Alabama College of Osteopathic Medicine

OBSTETRICS & GYNECOLOGY
DO CLIN 804
2017-2018

Clerkship Chair: Praful Patel, MD
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Office Hours: By Appointment (via email only)

Grading: Credit Hours: 4
Final letter grades will be determined in accordance with the ACOM Student Handbook.

I. PRE-REQUISITES:
Beginning the OB/GYN Clerkship Rotation requires the successful completion of Year 2 AND COMLEX Part 1. Students must have current training in BLS, ACLS, OSHA, HIPAA, Universal Precautions and Sterile Technique.

II. CLERKSHIP ROTATION DESCRIPTION:
This clerkship rotation will provide students clinical experience in the field of obstetrics and gynecology. Students will participate in the evaluation and management of patients under the supervision of an attending physician preceptor. Students may also gain experience assisting and/or performing obstetrical and gynecologic procedures if deemed appropriate based upon the professional judgment of the preceptor.

This syllabus and the service guidelines it contains are designed to provide an overview of the OB/GYN clerkship rotation. You can anticipate some variations from service to service, site to site, attending to attending and from house officer to house officer on a particular patient-care team; however, if the reality of your day-to-day existence is materially different from what is written in the syllabus and guidelines, and your ability to achieve the expectations outlined for you is thereby compromised, you should make your concerns known. Your first point of contact should be the attending or senior resident. If satisfactory resolution cannot be achieved at that level, the clerkship director and/or Department Chair at ACOM is always available.
III. CLERKSHIP ROTATION GOALS AND OBJECTIVES:

**Goals**

The primary goal of this course is to provide each student with the clinical opportunity to observe and apply the information that was presented in the second year Reproductive System course. In addition, students are expected to increase their fund of knowledge through additional reading, case studies, and clinical experiences.

**Specific Learning Objectives (see Appendix for detailed listing by domain):**

- Assess, assimilate, and use medical and research literature to enhance clinical decision making.
- Appropriately use and apply osteopathic principles as well as Osteopathic Manipulative Treatment (OMT) to the patient-care setting.
- Build productive relationships with patients, families, and other health-care professionals regardless of their backgrounds.
- Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques.
- Demonstrate knowledge of the business side of medical practice, especially billing, scheduling, and referring.
- Effectively and compassionately communicate relevant medical information, both oral and in written, with patients, families, and other health-care professionals.
- Effectively counsel and instruct patients and their families regarding specific diagnosis, treatment plans, and broader health maintenance.
- Evaluate the risks, benefits, limitations, and costs of different diagnostic and treatment options associated with healthcare.
- Formulate and document appropriate initial diagnoses and treatment plans based on patient histories, symptoms, examination findings, lab tests, and imaging studies.
- Perform and document a complete history and physical examination appropriate for patient care.
- Perform routine basic clinical procedures using appropriate methods/instruments and common clinical rating scales.

IV. FORMAT AND PROCEDURES:

Attendance at the clerkship rotation site is required at all times designated by the attending. This will include hospital, meetings, and/or other responsibilities. Students will be expected to attend hospital based educational forums, such as journal club and house staff presentations. Students will be available for any activities, such as night call, if asked by the preceptor. If the preceptor makes house calls, the student is expected to accompany him/her. Students are strongly encouraged to update their portfolios in E*Value daily. Students are expected to complete all assignments in a timely manner and participate in all scheduled interactive didactic sessions, including but not limited to discussion boards, journal clubs, case studies and write-ups, live group discussions via video conferencing, watching lectures, reading articles, and taking post-rotation exams.

V. APPROVAL OF PRECEPTORS WILL BE IN ACCORDANCE WITH ACOM CREDENTIALING POLICY

Approval of preceptors will be by the Clerkship Chair. MD or DO board certified physicians with an ACOM core site are preferred. MD or DO board certified physicians outside a core area may be used if no approved core site physician is available, as determined by the clinical education office.
VI. CLERKSHIP ROTATION REQUIREMENTS:

1. Attendance & Participation:
   - 100% attendance is required to all events defined by the preceptor and as listed below.
   - Absence excused by the preceptor is required to be reported to clerkship chair.
   - Students are expected to complete all reading assignments.
   - It is the responsibility of the student to contact the clerkship rotation site in ample time prior to arrival to learn the expectations for the first day of the clerkship rotation.
   - The extent of student involvement in patient care activities will be determined by the preceptor.
   - Hours of duty, night and weekend coverage, and holiday assignments are at the discretion of the preceptor. **The work week is limited to a minimum of 45 hours per week and maximum of 80 hours per week, averaged over the four-week duration of the clerkship rotation.**
   - Students are expected to participate in on-call coverage, with no more than one in three nights on call averaged over a four-week period.
   - Students are to receive one day in seven free from clinical activities averaged over a four-week period.
   - Any absence during scheduled clerkship rotation work hours, for any reason, must be approved by the Preceptor.
   - An absence form a clerkship rotation will be excused only under extreme circumstances. Students cannot be absent from any clerkship rotation experience without permission from the supervising physician. Absence from a clerkship rotation in excess of three days or any unexcused absence will be reviewed by the Associate Dean of Clinical Sciences and may result in repetition or failure of the clerkship rotation.

2. Required Textbook(s) & Equipment:
   - The Obstetrics and Gynecology Clerkship: Your Guide to Success by Esprey et al., 2006.
     - Available for free online at [https://www.apgo.org/binary/ObGynClerkshipGuidetoSuccess.pdf](https://www.apgo.org/binary/ObGynClerkshipGuidetoSuccess.pdf)
   - Additional Resources and Recommended Reading:
     - Practice Bulletins and Committee Opinions published by the American College of Obstetricians & Gynecologists
   - Sphygmomanometer, stethoscope, and a diagnostic kit which includes an ophthalmoscope and otoscope, reflex hammer, and tuning fork at 512 decibels.
   - ACOM issued Apple iPad Mini, fully functional.

