

## Obstetrics and Gynecology Clerkship Syllabus



### Academic Year 2024-2025


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## Section A – Obstetrics and Gynecology (OBGYN) Clerkship Curriculum

### Clerkship Information

#### General Clerkship Information and Contacts

<b>Credit Hours</b>	4
<b>Course Code</b>	OBGP 835
<b>Clerkship Length</b>	4 weeks
<b>Clerkship Website and Contacts</b>	<a href="#">Obstetrics/Gynecology Clerkship Website</a> and <a href="#">Contacts</a>
<b>Clerkship-Specific Resources</b>	<a href="#">Obstetrics/Gynecology Clerkship Resources</a> , <a href="#">D2L</a> , <a href="#">OASIS</a> , <a href="#">one45</a> ** Students should note that D2L is the most updated and accurate resource. Any discrepancy with other systems is unintentional and students should defer to D2L in the event of any discrepancies.**
<b>Clinical Sites</b>	For a list and description of clerkship sites, please see: <a href="#">Clerkship Resources</a>
<b>Prerequisites</b>	All students must successfully pass all pre-clerkship courses* to progress to the third year. Additionally, the clerkship-specific Personal Professional Development (PPD) curricular elements listed in the PPD A syllabus must be completed as a prerequisite for the OBGYN Clerkship. Link to Policy: <a href="#">Enrollment, Sequencing and Grading for Pre-Clerkships Policy</a>
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<b>Clerkship Co-Director:</b> Taylor Norton, MD, FACOG ( <i>he/him</i> ) 	<b>UArizona Email:</b> <a href="mailto:taylornorton@arizona.edu">taylornorton@arizona.edu</a> <b>Preferred:</b> <a href="mailto:Taylor.Norton@bannerhealth.com">Taylor.Norton@bannerhealth.com</a>  <b>Office Location:</b> Banner University Medical Center Phoenix Tower 2, Floor 9B Phoenix, AZ 85006

<p><b>Clerkship Coordinator:</b> Tatum Green (<i>she/her</i>)</p> 	<p><b>Office Phone:</b> 602-827-2618</p> <p><b>UArizona Email:</b> <a href="mailto:tgreen12@arizona.edu">tgreen12@arizona.edu</a></p> <p><b>Office Location:</b> Health Sciences Education Building (HSEB), B512D 435 N 5<sup>th</sup> St. Phoenix, AZ 85004</p>
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Course\* = Any component of the curriculum where a grade is earned.

### **Clerkship Description**

The OBGYN Clerkship is an introductory experience in the provision of comprehensive medical care and counseling services, with an emphasis on reproductive and women's health, spanning elderly, adult, and adolescent patients. The obstetrical conditions and gynecological problems commonly encountered by the physician provide the primary focus of this clerkship experience, but knowledge of serious or less common conditions is also important. Therefore, the basis for the clerkship is to introduce the clinical information that is fundamental in the education of all physicians, regardless of the learner's intended future specialty.

### **Clerkship Learning Objectives**

Each OBGYN Clerkship objective listed below has been mapped with relevant competencies, i.e., patient care, medical knowledge, clinical appraisal and quality improvements, interpersonal and communication skills, professionalism and societal awareness and responsiveness and is available within [one45](#).

The University of Arizona College of Medicine - Phoenix (COM-P) OBGYN Clerkship utilizes the objectives set forth by the Association of Professors of Gynecology and Obstetrics (APGO), recognizing the value of standardizing learning objectives across medical schools in the United States.

1. Develop competence in the medical interview and physical examination of women\*, and incorporate ethical, social, and diversity perspectives to provide culturally competent health care.
2. Apply recommended prevention strategies to women throughout the lifespan.
3. Recognize their 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 of the pregnant person and fetus.
8. Demonstrate knowledge of postpartum care.
9. Describe menstrual cycle physiology, discuss puberty and menopause, and explain normal and abnormal bleeding.
10. Describe the etiology and evaluation of infertility.
11. Develop a thorough understanding of contraception, including sterilization and abortion.
12. Demonstrate knowledge of common benign gynecological conditions.
13. Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain.
14. Describe common breast conditions and outline the evaluation of breast complaints.
15. Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.
16. Describe gynecological malignancies, including risk factors, signs and symptoms and initial evaluation.
17. Provide a preliminary assessment of patients with concerns about sexuality and sexual health.

\*Though the term *women* is utilized in the objectives above, students in the OBGYN Clerkship will also work with transgender, intersex, gender nonconforming, and nonbinary individuals, and the same learning objectives apply to these populations.

## Clerkship Requirements

### Attendance Requirements

All clerkship experiences are mandatory, and any absence must be recorded via the absence tracking system. To submit an absence request, please use [Formsite](#). Concurrently with the submission of the Formsite absence request, the student should email the clerkship directors for assurances in communication and for timely notification and follow up. As per COM-P policy, excused absences will be remediated as deemed appropriate by the clerkship director. Please see section B for COM-P attendance policies.

In the OBGYN Clerkship, absence requests will be accommodated whenever it is reasonable to do so, but all excused and unexcused absences must be remediated.

**Days Off:** As a general rule, students in the OBGYN Clerkship will have two days off per week, which will be scheduled on the weekend whenever possible. Goals of optimizing a student's learning experience (e.g. – not having too many students on a single service at a time) may sometimes necessitate the shifts that fall on weekend days.

**Clinical Hours and Overnight/Call:** Because clerkship sites in the COM-P distributed model have varied hours, clinical structure, and overnight (call) coverage schedules, students in the OBGYN Clerkship will have equivalent, though not identical, schedules and clinical learning opportunities.

Exact schedules will vary based on clinical and educational opportunities at each site, and adaptations may need to be made based on unpredictable clinical factors or faculty availability. The following general considerations can be expected: At sites with a residency program that utilizes night float, students can anticipate about one week of night float. At sites with a residency program that utilizes traditional 24-hour call, students can anticipate either about two call shifts throughout the clerkship or six days of modified nights. At sites without residents, varied home call and extended work hour shifts will be additive to equivalent after-hours care. Students who have specific needs or concerns about after-hours clinical responsibilities are encouraged to reach out to the Clerkship Directors well in advance of their scheduled clerkship start date to discuss.

