**UNIVERSITY MISSION STATEMENT**

Rush University provides outstanding health sciences education and conducts impactful research in a culture of inclusion, focused on the promotion and preservation of the health and well-being of our diverse communities.

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**Rush University [Rush Medical College]**

**Course Syllabus – Obstetrics and Gynecology**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>OBG 703</th>
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</thead>
<tbody>
<tr>
<td>Course Title</td>
<td>Core Clerkship: Obstetrics-Gynecology</td>
</tr>
<tr>
<td>Course Code</td>
<td>WE: Web Enhanced: 100% of the instruction is offered in a traditional, face-to-face classroom environment with online resources</td>
</tr>
<tr>
<td>Credit Hours</td>
<td>6 Credit Hours</td>
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<tr>
<td>Clinical Practicum/ Clerkship Hours</td>
<td>6 Clerkship Weeks</td>
</tr>
<tr>
<td>Term and Year</td>
<td>Summer 2020</td>
</tr>
<tr>
<td>Location (in-class sessions)</td>
<td>Combination of Inpatient Wards, Outpatient Clinics, Operating Room, Labor and Delivery Floor, and Zoom sessions</td>
</tr>
</tbody>
</table>
| Course Coordinator/ Course Director(s) Name and Contact Information | Clerkship Director: Allison Chen-McCracken, MD Office: 207 Kellogg Telephone: 312-942-8060 or 2-81 20 Pager: 85-9662 Email: Allison_E_Chen-McCracken@rush.edu  
Course Coordinator: Ms. Janice Riddle Office: 206 Kellogg Telephone: 312-942-6724 Email: Janice_Riddle@rush.edu |
Course Description

The course in clinical obstetrics and gynecology is designed to familiarize the student with the female reproductive tract function and structure. Emphasis is placed on routine obstetrics and gynecologic health care maintenance and patient education.

Identification and management of high-risk pregnancy, infertility and other endocrinopathies, gynecologic oncology, family planning, female pelvic medicine and reconstructive surgery are highlighted as well as surgical management of gynecologic and obstetrical problems.

