



OB/GYN Clerkship
MSPA 626 – 4.5 Credits

Day(s): Determined by Clinical site/preceptor

Time(s): Determined by Clinical site/preceptor

Classroom: Refer to Typhon schedule

Instructor: Michelle Lea, PA-C and Christine Rowland, PA-C

Office Hours: M, Tu, Th, F
9am-5pm

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The University of Bridgeport and its faculty are committed to enhancing diversity, equity, inclusion, and belonging in all facets of community life and to promoting an optimal environment for learning which encourages engagement, authenticity, and respect. Diversity in the classroom—in race, gender, sexual orientation, religion, language, ability, veteran status, place of origin, etc.— is an asset to our learning experience. Students play a vital role in the ongoing conversation about how to make the campus a place for community learning.

Prerequisite/Co-requisites: Completion of PAI didactic phase with a GPA of 3.0 or greater.

Course Description

This is a 5-week clinical clerkship course. During this course, second year PA students develop skills necessary to function as a PA in the obstetrics and gynecology setting. Students will apply the medical knowledge and technical skills developed during didactic phase of their education. Students will actively engage in the assessment, analysis, evidence-based approaches, and management of conditions in a culturally sensitive and patient-centered manner. Student will encounter patients typically seen in the obstetrics and gynecology (OBGYN) setting. Students will work with the clinical education team and under the supervision of their preceptor(s) to provide care. Students will follow their preceptor's schedule when on clinical site.

Required Learning Materials and Text(s)

1. Watkins, E. *The Physician Assistant Student's Guide to the Clinical Year. OB/GYN*. Springer Publishing Company; 2020.
ISBN: 9780826195265
2. Gonzales PA, McDonald MA. *The PA Rotation Exam Review*. Lippincott Williams & Wilkins; 2024.
ISBN: 9781975193355

Students: Your required course materials have been provided for you. Please contact the UB Bookstore to receive your textbooks for the course.

Recommended Text(s)

Decherney AH, Nathan L, Laufer N, Roman AS. *Current Diagnosis & Treatment: Obstetrics & Gynecology*. McGraw Hill Education; 2019.
ISBN: 978-0-0718-3390-5

Course Goal

The purpose of the clerkship is to provide the PA student with a 5-week clinical experience in the diagnosis and treatment of prenatal and gynecological patients. This clerkship requires students to develop and demonstrate a variety of skills under the supervision of experienced OBGYN practitioners.

Course Format

During this 5-week rotation students will gain hands on clinical experience while working with an experienced OBGYN clinician. Working with preceptors, students will perform history and physical examinations, present oral and written cases, identify differential diagnoses, and develop assessment and management plans. Students will also learn to perform and evaluate diagnostic and therapeutic procedures under the supervision of the preceptor. Additional and supplementary modular components include assignments, resources, and simulated clinical learning. Supplementary simulated clinical learning and self-paced modules are not substituted for in-person clinical experiences.

Student Learning Outcomes

By the end of this course, students should be able to:

	Student Learning Outcome
SLO1	Elicit an accurate medical history for a) gynecologic and b) prenatal patients.
SLO2	Perform an appropriate physical examination for a) gynecologic and b) prenatal patients.
SLO3	Demonstrate effective communication of patient encounters a) orally and b) in written form.
SLO4	Diagnose common a) gynecologic and b) prenatal conditions seen during acute patient encounters.
SLO5	Diagnose common a) gynecologic and b) prenatal conditions seen during chronic patient encounters.
SLO6	Diagnose common a) gynecologic and b) prenatal conditions seen during preventive patient encounters.
SLO7	Utilize clinical data to formulate a differential diagnosis.
SLO8	Demonstrate the application of diagnostic studies commonly used in the OBGYN discipline.
SLO9	Formulate an appropriate patient care plan based on clinical data collected.

SLO10	Provide patient centered education on various methods of contraception.
SLO11	Demonstrate clinical reasoning and problem-solving abilities in the evaluation and care of patients.
SLO12	Demonstrate patient-centered care through compassion and sensitivity.
SLO13	Demonstrate professionalism by adhering to the professional conduct standards of the PA profession.
SLO14	Counsel prenatal patients on preventive care recommendations.
SLO15	Competently perform a a) speculum and b) bimanual pelvic examination with collection of c) cervical sampling.
SLO16	Competently perform a clinical breast examination.
SLO17	Accurately calculate the estimated gestational age of a fetus during pregnancy.
SLO18	Accurately obtain fetal heart tones in a prenatal patient.

