinence. (Chapter 30, Beckmann et al.)
30. Cervical Neoplasia and Carcinoma (Chapter 47, Beckmann et al.)

- a. List the steps involved in conducting a Papanicolaou (pap) smear. (Beckmann et al.)
 - b. Bethesda classification of cytologic abnormalities. (Beckmann et al.)
 - c. Pathophysiology and treatment of Cervical Intraepithelial Neoplasia (Beckmann, et al.)
 - Understand when to utilize colposcopy.
 - d. Cervical cytology screening guidelines. (Beckmann et al.)
 - e. Cervical Carcinoma. (Beckmann et al.)
31. Endometrial Carcinoma and its precursors (Chapter 49, Beckmann, et al.)
- a. Pathogenesis and risk factors for Simple and Complex Endometrial Hyperplasia/Adenocarcinoma.
 - b. Evaluation of a patient with endometrial carcinoma.
 - c. Treatment of Endometrial Hyperplasia.
 - d. [List indications and methods for endometrial aspiration biopsy, dilation and curettage and hysteroscopy.](#)
32. Ovarian and Adnexal Disease (Chapter 50, Beckmann, et al.)
- a. List the physiologic and pathologic processes of the ovary of different age groups and approach to each group of patients.
 - b. Ovarian Cysts: functional; benign; and malignant.
 - c. [Adnexal Torsion](#)
 - d. Epithelial tumors of the ovary
 - e. Ovarian carcinoma risk factors
33. Gestational Trophoblastic Disease (Chapter 45, Beckmann et al.)
- a. Hydatidiform Mole (Beckmann et al.)
 - b. Malignant Gestational Trophoblastic Disease (Beckmann et al.)
34. Gynecologic Procedures. (Chapter 34, Beckmann, et al.)
- a. List various imaging techniques and benefits of each. (Beckmann et al.)
 - b. Hysterosalpingogram (Beckmann et al.)
 - c. Genital tract biopsy including vulva, vagina, cervical, endometrial (Beckmann et al.)
 - d. Colposcopy (Beckmann et al.)
 - e. Laser Vaporization (Beckmann et al.)
 - f. Hysteroscopy, Dilation and Curettage and Endometrial Ablation. (Beckmann et al.)
 - g. Induced Abortion including medical termination of pregnancy, Suction D&C, Suction D&E.
 - h. Cone Biopsy of the Cervix. (Beckmann et al.)
 - i. Laparoscopy. (Beckmann, et al.)
 - j. Hysterectomy (Beckman et al.)

A major goal of the OB/GYN rotation is to expose students to as many OB/GYN procedures as possible. Below is a recommended list of procedures to complete during your clerkship and a recommended list of procedures to observe.

Recommended Procedures to do:

- Admission H&P (Obstetrical and Gynecological)
- Progress Notes for inpatient and outpatient settings
- Breast exam and teach breast self-exam
- Pelvic Exam with cultures and PAP smear
- Wet mount preparation and interpretation
- Ob exam (fundal height, FHT's Leopold's)
- Follow Ob patient from admission to delivery
- Assess fetal monitor strip
- Cervical Exam in labor
- Scrub in to:
 - Laparoscopy
 - Abdominal Hysterectomy
 - Vaginal hysterectomy/repair
 - NSVD
 - C-Section
 - Bilateral Tubal Ligation

Recommended Procedures to do **or** observe:

- Colposcopy with or without cervical biopsy/ endometrial biopsy/cryotherapy/LEEP
- Sterile speculum exam
- Repair of episiotomy or laceration
- Vacuum or forceps delivery
- Place FECG, IUFC
- AROM
- OB ultrasound

Required Resources and Equipment

Textbooks:

- Beckmann et al., (2023). *Obstetrics and Gynecology, Ninth Ed.*, Lippincott Williams & Wilkins. (This text was written especially for clerkship students according to the APGO objectives)

Readings:

Required reading will be assigned during the clerkship.

You can find a short summary of various fetal positions at the following website:

<http://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/multimedia/fetal-positions/sls-20076615?s=1>

Numerous professional texts in Obstetrics and Gynecology can be found in the Burrell Library under Obstetrics and Gynecology Rotation including:

- Gabbe et al., *Obstetrics, Normal and Problem Pregnancies*, 9th Ed.
- Cunningham et al., *Williams Obstetrics*, 25th Ed.
- Hoffman et al., *Williams Gynecology*, 4th Ed.