### Required/Recommended Reading and Resources

1. [D2L](#): The COM-P D2L site for OBGYN links to several resources including external sources (see below) and internal sources such as archived lectures, podcasts, handouts, and study sheets.
2. Beckman: Obstetrics and Gynecology, 7<sup>th</sup> or 8<sup>th</sup> edition. The book is available as a web book through the UA library.
3. Association of Professors of Gynecology and Obstetrics (APGO) website: [APGO Website](#)
  - uWise question bank
  - Educational topics and cases
  - Educational video series
4. American College of Obstetricians and Gynecologists (ACOG) website: [ACOG Website](#)
  - Register as a medical student member (ASAP – it's free!) to access Clinical Practice Guidelines, Practice Bulletins and Committee Opinions (these will often be assigned by clinical teams and are a resource that the successful student will want to have easy access to)
5. Useful free apps:
  - Remind (allows for smart phone based reminders and communications with the clerkship director; details will be provided during orientation and instructions available on [D2L](#))
  - ACOG (access Practice Bulletins and Committee Opinions on the fly once you have your medical student membership log in; see above)
  - US CDC Medical Eligibility Criteria (MEC) for Contraception
  - CDC STD Treatment Guide
  - LactMed by NICHD (use of drugs in breastfeeding)

- Ferring Pregnancy Wheel (one of the most accurate and comprehensive wheel apps)
  - EFM guide (reference for fetal heart rate tracing nomenclature)
  - Pap Reader (this free app is a good reference for ASCCP algorithms – the excellent ASCCP app is \$10)
  - AHRQ ePSS (USPSTF guidelines and recommendations)
  - CDC Vaccine Schedule
  - Prognosis: Your Diagnosis (case-based modules for study)
6. Useful websites to bookmark
- Caprini
  - VBAC calculator
  - ORADS

### **Didactic/Interactive Learning/Simulation Sessions (Schedule)**

The didactic schedule can be found on [D2L](#). This will be the most updated and reliable source of information about didactics and related resources. If there is any discrepancy with [one45](#), it is unintentional, and the student should defer to D2L's information. Clarification can be sought from the clerkship director for any concerns.

- **Orientation and Just in Time Preparation:** All students enrolled in the OBGYN Clerkship must complete the relevant portions of the PPD A course to fulfill the prerequisites for the clerkship. These elements will include an orientation with the clerkship director or designee. This orientation, when possible, will include hands-on simulation and anatomy lab review. Additional resources, self-study modules, and didactics during PPD will help provide the foundation for learning and students will be encouraged to utilize orientation and foundational resources for self-directed preparation found on D2L.
- **Midpoint Meetings:** Though students are encouraged to reach out to the clerkship directors, their assigned preceptor, or other faculty anytime for one on one support, all students will be required to meet with a clerkship director or their designee for a mid-clerkship meeting. Instructions for signing up for mid-clerkship feedback meetings can be found on D2L.
- **Focus Time: Self-Directed Study, Optional Didactics, Personal and Professional Development, and Wellness:** Students are encouraged to proactively familiarize themselves with available resources on D2L and APGO in order to develop their own personalized learning and study plan. Recognizing that clerkship students are adult learners who have previously identified their preferred learning settings, the OBGYN Clerkship looks to support students in a variety of formats. Throughout the clerkship, students will be provided with protected and structured Focus Time during the clerkship. Students, at their sole discretion, may elect to utilize their Focus Time for organized *optional* didactic sessions, make-up clinical shifts, enrichment extra shifts, individual clerkship study, personal and professional development activities, or wellness activities. Occasionally, a student may be scheduled such that they are post nights or pre-nights, or have a day off already, and this Focus Time is not able to be rescheduled in those instances. The exact timing of this protected time will vary based on clinical scheduling considerations in each block, but whenever possible will be scheduled on or adjacent to weekends.
- **End of Clerkship Study, Fully-Immersive Simulation, OSCE, and NBME (“Shelf”) Exam:** The NBME shelf exam will be offered twice at the end of the clerkship, the afternoon of the last Friday or Sunday immediately following the clerkship allowing for personalization and flexibility. See Section B of the syllabus for more details. The day prior to the NBME exam (Thursday of Week 4) will be utilized for the fully Immersive Simulation exercise, and the OSCE, which will be scheduled in small groups. The remainder of the day prior to the exam and the morning of the exam will be set aside as Focus Time. Students should anticipate being released from clinical responsibilities by 10pm on Wednesday of Week 4.

Specific block schedules can be found on [D2L](#). Students should contact the clerkship directors with any questions or concerns related to the schedule.

**Required Clinical Experiences: Procedures and Diagnoses (Px/Dx) Log**

Below is a list of Px and Dx commonly encountered on the OBGYN Clerkship, as well as an associated theme to reflect upon. If not yet encountered in a previous clerkship, each item from the list below must be completed by the end of the OBGYN Clerkship. All highlighted Px/Dx are required to be completed during the OBGYN Clerkship, even if encountered on previous clerkships. This means a student will be required to log an encounter for the highlighted Px or Dx items, indicating that it was seen during the OBGYN Clerkship timeframe.

Required Procedures	Clinical Setting	Level of Responsibility	Alternative Experience	Associated Theme
I was observed taking the relevant portions of the history for a patient undergoing an OB/GYN evaluation	Inpatient or Outpatient	Perform Procedure	Additional clinical sessions; Simulation	Public Health, Prevention and Health Promotion
I was observed performing the relevant portions of the physical exam on a patient undergoing an OB/GYN evaluation	Inpatient or Outpatient	Perform Procedure	Additional clinical sessions; Simulation	Public Health, Prevention and Health Promotion
Cervical exam on laboring patient	Inpatient	Perform Procedure	Simulation	Health Equity
Cesarean Delivery, second assist	Inpatient	Perform Procedure	Additional clinical sessions; Simulation	Evidence-Based Medicine
Contraceptive Counseling	Inpatient or Outpatient	Perform Procedure	Additional clinical sessions; Simulation	Public Health, Prevention and Health Promotion
Fetal monitoring interpretation (NST, BPP, CST, CEFM)	Inpatient or Outpatient	Perform Procedure	Additional clinical sessions; Simulation	Evidence-Based Medicine
Spontaneous Vaginal Delivery, performed with assistance	Inpatient	Perform Procedure	Simulation	Interprofessional Education
Pelvic (speculum and bimanual) examination	Outpatient	Perform Procedure	Additional clinical sessions; Standardized Patient	Behavioral and Social Sciences
Pregnancy Options Counseling	Inpatient or Outpatient	Perform Procedure	Additional clinical sessions; Simulation	Public Health, Prevention and Health Promotion
Routine prenatal care initial or follow-up visit	Outpatient	Perform Procedure	Additional clinical sessions	Behavioral and Social Sciences
Sterile technique demonstration	Inpatient	Perform Procedure	Additional clinical sessions; Simulation	Evidence-Based Medicine

