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.

Clerkship Rotation Evaluation Results

<table>
<thead>
<tr>
<th>N=</th>
<th>NA %</th>
<th>SD %</th>
<th>D %</th>
<th>N %</th>
<th>A %</th>
<th>SA %</th>
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<tbody>
<tr>
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<td>4 17%</td>
<td>4 17%</td>
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<td>14 61%</td>
<td>4 17%</td>
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<td>25</td>
<td>20 83%</td>
<td>4 17%</td>
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<td>25</td>
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<td>4 17%</td>
<td>10 42%</td>
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<td>25</td>
<td>4 18%</td>
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<td>25</td>
<td>2 8%</td>
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<td>4 17%</td>
<td>9 38%</td>
<td>4 17%</td>
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<tr>
<td>25</td>
<td>2 8%</td>
<td>2 8%</td>
<td>3 13%</td>
<td>3 13%</td>
<td>11 46%</td>
<td>3 13%</td>
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</table>
### Professionalism

<table>
<thead>
<tr>
<th>Statement</th>
<th>N=25</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></td>
<td>2</td>
<td>8%</td>
<td>1</td>
<td>4%</td>
<td>3</td>
<td>13%</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></td>
<td>5</td>
<td>21%</td>
<td>3</td>
<td>13%</td>
<td>11</td>
<td>46%</td>
</tr>
<tr>
<td>Issues of professionalism were included as a point of discussion by faculty on this rotation.</td>
<td></td>
<td>3</td>
<td>13%</td>
<td>5</td>
<td>21%</td>
<td>1</td>
<td>4%</td>
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</tbody>
</table>

### Procedures

<table>
<thead>
<tr>
<th>Statement</th>
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<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></td>
<td>3</td>
<td>13%</td>
<td>1</td>
<td>4%</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>In the delivery room, I properly performed a bladder catheterization on an obstetrical patient.</td>
<td></td>
<td>1</td>
<td>4%</td>
<td>3</td>
<td>13%</td>
<td>4</td>
<td>17%</td>
</tr>
<tr>
<td>I now feel as if I can properly insert a venous catheter or needle for IV fluids.</td>
<td></td>
<td>6</td>
<td>29%</td>
<td>7</td>
<td>29%</td>
<td>4</td>
<td>17%</td>
</tr>
<tr>
<td>I was able to complete an accurate vaginal examination on a patient in labor and delivery.</td>
<td></td>
<td>1</td>
<td>4%</td>
<td>4</td>
<td>17%</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>I feel comfortable scrubbing and maintaining compliance with sterile techniques.</td>
<td></td>
<td>1</td>
<td>4%</td>
<td>11</td>
<td>46%</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td>With supervision, I am able to perform a normal vaginal delivery.</td>
<td></td>
<td>2</td>
<td>8%</td>
<td>1</td>
<td>4%</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>With supervision, I am able to perform an adequate midline episiotomy at the proper time.</td>
<td></td>
<td>6</td>
<td>29%</td>
<td>7</td>
<td>29%</td>
<td>5</td>
<td>21%</td>
</tr>
<tr>
<td>I can accurately assign proper Apgar scores to newborn infants.</td>
<td></td>
<td>1</td>
<td>4%</td>
<td>4</td>
<td>17%</td>
<td>11</td>
<td>46%</td>
</tr>
<tr>
<td>I feel prepared to deliver the placenta and examine its surface.</td>
<td></td>
<td>2</td>
<td>8%</td>
<td>1</td>
<td>4%</td>
<td>11</td>
<td>46%</td>
</tr>
<tr>
<td>I feel prepared to adequately assist during gynecological surgery.</td>
<td></td>
<td>1</td>
<td>4%</td>
<td>15</td>
<td>63%</td>
<td>7</td>
<td>29%</td>
</tr>
</tbody>
</table>
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.

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.

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</tr>
<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become a physician.</td>
</tr>
<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.</td>
</tr>
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<td>As a student I felt comfortable on this rotation.</td>
</tr>
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</table>
Caseload and Management of Patients

Section Comments

We were given almost 0 responsibility on this rotation, after repeatedly asking for more work. There was nearly 40 residents, and the schedule Dr. Hendrix gave us had us meeting new residents every day, so there was never a baseline of trust and respect established between students and residents to gain opportunity to be more useful to the team.

