"The art of medicine consists of amusing the patient while nature cures the disease."
- Voltaire

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2 DESCRIPTION

OB/GYN (Third Year Rotation): 1 block rotation (4 weeks): During your 4 week rotation you are expected to meet and exceed the following requirements and challenge yourself, to be proactive learners and ask questions. Most students will in ambulatory, inpatient and surgical settings while experiencing the large breadth of both obstetrical and gynecological care. It is important that students learn to deliver basic preventive care, apply appropriate screening practices in the ambulatory setting, participate in the prenatal, labor, delivery, and post-partum care of the pregnant patient as well as be involved in the preoperative evaluation, operative care and postoperative care, and to participate in the performance of obstetrical and gynecologic procedures. There is a lot of material that you are expected to know
and 4 weeks might not seem enough, but if you study correctly you will be just fine. Also remember that there is more than studying for “BOARDS.” Just because the topics covered either in the readings or online questions are not “BOARD” relevant in your opinion that does not mean you are not expected to know it. The boards likely will not expect you to memorize what the normal beta quant doubling time when evaluating a possible early abnormal pregnancy but you are expected to know it. This curriculum should be used as a supplemental resource while on your clinical clerkships. It should not be used as the only educational resource for your boards and shelf exams. If there is a problem with one of the questions please email me directly, travis.smith@lecom.edu.

3 REQUIREMENTS

- Complete all reading requirements (both on line articles and chapter assignments).
  - Students are encouraged to supplement required readings with additional readings based on your specific rotation exposures.
  - 10 hours per week of outside clinical reading.
- Complete the Weekly Online Questions of the Day in the coursework section
- Complete the online End of Rotation Quiz (Worth 20% of your final grade)
- Satisfy all site specific rotation requirements
- Students MUST adhere to the ACGME rules regarding the workweek, which include working no more than 80 hours per week, no more than 24 hours continuously, except an additional 6 hours may be added to the 24 to perform wrap-up duties, and have at least one of every 7 days completely off from educational activities.
- Extended absences from the clerkship are not permitted. Any absence from the clerkship must be pre-approved by the regional campus dean prior to the beginning of the clerkship.

4 MATERIALS: REQUIRED AND SUPPLEMENTAL

Required Reading:

- Danforth's Obstetrics and Gynecology: Tenth Edition (Required Free Text): Once you use the hyperlink then click Stat Ref. From there accept the terms and check the box of the desired textbook you want to review.
- Hacker & Moore's Essentials of Obstetrics and Gynecology (Required)
- Association of Professors of Gynecology and Obstetrics (APGO): All students have full access APGO resources, videos, lectures, and its UWise question bank. All students can utilize APGO and will need to create an account with APGO. You will need to use your LECOM email address when prompted to sign up. This gives access to all of the free videos and question banks.

Supplemental Reading:

- High-Risk & Critical Care Obstetrics - 3rd Ed. (2013): Supplemental Reading: Free textbook: Supplemental Free text book: Once you use the hyperlink then click Stat Ref. From there accept the terms and check the box of the desired textbook you want to review.
- Berek & Novak’s Gynecology (15th Edition): Supplemental Reading: Free text book: Once you use the hyperlink then click Medline (OVID). From select the Books@OVID link which brings you to the OVID home page. On the top header there is a “Book” section and by clicking that title you will the book link.
5 **EVALUATION: (EFFECTIVE JUNE 2017)**

- 50% based on rotation evaluation
- 30% based on the shelf examination
- 20% based on completion of the end of rotation quiz (50 questions) and completion of the weekly quizzes (the weekly quiz grades will not factor into your end of rotation quiz grade).
  - The end of rotation exam is due on the last Sunday of your rotation by 10PM eastern and will not be accepted late!
    - If you fail to complete the exam or fail turn it in on time (even 1 minute late), you are still required to take the make-up exam (while still receiving a 0% towards your grade)
    - If you then fail the makeup exam (<70%) or fail to take it completely by the end of your next rotation then you will be required to repeat the entire rotation during your elective month.

6 **GOALS AND OBJECTIVES**

The below goals and objectives for the third year clerkship have been developed by the Association of Professors of Gynecology and Obstetrics (APGO) Undergraduate Medical Education Committee (UMEC). They are designed to cover topics which will prepare you for your career in medicine even if obstetrics and gynecology will not be your chosen specialty. Please use these objective and reading articles and videos as a guideline for your learning during your 4-week rotation as all of the information is fair game on boards and shelf exams. You can view all of the Medical Student Objectives Videos on the APGO YouTube Channel.

6.1.1 **Medical Knowledge**

Demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

- Apply the relevant genetics, physiology, embryology and developmental biology, anatomy, pharmacology, pathology, microbiology and immunology to obstetrical and gynecological patients
- Understand normal obstetrical care including physiological changes in pregnancy, normal labor and delivery, and postpartum care
  - Physiologic changes in pregnancy
  - Fetal development and physiology
  - Preconceptual care
  - Genetic counseling
  - Prenatal care
  - Antepartum fetal monitoring
  - Labor and delivery
  - Induction and augmentation of labor
  - Operative vaginal delivery and caesarian section
  - VBAC
  - Postpartum hemorrhage
  - Postpartum infection
  - Lactation
- List in linear fashion the cardinal movements of labor
  - List the three stages of labor and the associated phases
  - Discuss the relationship between the cardinal movements and the stages of labor
- Understand how to assess and manage the medical complications of pregnancy including early pregnancy loss, multifetal pregnancy, early or uncomplicated labor
  - Diabetes mellitus
  - UTI
  - Medical illnesses complicating pregnancy
  - Psychiatric illnesses complicating pregnancy
  - Drug use in pregnancy
  - Second trimester pregnancy loss
  - Preterm labor
  - Bleeding in third trimester
  - Hypertension in pregnancy
  - Multiple gestation
- Fetal growth retardation
- Isoimmunization
- Post term pregnancy
- PROM
- Fetal death

- Provide comprehensive routine gynecologic care including preventive care and family planning advice
  - Abnormal uterine bleeding
  - Vulvar and vaginal infections
  - STD
  - Pelvic support defects
  - Pelvic masses
  - Chronic pelvic pain
  - Endometriosis
  - Urogynecological disorders
  - Benign breast disease
  - Contraception counseling

- Recognize the indications for and the technical aspects of gynecological surgical procedures