Student Responsibilities Regarding Patient Supervision:

All medical activities involving medical students must be supervised by a licensed physician responsible for the care of the patient. The supervising physician has the responsibility for determining the level of supervision needed.

Equipment:

Students are required to bring their stethoscope to each rotation. Additional equipment will be recommended at the discretion of your site attending.

Academic Participation

Student responsibilities:

- **APGO UWISE:** Students will be provided with an APGO/uWISE student account for access to required "Practice Exam 1" or "Practice Exam 2". These are timed one-hour assessments, that can only be taken once. **Students must submit proof of completion, with grade received for one of these exams, via an assignment in Leo by 11:59 pm the last Wednesday of the rotation.** This platform also provides students access to recommended Case Modules. Instructions for accessing this platform can be found in a document on your OBGYN course page in Leo. The Practice Exam mirrors the shelf exam and helps with Step 2 preparation. There are also four (4) Comprehensive Exams that are a review of the available 55 objectives/modules. Completion of Practice Exam 1 or 2 is required for the OBGYN Clerkship.
 - Please note: You will be required to complete and PASS all 55 Objectives should you fail the OBGYN COMAT, to be eligible to sit for the retake COMAT.
- **Patient Encounter and Procedure Logs:** The Patient Encounter and Procedure Log for the Obstetrics and Gynecology Rotation is found in New Innovations Software System. On a daily basis, the student should enter data from their clinical shift into the log. All logged patient encounters should include the following basic information: the date patient was seen, the patient's age, and patient type if applicable. Students must submit their completed Patient Encounter and Procedure Log electronically through New Innovations. **This case log must be entered into the New Innovations**

no later than 11:59 pm on the last Wednesday of the rotation.

- Medical students complete their logs to assess the expected scope and variety of patients and/or conditions and to assess their exposure to specialty diagnoses and procedures.
- **Lecturio Quiz:** The medical student is required to take and pass, with a 70% or higher, the Lecturio Quiz associated with the rotation **by 11:59 pm the last Wednesday of the rotation.**
- **Mid-Rotation Evaluation by Preceptor:** The medical student is required to meet with their preceptor and have them complete a mid-point evaluation of their performance, for each rotation. This evaluation must be uploaded into Leo for Clerkship Directors to review **by 11:59 pm the second Sunday of the rotation.**
- **Clerkship Evaluations:** The students must complete clerkship evaluation(s) in New Innovations regarding their rotation experience. Student feedback received from the evaluations will assist the Office of Clinical Education in the overall assessment and improvement of clinical rotations and the implementation of faculty development programs. The evaluations must be completed **by 11:59 pm the last Wednesday of each rotation.**
- **History and Physical Exam Review:** A major portion of your time will be devoted to conducting patient histories and physical exams. This is a tremendous opportunity to learn how to interact, gather information, diagnose the disease, and treat patients.

Failure to complete any of the pre-requisites for COMAT eligibility, in a timely manner, will result in disqualification from Honors and may result in a finding of non-professional conduct and may lead to a Professionalism Corrective Action.

Assessment and Grading

Elements of Core Clerkship Grading

Each core clerkship will have three elements contributing to the final grade and each element must be individually passed to Pass the clerkship:

- Clinical Performance-Preceptor Evaluation(s)
- Professionalism
- Cognitive Performance-COMAT

Clinical Performance-Preceptor Evaluation(s) will be graded by the supervising preceptor. This assessment (see Student Assessment Forms in the Clerkship Manual) includes eight (8) questions designed to assess academic skills and core competency acquisition. Students are expected to achieve a score of 3, 4, or 5 for each domain. An average score of at least 2.85 on all observed skills and competencies must be obtained to pass this element.

Professionalism is a graded component in every clerkship evaluation. Students must receive a minimum score of three (3) on the preceptor's assessment of Professionalism (Question 5) to pass this element.

Cognitive (COMAT) Performance will be measured by the end-of-rotation COMAT exam. The NBOME provides a conversion table to obtain a percentile rank from the student's raw score. A minimum raw score of 85 is needed to pass this element.