3. Assignments & Clinical Skills:
   - Learning Agreements
     - Students are required to meet with their preceptors on the first or second day of the clerkship rotation to complete a learning agreement (see Appendix A). This procedure is designed to help students and preceptors come to an agreement regarding what needs to be accomplished in each specific clerkship rotation. An electronic copy of this form is available on SEAMed. Use this syllabus and/or Appendix B to select the learning objectives that will be used for each specific clerkship rotation. An electronic copy of this list is located on SEAMed. Once the learning agreement is completed and signed by both parties, students are required to upload it to the appropriate software platform. They should also retain a signed copy for their own records.
   - Descriptions and requirements for participation in ACOM didactics specific to this clerkship rotation are described in the course shell on SEAMed. It is the student’s responsibility to review and follow all didactics requirements.
• See Appendix B for Core Problems Necessary for Graduation
• There are no procedures that a student must perform as a requirement to pass this clerkship rotation. It is expected that students will become familiar, through observation and participation at the discretion of each individual preceptor, with basic procedures common to the general practice of obstetrics and gynecology. Such procedures may include, but are not limited to, speculum examination of the lower genital tract, bimanual pelvic examination, Pap smear screening, screening for sexually-transmitted infections, colposcopy, endocervical curettage, cervical biopsy, gynecologic pelvic ultrasound, obstetric ultrasound, cervical examination of the laboring patient, vaginal delivery, Cesarean delivery, amniocentesis, diagnostic and operative laparoscopy, diagnostic and operative laparotomy, operative vaginal surgery, etc. See Appendix C for more information.

4. Post-Rotation Exam
The COMAT subject examination in Surgery will be administered on-line on the last day of the clerkship rotation. The Clinical Site Coordinator or their designee at the core rotation site will proctor the exam in accordance with guidelines set by the NBOME. Students will receive instruction from the Site Coordinator regarding the time and place to report for the exam.
  o Examination structure, content outline and practice examinations for COMAT exams can be found at [http://www.nbome.org/comatmain.asp?m=coll](http://www.nbome.org/comatmain.asp?m=coll)

5. Evaluations:
  o **Student Evaluation of Site; Student Evaluation of Preceptor**: Must be completed on-line and submitted at the end of the clerkship rotation.
  o **Mid-Rotation Evaluation**: At approximately two weeks into the clerkship rotation, the student should ask for an informal mid-rotation evaluation. The student should review the mid-rotation evaluation form with the preceptor, discuss areas of competency that will be evaluated at the conclusion of the clerkship rotation and ask for input on his or her performance to date and specific recommendations for improvement. This is not intended to be a formal evaluation and the student is not required to submit the mid-rotation evaluation form to ACOM. The student is encouraged to make notes, ask for the preceptor's signature and keep the form for his or her records.
  o **Preceptor Evaluation of Student**: It is the responsibility of the student to ensure that evaluation forms are completed and submitted online or turned into the Site Coordinator or the Office of Clinical Sciences at the completion of the clerkship rotation. Students should inform the Office of Clinical Resources of any difficulty in obtaining an evaluation by the preceptor at the end of that clerkship rotation.

VII. GRADING PROCEDURES:
The grade for this clerkship rotation will be assigned by the ACOM Clerkship Chair, based on the following grading elements. Students must score 70% or higher on each grading element to pass the clerkship rotation.
  o Evaluation from preceptor and staff (50%)
  o COMAT Exam (30%)
  o ACOM Rotation Didactics (20%)
  o **Note well:**
    o A student who scores below 70% on an evaluation completed by his or her preceptor will fail the clerkship rotation and will be required to repeat the clerkship rotation.
    o **COMAT exam**: Students who are not successful in passing the COMAT exam will receive a failing grade and must take the COMAT again. Students who require subsequent COMAT attempts will receive a score of 70% for that exam and may be required to remediate the clerkship rotation at the discretion of the Clerkship Chair.
The cost of the COMAT subject exam will be covered by ACOM for each initial exam. If a student must retake the examination, he or she may be responsible for the cost ($35.00 per examination). To schedule a retake, students must contact the Clinical Sciences Coordinator.

You must complete and pass the Rotation Didactics element of the clerkship rotation. If you fail Rotation Didactics, you will be offered one attempt to remediate the activities through assignments given by the clerkship chair.

Successful remediation of rotation didactics failing grade will be reported as a 70% for that part of the overall course grade. Unsuccessful remediation results in a failing grade for the course and referral to SPC for disposition.

VIII. PROFESSIONALISM

ACOM students are expected to demonstrate high ethical standards with empathy, compassion, honesty, academic, clinical, and personal professionalism at all times. Clerkship physicians and clinical team members will be required to identify these behaviors as part of the ACOM student’s final grade on their respective service. Also, unless otherwise indicated by the preceptor, the student should wear a clean, wrinkle-free white ACOM clinic jacket and identification badge. The ID badge should be worn above the waist and visible at all times.

IX. VIDEO CONFERENCES

Virtual conference days and times are listed in SEAMed. Although attendance at the video conferences is strongly encouraged, patient care is more important. If you are unable to attend a video conference due to patient care responsibilities, you are required to email the Clerkship Chair (and CC Amanda Gant) prior to the video conference, as soon as you realize that you will not be able to attend.

You must also send a scanned copy of a written statement from your preceptor saying your presence was required. If your service experiences an emergency, you may send the email the following morning. **Failure to send the email and written statement will result in 5% taken off the didactic portion of your score in this course.**

If you do notify the Clerkship Chair following the above guidelines, you will receive a makeup assignment. This makeup assignment should take you about 3-4 hours to complete, and will include watching the recorded session, writing a 1 page report on what you learned, and writing up a de-identified case presentation for the patient you saw during your scheduled video conference time. **Failure to submit a satisfactory makeup assignment by the deadline given will also result in 5% taken off the didactic portion of your score in this course.**

The recorded video conferences will be available within 24 hours of the event.

X. ACADEMIC INTEGRITY

Each student on this clerkship rotation is expected to abide by the student conduct information as outlined in the ACOM Student Handbook. During examinations you must do your own work. Talking or discussion about the examination contents is not permitted during or after the examinations, nor can you compare papers, copy from others, or collaborate in any way. Any collaborative behavior during the examinations will result in failure of the exam, and may lead to failure of the course and disciplinary action.