Required Diagnosis	Clinical Setting	Level of Responsibility	Alternative Experience	Associated Theme
Acute abdominal and pelvic pain in a reproductive aged female	Inpatient or outpatient	Actively participate in care	Additional clinical sessions	Public Health, Prevention and Health Promotion
Adnexal mass/cyst	Inpatient or outpatient	Actively participate in care	Additional clinical sessions	Evidence-Based Medicine
Chronic pelvic pain (including endometriosis)	Inpatient or Outpatient	Actively participate in care	Additional clinical sessions	Interprofessional Education
Abnormal Uterine Bleeding	Inpatient or Outpatient	Actively participate in care	Additional clinical sessions	Gerontology/Geriatrics

First trimester bleeding (may include threatened abortion, incomplete abortion, complete abortion, or ectopic pregnancy)	Inpatient or Outpatient	Actively participate in care	Additional clinical sessions	Ethics
Hypertension in Pregnancy	Inpatient or Outpatient	Actively participate in care	Additional clinical sessions	Evidence-Based Medicine
Incontinence/prolapse	Inpatient or Outpatient	Actively participate in care	Additional clinical sessions	Health Equity
Infertility	Inpatient or Outpatient	Actively participate in care	Additional clinical sessions	Ethics
Menopause/ "Peri"menopause	Inpatient or Outpatient	Actively participate in care	Additional clinical sessions	Health Equity
Postpartum hemorrhage	Inpatient or Outpatient	Actively participate in care	Simulation	Evidence-Based Medicine
Preterm Labor	Inpatient or Outpatient	Actively participate in care	Additional clinical sessions	Evidence-Based Medicine
Sexuality, sexual identity, or sexual function	Outpatient	Actively participate in care	Additional clinical sessions	Gerontology/Geriatrics
Sexually transmitted Infections (including PID)	Inpatient or Outpatient	Actively participate in care	Additional clinical sessions	Public Health, Prevention and Health Promotion
Patient advocacy (intimate partner violence counseling, teen or unintended pregnancy counseling, uninsured/underinsured counseling, other counseling)	Inpatient or Outpatient	Actively participate in care	Additional clinical sessions; Simulation	Health Equity

### **Px/Dx Alternative Experiences**

Students are expected to meet the required clinical experiences and procedures listed on the [Global Px/Dx list](#) before advancing to fourth year. If the student does not encounter all the required clinical experiences as listed within the Px and Dx table above, completed by the end of the OBGYN Clerkship, the student will remedy the deficiency by completing the alternative experience utilizing the process below:

1. The student is responsible for monitoring their Px/Dx log and communicating their progress and learning goals with supervising faculty throughout each clerkship. This will allow for proactive attainment of these required encounters. If an alternative experience is needed for a procedure or diagnosis, the student must notify the clerkship director or designee a minimum of seven days prior to the end of the clerkship.
2. The clerkship director will assign an alternative experience/requirement to be completed.
3. Once the alternative experience/requirement is completed, the student will log this in OASIS by selecting the type of *Patient Encounter* in the drop-down menu.

Please see section B for information related to Px/Dx compliance.

### **Observable Learning Activities/Other Requirements**

<b>Academic Participation</b>	<b>Criteria</b>	<b>Total</b>
Observed Structured Clinical Examination (OSCE)	<p>In order to pass the OSCE, the student must:</p> <ul style="list-style-type: none"> <li>● score at least 60% on the OSCE checklist</li> <li>● complete the OSCE without the encounter needing to be aborted</li> <li>● exhibit professionalism and preparedness</li> </ul> <p>Failure of the OSCE will result in remediation and repeat of the OSCE.</p> <ul style="list-style-type: none"> <li>● The OSCE retake will be scheduled either during a scheduled academic break</li> </ul>	10%

	<p>(July break or Winter Break) or may be scheduled during PPD A or PPD B Focus Time if coordination with the PPD course schedule is possible (not guaranteed).</p> <ul style="list-style-type: none"> <li>For most students, a retake of the OSCE will result in an Incomplete in the clerkship pending its completion.</li> <li>With a goal of facilitating a growth mindset for continued improvement in their clinical skills, students are still eligible for Honors following one retake of the OSCE.</li> <li>A second failed OSCE attempt will result in failure of the clerkship in order to provide sufficient opportunities to improve clinical skills and solidify medical knowledge.</li> </ul> <p>Additional information and preparatory materials can be found on D2L.</p>	
Oral Assessment of Medical Knowledge and Critical Thinking	<p>Each student will participate in a 1:1 meeting with the clerkship director or designee to complete an oral assessment of medical knowledge and critical thinking. Recognizing that a multiple-choice exam is not the best way for some students to demonstrate their skills in these areas, this oral assessment will provide an opportunity for students to demonstrate their knowledge and critical thinking skills in a standardized environment. Additional information can be found on D2L.</p>	6%
Written documentation portfolio	<p>Each student will submit one H&amp;P (including their A&amp;P) and one SOAP note (also including their A&amp;P) prior to their mid-clerkship meeting with the clerkship director or designee. More specific instructions about submission can be found on D2L.</p>	1%
Obstetrical Emergencies Simulation Preparation and Participation	<p>Assignments can be found on D2L and are designed to ensure that students are prepared to be successful in their fully immersive simulation event. Assignments will be graded, and points awarded for successful completion, and no late or make up assignments will be accepted.</p>	1%
Preceptor Meetings and PICO question	<p>Each student will be assigned a faculty physician (attending), who will serve as the student's Preceptor for the 4 weeks of the clerkship. Student expectations:</p> <ul style="list-style-type: none"> <li>Be professional, reliable, timely. Respect your preceptor's time - they are volunteering to work with you one on one. If you struggle to arrange meetings with your preceptor, please notify the clerkship director.</li> <li>Meet with your preceptor about once per week, but at least 4 times during the clerkship</li> <li>Prepare at least one H&amp;P (with A&amp;P) to review with your preceptor</li> <li>Prepare at least one SOAP note to review with your preceptor</li> <li>Prepare at least one oral patient presentation to present to your preceptor</li> <li>Prepare at least one EBM search using PICO question format and present your findings to your preceptor (see below)</li> <li>Take advantage of your preceptor's expertise – review topics of interest or areas where you may be struggling. Let your preceptor know what your goals are.</li> <li>You should request a PRIME+ form from your preceptor. If you choose not to request this feedback from your preceptor, you must notify the clerkship director via email.</li> </ul> <p><b>Evidence Based Medicine Search:</b></p> <ul style="list-style-type: none"> <li>Each student should identify a clinical question posed in PICO format (see below). The student should perform a literature search and should analyze the literature – how does it answer their question, what is left unanswered, etc.</li> <li>The student should be prepared to discuss the study type/design, the methods used (including exclusion and inclusion criteria), and how the study</li> </ul>	1%