We were not given the opportunity to round on patients during our time on the GYN service, so we didn't learn anything about post-op management, even though we spent considerable time in the OR. Our time in the OR was spent almost exclusively in robot cases, so we were not given many opportunities to learn procedures in the OR. We did have time to practice some procedures, like pelvic exams, in clinic. The residents sometimes asked for a differential diagnosis in clinic, but the attendings hardly spent any time discussing these or teaching.

The residents clinic was the only place that I was actually able to interact with patients and write H and Ps. However, the attendings were not very receptive to students presenting to them, therefore I was not able to practice my presentation skills and this was a major downside to this rotation.

Expectations/Learning Objectives

Section Comments

We were told on the first day that we are not to ask ANY questions in the operating room around Dr. Hendrix, we are not to talk, we are merely to be there and observe. This rotation was glorified shadowing. Then at the end, Dr. Hendrix stated on evaluations that we need more "confidence" because we did not speak up after being explicitly instructed to not ask questions?

was not told what weeks grand rounds were canceled or at SGH

The only didactics were weekly grand rounds conducted Tuesday AM. We were never actually given a schedule of lectures or given the articles for journal club. The lectures were more geared towards attendings/residents. Most of the lectures were over the level of a student and really we were assigned to attend to just "get rid of us" for half a day.

There were weekly meetings in which didactics were given as well as concerns being addressed.

One teaches oneself on this rotation. This isn't a complaint, just a fact.

Resources

Section Comments

There were no resources.

Osteopathic Principles and Practice

Section Comments

I never once saw OMM being used nor spoken about on this rotation, but then again there were no other DO's on the service besides Dr. Hendrix.

Faculty were unaware of OMM or did not use it.

Did not work with any DO residents. Dr. Hendrix was the only DO we interacted with and she did not do any OMM.

Did not work with any DOs and did not see any OMM in use

Supervision/Feedback

Section Comments

I rarely was able to work with the same intern/resident/attending, so I don't know where I stand.
Each day was spent with a different resident or attending and there was no continuity which was disappointing. The attendings and residents did not teach students at all and in fact did not have positive attitudes about students in general. I felt like no one cared that we were even there.

One fends for oneself on this rotation. All I had was the optimistic hope that a person who rarely if ever saw me would give me decent marks on my eval.

### Professionalism

**Section Comments**

When we brought up the lack of professionalism exhibited by our attending in a meeting with our DME, Dr. Sealy, we were told that this is the way of the hospital and to "suck it up."

I did not particularly respect the physicians that I worked with. I witnessed one doctor make a patient cry because he told her that "she was a woman and should just deal with her pelvic pain". I was horrified with some of the patient care. There was NO osteopathic principles on this rotation. I would never have any of these doctors deliver my baby.

The doctors I followed were quite brilliant toward their patients; the empathy was rarely lacking except on the L&D ward.

### Procedures

**Section Comments**

We were never given the opportunity to insert catheters or vaginal exams of patients after asking to do so in the LD department. We even asked if we could do it on patients that had received epidural shots due to patient discomfort from the examination, and we were told no.

Labor and Delivery residents/attending never taughts us how to examine a cervix and frankly wouldn't let us examine patients during labor. Since I never did a pelvic exam during labor, I have no idea still how to assess cervix dilation / effacement and this is something that I would have liked to gain some experience doing.

I was taught how to deliver a placenta by a fellow Wayne State medical student. No one took the time to explain the simple basics to any DO students. Wayne residents felt that DO students were not their "responsibility" and therefore showed preferential treatment for Wayne students. They made Wayne students round on patients but did not have any expectations for DO students.

The only positive responses above come from either other rotations or my wife's home delivery of our daughter. I learned -none- of this on the Ob/Gyn rotation. I can do a hysteroscopy D&C, though.

(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.

Agree

Yes

I agree

Yes

I agree, review of the procedures is needed prior to starting this rotation.

What campus orientation

This would be helpful. I did not sways know exactly what to do so some instruction would have been nice.

