

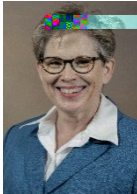
# Edward Via College of Osteopathic Medicine

MED 8080/MED 8085  
Clinical Obstetrics and Gynecology and Modules  
Academic Year 2024 - 2025

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## ROTATION SYLLABUS

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## I. Rotation Description

Obstetrics and Gynecology is the medical specialty concerned with the reproductive health and medical needs of adolescents and women. The specialty encompasses preventive health, reproductive health, maternal care and surgery for women of all ages. Obstetricians and gynecologists develop enduring relationships with their patients and deliver medical care that may include adolescent gynecology, infertility, endocrinology, and health maintenance during pregnancy, treatment of medical problems in pregnancy, operative gynecology and gynecological oncology. The diversity of the specialty is apparent in all practice settings and you will appreciate the challenges and thrill during your third year clerkships.

The Department of Obstetrics and Gynecology Department aims to embody competent and compassionate care and facilitate students' professional growth. The practice of obstetrics and gynecology occurs in the outpatient office setting, labor and delivery unit and in the operating room. Due to the variety of practice opportunities and formats in obstetrics and gynecology, students should review their [specific site instructions](#) for a more detailed description of their specific practice setting. Regardless of your chosen area of specialty, you will be caring for women. This rotation is designed to best prepare each medical student to develop competence in areas of reproductive and preventive health care for women. The curriculum relies heavily upon the national learning objectives for medical student education outlined by the Association of Professors of Gynecology and Obstetrics.

The curriculum is delivered through structured reading assignments, case modules and lectures, and through the student-preceptor experience. Students are expected to complete their assignments for both obstetrics and gynecology and the longitudinal OMM course.

## II. Course Goals and Objectives

### A. Goals of the Course

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

1. Develop competence in the medical interview and physical examination of women and

18. Identify common osteopathic structural findings in pregnancy which occur to accommodate the shifting center of gravity.
- 19.

- d. Actively seek feedback from preceptor on areas for improvement
- e. Correlate symptoms & signs with most common disease
- 6. Professional and Ethical Behaviors** - the student should demonstrate the following professional and ethical behaviors and skills:
  - a. Is dutiful, arrives on time & stays until all tasks are complete
  - b. Consistently follows through on patient care responsibilities
  - c. Accepts & readily responds to feedback, is not resistant to advice
  - d. Assures professionalism in relationships with patients, staff, & peers
  - e. Displays integrity & honesty in medical ability and documentation
  - f. Acknowledges errors, seeks to correct errors appropriately
  - g. Is well prepared for and seeks to provide high quality patient care
  - h. Identifies the importance to care for underserved populations in a non-judgmental & altruistic manner

### **III. Rotation Design**

#### **A. Educational Modules**

Educational modules using lectures, cases, and other forms of delivery are used for third year curriculum. Each student must complete a post-rotation exam to assure that the expected basic content or medical knowledge has been acquired during the rotation. In addition to the experiences received in the clinical training sites, students are expected to read the content of the assigned textbooks and online materials in order to complete the entire curriculum assigned for the clinical module.

#### **B. Formative Evaluation**



## V. Course Texts and Reference Materials

### A. Required Textbooks

- American Osteopathic Association, & Chila, A. Foundations of Osteopathic Medicine, 3rd ed. Baltimore, MD: Lippincott Williams & Wilkins, 2010. ISBN: 978-0781766715
- Casanova, Robert. Beckmann and Ling's Obstetrics and Gynecology, 9<sup>th</sup> ed. Philadelphia, PA: Lippincott, Williams and Wilkins, 2024. ISBN: 978-1975180577 (retail price \$88.99) – Available in VCOM's eLibrary in LWW Health Library Clerkship Collection
- Kuchera, Michael, Kuchera, William.