	<p>and methods will impact the study’s generalizability to the population of interest.</p> <ul style="list-style-type: none"> <li>• The student should provide a brief overview of their question and their EBM search of their PICO question</li> </ul>	
uWise Self-Assessment Quizzes	<p>There are 4 available uWise Quizzes through APGO. Students are encouraged to complete them according to the following suggested schedule:</p> <ul style="list-style-type: none"> <li>• Quiz 1 (general): complete on Day 1 of the clerkship to ensure successful registration to the program and to prime learning for the rest of the clerkship</li> <li>• Quiz 2 or 3 (OB and GYN specific): complete either the GYN specific or OB specific self-assessment quiz at the end of week 1, based on the clinical exposure the student has had up to that point.</li> <li>• Quiz 3 or 2 (OB and GYN specific): at the end of week 2, the student should complete whichever quiz they had not completed during week 2.</li> <li>• Quiz 4 (comprehensive, timed, 100 questions): complete at the end of week 3 as a self-assessment for targeted study during the last week of the clerkship.</li> </ul> <p>Recognizing that some students may have other study and self-assessment strategies, full points (all or nothing) will be awarded based on successful completion of all 4 self-assessment quizzes no later than 5pm on the Friday of Week 4 of the clerkship.</p>	1%

## Clerkship Specific Assessment Process

### Mid-Clerkship Formative Assessment

Throughout the clerkship, faculty (including nurse midwives, nurse practitioners and physician assistants with faculty title), fellows, and residents engaged in student teaching and supervision will provide formative feedback in a variety of formats (e.g., review of progress notes, H&P, direct observation forms, informal verbal feedback and written narratives, PRIME+ form, EPAs, participation in didactics, etc.) that may be communicated by writing or verbally. The purpose of this feedback is to identify strengths and opportunities for improvement.

During the OBGYN Clerkship, the student will request a minimum of four (4) PRIME+ or EPA forms via [myTIPreport](#). This is roughly one PRIME+ form per week, though students are encouraged to seek out more frequent feedback via the [myTIPreport](#) app. It is the student’s responsibility to make sure that at least one PRIME+ form has been completed by Week 2 of the clerkship. This will serve as an ongoing mid-clerkship formative assessment. PRIME+ forms collected throughout the clerkship will also be reviewed by the clerkship directors and the grading committee (see below) as part of an overall assessment of student performance. Additionally, the clerkship director or designee will meet with each student at a mid-point of the clerkship to check in, discuss the formative feedback, Px/Dx logging, duty hours, and any other questions or concerns the student or director may have.

Any significant deficiencies or concern should be communicated to the clerkship and/or site director(s) with written documentation that the feedback has been provided to the student. In the event that deficiencies or problematic issues are noted late in the clerkship, timely feedback will be given by an assessor to offer the student the opportunity to improve, and ideally this discussion will occur prior to assigning a score of <2.0 on an EPO. The clerkship director maintains the ability to assign a summative Level 1 for an egregious action even late in clerkship, even if formative feedback is limited or unavailable due to the timing of the action.

### Summative Clinical Assessment

Significant interaction in the OBGYN Clerkship varies by clinical encounter and is at the discretion of the clerkship director. Clinical grading in the OBGYN Clerkship is completed through a collaboration of core faculty and site directors (the “grading committee”). Feedback from faculty, residents, nursing, and ancillary staff will be incorporated to best assess a student’s progress through EPOs and EPAs. This collaborative approach to each student’s clinical grade helps mitigate inter-assessor differences (so-called “hawks” and “doves”) in grading while providing maximally useful formative and summative feedback for continued professional development of the student. Attending physicians (with faculty title) can complete an end-of-

rotation (EOR) assessment form. In the instance that only one EOR assessment is submitted, it will be a collaborative assessment from the preceptors who had significant interaction with the student. When only a single faculty member has been assigned to work with a student, this faculty member must provide assessment for the student. The clerkship EOR assessment form is distributed through [one45](#).

The clerkship directors and the grading committee meet at the conclusion of the clerkship in order to bring together all information from feedback and student assessments (including written feedback through myTIPreport forms and verbal feedback from residents, faculty, interprofessional staff, and others who worked with the student) to most accurately and consistently provide a unified student assessment as described in the paragraph above. Additional information will be sought out as necessary. Through this careful and holistic process, the grading committee will assign EPO scoring through the COM-P standardized EOR form. This will determine the clinical score for the clerkship. The grading committee will portray each student as favorably as possible through the Dean’s Letter narrative, while accurately conveying a student’s opportunities for growth in the overall summative assessment. PRIME+ and EPA forms through myTIPreport will be utilized to help create the overall feedback of the student’s performance on the EPOs and representative comments may be quoted in the summative narrative as appropriate.

**NBME Shelf Exam**

The NBME shelf exam will be offered twice at the end of the clerkship, the afternoon of the last Friday or Sunday immediately following the clerkship allowing for personalization and flexibility. See Section B of syllabus for more details. The Friday morning of the last week of the clerkship will be a dedicated study day.

