

Michigan State University

Department of Obstetrics, Gynecology, and Reproductive Biology

**OB/GYN
LCE Clerkship
Handbook
OGR 641**

2018-2019

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

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Goals & Objectives

GOALS:

1. Introduce students to the broad range of skills and knowledge encompassed in the specialty of Obstetrics and Gynecology.
2. Provide students with the ability to address common health problems of women.
3. 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. Review 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 interpretation of common diagnostic studies.
6. Describe common problems in obstetrics.
7. Demonstrate knowledge of intrapartum care and newborn.
8. Demonstrate knowledge of postpartum care of the mother and newborn.
9. Explain normal and abnormal uterine bleeding.
10. Review the etiology and evaluation of infertility.
11. Expand knowledge of contraception including sterilization, as well as abortion.
12. Demonstrate knowledge of common benign gynecological conditions.
13. Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain.
14. Review common breast conditions and 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.

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 Late Clinical Experience clerkship. These skills include:

Gynecology:*

- The ability to take a focused gynecologic history.
- 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 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.

*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 follows the recommended Medical Student Educational Objectives (10th edition, 2015) from the Association of Professors of Gynecology and Obstetrics (APGO). The above list has been revised to reflect that some APGO objectives were previously covered in the Middle Clinical Experience and are therefore either not listed here or are listed as review topics.

To review the complete APGO objectives, visit this site:

<https://www.apgo.org/students/apgo-medical-student-educational-objectives/>

To access APGO login instructions, refer to D2L folder Learning Resource.

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 below and are available through the MSU Health Sciences Digital Library <https://lib.msu.edu/health/index/>. Many of the references are also linked by clerkship in the CHM Electronic Books guide: <http://libguides.lib.msu.edu/medicalebooks/LCE>. **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, (2019) Obstetrics and Gynecology, 8th edition, Wolters Kluwer
<http://ezproxy.msu.edu/login?url=http://clerkship.lwwhealthlibrary.com/book.aspx?bookid=2438>

DeCherney A.H., Nathan L, Laufer N, Roman A.S. Eds (2013) Current Obstetrics & Gynecologic Diagnosis & Treatment, 11th edition, McGraw Hill. Karam A. Chapter 5. **The Breast**.
<http://accessmedicine.mhmedical.com.proxy1.cl.msu.edu/content.aspx?bookid=498&Sectionid=41008593>

DeCherney A.H., Nathan L, Laufer N, Roman A.S. Eds (2013) Current Obstetrics & Gynecologic Diagnosis & Treatment, 11th edition, McGraw Hill. Simon A, Chang W.Y., DeCherney A.H. Chapter 54. **Amenorrhea**.
<https://accessmedicine-mhmedical-com.proxy1.cl.msu.edu/content.aspx?bookid=498§ionid=41008658>

Recommended:

Danforth, D.N. and Gibbs R.S. (2008) Danforth's Obstetrics & Gynecology, 10th edition, Philadelphia: Lippincott Williams and Wilkins.
<http://ezproxy.msu.edu/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.F., Gambone, D.O., and Hobel, C.J. (2016) Hacker & Moore's Essentials of Obstetrics and Gynecology, 6th edition, W.B. Saunders.
<http://ezproxy.msu.edu/login?url=http://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-B9781416059400X00471>

DeCherney A.H., Nathan L, Laufer N, Roman A.S. (2013), Current Obstetrics & Gynecologic Diagnosis and Treatment, 11th edition, McGraw Hill, 2013.
<http://ezproxy.msu.edu/login?url=http://accessmedicine.mhmedical.com/book.aspx?bookid=498>

Gynecology:

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

Obstetrics:

Cunningham, F.G., Leveno, K.J. et al, (2014) Williams Obstetrics 25th edition, McGraw-Hill Education.
<http://ezproxy.msu.edu/login?url=https://accessmedicine.mhmedical.com/book.aspx?bookid=1918>

Gabbe, S.G. (2017) Obstetrics: Normal & Problem Pregnancies, 7th edition, Elsevier.
<http://ezproxy.msu.edu/login?url=https://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C20130004082>

Maternal-Fetal Medicine:

Creasy, R.K., Resnick, R. Green, M.F., Iams, J.D. & Lockwood, C.J. (2014). Creasy and Resnik's Maternal-Fetal Medicine: principles and practice 7th edition, Saunders/Elsevier,
<http://ezproxy.msu.edu/login?url=https://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C20110040644>

Ultrasound:

Benacerraf, B. R., Goldstein, S. R., & Groszmann, Y.S. (2014). Gynecologic Ultrasound: A Problem-based Approach. Elsevier
<http://ezproxy.msu.edu/login?url=https://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C20100647195>

Norton, M.E., Scutt, L.M. & Feldstein, V.A. (2017) Callen's Ultrasonography in Obstetrics and Gynecology, 6th ed. Saunders Elsevier.
<http://ezproxy.msu.edu/login?url=https://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C20110056284>

Endocrinology:

Fritz, M.A. & Speroff, L (2011) Clinical Gynecological Endocrinology & Infertility, 8th edition, Lippincott Williams & Wilkins.
<http://ezproxy.msu.edu/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=n&CSC=Y&PAGE=booktext&D=books&AN=01437507&XPATH=/PG%280%29>

Master-Hunter, T. and Heiman, D.L. (2006). Amenorrhea: Evaluation and Treatment. *Am Fam Physician* 73 (8): 1374-1382.
<http://ezproxy.msu.edu/login?url=http://www.aafp.org/afp/2006/0415/p1374.html>

Oncology:

DiSaia, P.J., Creasman, W.T. Mannell, R.S., McMeekin, S. & Mutch, D.G. (2018) , Clinical Gynecologic Oncology, 9th edition, Springer Science+Business Media.
<http://ezproxy.msu.edu/login?url=https://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C20140035605>

Pathology:

Kurman, R.J., Ellenson, L.H. & Ronnett, B.M. (2011) Blaustein's Pathology of the Female Genital Tract, 6th edition, Springer Science+Business Media.
<http://ezproxy.msu.edu/login?url=http://link.springer.com/openurl?genre=book&isbn=978-1-4419-0488-1>

Rosai, J. & Ackerman, L.V. (2011) Rosai and Ackerman's Surgical Pathology, 11th edition, Vol. 1, Mosby/Elsevier. <http://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C20090365277>

Uro-Gynecology:

Walters, M.D. & Karram, M.M. Urogynecology and Reconstructive Pelvic Surgery, 4th edition, Mosby, 2015.
<http://ezproxy.msu.edu/login?url=https://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C20090527274>

Infectious Disease:

Sweet, R.L. & Gibbs, R.S. (2005) Atlas of Infectious Diseases of the Female Genital Tract. Lippincott Williams & Wilkins.
[http://ezproxy.msu.edu/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/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=n&CSC=Y&PAGE=booktext&D=books&AN=01382435&XPATH=/PG(0))

Sexuality:

Eckstrand, K.L. & Ehrenfeld, J.M (2016) Lesbian, Gay, Bisexual and Transgender Healthcare: A Clinical Guide to Preventive, Primary and Specialist Care. Springer.
<https://link-springer-com.proxy2.cl.msu.edu/book/10.1007%2F978-3-319-19752-4>

Lipshultz, L.I., Pastuszak, A.W. Goldstein, A.T. Giraldi, A & Perelman, M.A. Eds (2016) Management of Sexual Dysfunction in Men and Women: An Interdisciplinary Approach. Springer.
<https://link-springer-com.proxy2.cl.msu.edu/book/10.1007%2F978-1-4939-3100-2>

Colposcopy:

Tuggy, M.L. and Garcia, J. eds. (2008). Colposcopy. Procedures Consult. Elsevier Health Sciences.
http://ezproxy.msu.edu/login?url=https://www.clinicalkey.com/#!/content/video/23-s2.0-mm_9781437714999_colpo
(can take up to 30 seconds to load and often doesn't load in Firefox browser)

Vulvar Disease:

Wilkinson, E.J. Stone, I.K. & Wilkinson, E.J. (2012) Wilkinson & Stone Atlas of Vulvar Disease, 3rd edition, Lippincott Williams & Wilkins.
[http://ezproxy.msu.edu/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=n&CSC=Y&PAGE=booktext&D=books&AN=01337658&XPATH=/PG\(0\)](http://ezproxy.msu.edu/login?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=n&CSC=Y&PAGE=booktext&D=books&AN=01337658&XPATH=/PG(0))

Clerkship Expectations

Clerkship Handbook Acknowledgement

It is also the student's 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 must participate in all aspects of the clerkship on weekdays, evenings and weekends. **Attendance is mandatory for ALL clerkship activities including, but not limited to:**

- Orientation
- Morning report
- Rounds
- Weekend responsibilities
- Call/night float
- Lectures
- Hospital assignments
- Patient Turnover/Sign out

Additionally, students are to make themselves available for clinical experiences such as surgeries and deliveries. Clinical obligation ends when the clinical experience has ended, or the student has been dismissed by an attending or attending proxy. 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 four-week rotation.

All scheduled assignments must be followed. Students must stay for the required duration of all clerkship activities. Approval must be given from the Clerkship Director and/or Community Clerkship Assistant before any changes to individual schedules are made. **Failure to attend required activities without an approved excused absence or tardiness to such activities will result in an unprofessional mark.**

Students are expected to complete an Absence Request Form (see appendix, page 45) for any time away from scheduled clerkship activities. This should be done 30 days in advance when possible. See table on p. 11 for detail. It is expected that any time missed during the clerkship will be remediated at the discretion of the Community Clerkship Director.

Conferences: 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, with completion of the Absence Request Form.

CHM Events: If students are excused to attend required CHM activities but end up not attending all or part for any reason, they are expected to report for regularly scheduled clerkship activities as soon as possible.

Absences of more than two days will result in the student repeating the clerkship. Students will be issued ET grades until absences are resolved.

Final subject exams will be given on Fridays. Assuming all requirements have been met, the clerkship officially ends at 5:00 pm on Friday of the 4th week of the rotation and students must be available up until that time (do not make any travel plans before this time).

See “Additional Policies” section for Absences from Clerkships and Other Required Courses, including [Personal Time Off policy](#), on page 39. See “Additional Policies” section for [Inclement Weather Policy](#) on 40.

<p>ABSENCE POLICY</p>	<p>Absences Require:</p>	<p>Consequences of failure to meet requirements</p>
<p><u>ALL</u> Absences</p>	<ul style="list-style-type: none"> • Submission of Absence Request Form • All time missed must be made up, regardless of amount or reason, by the end of the clerkship except a PTO day. • Absences cannot exceed > 2 days 	<ul style="list-style-type: none"> • Failure to make-up missed time before the end of the clerkship will result in a CP grade • Absences > 2 days will result in an “N” grade
<p>Planned Absences</p> <p>Regardless of length, including: doctor, dentist appointments, etc.</p>	<ul style="list-style-type: none"> • Signed Absence Request Form before time off (30 days in advance when possible). <p>*Approval is at the discretion of the clerkship assistant and time off requested may not be granted.</p>	<ul style="list-style-type: none"> • Absences without a pre-authorized absence form will be an unexcused absence – see below
<p>Unplanned Absences</p> <p>Regardless of nature.</p>	<ul style="list-style-type: none"> • Must report absence to all (regardless of length) – BEFORE the beginning of scheduled work day: <ul style="list-style-type: none"> √ Clerkship Office (CD/CCA) √ Community Asst. Dean’s Office √ Senior resident and/or attending • Must submit Absence Request within 2 days following absence. • Make-up time as noted on Absence Request form by Clerkship Office. 	<ul style="list-style-type: none"> • Failure to report to all as noted will result in an unprofessional behavior mark. One (1) mark for each day (each work day)
<p>Unexcused Absences</p> <p>Absences not excused or not reported in a timely manner.</p>		<ul style="list-style-type: none"> • Considered unprofessional behavior (1 unprofessional behavior mark will be given for each day (12:00am-11:59pm time frame = 1 day) • All unprofessional behavior marks are noted in the Final Clerkship Evaluation.

Clerkship Student Communication

All students must be available by pager during their scheduled clerkship time, where pagers are provided by campus.

For routine matters, students will be contacted by email to their **MSU Net ID mail** address. Students are responsible for checking their MSU email accounts daily and maintaining their MSU mailboxes so that messages can be received. Failure to do so is not an acceptable excuse for missing a deadline or other requirements of the clerkship and may be considered a professionalism issue.

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, wear white coat with appropriate identification, 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.

In all clinical and academic settings, students are expected to adhere to the Student Oath taken at matriculation into the College of Human Medicine. Part of the Professional Behavior evaluation will be based upon your attitude of responsibility for the care of the patients to whom you are assigned. It is your responsibility to be an active participant in patient care and to plan your day accordingly. Specifically, this may mean starting early or staying late to assure your patients are provided appropriate care and that notes and orders are completed before you leave each day.

Extended Time Accommodations

Students are responsible for initiating communication with their Community Administrator and the Clerkship Departments about needs as described and validated on the VISA/VISTA. 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 Oral Exam and the Workplace Based Assessments on the OGR Clerkship fall into this category. See [Additional Policies section “Accommodations on Clerkships for further details, page 41.](#)

Rounding/Call Requirement

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. 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. Students will not be scheduled for call starting the night of the final Thursday or Friday of the clerkship unless they have failed to complete their call requirements prior to that time.

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. If you are excused to study, participate in other clinical activities or rest, you must obtain approval from your supervisor/hospital coordinator.

Traditional On-Call System

If a traditional on-call experience is implemented, the student is required to be on-call **four (4)** times during the clerkship. In fairness to all students, call assignments for each student will include EITHER one weekend 24-hour call (counts as two call shifts) OR two weekend 12-hour call shifts with at least one of those two shifts overnight. If an emergency arises, at the approval of the Clerkship Director, changes will be made with an equivalent shift.

