

Michigan State University

Department of Obstetrics, Gynecology, and Reproductive Biology

---

# OB/GYN Clerkship Handbook

**2015-16**

*This handbook contains the policies and requirements for this clerkship and it is the student's responsibility to read and to know its contents.*

VERSION UPDATED: November 4, 2015

# Table of Contents

<b>Goals &amp; Objectives</b> .....	<b>3</b>
<b>CHM Educational Competencies</b> .....	<b>5</b>
<b>Learning Resources</b> .....	<b>6</b>
<b>Clerkship Expectations</b> .....	<b>8</b>
Clerkship Handbook Acknowledgement .....	9
Attendance Policy.....	9
Rounding/Call Policy .....	9
Student Responsibilities Regarding Supervision .....	11
Confidentiality Statement .....	11
Student Professionalism.....	11
Clerkship-Student Communication.....	12
Healthcare Financing Administration (HCFA)- Rules and Student Charting .....	12
PF-SIMS.....	12
<b>REQUIRED Activities, Assignments, and Examinations</b> .....	<b>13</b>
Performance Based Assessment.....	14
NBME Subject Examination .....	15
Oral Examination.....	17
Obstetric (OCW) and Gynecologic Case Write-Up (GCW).....	18
Patient Encounter Log.....	21
Desire 2 Learn (D2L) - Online Lectures and Quizzes .....	24
Required Clerkship Evaluations .....	24
<b>HIPAA and Patient Privacy</b> .....	<b>25</b>
<b>Clerkship Evaluations</b> .....	<b>27</b>
Mid-Clerkship Student Performance Feedback .....	28
Clinical Performance Evaluation (CPE) .....	28
Professional Behavior (Clinical & Non-Clinical) on FCE .....	28
Student Evaluations of Clerkship Experiences and Preceptors.....	29
<b>Final Grade</b> .....	<b>31</b>
PASS with HONORS.....	31
PASS .....	31
CONDITIONAL PASS .....	32
NO PASS .....	32
REMEDICATION .....	33
<b>Informal Grade Appeal</b> .....	<b>34</b>
<b>Additional Block III Policies</b> .....	<b>35</b>
Remediation of Clerkship Final Examinations.....	36
Inclement Weather and Attendance.....	36
Use of Electronic Devices in Block III.....	36
Accommodations on Block III Clerkships.....	36
Block III/CHM Work Hours Policy.....	36
Conflict of Interest in Clinical Placements .....	37
Block III Student Mistreatment Policy.....	37
Student Wellness Half Day.....	37
<b>Appendix</b> .....	<b>38</b>
Block III Absence Request for Required and Elective Clerkships .....	39
Performance Based Assessment.....	40
Oral Exam Topics.....	41
Ob/Gyn Electives.....	42
Block III Remediation Requirements and Plan for CP Grade Form .....	43
Handbook and Policies Acknowledgement Form .....	44

## Goals & Objectives

### GOALS:

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

### OBJECTIVES:

1. Develop competence in the medical interview and physical examination of women and incorporate ethical, social and diversity perspectives to provide culturally competent health care.
2. Apply recommended prevention strategies to women through the life-span.
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 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.
18. Understand the basic tenets and fundamental techniques utilized to evaluate, diagnose, and treat the female patient osteopathically.\*

### CLINICAL SKILLS:

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

#### ***Gynecology:\*\****

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

**Obstetrics:\*\***

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

\*Learning objective #18 is specifically related to students in osteopathic training.

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

The Department of Obstetrics, Gynecology and Reproductive Biology follow the APGO Medical Student Educational Objectives. Please refer to the APGO web site to review the APGO Medical Student Educational Objectives at [www.apgo.org](http://www.apgo.org). Your Community Clerkship Assistant will be able to provide you with a username and password for this website.

## CHM Educational Competencies S.C.R.I.P.T.

---

- **SERVICE/No ACGME-related competency**
  - Participates in the provision of beneficial services within the community
  - Demonstrates preparation and planning to provide services which respond to community need
  - Demonstrates reflection on their participation in service activities
  
- **CARE OF PATIENTS/Patient Care and Interpersonal and Communication Skills**
  - Demonstrates kindness and compassion to patients and their families
  - Collects complete and accurate patient data
  - Synthesizes patient and laboratory data to formulate reasonable assessments and plans
  - Demonstrates the incorporation of patient values into illness assessment and care plans
  - Communicates effectively in writing and orally
  - Effectively counsels and educates patients and their families
  
- **RATIONALITY/Practice-Based Learning and Improvement**
  - Identifies personal strengths and weaknesses and develops ongoing personal learning plans
  - Demonstrates receptiveness to faculty and peer/colleague feedback as a means of facilitating personal and professional improvement
  - Locates, appraises and assimilates evidence from scientific studies related to their patients' health problems
  
- **INTEGRATION/Systems-Based Practice**
  - Demonstrates awareness of cost and access issues in the formulation of patient care plans
  - Demonstrates respect for all members of the health care team
  - Demonstrates understanding of and contributes to a culture of safety
  - Demonstrates knowledge of differing types of medical practice and delivery systems and their implications for controlling health care allocation and cost
  - Demonstrates knowledge of how social and economic systems in which people live impact on health, delivery of health care, and well being.
  
- **PROFESSIONALISM/Professionalism**
  - Demonstrates receptiveness to feedback from faculty/peers/colleagues/team members
  - Contributes actively to group/team process
  - Demonstrates respect to patients, colleagues and team members
  - Fulfills responsibilities in courses and on clinical rotations
  - Takes responsibility for patient outcomes and is accountable to the team, the system of delivery, the patient, and the greater public.
  
- **TRANSFORMATION/Medical Knowledge**
  - Applies essential basic, social, clinical science and systems knowledge in the care of patients
  - Creates new knowledge through research
  - Participates in lifelong teaching and learning with peers, trainees, and patients

## **Learning Resources**

Required and recommended textbooks are listed on the textbook listing from the Dean's Office based on your areas of interest. **The faculty does not endorse the use of "Blueprints" or other similar outline-type texts as appropriate resources for final examination preparation or documentation on written assignments.**

### **Required:**

Beckmann, Charles RB, et al, Obstetrics and Gynecology, 7th edition Williams & Wilkins, 2014

### **Recommended:**

Scott, James R., et al, Danforth's Obstetrics & Gynecology, 10th edition, J.B. Lippincott, 2008.

<http://ezproxy.msu.edu:2047/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=n&CSC=Y&PAGE=booktext&D=books&SC=01337156>

---

In addition to specialized journals, the following contain excellent OB/GYN resources for selected topics.