**Calculating the Final Grade**

The clerkship grading calculator is posted in [one45](#) to provide assistance in calculating the final clerkship grade. The grading calculator is meant to be used as a tool, and students are encouraged to focus on their growth as future physicians rather than final scores or grades. Final determinations will be made using the table below:

CLINICAL (50%)		REQUIRED ACTIVITIES/OTHER SCORE (20%)	EXAMINATION (30%)		COMPOSITE		FINAL GRADE
Score	Qualifies for		Score	Qualifies for	Score	Qualifies for	
≥2.6 – 3.0	Honors		≥83	Honors	≥84.90-100	Honors	Honors <i>IF</i> composite score is within Honors range, and qualifying shelf score meets at least the High Pass cutoff
≥2.3 – 2.59	High Pass		≥79	High Pass	≥75.80-84.89	High Pass	High Pass <i>IF</i> composite score is within High Pass range and clinical score is at least within High Pass range
≥2.0 – 2.29	Pass	Pass ≥ 12 points (≥60%)	≥64	Pass	≥64.50-75.79	Pass	Pass <i>IF</i> composite score is within Pass range and clinical score is at least within Pass range
<2.00	Fail	Fail < 12 points (<60%)	≤63	Fail	<64.50	Fail	

The student fails the clerkship if any of the following occur:

1. The clinical score is < 2.0
2. Receive a final Level 1 on two or more different EPOs\*
3. Failure of the shelf exam on both initial\*\* and one retake attempt
4. Achievement of a score of less than 60% from the "REQUIRED ACTIVITIES/OTHER"
5. Achievement of a total composite score of Fail

\*For the purpose of assessment in clerkships, an individual EPO rating of Level 1.5 will not be considered a Level 1 as defined in the [Competency Assessment Policy](#).

\*\*A student who retakes the shelf examination due to failing on the first attempt is not eligible for a final clerkship grade of Honors or High Pass as outlined in the [Grading and Progression in Clerkships and Selectives Policy](#).

### **Additional Clerkship Information**

#### **Helpful Tips**

- Register as a student member of the American College of Obstetricians and Gynecologists as soon as possible. It may take several weeks to process the free medical student memberships and you will want to have access to the ACOG documents and guidelines for quick reference while on the clerkship and to prepare for rounds.
- Familiarize yourself with the resources on D2L early in the clerkship.
- Communicate early and often if you have questions or concerns - the OBGYN Clerkship team is here to support you!

## **Section B – Clerkship Policy and Resources**

### **General Information**

Prerequisites: All students must successfully pass all pre-clerkship courses\* to progress to the third year and must have taken USMLE Step 1. Link to policies:

[Enrollment, Sequencing and Grading for Pre-Clerkships Policy](#)

[United States Medical Licensing Examination \(USMLE\) Timing and Failure Policy](#)

Students are responsible for their own transportation to and from, and parking fees at clinical sites as indicated in the [Clinical Site Placement and Transportation Policy](#).

### **Learning Environment Office**

The [Learning Environment Office](#) (LEO) provides guidance, support, and information to students on professionalism issues and challenges they may face in the learning environment. The LEO supports students in the development of strong, positive professional practices with peers, faculty, patients and the broader community through effective communication and conflict management.

- Professionalism concerns may be reported directly to the course\* director, the LEO liaisons or in the student evaluations of the clerkship, site, and faculty, which links to the LEO form.
- The [Learning Environment Feedback Form](#) is an online mechanism for students to report any concerns, including those about supervision, across the four-year curriculum. This mechanism ensures confidentiality and is collected directly by the LEO and allows the student to track their report through the process to action.
- A professionalism lanyard card with a LEO QR code for direct, real-time reporting of exemplary examples of professionalism or concerning professionalism/mistreatment behaviors has been distributed to each student.



The University of Arizona College of Medicine – Phoenix (COM-P) is committed to creating and maintaining an environment free of discrimination, harassment, and retaliation that is unlawful or prohibited by university policy. Please see the [Reporting Mistreatment or Harassment of Medical Students Policy](#), the [Anti-Harassment and Nondiscrimination Policy](#) and the [Professionalism Policy](#) for additional information. In addition, professional attributes are expected of all students. These attributes are within the [Teacher Learner Compact Policy](#).

Course\* refers to any component of the curriculum where a grade is earned.

### **Educational Program Objectives**

The Educational Program Objectives (EPO) are competencies and measurable objectives by which attainment of each can be assessed. The full text of COM-P EPO's can be accessed in the [Educational Program Objectives Policy](#) and requires dissemination as noted in the [Orientation to EPOs and Curricular Unit Objectives Policy](#).

In addition to EPOs, the clerkship objectives are closely tied to student learning outcomes. COM-P measures these outcomes both quantitatively (via National Board of Medical Examiners [NBME] shelf exams) and qualitatively (via behavioral competency assessments).

### **Attendance Requirements**

All clerkship experiences are mandatory, and any absence must be recorded via the absence tracking system. To submit an absence request please use [Formsite](#).

Excused absences will be remediated with make up clinical shifts when possible, or as deemed appropriate by the clerkship director and are not to exceed 0.5 days per week on average. Exceptions to this may be considered in consultation with the clerkship director and the dean, student affairs/or designee. Please see link to the following policies:

- [Years 3 and 4 Attendance and Absence Policy](#)
- [Leave of Absence Policy](#)

### **Required Clinical Experiences: Procedures and Diagnosis (Px/Dx) Additional Information**

COM-P, in accordance with the [Core Clinical Skills Observation Policy](#), monitors and tracks the types of patients and clinical conditions that medical students must encounter, so as to remedy any identified gaps in patients, Px or Dx across clinical sites. Details of supervision expectations for student clinical encounters can be reviewed in the [Faculty Supervision of Medical Students in Clinical Learning Situations Policy](#) and the [Faculty Supervision of Sensitive Physical Examination Policy](#). Procedures and clinical conditions will be recorded in the student's Px/Dx log and reviewed with the site or clerkship director at the mid-clerkship and end of clerkship review.

All highlighted Px/Dx on the [Global Px/Dx](#) list, and demarcated on each individual clerkship's syllabus, must be encountered on the designated clerkship, even if also encountered on previous clerkships.