Course Objectives

<table>
<thead>
<tr>
<th>Role Objectives</th>
<th>Map</th>
<th>Events</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather an appropriate OB or gynecological history</td>
<td>PRA-1a</td>
<td>Clinical experience, active learning, didactic teaching, independent learning, simulation and role play</td>
<td>Patient diagnoses tracking, clinical evaluations, observed History and physical, written H&amp;P, simulation scenario checklist, OSCE</td>
</tr>
<tr>
<td>Perform an obstetric and gynecological examination appropriate to the clinical scenario</td>
<td>PRA-1b</td>
<td>Clinical experience, active learning, didactic teaching, simulation</td>
<td>Patient Diagnoses tracking, clinical evaluations, observed H&amp;P, written H&amp;P, simulation scenario checklist, OSCE</td>
</tr>
<tr>
<td>Create a differential diagnosis for common obstetric and gynecologic</td>
<td>PRA-2</td>
<td>Clinical experience, active learning, didactic teaching, independent</td>
<td>Patient Diagnoses Tracking, Clinical Evaluations, Observed History and Physical,</td>
</tr>
<tr>
<td>Scenarios, particularly pelvic pain, pelvic masses, infertility,</td>
<td>Learning, simulation and role play</td>
<td>Written H and P, Simulation Scenario checklist, OSCE</td>
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<tr>
<td>Formulate appropriate treatment plans based on diagnostic data and utilize appropriate screening, risk reduction and health enhancement strategies for female patients</td>
<td>Clinical experience, active learning, didactic teaching, independent learning, simulation and role play</td>
<td>Patient Diagnoses Tracking, Clinical Evaluations, Observed History and Physical, Written H and P, Simulation Scenario checklist, OSCE</td>
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</tr>
<tr>
<td>Perform basic common obstetric and gynecologic procedures, with an understanding of the indications, risks, benefits, and alternative approaches</td>
<td>Clinical experience, active learning, didactic teaching, independent learning, simulation and role play</td>
<td>Patient Diagnoses Tracking, Clinical Evaluations, Observed History and Physical, Written H and P, Simulation Scenario checklist, OSCE</td>
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</tr>
<tr>
<td>Document patient evaluations including but not limited to the required clinical experiences</td>
<td>Clinical experience, active learning</td>
<td>Patient Diagnoses Tracking, Clinical Evaluations, Observed History and Physical, Written H and P, Simulation Scenario checklist, OSCE</td>
<td></td>
</tr>
<tr>
<td>Present a patient evaluation for a variety of gynecologic and obstetric conditions</td>
<td>Clinical experience, active learning, didactic teaching, simulation and role play</td>
<td>Patient Diagnoses Tracking, Clinical Evaluations, Observed History and Physical, Written H and P, Simulation Scenario checklist</td>
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<tr>
<td>Know the common conditions and illnesses unique to women throughout their life spans, including normal</td>
<td>Clinical experience, active learning, didactic teaching, independent learning, simulation and role play</td>
<td>Patient Diagnoses Tracking, Clinical Evaluations, Observed History and Physical, Written H and P, Clinical Evaluations, Interim-</td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>KNO</td>
<td>Description</td>
<td>Methods</td>
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<tr>
<td>----------------------------------------------------------------------</td>
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<tr>
<td>antepartum, intrapartum and postpartum care</td>
<td></td>
<td>rotation quizzes, oral examination, NMBE Mastery series and end of rotation NBME shelf, 10 Teaching Cases, 1 problem based learning exercise, clinical controversy evidence-based debates</td>
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</tr>
<tr>
<td>Describe common problems in obstetrics</td>
<td>KNO 1</td>
<td>Clinical experience, active learning, didactic teaching, independent learning, simulation and role play</td>
<td>Clinical Evaluations, Interim-rotation quizzes, oral examination, NMBE Mastery series and end of rotation NBME shelf, 10 teaching cases, 1 problem based learning exercise, clinical controversy evidence-based debates</td>
</tr>
<tr>
<td>Describe menstrual cycle physiology, discuss menopause, and explain normal and abnormal bleeding</td>
<td>KNO 1</td>
<td>Clinical experience, active learning, didactic teaching, independent learning, simulation and role play</td>
<td>Clinical Evaluations, Interim-rotation quizzes, oral examination, NMBE Mastery series and end of rotation NBME shelf, 10 teaching cases, 1 problem based learning exercise, clinical controversy evidence-based debates</td>
</tr>
<tr>
<td>Develop a thorough understanding of contraception and family planning</td>
<td>KNO 1</td>
<td>Clinical experience, active learning, didactic teaching, independent learning, simulation and role play</td>
<td>Clinical Evaluations, Interim-rotation quizzes, oral examination, NMBE Mastery series and end of rotation NBME shelf, 10 teaching cases, 1 problem based learning exercise, clinical controversy evidence-based debates</td>
</tr>
<tr>
<td>Describe the etiologies and evaluation of infertility</td>
<td>KNO 1</td>
<td>Clinical experience, active learning, didactic teaching, independent learning, simulation and role play</td>
<td>Clinical Evaluations, Interim-rotation quizzes, oral examination, NMBE Mastery series and end of rotation NBME shelf, 10 teaching cases, 1 problem based learning exercise, clinical controversy evidence-based debates</td>
</tr>
<tr>
<td>Demonstrate knowledge of common benign gynecological conditions</td>
<td>KNO-1</td>
<td>Clinical experience, active learning, didactic teaching, independent learning, simulation and role play</td>
<td>Clinical Evaluations, Interim-rotation quizzes, oral examination, NMBE Mastery series and end of rotation NBME shelf, 10 teaching cases, 1 problem based learning exercise, clinical controversy evidence-based debates</td>
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<tr>
<td>Compare and contrast the indicators, utility risks and alternatives to common diagnostic tests in OB &amp; GYN</td>
<td>PRA-3</td>
<td>Clinical experience, active learning, didactic teaching, independent learning, simulation and role play</td>
<td>Patient Diagnoses Tracking, Clinical Evaluations, Observed History and Physical, Written H and P, Simulation Scenario checklist, Clinical Evaluations, Interim-rotation quizzes, oral examination, NMBE Mastery series and end of rotation NBME shelf, 10 teaching cases, 1 problem based learning exercise, clinical controversy evidence-based debates</td>
</tr>
<tr>
<td>Describe gynecologic malignancies, including risk factors, signs and symptoms, and initial evaluation</td>
<td>KNO-1</td>
<td>Clinical experience, active learning, didactic teaching, independent learning, simulation and role play</td>
<td>Patient Diagnoses Tracking, Clinical Evaluations, Observed History and Physical, Written H and P, Simulation Scenario checklist, Clinical Evaluations, Interim-rotation quizzes, oral examination, NMBE Mastery series and end of rotation NBME shelf, 10 teaching cases, 1 problem based learning exercise, clinical controversy evidence-based debates</td>
</tr>
<tr>
<td>Task</td>
<td>Course Code</td>
<td>Methods</td>
<td>Evaluation Tools</td>
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<tr>
<td>Provide a preliminary assessment of patients with sexual concerns</td>
<td>KNO-1</td>
<td>Clinical experience, active learning, didactic teaching, independent learning, simulation and role play</td>
<td>Clinical Evaluations, Interim-rotation quizzes, oral examination, NMBE Mastery series and end of rotation NBME shelf, 10 teaching cases, 1 problem based learning exercise, clinical controversy evidence-based debates</td>
</tr>
<tr>
<td>Communicate and collaborate effectively with peers and all members of the health care team</td>
<td>COL-1</td>
<td>Clinical experience, active learning, didactic teaching, simulation and role play, observed student presentations, evidenced-based debate</td>
<td>Clinical evaluations, Observed presentations</td>
</tr>
<tr>
<td>Demonstrate effective and caring communication to obstetric and gynecologic patients</td>
<td>COM-1</td>
<td>Clinical experience, active learning, simulation and role play, observed student presentations, evidenced-based debate</td>
<td>Clinical evaluations, Observed presentations</td>
</tr>
<tr>
<td>Identify differing perspectives and barriers that affect women's health and advocate within the health care system for their needs</td>
<td>ADV-1</td>
<td>Clinical experience, active learning, didactic teaching, observed student presentations, evidenced-based debate</td>
<td>Clinical evaluations, Observed presentations</td>
</tr>
<tr>
<td>Use systematic processes to improve safety and enhance the quality of patient care.</td>
<td>LEA-1</td>
<td>Clinical experience, active learning, didactic teaching, simulation and role play, evidenced-based debate</td>
<td>Clinical controversy evidence-based debates, Problem based learning exercise</td>
</tr>
<tr>
<td>Use the medical literature to answer clinical questions related to health care and apply to patient care</td>
<td>SCH-1</td>
<td>Student Presentations, Evidence-Based Debates/Assignments, Problem-based learning exercises</td>
<td>Independent learning plan, pre-mid-post rotation Self-assessment, Teaching cases, Clinical controversy evidence-based debates</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Successful completion of the M2 year, including the Clerkship Entrance OSCE. Must have passed clinical component of all previous M3 clerkships</td>
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<tr>
<td>Co-requisites</td>
<td>None</td>
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<tr>
<td>Required Textbooks</td>
<td>None</td>
<td></td>
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<tr>
<td>Recommended Textbooks</td>
<td>Text: Recommended: C. R. Beckman et. al., Obstetrics and Gynecology, 6th or later Edition has been found to be useful by many students. With the purchase of the book, comes a code for a web-based question bank. Questions are NBME style and historically have been excellent. Self-Evaluation: Undergraduate Web-Based Interactive Self-Evaluation (uWISE) contains questions based on and linked to the 11th edition of the APGO Medical Student Educational Objectives. Log on information will be provided at Orientation.</td>
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</tbody>
</table>
Additionally, the NBME mastery exam will be made available to you at the midpoint of the rotation.

**Making Photocopies**

Students have access to copy machines in 206 Kellogg (the Obstetrics/Gynecology Department offices). Alternatively, if you email a document or deliver an original to Janice in advance at least 48 hours, she will make copies for you.

### Recommended Websites

- Association of Professors of Gynecology and Obstetrics
  
  [https://www.apgo.org/](https://www.apgo.org/)

- American Congress of Obstetrics and Gynecology
  
  [https://www.acog.org/aspx?](https://www.acog.org/aspx?)