### **General:**

Hacker, N. Gambone, J, and Hobel, CJ, Essentials of Obstetrics and Gynecology, 5th edition, W.B. Saunders 2010. <http://ezproxy.msu.edu:2047/login?url=http://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-B9781416059400X00471>

.....  
DeCherney, Alan H., Current Obstetrics & Gynecologic Diagnosis and Treatment, 11th edition, McGraw Hill, 2013. <http://ezproxy.msu.edu:2047/login?url=http://accessmedicine.mhmedical.com/book.aspx?bookid=498>

### **Gynecology:**

Katz V. Lentz G, Lobo RA, and Gershenson D, Comprehensive Gynecology, 6th edition, C.V. Mosby, 2012. <http://ezproxy.msu.edu:2047/login?url=http://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C2009048752X>

Novak, Emil, Berek, Jonathan S, Berek & Novak's Gynecology, 16th edition, Williams & Wilkins, 2012. <http://ezproxy.msu.edu:2047/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=n&CSC=Y&PAGE=booktext&D=books&SC=01634959>

### **Obstetrics:**

Cunningham, FG, Williams, JW, et al, Williams Obstetrics, 23rd edition, McGraw-Hill Book Company, 2010. <http://ezproxy.msu.edu:2047/login?url=http://accessmedicine.mhmedical.com/book.aspx?bookid=350>

.....  
Gabbe, SG, Niebyl, JR, and Simpson, JL, Obstetrics: Normal & Problem Pregnancies, 6th edition, Churchill Livingstone, 2012. <http://ezproxy.msu.edu:2047/login?url=http://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C2009044892X>

### **Vulvar Disease:**

Wilkinson & Stone, Atlas of Vulvar Disease, 3rd edition Williams & Wilkins, 2012. [http://ezproxy.msu.edu:2047/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=n&CSC=Y&PAGE=booktext&D=books&AN=01745940&XPATH=/PG\(o\)](http://ezproxy.msu.edu:2047/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=n&CSC=Y&PAGE=booktext&D=books&AN=01745940&XPATH=/PG(o))

### **Endocrinology:**

Speroff, Leon, Fritz, MA, et al., Clinical Gynecological Endocrinology & Infertility, 8th edition Williams & Wilkins, 2011 [http://ezproxy.msu.edu:2047/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=n&CSC=Y&PAGE=booktext&D=books&AN=01437507&XPATH=/PG\(o\)](http://ezproxy.msu.edu:2047/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=n&CSC=Y&PAGE=booktext&D=books&AN=01437507&XPATH=/PG(o))

**Infections:**

Sweet, Richard L and Gibbs, Ronald S, Atlas of Infectious Diseases of the Female Genital Tract. Williams & Wilkins, 2005.

[http://ezproxy.msu.edu:2047/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=n&CSC=Y&PAGE=booktext&D=books&AN=01382435&XPATH=/PG\(0\)](http://ezproxy.msu.edu:2047/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=n&CSC=Y&PAGE=booktext&D=books&AN=01382435&XPATH=/PG(0))

**Oncology:**

DiSaia, Philip J and Creasman, Williams T, Clinical Gynecologic Oncology, 8th edition, Mosby Year Book, 2012.

<http://ezproxy.msu.edu:2047/login?url=http://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C20090438030>

**Pathology:**

Kurman, Robert J, Blaustein's Pathology of the Female Genital Tract, 6th edition, Springer-Verlag, 2011.

<http://ezproxy.msu.edu:2047/login?url=http://link.springer.com/openurl?genre=book&isbn=978-1-4419-0488-1>

.....  
Rosai, Juan, Ackerman, LV, Rosai and Ackerman's Surgical Pathology, 10th edition, Vol. 1, Mosby, 2011.

<http://ezproxy.msu.edu:2047/login?url=http://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C20090365277>

**Uro-Gynecology:**

Walters, MD, Karram, MM, Urogynecology and Reconstructive Pelvic Surgery, 3rd edition, Mosby, 2007.

<http://ezproxy.msu.edu:2047/login?url=http://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C20090527262>

**Maternal-Fetal Medicine:**

Creasy, RK, Resnick, R and Bralow, L, Iams, JD (eds), Maternal-Fetal Medicine 7th edition, Saunders/Elsevier, 2014

**Sexuality:**

Barbach, Lonnie, For Yourself: The Fulfillment of Female Sexuality, revised edition New American Library, 2000.

Leiblum, Sandra, Principles & Practice of Sex Therapy, 4th edition, Guilford Publication, 2007.

<http://ezproxy.msu.edu:2047/login?url=http://site.ebrary.com/lib/michstate/docDetail.action?docID=10254829>

**Ultrasound:**

Fleischer, Arthur C, Toy, E., Lee, W., Manning, W., Romero, R. Sonography in Obstetrics & Gynecology, 7th edition, McGraw-Hill, 2011.

# **Clerkship Expectations**



## **Clerkship Handbook Acknowledgement**

It is also the student responsibility to familiarize him/her with all the requirements of the clinical rotation, including exam and evaluation policies. After review of this handbook, should the student have any questions, it is up to the student to seek clarification before continuing in the clerkship. Lack of awareness or understanding of the requirements will not serve as an excuse for less-than-acceptable performance in any component of the clerkship. **It is the student's responsibility to read the handbook, complete and sign the Acknowledgement Form and return the form to the Community Clerkship Assistant by 5:00 PM on Friday of the first week of the clerkship.**

## **Attendance Policy**

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

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

Students are expected to participate each day (Monday through Friday, plus any weekend days/nights the students are assigned on-call duties) of the clerkship's eight week rotation. Students must be available until 5:00 pm on Friday of the 8th week. Inability to be present at any clerkship function and/or absence during the clerkship must be reported to the Community Clerkship Director's office. It is expected that any time missed during the clerkship will be made up time for time, but if not possible, will be handled at the discretion of the Community Clerkship Director. In compliance with Block III guidelines, students will only be excused to attend conferences if they are presenting and notify the Clerkship Director and Community Clerkship Assistant at least 30 days prior to the absence. Absences of more than five days will result in the student repeating the clerkship. Students will be issued ET grades until absences are resolved.

## **Rounding/Call Policy**

To maximize students' clinical experiences each student is required to participate in after hours clinical duties. This can be accomplished through either a traditional "on-call" experience or by a "night-float" system. This experience is determined by the clerkship director at each clinical campus. While on-call, students are expected to work as part of the obstetrical team. They may also be asked to participate in gynecologic cases or obstetric workups, as well as emergency room visits. Students should check with their Clerkship Director or Community Clerkship Assistant regarding the specific expectations during the call assignment. You may be excused to study, participate in other clinical activities or rest, but you must communicate with your supervisor/hospital coordinator.

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

### ***Traditional On-Call System***

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

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

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

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

**The schedule for ON-CALL is as follows:**

**Monday through Thursday** – call starts at 5:00 pm and ends at 10:00 pm.

**Friday** – call starts at 5:00 pm and ends Saturday morning after morning report.

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

**Sunday** – call starts at morning report and ends at 10:00 pm.

***Night Float System***

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

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

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

**The schedule for NIGHT FLOAT is as follows:**

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

**Friday** – call starts at afternoon/evening turnover. Ends Saturday a.m., after morning report.

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

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

## **Student Responsibilities Regarding Supervision**

All medical procedures performed by medical students must be supervised by a licensed physician responsible for the care of the patient. Before starting any procedure the medical student must be told to do the procedure on the patient by a physician responsible for the care of this patient. The supervising physician and the student share the responsibility for determining the level of supervision needed: either direct supervision (i.e., an appropriate supervisor is present while the procedure is being performed) or indirect supervision (i.e., an appropriate supervisor can be called into the room within a time span appropriate for that procedure).

