In general, there was an appropriately diverse mix of patients (including race and ethnicity) seen on this service to meet the clinical training objectives.

The amount of patient care responsibilities assigned to me were just about right for my current level of training.

In general, I had an opportunity to develop procedural skills commensurate with my level of training.

I was given ample opportunity to become involved in learning about management of patient cases.

I felt supported and encouraged to offer my own differential diagnosis and treatment plan.

Standards for my expected level of performance (how I was to be evaluated) on this rotation were made clear to me at the outset.

On this rotation, the course protocol and its learning objectives were used by my preceptor to help me focus on content and/or skills that I was expected to master.

There were adequate didactics on this service to enhance my existing knowledge base; i.e. conferences were scheduled regularly and occurred as scheduled.

The information presented on this rotation was presented at a pace and at a level that was consistent with my existing knowledge base.

There were sufficient educational resources (computers, books, journals, & other library materials) available to me on this rotation.

I had access to educational resources at times that were convenient to me.


**Osteopathic Principles and Practice**

On this service there were facilities and opportunities available to support learning about osteopathic manipulative medicine (OMM).

Faculty knowledgeable in the appropriate use of OP&P in case management were available to me as needed.

I had opportunities to use OMM on this service.

When seeking out opportunities to apply OMM, I felt supported by the faculty here.

**Preclinical Preparation**

The **basic science** content I learned in Year 1 assisted me in learning from the experiences I encountered on this service.

The **systems biology** content I learned in Year 2 assisted me in learning from the experiences I encountered on this service.

In general, the material I learned in Years 1 & 2 had little clinical relevance to what I encountered on this service.

**Supervision/Feedback**

I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.)

On this service, I never quite knew where I stood in meeting expected outcomes.

On this service, there was always someone available to answer my questions when I had them.

The post-rotation examination covered the core content areas as described in the course protocol.
I received ample opportunity to perform a physical examination of the obstetrical patient.

In the delivery room, I properly performed a bladder catheterization on an obstetrical patient.

I now feel as if I can properly insert a venous catheter or needle for IV fluids.

I was able to complete an accurate vaginal examination on a patient in labor and delivery.

I feel comfortable scrubbing and maintaining compliance with sterile techniques.

With supervision, I am able to perform a normal vaginal delivery.

With supervision, I am able to perform an adequate midline episiotomy at the proper time.

I can accurately assign proper Apgar scores to newborn infants.

I feel prepared to deliver the placenta and examine its surface.

I feel prepared to adequately assist during gynecological surgery.

<table>
<thead>
<tr>
<th>Procedures</th>
<th>N=</th>
<th>NA %</th>
<th>SD %</th>
<th>D %</th>
<th>N=</th>
<th>A %</th>
<th>SA %</th>
</tr>
</thead>
<tbody>
<tr>
<td>I received ample opportunity to perform a physical examination of the obstetrical patient.</td>
<td>11</td>
<td>1 9%</td>
<td>1 9%</td>
<td>1 9%</td>
<td>4 36%</td>
<td>4 36%</td>
<td></td>
</tr>
<tr>
<td>In the delivery room, I properly performed a bladder catheterization on an obstetrical patient.</td>
<td>11</td>
<td>1 9%</td>
<td>1 9%</td>
<td>4 36%</td>
<td>1 9%</td>
<td>2 18%</td>
<td>2 18%</td>
</tr>
<tr>
<td>I now feel as if I can properly insert a venous catheter or needle for IV fluids.</td>
<td>11</td>
<td>1 9%</td>
<td>1 9%</td>
<td>3 27%</td>
<td>2 18%</td>
<td>3 27%</td>
<td>1 9%</td>
</tr>
<tr>
<td>I was able to complete an accurate vaginal examination on a patient in labor and delivery.</td>
<td>11</td>
<td>1 9%</td>
<td>3 27%</td>
<td>1 9%</td>
<td>4 36%</td>
<td>2 18%</td>
<td></td>
</tr>
<tr>
<td>I feel comfortable scrubbing and maintaining compliance with sterile techniques.</td>
<td>11</td>
<td>1 9%</td>
<td>3 27%</td>
<td>5 45%</td>
<td>6 55%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With supervision, I am able to perform a normal vaginal delivery.</td>
<td>11</td>
<td>1 9%</td>
<td>3 27%</td>
<td>5 45%</td>
<td>2 18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With supervision, I am able to perform an adequate midline episiotomy at the proper time.</td>
<td>11</td>
<td>2 18%</td>
<td>1 9%</td>
<td>4 36%</td>
<td>3 27%</td>
<td>1 9%</td>
<td></td>
</tr>
<tr>
<td>I can accurately assign proper Apgar scores to newborn infants.</td>
<td>11</td>
<td>1 9%</td>
<td>2 18%</td>
<td>2 18%</td>
<td>6 55%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel prepared to deliver the placenta and examine its surface.</td>
<td>11</td>
<td>1 9%</td>
<td>7 64%</td>
<td>3 27%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel prepared to adequately assist during gynecological surgery.</td>
<td>11</td>
<td>7 64%</td>
<td>4 36%</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
This rotation offered a positive learning experience and stimulated my interest in this specialty of medicine.

