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.

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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.
### 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.

I feel prepared to adequately assist during gynecological surgery.

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

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### Overall Assessment

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

It seemed as though often times this was more of a shadowing experience and the amount of guidance was minimal if not proactive on asking what one should be doing. Not often were you allowed to do any part of the labor and delivery, US, etc...

Did a lot of following around because I was with an intern who was still learning the ropes. Didn't get to try anything until all the residents left for cogmed. Residents always answered questions about what they were doing, however never asked for my DDx.

I got to do very, very little, and that was extremely disappointing.

The Mount Clemens OB/GYN department is excellent in getting students involved with hands-on experience. Both the attendings and residents take in interest in the students' learning.

I was not given any opportunities to learn and I was treated as if I knew nothing and no one provided me feedback about my performance on the rotation. Because there were two other girls auditioning for OB/GYN I was pushed to the side and the residents were as a whole very rude to me.

Expectations/Learning Objectives

Section Comments

This was a great rotation!

Dr. Alderson gave some very good lectures, and Dr. Bowersock did sit down with me one time and explain a few things to me. Besides that, the weekly "didactics" were a joke.

Resources

Section Comments

We have 24 hr access to the library

Osteopathic Principles and Practice

Section Comments

There was no use of OMM on the OB/GYN service. I only got to do it once with an Intern who was doing her "required two" for the month.

I was upset that the OMM exam portion on the H&Ps was almost always done by the residents without having actually done the exam.

Preclinical Preparation

Section Comments

It helped solidify a lot of information that was learned previously.

Some basic knowledge from Repro class was used... other than that had to learn a whole new ball game.

Supervision/Feedback

Section Comments

There were two attendings who were very rude and it was hard to take that as a learning experience especially since I did not encounter them more than once or twice. I do not understand why certain individuals would work at teaching hospitals if they did not want to teach.

Have not taken the shelf exam yet, so I am not sure as to the content.
Professionalism

Section Comments

Some of the physicians definitely modeled who I would like to be as a physician. One instance Dr. Racska had to give the bad news of cancer to a patient and she did in such an eloquent way that I was very impressed with.

The doctor-patient relationship was great and I definitely would like to emulate it.

The attending did not provide any feedback to me and I had little interaction with him on the service.

Procedures

Section Comments

The opportunities to assist in vaginal delivery were very minimal. The only things that we as students got to perform was drawing of cord blood and suctioning the neonate. All other parts of the delivery were done by the attending and the resident was assisting with no room for a medical student to get experience.

Never delivered a baby. Never cut an epis.

Again, I wasn't given the opportunity to do very much in my 4 weeks, and while I understand that having three 4th year students on service in addition to the four 3rd years made things hard (being that the 4th years were "auditioning" etc) I still feel very disappointed and wish I would have been able to make more of my time. I DID NOT get to do ANY: PAP smears, vaginal exams, LEEPs, biopsies, injections, start any IVs, etc.....Basically, I only watched, talked to patients, assisted with a few vaginal deliveries (one where I just held a leg, another three in which I delivered the placenta), and assisted with three circumcisions.

I was not given any opportunity to perform any of these procedures on service.

(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.

false

I feel as if I was in the dark for some procedures, but it was my first rotation in the hospital so I was a little confused in general.

Neutral

yes

I do not think this is necessary but it maybe helpful.

false.

Would be helpful.

Sure

I felt that it would not be necessary on campus, as you will learn it in the hospital.

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

false

Neutral

I strongly agree with this. It was very helpful and helped guide my focus for studying.

true.

If I had more time, they would have helped a lot. Ob/Gyn is at least a 12 hour day, so not much time to put into watching lots of modules.
Which of the modules (including the Camtasia recordings about hypertension and pregnancy, normal delivery and gestational diabetes) did you find most helpful?

- none
- They all were a helpful overview.
- hypertension and pregnancy
- I found the module on normal delivery to be most helpful.
- HTN and pregnancy
- normal delivery
- n/a

What other types of online learning tools do you prefer?

- online search engines
- I prefer to read out of a book.
- I feel that the ones available were suffice.
- handouts.
- videos were nice
- Board-style practice questions would be nice to prepare for the shelf exam.

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

- true
- Agree
- No, not necessarily. The scrub clinic was not adequate about what is and is not a sterile field.
- I agree with this. I especially believe that the packet that was made available before the rotation was very helpful.
- yes, as far as scrubbing for surgeries.
- true.
- The scrub lesson was helpful.
- For the most part, yes.
- Yes

Overall Assessment

Section Comments

- It often seemed that the only instruction was being told what NOT to do when you had just done something wrong, there were few times when there was proactive teaching by the attendings.
- Hated it, I mostly stood and watched, I'm neither an idiot nor an undergrad. This was more shadowing than it was a rotation for a competent medical student.
- Not that I felt uncomfortable, I was just very frustrated and felt as if most of my time there was a total waste.

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:

the ob/gyn course
Interactions with patients at the Women's Health Clinic.
2nd year reproduction course
The clinical experiences in the LAC with performing the pelvis exam and speculum exam. I also felt that the systems course was also very beneficial.
I am not sure.
Repro class
Female repro
Female Reproductive with Dr. Boes and Dr. Petroff covered the points that were necessary coming in as a student.

This rotation could have been improved by:

allowing the students a chance to start an iv, perform a cervical check, and if not deliver a baby then at least the placenta.
More opportunities to get hands-on experience during a delivery
Having closer contact with attendings and being able to do more (with close guidance) in the labor and delivery setting.
doing it later in the year when the interns were not just starting.
allowing the students to do something!!! In the entire rotation, I preformed 2 pap smears, and scrubbed into about 3 cases, and 2 c-sections. I was not allowed to participate in any surgeries, deliveries or C-sections because there were new interns on the floor and they were given what few opportunities there were before the students were. Also, there were 3 (non-ob) interns, 2 ob interns, and 5 students on during this month, so there was just not enough cases for everyone to participate in. It also could have been improved by having less students on service at one time.
Nurses and doctors hated each other on the OB floor, the level of drama and cattyness was extremely distracting and unappealing. It would be nice to actually get to do something on rotations. I would rather do any rotation for any length of time than waste so many days watching.
I don't know.
More hands-on
Working with residents who actually taught. And getting to do more procedures, etc.
None

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

all the residents were great. I enjoyed watching all the procedures and having the time to interact with patients
We were allowed to help in a lot of situations.
The residents and attendings I worked with. The variety of procedures and cases that were presented.
The residents were very fun people to be around. I like them all very much and they are helpful and nice and willing to help...but they are learning too so they want to get the opportunity to do most everything in the labor and delivery setting.
being able to apply book knowledge to clinical experiences.
observing deliveries
The residents were friendly and it was very organized.

Week of nights.

Some of the attendings and residents I worked with were very friendly, especially Drs. York, Bowersock, Alderson, Jones, Chen, and Karadsheh

I felt like I got a broad range of experiences and feel comfortable taking a history and examining an OB or GYN patient. I also had the opportunity to assist in many GYN surgeries and OB deliveries, which were all great to actually have hands-on learning opportunities.