- SurgeryU
  
  [https://surgeryu.com/landing](https://surgeryu.com/landing)

### EReserves Information

### Required Equipment/ Uniform

Professional dress is very important and is expected by your patients. Unless on L&D or the OR, attire should be “business casual,” and men should wear ties unless otherwise directed. No denim or sneakers should be worn. Open-toed shoes are prohibited in most clinical areas of the hospital; do not wear these.

Wearing of scrubs must follow the [Rush Scrub Policy](#).

You are required to wear your ID badges at all times.

### Required Software/Online Tools

**My Apps**: [https://myapps.rush.edu/](https://myapps.rush.edu/)

Students are recommended to use My Apps, which is a virtual desktop where Office software, Rush Email, and secure storage is provided.

Visit [https://rushuportal.learning.rush.edu/faq](https://rushuportal.learning.rush.edu/faq) for more information about the My Apps virtual environment. Students are also able to log into RULearning from MyApps.

**Blackboard Login Page**: [https://rulearning.rush.edu/](https://rulearning.rush.edu/)

Students are also able to access Blackboard via the University Portal.

**Microsoft Office Suite**: Word, Excel, and PowerPoint

If you do not already have the Microsoft Office software you can access the Suite through My Apps or download a copy of the Microsoft Office suite at a reduced cost for Windows or Mac users: [https://rush.onthehub.com/](https://rush.onthehub.com/)

**Internet Browsers**

Students should have access to more than one browser, such as Internet Explorer, Chrome, Firefox or Safari. All browsers should be the most up-to-date version available. We recommend Chrome and Firefox for Blackboard.
### Clinical Responsibilities

| Clerkship Structure | The clerkship has been designed to provide students with a well-rounded, diverse clinical experience in the field of Ob/Gyn. Students will spend a total of six weeks on the Obstetrics and Gynecology Core Clerkship assigned as follows:  
- Ambulatory Experience in Obstetrics and Gynecology: Two weeks  
- General Gynecology OR Gynecologic Oncology OR Gynecological Urology (assigned by lottery): Two weeks  
- Inpatient Obstetrics (day and night shifts): Two weeks  

Students are expected to check email daily to assure they see notification of changes in the clinical or didactic seminar schedule.  

Students are expected to review every document/website/form listed as required reading on blackboard within the first week of the rotation.  

**Last day of clinical Responsibilities:**  

*Students will be relieved of all clinical responsibilities, at the latest, by 12 noon the last Thursday of the clerkship (week 6).* It is expected that the student will utilize the remaining time to prepare for the written examination administered on the morning of last Friday of the clerkship. |

| Ambulatory Objectives: | 1. Provide patient counseling regarding family planning, sexual transmitted infection prevention, and preconception care  
2. Perform well-women evaluation and counseling, including performance of a PAP smear and wet mount analysis, and discussion of age-appropriate screening procedures and recommendations  
3. Describe key elements of antepartum and postpartum care  
4. Discuss methods of evaluation and management of common vulvovaginal and sexually transmitted infections  
5. Describe management of abnormal PAP smears and cervical dysplasia  

**Experiences**  
Students participate in both ambulatory obstetrics and gynecology patient care in the OBGYN resident continuity clinic (“GCG” in the Westgate... |
building) and at their individual clinic sites. Patients evaluated in the ambulatory setting range in age from adolescent to post-menopause. Patient encounters and procedural skills performance should be recorded on the log sheets and transferred to OASIS.

Gynecology Care Group, Westgate Building, 1645 W. Jackson St., Suite 310 Chicago, IL 60612, Phone: (312) 942-8120

POB Offices (1725 W. Harrison)
- 762 (General Ob/Gyn)
- 1129 (Maternal Fetal Medicine and Urogynecology)

Rush River North, 539 N Dearborn
Rush South Loop, 1411 S. Michigan Ave
Rush Oak Park Medical Office Building, 610 S. Maple Ave

**Opportunities for required experiences**: Performance of supervised history and physical exams (including pelvic and when appropriate-breast exam), healthcare maintenance, family planning, pelvic pain/AUB, pelvic pain, pregnancy-related complication

**Optional exposure**: Colposcopy, ultrasonography, endometrial biopsy, IUD insertion/removal, wet mount, manual vacuum aspiration

**Daily Schedule (per individual clinical assignment schedule)**
- Please see your clinical track assignment & schedules on Blackboard for details. Each student will have scheduled shifts and also non-scheduled days to be used as independent study days for EBM project, teaching cases, exam prep.

- Some students will be assigned to REI (reproductive endocrinology and infertility). If you are assigned to REI, please contact the REI resident the week prior to your shift. You can check the resident schedule on Blackboard to identify the residents assigned to the REI service or ask the Course Director to help you locate the appropriate residents.

- Some students will be assigned to the Family Planning Clinic (FP) with Dr. York or Dr. Laursen of NP Kelly Fitzgerald on Tuesdays, Wednesdays, Thursdays in the GCG clinic (1645 W. Jackson Street, Suite 310). Students may opt out of the family planning experience (clinic and/or procedures) but are still responsible for learning about family planning. Not all students will be able to attend these specialty clinics due to limited availability.

- Some students will be assigned to MFM (Maternal Fetal Medicine) clinic on Monday and Thursday afternoons in POB 1129. These clinics are staffed by our high risk obstetricians nurse practitioners and consist of consultations both during and prior to pregnancy, return visits for patients with chronic medical conditions affecting pregnancy and ultrasound.
## Obstetrics

<table>
<thead>
<tr>
<th>Objectives:</th>
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</thead>
<tbody>
<tr>
<td>1. Describe normal and abnormal labor</td>
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<tr>
<td>2. Interpret fetal tracing</td>
</tr>
<tr>
<td>3. Summarize management of abnormal labor and fetal tracing</td>
</tr>
<tr>
<td>4. Discuss common medical and surgical complications of pregnancy</td>
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<tr>
<td>5. Describe the components of routine postpartum and postoperative obstetric care</td>
</tr>
</tbody>
</table>

### First clinical day of the Block

On the first clinical day (each Monday of the block after the Mini-Orientation is completed) the Course Director with assistance from residents will review the layout of Labor and Delivery, student reserved space, and the locations of patient care, simulation practice and independent study.