Each student on this clerkship rotation is expected to abide by the rules established by the Health Insurance Portability and Accountability Act (HIPAA) with a focus on maintaining privacy of Protected Health Information (PHI), which includes discussing patient information in an inappropriate manner or inappropriate setting.
XI. COPYRIGHT STATEMENT
The materials on this course website are only for the use by students enrolled in this course for purposes associated with this course and may not be retained or further disseminated. (Title 17, US Code) For more information, see http://libguides.acomedu.org/copyright/copyright

XII. ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES
In compliance with the ACOM policy and equal access laws, students requesting appropriate academic accommodations should meet with the ACOM Associate Dean of Student Services.

XIII. CHANGES TO THE SYLLABUS
This syllabus is subject to change without advance notification to students.
ACOM Learning Agreement for OB/GYN Clerkship Rotations

To develop a set of mutually-agreed-upon learning objectives, students and preceptors should discuss the questions below on the first or second day of the clerkship rotation.

Student: ___________________________  Preceptor: ___________________________

Rotation Discipline: ___________________  Site: ___________________________

Rotation Period or Specific Dates: _______________________

I. What skills or knowledge does the student hope to learn in this clerkship rotation?  
(This section may be completed prior to meeting.)

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

II. What skills or knowledge does the preceptor think the student most needs to learn in this clerkship rotation?

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

III. Based on the two sets of goals above, what specific learning objectives* do the student and preceptor agree should be accomplished in this clerkship rotation? (Please list at least three)

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

*Please note that learning objectives need to describe what the student will be able to do on completing the clerkship rotation. Please use objectives within this clerkship rotation syllabus.

IV. What activities will most help the student accomplish the above learning objectives?  
(rounds, pre-rounds, day start, day end, grand rounds, expected readings, journal clubs, etc.)

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

SIGNATURES

Student: ___________________________
Preceptor: ___________________________
Date: ___________________________

Students are required to submit this document electronically on the appropriate software platform and strongly encouraged to keep the signed learning agreement for their records.
APPENDIX B: CORE PROBLEMS NECESSARY FOR GRADUATION

CORE PROBLEMS NECESSARY FOR GRADUATION

Core Problems/Diagnoses: Students should diagnose, treat, and record the following health concerns in their E*Value portfolios.