- Understand the endocrinological issues women face throughout their cycle such as menarche, abnormalities of the menstrual cycle, endometriosis, infertility, and menopause
  - Dysmenorrhea
  - Dysfunctional Uterine Bleeding
  - Amenorrhea
  - Premenstrual syndrome
  - Hormone replacement/osteoporosis

- Understand the epidemiology, screening, diagnosis, and management of common gynecological malignancies including breast, uterine, cervical, and ovarian cancers, and trophoblastic disease

6.1.2 Patient Care

Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- Demonstrate proficiency in obtaining an obstetrical and gynecological history
- Perform a gynecological exam on a non-pregnant patient and a prenatal exam on a pregnant patient
- Articulate a cogent, prioritized differential diagnosis based on initial history and exam related to
  - Normal obstetrics
  - Abnormal obstetrics
  - Control of reproduction
  - Gynecologic disorders
  - Gynecologic endocrine/infertility issues
  - Gynecologic oncology.
  - Abdominal pain
  - Pelvic pain
  - Dysmenorrhea
  - Vaginal discharge
  - Dyspareunia
  - Incontinence
  - Amenorrhea
  - Abnormal Uterine Bleeding
  - Endometriosis

- Develop a management plan that includes appropriate laboratory and diagnostic studies, guideline based treatment options, both medical and surgical, patient education for your testing and results, continuing care plans.

- Demonstrate how to conduct a routine prenatal visit, list important parts of the encounter and what potential obstetrical complications may be identified from each component of the examination (e.g. urine dipstick may identify pre-eclampsia, diabetes; measuring fundal height may identify IUGR, macrosomia, polyhydramnios, oligohydramnios, inaccurate dates, multiple gestation; auscultation of FHT may identify inaccurate dates, missed abortion, hydatidiform mole, fetal demise; weight, BP and edema may identify pre-eclampsia; Leopold’s maneuvers may identify malpresentation, multiple gestation)

- Demonstrate obstetrical expertise
List and explain abnormalities of labor (prolonged latent phase, protracted active phase, arrest of dilatation, arrest of descent)
Discuss management of the conditions listed above
Assist in deliveries, both vaginal and caesarian, and demonstrate proper technique
Conduct post-partum rounds, demonstrate an understanding of important physical findings and complications of treatment options
- Demonstrate surgical expertise
  - Knowledge and identification of anatomical structures and relationships
  - Proper surgical instrument use
  - You must be familiar with and be able to perform a number of routine technical procedures such as collecting a cervical cytological (Pap) smear, obtain specimens to detect sexually transmitted diseases, and bladder catheterization. In addition you must be able to describe common outpatient and inpatient obstetrical procedures with their indications and possible complications. The lists are located below in the objectives section. Conduct post-operative rounds demonstrating an understanding of important physical findings and potential complications

6.1.3 Interpersonal and Communication Skills
Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.
- Gain a sympathetic understanding of the problems encountered by females of all ages
- Demonstrate comfort with the sexual history and examination and conduct such inquiry and examination in a manner that instills confidence and the experience of care in the patient
- Demonstrate counseling skills with respect to problems such as contraception, antepartum care and gynecologic malignancy
- Develop a rapport with all patients, taking into account patients’ social and cultural contexts. Knowing that sometimes it can be difficult you must always stay compassionate and work cooperatively with patients, their social supports and other members of their family in developing treatment plans.

6.1.4 Practice-Based Learning and Improvement
Investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
- Become aware of the sources for dissemination of new information regarding the practice of obstetrics and gynecology
- Gain familiarity with the evidence-based guidelines for routine obstetric and gynecologic care including aspects of regular health maintenance

6.1.5 Systems-Based Practice
Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
- Gain an appreciation for the special expertise of the obstetrician/gynecologist with respect to indications for referral and transfer of care from the primary care physician
- Demonstrate what information to provide to the OB/Gyn consultant and how to provide appropriate communication regarding urgency of issues

6.1.6 Professionalism
Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Appreciate the privacy, autonomy and comfort of the female patient

Below is a list of general centered objectives that the NBOME COMAT will require each student to demonstrate:
- Foundational content knowledge to situations and patient presentations encountered in clinical settings and important to Obstetrics and Gynecology.
Foundational content knowledge and clinical problem-solving ability as related to particular physician tasks critical to Obstetrics and Gynecology.

Knowledge and clinical problem-solving as related to the Fundamental Osteopathic Medical Competency Domains, including osteopathic principles and practice and OMT, osteopathic medical knowledge, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, professionalism and patient care.

Osteopathic principles and practice in commonly encountered patient care scenarios.

In addition to the above NBOME COMAT topics, each student will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

- **Abnormal Obstetrics**: abnormal labor, spontaneous abortion, ectopic pregnancy and third-trimester bleeding
- **General Gynecology**: normal gynecology, family planning, adolescent issues and development, issues of domestic violence and sexual assault, breast diseases, vulvar/vaginal diseases, sexually transmitted infections, urinary tract disorders, screening and preventive care, menstrual cycle and premenstrual syndrome, somatic dysfunction and viscerosomatic relationships
- **Gynecologic Oncology**: cervical, uterine and ovarian disease and neoplasm and gestational trophoblastic neoplasia
- **Normal Obstetrics**: preconception, antepartum, intrapartum, and postpartum care; history and physical examination; maternal-fetal physiology; preventive care, nutrition and lactation
- **Reproductive Endocrinology**: menopause, normal/abnormal uterine bleeding, and infertility

During your 4-week rotation your readings will break down into weekly units and reading topics. Each student must be familiar with all of the following topics:

**6.1.7 Unit 1: Osteopathy in Women’s Health Care: An Introduction to Osteopathic Principles in Obstetrics & Gynecology**

- During your entire rotation you must be able to obtain a comprehensive women’s musculoskeletal history (e.g. scoliosis, musculoskeletal traumas, biomechanical factors that may have influence on pregnancy and outcome of pregnancy) as well as assess your patient for any lifestyle risk factors that may contribute to chronic somatic dysfunction. This should be done via a thorough social history including assessment of psychosocial support. This unit should be applied to each individual topic objective during your 4-week rotation.
- You must be able to perform an accurate osteopathic structural exam of the female patient, identify areas of somatic dysfunction, and document all findings accurately in the patient chart including 1. TART findings 2. Specific somatic dysfunctions 3. Spinal curves or postural influences.
- You must be able to include somatic dysfunction as a part of the differential diagnosis when appropriate and incorporate OMT approaches.