It is understood that a complete list of procedures that a medical student may perform is neither possible nor desirable to establish, but these general guidelines should be followed:

- a) Appropriate informed consent must be obtained and documented. No procedure should be attempted by the medical student unless s/he is given permission to do so by a physician responsible for the patient.
- b) If a student does not feel capable, then s/he must not undertake performance of the procedure without further instruction and direct supervision.
- c) If the student is not known by the patient, the student should properly identify her/himself to the patient.
- d) If the medical student is not successful in the performance of a procedure within a reasonable amount of time or without undue discomfort to the patient, the medical student must withdraw and notify the supervising physician.
- e) It is the responsibility of the medical student to cease and desist from the performance of any procedure at the direction of any nurse responsible for that patient, if that nurse has reasonable cause to ask the student to cease and desist. The supervising physician should be notified promptly of any such action.
- f) The student has the responsibility to record on the chart that a procedure was undertaken, the reason for the procedure, the outcome of the procedure, the patient's condition at the conclusion, and plan for post-procedure interval.

## **Confidentiality Statement**

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

## **Student Professionalism**

The student should be thoughtful and professional when interacting with patients, their families, clinical staff and faculty. Inappropriate behavior includes the use of offensive language, gestures, or remarks with sexual overtones or not reflecting cultural respect. Students should maintain a neat and clean appearance, and dress in attire that is generally accepted as professional by the patient population served and meets the dress requirements of the facility where the student is scheduled for clinical activity. Students may be sent home to dress appropriately should the situation warrant. Under pressure of fatigue, professional stress, or personal problems, students should strive to maintain composure. The student should seek supportive services when appropriate, either through the course faculty, or when necessary, through other resources provided by CHM and/or the Office for Student Affairs.

## Clerkship-Student Communication

**All students must be available during their scheduled clerkship time by pager.** Students will only be contacted by email (to their msu.edu email address ONLY) for non-emergent information.

## Healthcare Financing Administration (HCFA)- Rules and Student Charting

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

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

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

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

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

## PF-SIMS

PF-SIMS are designed and intended to give clerkship students the opportunity to practice skills in a simulated environment where standardized patients, family members and health care members will portray challenging practice scenarios and provide immediate feedback to students. Simulators will also be used in stations where procedures or patient mannequins best address the skills involved. **This exam is not graded, it only provides formative feedback.** Students will be assigned to participate in the PFSIMS at one of the following facilities:

- The Learning and Assessment Center (LAC) in East Lansing
- The Simulation Center in Grand Rapids
- The Simulation Center in Marquette
- The Simulation Lab in Traverse City

You can access additional information at: [humanmedicine.msu.edu/cwa/pfsims/index.php](http://humanmedicine.msu.edu/cwa/pfsims/index.php).

# **REQUIRED Activities, Assignments, and Examinations**

## PERFORMANCE BASED ASSESSMENT

---

**DUE DATE:** Monday of the 8<sup>th</sup> week of the clerkship

### **GRADING**

- **Pass:** Complete and submit a satisfactory PBA form by Monday of the 8<sup>th</sup> week of the clerkship.
- **CP:** Fail to complete and/or submit a satisfactory PBA form by the deadline.

**All students will be assessed on their pelvic examination skills while enrolled in OGR 608. A Pelvic Examination Performance Based Assessment Form (PBA) will be used to determine if a student has demonstrated satisfactory appropriate pelvic examination skills. The [PBA checklist form](#) can be found in the appendix of this handbook.**

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

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

By the end of the clerkship, if the student has not completed and submitted a satisfactory PBA form, the student will receive a CP grade for the PBA component on the Final Clerkship Evaluation.

## NBME\*\* SUBJECT EXAMINATION

---

**ADMINISTRATION DATE:** Friday afternoon of the 8<sup>th</sup> week of the clerkship. See the *Community Clerkship Assistant* for specific time and location information.

**IMPORTANT NOTE for Fall II 2015 Clerkship ONLY:** Final subject exam will be given on Thursday, December 17, 2015.

### GRADING

- **Honors:**  $\geq 83$
- **Pass:** 65-82
- **Conditional Pass:**  $\leq 64$

### REMEDIATION:

- **CP/P:** Repeat the NBME exam and receive a passing score ( $\geq 65$ ).
- **CP/N:** Receive a score  $< 65$  on 2<sup>nd</sup> attempt.

**The NBME subject examination in OB/GYN will be given at the conclusion of the clerkship.\*\* Students will be given 2 hours and 30 minutes to complete the examination.**

A student who receives a No Pass grade on the subject examination, but passes all other aspects of the clerkship, will receive a Conditional Pass (CP) grade for the clerkship and is required to repeat the subject examination. The NBME subject examination in OB/GYN will be administered as the remediation exam. Students must achieve a score equal or greater than 65 in order to receive a pass grade on the repeat subject examination.

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

The Department of Obstetrics, Gynecology, and Reproductive Biology will pay for the retaking of the subject exam. The retake must be scheduled a minimum of 2 weeks ahead of time, in writing. To allow CHM community campus and department staff to effectively schedule rooms and proctors, NBME remediation exams must be scheduled a minimum of two weeks prior to the exam date at a time convenient for the community, department and student. Once an NBME remediation exam is scheduled, a minimum notice of two weeks is required to cancel and reschedule an examination. If an exam must be cancelled with less than two weeks' notice because of the student's urgent illness or urgent illness or death in the family, a doctor's note or other appropriate documentation will be required. Only one NBME remediation exam cancellation is allowed. A second NBME remediation exam cancellation will be considered a missed exam and will result in a failing grade on the exam (CP/N for the clerkship).

A student who does not pass the subject exam and also fails the oral exam and/or receives a CP on the clinical performance portion of the clerkship, will receive a No Pass grade (N) for the clerkship.

**IMPORTANT NOTE for Fall II 2015 Clerkship ONLY:** Final subject exam will be given on Thursday, December 17, 2015 and students are expected to be available until 5pm that day. Any make-up of missed activities could be scheduled on Friday, December 18, 2015.

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

**\*\*Beginning in August of 2015, the National Board of Medical Examiners (NBME) will report results of the clinical subject (shelf) examinations using a scaled score, which is more representative of the percent of items answered correctly than was the former scoring method. Because the scaling of the examination score is new to everyone using the exam, we will need to calculate the actual passing and honors criteria using a conversion scale from the old scoring method. This conversion table will be provided by the NBME. We will publish the conversion scale for this clerkship when it becomes available, and revise our cut-off levels for Honors and Pass accordingly.\*\***



## ORAL EXAMINATION

**ADMINISTRATION DATE:** Wednesday or Thursday of the 8<sup>th</sup> week of the clerkship. See the Community Clerkship Assistant for specific time and location information.