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

Yes

neutral

No

Eval Data from: 7/30/2011 to: 7/2/2012

Page 2

March 28, 2013
Yes, the online modules were helpful during the rotation.
I didn't know these existed.
N/a

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

Gestational diabetes
n/a
Normal delivery was most helpful to me.
None
Normal delivery
This is a lot of questions for one clerkship eval. And none, as I didn't know they existed.
N/a

What other types of online learning tools do you prefer?
Questions
Lectures
n/a
none
Interactive sample patient vignettes, but good luck getting MSU to give us more of that.
Uptodate, ACOOG

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

Strongly disagree. The orientation was more of a waste of time. Instead of keeping us there for a few hours talking to us about stuff most of us will forget, it would have been better to teach us how to scrub in and how to write post-op notes or progress reports on patients.

The attendings, residents and staff were all very surprised that we were not taught how to scrub in during orientation. Simple things like that, that othr hospital systems provide for the students held me back my first week from learning as much as I could have. The whole first week was a big mess just trying to find out what is actually going on because the orientation did not help at all.

Not at all
I do not agree with this. The hospital orientation did not prepare us for the horrible treatment we received from our attending.

There is no hospital orientation
Disagree
No
There was no hospital orientation offered to us when we started this rotation.

What hospital orientation. This never happened.
It helped.
That was one of the issues with this rotation. There was no orientation and Dr. Dean was hard to get a hold of sometimes.

**Overall Assessment**

**Section Comments**

I am extremely grateful that prior to entering this rotation, I had 0 interest in the field of OB/GYN. Now after finishing the rotation, I am grateful that it is over, and I never have to go near something like this again. I do not feel like students were wanted on this rotation, and this was such a disappointment after the amazing experience I had on my last rotation in July. Students were not respected, we were not encouraged to learn, we were not taught/pimped, the list goes on and on. I understand that as students it is our job to be proactive. How can you be proactive though when your attendings are telling you that you are not allowed to even ask valid questions. How is there any notion of professionalism when the attendings in charge of you do not respond to student concerns or emails? Case in point—the evaluations. Several students, including myself, emailed the attending on the Sunday of the last week to see when the best time for the attending was for us to come meet her to complete our evaluation. There was never a reply back. A student went to her private office on Tuesday of the last week, at which the attending was extremely angry and verbally lashed out at the student, and told the student to come back on Thursday.

This rotation would have been so much better overall if we had been given a schedule that had us following the same intern or resident throughout the month, so that you can develop a relationship with that resident and have them gain trust in your skills as a student, while allowing some continuity for teaching. I constantly felt that because everyday I was with different residents (there are over 40 of them), that everyday I was on my first day of the rotation again and having to prove myself.

I also did not like how there was no schedule given for this rotation in the first week. There were several days when Dr. Hendrix told the students that we would have a scheduled emailed to us by the night that day at the latest, only to get an email the next morning informing us to be at the hospital at this time. It even happened where she sent us an email at 730am notifying us to be at the hospital in half an hour. How can we be negatively impacted by tardiness at that point?

Often not sure what to do...lots of down time, didn't really have a team to follow. I know this is limited by WSU & Hutzel vs UPG politics, but it would be nice to have students exempt from that....

I was interested in OB/GYN and this rotation really steered me away from the field which is unfortunate. I would NEVER apply to this residency program. It was horrible group of residents, that were very rude to students. They were not very friendly and so far this is the only rotation that I have not enjoyed while at the DMC.

I love fending for myself among Wayne State students who have already told one another what to do and expect. I felt like an inconvenience or rival everywhere I went. Unquestionably my worst rotation of the 9 so far.

**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:

**Classes**

The ability to have freedom and float between all ob and gyn cases as I felt necessary.

Obstetrics and gynecology

Female reproduction

My time in labor and delivery.

Ob/Gyn course during 2nd year did prepare me well. The textbook we had to buy for the class was also an asset for me on this rotation.

Female repro, I suppose. Anatomy. Whatever, I doubt anyone actually reads this anyway.