### Experiences

To maximize students’ experiences, they are expected to be involved in all areas of the inpatient Obstetrics service, including labor and delivery, OB triage and the postpartum and antepartum wards. Patient encounters and procedural skills should be recorded in OASIS. The MiniCex direct observation opportunities are best found during assessment of triage patients.

### Procedures Required:

- Interpretation of fetal tracing, participation in vaginal and cesarean deliveries, auscultation of fetal heart tones, abdominal palpation of fetal position and size, placental delivery and participation in vaginal delivery, presentation of triage patients

**Optional:** Cervical exam in labor, fetal ultrasound

### Daily Schedule:

- Please see your clinical track assignment & schedules on Blackboard for details.
- The OB rotation schedule will be divided into shifts. Students will be responsible for signing out patients to the oncoming students. This is meant to enhance the learning of professionalism and patient safety with continuity via proper patient hand off. Each student will have scheduled shifts and also non-scheduled days to be used as independent study and recovery days.
- Students will experience labor and delivery, OB triage, antepartum and postpartum patient care - depending on the volume and needs of each particular shift in order to maximize the student learning experience.

*Please make arrangements ahead of time to maximize safe travels to and from the hospital, especially before and after night and evening shifts*

### Important Additional Contacts during Obstetrics/L and D rotation

*Labor and Delivery clerk 312-947-8850*

*Senior Obstetrics Resident (Labor and delivery phone # 947-9914)*
### Objectives

1. Describe key components of pre-operative evaluation, peri-operative management and post-operative care
2. Describe key components of common gynecologic procedures, including indications and complications
3. Discuss age appropriate surgical and non-surgical management of patients presenting with abnormal uterine or vaginal bleeding, including first trimester bleeding
4. Outline appropriate evaluation and management for patients presenting with pelvic pain or pelvic mass
5. Discuss appropriate evaluation and management for patients presenting with urinary incontinence or pelvic organ prolapse

### First clinical day of the Block

On the first clinical day (Monday) of the block, after the Mini-Orientation is completed, page the Gyn team (pager #7258) to find out where and when to meet them.

### Experiences

Students will serve as integral members of the General Gynecology service. They will be expected to participate in surgeries, pre and post operative evaluations, as well as inpatient and emergency room consultations. Patient encounters and procedural skills should be recorded on the log sheets.

### Procedures

**Required:** participate in operating room, postoperative care, consultations

**Optional:** wound care (staple removal or placement); Foley catheter placement and removal, any of the “pink card” opportunities that present.

### Daily Schedule

- Please see your clinical track assignment & schedules on Blackboard for details. Students are required to report for morning rounds at the time assigned by the senior resident of their assigned team and are excused for the day at the discretion of the senior resident on the service, generally by 5:30 pm (depending on surgical case and patient volumes)
- There will be scheduled OR days and also non-scheduled days to be used as independent study days for EBM project, teaching cases, exam prep.

### Evening-floating (“short call”) experience

Students will be assigned to an evening float shift to serve as an integral member of the team which consists of a 3rd year OBGYN resident and Inhouse attending. The student will assist the resident in ER consults, surgical cases and care of inpatient GYN and GYN ONC patients.

**GYN student “short call” weeknight call:** You must make arrangements to be available for your shift at 4pm and **be present at sign-out to the night call R3 resident.** The GYN resident night call pager is (#7258). Your shift will end no later than 10 PM or earlier at the discretion of the senior resident or attending. The evening-float shift has a variety of clinical opportunities but may or MAY NOT be busy – just like any on-call experience. Opportunities presenting may be assisting with scrubbing in ongoing cases, performing consults, rounding etc. depending on the need of the GYN, ONC or Urogyn teams. The evening-float student and resident are assigned to cover both
GYN, Urogyn and ONC related patients and cases, despite what day team the student is assigned to. Although the shift usually ends at 10PM, there is a student call room for students to use when on shift or for rest at the discretion of the student.

Important Contacts
Senior Gynecology Resident or Gynecology Resident on call (pager 7258)

Gyn Oncology

Objectives
1. Describe risk factors for cervical, gestational trophoblastic, ovarian, uterine, vaginal and vulvar neoplasms
2. Discuss symptoms and common findings in patients with cervical, gestational trophoblastic, ovarian, uterine, vaginal and vulvar neoplasms
3. Outline the appropriate evaluation and management for patients with cervical, gestational trophoblastic, ovarian, uterine, vaginal and vulvar neoplasms

First clinical day of the Block
On the first clinical day (Monday) of the block after the Mini-Orientation is completed, page the resident team (#3001) to determine where and when to meet.

Experiences
Students will serve as integral members of the Gynecologic Oncology service. They will be expected to participate in surgeries, pre and post-operative evaluations both inpatient and outpatient, as well as inpatient and emergency room consultations. Patient encounters and procedural skills should be recorded and transferred to OASIS.

Procedures
Required: participate in operating room, postoperative care, consultations
Optional: wound care (staple removal or placement); Foley catheter placement and removal, any of the “pink card” opportunities that present.

Daily Schedule:
- Please see your clinical track assignment & schedules on Blackboard for details.
- Students are required to report for morning rounds at a time predetermined by your senior resident and will be dismissed depending on the clinical and educational opportunities. If you were involved in a surgery and the patient was subsequently admitted, you should plan to pre-round on your patient in the morning prior to team rounds. You should work with your team to divide OR cases for the following day and prepare for the case by reading and reviewing the M3 Surgical Pre-op Worksheet.
- Students will also have the opportunity to work with the Gyn Oncology attendings in their clinics on some days. Your resident team will help distribute these clinic assignments based on the week’s OR schedule. For this reason, it is usually best to come to work in business attire and change into scrubs if you have scheduled cases.

Weekend SIGNOUT experience:
The weekend Gyn rounding experience is primarily covered by the Urogynecology and Benign Gynecology students. During their weekend shift, they will be involved in the care of patients from the benign gyn, urogynecology and gyn oncology services.