Taking everything into account, my experiences on this rotation stimulated my commitment to become a physician.

Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.

As a student I felt comfortable on this rotation.

---

### Clerkship Rotation Evaluation Results

<table>
<thead>
<tr>
<th>Overall Assessment</th>
<th>N=</th>
<th>NA %</th>
<th>SD %</th>
<th>D %</th>
<th>N=</th>
<th>A %</th>
<th>SA %</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the modules on hypertension and pregnancy, gestational diabetes, and normal delivery, the U-tube videos helped me get a perspective on the patient and the clinical presentation.</td>
<td>11</td>
<td>2 18%</td>
<td></td>
<td></td>
<td>4 36%</td>
<td>2 18%</td>
<td></td>
</tr>
<tr>
<td>I learned a lot from the Camtasia Power Point recordings in the modules on hypertension and pregnancy, gestational diabetes, and normal delivery.</td>
<td>11</td>
<td>2 18%</td>
<td></td>
<td></td>
<td>4 2 18%</td>
<td>3 27%</td>
<td></td>
</tr>
<tr>
<td>In the online modules, I prefer the questions contained within the Camtasia recordings to be at the end of the recording.</td>
<td>11</td>
<td>2 18%</td>
<td>1 9%</td>
<td>6 55%</td>
<td>2 18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I prefer the questions to be presented separately as an Angel quiz with feedback.</td>
<td>11</td>
<td>2 18%</td>
<td>1 9%</td>
<td>3 27%</td>
<td>1 9%</td>
<td>1 9%</td>
<td></td>
</tr>
<tr>
<td>The algorithms (decision chart) were very helpful in my understanding of the clinical presentation.</td>
<td>11</td>
<td>2 18%</td>
<td></td>
<td></td>
<td>4 2 18%</td>
<td>3 27%</td>
<td></td>
</tr>
<tr>
<td>The literature link was helpful in my understanding of the clinical presentation.</td>
<td>11</td>
<td>2 18%</td>
<td></td>
<td></td>
<td>2 18%</td>
<td>5 45%</td>
<td>2 18%</td>
</tr>
<tr>
<td>The summary page was helpful in my understanding of the clinical presentation.</td>
<td>11</td>
<td>2 18%</td>
<td></td>
<td></td>
<td>3 4 36%</td>
<td>2 18%</td>
<td></td>
</tr>
<tr>
<td>The information in the module helped me as I rotated on the floor.</td>
<td>11</td>
<td>2 18%</td>
<td></td>
<td></td>
<td>3 3 27%</td>
<td>3 27%</td>
<td></td>
</tr>
<tr>
<td>My learning from the modules do not in any way reflect the types of knowledge I need while on rotation.</td>
<td>11</td>
<td>2 18%</td>
<td>2 18%</td>
<td>2 18%</td>
<td>3 18%</td>
<td>1 9%</td>
<td>1 9%</td>
</tr>
<tr>
<td>I did not have much time to access the modules.</td>
<td>11</td>
<td>1 9%</td>
<td></td>
<td></td>
<td>2 6 55%</td>
<td>2 18%</td>
<td></td>
</tr>
<tr>
<td>Overall Assessment</td>
<td>11</td>
<td>1 9%</td>
<td>1 9%</td>
<td>7 64%</td>
<td>2 18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become a physician.</td>
<td>11</td>
<td>1 10%</td>
<td></td>
<td></td>
<td>5 50%</td>
<td>4 40%</td>
<td></td>
</tr>
<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.</td>
<td>11</td>
<td>1 10%</td>
<td></td>
<td></td>
<td>2 20%</td>
<td>5 50%</td>
<td>2 20%</td>
</tr>
<tr>
<td>As a student I felt comfortable on this rotation.</td>
<td>11</td>
<td>1 10%</td>
<td></td>
<td></td>
<td>6 60%</td>
<td>3 30%</td>
<td></td>
</tr>
</tbody>
</table>
Caseload and Management of Patients

Section Comments

I was given the opportunity to participate and complete procedures unlike many other rotations.