**IMPORTANT NOTE for Fall II 2015 Clerkship ONLY:** Oral exam will be given earlier in week 8 due to the change in administration date for the NBME subject exam.

### **GRADING:**

- **Pass:** Mean composite score of  $\geq 3.5$
- **No Pass:** Mean composite score  $\leq 3.4$
- **Unprofessionalism Mark:** Arriving late for the exam

### **REMEDIATION:**

- **CP/P:** Repeat and pass the oral examination (minimum composite score of 3.5)
- **CP/N:** Repeat entire clerkship.

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

Students will receive a grade of Pass or No Pass based upon the evaluation of their oral examination performance by the faculty examiners. Results of the examination will be provided to the student at the conclusion of the exam in a sealed envelope to be opened at the student's discretion. **Students must be on-time for the Oral Exam, otherwise the student may receive an unprofessionalism mark for unprofessional behavior related to tardiness.**

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

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

A student who does not pass the oral exam and also fails to pass the subject examination and/or receives a CP on the clinical performance portion of the clerkship will receive a No Pass grade (N) for the clerkship.

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

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

---

**DUE DATE:** Completed and submitted by Friday of the 7<sup>th</sup> week of the clerkship.

### **GRADING:**

- **Pass:** Satisfactorily complete and submit TWO write-ups by deadline.
- **CP:** Fail to submit ACCEPTABLE write-ups by deadline.

**Students must satisfactorily complete 1 obstetric case write-up and 1 gynecologic case write-up as part of the requirement to pass the clinical portion of the clerkship.**

OCW's are to be completed on a patient with specific obstetrical complications with whom the student interacted during the clerkship. Expected components of the OCW's include: present illness, antenatal testing, past obstetric history, medical history, social history, family history, review of systems, physical examination, impression, plan, labor and delivery data, and infant data.

GCW's are to be completed on a patient with whom the student interacted during the clerkship. GCW's will include, but may not be limited to, a complete problem list with an assessment and plan for each problem presented. Each OCW and GCW must include a complete, yet succinct, academic discussion including discussion of the psychosocial and/or ethical considerations of the case. Photocopies of pathology reports, the operative report, references, and other pertinent information should be attached to the write-ups. If such copies are not available, then a succinct summary statement on each should be written by the student and appended to the write-ups.

Consistent with MSU's efforts to enhance student learning, foster honesty, and maintain integrity in our academic processes, clerkship directors/residents will be using a tool called Turnitin to compare a student's write-up with multiple sources. The tool compares each student's write-up with an extensive database of prior publications and papers, providing links to possible matches and a "similarity score." The tool does not determine whether plagiarism has occurred or not. Instead, the clerkship director/resident must make a complete assessment and judge the originality of the student's write-up. All write-up submission will be checked using this tool. Write-ups should be submitted to the write-up dropbox without identifying information included in the paper (e.g., name or student number).

Write-ups should be submitted to the Clerkship Director's office periodically through the community's write-up dropbox in D2L, during the clerkship (see section on "Time Requirements" below).

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

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

**Time Extension** - In the event that extenuating circumstances preclude a student from submitting write-ups according to the community's submission schedule, the Clerkship Director may extend the deadline. However, the student must request the extension from the Director prior to the write-ups' due date and must provide adequate rationale for the extension. For the record, the Director must document in writing the extenuating circumstances that precipitated the extension and must document the agreed upon extension deadline. A student cannot petition for another extension but must adhere to the agreed upon

deadline or he/she will receive a CP grade on the clinical portion of the clerkship. The extension period will not exceed 2 weeks from the end of the clerkship.

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

### **Guidelines for OCW and GCW Write-ups:**

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

#### ***Data Base Information:***

1. Information to be included in the OCW should be readily available from the maternal medical records including prenatal care record, hospital medical records and the infant medical record. Information to be included in the GCW should be elicited from the history and physical. Any identifying patient information should not appear in the write-up. Not protecting the privacy of a patient in written work may result in an incomplete grade of the assignment.
2. Data base information should be complete and accurate. Falsification of data is a form of academic dishonesty, is unacceptable professional behavior, and will not be tolerated. Instances of unprofessional behavior will be reported to the Community Assistant Dean and to the Associate Dean for Academic programs and may result in a college-level hearing and a variety of sanctions, including dismissal from the College.

#### ***The Academic Discussion:***

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

- Articles from medical literature
- Other sources of information such as focal problem sessions, personal communication, etc.

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

## PATIENT ENCOUNTER LOG

---

**DUE DATE:** By 5:00 PM on Tuesday of the 8<sup>th</sup> week of the clerkship.

### **GRADING:**

- **Pass:** Log all of the required procedures and diagnoses by the deadline.
- **CP:** Fail to log ALL of the required procedures and diagnoses by the deadline.
- **Unprofessionalism Mark:** Procedures and diagnoses not logged within 7 days of encounter and/or not logging 100% of the required encounters by the deadline.

**Students are responsible for documenting every pertinent patient encounter by providing the information requested in the online patient encounter log system by the end of every day, but no later than 7 days after the experience.** The Department has the right to not accept any procedures/diagnoses logged ***after*** 7 days. Clerkship Directors and Community Clerkship Assistants will review the Patient Encounter Logs periodically throughout the clerkship. Patient encounters must be verified by the appropriate supervising physicians, which is done through the online patient encounter log system, once a patient encounter has been saved.

Patient Encounter Log information will be used to determine if the student has participated in the required number of obstetric and gynecologic procedures, all of which are necessary to meet the clinical requirements of the clerkship. Patient Encounter Log information may also be used to describe a student's level of participation in the clerkship within the Final Clerkship Evaluations.

Any encounters that occurred through Monday of the 8th week must be logged by 5:00 pm on Tuesday of the 8th week of the clerkship. Students are encouraged to periodically make hard copies of the log book, in the event it is lost.