The remaining 2 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.

Weeknight calls are scheduled to occur on the same day as routine daytime clinical activities and do not replace a usual daytime assignment. Following weeknight call, students are expected to report for their normally scheduled clerkship activities the following day. 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.

The schedule for TRADITIONAL ON-CALL is as follows:

- **2 weeknight call shifts:**

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

AND:

- EITHER

ONE Saturday 24hr call --call starts at morning report on Saturday and ends at morning report on Sunday. A 24 hour shift counts as two call shifts.

- OR

TWO of the following weekend shifts, with at least one of them overnight:

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

* **Saturday Day call** – call starts at morning report on Saturday and ends by 10 pm Saturday.

* **Saturday Night call** – call starts at afternoon/evening report on Saturday and ends Sunday morning after morning report.

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

Night Float System

For some clinical campuses, a night-float system is logistically a more useful system for providing after-hours and adequate inpatient obstetric experiences. If an emergency arises, at the approval of the Clerkship Director, changes will be made with an equivalent shift.

Night-float will consist of a minimum of 3 and no more than 4 consecutive weeknight (Sun-Thurs) calls*. These clinical hours are instead of usual daytime hours. Each night's work shift will start at afternoon sign-out and end the following morning at morning report. Students are expected to be present throughout the shift and participate in patient report activities at the beginning and end of each night-float shift. At the end of the shift after morning report, students are excused to go home to rest. Overnight shift during the week should conclude at least 12 hours prior to the student's scheduled daytime oral exam.

Students will also be required to do two weekend calls during the remainder of the clerkship. In fairness to all students, call assignments for each student will include EITHER one weekend 24-hour call (counts as two call shifts) OR two weekend 12-hour call shifts with at least one of those two shifts overnight.

*Students may be responsible for participating in their two weekend shifts sequentially in conjunction with their night-float requirement, for a maximum of up to 6 consecutive nights total. (If this occurs, it comprises their entire clerkship call requirement within one week.)

The schedule for NIGHT FLOAT is as follows:

- **Sunday through Thursday – minimum of 3, maximum of 4 sequential nights;** call starts at evening sign-out and ends after morning report.

AND:

- **EITHER**

ONE Saturday 24hr call -- call starts at morning report on Saturday and ends at morning report on Sunday

- **OR**

TWO of the following weekend shifts, with at least one of them overnight:

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

***Saturday day call** – call starts at morning report on Saturday and ends by 10 pm Saturday.

***Saturday night call** – call starts at afternoon/evening report on Saturday and ends Sunday morning after morning report.

***Sunday** – call starts at morning report and ends when the night-float team arrives for duty and patient report has been transferred to that team (no later than 7pm).

For the following expectations, students are also referred to the LCE Guide and the Student Guidebook for additional information and relevant policies.

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.

Clinical Chaperones

As a part of your medical education and patient care, you will do or participate in procedures and examination of typically intimate anatomy. Having an appropriate chaperone is required when CHM students participate in any of these clinical events. Chaperones are present to ensure the safety of patients and the student. Traditionally, genital, female breast, and rectal examinations and procedures are those that require an appropriate chaperone, but students should be aware that some patients will consider other parts of their anatomy to be intimate based on their personal or cultural perspective. Students are to comply with their local clinic's process for providing chaperones. In the case that the clinic has no chaperone available, the student cannot participate in the examination or procedure even if the patient gives their consent for there to be no chaperone. If students are concerned about behaviors they see in a clinical setting, they should contact Academic Affairs or Student Affairs immediately.

For all examinations and procedures all clinicians, including students, must have the consent of the patient to participate in their care regardless of the sensitivity of the examination or procedure. Students must be aware of and follow specific chaperone policies at sites where they are assigned. Be aware that in some sites, examination of children may require the presence of a chaperone. Students must ask consent of patients to perform examinations under anesthesia.

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. For presentations or rounds, students are permitted to extract information but not photocopy wholesale or any sections of the patient's chart.

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) require 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** 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.)
- Leaving any computerized patient information visible on a computer screen
- Patient data electronically stored (e.g. H&P assignments kept on a portable device)

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.

Centers for Medicare & Medicaid Services (CMS) - Rules and Student Charting

The CMS rule related to students documenting in patient charts was changed in February 2018 and resulted in ongoing policy review within the College of Human Medicine. The following discussion applies to clinical educators supervising medical students, as well as medical students.

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.

However, the billing physician must personally verify in the medical record all student findings, including history, physical exam and/or medical decision making. The billing physician must personally perform (or re-perform) the physical exam and/or medical decision making of the service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work.

The teaching (billing) physicians are the individuals at risk for fraud and abuse if they misuse student documentation. Medical students should not be concerned to find their notes re-documented by the teaching (billing) physician in the medical record.

**REQUIRED
Activities, Assignments, and
Examinations**

NBME SUBJECT EXAMINATION

ADMINISTRATION DATE: Friday afternoon of the 4th week of the clerkship. See the *Community Clerkship Assistant* for specific time and location information.

GRADING

- **Honors:** ≥ 84 on first attempt (only)
- **Pass:** 65-83 on first or ≥ 65 on second attempt
- **ET:** ≤ 64 on first attempt
- **Conditional Pass:** ≤ 64 on second attempt
- **No Pass:** Failure to remediate CP

The NBME subject examination in OB/GYN will be given at the conclusion of the clerkship. Students will be given 2 hours and 45 minutes to complete the examination.

Students are referred to the Medical Student Educational Objectives (10th edition, 2015) from the Association of Professors of Gynecology and Obstetrics (APGO). Note that some of this content is review from the Middle Clinical Experience.

<https://www.apgo.org/students/apgo-medical-student-educational-objectives/>

Learning strategies include: reading related to assigned patients; reading relevant parts of recommended texts; discussions with attending physicians and residents; attending medical education meetings and clerkship lectures; web-based modules.

REMEDICATION:

- A student who does not pass the subject examination on second attempt, but passes *all* other aspects of the clerkship, will receive a Conditional Pass (CP) grade for the clerkship.
- **CP:** Complete 2 week remediation clinical Obstetrics and Gynecology experience and retake/pass the NBME Subject Examination (≥ 65) during this 2 week period to have clerkship grade appended to a **CP/P**. Failure to pass any part of the remediation, eg score < 65 on 3rd attempt will result in an 'N' grade for the clerkship.
- **N:** Repeat 4 week LCE Obstetrics and Gynecology Clerkship and pass all requirements including NBME Subject Examination

A student will not be permitted to take the examination for the same clerkship more than three times total except under extremely unusual circumstances as determined by the Lead Clerkship Director and then only with the concurrence of all the Community Clerkship Directors and the Department Chairperson.

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 on second attempt and also does not pass the oral exam on first attempt and/or receives a CP on the clinical performance portion of the clerkship and/or the miscellaneous assignments 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 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 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.

ORAL EXAMINATION

ADMINISTRATION DATE: Thursday and/or AM of Friday of the 4th week of the clerkship.