THEREFORE, On Friday afternoon students on the ONC team will print out a list and sign-out (present the inpatients) to the Urogynecology students on call during the weekend. At this point, the times and places for arrival to morning rounds will be established for the Gyn-Urology students assigned over the weekends. This activity of communication, collaboration, and cooperation is part of your educational experience and should be taken responsibly and very seriously. This collaboration also enhances your knowledge of other specialty areas of gynecology.

### Important Contacts
- Dr. Dewdney (Division Director)
- Oncology Resident (pager 3001)

<table>
<thead>
<tr>
<th>Urogynecology (Female Pelvic Medicine and Reconstructive Surgery)</th>
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### Objectives
1. Recognize pathologic processes of the pelvic floor through history and physical exam in the ambulatory and inpatient settings.
2. Determine appropriate therapy based on performance of diagnostic testing, clinical judgment and literature evidence.
3. Assist in performing appropriate major and minimally invasive surgical procedures and provide care until discharge.
4. Compare risk and benefits of surgical versus medical conservative management and obtain consent.
5. Identify and discuss risk factors for pelvic floor dysfunction.

### First clinical day of the Block
Page the Urogyn resident the week PRIOR to your first day to determine plan for your first day. On the first clinical day (Monday) of the block after the Mini-Orientation is completed, proceed as directed from prior conversation.

### Experiences
Students will serve as integral members of the Gynecologic Urology service. They will be expected to participate in surgeries, pre and post-operative evaluations, as well as inpatient and emergency room consultations. Students will spend time in the office setting learning about the evaluation and counseling for pelvic floor problems. Patient encounters and procedural skills should be recorded and transferred to OASIS.

### Procedures
Required: participate in operating room, postoperative care, consultations.

Optional: wound care (staple removal or placement); Foley catheter placement and removal, any of the “pink card” opportunities that present.

### Daily Schedule:
Please see your clinical track assignment & schedules on Blackboard for details.

Students are required to report for morning rounds and Clinic at times and place designated by the service and will be dismissed depending on the clinical educational required opportunities.
Students will work with the Urogyn team to determine the best distribution of students between clinics and OR throughout the week.

**Weekend “short call” and SIGNOUT experience:**
The weekend “short call” will be taken on by the Gyn-Urology student team. During this shift you will help care for patients on benign gyn, urogyn and gyn oncology.

**THEREFORE, SIGNOUT process:** On Friday afternoon members of the student ONC team will print out a list and sign-out (present the inpatients) to the Urogyn students on call during the weekend. At this point, the times and places for arrival to morning rounds will be established for the Gyn-Urology students assigned over the weekends. This activity of communication, collaboration, and cooperation is part of your educational experience and should be taken responsibly and very seriously. This collaboration also enhances your knowledge of other specialty areas of gynecology.

Please determine which resident you will be working with over the weekend and plan to contact him/her to arrange a place and time to meet.

These weekend float shifts have a variety of clinical opportunities: assisting with scrubbing in ongoing cases, performing consults, rounding etc. depending on the need of the GYN or ONC teams. This shift may or may not be busy.

**Procedures**
**Required:** assist in operating room, see patients in consultation
**Optional:** Post-operative wound care (staple removal or placement); Foley catheter placement and removal, any of the “pink card” opportunities that present

**Important Contacts**
- Dr. Brincat (section director)
- Urogyn Resident (pager 3388)

<table>
<thead>
<tr>
<th>Required Clinical Didactics</th>
<th><strong>Clerkship Seminars</strong></th>
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<tr>
<td></td>
<td>Typically scheduled for Monday morning of each week. This time is used to present H&amp;Ps, discuss clinical experiences, review EBM projects, cover high yield curricular topics, simulation experience</td>
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<table>
<thead>
<tr>
<th>Didactic Lectures</th>
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<tbody>
<tr>
<td>Additional required sub-specialty lectures (ex, Family Planning) will be scheduled throughout the clerkship</td>
</tr>
</tbody>
</table>

**Conferences**
**Ob-Gyn Departmental Grand Rounds** Wednesday, 7AM-8AM
- Students are required to attend this conference every week unless there is a clinical conflict (ex- scrubbed into OR) during that
Notification of clerkship director required under these circumstances.

**Tumor Board**, Friday 7AM-8AM
- Required on Gyn Oncology

Midpoint individual feedback session (weeks 3-4)
End-of-rotation OB and GYN review session (week 6)

<table>
<thead>
<tr>
<th>On Call Responsibilities</th>
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<tbody>
<tr>
<td>Your own call responsibilities will vary depending on which service you are covering and clinical volume. We understand the challenge of working at night. It is important to be strategic in your sleeping around these shifts. The expectation is that you stay actively involved during these night shifts. However, if you feel physically unwell and in need of rest then please know there are call rooms for you to lay down (Kellogg 1236 (Women), Kellogg 1237 (Men). Please communicate with your team about this prior to leaving the unit.</td>
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<thead>
<tr>
<th>Clerkship Specific Documentation Expectations</th>
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<tbody>
<tr>
<td><strong>Patient Contact and Procedure Logs (OASIS)</strong></td>
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<tr>
<td>All REQUIRED patient experiences and procedures must be recorded in OASIS (as described in detail above). One way is to keep your written log book with you at all times and be sure to transfer records in that book into OASIS at least weekly. Duty hours must also be logged for every day of the clerkship where you are required to be at clinic activities. If you are not assigned or have a day UNASSIGNED, the hours must be recorded as 0.</td>
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<tr>
<th>Specific Site Information</th>
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<tbody>
<tr>
<td>You may participate in a surgery at another Rush facility (ex Rush Oak Park). This will be coordinated by your Gyn team and instructions communicated with your prior.</td>
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</tbody>
</table>

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### Required Clinical Experiences & Procedures

<table>
<thead>
<tr>
<th>Six required clinical encounters</th>
<th>Levels of Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Healthcare maintenance</td>
<td>Full Participation (FP): Student independently takes history, performs the physical examination, and/or performs the procedure with direct or indirect preceptor supervision (see supervision policy for reference). The student participates in the clinical reasoning process leading to a management plan.</td>
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<tr>
<td>2) Pelvic pain or abnormal uterine bleeding</td>
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<tr>
<td>3) Family planning</td>
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<tr>
<td>4) Pregnancy-related complication</td>
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<td>5) Labor</td>
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<tr>
<td>6) Pelvic mass</td>
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<tr>
<td><strong>Four required Procedural/Skills</strong></td>
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<tr>
<td></td>
<td>Partial Participation (PP): Student takes part of the history, performs part of the physical exam, and/or assists during a procedure. The student participates in the clinical reasoning process leading to a management plan.</td>
</tr>
</tbody>
</table>
You are required to write a note on each of your required 6 Clinical encounters and on 2/4 required procedures (Breast exam and interpretation of fetal tracing).