**IMPORTANT: Failure to complete the Patient Encounter Log in an acceptable manner (as detailed above) will result in an unprofessionalism mark. It will also be noted at the Mid-clerkship Evaluation meeting with the Clerkship Director.**

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

## Ob/Gyn Clerkship - Required Procedures & Diagnoses

<b>Procedure Roles</b> = Observed (Obs), Assisted (A), or Perform w/ Supervision (PwS)				
<b>Setting</b> = Inpatient (I) or Outpatient (O)				
<b>Patient Type</b> = Real (R) or Simulated (S)				
<b>Procedure Name</b>	<b>Minimum Requirement</b>	<b>Procedure Role</b>	<b>Setting</b>	<b>Patient Type</b>
Breast Exam	1	PwS	O	R
Cesarean Deliveries	3	Obs	I	R
Colposcope (visualization of abnormal cervix)	1	Obs	O	R or S
Complete Prenatal H&P	1	PwS	I	R
Initial Prenatal Exam	1	Obs	O	R
Major Gynecologic Surgical Cases	6	Obs	I	R
Minor Gynecologic Surgical Cases	8	Obs	O, I	R
Other Procedures	NMR*			
Pelvic Exam	1	PwS	O, I	R
Vaginal Deliveries	6	A	I	R
Wet Prep	1	A	O, I	R

**\*NMR = No Minimum Requirement**

**NOTE: Student may perform procedures/diagnoses above role level indicated under the discretion of their supervising physician.**

<b>Diagnoses Roles = Actively Involved (AI), Observed/Discussed (OD), or Partially Involved (PI)</b>				
<b>Setting = Inpatient (I) or Outpatient (O)</b>				
<b>Patient Type = Real (R) or Simulated (S)</b>				
<b>Diagnosis Name</b>	<b>Minimum Requirement</b>	<b>Diagnosis Role</b>	<b>Setting</b>	<b>Patient Type</b>
Abnormal Pap Smear	1	OD	I, O	R or S
Abnormal Presentation	1	OD	I, O	R or S
Abnormal Uterine Bleeding	1	OD	I, O	R or S
Amenorrhea	1	OD	I, O	R or S
Anemia in Pregnancy	1	OD	I, O	R or S
Annual Check-up	1	AI	I, O	R
Breast Complaint	1	AI	I, O	R
Contraception	1	AI	I, O	R
Diabetes in Pregnancy	1	OD	I, O	R or S
Endometriosis	1	OD	I, O	R or S
Failure to Progress in Labor	1	AI	I, O	R
First Trimester Bleeding	1	OD	I, O	R or S
Incontinence and Pelvic Relaxation	1	OD	I, O	R or S
Infertility	1	OD	I, O	R or S
Intrauterine Growth Retardation	1	OD	I, O	R or S
Menopausal Management	1	OD	I, O	R or S
Multiple Pregnancy	1	OD	I, O	R or S
Other	1	OD		R or S
Ovarian/Pelvic Mass	1	OD	I, O	R or S
Pelvic Inflammatory Disease	1	OD	I, O	R or S
Pelvic Pain	1	OD	I, O	R or S
Polycystic Ovarian Syndrome (PCOS)	1	OD	I, O	R or S
Postdate Pregnancy	1	OD	I, O	R or S
Postmenopausal Bleeding	1	OD	I, O	R or S
Postpartum Hemorrhage	1	OD	I, O	R or S
Pre-Eclampsia and Eclampsia	1	OD	I, O	R or S
Preconception Counseling	1	OD	I, O	R or S
Premature Labor	1	OD	I, O	R or S
Premature Rupture of Membranes	1	OD	I, O	R or S
Prenatal Evaluation and Care	1	OD	I, O	R or S
Sexually Transmitted Disease	1	OD	I, O	R or S
Third Trimester Bleeding	1	OD	I, O	R or S
Urinary Tract Infection/Renal Disease in Pregnancy	1	OD	I, O	R or S
Vulvar Disease	1	OD	I, O	R or S
Vulvovaginitis	1	OD	I, O	R or S

**NOTE: Student may perform procedures/diagnoses above role level indicated under the discretion of their supervising physician.**

## DESIRE 2 LEARN (D2L) - ONLINE LECTURES AND QUIZZES

---

**DUE DATE:** By 5:00 PM on Monday of the 4<sup>th</sup> week of the clerkship.

**GRADING:**

- **Pass:** View ALL 22 online lectures and complete all of the corresponding quizzes with a minimum score of 70%.
  
- **Unprofessionalism Mark:** Students who do not complete by the deadline will receive an unprofessionalism mark.

Students will need to review all 22 core lectures and complete all 22 quizzes on D2L. Once all lectures have been reviewed and quizzes have been completed, students must also complete the “Focal Core Lecture Evaluation”. **Go to:** <https://d2l.msu.edu/>

## REQUIRED CLERKSHIP EVALUATIONS

---

**DUE DATE:** By 11:59 PM on Monday the week following the last day of the clerkship.

**GRADING:**

- **Pass:** Complete ALL of the assigned evaluations by the deadline.
- **Unprofessionalism Mark:** Students who do not complete by the deadline will receive an unprofessionalism mark.

Students must complete the Clinical Educator evaluations for all preceptors they worked with as well as the required End of Clerkship evaluations (clerkship & course). If you receive an evaluation for a clinical educator with whom you did not work with, please “SUSPEND” the evaluation, in addition to notifying the Community Clerkship Assistant.



# **HIPAA and Patient Privacy**

## HIPAA and Patient Privacy

Students in clinical settings must be thoroughly familiar with appropriate use of patient information and, in particular, Protected Health Information (PHI). The Health Information Portability and Accountability Act and its regulations (HIPAA) requires that health care workers protect the privacy of PHI, which includes protecting this information in electronic, written, and verbal formats. Not only is it a breach of professionalism to divulge PHI inappropriately, it may also be a violation of federal law, and, as such, an individual or health care system may incur fines and penalties for privacy violations. Health care workers may be suspended or terminated from their jobs, and students may be suspended from clinical duties and/or incur a penalty grade or disciplinary complaint, based on improper handling of PHI.

Students may need to copy, produce, send and/or store patient information for research or clerkship requirements. One way to protect this patient information is to completely de-identify it, in accordance with HIPAA's requirements. De-identification requires elimination of **all** of the following patient identifiers in any student notes, lists, or write-ups:

- Patient names *and* initials
- All geographic subdivisions smaller than a state
- Any dates related to admission date, discharge date, patient's birth date, death date, or ages of patients older than 89
- Telephone numbers, fax numbers, e-mail addresses, medical record numbers, Social Security Numbers, and any other unique numeric identifier
- Unique identifiers such as unusual physical markings, tattoos, etc.
- Exceptional information or enough details about an individual that might allow easy identification (e.g. Governor of the State of Michigan, CEO of Steelcase, etc.)
- Photographs of patients

Please note that including patient initials is allowed in patient encounter logbooks, because so little other identifying information is included.

Situations where students commonly encounter risks for inappropriate use or disclosure (sharing) of PHI include:

- Submitting patient histories and physicals and progress notes via non-secure e-mail (e.g. Gmail)
- Including patient identifiers in submitted work for grading
- Printing patient rounding lists for use in the hospital and carrying them home or leaving them in the car or other public places (e.g., the cafeteria or library)
- Posting material on social media (Facebook, Twitter, Instagram) that relates to patient encounters
- Using an unencrypted device to text others about patients
- Discussing patients and/or their health conditions in public places such as the cafeteria, elevator, hallway or with other colleagues in settings where the discussion may be overheard by passersby, or at social gatherings.
- Looking at medical information of an individual who is not directly under the student's care or a subject in an IRB-approved research project (including the student's own information and information pertaining to family members, friends, neighbors, etc.)