Learning Activities, Course Expectations, and Grading Policy

The final course grade will be calculated using the following (all components graded to the nearest hundredth):

Assessment	Percentage of Final Grade	Brief Description of Assessment
End of Rotation Exam	55%	<p>A comprehensive examination based on course objectives and the NCCPA and PAEA blueprint. End of Rotation examination grade is calculated based on the student's Z-score. Z-score less than -1 will result in a grade below 73 and failure of the exam.</p> <p>Should a student fail an end-of-rotation examination, a meeting with the Coordinator of Academic Affairs will be arranged and a remediation plan will be designed. Upon completion of the remediation, a retest will be given. If a student passes the End of Rotation reassessment exam (i.e., earning 73% or higher), the student will receive a 73% for the End of Rotation Exam component regardless of grade earned on the reassessment exam. Failure of reassessment exam will result in failure of the rotation.</p> <p>Students are permitted one EOR exam reassessment for the clinical year.</p>
Mid-Rotation Evaluation	Reduction Only	<p>Mid-way through the clinical clerkship, the student is required to sit down with the preceptor to discuss the student's performance and provided constructive feedback. This session is documented on the Mid-Rotation Evaluation Form. The blank form can be found in Canvas and should be uploaded to Assignments in Canvas once complete. This is a non-graded exercise</p>

		but provides the student and program invaluable feedback on the student's progress in meeting program objectives and learning outcomes. Professionalism points will be deducted if not uploaded to Canvas by Wednesday at 11:59pm est of the third week of the clerkship.
Preceptor Evaluation	35%	Each student is evaluated by the preceptor at the end of each rotation. Preceptor evaluations are submitted via the Typhon logging system utilizing a four-point Likert scale. Typhon calculates the final percentage grade by averaging the mean of each section. The final percentage grade in Typhon will be utilized to calculate your final course grade. Any component of the preceptor evaluation which result in an "Approaches Expectations" or "Unsatisfactory", will require remediation.
Clinical Modules & Documentation Assignment	10%	Rotation specific clinical modules are located in Canvas. The modules contain extra resources and assignments related to the clinical clerkship experience that must be completed and uploaded to Canvas by 11:59pm est on Call-back Day (unless otherwise noted in Canvas). See Canvas and rubrics for details. There is no credit for late assignments.
Professionalism	Reduction only	<p>Professionalism is an expectation and non-compliance with any of the terms below will result in a 1-point deduction from your final grade. For example, if your total weighted grade ($55\% + 35\% + 10\% = 100\%$) is an 80%, a professionalism deduction would result in a 79%. One non-compliant event equals 1-point deduction per event, per rotation and can be up to 5-points per rotation.</p> <p>If professionalism points are to be deducted, you will be notified by faculty via email of the infraction. Warnings will not be given. The deduction will not be applied until the total grades are weighted and calculated. Examples of infractions:</p> <ul style="list-style-type: none"> i. Attendance and participation ii. Adherence to procedures and policies iii. Uploading clinical schedule to Typhon iv. Submission of complete case logs in Typhon v. Submission of clerkship paperwork as requested by the Clinical Coordinator

Students must meet all the following standards to pass the clerkship course:

1. 73% or greater on the Preceptor Evaluation.
2. 73% or greater on the EOR Exam (see policy regarding reassessment above).
3. 73% or greater on the final course grade.

Failure of a Clinical Clerkship Course, will require the student to repeat the clerkship, resulting in a delay of graduation. Failure to meet any of the above requirements will result in an “F” for the course.

Final grades are assigned by the instructor based on the University of Bridgeport Institutional Grading Scale published in the UBPAI Student Handbook.

Final Course Grading Scale

Grade	Quality Points
A (93-100)	4.0
A- (90-92.99)	3.7
B+ (87-89.99)	3.3
B (83-86.99)	3.0
B- (80-82.99)	2.7
C+ (77-79.99)	2.3
C (73-76.99)	2.0
C- (70-72.99)	1.7
D+ (67-69.99)	1.3
D (63-66.99)	1.0
D- (60-62.99)	0.7
F (below 60)	0.0

There is no rounding up of grades.