See the *Community Clerkship Assistant* for specific time and location information. Oral exam can be scheduled as an in-service exam, ie during the same day as a clinical assignment.

GRADING:

- **Pass:** Mean composite score of ≥ 3.5
- **No Pass:** Mean composite score < 3.5
- **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 LCE topic and one NBME review topic) requiring skills in differential diagnosis, problem-solving, and analysis of patient management. This exercise is not meant to be a demonstration of solely the student's ability to obtain a complete history and exam; rather to demonstrate a problem-oriented comprehensive approach.

Oral Exam Topics

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

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 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 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 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.*

***Time limit of 30 minutes represents what would be expected of a physician in a real-world setting so additional time to complete this assessment will **NOT** be allowed.*

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

DUE DATE:

- **Write-up #1** complete and submitted via D2L/Turnitin **by 3:00 PM on Thursday of the 2nd week of the clerkship.**
- **Write-up #2** complete and submitted via D2L/Turnitin **by 3:00 PM on Thursday of the 3rd week of the clerkship.**
- If a re-write is necessary, it must be *satisfactorily* completed (meeting 'Pass' criteria) and submitted **by 8:00 AM on Monday of the 4th week of the clerkship.**

It is the student's responsibility to seek clarification on all deadlines.

REQUIREMENT:

- One OCW and One GCW both *satisfactorily* completed by **8:00 AM on Monday of the 4th week of the clerkship**, and all individual submission deadlines met.

GRADING:

- **Pass:** Meet all deadlines to satisfactorily complete and submit BOTH write-ups, with a final grade of 'Pass' for both OCW and GCW.
- **CP:** Fail to submit two ACCEPTABLE write-ups by final rewrite deadline.
- **Unprofessional mark:** missed write-up deadline or write-up only partially completed 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. At least 1 of the 2 write-ups must be on an inpatient. Two inpatient write-ups are acceptable. All write ups are to be completed on a patient evaluated by the student themselves during this clerkship on this campus during this clerkship session. Note that it is considered plagiarism, and therefore, academic dishonesty, to copy someone else's, or one's own patient notes, histories and physicals, and other clerkship write-ups for use in another clerkship. Any exceptions are subject to unprofessional marks or other penalty consequences, up to and including a possible penalty clerkship grade of No Pass.

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 submissions 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., student and/or patient name or student number).

Write-ups should be submitted to the Clerkship Director's office through the community's write-up Assignments folder in D2L Daylight. Submit the appropriate evaluation form (Obstetric or Gynecologic) with your write-up. Evaluation forms are found on D2L. Do not include the evaluation form with your write-up as a single document - doing this will negatively affect your Turnitin score and you will be asked to resubmit the write-up and evaluation form separately.

Write-ups will be evaluated as either Pass or No Pass. A No Pass write-up requires rewrite and resubmission. All write-ups ultimately must be completed in an acceptable manner for grade of 'Pass' in order to pass the clinical portion of the clerkship.

Having a 'No Pass' on an *initial* write-up submission does not necessarily preclude a student from qualifying for Honors for the Clerkship final grade. Students may still be eligible for an Honors grade if they are required to submit a re-write provided **ALL** of the following conditions are met:

- (a) the initial write-up is submitted as a **complete** write-up and not a partially completed write-up by the deadline – the Clerkship Director will determine if student satisfactorily adhered to write-up guidelines in the initial write-up
- (b) the re-write is submitted by the re-write deadline
- (c) a passing re-write is submitted
- (d) see (Final Grade Overview p.33) for other requirements for honors eligibility

EXPECTATIONS for OCW and GCW Write-ups:

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. See grading rubric for full detail and complete all components.

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. Summaries of the pathology report, the operative report and other case pertinent information should be included with the write-ups. See grading rubric for full detail and complete all components.

The Obstetric and Gynecologic Case 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.
- *At least 2* of the references should be primary resources from the above list.
- "Blueprints", "UpToDate" and other similar review type resources are not approved as one of the minimum 2 primary references. If they are used, they should still be listed as additional resources.

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-up 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 1 week from the end of the clerkship.

If very special circumstances warrant a longer extension period than 1 week from the end of the clerkship, it is the responsibility of the Clerkship Director to not only document the circumstances, but to request the longer extension from the Lead Clerkship Director. 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.

Workplace Based Assessments (WBA)

DUE DATE: By 12:00 NOON on Friday of the 4th week of the clerkship.

GRADING:

- **Honors-Eligible:** Nine (9) of 12 WBA's must be completed by 12 noon the last Friday of the clerkship.
- **Pass:** Six (6) of 12 WBA's must be completed by 12:00 noon the last Friday of the clerkship.
- **CP:** Failure to complete ALL six (6) required WBA's by 12:00 noon the last Friday of the clerkship.
- **A single assessment type will only count one time.** If one of the 12 WBA options is completed twice, it will only count once toward the requirement.

REMEDIATION:

- **CP/P:** Student must complete the WBA (s) not previously completed to remediate requirement by 2nd Friday following the end of the clerkship.
- **CP/N:** Repeat entire clerkship.

WBA Options

- Gather Complete Obstetric and Gynecologic History
- Differential Diagnosis of Ob/Gyn Complaint or Finding
- Assess and Document Labor & Delivery Progress
- Interpret Fetal Heart Tracing
- Assist with Vaginal Delivery
- Assist with Cesarean Section
- Assist with Gynecologic Operative Procedure
- Pelvic Examination
- Postpartum Recovery
- Document clinical encounter in patient record
- Patient Handover/Transition of Care
- Orders and Prescriptions

Workplace Based Assessments are completed using the **Just in Time Medicine (JIT)** program. The goal of WBA's is ensuring that clinical preceptors directly observe students' clinical skills, and that the assessments linked to these observations are based on explicit educational objectives. They are short directly observed interactions or skills in an authentic clinical setting.

A specific grade on each individual assessment is *not* required. WBA checklist items will be assessed as 'Yes'/ 'Needs Improvement'/ 'N/A'. A completed and signed WBA will count toward the required 6 WBAs regardless of the individual checklist items.

Faculty observes and rates the skill using the checklist on a student's device, eg smartphone or tablet. If necessary or if preferred, a desktop computer can be utilized using the JIT website, with the expectation that the assessment is still done real-time in the clinical setting. When a WBA is entered, an email may be generated to the preceptor asking him/her to verify the assessment.

“**Evaluator**” drop down menu: If an evaluator finds they are not listed on the WBA form, they should choose “Evaluator Not in List” in which case they should provide their first and last name and email to the student, so the preceptor can be added to the list for future use. The student should ask for this information and should

provide it to the CCA at their site, so the evaluator can be added to JIT. The preceptor can provide comments at the end which can be viewed in JIT by looking at the completed assessment. The **evaluator must click “submit assessment”** or the assessment is not “complete.”