*You do not need a note to log the pelvic exams and vaginal deliveries.

1) Pelvic exam* FP
2) Breast exam FP
3) Vaginal delivery PP or OB *
4) Interpretation of fetal tracing PP or OB

Observed (OB): Student is present when the preceptor interacts with a patient. The student does not obtain the history, perform the physical examination, or participate in the procedure. The student participates in the clinical reasoning process leading to a management plan.

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**Summary of Evaluation Methods of Student Performance**

**Clerkship Grading:**

Student Performance Evaluations------------------------ 45%

NBME ----------------------------------------------- 25%

Oral exam -----------------------------------------10%

Mini Quizzes-------------------------------------5%

Procedural OSCE ----------------------------------- 5%

CS-style OSCE -------------------------------------5%

Clinical Controversy------------------------------- 2.5%

PBL assignment ---------------------------------- 2.5%

**Direct observation of core clinical skills**

Students are required to have core, focused clinical skills observed throughout the rotation. These core skills include but are not limited to: OB and GYN patient history acquisition, pelvic and breast examinations, interpretation of fetal tracings, and participation in vaginal delivery.

Documentation of these direct observations includes: 2 Mini CEX assessment forms completed, clinical note from each encounter entered into OASIS or into the medical record, and/or clinical simulation activities. Documentation of these directly-observed clinical skills is mandatory to pass the rotation. Failure to comply with the requirements will result in remediation activities as advised by the course director depending on the circumstances.
The Mini-CEX

The Clinical Examination Exercise, or Mini-CEX (MCEX), is a focused clinical encounter between a medical student and a patient observed by an ATTENDING (at least 1 required) OR RESIDENT physician and followed by immediate feedback. It is designed to assess the clinical skills, attitudes, and behaviors of students as they interact with a real patient. The MCEX, developed by the American Board of Internal Medicine, has been shown to be a highly successful instrument of feedback and evaluation. The Mini-CEX is not a thorough history and physical but, rather, a complaint focused encounter. It may occur in either the inpatient or the outpatient setting. The student should ideally choose a different observer for each encounter. Each should represent a different clinical problem, and students should sample from the core problem groups identified in the curriculum when choosing a patient for the MCEX.

Students complete the MCEX by asking a physician-supervisor (Resident or Attending) to observe an encounter with a patient – best practice is to alert the physician-supervisor at the start of the clinic session that you would like to be observed. After observing the encounter, the supervising physician completes the MCEX evaluation form and gives the student immediate feedback. Estimated time to complete a MCEX is 10-15 minutes for the patient encounter followed by 5-10 minutes of feedback. The entire process should take less than 30 minutes. It is the student's responsibility to complete a minimum of 2 MCEX before the last day of the course.

Simulation

Over the six weeks you will be required to complete simulation modules in ambulatory, obstetrics and gynecology skills. These simulation sessions are to be recorded in OASIS statistics and labeled as “simulation.”

OSCE (10%)

All students will participate in an OSCE that relates to the ob/gyn experience. 
CS-style OSCE (5%): 2 Clinical Encounters with standardized patients, replicating CS-style cases 
Procedural OSCE (5%): Pelvic exam and stitch-tie OSCE

Students will be given at the start of the rotation the OSCE checklist - consisting of skill assessment during performance of a simple stitch and a two handed tie, done on simulated skin pad. The skills will be tested on your scheduled OSCE day.

Practice-Based Learning and Improvement (2.5% grade)

- As part of the evidence-based practice requirement, you must complete a problem-based learning (PBLs) exercise over the rotation.

- Clinical question related to your weekly rotation should be addressed.

- A PBL form along with a blank template grading RUBRIC is provided via Blackboard to assist you. The assigned PBLs will be due as described during orientation.

Teaching Cases (P/F)

THESE are CRITICAL assignments for you to read about and write about – they allow a uniform introduction to the BROAD ASPECTS Of OB/GYN, balancing the unique experiences that each of you will have – cases were chosen to reflect the expected topics on your board exams

10 Teaching Cases due total over the course of the 6 weeks

- Ambulatory (4)
- Gynecology (4)
You may select from the list of topics (organized by section) to best round out your learning experience.

Cases are due as indicated on your didactic seminar/homework schedule on Blackboard. You are encouraged to use multiple sources to complete the cases.

**Mini-Quizzes (5%)**
3 quizzes administered during weeks 3, 5 and 6 and targeted at assessing knowledge from the clinical track just completed. Each quiz is 15 questions.

**Patient Write Ups and Clinical Presentation (P/F)**
You will be required to complete one full patient write up (history and physical with detailed assessment and plan) that must be turned in electronically or in print on your assigned due date. Elements of the write up should include relevant history and physical exam findings, diagnostic testing, and an assessment and plan. This information will be presented at scheduled small group sessions for discussion.

**Student Evidence-Based Comprehensive Presentation: "Clinical Controversy Debates" (2.5%)**
In your work with patients, you should be continually developing questions about their care. These decisions should be based on the principles of evidenced based medicine. Often, these clinical questions do not have an absolute right or wrong answer. In that case, as the physician responsible to the care of the patient, you will have to weigh the evidence and make a recommendation. You should be able to interpret the available literature, understand the appropriate statistical methods and identify the strengths and weaknesses of literature used in your clinical decision making. You should also be able to identify ways in which you would design studies and statistical methods to address pertinent clinical questions. Goals of this presentation are to learn how to:

- Search the most recent literature
- Base your presentation on the principles of evidence based medicine and appropriate statistical methodologies
- Present a balanced argument and organize your thoughts, speak persuasively in front of an audience, appreciate both sides of a controversy
- Understand how to evaluate evidence in medicine and critique critical references
- Weigh the evidence and make a recommendation

You will be paired with fellow students as this is a joint presentation. You will be assigned a clinical controversy topic to examine. Both students should be versed on either side of the argument and the argument side will be assigned immediately prior to your presentation. You can do a brief joint introduction.

