Caseload and Management of Patients

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.
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.

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 feel comfortable scrubbing and maintaining compliance with sterile techniques.

Issues of professionalism were included as a point of discussion by faculty on this rotation.

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.
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.

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

Because there were 2 new interns who were just starting, I don't think I was able to do as much as I had hoped because they had to get "checked off" on certain procedures. Also, the residents were trying to teach them and make sure they were competent and had all of their questions answered, so they weren't as focused on teaching the students. The residents were good about answering my questions, though. They also encouraged discussion about certain relevant topics.

I would have liked to do more procedures.

There was not a lot of opportunity to do vaginal checks during labor or vaginal exams, the residents did them and said the students usually don't check patients.

Oakwood, unfortunately does not have many births and a low volume clinic. It would have been nice to be able to spend one week in office with one of the attendings or go to Oakwood Main in Dearborn for one week rather than having a "float" week on service. Responsibilities on this rotation were very minimal for direct patient care. It was also very resident-dependent. One resident told me on the very first day, "I am not good at teaching so I probably won't teach you anything".

Expectations/Learning Objectives

Section Comments

I continually asked for the residents to explain what was expected of us, and I never received a straight-forward answer. I never knew if I was meeting expectations during the rotation.

The residents were very clear about what we were expected to do each day.

Osteopathic Principles and Practice

Section Comments

None of the residents used OMM. All were DOs...but none were from MSU. I did get to use some OMM on OB consult patients that I saw when I was on overnight call, but I was disappointed that I didn't get to use it more and that the residents didn't use it on their pregnant patients. I only spent a half day in the clinic, so maybe the residents used OMM more in a clinical setting, rather than on the L&D floor.

I was disappointed that the OMM residents did not do any OMM on their patients on the L&D floor. They were all DOs, but none were from MSU, so maybe they did not have much OMM training. I was able to use some OMM on my own on patients on the med/surg floor who needed an OB consult.

Dr. Butto encouraged me to perform OMM on patients regularly. I felt very supported by him to follow OPP.

Supervision/Feedback

Section Comments

The residents were very good about asking if we had any questions and covering certain topics with us.

Procedures

Section Comments

This was the first month for the new interns and new residents, so they all had to get "checked off" on their procedures so that they could take "call" on their own next month. As a result, I did not get to do an many procedures or exams as I had hoped because they needed to do a certain number. For example, after an intern did a vaginal exam and checked a laboring patient's cervix, the senior resident would also have to check, and they didn't want ANOTHER person to check the patient, too (because of increased risk of infection and likelihood of overwhelming the patient).
I was not given the opportunity to actually deliver a newborn via vaginal birth although I do feel that I may be able to complete it, if needed. I also did not actually perform an episiotomy but I feel as if I could perform one if need be.

(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 would be helpful.
It would be helpful.
It was helpful to have done a Pap smear and pelvic exam on the simulated patients in clinical skills.
I did not have a separate campus orientation for this rotation.
No.
I don't understand the statement

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

Definitely.
Yes.
Yes.
Yes.
Yes.
Sort of.

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.
They were all helpful resources.
gestational diabetes
I did not have time to watch all of the modules.
Normal delivery.
None in particular more than another.

What other types of online learning tools do you prefer?

Suturing videos would also be helpful.

A suturing and scrub module would be helpful. Other procedure modules (about different gynecologic surgeries) would be useful, as well.

online textbooks
Procedure videos and quizzes.
These were fine.
I liked using uptodate.

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

Yes.
Yes.
Yes
Yes.
Yes

What hospital orientation?

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:

Clinical Skills (1st year), Female Reproductive, and Endocrinology.

1st year-anatomy, clinical skills.
2nd year- female reproductive, endocrinology

The simulated patients in the clinical skills course. Also, the OBGYN course textbook was very helpful on this rotation.

Year 2 courses related to ob/gyn

Physiology on the Repro system, Female Reproduction, Anatomy

OBGYN/repro course.

Suture clinic, anatomy, Repro class.

Female repro

This rotation could have been improved by:

Being allowed to do more procedures.

Being able to do more specific exams and procedures.

Outlining what the role of the student will be on this rotation, and expectations for the students.

If the hospital was more busy.

Allowing the students to have more patient interaction and exam experience. Dr. Cheira, the senior resident was very good about making sure we were able to get good experience in Labor and Delivery. It could have been improved by optimizing the number of students on each month for the low volume of L&D patients. I would have also enjoyed more outpatient clinic time, perhaps in the attendings clinics.

More patients to see, time with attendings in-office, a short 1-week rotation at Oakwood main where there are is a NICU and less animosity between residents on service.

Not sure

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

The residents were really encouraging. and I enjoyed working with them.

The residents were very encouraging, friendly, and enjoyable to work with. They were always willing to answer questions and offer clarifications.

The residents were very helpful

Since I expressed my interest in OBGYN, the residents and attendings were more likely to allow me to do different procedures.

I liked the availability of the residents to answer our questions and give short lectures/discussions about topics. Dr. Borror and Seibles were great teachers and made sure we discussed the key OBGYN topics through the month.
Structure of am signouts with attending presence for teaching and the combination of clinical and surgical experience. Working with Dr. Glines and Dr. Bhutto.