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.

### Expectations/Learning Objectives

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.

### Resources

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.

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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.

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.

### Professionalism

| I was treated as a professional by those supervising my student-physician role on this service. |
| My supervising faculty on this service modeled physician-patient interactions on this service in ways I would like to emulate. |
| Issues of professionalism were included as a point of discussion by faculty on this rotation. |

### Procedures

| 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. |
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### Clerkship Rotation Evaluation Results

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<td><strong>Professionalism</strong></td>
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| **Procedures** |
| N= | NA | SD | D | N | A | SA | N | % |
| 21 | 1 | 5% | 1 | 5% | 3 | 14% | 10 | 48% | 6 | 29% |
| 21 | 1 | 5% | 3 | 14% | 3 | 14% | 9 | 43% | 5 | 24% |
| 21 | 1 | 5% | 4 | 19% | 8 | 38% | 3 | 14% | 4 | 19% | 1 | 5% |
| 21 | 2 | 10% | 2 | 10% | 9 | 43% | 6 | 29% |
| 21 | 1 | 5% | 11 | 52% | 9 | 43% |
| 21 | 3 | 14% | 2 | 10% | 3 | 14% | 11 | 52% | 2 | 10% |
| 21 | 2 | 10% | 9 | 43% | 6 | 29% | 1 | 5% | 2 | 10% | 1 | 5% |
| 21 | 1 | 5% | 1 | 5% | 4 | 19% | 12 | 57% | 3 | 14% |
| 21 | 2 | 10% | 1 | 5% | 11 | 52% | 7 | 33% |
| 21 | 4 | 20% | 9 | 45% | 7 | 35% |
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.

In the online modules, I prefer the questions contained within the Camtasia recordings to be at the end of the recording.

I prefer the questions to be presented separately as an Angel quiz with feedback.

The algorithms (decision chart) were very helpful in my understanding of the clinical presentation.

The literature link was helpful in my understanding of the clinical presentation.

The summary page was helpful in my understanding of the clinical presentation.

The information in the module helped me as I rotated on the floor.

My learning from the modules do not in any way reflect the types of knowledge I need while on rotation.

I did not have much time to access the modules.

Overall Assessment

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.

I learned a lot from the Camtasia Power Point recordings in the modules on hypertension and pregnancy, gestational diabetes, and normal delivery.

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Caseload and Management of Patients

Section Comments

This was a very disappointing experience. The OB/Gyn residents prioritize the education of the OB/Gyn interns who just also arrived back on service over anyone else. They are all on at the same time and this relegates the student to a shadow, or rather wallpaper. This was frustrating for all involved because this scheduling problem happens every year. This was I a shadowing experience for me. Very bad.

I was surprised at the lack of patient care responsibilities assigned to me.

While I really liked the residents and attending doctors on this rotation, it was really difficult to assess whether OB/GYN would be a viable career option for me because so I much time was spent observing rather than participating. The few times where I was able to work one-on-one with attendings or senior residents were really valuable and I enjoyed the experiences gained from them. I would like to repeat this rotation during my fourth year so I can get more experience and a better idea about OB/GYN.

It was difficult getting really involved as the interns were back on the floor and were also trying to do their learning and experience at the same time.

Since the 1st year residents were only on their 2nd month of OB/GYN, students got next to no procedural/hands on experience. The seniors will let you do more when they can but quite often students are just a hinderance. It's nothing against the residents, it's just unfortunate for students.

Expectations/Learning Objectives

Section Comments

A checklist was given to us a few days in, but some of the objectives were not easily established... such as a "pre-test" and "post-test" that were not given at appropriate times.

Learning was mostly from reading. I actively pursued shadowing experiences that correlated with my books.

The course protocol wasn't used... we discussed whatever cases came to us and I read about everything else.

It was strongly emphasized that didactics were protected time every Tuesday morning. However, it was protected for the residents and not the students. Although this confused me at first, when the residents were at didactics, I was able to work with attendings and participate more.