A handout should be prepared inclusive of critical points and references. POWERPOINT PRESENTATIONs ARE NOT PERMITTED. You may either choose to cooperate and produce one handout outlining both sides, or you may each choose to produce your own handouts separately. Use current evidence and literature to support your arguments. We may ask you to critique the major studies you cite, including their designs and methodologies. You should make comments on studies (i.e. briefly describing a study as evidence: "a small, randomized study showed.....").

The day of the presentation, you will be randomly assigned to present one side or the other. You will have 8 minutes for your presentation. Your colleague also will have 8 minutes. The audience will then have 8 minutes to ask questions (total presentation time = 24 minutes).

*Evaluation of your Controversy Presentation – Rubric available on blackboard*
Knowledge of the topic, Organization, Bibliography (recent literature search), Handout quality, Eye contact and articulation, Handling of and asking questions, utilization of principles of evidence based medicine.

Feedback Cards
This is your opportunity to receive structured feedback. They also serve as a structure within which resident/attendings are expected to make themselves available to the students. Halfway through your rotation (by week 4), these completed cards will be used as part of your Mid Rotation Feedback. You are required to submit a total of 5 feedback cards by the end of the rotation. One of the feedback cards is required to be filled out by a non-physician professional – nurse, nurse practitioner, medical assistant, O.R.tech – with whom you have worked – usually accomplished during your L and D rotation or Ambulatory experience.

Oral Examination (10%)
The oral examination is used to assess your clinical reasoning skills utilizing 7 brief patient vignettes and 21 questions. These exams are administered in person by the clerkship team in weeks 5-6.

Student Performance Evaluations (45%) : We will distribute evaluation forms initially based on the Faculty listed on your Faculty Interaction Forms. Supervising physicians will return completed evaluations forms directly to us to the degree that they feel comfortable. Your clinical evaluations are determined by an assessment of your clinical skills, your demonstration of professionalism and integration, comfort with teamwork, and your knowledge base. All residents and attendings may be asked to evaluate each student. If an attending or resident has had insufficient exposure to the student to perform an adequate evaluation, then the attending or resident is expected to indicate so on the evaluation. Evaluation process continues throughout the rotation, with entries done periodically – NOTE: the final date of submission of the evaluation WILL NOT necessarily reflect the date that the comments or scores were entered.

Please do not approach attending or residents about submitted clinical evaluations. All questions, concerns or disputes should be addressed with the course director. Inadequacies in clinical performance sufficient to fail the clinical portion will be identified through mini-cex and feedback cards, when possible, by the end of the third week of the clerkship. The student will be provided an opportunity for directed performance improvement. Should you fail the clinical portion of the clerkship, the only recourse is to repeat and successfully pass the clinical clerkship.

NBME End of Rotation Mini-Board (25%)
The written examination is prepared by the National Board of Medical Examiners in the subspecialty area of Obstetrics and Gynecology. The written examination is administered at Rush University Medical Center on the last day of the clerkship. All students must pass the National Board of Medical Examiners (NBME) Obstetrics and Gynecology Examination with a minimum score set by OIME to receive a passing grade in surgery. In the event of failure, remediation will be determined by OIME. For the purposes of grading, raw scores are adjusted to quarterly variations of the academic quarter in which the test is taken.

Grading Policies

<p>| Course Grading Scale | Final course grades are determined using the allocation of credit for each assignment and exam listed within Course Content. The grading scale for the course will not be available until September 2020 |</p>
<table>
<thead>
<tr>
<th><strong>Timeframe for Reporting Grades</strong></th>
<th>4 weeks from the last day of the clerkship experience, 2 week extension may be granted by OIME, must be approved by Senior Associate Dean</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assignment Submission</strong></td>
<td>All clerkship materials must be submitted by the last day of the clerkship (day of the NBME examination by 5pm) unless exception granted by clerkship leadership</td>
</tr>
<tr>
<td><strong>Late Assignments</strong></td>
<td>Any materials submitted after the deadline above will potentially affect professionalism and thus the final grade on the clerkship.</td>
</tr>
<tr>
<td><strong>Late Exams</strong></td>
<td>NBME shelf examination must be taken at the time scheduled by OIME unless otherwise approved – <a href="#">Link to NBME absence policy</a></td>
</tr>
<tr>
<td><strong>Attendance Expectations</strong></td>
<td><a href="#">Link to Formal Attendance Policy</a></td>
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<tr>
<td><strong>Participation Expectations</strong></td>
<td>See Above</td>
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### COURSE COMMUNICATION

<table>
<thead>
<tr>
<th><strong>Course Communication</strong></th>
<th>All correspondence regarding the course should be sent to both the Clerkship Director (or designee) and the Clerkship Coordinator listed above.</th>
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<tr>
<td></td>
<td>All requests for time off should go through the survey gizmo link <a href="#">here</a>:</td>
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</table>
| **Timeframe for faculty response to students** | • Current clerkship Issues: 48 hours  
• Time off requests: 2 weeks  
• Grade reconsideration requests: 4 weeks |
Expectations for professional behavior/Netiquette

See RMC Professionalism policy in Common Core Syllabus

All students are expected to:

75. Show respect for other students and the instructors in the class.
76. Be sensitive to the fact that there will be cultural and linguistic backgrounds, as well as different political and religious beliefs.
77. Express differences of opinion in a polite and rational way.
78. Maintain an environment of constructive criticism when commenting on the work of other students or the course.
79. Respect the privacy of other students.

80. Use good grammar and spelling.
81. Use salutations and titles in your messages. Formal titles (Dear Dr. Smith, Dear Professor, Dear Classmates) are always acceptable. It is also appropriate to end your note with a closing, (Thank you, Sincerely, Respectfully) when emailing students or faculty.
82. Be sure to say please and thank you.
83. Send only one message about a topic and wait for an answer.