**6.1.8 Unit 2: Obstetrics: Weeks 1-2**

**Section 1: Week 1: Preconception Care:**

- There are many proven benefits of good health prior to conception which has been shown to have a significant reduction in maternal and fetal morbidity and mortality. You must know how pregnancy can affect a patient’s underlying medical condition Assess a patient’s genetic risk as well as father’s genetic risk with regard to pregnancy and order appropriate genetic testing and recommended screening. Recognize a patient’s risk of substance abuse and intimate partner violence.
- Review the patient’s nutritional status (folic acid intake) and exercise routine and make appropriate recommendations.
- Assess a patient’s medications, immunizations and environmental hazards in pregnancy.
- Be able to screen and treat Infectious diseases, including: a) Syphilis b) TORCH (Toxoplasmosis, Rubella, Cytomegalovirus, Herpes) c) Group B Streptococcus d) Hepatitis e) Human Immunodeficiency Virus (HIV) f) Human Papillomavirus (HPV) and other sexually transmitted infections g) Parvovirus h) Varicella.
Section 2: Week 1: Pregnancy Termination:

- Despite of your personal views about abortion, you should be knowledgeable about its public health importance as well as techniques and complications.
- Be able to list surgical and non-surgical methods of pregnancy termination as well as potential complications.
- Know what to do in each trimester: 1st trimester (suction curettage, RU-486 mifepristone, postcoital pill types: 2nd trimester via induction of labor using dinoprostone, oxytocin and also with dilation and evacuation.

Section 3: Maternal-Fetal Physiology: Week 1

- You must know and be familiar with the physiologic adaptations to pregnancy will promote understanding of the impact of pregnancy on health and disease as there are a variety of maternal physiologic and anatomic changes associated with pregnancy.
- You must also be able to describe the ongoing changing fetal and placental physiology.

Section 3: Week 1: Maternal Medical & Surgical Complications of Pregnancy:

- Abdominal Pain in Pregnancy: Develop a differential diagnosis for acute abdominal pain in the first trimester.
- Alloimmunization: Describe the pathophysiology, diagnosis, immunoglobulin prophylaxis, and the management of a patient with Rh-D sensitization in pregnancy.
- Coagulation Disorders: Pregnancy is a hypercoagulable state and increased risk of DVT and PE. Know the treatment and prevention (i.e. heparin).
  - Complications such as polyhydraminos, preeclampsia, miscarriage, infection, and post-partum hemorrhage.
- Ectopic Pregnancy: List risk factors for, diagnostic protocols including treatments for ectopic pregnancy.
- Endocrine disorders, including diabetes mellitus and thyroid disease Diabetes Mellitus in pregnancy: risk factors, white classification system, treatment with diet, insulin vs oral therapies, antenatal fetal testing, labor expectation, C-section recommendations.
- Hyperemesis Gravidarum: Recognition and treatment with anti-emetics and other alternative treatments.
- Hypertension in pregnancy: know the risk factors and types/states of hypertension such as preeclampsia, chronic hypertension, and transient hypertension.
- Substance abuse in pregnancy: Know the maternal and fetal side effects of alcohol, caffeine, nicotine, cocaine, and opiates.
- Vaginal bleeding during pregnancy: Develop a differential diagnosis for vaginal bleeding
  - First Trimester Bleeding and Spontaneous abortion: Differentiate the types of spontaneous abortion (missed, complete, incomplete, threatened, and septic) and list the possible causes, complications, and treatments.
  - Third Trimester Bleeding: List all the causes, signs/symptoms, evaluation of, complications, and treatments for the causes of third trimester including placenta previa and placental abruption.
- Also be familiar with those patients with coexisting Renal Disease, Gastrointestinal Disease, Neurological Disease, Pulmonary disease, and Autoimmune Disorders.

Section 4: Week 1: Fetal Complications of Pregnancy:

- Disorders of fetal growth: such as small for gestational age, large for gestational age: know the signs and symptoms, proper evaluation and treatments.
- Be familiar with Rh Incompatibility and Erythroblastosis fetalis.
- Fetal Demise and Spontaneous abortion (complete, incomplete, missed, threatened and inevitable). Describe the symptoms, common causes in each trimester, including genetic and nutritional factors, medical and psychosocial management. Also be able to outline the steps to disclose a diagnosis of fetal demise to a patient.
- Multiple Gestations (twin pregnancy): know the risk factors, different types and uterine arrangements (dichorionic, monochorionic, etc.) as well as growth patterns, delivery methods, and the potential maternal and fetal complications associated with multifetal gestation.
Section 5: Week 1: Antepartum and Intrapartum Care:

- You must be able to diagnose pregnancy and be able to determine gestational age while assessing risk factors for pregnancy complications.
- Make appropriate diagnostic studies and know their timing and guideline based recommendations for a normal pregnancy.
- Provide and accurate list the nutritional needs of pregnant women, along with adverse effects of drugs and the environment on pregnancy.
- You must be able to perform a physical examination on an obstetric patient during all trimesters knowing common normal and abnormal physiological changes.
- Review and discuss common events during pregnancy with your patient during the various stages of pregnancy, labor and delivery.
- Differentiate between the signs and symptoms of true and false labor
- Describe approaches to assessing fetal well-being, fetal growth, amniotic fluid volume, and fetal lung maturity.
- Describe the impact of pregnancy on medical problems and the impact of medical problems on pregnancy.
- Determine fetal position using Leopold maneuver.
- Know how to check for rupture of membranes using pool test, nitrazine test and fern test
- Examination of the cervix for labor changes and how to accurately determine dilation, effacement, station, consistency and position.

Section 6: Week 2: Fetal Growth Abnormalities and Monitoring of the Fetus in Utero:

- Describe the methods of monitoring the mother and fetus such as fetal Heart tones, accelerations, decelerations, reactivity of the fetus, tocometer measurement of uterine contractions, intrauterine pressure catheters (IUPCs), and fetal Scalp pH in assessing fetal hypoxia.
- Describe the etiologies of macrosomia and fetal growth restriction and be able to list the detection methods, treatments, and associated morbidity and mortality associated.