## Module 8

- Completion of 2 Aquifer Radiology cases:
  - Aquifer Radiology is a case-based virtual course that provides realistic case scenarios that demonstrate best-practices, helping students develop clinical reasoning skills that bridge the gap from content to practice. Upon completion of the cases, students should have a basic understanding of the principles and applications of medical imaging and be able to interpret common radiological studies in the context of presenting patient conditions. In addition, students should be able to recognize common osteopathic structural and viscersomatic/somatosomatic changes that correlate to specific radiographic findings.
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the VLMS application at: <https://vlms.app/login.html>

Within the daily log, the clinical discipline chairs have also identified a specific set of patient presentations and procedures that each student is expected to see/do during the course of the rotation that should be logged in VLMS as you experience it. Students should be familiar with this list and should actively work to see these patients or be involved in these procedures. The list serves as a guide for the types of patients the clinical faculty think students should encounter during the rotation. The list does not include every possible diagnosis or even every diagnostic entity students must learn. The list reflects the common and typical clinical entities that the faculty feels VCOM students should experience. The list can be found in VLMS or CANVAS.

- Students should log only an encounter with or exposure to a real patient. Simulated patients, case presentations, videos, grand rounds, written clinical vignettes, etc. should not be logged even though they are all important ways to learn clinical medicine. Many of these educational experiences, along with self-directed reading, are necessary preparation for COMLEX Level 2 and postgraduate training. This log, however, focuses on a unique and critical component of clinical training, namely, involvement with “real” patients. Longitudinal care of a patient that results in a new diagnosis or secondary diagnosis should be entered as a new entry instead of editing the original entry. Multiple encounters with the same patient that do not result in a new diagnosis or procedure should not be logged. However, if multiple encounters result in a new diagnosis or a new procedure is performed, these should be entered as a new entry.

Student involvement with patients can occur in various ways with different levels of student responsibility. The most “meaningful” learning experience involves the student in the initial history and physical exam and participation in diagnostic decision making and management. A less involved but still meaningful encounter can be seeing a patient presented by someone else at the bedside. Although the level of responsibility in this latter case is less, students should log the diagnoses

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**D. Remediation**

Students who fail a clinical rotation, fail an end-of-rotation exam twice, or who have more than one first attempt failure on end-of-



on time for the clinical rotation.

Students are expected to arrive on time for all clinical rotations. If a student is late, he or she must notify the site coordinator and the preceptor prior to or at the time they are scheduled to arrive. Students must have a reason for being late such as illness or vehicle issues and it is not anticipated that this would occur more than one occasion AND it is important the student call in prior to being late. Repeated tardiness is considered as unprofessional behavior and is a reason for dismissal from a rotation. Students with repeated tardiness will be referred to the PESB. Tardiness is defined as more than 5 minutes after the scheduled time the preceptor designates as the expected arrival time.

The Office of Clinical Affairs requires that the medical student complete and submit an Excused Absence Clinical Rotations Approval form for any time "away" from clinical rotations.

## **IX. Syllabus and Rotation Schedule**

Please use this syllabus as a guide, paying particular attention to the learning objectives as an outline of what you are expected to know for each topic/module. Refer to the rotation calendar for specific dates of exams.

The faculty of the course will make every effort to adhere to the syllabus and rotation schedule; however, the Office of Clinical Affairs reserves the right to make changes to the syllabus; including changes to examinations, quizzes, modules, homework or other assignments; and/or the schedule with as much advance notice as possible. These changes will be communicated to the students in writing via Canvas or email.

## **X. Pre-requisites to a Successful Clerkship**

Please ensure that you are familiar with these four review topics prior to beginning your obstetrics and gynecology clerkship.

In addition to the topics below with reading references and learning objectives, students must also complete the assigned clinical cases and the assigned Aquifer Radiology cases. The content of the end-of-rotation exams will be based upon the learning objectives and reading assignments, including OMM, in this syllabus, the clinical case modules, and the Aquifer Radiology cases and their associated references.