Overall the caseload depending on which week I was on. Clinic week I was busy and had an ample caseload. OB nights I spent a vast majority of my time sitting around and doing nothing. OB days I had a decent load, but could have seen more.

This rotation offered multiple opportunities to become involved in patient care, in an independent manner.

Expectations/Learning Objectives

Section Comments

On my GYN Surgery week (7/26-7/30) with Drs. Gorey, Whytal, and McCollaough, there was a major disconnect between what was expected of me by each resident that created some tension. For example, one resident would ask me to round on patients in the morning, while another said to look up the history of the patients scheduled for surgery that day and read up on the procedures.. then I would get scolded for not rounding on anyone. The expectations of me weren't clear cut and they expected that I already knew where everything was and what I should be doing (for example, I didn't know I was supposed to follow the patient into the post-op room and instead went to find the resident to see what I was supposed to do). I was also told to go watch a D&C procedure but when I got there they were wrapping the procedure up and the patient was exposed (which I was previously scolded for opening the door when a patient is exposed). When I was confronted about why I didn't go to recovery or to the D&C I tried to explain the situation and was told to stop making excuses that they don't want to hear it's my first month in the hospital and that I should stop talking and figure it out on my own. One of those residents also told me to read up on hysterectomies, and when asked to present what I learned on hysterectomies I was asked to recite the hysterectomy procedure step by step. When I explained that the book I purchased by Beckmann listed on the protocol explained the different types of hysterectomies, their indications, and complications, not the procedure itself, she proceeded to tell me "There is a book in our on call room called Te Lindes Operative Gynecology, if you can read, you can recite the procedure to me". Again, I wasn't making excuses I was trying to explain that I did read on hysterectomies as asked but that the objectives listed in the course protocol on Angel are different than what is being expected of me on the floor. GYN Surgery was the only week I had a miserable experience from the misunderstandings and miscommunication in what was expected of me.

It would be nice if there was a "target" amount of patients to follow in the protocol.

This rotation was very well organized. Expectations and week-by-week schedule were included in packet. I was also given sample notes to use as a template for OB admit notes, delivery and labor notes, as well as progress notes.

It all depended on which week I as on. OB nights I did very little. Days varied from an ok amount of didactics to a very good amount.

The didactics during this rotation was amazing, very good for board and shelf prep.

Resources

Section Comments

I used Blueprints Obstetrics & Gynecology review book as well as texts available on the L&D floor.

Osteopathic Principles and Practice

Section Comments

Here's another rotation where OMM should be used more, but it isn't. Especially the post-op patients in need of paraspinal sympathetic inhibition to enhance parasympathetic function.

I did see one documented use of OMM; however, I did not see or hear any mention of OMM in this rotation.

Preclinical Preparation

Eval Data from: 7/30/2010 to: 8/28/2011

Page 1

March 16, 2012
The course could use more emphasis on Fetal Heart Monitoring Strips and the stages and management of labor.

I found the little information I knew before my rotation, I had remembered from studying for my board exam. I do not recall going in-depth in OB/GYN in medical school.

I felt that classes prepared me for the GYN content but my OB knowledge was lacking.

The knowledge I needed from this rotation I learn on my own. I spent most of the time reading and study OBGYN.

I haven't taken the exam yet.

Haven't taken exam yet. It was postponed.

Dr Goyert was extremely knowledgeable and spends a lot of time teaching each week.

The physical exams I conducted were on postpartum patients as a progress note. I was unable to check cervical dilation or perform vaginal exams on gravid women because the intern needed practice and the residents didn't want to make the patients more uncomfortable than they were.

The only problem with this rotation was the amount of residents on the service. Generally, students who don't want to become OB/GYN doctors aren't allowed to be as involved as they should be.

I did not get to deliver a baby on my own or do a MLE.

A thorough review of the procedures needed for this rotation is necessary during the campus orientation.

It would be helpful to know what is truly expected of you because there was a disconnect between the objectives listed on Angel and the expectations by some of the residents.

I learned most of my procedures from my blueprints book or the internet. The campus orientation needs to be shortened, actually. If there was a time to review procedures, it should be a full day scheduled at the beginning of a rotation.

Not necessarily, though it would be helpful.

No, I do not agree

Yes

yes

The online modules for this course that is available in Angel helped me gain medical knowledge.

Very helpful initially as I was still trying to figure out what books to read and they were fast and concise.

I didn't have enough time to check this info out. I wish I could have. It may have been helpful.

Agree.

I did not access them that I can remember.
better to experience clinically than read a module

Which of the modules (including the Camtasia recordings about hypertension and pregnancy, normal delivery and gestational diabetes) did you find most helpful?