Technical difficulties will not be considered an acceptable excuse for not meeting the requirement. Questions about Just in Time Medicine (JIT) should be directed to: justintime@hc.msu.edu

Students are responsible for:

- Scheduling the WBA with their evaluator (resident, fellow, CNM, attending physician)
- If needed, orienting the evaluator to the JIT program
- Choosing the specific competency to be assessed on (e.g. Interpret Fetal Heart Tracing on a laboring patient)
- Giving the handheld device to the evaluator with the checklist displayed for assessment, feedback and completion of the WBA.

Extended time accommodations will not be granted for Workplace Based Assessments, which students must be able to perform within a timeframe that represents the typical demand on a developing physician in a real-world setting.

PATIENT ENCOUNTER LOG

DUE DATE: By 12:00 NOON on Friday of the 4th week of the clerkship.

GRADING:

- **Pass:** Log all the required procedures and diagnoses by the deadline.
- **CP:** Fail to log ALL the required procedures and diagnoses by the deadline.
- **Unprofessionalism Mark:** Procedures and diagnoses not logged within 5 days of encounter.

REMEDATION:

- **CP/P:** Student must complete remediation log requirement(s) within 2 weeks following the last day of the clerkship. Requirement will be determined by Clerkship Director, with approval by Lead Clerkship Director.
- **CP/N:** Repeat entire clerkship

Students are responsible for documenting every pertinent patient encounter by providing the information requested in the online New Innovations patient encounter log system by the end of every day, but no later than 5 days after the experience. If New Innovations is not working, students are required to use a temporary tracking system and to enter the data into New Innovations as soon as it is available again and before the patient encounter log deadline. The Department has the right to not accept any procedures/diagnoses logged **after** 5 days. Clerkship Directors and Community Clerkship Assistants will review the Patient Encounter Logs periodically throughout the clerkship.

Patient Encounter Log information will be used to determine if the student has participated in the required type and number of obstetric and gynecologic encounters and procedures, all of which are necessary to meet the clinical requirements of the clerkship. Students are required to complete the 'Comments' field for each surgical encounter with information about procedure specifics, and for non-surgical entries can use the 'Comments' field for any other de-identified relevant information. Patient Encounter Log information may be used to describe a student's level of participation in the clerkship within the Final Clerkship Evaluations.

IMPORTANT: Failure to complete the Patient Encounter Log in an acceptable and timely manner (as detailed above) will result in an unprofessionalism mark. If this occurs prior to Mid-Clerkship, it will also be noted at the Mid-Clerkship Evaluation meeting with the Clerkship Director. Technical difficulties will not be considered an acceptable reason for not meeting the requirement.

If a student is having problems meeting the log requirements, it is their responsibility to contact the CCA and clerkship director **no later than the end of the 3rd week** of the clerkship to receive direction on scheduling options.

Students will spend clinical time primarily in hospital obstetrics and hospital gynecology. Depending on preceptor availability and campus resources, some students may spend up to 10 half days in ambulatory obstetrics and gynecology settings. The Patient Encounter Log should accurately reflect the student's activity in each clinical venue. The minimum "Required Procedures & Diagnoses" (p. 26-27) as they pertain to deliveries, complete prenatal H&P, and gynecologic surgical cases delineate the procedural requirements in the inpatient setting.

Ob/Gyn Clerkship - Required Procedures & Diagnoses

Procedure Roles = Observed/Discussed (OD), Assisted (A), or Perform w/ Supervision (PwS)				
Setting = Inpatient (I) or Outpatient (O)				
Patient Type = Real (R) or Alternate Experience (AE)				
PROCEDURE NAME	MINIMUM REQUIREMENT	DIAGNOSIS ROLE	SETTING	PATIENT TYPE
Vaginal Deliveries	4	A	I	R
Cesarean Deliveries	3	A	I	R
Complete Obstetric H&P	1	PwS	I	R
Major Gynecologic Surgical Cases	4	A	I	R
Minor Gynecologic Surgical Cases	4	A	I, O	R
Other Procedures	NMR*	-	-	-

***NMR = No Minimum Requirement**

Diagnoses Roles = Observed/Discussed (OD), Assisted (A), or Perform w/ Supervision (PwS)				
Setting = Inpatient (I) or Outpatient (O)				
Patient Type = Real (R) or Alternate Experience (AE)				
DIAGNOSIS NAME	MINIMUM REQUIREMENT	DIAGNOSIS ROLE	SETTING	PATIENT TYPE
Abnormal Uterine Bleeding	1	OD	I, O	R or AE
Diabetes in Pregnancy	1	OD	I, O	R or AE
Failure to Progress in Labor	1	A	I, O	R or AE
First Trimester Bleeding	1	OD	I, O	R or AE
Incontinence and Pelvic Relaxation	1	OD	I, O	R or AE
IUGR – Intrauterine Growth Restriction	1	OD	I, O	R or AE
Multiple Pregnancy	1	OD	I, O	R or AE
Ovarian/Pelvic Mass	1	OD	I, O	R or AE
Pelvic Pain/Endometriosis	1	OD	I, O	R or AE
Postmenopausal Bleeding	1	OD	I, O	R or AE
Pre-Eclampsia and Eclampsia	1	OD	I, O	R or AE
Premature Labor	1	OD	I, O	R or AE
Premature Rupture of Membranes	1	OD	I, O	R or AE
Third Trimester Bleeding	1	OD	I, O	R or AE
Urinary Tract Infection/ Renal Disease in Pregnancy	1	OD	I, O	R or AE
Other	1	OD	I, O	R or AE

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

ONLINE MODULES AND QUIZZES

DUE DATE: By 3:00 PM on Friday of the 3rd week of the clerkship.

GRADING:

- **Pass:** Complete ALL 13 online modules and all the corresponding quizzes with a minimum score of 70% within 5 attempts*.
- **Unprofessionalism Mark:** Students who do not complete modules and all quizzes by the deadline will receive an unprofessionalism mark.

Students will need to review all 13 modules and complete all 13 quizzes on Desire 2 Learn (D2L) Daylight.

Once all modules have been reviewed and quizzes have been completed, students must also complete the “**LCE Online Module Evaluation**”. Go to: <https://d2l.msu.edu/>

*If more than 5 attempts are required to pass a quiz, the Clerkship Director will meet with the student to discuss educational needs and a personal learning plan.

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 required End of Clerkship Evaluations (clerkship & course) and a minimum of 10 Clinical Educator evaluations for preceptors they worked with (or less only if less than 10 were assigned). Completing more than 10 preceptor evaluations is optional. All evaluations are valued and used for ongoing quality improvement.

If you receive an evaluation for a clinical educator with whom you did not work with, please select “Not Enough Time (NET)” for the evaluation, in addition to notifying the Community Clerkship Assistant.

All evaluations are anonymous and confidential. These evaluations help provide feedback to preceptors and clerkship directors on their performance, as well as provide valuable information on what is working well in the clerkship and what needs to be improved upon. Declining or not filling out evaluations due to anonymity concerns will not be considered an acceptable reason for not completing the evaluation and will be considered a professionalism issue.