1. Abdominal Distension
   1.1. Bowel Distention
   1.2. Ascites
   1.3. Other Causes
2. Abdominal Pain/Mass
   2.1. Acute – Diffuse
   2.2. Acute – Localized
   2.3. Acute -- Pediatric
   2.4. Chronic – Constant
   2.5. Chronic – Crampy/Fleeting
   2.6. Chronic – Post-Prandial
3. Abnormal ECG
4. Abnormal Genital Bleeding
5. Abnormal Serum Lipid Profile
   5.1. Combined and Decreased HDL
   5.2. Increased LDL and Increased Triglycerides
6. Abnormal Serum TSH
7. Acid Base Disorders
8. Apparent Life Threatening Event (Pediatric)
   8.1. Acute Illness
   8.2. Witnessed Choking Spell
   8.3. Injury
   8.4. Apnea
9. Adrenal Mass
   9.1. Benign
   9.2. Malignant
10. Allergic Reactions
11. Altered Level of Consciousness
   11.1. Overall Approach to Altered Level of Consciousness
   11.2. GCS ≤ 7
12. Anemia/Pallor
   12.1. Overall Approach to Anemia
   12.2. Anemia with Elevated MCV
   12.3. Anemia with Normal MCV
   12.4. Anemia with Low MCV
13. Anorectal Pain
14. Autoimmune Diseases
   14.1. Infectious
   14.2. Congenital
15. Back Pain
16. Benign Prostatic Hypertrophy
17. Bleeding/Brusing
   17.1. Coagulation Proteins
   17.2. Platelets and Vascular System
18. Bone Lesion
19. Breast Discharge
20. Breast Disorders
   20.1. Infection
   20.2. Mass
   20.3. Gynecomastia
      20.3.1. Increased Estrogen and Increased HCG
      20.3.2. Increased LH and Decreased Testosterone
21. Burns
22. Chest Discomfort
   22.1. Cardiovascular (Angina Pectoris)
   22.2. Pulmonary/Mediastinal
      22.2.1. Pulmonary Embolus
      22.2.2. Pulmonary Hypertension
      22.2.3. Pleural Effusion
   22.3. Other
23. Chest Trauma
24. Cognitive Impairment
   24.1. Dementias
25. Congenital
   Abnormalities/Deformities/Limps
26. Cough
   26.1. Chronic (Adult)
   26.2. Dyspnea and Fever
   26.3. Acute (Pediatric)
   26.4. Chronic (Pediatric)
27. Deep Vein Thrombosis
28. Dialysis
29. Diarrhea/Constipation
   29.1. Acute Diarrhea (Adult)
   29.2. Chronic Diarrhea (Adult): Small Bowel
   29.3. Chronic Diarrhea (Adult): Steatorrhea and Large Bowel
   29.4. Diarrhea (Pediatric)
   29.5. Constipation (Adult): Altered Bowel Function and Idiopathic
   29.6. Constipation (Adult): Secondary Causes
   29.7. Constipation (Pediatric)
   29.8. Stool Incontinence
30. Difficulty Swallowing (Deglutition Disorders)
31. Dizziness/Vertigo
32. Domestic Violence
33. Dypsnea/Breathlessness
   33.1. Acute
   33.2. Chronic – Cardiac
33.3. Chronic – Pulmonary/Other
33.4. Pediatric
34. Ear Pain, Hearing Loss, Deafness
   34.1. Hearing Loss
       34.1.1. Conductive
       34.1.2. Sensorineural
   34.2. Otolgia
   34.3. Tinnitus
       34.3.1. Objective
       34.3.2. Subjective
34.4. Pediatric Fractures
   34.4.1. Salter Harris Physeal Injury Classification System
35. Electrolyte Disorders
   35.1. Hypercalcemia
       35.1.1. Low PTH
       35.1.2. Normal/High PTH
   35.2. Hypocalcemia
       35.2.1. High Phosphate
       35.2.2. Low Phosphate
       35.2.3. High/Low PTH
   35.3. Hyperkalemia
       35.3.1. Intracellular Shift
       35.3.2. Reduced Excretion
   35.4. Hypokalemia
   35.5. Hypernatremia
   35.6. Hyponatremia
   35.7. Hyperphosphatemia
   35.8. Hypophosphatemia
36. Elevated Liver Enzymes
37. End-of-Life/Palliative Care
38. Excessive Daytime Sleepiness
39. Eyes/Vision
   39.1. Acute Vision Loss
       39.1.1. Bilateral
       39.1.2. Unilateral
   39.2. Chronic Vision Loss
       39.2.1. Anatomic
   39.3. Amblyopia
   39.4. Diplopia
   39.5. Pupillary Abnormalities
       39.5.1. Isocoria
       39.5.2. Anisocoria
   39.6. Red Eye
       39.6.1. Atraumatic
       39.6.2. Traumatic
   39.7. Strabismus
       39.7.1. Ocular Misalignment
       39.8.1. Visual Field Defects
40. Falls in the Elderly
41. Fatigue
42. Fever/Chills
   42.1. Acute Fever
   42.2. Fever of Unknown Origin/Chronic
43. Fractures
   43.1. Pathologic/Fragility Fractures
   43.2. Fracture Healing
   43.3. Pediatric Fractures
       43.3.1. Salter Harris Physeal Injury Classification System
44. Gait Disturbance
45. Gastrointestinal Bleeding
   45.1. Upper Gastrointestinal Bleed (Hematemesis/Melena)
   45.2. Lower Gastrointestinal Bleed
46. Genetic Disorders
47. Genital Lesion
48. Hair Loss (Alopecia)
   48.1. Diffuse
   48.2. Localized (focal)
49. Headache
   49.1. Primary
   49.2. Secondary with Red Flag Symptoms
   49.3. Secondary without Red Flag Symptoms
50. Heart Failure
   50.1. Left-Sided
   50.2. Right-Sided
51. Hematuria
52. Hemiplegia
   52.1. Upper Motor Neuron Weakness
53. Hemoptysis
54. Hepatomegaly
55. Hirsutism
   55.1. Hirsutism and Virilization
       55.1.1. Androgen Excess
       55.1.2. Hypertrichosis
56. Hyperglycemia/Diabetes Mellitus
57. Hypertension
   57.1. Pulmonary
   57.2. In Pregnancy
58. Hyperthyroidism
59. Hypoglycemia
60. Hypothyroidism
61. Hypoxemia
62. Immunocompromised/Immunodeficiency
   62.1. Fever in the Immunocompromised Host
63. Infertility and Contraception
   63.1. Female
   63.2. Male
64. Jaundice
   64.1. Adult
   64.2. Infant and Neonatal
65. Joint Pain
65.1. Acute Joint Pain – Vitamin CD
65.2. Chronic/Degenerative Change
65.3. Infectious Joint Pain
65.4. Inflammatory Joint Pain
65.5. Vascular Joint Pain
66. Kidney Disease/Injury
66.1. Chronic
66.2. Acute
67. Leukocytosis/Leukopenia
68. Liver Mass
69. Lung Nodule
70. Lymphadenopathy
70.1. Diffuse
70.2. Localized
71. Mechanisms of Pain
72. Mediastinal Mass
73. Menorrhrea
73.1. Amenorrhea
73.1.1. Primary
73.1.2. Secondary
73.2. Dysmenorrhea
73.3. Altered Menses
73.4. Abnormal Vaginal Bleeding
74. Metabolic Acidosis
74.1. Elevated Anion Gap
74.2. Normal Anion Gap
75. Metabolic Alkalosis
76. Mood/Neurobehavioral Disorders/Anergy/Depression
76.1. Anxiety Disorders
76.1.1. Associated with Panic
76.1.2. Recurrent Anxious Thoughts
76.2. Trauma- and Stressor-Related Disorders
76.3. Obsessive-Compulsive and Related Disorders
76.4. Personality Disorders
76.5. Elevated Mood
76.6. Depressed Mood
76.7. Psychotic Disorders
76.8. Somatoform Disorders
76.9. Pediatric Mood and Anxiety Disorders (ADHD, autism, learning disorders)
77. Mouth Disorders
77.1. Adult and Elderly
77.2. Mucous Membrane Disorder (Oral Cavity)
77.3. Pediatric
78. Movement Disorders
78.1. Hyperkinetic
78.2. Tremor
78.3. Bradykinetic
79. Murmur/Abnormal Heart Sounds
79.1. Abnormal Rhythm
79.1.1. Abnormal Rhythm 1 (Types of Arrhythmia)
79.1.2. Abnormal Rhythm 2 (Causes of Arrhythmia)
79.2. Diastolic Murmur
79.3. Systolic Murmur
79.3.1. Benign and Stenotic
79.3.2. Valvular and Other
80. Nail Disorders
80.1. Primary Dermatologic Disease
80.2. Systemic Disease
80.2.1. Clubbing
81. Nausea and Vomiting
81.1. Gastrointestinal Disease (Adult and Pediatric)
81.2. Other Systemic Disease (Adult and Pediatric)
82. Neck Mass
83. Nephrolithiasis
84. Neutrophilia
85. Neutropenia
85.1. Decreased Neutrophils Only
85.2. Bicytopenia and Pancytopenia
86. Numbness/Tingling/Paresthesia/Painful Limb
87. Osteoporosis
88. Ovarian Mass
89. Pap Abnormality
90. Pelvic Mass/Pain
90.1. Acute
90.2. Chronic
91. Pelvic Organ Prolapse
92. Peripheral Weakness
92.1. Weakness
92.2. Sensory Changes
92.2.1. Objective Lower Motor Neuron Weakness
93. Pigmentation Disorders
93.1. Hyperpigmentation
93.2. Hypopigmentation
94. Pleural Effusion
95. Polycythemia
96. Pregnancy/Delivery/Newborns
96.1. Antenatal Care
96.2. Bleeding in Pregnancy
96.2.1. < 20 weeks
96.2.2. 2nd and 3rd Trimesters
96.3. Growth Discrepancy
96.3.1. Small for Gestational Age/Intrauterine Growth