Osteopathic Principles and Practice

Section Comments

The residents are very open to the use of OMM. They, however, won't force you to do anything if you're not comfortable. If you feel it will help, and it's appropriate they'll let you do it.

Supervision/Feedback

Section Comments

Even though I was given a written list of clinical objectives, I was told that these were just a "guideline".

All of the residents were great with answering my questions.

I read 3 different texts in preparation for the Shelf exam and I still did not feel that the exam covered the important basics that we should know for OB/Gyn. The exam focused more on obscure treatments and options for several things that I didn't read about.
Because seniors are tending to 1st year residents, students often got lost in the mix. I sometimes didn't know when I was supposed to do something, especially when it wasn't spelled out well in the beginning ie rounding in the mornings.

As far as the shelf exam, the course protocol does not provide a great guide. Blueprints is also horrible. When I told residents the questions asked on the shelf they were taken aback as some of them were senior level/obgyn board type questions. Basically you can't be prepared totally for the shelf unless obgyn is hat you want to do.

### Professionalism

**Section Comments**

I believe the residents and attendings to not always be professional themselves. Residents and attendings all had their own "drama" going on and they would talk about it openly on the floor as well as behind people's backs.

Dr. Bruce was especially great to watch because she always seemed to have a great rapport with patients, and she was able to convey information in such a way that was very understandable and not vague.

### Procedures

**Section Comments**

There were so many nursing students that we were not given opportunities to insert IVs and no episiotomies were done while I was on service.

I learned only from a book on this rotation. There was very little "hands on" training.

With those that are listed as "strongly disagree", it is because I did not have an opportunity to try them. For Apgar, I know the criteria but never used it during the rotation. For placenta, I never delivered it but was talked through how to examine it. For gyn surgery, the only thing I was allowed to do was put one small knot in a 1 inch incision.

No IV's, foleys or episiotomies...because nobody does them. If an episiotomy is done, the sure as hell aren't going to let a student do it. No foleys or IV's because those are done before students/docs get in to see the patients. There just isn't enough time or you'll miss the vital stuff like deliveries and surgery.

Not much opportunity to participate with procedural/exam skills

### (MSU COM) Online Learning Modules: Modules on Hypertension and Pregnancy, Gestational Diabetes, and Normal Delivery

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

It could help, but it is not 100% needed.

Would be helpful to have a review.

YES.

A brief review would be appreciated.

Yes

I did not have a campus orientation.

No.

agree

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

yes

12 hour days made it difficult to have time to access these.

yes

Yes
Yes
They were a good review of the basics which helped the transition from knowledge to clinical competence.
I hardly accessed them. There is a lot of down time for reading so the modules are not needed.
Agree
agree

Which of the modules (including the Camtasia recordings about hypertension and pregnancy, normal delivery and gestational diabetes) did you find most helpful?
   normal delivery
   all of them
   Gestational Diabetes
   Normal labor and delivery
   The hypertension was very useful as many women presented with borderline hypertension and had to be evaluated.
   All of them
   all were good

What other types of online learning tools do you prefer?
   More videos on surgeries
   Practice questions that simulate the shelf exam
   I prefer camtasia
   I looked up YouTube.com videos of procedures to familiarize myself the night before scheduled operations.
   I like links to primary and reviews of the literature. I feel it gives me an insight similar to that of the residents.
   open questions,

I feel that the hospital orientation covered what I needed to know to be successful in this rotation.
   Yes, the physicians at IRMC prepared me well for this rotation.
   no.
   NO.
   No, except sterile technique.
   My hospital orientation was 8 months prior to this rotation. I think a refresher scrub class would be helpful for students who complete PCAC before starting hospital rotations.
   N/A
   agree