The MSUCOM OBGYN course second year.
This rotation could have been improved by:

By having a better hospital orientation.
A proper orientation and hospital tour
attendings who want to teach, who recognize that students are sacrificing alot of their own time and money to learn, and
who want to support and stimulate that.
Having attending physicians that actually want us there and teach.
A schedule of cases, residents available earlier in the rotation.
nothing, it was great.
organization
A more organized structure. Attendings actually being interested in teaching the students. Attendings actually knowing
the students were there.
This rotation could have been improved by attending paying more attention to the students. There were no directions
during this rotation, the attending did not laid out any expectations. Throughout the whole time, I was not sure how i was
performing during this rotation. There were no learning didactics during the rotation, we were sitting in resident
didactics. We were also not allowed to do consults. The attending did not care to teach the students, we were under the
fellow which we barely saw.

I would strongly recommed not sending students here. The Ob/Gyn group of physicians and Wayne residents are
horrible. They do not embody the MSUCOM osteopathic principles at all. They were not very welcomign to students and
not one attending taught me or asked me any questions the whole month.

Having a different preceptor. Not piling in on top of Wayne State. Having an actual orientation. Not showing up at all and
simply sitting in a library for 6-8 hours a day; no one would have noticed the absence.

Better communication among resident with students
better communication with Dr. Dean

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

Labor and delivery week was finally when I was able to work with a consistent team that could gain trust in my skills,
and they allowed me to do several deliveries as a result.

Working with the patients.
the amount of hands on with patients and the good interaction with the residents.

the people.
amazing facility, skilled attendings,

My time in labor and delivery. Working in the clinic.
Clinic was most enjoyable during the rotation, that was the only place where I was allowed to take History and Physical,
perform pelvic exams and make diagnoses.
The resident clinic was by far the best part of this rotation. At least they let us see patients and do PAP smears. The
patient population is very interesting with many young teen pregnancies which I found interesting.

Drs Dean and Okpala. I believe they did their best with what they were stuck with (us), and both seemed approachable
and helpful.

Clinic and surgery
Clinic ! Clinic ! Clinic ! and the residents ! we learned a lot in clinic and from the excellent residents.
Caseload and Management of Patients

Section Comments

At the end of the rotation I began to question my own existence.

Expectations/Learning Objectives

Section Comments

There were no lectures or didactics. I was informed the first day not to ask questions.

Professionalism

Section Comments

Some physicians would not teach the rotating students because we were "DOs" and they "teach Wayne students"

(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.

I don't understand this question. Nothing was made clear by the DMC med ed department.

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

yeah, they were pretty good.

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

I don't remember the specifics of how the content was divided.

What other types of online learning tools do you prefer?

unknown

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

I was not given much direction in the beginning of the rotations, especially for Labor & Delivery. The Office/GYN work was better.

Absolutely not, I never even received access to scrubs on this surgical rotation. Even after faxing the required documents to the POC in the med ed department and the scrub manager, both of which were capable of getting me scrub access.

Overall Assessment

Section Comments

I called my future into question during this rotation. Every day I would try to go in with a positive attitude, two or three lonely hours later I would give up again. Any interest I had in ob/gyn is gone. However, the one physician that did speak to me was a DO so I am happy that I decided to become one.

Some attendings and residents preferred to teach the Wayne State Medical students and not "the DOs" as they called us. This hindered my experience and gave me a bad view of the hospital and some of the physicians. It made the experience of the rotation not very enjoyable. While in clinic or office, the physicians were better and taught us much more. I feel much more comfortable with GYN then with OB. I felt (along with the other DO students and PA students) alienated while in Labor & Delivery.

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:

- cardio
- repro, anatomy
- Probably the births of my first two children.

This rotation could have been improved by:

- cessation of existence

  The attendings and residents being more willing to teach. Also, we should not be alienated because we are DO students @ the DMC. It shouldn't matter to the physicians what medical school we go to, we should be taught the same regardless. It wasn't fair as an experience or enjoyable. It gave me a negative view of the rotation and hospital.

  More organization in getting students the basic organization and materials to be on this rotation, including a schedule of where to be and when.

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

- It was only a month, the Wayne students were tortured through 2 months on this service and when I talked about my last rotation they would say "So it isn't always going to be like this?"

- Private office work with the HWHS group physicians in particular. They were actually willing to teach. Also, I learned what kind of physician I definitely do NOT want to be. The attending physicians listed above were all helpful during rotation.

  The residents were very helpful and willing to have students participate fully.