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Restriction
96.3.2. Large for Gestational Age
96.4. Intrapartum Factors that may affect Fetal Oxygenation
96.5. Intrapartum Abnormal Fetal Heart Rate Tracing
  96.5.1. Variability and Decelerations
  96.5.2. Baseline
96.6. Postpartum Hemorrhage
96.7. Recurrent Pregnancy Loss
96.8. Dermatoses in Pregnancy
  96.8.1. Physiologic Changes
  96.8.2. Specific Skin Conditions
96.9. Preterm Infant Complications
96.10. Failure to Thrive
  96.10.1. Adequate Calorie Consumption
  96.10.2. Inadequate Calorie Consumption
96.11. Hypotonic Infant (Floppy Newborn)
96.12. Depressed/Lethargic Newborn
96.13. Cyanosis in the Newborn
  96.13.1. Respiratory
  96.13.2. Non-Respiratory
96.14. Respiratory Distress in the Newborn
96.15. Sudden Unexpected Death in Infancy (SUDI)
97. Preventive Health Care
  97.1. Vaccinations
  97.2. Cancer Screening
  97.3. STI Screening
98. Prolonged PT (INR)
  98.1. Prolonged PTT
  98.2. Normal PTT
99. Prolonged PTT, Normal PT (INR)
  99.1. Bleeding Tendency
  99.2. No Bleeding Tendency
100. Proteinuria
101. Pruritus
  101.1. Primary Skin Lesion
  101.2. No Primary Skin Lesion
102. Pulmonary Disorders
  102.1. Spirometry
103. Pulmonary Embolus
104. Pulse Abnormalities
105. Renal Cancer
106. Renal Failure
  106.1. Acute
  106.2. Chronic
107. Renal Mass
  107.1. Solid
  107.2. Cystic
108. Respiratory Sounds
  108.1. Noisy Breathing
    108.1.1. Wheezing (Pediatric)
    108.1.2. Stridor (Pediatric)
109. Scrotal Mass/Pain
110. Seizures/Spells
  110.1. Epileptic Seizure
  110.2. Secondary Organic Seizure
  110.3. Other
  110.4. Pediatric Seizure
    110.4.1. Unprovoked
    110.4.2. Provoked
    110.4.3. Spells
111. Sellar/Pituitary Mass
112. Sexual Dysfunction
  112.1. Erectile Dysfunction
113. Shock/Hypotension
114. Skin Lesions
  114.1. Primary Skin Lesion
  114.2. Secondary Skin Lesion
115. Skin Rash
  115.1. Eczematous
  115.2. Papulosquamous
  115.3. Pustular
  115.4. Reactive
  115.5. Vesiculobullous
116. Skin Ulcer by Etiology
  116.1. Physical
  116.2. Vascular
  116.3. Hematologic
  116.4. Neoplastic
  116.5. Neurological
  116.6. Infectious
  116.7. Metabolic
  116.8. Drugs
117. Skin Ulcer by Location
  117.1. Genitals
  117.2. Head and Neck
  117.3. Lower Legs/Feet
  117.4. Oral Ulcers
  117.5. Trunk/Sacral Region
118. Smell Dysfunction
119. Soft Tissue
  119.1. Septic
  119.2. Aseptic
120. Sore Throat/Rhinorrhea/Sinus and Nasal Congestion
121. Speech/Language Abnormalities
  121.1. Dysarthria
  121.2. Aphasia
    121.2.1. Fluent
    121.2.2. Non-Fluent
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<td>121.3.2</td>
<td>Non-Acute</td>
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<td>122.1</td>
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<td>123</td>
<td>Stroke</td>
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<td>123.1</td>
<td>Intracerebral Hemorrhage</td>
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<td>Ischemia</td>
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<td>Subarachnoid Hemorrhage</td>
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<td>124</td>
<td>Substance Abuse/Drug Addiction/Withdrawal</td>
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<td>125</td>
<td>Syncope</td>
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<td>126</td>
<td>Thrombocytopenia</td>
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<td>Thrombocytosis</td>
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<td>Primary</td>
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<td>Urinary Incontinence</td>
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<td>Increased Urinary Frequency</td>
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<td>129.3</td>
<td>Dysuria</td>
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<td>129.4</td>
<td>Urinary Tract Obstruction</td>
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<td>129.5</td>
<td>Enuresis (Pediatric)</td>
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<td>130</td>
<td>Vaginal Discharge</td>
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<td>131</td>
<td>Vascular Lesions</td>
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<tr>
<td>132</td>
<td>Weight Gain/Loss</td>
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</table>

**The Portfolio Process:** Each of the health concerns listed above has several core entrustable professional activities (EPAs) that students must self-check. The more problems/diagnoses logged using EPAs, the better a student’s MSPE will be.

1. Gather a history and perform a physical examination
2. Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss patient orders/prescriptions
5. Provide documentation of a clinical encounter in written or electronic format
6. Provide an oral presentation/summary of a patient encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibility to another health care provider or team
9. Participate as a contributing and integrated member of an interprofessional team
10. Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement

**Procedures:** Students should record procedures into their E*Value portfolios.

- Airway Management (specify type in notes section, i.e. nasotracheal, oropharyngeal, etc.)
- APGAR and Dubowitz/Ballard Assessment
- Arterial puncture – for blood gases (ABG)
- Arthrocentesis
- Breast Exam
- Caesarean Section
- Calculate medication dosage by weight and write a prescription; signed by physician
- Cardiac ultrasound and Doppler studies
- Casting/Splinting, Elbow
- Casting/Splinting, Knee/Ankle
- Casting/Splinting, Lower Extremity
- Casting/Splinting, Other (Specify in Notes Section)
- Casting/Splinting, Shoulder
- Casting/Splinting, Thumb Spica
- Casting/Splinting, Upper Extremity