Write your messages in formal language using sentences, capitalization, punctuation, and appropriate grammar

Strategies for Success

How to Excel in Clinical Clerkships

- Practitioner
  - Take ownership of your patients. Know their pertinent data and lab and test results.
  - Try to formulate a plan for their care.
  - Become an active member of your team.
  - Read specifically about your cases on a daily basis and ask informed questions about your patients during rounds.
  - Be available and enthusiastic when on call.
  - Practice your presentations so they are fluent, concise, complete, and dynamic.

- Medical Knowledge
  - Carry some reading material with you for “down time.”

- Professional
  - Manage stress by eating sensibly, exercising, getting sleep in your off hours, and confiding in family and friends.
  - Know your responsibilities, regardless of the setting.
  - Keep track of all of your patients, your course requirements
  - Turn things in on time!
- Scholar
  o Seek learning opportunities from every patient encounter.
  o Recognize that you are responsible for your own learning: the more you put into the experience, the more you will get out of it.
  o Display intellectual curiosity.
  o Use information-seeking skills to address any knowledge deficiencies.
  o Develop a reading plan (e.g., if a text has 24 chapters, try to read three chapters a week)
- Advocate
  o Identify opportunities to identify patient healthcare barriers and pursue options to help them overcome.
  o Evaluate the health care system and pay attention to societal factors that play a role in patient health
- Leader
- Collaborator
  o Take the time to learn from EVERYONE on the health care team: nurses, physical therapists, patient techs – they often have the most relevant and up to date patient information.

## RESOURCES and SUPPORT

<table>
<thead>
<tr>
<th>Resources for Technology Problems</th>
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<tbody>
<tr>
<td>If you need help with Blackboard, call the Help line at (312) 563-CLAS, option 2. The Blackboard help line is available 24/7/365.</td>
</tr>
<tr>
<td>If you need help with access to your Rush computer account or software, call the Rush University Help desk at (312) 563-CLAS, option 4.</td>
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<tr>
<th>Counseling Center</th>
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<tbody>
<tr>
<td>The Rush University Counseling Center offers free, confidential services to all currently enrolled Rush University students. The Center is staffed by clinical psychologists who can help you address a wide range of issues. For more information regarding the Center and its services call (312) 942-3687.</td>
</tr>
<tr>
<td>All students, including distance learners, have access to the Student Assistance Program at 1-800-292-2780.</td>
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<thead>
<tr>
<th>Center for Academic Excellence</th>
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<tbody>
<tr>
<td>The CAE provides holistic, targeted learning support for Rush University students. The services provided range from support in science, statistics, and writing to academic coaching.</td>
</tr>
<tr>
<td>All students, including distance learners, have access to the CAE Monday thru Thursday 9 a.m. to 4:00 p.m. Additional hours by appointment only.</td>
</tr>
<tr>
<td>The CAE is located in the Armour Academic Center, Room 588, Rush Library. Phone: (312) 563-1800. General inquiries: <a href="mailto:CAE@rush.edu">CAE@rush.edu</a></td>
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# UNIVERSITY POLICIES

<table>
<thead>
<tr>
<th>Academic Policies</th>
<th>Students are responsible for following all Rush University policies and the policies that are specific to their college of admittance. Please refer to the Rush University Student Handbook and the relevant College Student Handbooks for more information. Selected policies are described below.</th>
</tr>
</thead>
</table>
| Disability Accommodations | Rush University is committed to attracting and educating students who will help to make the health care profession representative of the national population, including individuals with disabilities. Part of Rush University’s mission is to promote diversity among its student population and to provide equal access to its facilities, programs, services and learning opportunities. In keeping with this mission, the University encourages students with disabilities to engage the Office of Student Accessibility Services as soon as they begin their program.  

Students should contact Marie Ferro-Lusk, Manager, Office of Student Accessibility Services at Rush University, to engage in a confidential conversation about the process for requesting reasonable accommodations in the classroom and clinical settings. Accommodations are not provided retroactively at the University. Additional information can be found online at the Office of Student Accessibility website or by contacting the Office of Student Accessibility Services. In order to respect students’ privacy and ensure a thoughtful interactive discussion, students should not make accommodation requests to individual faculty members, lecturers, or course directors; instead, please contact:  

Marie Ferro-Lusk, MBA, MSW, LSW  
Director, Office of Student Accessibility Services Armour Academic Center Suite 901  
Phone: (312) 942-5237  
Fax: (312) 942-2778  
Email: marie_lusk@rush.edu  
[https://www.rushu.rush.edu/office-student-accessibility-services](https://www.rushu.rush.edu/office-student-accessibility-services) |
| Honor Code and Academic Honesty | Students are expected to abide by the Rush Honor Code relating to academic integrity throughout all aspects of this course, including all assignments and exams. As trusted health care professionals, we take the issue of academic integrity very seriously and expect that you will adhere to the highest standards of integrity at all times.  

Rush University students and faculty belong to an academic community with high scholarly standards. As essential as academic honesty is to the relationship of trust fundamental to the educational process, academic dishonesty violates one of the most basic ethical principles of an academic community, and will result in sanctions imposed under the University’s disciplinary system. A partial list of academically dishonest behaviors that would subject a student to disciplinary action includes: |
| Cheating | Using unauthorized material or unauthorized help from another person in any work submitted for academic credit. |
| Fabrication | Inventing information or citations in an academic or clinical exercise. |
| Facilitating Academic Dishonesty | Providing unauthorized material or information to another person. |
| Plagiarism | Submitting the work of another person or persons, as one’s own without acknowledging the correct source. |
| Unauthorized Examination Behavior | Conversing with another person, passing or receiving material to/from another person or temporarily leaving an examination site to visit an unauthorized site |

**Intellectual Properties Protection**

All materials contained within this syllabus, course and course materials, whether in written form or presented through video or audio transmission, represent the intellectual property of faculty or Rush University Medical Center. Students are prohibited from sharing or transmitting content or materials through any media without express consent or permission of the copyright holder.

**Prohibition against Harassment, Discrimination, and Sexual Misconduct Policy**

Click on link below to access the RUMC policy “Prohibition against Harassment, Discrimination, and Sexual Misconduct.” The procedure for reporting harassment, discrimination, and/or sexual misconduct is found on p. 3.