They were all helpful but I would say the normal delivery lecture was most helpful since most of the days I was on the OB floor, and the hypertension lecture was second most helpful.

didn't do them. I may review them before the exam

NA

I did not use them. If I did, it was in the beginning. I used my books that I bought.

all were helpful

What other types of online learning tools do you prefer?

Videos of gyn surgical procedures would be helpful to review... especially links to cadaveric images of the pelvis.

I would like angel to work on my i-touch.

I think we should be able to find our own resources to prepare ourselves for our rotations. Online learning tools should be optional because many students, such as myself, take initiative to learn and review pertinent information for our rotation on a daily basis.

I think there needs to be a suture and scrub clinic before this rotation.

ones given were adequate

I feel that the hospital orientation covered what I needed to know to be successful in this rotation.

Our hospital orientation covered professionalism, parking, hospital requirements etc... it had nothing to do with specific services other than telling us what floor to report to.

I don't remember them mentioning the OB/GYN rotation in orientation.

NA

No, I do not agree

No

packet is helpful

Agreed.

Overall Assessment

Section Comments

ISO1: SA for the first 3 weeks of my rotation, SD for the last week of my rotation. I had a miserable experience my last week.

There were not as many opportunities for OMT as I would have liked.

I spent a lot of time doing nothing. I feel OB nights is not necessary for a student. during nights I spent a majority of my time doing nothing. Clinic was extremely beneficial and was able to do many procedures.

Overall Summary - Please complete the following sentences:

The most beneficial experiences, classes, assignments, or activities in all my on-campus MSU/COM courses/experiences, which facilitated my performance on this clerkship rotation, were:

I liked the interactive Leep/Colposcopy clinic and Dr. Petroff did a great job covering the clinical aspects, but I feel like more clinical OB/GYN should be incorporated into the class.
Dr. Siew's coursepack material and the clinical skills course. Hands-on activities are really lacking in the first 2 years of med school. I'm a hands-on learner who really needs mechanical stimulation to effectively learn, but other than the OMTC, clinical skills, and pulmonary course, there was very little of this type of learning.

Clinical skills first introduced me to the female pelvic exams.

**OB/GYN**

The reproductive class that we had was helpful. I felt that I had a good knowledge base coming into the rotation.

Female repro was a very helpful class, also clinical skills female sensitive exam was helpful

scrub clinic

Didactic lectures both informal and formal as well as topic presentation on peripartum cardiomyopathy were wonderful for understanding topics and shelf review.

---

This rotation could have been improved by:

Knowing what was expected of me, what books I should have had to start out with, and having a password to access the online charts sooner than a week into my rotation.

More time devoted to studying while on the rotation. Time specifically assigned when we wouldn't feel bad about studying.

More consistency and more time to read after hours.

Someone telling us their full expectations of us and for those that do not know how to scrub or perform sterile technique, there needs to be a scrub clinic. I already had surgery so I already knew how to scrub. Also, a suture clinic would be helpful.

Dr. Fahey was great at letting us help with things, but there were many times where I just felt like students are in the way. On gyn surgery I didn't even get to scrub in to a lot of the cases, let alone do anything. I already had a month of surgery, so I was looking forward to the gyn surgery rotation, but I wasn't allowed to do much. Also there was way too much down time on this service. I felt that I was told to sit in the back and read for way more time than I spent doing anything on the service. There were times when I had no patients and nothing to do and wasn't able to learn anything.

great rotation, residents and attendings all great teachers and willing to be actively involved

eliminating OB nights or only doing it only a couple times during the month.

this was a great rotation.

---

The thing(s) I like most about this rotation was (were):

I loved the deliveries!! They were amazing! I liked that we had OB/GYN education every monday and I loved how Drs. Wistrome, Ulep, and Adams were very patient and willing to teach me a lot and direct me as to what I should know. I really loved the obstetrics aspect of this rotation and the patients are all so sweet. A great experience :).

The variation within the specialty, and meeting Dr. Fahey and Whytal. They're two physicians who genuinely care about their patients. They are both positive role models who display one of the most important qualities of a doctor, A strong work-ethic.

I enjoyed being able to suture and assist in surgeries and assisting in deliveries.

The opportunities I had to actively participate in deliveries, C-sections and GYN-surgeries.

I really enjoy OB/Gyn as a specialty. I enjoyed the rotation when I was able to do things and it is something that I am very interested in. The rotation would have been wonderful if there wasn't so much down time.

working with residents/attendings- great teachers

outpatient clinic was extremely beneficial.
procedures, mix of inpatient and outpatient situations,