Across the third year, students must encounter the assigned clinical conditions, diagnoses, and procedures at the indicated level of student responsibility. The standardized levels of student responsibility include the following:

1. **Observe and discuss:** observing the key elements of care (e.g., physical exam, procedure, etc.) as they are performed by another member of the team and discussing the case, condition, and relevant clinical aspects with the team.
2. **Actively participate in care:** observing and discussing, but also indicates increased active responsibility for the patient, such as performing a physical exam and workup, entering progress notes or history and physicals (H&Ps), presenting the patient on rounds, scrubbing into a case, and/or counseling or discussing prevention with the patient.
3. **Perform procedure:** actively participate in care and is additionally defined as the student performing the procedure with supervision.

**To best prepare for the NBME shelf exams and your future career in medicine, the following scaffolding outlines the minimum understanding of each Px and each Dx. In the spirit of self-directed learning, your approach to mastery of each component is up to you.**

#### **List for each Px**

1. Explain the anatomy and pathophysiology related to the Px
2. Define relevant pharmacology to the Px
3. Summarize the informed consent process (including risks, benefits, indications, and alternatives) for the Px
4. Compare associated imaging modalities for the Px
5. Analyze potential complications and prevention or management strategies for the Px
6. Understand post procedural care, patient education, and anticipatory guidance for the Px
7. THEME: Reflect upon the assigned theme objective related to Px

#### **List for each Dx**

1. Define the key epidemiological characteristics of Dx
2. List the risk factors for acquiring Dx
3. Describe the pathophysiology of Dx
4. Create a differential diagnosis algorithm for Dx
5. Develop and initiate an effective treatment plan for Dx
6. Obtain a relevant history and physical examination for Dx
7. THEME: Reflect upon the assigned theme objective related to each Dx

## Assessment Process

### Formative Assessments

Any significant deficiencies or concerns should be communicated by the faculty to the clerkship and/or site director with written documentation that the feedback has been provided to the student. If deficiencies or problematic issues are noted late in the clerkship, timely feedback will be given by an assessor to offer the student the opportunity to improve. Ideally this should have occurred prior to assigning a score of <2.0 on an EPO. The clerkship director maintains the ability to assign a summative Level 1 for an egregious action even late in a clerkship.

### Mid-Clerkship Formative Assessment

A mid-clerkship formative assessment for each student is required as per the [Competency Assessment Policy](#). The mid-clerkship formative assessment will be completed by the clerkship director, site director, or a designated faculty member at the student's primary clinical site using COM-P mid-clerkship formative assessment form. The mid-clerkship formative assessment form is distributed through myTIPreport. The PRIME+ form will serve as the mid-clerkship formative assessment. The student's mid-clerkship performance will be reviewed by the clerkship director, and a one-on-one meeting will occur between the student and the clerkship director to review mid-clerkship feedback.

### Summative Assessment

COM-P has internal deadlines for the summative assessment forms to ensure the LCME 6-week requirement is met. The end-of-rotation (EOR) form is to be completed by the faculty within two weeks of the rotation ending. This will allow clerkship directors to complete the final grades as close to the four-week mark as possible. All EOR assessment forms and the clerkship final grade form can be viewed by students in one45 six weeks after the end of the clerkship according to the [Final Grades Reporting Timeline Policy](#) in accordance with the LCME.

### NBME Shelf Exam

The NBME shelf exam is an objective summative assessment associated with each clerkship. The NBME shelf exam will be offered twice at the end of the clerkship, the afternoon of the last Friday or Sunday immediately following the clerkship allowing for personalization and flexibility. Students must inform the Office of Assessment and Evaluation of which shelf exam offering they are requesting by 8 am on the final Wednesday of the clerkship. Students who do not submit the form via [Sign Up Genius](#) requesting an exam will automatically be scheduled for a Sunday afternoon shelf exam.

In case of unexpected illness or circumstance, if student is unable to sit for the NBME shelf exam as scheduled, or if technical issues arise during the examination, student should notify the exam team immediately and will work with the associate dean, clinical and competency based education and the exam team on scheduling a retake during adjacent Personal Professional Development (PPD).

### What to do if an assessor is not listed in one45 or myTIPreport

Contact the COM-P coordinator ([PBC-Evaluation@arizona.edu](mailto:PBC-Evaluation@arizona.edu)) and the clerkship director.

### Conflict of Interest

It should be noted that faculty at COM-P who are family members of the student, have a personal relationship with the student, or are/have been health service providers of the student, may not be involved in the academic assessment or promotion of the medical student as described in the [Conflict of Interest - Physician-Student Personal Relationship Policy](#) and the [Conflict of Interest - Physician-Student Health Services Relationship Policy](#).

### Standardized Grading Process

The final clerkship grade will be determined by the clerkship director using the composite score (consisting of clinical score, exam score, "other" score) and additional criteria for grading approved by the Curriculum Committee (explained further in the "Calculating the Final Grade" section below). The final clerkship grade will be divided into four categories: Honors, High Pass, Pass, or Fail (H, HP, P, F). Details regarding grading in the clerkships are provided in the [Grading and Progression for Clerkships and Selectives Policy](#). Below is a listing of the components of the composite score:

1. **Clinical Score:** the clinical score accounts for 50% of the composite score and serves as the qualifier for the overall grade. The clinical score is calculated through assessment of student performance within each individual EPO. When more than one EOR form is submitted for a student, the final EPO score is determined by averaging the scores on the EOR assessment for each EPO. The clerkship director will ensure that an adequate amount of information is available prior to calculating the clinical score, which may include incorporating feedback from narrative formative feedback tools, preceptor feedback, and/or additional requested comments from faculty. After grades are submitted, no further information will be sought, nor will additional assessments be accepted.
2. **Exam Score:** the NBME shelf exam score accounts for 30% of the composite score. A student who fails the shelf examination is given the opportunity to complete a one-time retake examination (see [Examination Retake for Course, Clerkship, and Year 4 Observed Structured Clinical Examination \(OSCE\) Policy](#).) If successful on the shelf retake, a final grade no higher than "Pass" can be earned for the clerkship. (See [Grading and Progression for Clerkships and Selectives Policy](#) for additional details.)
3. **Required Activities/"Other":** the required activities/"other" score accounts for 20% of the composite score. It is the point total for the other observable learning activities specific to the clerkship. Students must attain a minimum 60% of these points to pass the clerkship.

