

OB/GYN STUDENT LCME WEEKLY REPORT

Use this form to keep a weekly tally

Student Name:			
Site:	OB	Gyn	Onc
Date:			
Normal Obstetrics	Yes	No	
• Prenatal care outpatient visits	<input type="checkbox"/>	<input type="checkbox"/>	
• Following laboring patient	<input type="checkbox"/>	<input type="checkbox"/>	
• Observe/assist/perform vaginal delivery	<input type="checkbox"/>	<input type="checkbox"/>	
• Observe/assist cesarean section	<input type="checkbox"/>	<input type="checkbox"/>	
• 1 st trimester bleeding (eg in normal Pregnancy, Ectopic, abortion)	<input type="checkbox"/>	<input type="checkbox"/>	
Complicated Obstetrics	Yes	No	
• Medical Complication in pregnancy. (hypertensive disorder, diabetes, including Gestational diabetes, asthma, collagen Vascular diseases, heart disease, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
• Obstetrical complications in Pregnancy. (preterm labor, PPROM, 3 rd trimester bleeding)	<input type="checkbox"/>	<input type="checkbox"/>	

Gynecology	Yes	No	
• Well-women examination	<input type="checkbox"/>	<input type="checkbox"/>	
• Vaginitis (ie. Any complaint of vaginal discharge, odor, pruritis, or incidental findings of infection or inflammation during exam)	<input type="checkbox"/>	<input type="checkbox"/>	
• Abnormal uterine bleeding	<input type="checkbox"/>	<input type="checkbox"/>	
• Contraception (eg. Counseling, Prescription, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
• Pelvic mass (eg. Uterine fibroids, Ovarian cyst, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
• Abnormal pap smear		<input type="checkbox"/>	
• Menopausal symptoms (eg. Hot flushes, vaginal atrophy, Lack of libido, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	