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- Casting/Splinting, Wrist/Hand
- Circumcision
- Colposcopy
- Digital Rectal Exam
- Ear, Evaluation and Treatment – Cerumen Removal
- Ear, Evaluation and Treatment, EAC foreign body removal/wick insertion
- Echocardiography
- EKG Interpretation
- Electroencephalogram
- Endoscopy (specify type in notes section)
- Episiotomy and repair
- Eye, Evaluation and Treatment – Evaluation of Corneal Abrasion
- Eye, Evaluation and Treatment – Evaluation of foreign body with lid eversion
- Eye, Evaluation and Treatment – slip lamp use
- Eye, Evaluation and Treatment – Tonometry
- Eye, Evaluation and Treatment of conjunctival foreign body
- Eye, Evaluation and Treatment of corneal foreign body
- Female Pelvic Exam, Bimanual Exam (enter specific pathology found in notes section)
- Female Pelvic Exam, PAP Smear (enter specific pathology found in notes section)
- H&P Prevention / Health Maintenance
- Hernia examination
- History and Physical – Complete/Comprehensive
- Injection – Sub-Q/Intradermal, IM (specify in notes section)
- Intravascular Access, Central Line (specify location in notes section)
- Intravascular Access, Central Line/Subclavian
- Intravascular Access, Intraosseous
- Intravascular Access, Peripheral
- Lumbar Puncture
- Male Genital Exam
- Mental Status Exam
- Mouth/Dental Evaluation and Treatment – regional Dental Block
- Mouth/Dental Evaluation and Treatment – Treatment of Aphthous Ulcers
- Mouth/Dental Evaluation and Treatment – treatment of Dry Socket S/P Extraction
- Nasogastric Tube Placement
- Newborn Management, Uncomplicated Delivery
- Newborn Management – Newborn Resuscitation
- Nose, Evaluation and Treatment – foreign body removal
- Nose, Evaluation and Treatment, Epistaxis Control (specify method used in notes section)
- Office Encounter, Chronic Complex Care
- Office Encounter, Routine Acute Problem
- Osteopathic Manipulation Treatment (OMT)
- Osteopathic Structural Exam
- Other Procedures (specify in notes section)
- Paracentesis
- Perform OPP autonomic
- Perform OPP lymphatics
- Peritoneal Lavage, Diagnostic
- Pre-Natal Care
- Provide Health Promotion / Disease Prevention
- Psychiatric Assessment (describe in notes section)
- Pulmonary Function Tests
- Remove sutures or staples
- Resuscitation Team Member (specify role in notes section, i.e. Leader, Compressor, etc.)
- Skin Lesion Excision
- Stress Testing
- Surgical Assist (specify type in notes section)
- Suturing, extremities (indicate type of anesthesia in notes section)
- Suturing, Face (indicate type of anesthesia in notes section)
- Suturing, Hand/digits (specify type of anesthesia in notes section)
- Thoracentesis
- Thoracostomy, Tube or Needle (specify in notes section)
- Ultrasound, bedside – FAST (Focused Assessment with Sonography for Trauma)
- Ultrasound, Other than FAST (specify in comments section)
- Urinalysis by Dipstick
- Urinary Catheter Insertion
- Vaginal Delivery – Spontaneous / Induced / Vacuum Extraction / Forceps (specify in notes section)
- Vaginal Delivery, Spontaneous
- Venipuncture
- Vision Screening
- Well Child Development Exam
- X-Ray Studies (specify type in notes section, i.e. chest, abdominal series, etc.)
APPENDIX C: SPECIFIC SKILLS REQUIRED

LEARNING OBJECTIVES

I. KNOWLEDGE (cognitive)

By the end of the OB/GYN clerkship rotation, the student is expected to have achieved, at a minimum, the following objectives through reading, observation, discussion, and hands-on experience. (While the following may seem “all-inclusive,” bear in mind that all of this information is subject to testing in the COMLEX and USMLE exams.)

- **Demonstrate clinical skills pertinent to each patient encounter**
  - Write a thorough H & P (pages 3-6, Beckman et al; chapter 2, Hacker et al)
  - Explain female stages of sexual development (be able to relate each pt. to their development stage) and risks associated with each age group (chapter 3, Beckman; chapter 3 Hacker)
  - Demonstrate the ability to conduct an adequate physical exam of the patient (pages 6-15, Beckman; chapter 2, Hacker)

**OBSTETRICS**

- **Evaluate the obstetric patient**
  - Discuss the changes to the maternal-fetal physiology during pregnancy (review chapter 5, Beckman; chapter 2, Hacker)
  - Demonstrate the ability to conduct a physical exam on an obstetric patient (pages 66-68, Beckman; pages 13-15, Hacker)
  - Evaluate elements of proper counseling for antepartum care (chapter 6, Beckman; chapter 7, Hacker)
  - Describe how electronic fetal monitoring is used in assessing the normal labor pattern, as well as how it can be helpful in evaluating dysfunctional labor and fetal status. Understand the limitations of EFM. (pages 114-118, Beckman et al.; chapter 9, Hacker et al.)
  - Describe normal labor and delivery (chapter 8, Beckman et al.; chapter 8, Hacker et al.)
    - Describe the difference between true and false labor
    - Evaluate the various stages of labor (page 98, Beckman; pages 98-105, Hacker)
    - Explain the delivery process (pages 100-102, Beckman; pages 102-103, Hacker)
    - State the methods for pain management during delivery, including indications for local and regional anesthesia during labor and delivery (page 99, Beckman; pages 112-114, Hacker)
    - List the steps involved in immediate post-partum care (chapter 11, Beckman; page 105, Hacker)
  - List and describe options of management for the following types of labor:
    - Preterm (chapter 15, Beckman; chapter 12, Hacker)
    - Dysfunctional (chapter 9, Beckman; chapter 12, Hacker)
  - **Outline the obstetric procedures** (pages 59-66, Beckman; chapter 17, Hacker)
    - Management of assisted delivery (pages 110-111, Beckman; pages 222-227, Hacker)
    - State the indications and methods utilized for induction of labor and stimulation of labor (page 103, Beckman; pages 105-109, Hacker)
    - Indications for Cesarean section (pages 103-104, Beckman; pages 225-227, Hacker)
  - **Describe the diagnosis and management options for the following fetal presentations:**
    - Occiput (including anterior, posterior, and transverse) (page 95, Beckman; pages 142-143, Hacker)
    - Multiple gestation (chapter 17, Beckman; pages 160-172, Hacker)
    - Breech (page 68, Beckman; pages 166-170, Hacker)
    - Face, brow, shoulder (page 112, Beckman; pages 170-172, Hacker)
    - Transverse lie (page 68, Beckman)
Manage care of the newborn