You must become aware of the specific policies regarding patient privacy, HIPAA and PHI at the health systems and offices where you are assigned in your communities. For example, in some communities, individuals may not access their own medical records through the electronic health record system. Your Community Assistant Dean and Community Administrator can direct you to the appropriate individuals in your community if you have questions about these policies, or if you have questions about use and de-identification of PHI.

# Clerkship Evaluations

## Mid-Clerkship Student Performance Feedback

Block III uses a standardized Mid-Clerkship Evaluation in all required clerkships to give students formative feedback on their performance at approximately mid-point in the clerkship. The Mid-Clerkship Evaluation is submitted by the clerkship director and addresses the student's progress on meeting patient logging requirements, professional behavior, overall performance, and any areas of student concern. Students should receive a mid-clerkship evaluation no later than week 5 for 8-week clerkships and week 3 for 4-week clerkships.

## Clinical Performance Evaluation (CPE)

A standardized Clinical Performance Evaluation (CPE) is used in all Block III required clerkships. The CPE assesses students on the relevant CHM SCRIPT educational competencies:

- Care of Patients (ACGME Patient Care & Communication Skills)
- Rationality (ACGME Practice-Based Learning & Improvement)
- Integration (ACGME Systems-Based Practice)
- Professionalism
- Transformation (ACGME Medical Knowledge)

The CPE is distributed electronically to attending and resident preceptors to whom the student was assigned during the clerkship. In some cases, students may be asked to supply additional names of preceptors with whom they worked during the clerkship. Additionally, if a student worked for a substantial amount of time with a preceptor who was not scheduled to complete a CPE, the student may request that the preceptor be added as a CPE evaluator for the clerkship. It is expected that additional requested preceptors will appear as preceptors in the student's patient log for the clerkship.

Results of the individual CPEs are compiled into a CPE Summary Report which calculates the student's CPE grade and becomes part of the student's Final Clerkship Evaluation. Evaluators have two weeks after the end of the clerkship to complete CPEs.

All clinical departments use the same criteria for determining the grade on the CPE portion of the clerkship evaluation:

- **Honors-Eligible:** 100% in the "Met Expectations" and "Exceeded Expectations" categories, with no unprofessional behavior notations. Students attaining this CPE grade are eligible for Honors in the clerkship, if other requirements are met.
- **Pass:** 80% or greater in the "Met Expectations" and "Exceeded Expectations" categories, with no more than 2 unprofessional behavior notations from all evaluators combined.
- **Conditional Pass:** Greater than 20% but no more than 40% in the "Below Expectations" category OR 3-4 unprofessional behavior notations from all evaluators combined. A CP grade on the CPE will require that the student repeat four weeks of an eight-week clerkship and two weeks of a four-week clerkship.
- **No Pass:** Any one of the following three conditions will result in a No Pass grade in the clerkship:
  1. Greater than 20% but no more than 40% in the "Below Expectations" category AND 3-4 unprofessional behavior notations from all evaluators combined.
  2. Greater than 40% in "Below Expectations"
  3. 5 or more unprofessional behavior notations from all evaluators combined.

A No Pass grade on the CPE will result in a No Pass (N) grade in the clerkship and require that the student retake the entire clerkship.

## Professional Behavior (Clinical & Non-Clinical) on FCE

A standardized Professional Behavior evaluation is part of every CHM Final Clerkship Evaluation (FCE). To pass this component, a student must demonstrate consistent professional behavior in clinical settings,

as evaluated on the Clinical Performance Evaluation (CPE), as well as in non-clinical settings and interactions. In addition to any professionalism notations on the CPE, students will receive one unprofessional behavior notation on the FCE for each instance of unexcused absence, late submission of assignments, lack of civility towards clerkship staff or others, and any other unprofessional behaviors not recorded on the CPE.

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

- **Pass:** No more than 2 unprofessional behavior notations for all clerkship components combined.
- **Conditional Pass:** 3-4 unprofessional behavior notations for all clerkship components combined. Please note that students who receive a Conditional Pass for professionalism on the CPE and a Conditional Pass for professional behavior on the FCE will receive **one** Conditional Pass grade for professional behavior in the clerkship, although both CPs will be noted on the FCE. A CP grade for professional behavior in the clerkship will require that the student repeat four weeks of an eight-week clerkship and two weeks of a four-week clerkship.
- **No Pass:** 5 or more unprofessional behavior notations for all clerkship components combined.

A No Pass grade for Professional Behavior will result in a No Pass (N) grade in the clerkship and require that the student retake the entire clerkship.

### **Student Evaluations of Clerkship Experiences and Preceptors**

Student evaluation of required clerkship experiences, preceptors and instructors is an integral part of CHM clinical program quality improvement. For required clerkships, students are required to complete the standardized CHM End of Clerkship Evaluation and any additional departmental evaluations, all of which are distributed via the electronic evaluation system. Students are also requested but not required to complete a Faculty Professionalism Evaluation on any clinical preceptor with whom they worked during the clerkship.

The electronic evaluation system is set up to protect student anonymity. Clerkship directors are given access to anonymous clerkship evaluation data only after final clerkship evaluations are completed. Preceptors and instructors are provided with student feedback on their performance, on at least an annual basis, if three or more student evaluations of the preceptor or instructor have been completed.

Note the following end-of-clerkship completion deadlines:

1. All clerkship assignments are due no later than 5pm Friday, the last day of the clerkship, unless earlier due dates are established in the clerkship handbook.
2. The CHM End-of-Clerkship evaluation and any other required departmental evaluations are due by 11:59 p.m. on the Monday following the last day of the clerkship. Students are encouraged to complete the Faculty Professionalism evaluation by this date, but it is not required.

Failure to complete the required evaluations by 11:59 p.m. Monday will result in an unprofessional behavior mark in the clerkship, which will be noted in the Professional Behavior section of the FCE under non-clinical professional behavior notations.

**Final Grade**

# FINAL GRADE OVERVIEW

---

## PASS with HONORS

### **CPE**

- 100% in the Met and/or Exceeded categories with **no** unprofessionalism notations

### **PBA**

- Pass

### **NBME Subject Exam**

- Score  $\geq 83$  on 1<sup>st</sup> attempt

### **Oral Exam**

- Pass  $\geq 3.5$  on 1<sup>st</sup> attempt

### **Professional Behavior**

- Zero (0) unprofessionalism notations in any component of clerkship (clinical or non-clinical)

### **Miscellaneous Assignments**

*Case Write-Ups, D2L Online Lectures/Quizzes, Clerkship Evaluations (Clinical Educator & End of Clerkship evals), Patient Encounter Logs, and Handbook Acknowledgement Form*

- Pass/complete and submit ALL assignment by deadline

## PASS

### **CPE**

- $\geq 80\%$  in Met and/or Exceeded categories with no more than 2 unprofessionalism notations from all evaluators combined

### **PBA**

- Pass

### **NBME Subject Exam**

- Score  $\geq 65$  on 1<sup>st</sup> attempt

### **Oral Exam**

- Pass  $\geq 3.5$  on 1<sup>st</sup> attempt

### **Professional Behavior**

- No more than 2 unprofessional behavior notations in any component of clerkship (clinical or non-clinical)