As per the UB PAI Student handbook, the required passing grade for all PA coursework is a “C” or better.

Course Outline

Dates	Topic(s) Covered	Assignments/ Reading to be completed before class	Assessment Schedule
Block 1: Mar 18, 2024 – April 18, 2024	<ul style="list-style-type: none"> Instructional Objectives 1-18 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Apr 19, 2024
Block 2: May 6, 2024 – Jun 10, 2024	<ul style="list-style-type: none"> Instructional Objectives 1-18 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday Jun 7, 2024
Block 3: Jun 10, 2024 – Jul 11, 2024	<ul style="list-style-type: none"> Instructional Objectives 1-18 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Jul 12, 2024

Dates	Topic(s) Covered	Assignments/ Reading to be completed before class	Assessment Schedule
Block 4: Jul 15, 2024 – Aug 15, 2024	<ul style="list-style-type: none"> Instructional Objectives 1-18 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Aug 16, 2024
Block 5: Sept 9, 2024 – Oct 10, 2024	<ul style="list-style-type: none"> Instructional Objectives 1-18 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Oct 11, 2024
Block 6: Oct 14, 2024 – Nov 14, 2024	<ul style="list-style-type: none"> Instructional Objectives 1-18 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Nov 15, 2024
Block 7: Nov 18, 2024 – Dec 19, 2024	<ul style="list-style-type: none"> Instructional Objectives 1-18 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Dec 20, 2024
Block 8: Jan 13, 2025 – Feb 13, 2025	<ul style="list-style-type: none"> Instructional Objectives 1-18 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Feb 14, 2025
Block 9: Feb 17, 2025– Mar 20, 2025	<ul style="list-style-type: none"> Instructional Objectives 1-18 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Mar 21, 2025

****This syllabus is subject to change at the discretion of the instructor.***

Instructional Objectives

SLO	Instructional Objective
1.	<ul style="list-style-type: none"> 1.1: Establish rapport with a patient and /or their caregiver. 1.2: Select appropriate level of history based on the chief complaint and purpose of the visit. 1.3 Correctly document patient's Gravida and Para status. 1.4: Correctly document a gynecologic history with attention to menarche, menstrual history, and history of any pathologies. 1.5: Correctly document obstetric history including number of pregnancies, live births, abortions, type of delivery, and any prior complications. 1.6: Include all information such as Past medical history, Family History, Social history, and Review of systems pertinent to the OBGYN visit. 1.7: Calculate the estimated date of confinement for a pregnant patient.
2.	<ul style="list-style-type: none"> 2.1: Identify normal pelvic anatomy including anatomy of the vagina, cervix, pelvic muscles, uterus, and ovaries. 2.2: Identify fetal positioning. 2.3: Perform a post-partum exam with attention to episiotomy/C-section healing and screening for post-partum depression. 2.4: Describe the normal post-menopausal changes seen on exam.