- State at least five items to be assessed in the preliminary exam of the newborn (pages 119-121, Beckman; pages 114-118, Hacker)
- Compare the Apgar and Ballard scoring systems (page 121, Beckman; pages 115-116, Hacker)
- Demonstrate ability to advise newborn's mother about breastfeeding and techniques (pages 131-133, Beckman; pages 109-110, Hacker)
  - A good web source: http://babies.sutterhealth.org/breastfeeding/bf_techniques.html

Describe how the following medical complications can affect pregnancy and its outcome

- Ectopic pregnancy (pages 179-184, Beckman; pages 290-297, Hacker)
- Hypertensive disorders in pregnancy (pages 205-206, Beckman; pages 173-180, Hacker)
- Chronic hypertension and cardiovascular disease (chapter 22, Beckman; pages 181-182, Hacker)
- Diabetes (gestational and insulin dependent) (pages 189-193, Beckman; pages 191-194, Hacker)
- Urinary tract infections (pages 201-202, Beckman; pages 286-289, Hacker)
- Isoimmunization (chapter 23, Beckman; chapter 15, Hacker)
- Hematologic diseases (anemia, sickle cell, etc.) (pages 218-222, Beckman; page 80, Hacker)
- Pulmonary disorders (asthma, PE, etc.) (pages 212-213, Beckman; pages 204-205, Hacker)
- Thyroid disorders (pages 193-195, Beckman; pages 193-195, Hacker)

Describe how third trimester bleeding and the following placental complications can affect management and delivery (chapter 16, Beckman; pages 127-131, Hacker)

- Placenta Previa (pages 164-166, Beckman; pages 164-165, Hacker)
- Placenta Abruptio (pages 166-167, Beckman; page 166, Hacker)
- Vasa Previa (page 167, Beckman)

Outline the diagnosis and management of the following complications of pregnancy and delivery

- Premature rupture of membranes (chapter 17, Beckman; pages 150-152, Hacker)
- Polyhydramnios, oligohydramnios (pages 190-191, 176-177, Beckman; pages 147, 355-367, Hacker)
- Umbilical cord complications (page 117, Beckman; pages 122-124, Hacker)
- Post-date pregnancy (chapter 18, Beckman; pages 157-158, Hacker)
- Multi-fetal gestation (chapter 13, Beckman; pages 160-172, Hacker)

Describe the assessment and management for uncomplicated puerperium, as well as the following complications of the puerperium:

- Hemorrhage (chapter 12, Beckman; chapter 10, Hacker)
- Infection (chapter 24, Beckman; chapter 10, Hacker)

GYNECOLOGY

Describe the various indications for reproductive endocrinology (chapter 42, Beckman; chapter 34, Hacker)

- Define infertility
- List several major causes for infertility
- Describe some common methods to treat infertility
- Discuss common reasons and patterns of female sexual dysfunction (pages 324-328, Beckman; chapter 27, Hacker)

List indications and methods of contraception, including the following: (chapter 26, Beckman; chapter 26, Hacker)

- Rhythm method
- Barriers
- Oral contraceptives, implants, and injectables
o Sterilization procedures (chapter 27, Beckman; pages 312-314, Hacker)

o List indications and methods for endometrial aspiration biopsy, D&C, and hysteroscopy (pages 313-315, Beckman; chapter 30, Hacker)

o Describe acute gastrointestinal, renal, and surgical abnormalities (chapter 21, Beckman; pages 215-216, 255, 259, Hacker)

o List the risks and benefits of various gynecologic procedures (chapter 34, Beckman; chapter 30, Hacker)
  o List various imaging techniques
  o Describe indications for minimally invasive and robotic surgery (page 316, Beckman; page 335, Hacker)
  o Hysteroscopy, D&C (page 316, Beckman)
  o Colposcopy (page 314, Beckman)
  o Office endometrial, vulvar, vaginal, and cervical biopsy (page 314, Beckman)
  o Describe the indications of and the various types of hysterectomy procedures (pages 301-302, Beckman; pages 317, 318, Hacker)

o Outline the diagnosis and management of abnormal uterine bleeding (chapter 39, Beckman; pages 368-370, Hacker)
  o Pre-menopausal
  o Post-menopausal

o Describe the maintenance of breast health
  o Critically evaluate indications and diagnoses of breast diseases (chapter 33, Beckman; chapter 29, Hacker)
  o Be able to explain how to perform regular self-exam of breasts (pages 7-11, Beckman; page 326, Hacker)

o Outline the diagnosis and management of various pelvic infections, including STDs and pelvic inflammatory disease (chapter 29, Beckman; chapter 2, Hacker)

o Discuss the clinical aspects of, evaluation of, and therapy for urinary tract infections (pages 284-285, Beckman; pages 286-289, Hacker)
  o Discuss the evaluation and treatment of pelvic support defects (pages 277-284, Beckman)
  o Describe and define pelvic organ prolapse (pages 278-281, Beckman)

o Outline the evaluation and treatment of various vaginal and vulvar disorders (chapter 46, Beckman)
  o Interpret the various signs and symptoms of vaginal dryness (page 365, Beckman)
  o Describe the various symptoms and treatments for vulvodynia (page 403), trichomoniasis (page 262), and yeast infections
  o Evaluation and diagnose vulvar and vaginal neoplasms (pages 403-407, Beckman)

o List the steps involved in conduction an papanicolaou (pap) smear and be able to interpret the reports of normal vs abnormal pap smear (pages 18, 413-416, Beckman; chapter 38, Hacker)
  o Understand and describe cervical cytology screening guidelines
  o Understand when to utilize High Risk HPV screening/testing
  o Know the Bethesda classification of cytologic abnormalities (pages 411-412, Beckman; pages 403-404, Hacker)
  o List the initial steps toward the treatment of a person with an abnormal pap smear