The clinical case modules must be submitted in Canvas at: <https://canvas.vcom.edu>

### **1. Female Reproductive Physiology**

**Module: 5**



- iv. Interact with the patient to gain her confidence and cooperation and assure her comfort and modesty.
- v. Perform a painless obstetric-gynecologic examination as part of a woman's general medical examination.
- vi. Communicate the relevant results of the examination in well-organized written oral reports.
- vii. Educate the patient regarding breast self-examination.
- viii. Identify methods to incorporate holistic care in the management of patients receiving OB or gyn care.

#### 4. Embryology and Pelvic Anatomy

**Reading Assignment:** Beckmann, pp 29-41

**Module:** [5](#)

**Learning Objective:**

- i. Review pelvic anatomy, with a particular focus on surgical pelvic anatomy in preparation for clinical surgical experiences.
- ii. Describe basic development of early human embryo as it relates to reproductive anatomy.
- iii. Identify structures/regions that may be treated with OMT in order to balance the autonomic nervous system.
- iv. Name the fascial regions/diaphragms which can restrict lymphatic flow.

### XI. Obstetric Curriculum

#### 5. Maternal-Fetal Physiology

**Reading Assignment:** Beckmann, pp 43-55

**Module:** [4](#)

**Learning Objectives:**

- i. Discuss the maternal physiologic anatomic changes associated with pregnancy.
- ii. Describe the physiologic functions of the placenta and fetus.
- iii. Discuss the effect of pregnancy on common diagnostic studies.

#### 6. Preconception Care/Antepartum Care

##### A. Preconception Care

**Reading Assignment:** Beckmann, Chapter 6

**Module:** [4](#)

**Learning Objectives:**

- i. Assess a patient's genetic risk as well as father's genetic risk with regard to pregnancy.
- ii. Describe genetic screening options in pregnancy.
- iii. Recall the risk associated in pregnancy in advanced maternal age.
- iv. Counsel patients regarding nutrition and exercise.
- v. Assess a patient's medications, immunization and environmental hazard in pregnancy.

##### B. Antepartum Care

**Reading Assignment:** Beckmann, Chapter 6

**Module:** [4](#)

**Learning Objectives:**

- i. Diagnose pregnancy.
- ii. Determine gestational age.
- iii. Describe appropriate diagnostic studies and their timing for a normal pregnancy.
- iv. Assess risk factors for pregnancy complications.
- v. List the nutritional needs of pregnant women.
- vi. Identify the adverse effects of drugs and the environment on pregnancy.

- vii. Discuss answers to commonly asked questions concerning pregnancy, labor and delivery.
- viii. Identify the 2 most common complaints of an obstetrical patient in each trimester.
- ix. Identify common osteopathic structural findings in pregnancy which occur to accommodate the shifting center of gravity.
- x. Distinguish the 5 models used in osteopathic patient care for an obstetrical patient with lower extremity edema and low back pain.
- xi. From a list, identify common diagnoses/approaches to be considered in an obstetrical patient with low back pain.
- xii. Identify an Osteopathic approach to the diagnosis and treatment of an obstetrical patient with somatic dysfunction of the lumbar spine, sacrum, pelvis, and lower extremity.
- xiii. Identify the differential diagnosis for a pregnant patient with lower extremity edema.
- xiv. Describe approaches to assessing the laboring patient.

Perform initial assessment of laboring patient.  
 Note common abnormalities.

- ii. Describe differential diagnosis of postpartum hemorrhage.
- iii. Describe the immediate management of the patient with postpartum hemorrhage, including:
  - a. Inspection for lacerations
  - b. Use of uterine contractile agents
  - c. Management of volume loss
  - d. Management of coagulopathy

### **C. Postpartum Infection**

**Reading Assignment:** Beckmann, pp 122

**Module:** [2](#)

**Learning Objectives:**

- i. List the risk factors for postpartum infection.
- ii. List common postpartum infections.
- iii. Describe evaluation and management of the patient with postpartum infection.