*Each component of the grade, including the composite score, will be rounded to the hundredths place except for the NBME shelf exam, which is a round number.*

### **Calculating the Final Grade**

See the clerkship-specific (section A) of the syllabus.

### **Additional Grading Criteria**

1. To obtain a final grade of Honors a student must achieve a clinical score of Honors in addition to a composite score of Honors and a shelf exam score of at least High Pass.
2. To obtain a final grade of High Pass a student must achieve a composite score that meets the cut off for High Pass and at a minimum a clinical score of High Pass.
3. Failure of the shelf exam on both initial and one retake attempt results in Failure of the clerkship and necessitates repeat of clerkship in its entirety.

A Level 1, 1.5, 2, 2.5 or 3 is generated for each EPO based on the scale below as described in detail in the [Competency Assessment Policy](#).

**Level 1** - Failure to meet even minimal expectations; the only grade that is appealable and the only grade that is tracked via advisor/dean, student affairs/Student Progress Committee

**Level 1.5** - Acquiring necessary skills/behaviors to meet expectations

**Level 2** - Meeting expectations

**Level 2.5** - Acquiring skills/behaviors to exceed expectations

**Level 3** - Exceeding expectations

For the purpose of assessment in the clinical years, an individual EPO rating of Level 1.5 will not be considered a Level 1 as defined in the [Competency Assessment Policy](#).

A final summative Level 1 can be generated for an EPO based on the following ways:

- a) If two or more separate faculty raters assign a rating of Level 1 on the same individual EPO on an EOR form, this will result in a Level 1 regardless of the average score.
- b) Assigned by the clerkship director based on prolonged demonstration of performance not meeting expectations, a substantial incident, extreme behavior, or other events that warrant the summative Level 1 as determined by the clerkship director.

### **Narrative Feedback**

The clerkship final grade form has two separate areas which include narrative feedback. The first area includes formative comments from the EOR forms (these are not included in the Dean's Letter/Medical Student Performance Evaluation [MSPE]). The second area includes formalized summative comments which will be included in the Dean's Letter. The summative final comments are generally not a direct "cut and paste" but rather a sample summary determined by the clerkship director. The clerkship director has the discretion to include or not include comments based on their interpretation of which comments best summarize the student's performance over the entirety of the clerkship. Students are not permitted to select specific comments to be included or excluded in their narrative grade form. Students do not grade or summarize their own performance. Any concerns regarding narrative comments may be addressed to the clerkship director, dean, clinical curriculum/or designee or dean, student affairs/or designee (see the [Student Progress Committee Procedures and Process for Dismissal Policy](#) for more information).

### **Required Student Evaluation**

Assigned student evaluation of the clerkship, sites, and didactics is required. The student must complete evaluations online in the required time frame. All comments will be expected to model constructive feedback using the W3 model and must contain references and comments to specific behaviors and/or events (positive or negative).

If the student does not complete the required assigned evaluations within one week after the end of the clerkship, the student will be assigned a formative Level 1 for the EPO targeting "giving and receiving constructive feedback" and will be required to submit the missing evaluation data in narrative form within the second week after the clerkship.

Once the student has successfully submitted their evaluation in narrative form within the second week after the clerkship the student will have successfully demonstrated meeting expectations in professionalism.

If the student has not successfully submitted their evaluation in narrative form within the second week after the clerkship the student will be considered as having not met expectations and a summative Level 1 rating for the EPO targeting "giving and receiving constructive feedback" will be automatically assigned. The Office of Assessment and Evaluation will track this and report to the clerkship director.

For more information, see the [Assessment and Evaluation of Students, Faculty and Curriculum Policy](#).

### **Deadline Compliance**

The following must be completed as part of the clerkship requirements.

1. Duty hour logging is due at the end of the rotation by **Sunday at 11:59pm**. See the [Duty Hours Policy](#) for specifics regarding duty hour limits, documentation of hours, and a FAQ section.
2. Required Px/Dx logging is due at the end of the rotation by **Sunday at 11:59pm**.

#### **NOTE**

- **A formative Level 1** will be given if the duty hour or Px/Dx log requirement is not completed by the end of the rotation **Sunday at 11:59pm**. The student will have until Tuesday at 11:59pm following the conclusion of the clerkship to remediate the duty hour or Px/Dx logging requirement. All logs must be completed accurately.
- **A summative Level 1** will be given for any failure to properly complete the duty hour or Px/Dx log requirement by **Tuesday at 11:59pm** following the completion of the clerkship. **A grade of Incomplete** will be given until requirements are met.
- The Level 1 will be on a single professionalism EPO related to accountability. Compliance with these deadlines will be determined by the clinical and competency based education (CCBE) team and reported to the Office of Assessment and Evaluation.
- A summative Level 1 will be taken into account as part of a comprehensive assessment and final grade. All summative, or "final" Level 1 ratings are tracked by the Office of Assessment and Evaluation in collaboration with the Office of Student Affairs. Cumulative Level ratings are retained throughout the student's enrollment. See [Competency Assessment Policy](#).



3. Completion of the mid-clerkship feedback forms (PRIME+) (see the [Competency Assessment Policy](#)).
4. Completion of assigned site, faculty, and end of the clerkship evaluations (see the [Assessment and Evaluation of Students, Faculty and Curriculum Policy](#)).

## Additional Resources

### Rural Health Professions Program

Students scheduled for rural rotations must complete required documents and attend a rural rotation orientation. Housing expenses are supported by the Rural Health Professions Program (RHPP) and funded by [Arizona Area Health Education Centers](#) (AzaHEC). Students are responsible for damages and incidental charges. Housing options vary depending on rotation location. In most cases, it is pre-arranged by RHPP staff; in others, the preceptor or health center hosting the student provides housing (occasionally in the home of the faculty). Occasionally, students are asked to make their own arrangements. At times, housing options are limited and may require sharing common areas and bathrooms with other students. Individualized accommodation requests cannot be guaranteed, therefore flexibility and a resilient attitude regarding housing are key to having a great experience. Once housing has been secured, changes are generally not allowed less than six weeks prior to the rotation. In addition to housing, AzaHEC also funds one round trip to and from the rural site and a small stipend applied to the student's bursar's account.