3.	<ul style="list-style-type: none"> • 3.1: Confidently and concisely report applicable demographic information, chief complaint, HPI, past medical history and pertinent ROS. • 3.2: Identify and report pertinent physical exam findings including presence and absence of clinically significant signs based on presenting features. • 3.3: Document all pertinent normal and abnormal physical examination findings using appropriate medical terminology. • 3.4: Identify and document the pertinent components in common patient encounters in the OBGYN setting including pre-natal, post-partum, well-woman, and problem focused visits. • 3.5: Identify common ICD-10 and CPT codes used in patient encounter documentation.
4.	<ul style="list-style-type: none"> • 4.1: Identify pathophysiologic process of development of the acute conditions commonly seen in the OBGYN setting (see Conditions list). • 4.2: Identify risk factors and demographics mostly susceptible to the development of acute conditions typically seen in the OBGYN setting. • 4.3: Recognize the clinical presentation of the acute conditions typically seen in the OBGYN setting. • 4.4: Apply knowledge of pathophysiology to diagnosis and management of the acute conditions typically seen in the OBGYN setting.
5.	<ul style="list-style-type: none"> • 5.1: Identify pathophysiologic processes of chronic conditions commonly seen in the OBGYN setting (see Conditions list). • 5.2: Identify risk factors and demographics mostly susceptible to the development of chronic conditions typically seen in the OBGYN setting. • 5.3: Recognize the clinical presentation of the chronic conditions typically seen in the OBGYN setting. • 5.4: Apply knowledge of pathophysiology to diagnosis and management of the chronic conditions typically seen in the OBGYN setting.
6.	<ul style="list-style-type: none"> • 6.1: Identify age-appropriate preventive screening recommendations for routine preventive visits. • 6.2: Identify risk factors and demographics mostly susceptible to the development of preventive conditions typically seen in the OBGYN setting. • 6.3: Identify age-appropriate interventions such as Pap screening, HPV screening, and mammography during routine preventive visits.
7.	<ul style="list-style-type: none"> • 7.1: Discuss the differential diagnoses of a breast mass based on age, risk factors, patient history, clinical presentation, and findings on mammography. • 7.2: Discuss the differential diagnosis for abnormal uterine bleeding. • 7.3: Identify the possible causes of amenorrhea. • 7.4: Identify the etiologies of pre-term labor. • 7.5: Discuss the differential diagnosis of an abnormal Pap smear.
8.	<ul style="list-style-type: none"> • 8.1: Understand the indications for and interpretation of HPV testing. • 8.2: Discuss the recommendations for screening mammography based on age and family history. • 8.3: Discuss the recommendations for routine Pap smear testing according to ACOG guidelines based on age, previous Pap smear results, and HPV status. • 8.4: Identify the components of routine STI testing.
9.	<ul style="list-style-type: none"> • 9.1: Discuss family planning options with patients with attention and sensitivity to belief systems, access to care and health literacy. • 9.2: Identify the specific concerns and needs of the new parent and assist with referrals to services and support as indicated. • 9.3: Involve patients and caregivers in the treatment planning process with sensitivity to cultural beliefs, patient preferences, cost effectiveness, and patient's ability to access care.

10.	<ul style="list-style-type: none"> • 10.1: Discuss the indications, adverse effects, contraindications, and efficacy rates of oral contraceptives. • 10.2: Discuss the indications, adverse effects, contraindications, and efficacy rates of Depo-Provera injections. • 10.3: Review proper use and efficacy rates of condom use. • 10.4: Differentiate between hormonal based and non-hormonal based IUDs. • 10.5: Discuss the indications and procedure for tubal ligation. • 10.6: Explain the ovulatory cycle and most likely time for conception. • 10.7: Assess patient's level of health literacy and provide individualized patient education in the OBGYN setting.
11.	<ul style="list-style-type: none"> • 11.1: Identify the investigations and studies necessary to assess and narrow down the differential diagnosis list. • 11.2: Integrate laboratory and diagnostic studies results with history and physical examination data to establish the most likely diagnosis. • 11.3: Analyze available care options for the conditions commonly seen in the OBGYN setting and determine their applicability in each individual case.
12.	<ul style="list-style-type: none"> • 12.1: Assess patient's readiness to adhere to suggested treatment options and provide respectful support for patient's decision making. • 12.2: Engage in active listening techniques during communication with patients and their families in the OBGYN setting. • 12.3: Identify need for enhanced communication options such as involvement of interpreters.
13.	<ul style="list-style-type: none"> • 13.1: Demonstrate professional demeanor in all interactions with staff, medical providers, patients, and their family members. • 13.2: Adhere to ethical, legal, regulatory, and behavioral norms at all times. • 13.3: Demonstrate punctuality, consistency, and reliability in relating to the clinical team and patients.
14.	<ul style="list-style-type: none"> • 14.1: Differentiate between a normal and abnormal fetal Non-Stress Test. • 14.2: Understand the indications for and interpretation of a prenatal Quad Screen. • 14.3: Discuss the indications and risks of an amniocentesis. • 14.4: Identify routine First Trimester screening tests: nuchal translucency, blood typing and Rh factor, Chorionic Villi Sampling. • 14.5: Identify routine Second Trimester screening tests: Quad screen, Fetal anatomy survey, Glucose tolerance test, Amniocentesis. • 14.6: Identify routine Third Trimester screening tests: Group B Streptococcus. • 14.7: Discuss the use of prenatal vitamin and folic acid supplementation in the reduction of neural tube defects. • 14.8: Identify the prenatal visit schedule for normal and high-risk patients based on week of gestation.
15.	<ul style="list-style-type: none"> • 15.1: Identify and select proper speculum type and size for use in the pelvic exam. • 15.2: Demonstrate ability to insert and remove properly sized speculum. • 15.3: Perform proper cervical sampling when indicated with proper identification of cervical anatomy and transformation zone and proper order of use of spatula and endocervical brush. • 15.4: Properly perform bimanual exam including correct identification and palpation of the cervix, uterus, and ovaries. • 15.5: Demonstrate proper patient positioning and draping during exam to ensure patient comfort. • 15.6: Identify non-verbal indications of discomfort during an OBGYN encounter and adjust technique as indicated.
16.	<ul style="list-style-type: none"> • 16.1: Utilize proper hand placement and systematic technique for breast examination.