Section 7: Week 2: Induction and Augmentation of Labor:

- Know the indications for induction or augmentation including post term pregnancy, preeclampsia, premature rupture of membranes, non-reassuring fetal testing, and intrauterine growth retardation.
- Explain pain management approaches during labor.
- Know the different medications used during labor such as prostaglandins, oxytocin and procedures such as amniotomy.

Section 8: Week 2: Labor: Normal and Abnormal:

- Premature Rupture of Membranes: List the history, physical findings, and diagnostic methods to confirm rupture of membranes as well as knowing the risks and benefits of expectant management versus immediate delivery, based on gestational age.
- Preterm Labor: Identify the risk factors and causes for preterm labor including the signs/symptoms, management, and possible adverse outcomes
- Know all the Cardinal movements of labor such as engagement, flexion of the head etc.
- Abnormal Labor: You must be able to list the causes and methods of evaluating abnormal labor patterns.
- First Stage of Labor: Know the time frame and phases, what is normal and what is not.
- Second Stage of Labor: Know the time frame and phases, what is normal and what is not. Know what fetal monitoring needs to be done and what interventions can be used to help manage fetal distress.
- Know the different types of delivery, be able to discuss the strategies for emergency management of breech presentation, shoulder dystocia, and cord prolapse and the use of forceps and vacuum extraction (indications and complications of their use)
- Third Stage of Labor: time frame of normal progress and medical augmentation
- Fourth Stage of Labor: Assessing uterine contraction and minimizing bleeding, laceration repair and types of lacerations from birth trauma.
Section 9: Week 2: Cesarean Section:

- You must be familiar with the proper indications for a C-section such as cephalopelvic disproportion, prolonged second stage of labor, breech or compound presentation, fetal distress, cord prolapse, active herpes lesions, failed operative vaginal delivery, previous C-section. You must almost be familiar with the disadvantages of vaginal birth after C-section (VBAC) and know the potential complications and indications.

Section 10: Week 2: Complications of the Perinatal Period:

- You must know and be familiar with Preterm Labor and its risk factors (DRAW MUCH pneumonic), complications (such as low birth weight, respiratory distress syndrome, intraventricular hemorrhage, sepsis, NEC), indications for immediate delivery, pharmacotherapy such tocolytics and terbutaline, MgSO4.
- Preterm and Premature Rupture of Membranes (ROM). How to diagnose this and classification types, treatment of (steroids, antibiotic prophylaxis).
- Chorioamnionitis: know the risk factors, evaluation and treatments.
- Antepartum Hemorrhage: Know the classic presentations and treatments of placenta previa, placenta accreta, placental abruption, and uterine rupture.
- Amniotic fluid disorders: Know the causes, how to evaluate and diagnosis oligohydraminos and polyhydraminos.
- Post-term pregnancy: Know the normal duration of gestation, causes of prolonged gestation (such as inaccurate dating, anencephaly, fetal adrenal hypoplasia) and the complications and different management options.

Section 11: Week 2: Immediate Post-Partum Care and Complications of Mother and Newborn:

- List techniques for assessing newborn status and being able to recognize situations requiring immediate intervention in newborn care.
- You must be able to discuss the normal maternal physiological changes of the postpartum period and the routine post-partum care following spontaneous vaginal deliveries, C-sections, breast care and lactation, post-partum contraception.
- Post-Partum Hemorrhage: know the risk factors, definition (>500ml in NSVD and >1 L in C-section), causes (lacerations, placenta accreta, vaginal hematoma, retained products of conception, uterine inversion, uterine rupture) and treatment options and complications such as Sheehan's syndrome.
- Post-Partum Infection (Endomyometritis): know the causes, usual time frame of symptoms and treatment.
- Mastitis: know the causes, usual time frame of symptoms and treatment.
- Postpartum Anxiety/Depression: Know the difference between the "blues" and depression. Know the red flags, symptoms and treatments.
- Male infant circumcision: be able to describe the risks and benefits.
- List the benefits of breastfeeding, and know the normal physiologic and anatomic changes of the breast during pregnancy and postpartum while knowing how to treat common postpartum abnormalities of the breast.

Section 12: Week 2: Osteopathy in Obstetrics:

- Describe how musculoskeletal, postural and biomechanical factors affecting fertility and identify patients that may benefit from treatment of somatic dysfunction before pregnancy including patients with:
  - Short leg syndrome, Chronic pelvic pain, and Chronic low back pain
- Perform musculoskeletal, postural and biomechanical screening exams throughout prenatal care.
- Perform the treatments for common somatic dysfunctions in pregnancy including:
  - Round ligament syndrome, Pubic shear, Carpal tunnel syndrome, and Low back pain
- Describe the structural changes that occur during pregnancy.
- Describe and demonstrate how to diagnose and treat the structural changes that are related to somatic dysfunction that occur during pregnancy.
- Describe how osteopathic manipulation may affect the physiology of pregnancy.
- Describe and demonstrate how to diagnose and treat various physiologic changes that occur during pregnancy that are related to somatic dysfunction.
- Describe the structural changes that occur during delivery.
- Prepare the female pelvis for delivery via OMM in the third trimester.
- Discuss the normal and abnormal structural, musculoskeletal, and biomechanical changes of the postpartum period including:
Involution of the uterus and how it affects pelvic structures.
 Persistent low back pain after pregnancy.
- Describe the common somatic dysfunctions of the postpartum period and describe their corresponding OMT:
  - Symphysis diaphysis, Sacroiliac dysfunction, Pubic shear, Low back pain, Breast engorgement and mastitis, and Postpartum depression

6.1.9 Unit 3: Gynecology: Weeks 3-4

Section 13: Week 3: Preventive and Health Care Maintenance:

Section 14: Week 3: Reproductive Medicine:
- Be familiar with the normal female reproductive cycle: normal length, know the different phases, fertilization period, hormone levels, menopause and perimenopause symptoms and treatment.
- Amenorrhea: Primary vs secondary, know the different causes and treatments.
- Dysfunctional/ Abnormal Uterine Bleeding: know how to properly evaluate a patient with DUB, anatomic causes, and management options.
- Hirsutism and Virilism: Know the common features, causes, mechanisms, and treatment options of different abnormalities in secondary sexual characteristics from androgen excess (pathological production of androgens, Cushing’s syndrome, congenital adrenal hyperplasia, theca lutein cysts, polycystic ovarian syndrome, stromal hyperplasia and hyperthecosis, sertoli-leydig tumors)
- Contraception and Sterilization: Know the different methods of contraception, IUDs, Barrier methods, oral contraceptives (progesterone, levonorgestrel, medroxyprogesterone acetate), know their uses and indications as well as about tubal ligation about a vasectomy.
- Infertility and Assisted Reproduction: Know the most common reasons in males, females, know the treatments for the various causes. Also know common assisted reproductive technology using clomiphene, hMG and techniques such as In vitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT). Menopause: You must know how to define menopause and describe changes in the hypothalamic-pituitary ovarian axis associated with perimenopause/ menopause as well knowing the typical symptoms, management, and long-term changes associated with menopause
- Normal uterine bleeding: You must be able to define a normal menstrual cycle and describe its endocrinology and physiology.
- Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD): You must be able to identify the appropriate criteria for diagnosis, underlying etiologies, associations, and different treatment options.
- Describe the changes in the hypothalamic-pituitary-ovarian axis and target organs during normal puberty as well as the normal sequence of pubertal events and ages at which these changes occur. Be able to discuss and define precocious and delayed puberty and describe the steps in the initial evaluation of these conditions.

Section 15: Week 3: Urinary Incontinence and Pelvic Floor Disorders:
- Know the different causes of pelvic floor disorders and urinary incontinence such as birth trauma, obesity, chronic cough, intrinsic muscle weakness, atrophic changes due to estrogen deficiency.
- Know the different herniation types such as cystocele, urethreocoele, rectocele, enterocele and uterine prolapse.
- Be able to describe the anatomic changes associated with pelvic floor disorders.
- Know the different types of urinary incontinence such as stress, urge, total, and overflow incontinence as well as being familiar with the signs, symptoms, diagnostic evaluations and, treatments for each of the different conditions.
Section 16: Week 3: Domestic Violence and Sexual Assault:

- You must be able to screen for and cite prevalence and incidence of violence against women, elder abuse, and child abuse as well provide the adequate resources for those patients affected.
- You must not only be able to identify patients at increased risk for sexual assault but describe the medical and psychosocial management of a victim of sexual assault.

Section 17: Week 3: Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD):

- PMS and PMDD are both very physically and emotionally discomforting. You must be able to identify the criteria for making the diagnosis of PMS and PMDD and know the correct treatment options.

Section 18: Week 3: Benign Disorders of the Lower Genital Tract:

- Know the more common congenital genitourinary anomalies (such as labial fusion, imperforate hymen, transverse vaginal septum, and testicular feminization) as well as the causes, features, and treatments of each condition.
- Be able to define, diagnose, manage, and discuss Chronic Pelvic Pain as well as being familiar with the psychosocial issues associated.

Section 19: Week 3: Benign Vulvar and Vaginal Disease and Neoplasia:

- Know the different perinvasive vulvar diseases such as Paget's disease, vulvar intraepithelial neoplasia. Know their different presentations, risks, and treatment
- You must be able to interpret a wet mount microscopic examination and describe the variety of dermatologic disorders of the vulva.
- Vulvar Carcinoma: Know the risks, types and, different treatments.
- Vulvar Dystrophies (hypertrophic lesions, atrophic lesions). Know the common forms, causes and treatments. (Lichen simplex chronicus, lichen sclerosis).

Section 20: Week 4: Benign Cervical Disease and Cervical Cancer:

- Know the major risk factors of cervical cancer such as HPV, symptoms, types (squamous, adenocarcinoma, etc.), different stages I-IV, the proper evaluation using Pap smear and what needs a biopsy using a cold knife, loop electrosurgical excision procedure (LEEP) and carbon dioxide laser procedure. Also be able to properly diagnose and know the different treatment recommendations (surgery vs radiation vs chemotherapy).
- Know how to diagnose, examine, and treat different benign cervical abnormalities such as cervical cysts (nabothian, mesonephric), polyps, fibroids and, cervical stenosis.

Section 21: Week 4: Uterine Disease:

- Adenomyosis: Know the risk factors, symptoms and treatment options.
- Anatomic Anomalies of the Uterus such as septate uterus, bicornuate uterus, uterus didelphys with a double cervix. Know the signs, symptoms treatment
- Endometrial Cancer: Know the risk factors, presentation, evaluation, and types of cancer and treatment options.
- Endometrial Hyperplasia: Know the risk factors (unopposed estrogen, obesity, nulliparity, early menarche, late menopause) evaluation and treatment.
- Endometriosis: Know the risk factors, signs and symptoms, diagnostic strategies and treatment modalities.
- Uterine Leiomyoma (fibroids): Know the signs, symptoms and treatment.

Section 22: Week 4: Benign Ovarian Disease and Ovarian Cancer:

- Ovarian cysts: You must be familiar with and be able to define a follicular cyst, corpus lutein cysts, and theca lutein cysts. You must also know their etiology, clinical course, and treatment options.
- Ovarian cancer: Know the risk factors, signs and symptoms, types of cancer (epithelial, germ cell, sex cord-stromal tumors and fallopian tube cancers), evaluation, and work up (labs and imaging) as well treatment options.
Section 23: Gestational Trophoblastic Disease

- You must know and be able to define the main types of gestational trophoblastic diseases.
- **Hydatidiform mole** or molar pregnancy: You must be able to define (complete vs incomplete), know the common presentations, physical examinations, lab abnormalities and treatment options.
- **Invasive Mole**: Is the malignant transformation of benign disease or recurrence of gestational trophoblastic disease that has grown into the muscle. Know the risk factors, common presentation, lab evaluation, and treatment options.
- **Choriocarcinoma**: Know the risk factors, different causes, presenting signs, laboratory evaluation and Ultrasound evaluation and treatment options.
- **Placental site trophoblastic tumor**: Know the cause, common symptoms, evaluation and, treatment options.
- **Epithelioid trophoblastic tumor**: Know the cause, common symptoms, evaluation, and treatment options.

Section 24: Week 4: Breast Disorders:

- You must be able to list the different risk factors associated with breast cancer, the different symptoms and physical examination findings of benign or malignant conditions of the breast, performance of a clinical breast examination, diagnostic modalities, and the initial management options for benign and malignant conditions of the breast.

