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.

<table>
<thead>
<tr>
<th>Caseload and Management of Patients</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 general, there was an appropriately diverse mix of patients (including race and ethnicity) seen on this service to meet the clinical training objectives.</td>
<td>16</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>The amount of patient care responsibilities assigned to me were just about right for my current level of training.</td>
<td>16</td>
<td>1</td>
<td>6%</td>
<td>5</td>
<td>31%</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>In general, I had an opportunity to develop procedural skills commensurate with my level of training.</td>
<td>16</td>
<td>2</td>
<td>13%</td>
<td>2</td>
<td>13%</td>
<td>3</td>
<td>19%</td>
</tr>
<tr>
<td>I was given ample opportunity to become involved in learning about management of patient cases.</td>
<td>16</td>
<td>3</td>
<td>19%</td>
<td>3</td>
<td>19%</td>
<td>4</td>
<td>25%</td>
</tr>
<tr>
<td>I felt supported and encouraged to offer my own differential diagnosis and treatment plan.</td>
<td>16</td>
<td>2</td>
<td>13%</td>
<td>1</td>
<td>6%</td>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>Expectations/Learning Objectives</td>
<td>16</td>
<td>3</td>
<td>19%</td>
<td>1</td>
<td>6%</td>
<td>4</td>
<td>25%</td>
</tr>
<tr>
<td>Standards for my expected level of performance (how I was to be evaluated) on this rotation were made clear to me at the outset.</td>
<td>16</td>
<td>2</td>
<td>13%</td>
<td>8</td>
<td>50%</td>
<td>6</td>
<td>38%</td>
</tr>
<tr>
<td>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.</td>
<td>16</td>
<td>3</td>
<td>19%</td>
<td>1</td>
<td>6%</td>
<td>10</td>
<td>63%</td>
</tr>
<tr>
<td>There were adequate didactics on this service to enhance my existing knowledge base; i.e., conferences were scheduled regularly and occurred as scheduled.</td>
<td>16</td>
<td>9</td>
<td>56%</td>
<td>7</td>
<td>44%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The information presented on this rotation was presented at a pace and at a level that was consistent with my existing knowledge base.</td>
<td>16</td>
<td>9</td>
<td>56%</td>
<td>7</td>
<td>44%</td>
<td></td>
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</tr>
</tbody>
</table>
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.

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.

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.

### Professionalism

<table>
<thead>
<tr>
<th>Description</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 was treated as a professional by those supervising my student-physician role on this service.</td>
<td>16</td>
<td>1 6%</td>
<td>5 31%</td>
<td>7 44%</td>
<td>3 19%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My supervising faculty on this service modeled physician-patient interactions on this service in ways I would like to emulate.</td>
<td>16</td>
<td>1 6%</td>
<td>4 25%</td>
<td>8 50%</td>
<td>3 19%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issues of professionalism were included as a point of discussion by faculty on this rotation.</td>
<td>16</td>
<td>4 25%</td>
<td>7 44%</td>
<td>5 31%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Procedures

<table>
<thead>
<tr>
<th>Description</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>16</td>
<td>1 6%</td>
<td>2 13%</td>
<td>2 13%</td>
<td>9 56%</td>
<td>2 13%</td>
<td></td>
</tr>
<tr>
<td>In the delivery room, I properly performed a bladder catheterization on an obstetrical patient.</td>
<td>16</td>
<td>6 38%</td>
<td>5 31%</td>
<td>1 6%</td>
<td>3 19%</td>
<td>1 6%</td>
<td></td>
</tr>
<tr>
<td>I now feel as if I can properly insert a venous catheter or needle for IV fluids.</td>
<td>16</td>
<td>7 44%</td>
<td>6 38%</td>
<td>3 19%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was able to complete an accurate vaginal examination on a patient in labor and delivery.</td>
<td>16</td>
<td>5 31%</td>
<td>4 25%</td>
<td>1 6%</td>
<td>6 38%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel comfortable scrubbing and maintaining compliance with sterile techniques.</td>
<td>16</td>
<td></td>
<td></td>
<td>9 56%</td>
<td>7 44%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With supervision, I am able to perform a normal vaginal delivery.</td>
<td>16</td>
<td>2 13%</td>
<td>7 44%</td>
<td>3 19%</td>
<td>4 25%</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>16</td>
<td>1 6%</td>
<td>7 44%</td>
<td>8 50%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can accurately assign proper Apgar scores to newborn infants.</td>
<td>16</td>
<td>2 13%</td>
<td>2 13%</td>
<td>7 44%</td>
<td>5 31%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel prepared to deliver the placenta and examine its surface.</td>
<td>16</td>
<td>2 13%</td>
<td>2 13%</td>
<td>1 6%</td>
<td>10 63%</td>
<td>1 6%</td>
<td></td>
</tr>
<tr>
<td>I feel prepared to adequately assist during gynecological surgery.</td>
<td>16</td>
<td></td>
<td></td>
<td>1 6%</td>
<td>10 63%</td>
<td>5 31%</td>
<td></td>
</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.
Caseload and Management of Patients

Section Comments

I almost felt that there were too many people (staff, nurses, residents, tons of students) to be able to get a lot of experience. It was very educational either way.