Eligibility to sit for COMAT

The students must complete the following pre-requisites to be eligible to sit for COMAT:

- a) The students must pass, with at least 70%, the associated specialty Quiz in Lecturio. This test is timed. In case of failure the student will have a chance to retake the quiz. The student will not be penalized for failing the quiz for the first time. The passing grade for the quiz must be received **by 11:59 PM the last Wednesday of the rotation**. If a student fails the first attempt, one additional attempt will be granted before the deadline.
- b) Completion of all case modules is required to sit for COMAT. The deadline to complete the cases is **11:59 PM the last Wednesday of the rotation**.
- c) Students must submit their completed Patient Encounter and Procedure Log electronically through New Innovations **by 11:59 PM, the last Wednesday of the rotation**.
- d) Students must submit the completed mid-point evaluation into the learning management system by **11:59 PM the second Sunday of the rotation**. This assessment includes eight (8) questions from the Clinical Performance evaluation, designed to assess academic skills and core competency acquisition. The purpose of this evaluation is for the student to receive feedback from the preceptor at the mid-point of the rotation, so they may improve over the course of the second half of the rotation. The student is responsible for obtaining this evaluation from their preceptor at the end of week two of all clinical rotations, and it must be uploaded into the learning management system (LEO) for the Clerkship Directors to review. A sample form is located at the end of the Student Clerkship Manual.

- e) The students must complete clerkship evaluation(s) in New Innovations. Students are required to complete evaluations in New Innovations regarding their rotation experience. Student feedback received from the evaluations will assist the Office of Clinical Education in the overall assessment and improvement of clinical rotations and the implementation of faculty development programs. An annual summary of student comments will be reported **anonymously** to preceptors and training sites to assist them in making improvements to the rotations that they provide. **The evaluations must be completed by 11:590 PM on the last Wednesday of each rotation.**

Failure to complete any of the pre-requisites for COMAT eligibility in a timely manner will result in disqualification from Honors and may result in a finding of non-professional conduct and may lead to a Professionalism Corrective Action.

Failure of a Core Clerkship:

Failure of two or more elements of rotation grading (Evaluation, COMAT, Professionalism), including two failures of the same element, above will result in a failure of a clerkship and the student will be referred to Student Performance Committee (SPC) with recommendations from Clerkship Director.

Failure of the Professionalism element may result in a Professionalism Corrective Action, or Failure of a Clerkship, as determined by the Clerkship Director.

Students who fail a clerkship are ineligible for an Honors (H) designation in that specialty.

Corrective Action

Failure of one element of rotation grading generally does not constitute a failure of the entire clerkship. When a student does not meet expectations for a clerkship/course as defined in clerkship syllabi, the College may require a student to engage in corrective action to remedy the deficient academic grading requirements. The opportunity to engage in corrective action for the one element failed is at the discretion of the clerkship director of the specialty. This may occur at the end of a clerkship or in the middle of a clerkship/course.

If a student successfully completes the corrective action process, as determined by the Clerkship Director, the student will receive credit for the deficient academic grading requirement(s) and be eligible for a change in rotation grade [from I (Incomplete) to P]. If all assignments within the corrective action process are not completed successfully by the deadline the student will receive a failed grade (F) for the clerkship and will be referred to SPC for Failure of a Clerkship. Students who are provided a corrective action opportunity are ineligible for an Honors (H) designation in that specialty.

Attainment of Honors

Attainment of Honors (H) for each core rotation will be limited to the highest performing 10% of the class based on cumulative points earned for the rotation. Honors for all core rotations will be determined at the end of the academic year when all final assessments have been recorded. The Clerkship Directors will identify the top 10 % of students who will receive the honors designation.

All Year 3 requirements must be successfully completed to advance to Year 4. The need to repeat any failed clinical rotation(s) may result in a delay in graduation.

Course Communication

Students are expected to monitor their Burrell College of Osteopathic Medicine email and are responsible for all communications sent to their official email address. **Students are also expected to monitor E-mail, LEO, New Innovations, and other applicable platforms.**

Clerkship Director
Traci Groening-Wang, DO
tgroening@burrell.edu

Course Coordinator
Whitney Cano
wcano@burrell.edu
(575)674-2348

Sathish Ramalingam, DO	Albuquerque Regional Assistant Dean	sathish.ramalingam@bcomnm.org
Karen Vaillant, MD	Eastern NM Regional Assistant Dean	kvillant@burrell.edu
Traci Groening, DO	El Paso Regional Assistant Dean	tgroening@burrell.edu
Valory Wangler, MD	Four Corners Regional Assistant Dean	vwangler@bcomnm.org
William Baker, DO	Las Cruces Regional Assistant Dean	bbaker@burrell.edu
Amit Sharma, MD	Space Coast, FL RAC Regional Assistant Dean	amit.sharma@bcomnm.org
Jerald Moser, MD	Tucson Regional Assistant Dean	jmoser@burrell.edu

Policies and Procedures

Information regarding course grades, attendance (including excused absences), exam procedures, remediation, appeals, acceptable use of technology, honor code, professional attire, and related policies are stated in the current Student Handbook. Policies regarding non-discrimination, accommodations for disabilities, and Title IX are also referenced within the Student Handbook. All policies and procedures stated therein will apply during this course.