### **Miscellaneous Assignments**

*Case Write-Ups, D2L Online Lectures/Quizzes, Clerkship Evaluations (Clinical Educator & End of Clerkship evals), Patient Encounter Logs, and Handbook Acknowledgement Form*

- Pass/complete and submit ALL assignment by deadline

## CONDITIONAL PASS

### **CPE**

- Greater than 20% but no more than 40% in the “Below Expectations” category **OR**
- 3-4 unprofessionalism notations from all evaluators combined

### **NBME Subject Exam**

- $\leq 64$  on 1<sup>st</sup> attempt

### **Oral Exam**

- No Pass  $\leq 3.4$  on 1<sup>st</sup> attempt

### **Professional Behavior**

- 3-4 unprofessional behavior notations for all clerkship components combined (clinical or non-clinical)

## NO PASS

### **CPE (Any one of the following)**

- Greater than 40% in “Below Expectations”  
**OR**
- 5 or more unprofessional behavior notations from all evaluators combined

### **NBME Subject Exam**

- $\leq 64$  on 2<sup>nd</sup> attempt

### **Oral Exam**

- No Pass  $\leq 3.4$  on 2<sup>nd</sup> attempt

### **Professional Behavior**

- 5 or more unprofessional behavior notations for all clerkship components combined



## REMEDIATION

**A student who is required to remediate a portion of the clerkship may do so only ONCE unless under very unusual circumstances. Successful remediation will result in a Pass grade for the clerkship being appended to the CP grade (CP/P).** A student who remediates a CP grade, will not be eligible for an Honors grade. Failure to successfully complete the remediation requirements will result in a No Pass grade for the clerkship being appended to the CP grade (CP/N).

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

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

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

Remediation requirements will be decided on a case by case basis (See [Block III Remediation Requirements and Plan for CP Clerkship Grade form](#) in the Appendix).

# Informal Grade Appeal

Block III students wishing to appeal a clerkship grade should start immediately after the grade is issued with the **informal administrative procedure** for handling complaints. The process for this is as follows:

- A. The student meets with the appropriate Community Clerkship Director to discuss his or her concerns. If the dispute is resolved to the student's satisfaction, no further action is required.
- B. If the issue is not resolved with the Community Clerkship Director, the student meets with the Lead Clerkship Director from the appropriate CHM clinical department. If the dispute is resolved to the student's satisfaction, no further action is required.
- C. If the issue remains unresolved, the student meets with the CHM Department Chair or designee. The Chair may hold a department administrative meeting with the student to seek resolution; this is not a formal hearing process.

If the student's concern remains unresolved after working through the informal administrative procedure, the student can use the **formal grievance procedure**. This involves the student requesting a grievance hearing before the CHM hearing body. The letter requesting a hearing should be addressed to the Senior Associate Dean for Academic Affairs, who upon receipt will forward the request to the chair of the college hearing body. **Requests to formally grieve a grade must be initiated by the midpoint of the semester following the semester in which the grade in question was posted, per MSU policy. Grievances initiated after this deadline will not be considered.**

# **Additional Block III Policies**

## Remediation of Clerkship Final Examinations

To allow CHM community campus and department staff to effectively schedule rooms and proctors, NBME remediation exams must be scheduled a minimum of two weeks prior to the exam date at a time convenient for the community, department and student. Once an NBME remediation exam is scheduled, a minimum notice of two weeks is required to cancel and reschedule an examination. If an exam must be cancelled with less than two weeks' notice because of the student's urgent illness or urgent illness or death in the family, a doctor's note or other appropriate documentation will be required. Only one NBME remediation exam cancellation is allowed. A second NBME remediation exam cancellation will be considered a missed exam and will result in a failing grade on the exam (CP/N for the clerkship).

## Inclement Weather and Attendance

The safety of our students is of the utmost importance to the College. Since the profession of medicine is not one where activity and responsibility cease when bad weather occurs, we trust that students will use discretion and make professional decisions regarding their attendance during times of inclement weather.

Students who are unable to attend required clerkship clinical and didactic activities due to the weather should follow the regular procedure for reporting an absence, including completing an absence request form and notifying their clerkship director, preceptor and Community Assistant Dean's Office. Students will be expected to make up time missed due to weather.

If clerkships are cancelled or an entire campus is closed because of inclement weather, students will be notified as soon as possible and make-up time will not be required.

## Use of Electronic Devices in Block III

Block III students are expected to be fully engaged in the clinical education experience. Using electronic devices while on clerkships, during the Core Competencies course, or during other required Block III activities can be distracting and disrespectful to patients, preceptors, lecturers, and your fellow students. Electronic devices are not to be used during rounds, meetings, small groups or lectures including Core Comps sessions, or when in the room with patients; the only exception would be if instructed to do so by an attending or resident faculty member. Students wishing to retrieve information that may be relevant to the patient or small group discussion should get permission to do so from the faculty member. It is never appropriate for students to use electronic devices for reading e-mail, texting, surfing the web or other personal activities while on any Block III required activity. Students may receive unprofessional behavior notation(s) for failure to use electronic devices appropriately.

## Accommodations on Block III Clerkships

Students who have been diagnosed with a disability (physical, sensory, cognitive, or psychological) that substantially limits a major life activity and who would like to request a disability-related accommodation to participate in MSU programs must register with the MSU RCPD, obtain a Verified Individualized Services and Accommodations (VISA) form, and submit the VISA and request for specific accommodations to their Clerkship Director and Community Administrator at least 30 days prior to the first day of the clerkship. This process is outlined in detail in the Block III Clinical Program Handbook in the section entitled, **Accommodations in Block III**. Students should refer to this section of the Block III Handbook, and to their Community Administrator, for specific information about requesting accommodations.

Please note that extended time accommodations will normally not be granted for those assessments on which students must be able to perform the relevant tasks within a timeframe that represents the typical demand on a developing physician. **The Department of Obstetrics, Gynecology, and Reproductive Biology has determined that the following assessments on the OGR 608 clerkship fall into this category: Oral Examination.**

## Block III/CHM Work Hours Policy

Clinical student work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. Adequate time

for rest and personal activities must be provided. This should consist of a 14-hour time period provided after in-house call lasting 24 or more hours.

In all cases, student schedules will be planned so that they have no more than 28 hours of continuous responsibilities, and students must be excused after 28 hours. In rare cases, the student may choose to continue working beyond 28 hours on an active case with overriding educational value; this is allowable as long as it is clearly the student's choice.

### **Conflict of Interest in Clinical Placements**

Students will not be required to rotate in a clinical office site or with a physician who is the student's own personal physician or other health provider. Likewise, the College does not want a student or faculty member to feel uncomfortable because the student is assigned a preceptor who is related to the student or knows the student from a previous relationship. If such an assignment is made, the student should notify the community clerkship assistant or community administrator and request a different assignment.