Too many students on service to really get an in depth experience. Nine students plus 3 interns who need to get checked off on competencies really makes it difficult to get a strong foundation of OB/GYN.

Due to the amount of students on service and the sporadic nature of patients on the OB floor or in the GYN surgery suite, often residents or interns took precedence in procedures over students, limiting some hands on experience. In addition, multiple 4th year students auditioning at Metro limited exposure time.

Independent pt interaction was very limited. spent most of my time shadowing. very little hands on clinical experience was offered. The only clinical things I was allowed to do was perform two cervical checks, suture a laproscopic incision, and then just a basic heart, lung, bowel exam.

Not nearly enough patients. Too many students on rotation at the same time. Half the time I didn't even feel the residents cared that I was learning anything. I never got to catch a baby and only got to watch most surgeries and c-sections. This was not because I lacked any skill or enthusiasm to learn or be involved but because the Ob intern got priority over the students. I watched about 12 vaginal births and only got to watch (even though I asked if I could be more involved about 5 times) and only scrubbed in for 1 c-section (and watched about 8 others). I scrubbed in on about 10 other surgeries and got to suture 1 time. The environment on the Ob floor was quite hostile. There were interns and other 4th year/visiting/auditioning students who got preference (and female medical students).

The world of OB/GYN is different. Nobody tell you what is going on unless you asked. You can sit all day if you want. There are no check off on skills. You never see attendings.

Students did not get to perform many speculum exams or cervical checks because Metro was instituting a nurse run triage so the nurses had to be checked off on these items.

The attendings were great to work with. The problems came into play, however, when interacting with the residents. The residents were not as interested in providing education as the attendings were.

Expectations/Learning Objectives

Section Comments

The residents were very good at teaching and being patient and supportive while teaching students.

Journal articles and assigned readings were very helpful.

Residents took little time to incorporate the students into the pt care team. most of my time was spent running around trying to find residents so that I could help them with very minimal tasks like making phone calls or running errands.

I don't even agree that the residents saw me/get to know me enough to adequately judge whether I even met the objectives. I didn't get the opportunity to perform most of the objectives so how can I be evaluated on them.

Resources

Section Comments

I'd estimate at least 50% of this rotation was spent either reading out of textbooks or finding readings online.

The required morning readings were helpful and showed that the residents were committed to staying abreast in their field. I was impressed that they even read book chapters that were not interesting to them (though they did only talk about the chapter for 2-3 mins).
I was disappointed by the lack of OMM used in this service. Although almost every breast feeding baby has an OMM consult, no pregnant or laboring patients were seen. There is only one OMM doc for the whole hospital.

OMM was a charting protocol.

I don't even know if anyone even suggested OMM on this rotation. I asked the intern about it once--she told me she does it if she has time (but clearly never did)

I didn't work with anyone who used OMM often on their patients.

I remembered at least hearing about most of the things I encountered, it was just a matter of recall and becoming routine.

Most of Female Repro was applicable on service, however many things made more sense given the clinical scenario

I've yet to get my evaluations or take my shelf. Certain residents made expectations clear, others didn't.

Sometimes agree with FS02 statement.
Not yet taken post-rotation exam so can't comment at this time.

I received some feedback on my charting but not any specifics. Most of the residents thought our learning objectives were very unrealistic (such as repairing an episiotomy). Right now I have no clue in what my evaluation from this rotation will look like!

I haven't taken the shelf exam yet.

some of the residents and all the interns treated the students with respect. Some of the residents found it more important to surf facebook or other extra-curriculars rather than give any guidance or education

The residents were professional around the patients but then quickly complained about some of them behind closed doors (some of that was acceptable and understandable but a little too much).

All of the attendings were wonderful. Both interns were wonderful. Most of the residents were great to work with but there were a few occassions I felt disrespected or purposefully ignored during the rotation.

Like I said, it was hard to be able to do a lot of procedures, since there are SO MANY interns and residents around. Didn't do one cervical check, delivery, IV insertion. No episiotomies were performed while I was on service.