See also “Student Evaluation of Clerkship Experiences and Preceptors”, page 31.

uWISE QUESTIONS from APGO

DUE DATE: campus-specific deadlines, usually shortly before your Mid-Clerkship Evaluation meeting

REQUIREMENT: Completion of one 50-question 'Comprehensive' bank of questions by the deadline.

You will receive a summary of your quiz results via email from APGO upon completing a quiz. If required by your campus, please forward via email the summary of your quiz results from APGO along with any attached items to your Community Clerkship Assistant.

The passing score of 70% is NOT expected (or even normal) at mid-clerkship. Please do not intentionally attempt to retake the test to meet this threshold. Submit your score report based on a one-time, one sitting completion of this practice test.

QUESTION BANK ACCESS:

Our institution has an active subscription to the APGO uWISE self-assessment tool which allows you to have a personal subscription while you are in the ob/gyn clerkship rotation. The APGO Undergraduate Web-Based Interactive Self-Evaluation (uWISE) is an approximately 600-question interactive self-exam designed to help medical students acquire the necessary basic knowledge in obstetrics and gynecology. Half of the test bank questions are updated annually. Students find this resource to be an extremely valuable study tool since it allows you to gain feedback on each of the questions as you move through the various exams.

The link listed in your D2L course will take you to a page where you will create your log in credentials. You must use your school email address (@msu.edu) as your user name and email on file so that we can manage your individual subscription. **It is imperative that you do not share your log in credentials with anyone else.** These credentials are connected to your personal scores which will be displayed on your portal page and by sharing your log in **you will also be breaking the copyright** and use guidelines for this resource.

Once you set up a log in you will have access to this resource until you have completed the clerkship and taken the shelf exam.

We recommend you use this resource throughout your ob/gyn rotation as a supplement to classroom activities and as a study tool. This valuable resource is being provided to you by MSU subscription.

The link below will take you to the APGO uWISE login page. **Register using your MSU e-mail address to gain access. Please launch and use the uWise link every time you utilize uWise. You CANNOT bookmark this link, you must launch and use this link every time you access uWise. Do not re-register each time; use only the Sign-in link.**

Clerkship Evaluations

Mid-Clerkship Evaluation

All required clerkships use a standardized Mid-Clerkship Evaluation 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 3 for 4-week clerkships.

Clinical Performance Evaluation (CPE)

A standardized Clinical Performance Evaluation (CPE) is used in all 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 one week 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 1 unprofessional behavior notations from all evaluators combined.
- **Conditional Pass:** Greater than 20% but no more than 40% in the "Below Expectations" category OR 2-3 unprofessional behavior notations from all evaluators combined. A CP grade on the CPE will require that the student repeat 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 2-3 unprofessional behavior notations from all evaluators combined.
 2. Greater than 40% in "Below Expectations"
 3. Four (4) 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.

Note: "Where an instructor or a committee has rendered a judgment regarding a medical student's academic performance, that judgment is presumed to be made in good faith and the grievant (student) bears the burden of proving the contrary, with the exception of allegations of academic dishonesty. In those cases, the faculty member bears the burden of proof." [MSRR 5.1.5]

Professional Behavior Evaluation on the Final Clerkship Evaluation

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 1 unprofessional behavior notations for all clerkship components combined.
- **Conditional Pass:** 2-3 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 an overall clerkship grade of Conditional Pass, although both CPs will be noted on the FCE. A CP grade for professional behavior in the clerkship will require that the student repeat two weeks of a four-week clerkship.
- **No Pass:** 4 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 Evaluation 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, (minimum of up to 10 required), 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. EST/EDST 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.
3. Failure to complete the required evaluations by 11:59 p.m. EST/EDST 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

ALL OF THE FOLLOWING:

CPE

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

Professional Behavior

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

NBME Subject Exam

- Score ≥ 84 on first attempt

Oral Exam

- Pass ≥ 3.5 on first attempt

Workplace Based Assessments

- Complete nine (9) of twelve WBA's

Miscellaneous Assignments

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

- Pass/complete and submit ALL assignments by deadline

PASS

ALL OF THE FOLLOWING:

CPE

- $\geq 80\%$ in Met and/or Exceeded categories with no more than 1 unprofessionalism notations from all evaluators combined

Professional Behavior

- No more than 1 unprofessional behavior notations in any component of clerkship (clinical or non-clinical)

NBME Subject Exam

- Score ≥ 65 on first or second attempt

Oral Exam

- Pass ≥ 3.5 on first attempt

Workplace Based Assessments

- Complete six (6) of twelve WBA's

Miscellaneous Assignments

Case Write-Ups, 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

ANY OF THE FOLLOWING:

CPE

- Greater than 20% but no more than 40% in the “Below Expectations” category **OR**
- 2-3 unprofessionalism notations from all evaluators combined

OR

NBME Subject Exam

- ≤ 64 on second attempt

OR

Oral Exam

- No Pass < 3.5 on first attempt

OR

Professional Behavior

- 2-3 unprofessional behavior notations for all clerkship components combined (clinical or non-clinical)

OR

Workplace Based Assessments

- Failure to complete ALL six (6) required WBA's

OR

Miscellaneous Assignments

- Failure to pass/complete ONE OR MORE assignments by final deadline: *Case Write-Ups, D2L Online Lectures/Quizzes, Clerkship Evaluations (Clinical Educator & End of Clerkship evals), Patient Encounter Logs, Handbook Acknowledgement Form, or make up for missed time according to Absence Policy.*

NO PASS

ANY OF THE FOLLOWING:

CPE (Any one of the following)

- Greater than 40% in “Below Expectations” **OR**
- 4 or more unprofessional behavior notations from all evaluators combined
 - Greater than 20% but no more than 40% in the “Below Expectations” category **AND** 2-3 unprofessional behavior notations from all evaluators combined

NBME Subject Exam

- ≤ 64 on third attempt

Oral Exam

- No Pass <3.5 on second attempt

Professional Behavior

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

NOTE: A student who receives a CP on any 2 or more separate components of the clerkship will receive a No Pass (N) grade for the clerkship grade. For example, a student who does not pass the oral exam and also does not pass the subject examination on second attempt and/or receives a CP on the clinical performance portion and/or the miscellaneous assignments portion of the clerkship will receive a No Pass grade (N) for the clerkship.

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 two (2) weeks of the OB/GYN clerkship. Remediation requirements will be decided on a case by case basis. Students are referred to the LCE Guide, Student Guidebook, and/or the Student Manual for Assessment and Promotion for other requirements the student must address regarding subsequent course work following an unprofessional behavior remediation.

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 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.