### **Block III Student Mistreatment Policy**

The College maintains a Student Mistreatment Policy to help members of the College community identify and manage episodes of potential student mistreatment. Students, staff, and faculty should refer to the CHM Ombudsperson's website at <http://studentombudsperson.chm.msu.edu/> for questions related to this policy and contact information for the ombudsperson.

Examples of mistreatment include but are not limited to:

- harmful, injurious, or offensive conduct
- verbal attacks
- insults or unjustifiably harsh language in speaking to or about a person
- public belittling or humiliation
- physical attacks (e.g., hitting, slapping, or kicking a person)
- requiring performance of personal services (e.g., shopping, babysitting)
- intentional neglect or lack of communication (e.g., neglect, in a rotation, of students with interests in a different field of medicine)
- disregard for student safety
- denigrating comments about a student's field of choice
- assigning tasks for punishment rather than for objective evaluation of performance (inappropriate scut work)
- exclusion of a student from any usual and reasonable expected educational opportunity for any reason other than as a reasonable response to that student's performance or merit
- other behaviors which are contrary to the spirit of learning and/or violate the trust between the teacher and learner

### **Student Wellness Half Day**

Third year students will be given one assigned half day free of clinical responsibilities during each eight-week clerkship. The purpose of this half day is to allow students to schedule activities during regular working hours which would otherwise be difficult to manage with a full clerkship schedule. Examples of activities include appointments with health professionals, faculty advisors, research mentors, or simply time off to attend to other personal matters or self-care. Each clinical community will notify students at the beginning of each semester which half day of each clerkship is the assigned half day off for wellness. Students do not need to submit an excused absence form for, or make up the time missed, on that half day. Students may not ask to exchange the assigned wellness half day for another half day in the clerkship, except in the case where the student needs to make up time which has already been missed on the clerkship because of illness. These exceptions must be approved in advance by the Community Administrator and the community clerkship director.

In the event that a student is on night float, or has call, on the prescribed wellness half day, the student must still fulfill the night float or call responsibility. The reason for this is that the policy exists to insure that students have a predictable half day during business hours free during any eight week clerkship. Night float or call allows for the predictable free half day.

# Appendix

**Block III Absence Request for Required and Elective Clerkships**

This form must be completed for **ALL** absences from clerkship activities. Requests for scheduled time off are to be submitted at least 30 days prior to the date(s) of absence whenever possible. Requests for scheduled time off arising less than 30 days prior to the date(s) of absence should be submitted as soon as possible. For unforeseen absences due to illness or family emergency, this form must be submitted no later than two days following the absence.

**Scheduled absences are not approved until signed by both the Clerkship Director and the Community Administrator.** Failure to complete this form and obtain required signatures will result in an unexcused absence from the clerkship, resulting in an unprofessional behavior mark.

For completion by Student:

Student Name: \_\_\_\_\_

Clerkship: \_\_\_\_\_

List date(s)/time(s) requested for scheduled absence:  
OR  
List date(s)/time(s) for unscheduled absences due to emergency/illness: \_\_\_\_\_

Reason for absence (please be specific): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Community Administrator: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

For completion by Clerkship Director:

Do you approve the absence(s) listed above as excused:  Yes  No

If yes, please specify the remediation required for this absence and discuss with the student (a remediation plan is required for all absences).

\_\_\_\_\_

\_\_\_\_\_

Approved by Clerkship Director: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Final Approved by Community Administrator: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

For Community Administrator use only: Copy to Student and Clerkship Director on \_\_/\_\_/\_\_

# Performance Based Assessment

## Pelvic Examination and Pap Smear

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

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

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

Passing performance = ALL elements checked as "Done"

**Additional Evaluator Comments** *(if needed)*:

**Evaluator Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



## Oral Exam Topics

---

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

## Ob/Gyn Electives

---

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

- OGR 609: Advanced Gynecology (Inpatient and Outpatient)
- OGR 610: Perinatology
- OGR 611: Reproductive Endocrinology and Infertility
- OGR 612: Gynecologic Oncology
- OGR 614: Advanced OB (Inpatient and Outpatient)
- OGR 615 : OB/GYN Sub-Internship

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

The CHM Elective CPE Form must be completed by the elective's supervisor regarding student's level of performance. Call hours are part of the clinical experience as determined by the course and supervisor.

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

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

The satisfactory completion of requirements for all electives (home site or away) is the responsibility of the student who must obtain appropriate documentation from supervising physicians through completion of the oral or written presentation. Students will provide the supervising physician the Elective CPE Evaluation form. The grade for the elective cannot be submitted until all paperwork is completed.

## Block III Remediation Requirements and Plan for Conditional Pass (CP) Clerkship Grade

Student Name: \_\_\_\_\_

Remediation Campus: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date(s) of Remediation: \_\_\_\_\_

Student Home Campus: \_\_\_\_\_

Time of Remediation (assessments only): \_\_\_\_\_

Home Campus CD: \_\_\_\_\_

Number of Weeks to Be Completed: \_\_\_\_\_

Course (e.g. FM608): \_\_\_\_\_

Component of Clerkship Requiring Remediation:

Original Rotation: \_\_\_\_\_

\_\_\_\_\_

Original Clerkship Dates: \_\_\_\_\_

### Describe specific details of the CP grade:

**To be completed by home campus:** Describe any special support the student may need for the remediation (e.g., tutoring, etc.). NOTE: It is the student's responsibility to communicate any special accommodations indicated on a VISA to the appropriate parties 30 days prior to the commencement of remediation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Home Campus Community Clerkship Director Signature

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

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

\_\_\_\_\_  
Home Campus Community Administrator Signature

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

Date Sent to Department:

**For remediations not specifically detailed in the Clerkship Handbook:** The required components of the remediation (a detailed remediation plan) including all requirements the student must complete to pass his/her remediation will be designed by the Clerkship Director at the remediation campus in consultation with the home Clerkship Director and/or Lead Clerkship Director if applicable. The detailed remediation plan will be provided to the Student, Department (Lead Clerkship Director and Department Clerkship Administrator), Home Community (Assistant Dean and Community Administrator), and remediation campus Community Clerkship Assistant (if needed for scheduling purposes).

Copies: Student, Department (Lead Clerkship Director and Department Clerkship Administrator), Home Community (Assistant Dean and Community Administrator)

**Ob/Gyn Clerkship  
Handbook and Policies Acknowledgement Form**

---

**\*Student Copy\***  
**(Please keep this top copy for your records)**

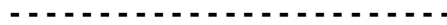
Student Name: \_\_\_\_\_

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Student** – Please read, sign, and date both areas of this form. **Detach and return the bottom portion ONLY to the Community Clerkship Administrator** by 5 PM on Friday of the 1<sup>st</sup> week of clerkship. Thank you.



**Ob/Gyn Clerkship  
Handbook and Policies Acknowledgement Form**

---

Student Name: \_\_\_\_\_

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**\*Community Clerkship - File Copy\***