All the questions marked SD I never even was given an opportunity to try. This was very frustrating. I expected much more from this rotation and I was completely disappointed. Even though we were required to be at the hospital from 6a -5p most of the time was spent sitting around and reading.
I only performed 2 vaginal/cervical exams of all the patients I saw on the labor and delivery floor. I think there were at least 10 other times where I either asked or where I think it could have been appropriate for me to have checked the cervix. I understand that it is not always appropriate for the student to check. I got a very good primer on sterile technique--but not until the rotation was half over--I was yelled at by the scrub nurse (“don't even think about touching that!!”), mostly because I wasn't told how to properly gown or what was not sterile. Part of this was this being my first rotation. If I would have had surgery rotation first, I'm sure this wouldn't have been an issue. I think I got the mechanics of an uncomplicated delivery down and probably could do one if needed (but haven't been tested). I got to do the H&Ps in triage prior to admission on a few occasions. Students never did APGAR scoring--I understand the idea. Students did get to perform the newborn exams for admission. I did get to assist on a number of surgeries on one of my Gyn weeks (after a few other students had finished their Gyn rotation and there was more room for me) and got to suture once. One of the residents worked with me on knots for 5-10min one time (which was appreciated and helpful). Some residents thought the idea of a student performing and repairing an episiotomy was crazy. I felt that interpreting fetal heart monitor strips was very reinforced but it something I was expected to know without any formal teaching.

The biggest issue I had with this rotation was the number of students assigned to the rotation. Every week I was on the rotation there were 8 students assigned, including third years and auditioning fourth year students. The overwhelming number of students impeded my opportunities to acquire all the clinical knowledge expected of me. During the rotation I was only able to be present at 4 deliveries do to the number of students and of those deliveries 3 of them were experienced during my night shift.

The DME at my hospital (Metro) was made aware of this and I was informed that Metro does not schedule the number of students on the rotation. I was told MSU does. I truly feel that too many students on the rotation strongly dilutes my education and opportunities to learn as much as I can due to the necessity of equally distributing the workload among 8 students at once. I feel that it would make our clerkship program much stronger if we could cap the number of students on a rotation at once or have third year students start at the hospital once the majority of audition rotations are completed.

My experience with Gyn surgery was awesome, wheras my experience with labor and delivery was terrible. I basically just sat at the OB desk for 2 weeks and only got to watch deliveries. I was not given the opportunity to do cervical checks, do a speculum exam, start an IV, start a foley catheter, do a midline episiotomy, or do a vaginal delivery during my rotation.

(Para) 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.

Too many students on service to get much experience with the procedures that we needed to accomplish.

A review of procedures and surgical instruments common in Gyn surg with various indications would be helpful.

Yes, this is a more difficult rotation because many of the things done on this floor we did not get a chance to practice a whole lot during our pre-clerkship years. Therefore, I think a thorough review of the procedures needed for this rotation is necessary.

A review of how to get residents to let student help more needs to be done. MSUCOM needs to speak directly with the OB/GYN ward about the expectations the school has for the students. If the OB/GYN ward is not willing to meet the expectations we, as students and part of the MSUCOM family, need to be sent to another hospital so we can get an adequate experience. I feel that the last month was more of a waste than a benefit to my medical career. It is even more frustrating that I spend all this money on having this experience and it was so poor.

Yes!

I didn't know about it.

It would be helpful.

I agree

NA.
agreed, very helpful
This is not necessary. Information regarding procedures is provided from other classmates, and from the residents.

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

- True
- Yes
- I highly agree.
- watched them once and the beginning and they were minimally helpful
- Some
- I didn't know about it.
- somewhat
- Yes.
- I did not have much time to access the modules.

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

- normal delivery
  - I enjoyed all modules
  - All of them, but hypertension and pregnancy was most helpful because we were often pimped on it.
- normal delivery and GDM
  - Normal delivery
  - I didn't know about it.
  - I preferred using my blueprints text
  - All of them.
  - NA
  - I did not have much time to access the modules.

**What other types of online learning tools do you prefer?**

- UpToDate
  - To be honest I just prefer to round on pts and when I find diseases, syndromes or processes I dont fully understand to do research and read about them later that night
  - Sometype of online simulator for delivery would be very nice.
  - I like Angel. But I think an email would help to know about these materials.
  - i do not prefer online tools
  - NA
  - looking it up myself
  - I did not have much time to access the modules.

I feel that the **hospital** orientation covered what I needed to know to be successful in this rotation.
A resident made a great orientation packet, however hospital orientation didn't go into specifics on any service.

It was helpful, but more information about this rotation is needed.

hospital did not go over each rotation individually

No. We did talk about proper scrub and gowning, but it wasn't thorough enough.

The hospital orientation didn't include OB-GYN materials

It was discussed but it was awhile ago

Noppe, they did not cover any skills for OB

Yes.