o Cervical neoplasia and carcinoma (chapter 47, Beckman; chapter 38, Hacker)
  o Describe the pathophysiology of cervical intraepithelial neoplasia (CIN) (pages 409-411, Beckman; pages 407, 411, Hacker)

o Diagnose and provide initial treatment for uterine leiomyomas (fibroids) (chapter 48, Beckman; pages 433-434, Hacker)
  o Evaluate the presenting symptoms of uterine leiomyomas (pages 296, 424, Beckman)
  o Explain the procedures for diagnosis and treatment for uterine leiomyomas (pages 424-426, Beckman)
Evaluate the risk factors for endometrial carcinoma, as well as understand the diagnosis and treatment (chapter 49, Beckman; chapter 41, Hacker)
  - Describe the pathogenesis and risk factors for the two kinds of endometrial hyperplasia/carcinoma
  - Evaluate the physical findings and diagnosis of a patient with endometrial cancer
  - Analyze the appropriate management of the various types and phases of endometrial hyperplasia

Describe the physiologic and pathology findings of patients with ovarian and adnexal disease (chapter 50, Beckman; chapter 20, Hacker)
  - List the physiologic and pathologic processes of the ovary of different age groups and the approach to each group of patients
  - Compare the various types of cysts in the ovary: functional, benign, and malignant
  - Explain the histologic classification of the common epithelial tumors of the ovary
  - Explain the risk factors for ovarian cancer and the essentials of communicating that information to a patient

Explain ways to maintain preventive health for women
  - Analyze the socio-cultural dimensions of health policies for women (chapter 2, Beckman)
  - Know how to advise patients about preventative healthcare pertinent to each age group (page 19, Beckman; chapter 1, Hacker)
  - Differentiate between normal and abnormal symptoms associated with menstrual cycles (chapter 30, Beckman; chapters 4 & 36, Hacker) and menopause (pages 3630-370, Beckman; chapter 35, Hacker)
  - Recognize and evaluate the signs of domestic violence (chapter 36, Beckman; pages 322-325, Hacker)

II. CLINICAL SKILLS (psychomotor)

While it is difficult to require a finite minimal number, the student is expected by the conclusion of the clerkship rotation experience to have satisfactorily performed at least five each of the skills and procedures listed below under proper supervision.

**OBSTETRICS**
- Perform H & P of the obstetric patient
- Properly perform a bladder catheterization of an obstetric patient in the delivery room
- Properly scrub, gown & glove, and maintain sterile technique
- Perform an accurate vaginal exam on a patient in L&D
- Perform or assist in a “normal” vaginal delivery
- Perform a repair of an episiotomy
- Assign proper Apgar scores to a newborn
- Perform a bulb and/or DeLee suction of an infant
- Properly clamp and cut the umbilical cord and obtain cord blood samples
- Properly deliver the placenta and examine its surface
- Assist during a Cesarean section
- Properly obtain and interpret a “fern test”
- Interpret the basic tenants of electronic fetal heart tracings

**GYNECOLOGY / GYNECOLOGIC SURGERY**
- Perform H & P of the gynecologic patient
- Adequately perform speculum and pelvic exam
- Adequately perform a pap smear and obtain cultures
- Obtain and interpret a “wet mount”
- Perform and present a consult on a gynecologic patient
- Assist during minor and major gynecologic surgeries
- Obtain a proper informed consent
III. LEARNING ACTIVITIES

Learning activities will vary in kind, amount, and emphasis. The following are examples of learning activities you should participate in when they are available on your OB/GYN clerkship rotation:

- **READING**: Please use the reading references in the list of objectives as a *minimum*. Your attending and/or resident may suggest others.
- **HISTORY AND PHYSICAL REVIEW**: An important portion of your learning experience will be obtaining H&Ps. You should make every effort to have your H&P reviewed by your supervisor.
- **MORNING REPORT**: This provides up-to-date information on patients in labor, in the ward, and current surgery schedule and is exceedingly important in learning how to “hand-off” patients.
- **LECTURES**: Lectures on various topics are provided as scheduled through ACOM. You are **required** to attend all those scheduled for the OB/GYN service (including those that may be provided by ITV from ACOM). You may attend lectures in other disciplines with the permission of your supervisor.
- **SEMINARS**: As time permits, you are encouraged to attend any OB/GYN seminars and/or journal clubs.
- **CONSULTATIONS**: You will be expected to participate and most likely perform obstetric and gynecologic consultations. Be aware of the procedure for performing and presenting consults.
  - a. Prepare yourself for the consult by reviewing the medical record and other pertinent material beforehand.
- **SCRUBBING ON DELIVERIES AND GYN SURGERIES**: Based on your motivation, availability, and knowledge, you will be more or less active in your participation with the delivery or surgical team. Don’t expect them to call you! Know where you have to be and when, and be there!
APPENDIX D: NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE PROCEDURE

NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE

A separate, badge-sized card for needle-stick protocol is required to be worn by all students when in a clinical environment. If a student experiences a needle stick, puncture wound, accident, or sharp injury, or is otherwise exposed to bodily fluids of a patient while on a clinical clerkship, the student should:

1. **Immediately** wash the area, scrubbing skin with soap and water. Then,
2. **Immediately** report the incident to the attending physician or other appropriate supervising physician. Then,
3. **Immediately report to the facility's emergency room for evaluation and treatment:**
   a. Prompt evaluation and treatment is essential. Post-exposure prophylaxis and other treatment may be indicated and should be started ideally within an hour of exposure.
   b. You will present yourself to the facility’s emergency room as a patient for purposes of consent to treat and billing. Your health insurance will be the primary form of insurance used for any such incident(s).
4. **Contact your regional coordinator and the Associate Dean of Clinical Sciences.**

Students should also consult the [Needle-Stick Policies & Procedures libguide](#), which provides helpful information regarding site-specific protocols. Students may also access the [CDC guide for Post-Exposure Prophylaxis (PEP)](#) as needed.