Section 25: Week 4: Gynecology Surgery:

- You must be able to describe the key components of different procedures, pre-operative evaluation and planning, including history, physical examination, and informed consent (including risks, benefits, and alternatives) as well as being familiar with the following procedures.
  - Insert Foley catheters
  - Demonstrate knot tying of common surgical knots
  - Perform surgical field prep (abdominal or vaginal)
  - Observe the following abdominal procedures
    - Total abdominal hysterectomy
    - Unilateral/bilateral salpingo-oophorectomy
    - Ovarian cystectomy
    - Ectopic pregnancy surgery (list procedure)
    - Incontinence/prolapse surgery (abdominal)
  - Observe the following laparoscopic procedures
    - Diagnostic laparoscopy
    - Laparoscopic tubal ligation
    - Laparoscopic cystectomy/oophorectomy
    - Laparoscopic hysterectomy
  - Observe the following vaginal procedures
    - Total vaginal hysterectomy
    - Cystoscopy
    - Diagnostic or operative hysteroscopy
    - Endometrial biopsy (office procedure)
    - Dilation and curettage

Section 26: Week 4: Sexually Transmitted Diseases:

- Be able to screen, identify, diagnose, and treat the following urinary and pelvic infections:
  - Herpes genitalis
  - Pelvic Inflammatory Disease
  - Cervicitis
  - Human Papilloma virus
  - HIV/AIDS
  - Chlamydia
  - Gonorrhea
  - Trichomonas
  - Syphilis
6.1.10 Osteopathic Philosophy and Osteopathic Manipulative Medicine
Integrate Osteopathic Concepts and OMT into the medical care provided to patients as appropriate. Understand and integrate Osteopathic Principles and Philosophy into all clinical and patient care activities.

Section 27: Week 4: Osteopathy in Gynecology:

The following OMM objectives correlate and follow the readings from the chapters in the following text:

- Understand the physiology behind, common presenting symptoms, how to effectively evaluate, diagnose, demonstrate a constructive clinical approach, commonly seen somatic dysfunction, and OMT treatment techniques in the female patient presenting with the following common conditions:
  - Dysmenorrhea
  - Premenstrual Syndrome
- Identify the 2 most common complaints of an obstetrical patient as the pregnancy progresses.
- List and identify the common causes of an obstetrical patient who presents with lower extremity swelling and be able to discuss their exam findings and treatment options.
- Identify and list the common risk factors for developing lower back pain during pregnancy.
- List and identify the common causes of lower back pain in an obstetrical patient and be able to discuss their exam findings and treatment options.
  - Mechanical (including but not limited too)
    - Neuropathies
    - Lumbosacral Plexopathies
    - Spondylolisthesis
    - Hip Pain
  - Nonmechanical
    - Viscerogenic
    - Vascular
  - Metabolic
  - Psychoemotional
- Identify the common osteopathic structural findings and common areas of somatic dysfunctions in pregnancy which occurs to accommodate the shifting center of gravity.
- Be familiar with and be able to identify the common maternal musculoskeletal and maternal changes that occur during pregnancy.
- Describe a proper neuromusculoskeletal examination of an obstetrical patient presenting with lower back pain
- Name the fascial regions/diaphragms which can restrict lymphatic flow.
- Identify structures / regions to that may be treated with OMT in order to balance the autonomic nervous system.
- Each student should be able to apply the five pathophysiologic models used in osteopathic patient care for an obstetrical patient with lower extremity swelling and lower back pain:
  - Biomechanical model:
  - Respiratory-circulatory model:
  - Neurological model:
  - Metabolic-energy model:
 Behavior model:
- Identify approaches that integrate the entire postural mechanism within the biomechanical model considered for an obstetrical patient complaining of lower extremity swelling and lower back pain.
- Identify approaches that integrate the entire postural mechanism within the biomechanical model considered for an obstetrical patient complaining of lower extremity swelling and lower back pain.
- Describe the manifestations of the neurological model in the evaluation and treatment of facilitation resulting from lower back pain and lower extremity swelling.
- Recognize the metabolic and physiologic alterations that occur with acute lower back pain and lower extremity swelling using the metabolic energy model.
- Identify approaches that integrate the psychological, behavioral, and social responses to an obstetrical patient with acute lower back and lower extremity swelling as well as somatic dysfunctions using the behavioral model.
- Recognize an Osteopathic approach to the diagnosis and treatment of an obstetrical patient with somatic dysfunction of the lumber spine, sacrum, pelvis, and lower extremity.
- Be able to describe how to address tissue strains and compensatory postural adaptations to pregnancy that may help alleviate passive tissue congestion and improve symptoms associated with peripheral edema.
- Be familiar with the variety of OMT approaches to low back pain in pregnancy including potential challenges that might be present affecting treatment decision approaches.
- Be familiar with the contraindications to OMT in the obstetric patient presenting with lower back pain and lower extremity swelling.
- Be familiar with and be able to describe the integrative treatment considerations in the obstetric patient presenting with lower extremity swelling.
- Be familiar with the recommendations for OMT following a cesarean section and vaginal delivery to alleviate hyperextension of the spine.
- Be familiar with the following additional treatment techniques and exercises to assist the patient in seeking and maintaining a healthy pregnancy and delivery as well as their recommended frequency:
  - Knee chest position
  - Sacral rocking
  - Adduction, internal rotation, and extension of the hips
  - Adduction and internal rotation of the hips
  - Approximation of the scapulae
  - Tilting the pelvis posteriorly
  - Trunk twists
  - Side bending of the trunk
  - Forward bending of the trunk
  - Trunk twists prone
  - Iliopsoas stretch
  - Strengthening of the abdominal muscles
- Be familiar with the 6 absolute contraindications to manipulation during pregnancy as the list is short, itself giving some hint to the extensive application of osteopathic philosophy and practice to the obstetric patient.