## **9. Complications of Pregnancy**

### **A. Ectopic Pregnancy**

**Reading Assignment:** Beckmann, Chapter 19

**Online Case:** [Aquifer Radiology Case 14](#)

**Module:** [4](#)

**Learning Objectives:**

- i. Develop a differential diagnosis of first trimester bleeding.
- ii. Perform a physical exam to assess for acute abdomen.
- iii. List risk factors for ectopic pregnancy.
- iv. Discuss diagnostic protocols for ectopic pregnancy.
- v. Discuss the imaging management of suspected ectopic pregnancies and the correlation with clinical data.
- vi. Incorporate the ultrasound findings of an “empty uterus” with the clinical data.



- a. Anemia
- b. Urinary tract disorders
- c. Hypertension
- d. Infectious diseases
- e. Cardiac disease
- f.



## L. Premature Rupture of Membranes

**Reading Assignment:** Beckmann, Chapter 17

**Module:** [6](#)

**Learning Objectives:**

- i. List the history, physical findings and diagnostic methods to confirm rupture of membranes.
- ii. Identify risk factors for premature rupture of membranes.
- iii. Describe the risks and benefits of expectant management versus immediate delivery, based on gestational age.
- iv. Describe the methods to monitor maternal and fetal status during expectant management.

## M. Post Term Pregnancy

**Reading Assignment:** Beckmann, Chapter 18

**Learning Objectives:**

- i. Describe normal period of gestation.
- ii. List the complications of prolonged gestation.
- iii. Describe the evaluation and evidence-based management options for prolonged gestation.

## N. Fetal Growth Abnormalities

**Reading Assignment:** Beckmann, Chapter 14

**Module:** [6](#)

**Learning Objectives:**

- i. Define macrosomia and fetal growth restriction.
- ii. Describe etiologies of abnormal growth.
- iii. List methods of detection of fetal growth abnormalities
- iv. Describe the management of fetal growth abnormalities.
- v. List the associated morbidity and mortality.

## O. Obstetric Procedures

**Reading Assignment:** Beckmann, pp 81-105; 118-119

**Online Case:** [Aquifer Radiology Case 14](#)

**Modules:** [1](#) and [4](#)

**Learning Objectives:**

- i. Describe each procedure and list the indications and complications of each of the following:
  - a. Chorionic villous sampling and amniocentesis
  - b. Induction and augmentation of labor
  - c. Episiotomy
  - d. Spontaneous vaginal delivery
  - e. Vacuum-assisted delivery
  - f. Forceps delivery
  - g. Breech delivery
  - h. Cesarean delivery
  - i. Vaginal birth after Cesarean section
  - j. Newborn circumcision
- ii. Describe obstetric ultrasound:
  - a. Radiation risk to the fetus
  - b. Four indications for first trimester ultrasound
  - c. Describe the normal sequence of appearance of embryonic structures on first-trimester ultrasound
  - d. Four indications for second and third trimester ultrasound

## **XII. Gynecology Curriculum**

### **10. Menstrual Cycle and Vaginal Bleeding**

#### **A. Normal and Abnormal Bleeding**

**Reading Assignment:** Beckmann, Chapter 37, 39

**Module:** [7](#)

**Learning Objectives:**

- i. Define the normal menstrual cycle and describe its endocrinology and physiology.
- ii. Define abnormal uterine bleeding.
- iii. Describe the pathophysiology and identify etiologies of abnormal uterine bleeding using the PALM-COEIN classifications.
- iv. Describe the steps in the evaluation and initial management of abnormal uterine bleeding.
- v. Describe clinical applications of Sonohysterography.
- vi. Summarize medical and surgical management options for patients with abnormal uterine bleeding.

#### **B. Uterine Leiomyoma**

**Reading Assignment:** Beckmann, Chapter 48

**Learning Objectives:**

- i. Cite the prevalence of uterine leiomyoma.
- ii. Identify symptoms and physical findings in patients with uterine leiomyoma.
- iii. Describe the diagnostic methods to confirm uterine leiomyomas.
- iv. Describe the management options for the treatment of uterine leiomyomas.

#### **C. Amenorrhea**

**Reading Assignment:** Beckmann, Chapter 38, 39

**Learning Objectives:**

- i. Define amenorrhea and













## 25. Osteoporosis