Informal Grade Appeal

Procedure for Appealing a Clerkship Grade

Students wishing to appeal a clerkship grade should start immediately after the grade is issued with the informal administrative procedure for handling complaints. Students must begin the informal resolution of difference in writing (letter or email) to their community clerkship director (CCD), stating the exact nature of the appeal **no later than 2 weeks following notification of any element of the grade being contested**. The informal appeal process 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. Students must request this meeting in writing (letter or email) to the Lead Clerkship Director (LCD), stating the exact nature of the appeal **no later than 2 weeks following notification of the Community Clerkship Director's determination**. 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. Students must request this meeting in writing (letter or email) to the Department Chair, stating the exact nature of the appeal **no later than 2 weeks following notification of the Lead Clerkship Director's determination**. 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. Students are referred to the Medical Student Rights and Responsibilities document for detail: <http://humanmedicine.msu.edu/search.htm?q=MSRR&sa.x=0&sa.y=0> as well as the CHM Associate Dean for Academic Affairs, and the MSU Ombudsperson for guidance on formal procedures. **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 Policies

Absences from Clerkships and Other Required Courses

Students who are unable to be present for any required or elective clerkship activities or Advanced Skills & Knowledge sessions must complete a CHM Absence Request form and have this form approved by the community administrator and community clerkship director.

The faculty and administration of the College of Human Medicine recognize that students will periodically need to be absent during a clerkship to attend to personal or health matters, or because of illness. **Students on four week clerkships** may have one full day of excused absence which does not require a make-up activity. This day will be called a Personal Time Off (PTO) day. Students must complete an [Absence Request form](#) prior to the PTO day and should submit it to the community administrator **as soon as possible** prior to the PTO day. For any reason other than illness, the clerkship director and community administrator **must both have time to review and approve** the PTO day **prior** to when it occurs. Students may use a PTO day to remediate exams or other work for another clerkship, or to sit for part of a USMLE examination, but the time must be approved well in advance. The PTO day must be taken as a whole day, and not an hour here and there to add up to 8 hours. The PTO day may not be used during:

- clerkship orientation
- an examination
- a required weekend work or rounding day
- a call day or night float week
- lectures
- mid-clerkship feedback session
- other activities which occur only a few times during a clerkship, which may vary by clerkship
- during the last week of the clerkship

Students must consult with the clerkship director and/or clerkship assistant when planning a PTO day in order to avoid conflicts. Additional days missed on a four week clerkship, as well as any days on a four-week clerkship or elective, must be made up at the discretion of the clerkship director. Note that not all requests for specific PTO days may be honored, depending on the needs for students on a clerkship and other scheduling issues. Students must make sure time off is approved prior to making irrevocable plans. Clerkship deadlines remain the same for all students, regardless of whether or not a student is in attendance on a particular day.

Requests for scheduled absences other than the PTO day must be submitted at least 30 days prior to the date(s) of absence. Time off for religious holiday observance must be submitted at least 30 days prior to the beginning of the clerkship from which time off is being requested. If permission for an absence is granted, it is the student's responsibility to notify his or her clinical preceptor. The Absence Request form is available on D2L.

Scheduled absences are not approved until the Absence Request form is signed by both the clerkship director and community administrator. *Residents and other faculty members may not authorize excused absences.* Failure to complete this form and obtain the required signatures will result in an unexcused absence from the clerkship. While all requests are subject to approval by the community administrator and clerkship director and are considered on a case by case basis, examples of possible excused absences include:

- death of a close family member
- serious illness or hospitalization of a close family member
- student presentation at a professional conference, if the student is in good academic standing

Students should plan weddings, family vacations and trips during scheduled time off.

We strongly urge students who are ill to stay home and not report for clerkship duties. Not only will student performance be affected, but there is also a risk of infecting patients and others on the health care team. In the case of emergency or sudden illness, the student must contact the community clerkship director or assistant, the community assistant dean's office, and his/her preceptor. For absences because of emergencies and illness, the CHM Absence Request form must be submitted no later than two days following the absence. Depending on the circumstances and length of absence, the student may be required to provide documentation.

Time missed during the clerkship, including for illness, religious holidays, and other excused absences other than one PTO day each four week clerkship, must be remediated via a make-up assignment or time on clinical duty. Clinical duty make-up time may not occur during another clerkship. Students may not take time off during a required clerkship to sit for a remediation examination for another clerkship unless the student chooses to do this on a PTO day. Students with excused or unexcused absences of more than 2.5 days in a four-week clerkship may receive a CP grade and need to remediate two weeks of a four-week clerkship, in addition to any other clerkship deficiencies. *Note that the PTO day does count toward the maximum allowable days absent.* Approved time off for college-wide activity days will not be counted toward the maximum number of excused absences allowed per clerkship.

Any unexcused absences will be considered unprofessional behavior. Each unexcused absence will count as one instance of unprofessional behavior and will be noted as such by the clerkship director on the student's CPE form and in the final clerkship evaluation. Instances of unprofessional behavior may be incorporated into the Medical Student Performance Evaluation.

Student Work Hours

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.

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. The clerkship director will determine appropriate make-up.

If the University suspends classes, the Community Assistant Dean's office of each campus will contact its students to notify them of any plans to close the community campus. The individual communities may not cancel activities, even when the University does, and in Grand Rapids and Lansing, the clinical students may have required clinical responsibilities even if the preclinical campuses may suspend classes. It is important that all students anticipate notification from their Community Assistant Dean's office about the campus status when the University itself suspends classes or closes. Clerkship directors, residents, and attendings may not excuse students.

Use of Electronic Devices

Students are expected to be fully engaged in the clinical education experience. Using electronic devices while on clerkships, during the Advanced Skills and Knowledge course, or during other required 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 ASK 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 required activity. Students may receive unprofessional behavior notation(s) for failure to use electronic devices appropriately.

Accommodations on Clerkships

The College of Human Medicine and the MSU Resource Center for Persons with Disabilities (RCPD) are committed to providing equal opportunity for participation in all programs, services and activities.

Students who have been diagnosed with a disability and would like to request a disability-related accommodation to participate in MSU programs must initiate this process by visiting: www.rcpd.msu.edu

Students who have obtained VISA forms or a VISA with accommodations prior to entry into the Late Clinical Experience **should schedule a meeting with their Community Administrator/Community Assistant Dean at least 60 days prior to the first clerkship if at all possible.** The CA may share the VISA with department clerkship administrators and clerkship directors.

To request accommodation in core clerkships, students must follow the process outlined below:

1. Student must **register with the RCPD at least 60 days prior to the first clerkship when accommodation may be required,** so that a Verified Individualized Services and Accommodations (VISA) form and if applicable, a VISA Addendum, can be issued and available 30 days prior to that clerkship. While VISAs are relevant for coursework, clerkships by their nature as practical experiences commonly require more specific details supplied through a VISA Addendum.

If a student's disability is identified too late to meet the 30-day deadline, the CHM community campus will work as quickly as possible to provide the requested accommodations, but accommodations cannot be guaranteed.