6.1.11 APGO Educational Topics: Osteopathy in Obstetrics:
- Obtain a comprehensive women’s musculoskeletal history (e.g. scoliosis, musculoskeletal traumas, biomechanical factors that may have influence on pregnancy and outcome of pregnancy).
- Assess your patient for any lifestyle risk factors that may contribute to chronic somatic dysfunction.
- Perform an accurate osteopathic structural exam of the female patient, identify areas of somatic dysfunction, and document all findings accurately in the patient chart including the following:
  - TART findings
  - Specific somatic dysfunctions
  - Spinal curves or postural influences
- Include somatic dysfunction as a part of the differential diagnosis when appropriate.
- Incorporate OMT approaches as indicated and explain the indications and contraindications to osteopathic manipulative medicine (OMM) in pregnancy and women’s care.
- Perform the different types of Osteopathic Manipulative Treatments (OMT) commonly used in women’s health care including:
  - High Velocity/Low Amplitude
  - Muscle energy
- Myofacial Release
- Osteopathy in the Cranial field
- Strain/counterstrain
- Soft Tissue/Articulatory Techniques
- Lymphatic treatment
- Balanced ligamentous tension
- Facilitated positional release
- Progressive inhibition of neuromuscular structures
- Functional technique
- Visceral manipulation
- Still technique

- Identify evidence supporting the use of OMT in OB-GYN
- Describe how musculoskeletal, postural and biomechanical factors affecting fertility
- Identify patients that may benefit from treatment of somatic dysfunction before pregnancy including patients with:
  - Short leg syndrome
  - Chronic pelvic pain
  - Chronic low back pain
- Perform musculoskeletal, postural and biomechanical screening exams throughout prenatal care.
- Perform the treatments for common somatic dysfunctions in pregnancy including:
  - Round ligament syndrome
  - Pubic shear
  - Carpal tunnel syndrome
  - Low back pain
- Describe the structural changes that occur during pregnancy.
- Describe and demonstrate how to diagnose and treat the structural changes that are related to somatic dysfunction that occur during pregnancy.
- Describe how osteopathic manipulation may affect the physiology of pregnancy.
- Describe and demonstrate how to diagnose and treat various physiologic changes that occur during pregnancy that are related to somatic dysfunction.
- Describe the structural changes that occur during delivery.
- Prepare the female pelvis for delivery via OMM in the third trimester.
- Discuss the normal and abnormal structural, musculoskeletal, and biomechanical changes of the postpartum period including:
  - Involution of the uterus and how it affects pelvic structures
  - Persistent low back pain after pregnancy
- Describe the common somatic dysfunctions of the postpartum period and describe their corresponding OMT:
  - Symphysis diaphysis
  - Sacroiliac dysfunction
  - Pubic shear
  - Low back pain
  - Breast engorgement and mastitis
  - Postpartum depression

6.1.12 APGO Educational Topics: Osteopathy in Gynecology:
- Diagnose somatic dysfunction as a possible etiology for acute pelvic pain including:
  - Iliopsoas dysfunction
  - Pubic shear
    - Vertical
    - Anterior-Posterior
  - Sacroiliac dysfunction
  - Sacral Torsion
  - Myofascial strains
  - Restrictions of the pelvic diaphragm
- Describe the musculoskeletal, structural, and biomechanical factors that may be associated with chronic pelvic pain.
• List appropriate uses of OMT to manage both acute and chronic pelvic pain.
• Identify possible tissue changes that are not visible by imaging for patients with a history of sexual abuse.
• Describe ways OMM can help prepare a patient for surgical gynecologic procedures.
• Discuss ways OMT can be used to decrease need for analgesics in the postoperative period.
• Perform OMT for the following postoperative conditions that have been shown to benefit
   Ileus
   Edema
• Describe the physiologic changes that occur during the menstrual cycle and their effects on the structure of the body.
• Describe how the altered physiology during the menstrual cycle can cause pain.
• Describe how the physical environment of the pelvic organs can predispose to menstrual pain.

7 REQUIRED READING:

During your 4-week clinical rotation the below articles, videos, and teaching cases are meant to improve your knowledge base of the commonly seen conditions while on your clerkship. The articles are taken from Dansford’s OBGYN online textbook that can be found in the learning resource center in Stat Ref. These are for LECOM student use only and the articles should not be copied or shared. The videos and teaching cases are from the APGO website and the complete list of videos can be found on the APGO YouTube Channel. If there is a problem with an article or link please email @ travis.smith@lecom.edu and let me know.

Obstetrics: The following list of articles, videos, and teaching files are in alphabetical order and correlate with sections 1-13 in the above Objectives: The videos and teaching cases are from the APGO objectives and can be found here if for some reason a link is not working:

7.1.1 Pre Rotation Review:

1. Approach to the Patient
   a. History: Video
2. Pap Smear and Cultures
   a. Video & Teaching Case
3. Legal Issues & Ethics in Obstetrics and Gynecology
   a. Teaching Case
4. Preventive Care and Health Management
   a. Video & Teaching Case
5. Introduction to Osteopathic Principles in Obstetrics & Gynecology
   a. Video Part I
   b. Video Part II
   c. Teaching Case
6. Osteopathic History Taking
   a. Teaching Case
7. Osteopathic Structural Exam
   a. Teaching Case
8. Osteopathic Diagnosis and Management Plan
   a. Teaching Case
7.1.2  Week 1 Assignments:

Required Reading Article / Videos / Teaching Cases

1. Alloimmunization
   a. Teaching Case

2. Assessment of Fetal Well-Being
   a. Video
   b. Reading Article

3. Antepartum Care
   a. Video
   b. Teaching Case

4. Intrapartum Care
   a. Video
   b. Teaching Case

5. Early Pregnancy Loss
   a. Reading Article

6. Spontaneous Abortion
   a. Video
   b. Teaching Case

7. Induced Abortion
   a. Video
   b. Teaching Case

8. Ectopic Pregnancy
   a. Reading Article
   b. Video & Teaching Case

9. Fetal Death
   a. Teaching Case

10. Hypertensive Disorders of Pregnancy
    a. Reading Article

11. Preeclampsia-Eclampsia Syndrome
    a. Video & Teaching Case

12. Intrauterine Growth Restriction
    a. Reading Article

13. Maternal-Fetal Physiology
    a. Video & Teaching Case

14. Third-Trimester Bleeding
    a. Video & Teaching Case

15. Placenta Previa and Abruption
    a. Reading Article

16. Multifetal Gestation
    a. Video
    b. Teaching Case

17. Osteopathy in Obstetrics
    a. Teaching Case

18. Prenatal Care
    a. Reading Article
    b. Video
    c. Teaching Case
7.1.3 Week 2 Assignments:

**Required Reading Article / Videos / Teaching Case**

1. Abnormal Labor
   a. [Video](#)
   b. [Teaching Case](#)
2. Anxiety and Depression
   a. [Video](#)
   b. [Teaching Case](#)
3. Cesarean Delivery
   a. [Reading Article](#)
4. Complications of Delivery
   a. [Reading Article](#)
5. Fetal Growth Abnormalities
   a. [Video](#)
   b. [Teaching Case](#)
6. Normal Labor, Delivery, Newborn Care, and Puerperium
   a. [Reading Article](#)
7. Immediate Care of the Newborn
   a. [Teaching Case](#)
8. Lactation
   a. [Video](#)
   b. [Teaching Case](#)
9. Postpartum Care
   a. [Video](#)
   b. [Teaching Case](#)
10. Postpartum Hemorrhage
    a. [Video](#)
    b. [Teaching Case](#)
11. Postpartum Infection
    a. [Video](#)
    b. [Teaching Case](#)
12. Post-term Pregnancy
    a. [Video](#)
    b. [Teaching Case](#)
13. Preterm Labor
    a. [Video](#)
    b. [Teaching Case](#)
14. Obstetric Procedures
    a. [Teaching Case](#)
    b. [Operative Vaginal Delivery Reading Article](#)
15. Premature Rupture of the Membranes
    a. [Reading Article](#)
    b. [Video](#)
    c. [Teaching Case](#)
16. Preterm Labor and Post-Term Delivery
    a. [Reading Article](#)
Gynecology: The following list of articles, videos, and teaching files are in alphabetical order and correlate with sections 14-28 in the above Objectives:

7.1.4  Week 3 Assignments:
Required Reading Article / Videos / Teaching Case

1. Abnormal Uterine Bleeding
   a. Reading Article
2. Normal and Abnormal Uterine Bleeding
   a. Video
   b. Teaching Case
3. Amenorrhea
   a. Reading Article
   b. Video
   c. Teaching Case
4. Contraception
   a. Reading Article
   b. Video
   c. Teaching Case
5. Infertility
   a. Video
   b. Teaching Case
6. Domestic Violence
   a. Teaching Case
7. Sexual Assault
   a. Teaching Case
8. Dysmenorrhea
   a. Video
   b. Teaching Case
9. Female Urinary Incontinence Epidemiology and Evaluation
   a. Reading Article
   b. Video
   c. Teaching Case (Pelvic Relaxation and Urinary Incontinence)
10. Gynecological Procedures
    a. Teaching Case
11. Hirsutism and Virilization
    a. Video
    b. Teaching Case
12. Osteopathy in Gynecology
    a. Teaching Case
13. Polycystic Ovarian Syndrome
    a. Reading Article
14. Menopause and Perimenopause
    a. Video
    b. Teaching Case
15. Pediatric and Adolescent Gynecology
    a. Reading Article
16. Puberty
    a. Video
    b. Teaching Case
17. Premenstrual Syndrome and Premenstrual Dysphoric Disorder
    a. Video
    b. Teaching Case
7.1.5  Week 4 Assignments:

Required Reading Article / Videos / Teaching Case

1. Cervical Cancer
   a. Reading Article
   b. Video
   c. Teaching Case
2. Disorders of the Breast
   a. Reading Article
   b. Video
   c. Teaching Case
3. Chronic Pelvic Pain
   a. Video
   b. Teaching Case
4. Endometrial Hyperplasia and Carcinoma
   a. Video
   b. Teaching Case
5. Endometriosis
   a. Video
   b. Teaching Case
6. Ovarian and Tubal Cancers
   a. Reading Article
7. Management of the Adnexal Mass
   a. Reading Article
8. Ovarian Neoplasms
   a. Video
   b. Teaching Case
9. Gestational Trophoblastic Neoplasia
   a. Video
   b. Teaching Case
10. Pelvic and Sexually Transmitted Infections
    a. Reading Article
    b. Video
    c. Teaching Case
11. Uterine Cancer
    a. Reading Article
12. Uterine Leiomyoma
    a. Video
    b. Teaching Case
13. Vulvovaginal Disorders
    a. Reading Article
    b. Video
    c. Teaching Case
14. Vulvar and Vaginal Cancer
    a. Reading Article
15. Vulvar Neoplasms
    a. Video
    b. Teaching Case
The information tested on the Shelf and Board exam is very specialized, so the material learned during 2nd year isn’t very useful. Make sure you do USMLE world or COMLEX review questions throughout the rotation in supplement to your daily readings. Below is the Shelf exam breakdown of the topics as listed on the NBOME COMAT website:

### Patient Presentation

<table>
<thead>
<tr>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>Abnormal Obstetrics</td>
<td>20-30%</td>
</tr>
<tr>
<td>General Gynecology</td>
<td>25-35%</td>
</tr>
<tr>
<td>Gynecologic Oncology</td>
<td>5-15%</td>
</tr>
<tr>
<td>Normal Obstetrics</td>
<td>15-25%</td>
</tr>
<tr>
<td>Reproductive Endocrinology</td>
<td>10-20%</td>
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</table>
### Physician Tasks

<table>
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<th>Task</th>
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<tbody>
<tr>
<td>Diagnosis/Management - Pap Smear/DNA testing</td>
<td>35-45%</td>
</tr>
<tr>
<td>History/Examination/Communication/Interaction</td>
<td>40-50%</td>
</tr>
<tr>
<td>Preventive Care/Health Maintenance</td>
<td>10-15%</td>
</tr>
<tr>
<td>Secondary Overarching Topics</td>
<td>1-5%</td>
</tr>
</tbody>
</table>

**Board Review Resources:** Start reading Blueprints or Case Files at the beginning of the rotation. Begin reading High Yield two weeks before the subject exam, and get through it twice. Do USMLE world questions throughout the rotation.

- **Blueprints: Obstetrics and Gynecology:** Contains high yield OB/GYN subject matter in paragraph format. Very thorough resource. Contains practice questions at the end of the book. No easily reviewable during the week before the subject exam.
- **Case Files: Obstetrics and Gynecology:** Presents common internal medicine subjects in the form of clinical vignettes similar to the subject exam. Relatively complete. Probably the 2nd best OB/GYN subject exam resource.
- **High Yield Obstetrics and Gynecology:** Excellent, succinct summary. Great tables and graphs to demonstrate key concepts. Should be used in conjunction with another resource.
- **Case Files Obstetrics & Gynecology:** Supplemental Rotation Review