The [Student Handbook](#) may be accessed through the Burrell College of Osteopathic Medicine website.

For information regarding emergency or inclement weather, refer to the [Campus Safety and Security page](#) on the Burrell College of Osteopathic Medicine website.

For information regarding Clerkship Rotations, refer back to the [Student Clerkship Manual](#) on the Burrell College of Osteopathic Medicine Website.

Statement Regarding Reservation of Power

The curriculum, assignments, schedule, syllabus, and any information contained within the course can be altered or changed at any time. In the event of any alterations during the course, students will be informed officially through their Burrell College of Osteopathic Medicine email. It is the student's responsibility to obtain the changes or notices even if absent from class.

Appendix

A. Programmatic Level Educational Objectives

Graduates of the Burrell College of Osteopathic Medicine Doctor of Osteopathic Medicine degree program will be able to:

1. Integrate knowledge and skills acquired from the biomedical, clinical, social, and behavioral sciences to provide patient care in a supervised setting.
2. Demonstrate competence in the skills of osteopathic manipulative treatment and the application of osteopathic philosophy in patient care.
3. Demonstrate professionalism, characterized by honesty, integrity, ethical behavior, empathy, and responsibility.
4. Communicate effectively with patients, families, faculty, peers, and other members of the healthcare team.
5. Critically appraise, evaluate, and apply scientific evidence to inform patient care and research.
6. Demonstrate awareness of the roles and interactions of professionals within the healthcare system and identify resources to optimize patient care at the individual and community levels.
7. Identify the specific healthcare needs of diverse populations and the ways in which the medical community responds.

B. AOA Osteopathic Core Competencies

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice

Patient Encounter Log

Student Name: _____

Procedures/Treatment Requirements

Enter Patient Initials

Admission H&P (4)	_____	_____	_____	_____	_____
Progress Notes (4)	_____	_____	_____	_____	_____
Breast Exam (4)	_____	_____	_____	_____	_____
Pelvic Exam (4)	_____	_____	_____	_____	_____
Wet Mount (3)	_____	_____	_____	_____	_____
OB Exam (Fundal height, FHR) (4)	_____	_____	_____	_____	_____
Follow OB Patient thru L&D (4)	_____	_____	_____	_____	_____
Assess Fetal Monitor Strip (4)	_____	_____	_____	_____	_____
Cervical Exam in Labor (4)	_____	_____	_____	_____	_____
Scrub into:					
Laparoscopy (4)	_____	_____	_____	_____	_____
Abdominal Hysterectomy (2)	_____	_____	_____	_____	_____
Vaginal Hysterectomy (2)*	_____	_____	_____	_____	_____
Includes DaVinci Robotic Hysterectomy					
NSVD (4)	_____	_____	_____	_____	_____
C-Section (4)	_____	_____	_____	_____	_____
Bilateral Tubal Ligation (4)	_____	_____	_____	_____	_____
Perform or Observe:					
Colposcopy (2)	_____	_____	_____	_____	_____
Endometrial Biopsy (2)	_____	_____	_____	_____	_____
Repair episiotomy or laceration (4)	_____	_____	_____	_____	_____
Vacuum or Forceps Delivery (1)	_____	_____	_____	_____	_____
Place FECCG or IUPC (2)	_____	_____	_____	_____	_____
AROM (4)	_____	_____	_____	_____	_____
OB Ultrasound (2)	_____	_____	_____	_____	_____

All logs must be permanently entered into New Innovations no later than 11:59pm on the last Wednesday of the rotation.

Patient Procedure Encounter Worksheet

All logs must be permanently entered into New Innovations no later than 11:59pm on the last Wednesday of the rotation.

This worksheet is meant to serve as a guide so patient encounters can be entered into New Innovations.

Student Name: _____ Rotation: _____

Date	Patient Initials and Age	Diagnosis	Procedure	** P, O, or A

****Participation – Performed (P), Observed (O), or Assisted (A)**

All logs must be permanently entered into New Innovations no later than 11:59pm on the last Wednesday of the rotation.