Women's and Children's Health Clerkship OB/GYN Any ind
Diagnosis
Required Visit Types
Contraceptive Counseling: Visit
Postpartum: Progress note
Prenatal care: Visit
Required Clinical Conditions
Abnormal Uterine Bleeding
Pelvic Pain
Women's Health Screenings (i.e.cancer screening, IPV scr
Optional Visit Types
Infertility: Visit
Intimate partner violencecounseling
Postpartum depressionscreening
Postpartum lactation counseling
Teen pregnancy counseling
Uninsured/underinsuredcounseling
Optional Clinical Conditions
Adnexal mass/cyst
Postmenopausal bleeding
post-op complications

Pregnancy unknown location /ectopic pregnancy
Preterm labor (PTL)
Required Procedures
Procedures
Cesarean section
Consent
EPA 05: Document a clinical encounter in the patient reco
Foley catheter placement
Hysterectomy
Interpret. of fetal heart tracing
Laparoscopy
Patient History Chief Complaint
Pelvic exam (speculum andbimanaul)
Physical Exam, Full, Focused orMental Status
Suture/Knot-tying
Vaginal Delivery
Optional Procedures
Clinical breast exam
Genital cultures
Operative vaginal delivery
Pap test
Perineal laceration repair
Tubal ligation
Wet prep; KOH

lividual patient may fulfill up to 3 log items
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Minimum Responsibility Full Participation , Assisted Partic	Acceptable Alt	Supervision Dir
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AssistedParticipation	APGO Video #3	Direct or Indire
Full Participation		Direct or Indire
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Full Participation		Direct
Full Participation	GTA	Direct
Full Participation		Direct
Full Participation	Simulation	Direct
Assisted Participation		
Observe		Direct

Related Learn	i Clinical Setting: Inpatient (in), Outpatient (out)
CM6.2	Outpatient or Inpatient
PC4.2	Inpatient
PC4.1	Outpatient
PC4.1	Outpatient or Inpatient
PC4.1	Outpatient or Inpatient
HP1.1	Outpatient
PC4.4	Outpatient
PC4.1	Outpatient or Inpatient
HP1.2	Outpatient or Inpatient
PC4.3	Outpatient or Inpatient
PC4.1	Outpatient or Inpatient
PR5.5	Outpatient or Inpatient
PC4.1	
PC4.1	
PC4.1	

Completed Student Experience (FP/AP/S/O/A)