Contact Information: Director, RHPP - Jonathan Cartsonis, MD  
Email: [jcartsonis@arizona.edu](mailto:jcartsonis@arizona.edu), Phone: 602-684-0598

### Urgent/Emergent Health Care Services

#### On-Campus and in the Immediate Phoenix Area

Students can access the list of local healthcare services on the COM-P [website](#). Students are given a rectangular card that contains a list of emergency contact numbers and local healthcare service addresses and phone numbers. This card is placed in their identification holder along with a COM-P identification badge to allow easy access to healthcare information while at instructional sites. All information is also accessible on the wellness website at [wellness.arizona.edu](http://wellness.arizona.edu).

For a list of emergency contact numbers please visit the COM-P website at the following link: [Security - Emergency Numbers](#)

#### Off-Campus Outside of the Metro Phoenix Area

Students who are in need of urgent/emergent healthcare services, or other healthcare services, while on a remote/rural rotation can find healthcare resources on the site description website: [Clerkship Resources](#)

Students may also contact the dean, student affairs or dean, clinical curriculum/or designees.

All sites are assessed for student safety. Details of this assessment are included in the [Training Site Safety Policy](#). Faculty shall not provide health services for students if they are directly involved in the assessment of the students; however, in the event of an emergency, faculty should perform services to stabilize a student until the appropriate transfer of care can occur. Please see the [Conflict of Interest - Physician-Student Health Services Relationship Policy](#).

COM-P requires that all students have an updated immunization record. Please see the [Immunization and Health Screening Policy](#) for details regarding the contents of the record.

In the event of any exposure to blood/bodily fluids through needle stick, inhalation, mucus membrane or skin exposure, or percutaneously, students must follow the required procedures as indicated in the [Student Exposure to Potentially Infectious Agents and/or Hazardous Materials Policy](#), with steps also outlined on the student occupational exposure procedure card that each student receives at the beginning of their clerkship year.

### **Expectations for Mobile Communication**

The student must always be reachable during usual extended work hours and on-call hours, and if in a clinical setting, the student should respond within 15 minutes. Most students opt to provide their mobile number for texts; however, the pager and/or voice capability of the cell phone must be functional and available i.e., on the student's person for calls/pages daily. Not responding to calls or pages will be viewed as a deficit in *interpersonal skills and communication*, as well as *professionalism*. This may be reflected in the student's overall assessment (grade). Students who are unable or unwilling to utilize their personal mobile device while in their clinical rotation should reach out to the dean of student affairs/or designee to discuss alternatives.

### **Accessibility and Accommodations**

The University of Arizona strives to make learning experiences as accessible as possible. If there is anticipation or experience of barriers based on disability or pregnancy, please contact the disability resource center (520-621-3268, <https://drc.arizona.edu/>) to establish reasonable accommodations.

### **one45: Curriculum Management System**

one45 is the curricular management system used to manage evaluations, EOR assessments, final grade forms, and may be used to access learning materials and schedules. In clerkships using only one45 for learning materials, general information about the clerkship rotations, such as syllabi, site information, learning objectives, materials for didactic sessions, links, etc. will be attached as handouts to each clerkship "course" under handouts and links within one45. one45 can be accessed at the web address: [one45](#).

Clerkships additionally using D2L may house this information through the D2L clerkship page. D2L can be accessed at the web address: [D2L](#)

Assessments are collected via one45, and automatic emails are sent to the attendings with instructions and reminders to complete. A list of pending and completed assessments can be reviewed in one45, if applicable. Students will use OASIS to log observed Px/Dx at clinical sites and duty hours. Students can use their smartphones to make log entries on-the-go, if allowed by site policy where the student is rotating.

### **OASIS: Course Schedule**

COM-P uses a web-based scheduling system, OASIS. OASIS maintains site information, student schedules, course catalog, and various other details that are pertinent to the clinical rotations. OASIS has detailed, up to the minute course information and allows students to request schedule changes. All students will use this resource for any scheduling purpose throughout their 3rd and 4th year of clinical rotations. OASIS can be accessed on the web address: [OASIS](#)

### **myTIPreport Formative Assessment Application**

myTIPreport is an application (app) used by COM-P to collect formative assessments and EOR student self-assessment/reflection for the clerkship rotations. myTIPreport can be accessed via the app and at the web address: [myTIPreport](#)

Formative assessments are collected via myTIPreport, and automatic emails are sent to faculty, fellows, or residents with instructions and reminders to complete. A list of pending and completed assessments can be reviewed in myTIPreport.

### **Student Use of University Sponsored Educational Material**

Statement of copyrighted materials: All lecture notes, lectures, study guides and other course materials (besides the required reading) disseminated by the instructor to the students, whether in class or online, are original materials and reflect the intellectual property of the instructor or author of those works. All readings, study guides, lecture notes, and handouts are intended for individual use by students. These materials may not be distributed or reproduced for commercial purposes without the express consent of the instructor. Students who sell or distribute these materials for any use other than their own are in violation of the [Arizona Board of Regents Intellectual Property Policy](#). Violations of the instructors' copyright may result in course sanctions and violate the Code of Academic Integrity.

**Use of Video Recordings of Students**

Recordings of certain simulation activities, by the University of Arizona College of Medicine-Phoenix, for the purposes of academic assessment are required and students may not opt-out. These videos and/or audio recordings are a part of the educational record, and subject to the privacy provisions under the Family Educational Rights and Privacy Act (FERPA). If you have questions regarding the video recording of classroom simulations, please contact the Office of Clinical Curriculum for Years 3 and 4.

**Student Code of Conduct**

Medical students are required to follow the policies and codes of conduct governing all students at the University of Arizona. In addition, medical students are also bound by the COM-P [Code of Conduct and Procedures for the Honor Code](#) Committee.

COM-P recognizes the existence of generative artificial intelligence (AI) tools (e.g., ChatGPT & Grammarly) and the educational benefits they can provide when used ethically. It is imperative any use of generative AI is appropriately disclosed and referenced (e.g., APA, Chicago, MLA). Use of generative AI without citation is considered a form of plagiarism and therefore a breach of Academic Integrity. Students are advised to review assignment instructions for specific guidelines concerning the use of generative AI.

COM-P requires medical students to abide by the professional standards required of physicians under Arizona law students must also abide by A.R.S 32-1401, et.seq. which can be accessed at: <http://www.azleg.gov/arsDetail/?title=32>