	<ul style="list-style-type: none"> • 16.2: Demonstrate proper examination of breast tissue in all four quadrants and breast tail. • 16.3: Utilize appropriate communication skills when performing a sensitive exam.
17.	<ul style="list-style-type: none"> • 17.1: Obtain a detailed menstrual history from the pregnant individual and apply appropriate formulas to estimate the gestational age. • 17.2: Adapt gestational age assessment methods to various clinical scenarios, such as irregular menstrual cycles or uncertain LMP.
18.	<ul style="list-style-type: none"> • 18.1: Identify proper placement of a fetal heart monitor based on estimated gestational age. • 18.2: Evaluate fetal heart tones in a prenatal patient. • 18.3: Discriminate between normal versus abnormal fetal heart rates.

Class Policies

- **Attendance policy:** Please refer to the student handbook and clinical handbook for the program policy on attendance.
- **Late assignments policy:** Late work is not accepted, and students will receive a zero for the assignment.
- **Course failure policy:** Please refer to the student handbook and clinical handbook for the program policy on course failure.
- **Professionalism:** Please refer to the student handbook and clinical handbook for the program policy on Disciplinary Action for Professional and Behavioral Issues and professionalism.
- **E-mail policy:** Please refer to the student handbook for the program policy on e-mail.
- **Exam and Remediation policy:** Please refer to the student handbook and clinical handbook.
- **Academic Integrity:** Please refer to the student handbook.
- **Student Accessibility Accommodations:** Please refer to the student handbook.

UNIVERSITY OF BRIDGEPORT POLICES AND STUDENT SERVICES

This course adheres to all policies outlined in the catalog and in the Key to UB.

General academic policies of the University of Bridgeport can be found on the University website and in the University catalog at <https://catalog.bridgeport.edu/>.

Student services information may be found on the University of Bridgeport website at <https://www.bridgeport.edu/heckman-center/academic-success/> and in the Key to UB at <https://www.bridgeport.edu/key-to-ub/>.

ACADEMIC HONESTY STANDARDS

The University of Bridgeport is committed to fostering an environment of academic integrity, mutual respect and individual responsibility. We are a community that values the voice of students in their pursuit of academic excellence and personal growth. By choosing to be a member of this community, each student

demonstrates respect for the core values of trust, honesty and ethical behavior and commits to upholding these standards.

Please refer to the *Student Handbook (Chapter 2 of “Key to UB”* (<https://www.bridgeport.edu/key-to-ub/chapter-2-academic-standards#integrity>) to become familiar with the academic honesty standards expected of all students, including a definition of plagiarism. Claiming ignorance will not be considered a valid defense. All types of academic dishonesty (including but not limited to plagiarism, the use of illicit aid or internet resources during the examinations, giving or receiving aid on any examination, copying another student’s work, utilizing unauthorized web-based services to complete assignments, providing a false excuse for missing a test) are inexcusable and will result in a report to the Provost’s Office and appropriate disciplinary action.

The number of violations accrues to each student during total time as a University of Bridgeport student at any level.

STUDENT ACCESSIBILITY SERVICES

<https://www.bridgeport.edu/student-accessibility/>

In compliance with Section 504 of the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, and Connecticut State Laws, Student Accessibility Services (SAS) at UB provides reasonable accommodations to reduce the impact of disabilities on academic functioning or other life activities in the University setting.

Student Accessibility Services (SAS) offers a private and confidential atmosphere for students to talk about their disabilities and accommodations requests. In order to begin the process of requesting accommodations, students can contact Student Accessibility Services (SAS) at (203) 576-4104 or email accessibilityservices@bridgeport.edu.

A list of student resources can be found on the UB website, under Student Affairs:

<https://www.bridgeport.edu/student-affairs/>