Noppe, often was lost as a student on the OB floor. Let to do nothing

The hospital orientation did not cover anything that I needed to know to be successful in this rotation. This information was told to me by other classmates, and by the residents.

Overall Assessment

Section Comments

I felt comfortable towards the end of this rotation.

Nothing could persuade me to NOT become a physician but overall this rotation was very poorly structured, I recieved very minimal education and in some cases no opportunities to try and perform the objectives stated by MSUCOM. I would not recomend this rotation to anyone.

I felt the residents didn't make much of an effort to get to know me and assumed because I was male that I wasn't interested in Ob/Gyn. I felt that it was a somewhat hostile environment and especially one for a male--even if the bias was unintentional, IT IS REAL! I am more interested in Ob/Gyn now than I was before, which is surprisign considering this rotation did not go very well--the pros of Ob were apparent and likely made enough of an impression. Talking with other visiting students, the atmosphere on other Ob/Gyn floors was much different than this one. The residents should have taken 10min at the beginning of the rotation to actually get to know the students--I felt like they in general didn't care and were in unpleasant and cold. I think they finally got to know me the last week! Instead of getting to know us, the first thing the residents did on the first day was to just complain outloud that there were too many students and then apologize to us in advance.

An example of when a resident just didn't care about me being involved or learning-- after a surgery while we were suturing, the nurse handed me the scissors for trimming the suture. The resident tied and then held the suture. I started to put the scissors on the suture and then asked how short to cut it. The resident took the scissors out of my hands as she said it needed to be cut short and then cut it herself. This angered and frustrated me and I almost talked to the resident afterwards. She could have just told me how short to cut the suture. It wasn't the end of the day, nor were we behind, so she wasn't rushing for any justifiable reason. This same residant didn't let me prep the abdomen for surgery on this case after I had correctly done a few already that day. Don't take away the few things the students get to do! I'm sure as a student she would have been just as upset about it. The time I did get to suture, the resident was VERY patient with me (I thanked her a million times afterwards).

I felt that students didn't have a lot of opportunities to practice their skills. Just a lot of observation.

If anything on this rotation, I learned that treating medical students as equal professionals is very important and important to their education. I learned how not to treat medical students

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:

OB Systems.

Repro systems course and growth and development
Practical interpretation of FHT strips, preforming procedures like LEEP and endometrial biopsy.

Clinical skills, Reproductive course, respiratory course, growth and development.

we pretty much only had lectures so I guess lecture.

Female Repro

MSU/COM courses/experiences. Readings and assignments on the rotation also help.

The OB/GYN course we had was extremely useful, especially the procedure/lab day.

Second year systems courses.

module days

OBGYN club

This rotation could have been improved by:

More opportunities. In their defense, there were not a ton of patients.

decreasing the number of students on service so that we could actually get hands on clinical experience.

Less students on service, more opportunity for hands on learning.

Better communication between students, residents, and attendings.

Staff being more excited about having students, getting to know them, allowing them to try new things, and getting to know the students as people.

Limiting the number of students on the rotation at one time-- and sending students to other local hospitals with labor and delivery floors

A required check off list to let students practice their skills.

REDUCING THE NUMBER OF STUDENTS ALLOWED ON THE ROTATION AT ONE TIME.

LESS STUDENTS ON EACH ROTATION PLEASE. We confronted our DME about this issue for the past few months and she continues to insist it is MSUCOM that schedules rotations, and it's beyond the hospital's control. We had 8 students on OB/GYN for the month. In a smaller hospital, this severely diluted the number of patients we were able to see. I think this is unacceptable and disappointing because, after all, we are in the hospital to see and do as much as we can and having limits on the amount of patient interaction we get is detrimental to our education.

More outpatient experience

Allowing students to do more.

Allowing students to do something on the OB floor

Allowing students to perform more speculum and cervical exams so that in the future when we are interns we know how to properly do these skills

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

Most of the residents were great.

The variety that you get to see with 2 weeks on OB and 2 weeks on gyn surgery.

The attendings, residents and patients were all phenomenal.

My patient encounters, assist with deliveries, assist in procedures, and journal club.

when it ended.

Patient interaction (bonding is particularly good). Cool surgeries
It stimulated my interest in OB-GYN.

the opportunity to do more procedures and be more hands on

The two OB/GYN interns were amazing! They made me feel welcome and appreciated. I felt comfortable to ask them questions and to observe them as they worked with patients. Also amazing were two residents in specific, Dr. Leila Keeler, and Dr. Christine Cortadiillo!

Surgery was great, was allowed to do a lot. OB was terrible. Sat around all the time.

Being involved in vaginal and C-sections