Overall Assessment

Section Comments
   Too much drama and some of the residents were annoyed by students being there, specifically the senior residents.
   Residents and attendings didn't seem to have time to teach.
I went into this rotation with a lot of excitement because colleagues had told me how much fun they had and how many things they got to do during their rotation, however I was sorely disappointed with the lack of hands-on experience. The senior residents were training the first year interns so all I got to do was shadow and read. I never even touched a patient in the first 2 weeks of the rotation. During the rotation I only performed 1 speculum exam, never performed a cervical check, and never even delivered a baby (though I might add I got sufficient experience with holding a leg during delivery). Of the recommended clinical skill objectives listed in the course protocol, I only did 3 of them. In other words, I hardly had any opportunities to do any procedures. All in all, I learned a lot through watching and reading but in my opinion there is no substitute for hands-on experience.

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:

- Repro class
- procedure day
- Female Reproductive System

The Female reproductive course was the most helpful

A few residents engaged me in discussions concerning OB/Gyn and they gave me ample time to get my readings done.

Female Reproductive System

The female reproductive course was, of course, extremely helpful.

Besides learning how to do a pap/pelvic exam on a real patient, MSUCOM didn't do a very good job of preparing me for this rotation. I felt as if even the basics weren't covered during my first 2 years. Luckily, the residents/interns were willing to teach and most did a good job of that.

- repro, pharm and physiology.
- life
- Female Reproductive class

This rotation could have been improved by:

- I do not understand why the shelf exam cannot be administered at the end of the rotation.
- more 1 on 1 time w/ attendings
- more hands on deliveries and practice
- Less drama among residents/attendings and more organization.
- More teaching
- better scheduling and more professional treatment of medical students.

Do not schedule med students on this rotation in January. The first year OBGYN interns started this service at the same time, and everything we did involved the senior residents training the interns. Every cervical/speculum exam was performed by the intern and then checked by the senior resident. Every note in the chart was written by the intern and then checked by the resident. I was told more than once that this was the way it had to be and I pretty much wasn't going to be able to do anything other than observe.

I would have liked to have more responsibility

It was my first hospital rotation, so I spent some time just getting use to how things work. If I would have had some hospital experience first, it would have been more beneficial. However, I could say that for just about any rotation.
Set aside some time for out-patient clinical experience.

I think the overall structure of the rotation should be explained better at the beginning. Maybe even set aside a couple minutes at the beginning of every week to explain the expected responsibilities for that week. Remember, most of us have never rotated through the department before and have no idea what is going on, or how things work.

More opportunities to at least assist with deliveries/csections/surgeries.

Having an orientation at the beginning and being able to participate more in the surgeries and deliveries.

more time with senior residents

With the interns on service they would take all of the deliveries and cervix checks. I was never able to do either of them while on service.

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

I enjoyed the primary care aspect of this rotation. Even though it was all hospital based some women came in for problems or concerns other than just delivery. Therefore I was able to see that I as a physician would be able to form clinical relationships with patients and be able to influence their health more long term. I'm sure that potential would be even greater if I was also seeing these patients in the clinic for regular check-ups.

lots of hands on experience

Opportunities to do procedures!

I got a lot of practice doing speculum exams.

Dr Maser is a great doctor to work with. He knows all of the most recent articles and discusses them with you so that by the end you know what and why you are doing what you are doing. He is great with the patients and their families. At his office he allows you to get hands on learning about pap smears, pelvic exams and other procedures. He is very patient and helps you learn how to do it the right way.

time to get my reading done.

The residents were all very helpful, were always available to answer questions, and always had smiles on their faces.

Participating in GYN surgery, being able to discuss women's health issues with the residents

The residents were very helpful and most were eager to teach.

The overall attitude of the ob/gyn department. Except for the rare exception, all of the residents/nurses were really nice. MOST of the residents/interns were pretty good teachers so I feel like I learned a lot.

The residents and attendings.

Scrubbing in for C-sections

the deliveries

Journal club was interesting