2. **The student must forward a copy of their current VISA and/or VISA Addendum to the Academic Achievement Office** who will share in advance (ideally within 30 days) with the appropriate CHM Community Administrator prior to the clerkship in which accommodation is desired. **Expired VISAs and VISA Addendums will not be accepted and will not guarantee accommodation.**
3. **For each clerkship in which accommodations granted in the VISA and/or VISA Addendum are desired by the student, the student must email the Clerkship Director, copying the Community Administrator, to request the specific accommodations** which the student desires in the upcoming clerkship. **This email must be received by the Clerkship Director ideally 30 days prior to the first day of the upcoming clerkship.** If accommodations are requested less than 30 days prior to a clerkship, the Community Administrator/Clerkship Director will attempt to respond but cannot guarantee that accommodations will be in place at the beginning of the clerkship.
4. If the accommodation requested by the student is related only to extra time and/or a private testing room for NBME subject exams, the Community Administrator will arrange for this accommodation.
5. If accommodations are requested for items other than for NBME subject exam, the Community Administrator will arrange a meeting with the Community Clerkship Director and student to discuss the accommodations requested. Members of the RCPD staff and clerkship administration may be involved in this meeting, if necessary.
6. **Students must repeat steps 2-5 above for each clerkship** for which accommodation is desired. Once a VISA has been issued, an email request to the Clerkship Director and Community Administrator (as outlined in #3 above) must be **submitted at least 30 days prior to the clerkship in order for accommodation(s) to be implemented for the clerkship.**
7. **Students with a VISA must register at the end of each semester with the RCPD.**

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 clerkship handbook will outline which assessments fall into this category.

Questions about this process should be discussed with the student's CHM Community Administrator or MSU RCPD staff.

Sexual Harassment Policy

Sexual harassment in the College of Human Medicine, Michigan State University is considered intolerable behavior. It is a violation of federal law; a violation of trust; a violation of ethical standards. Sexual harassment is a behavior; it is defined as unwelcome (unwanted, uninvited) behavior of a sexual nature including unwanted touching, fondling or hugging; or behavior which has the purpose or effect of unreasonably interfering with an individual's work performance or which creates an intimidating, hostile or offensive work environment; or direct or implied threat that submission to sexual advances is a condition for education or educational rewards (i.e., grades).

Please refer to the MSU Sexual Harassment Policy

(http://www.hr.msu.edu/documents/uwidepolproc/RVSM_Policy.htm)

OR <http://oie.msu.edu/help-rvsm.html> for additional specific information about what constitutes sexual harassment, how to make a complaint about sexual harassment and other relevant information.

Other Conflicts 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.

The College of Human Medicine Conflict of Interest Policy

(http://humanmedicine.msu.edu/External%20Links/Faculty/Conflict_of_Interest.pdf) states, "Faculty members may not participate, either formally or informally, in the evaluation of a student who is related by blood, marriage, or adoption, domestic partnership or other personal relationship in which objectivity might be impaired. Assignments of students to a class or training experience where they will be supervised, directly or indirectly, by a faculty member to whom they are personally related should be avoided. Where this situation cannot be avoided, another faculty member within the unit or department must be appointed as the evaluator for the student, as approved by the unit chair."

Student Mistreatment

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 Student Resolution Advocate's website at <http://studentresolutionadvocate.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

Michigan State University has published the following statement to inform all students: *“Limits to Confidentiality. Essays, journals, and other materials submitted for this class are generally considered confidential pursuant to the University’s student record policies. However, students should be aware that University employees, including instructors, may not be able to maintain confidentiality when it conflicts with their responsibility to report certain issues based on external legal obligations or that relate to the health and safety of MSU community members and others.*

As the instructor, I must report the following information to other University offices if you share it with me:

- *Suspected child abuse/neglect, even if this maltreatment happened when you were a child,*
- *Allegations of sexual assault or sexual harassment when they involve MSU students, faculty, or staff, and*
- *Credible threats of harm to oneself or to others.*
- *These reports may trigger contact from a campus official who will want to talk with you about the incident that you have shared.*

In almost all cases, it will be your decision whether you wish to speak with that individual. If you would like to talk about these events in a more confidential setting you are encouraged to make an appointment with the MSU Counseling Center.”

Appendix

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): _____

Requesting to designate as Personal Time Off (PTO) Day? Yes No

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 __/__/__

Ob/Gyn Electives

The Department of Obstetrics and Gynecology offers the following elective clerkships across all 7 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 core obstetrics and gynecology clerkship (OGR 608 or 641). 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.

Enrollment:

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

For off-campus electives only, once students have submitted the required elective request form, it will be sent to the Department of OGR for review and signature approval. 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.

Elective Requirements:

The satisfactory completion of requirements for all electives (home site or away) is the responsibility of the student, who must obtain appropriate documentation from the supervising physician. The student will provide the supervising physician the appropriate CHM forms.

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. Students will provide the supervising physician the Elective CPE Evaluation form.

Students are also required to give an oral or written presentation on a topic agreed upon by the Supervisor. The CHM Department of OB/GYN Elective Oral/Written Presentation Evaluation Form should be completed to evaluate the presentation. This form, along with a copy of the presentation should be submitted to the CHM Department of OB/GYN. If no presentation can be submitted due to its format, the CHM Department of OB/GYN evaluation form is still required.

The grade for the elective will not be processed until all of the following have been submitted to the Department:

- 1) CHM Elective CPE Form
- 2) CHM Department of OB/GYN Elective Oral/Written Presentation Evaluation Form
- 3) copy of the presentation (outline of oral presentation, or written format).

Please see the department website at <http://obgyn.msu.edu/index.php> for additional elective information.

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. OGR 641): _____

Component of Clerkship Requiring

Original Rotation: _____

Remediation:

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)

MSU CHM OB/GYN CLERKSHIP
Handbook and Policies Acknowledgement Form

Student Copy

I HAVE READ AND UNDERSTAND THE REQUIREMENTS NECESSARY TO SATISFACTORILY COMPLETE THE OB/GYN CLERKSHIP AND ACHIEVE A PASSING GRADE FOR OGR 641.

STUDENT NAME _____ STUDENT SIGNATURE _____ DATE _____

I WILL MAINTAIN MSU-CHM STANDARDS OF ACADEMIC HONESTY IN ALL OB/GYN CLERKSHIP ASSIGNMENTS, INCLUDING THE FORMAL CASE WRITE-UPS.

STUDENT NAME _____ STUDENT SIGNATURE _____ DATE _____

STUDENTS: Please read, sign, and date both areas of this form. **Detach and return the bottom portion to the Community Clerkship Assistant** by 5pm on Friday of week 1 of the clerkship.

MSU CHM OB/GYN CLERKSHIP
Handbook and Policies Acknowledgement Form

Community Clerkship Assistant - File Copy

I HAVE READ AND UNDERSTAND THE REQUIREMENTS NECESSARY TO SATISFACTORILY COMPLETE THE OB/GYN CLERKSHIP AND ACHIEVE A PASSING GRADE FOR OGR 641.

STUDENT NAME _____ STUDENT SIGNATURE _____ DATE _____

I WILL MAINTAIN MSU-CHM STANDARDS OF ACADEMIC HONESTY IN ALL OB/GYN CLERKSHIP ASSIGNMENTS, INCLUDING THE FORMAL CASE WRITE-UPS.

STUDENT NAME _____ STUDENT SIGNATURE _____ DATE _____