This is a brief summary of the Ob-Gyn Medicine Clerkship discussion at the MEC meeting in June 2011. A formal vote with specific recommendations will be taken at the September 2011 meeting.

**General Clerkship Educational Mission and Goals (to apply to all clinical clerkships):**
The mission of each clerkship is to provide a general and broad introduction to that specific clinical discipline, in order to prepare every DMS graduate to be a complete and well trained generalist physician. More specific learning objectives include these:

- To provide each student with the opportunity to see patients with the most common and/or serious clinical conditions seen by practitioners of that discipline, so students can learn first hand about the presentation, diagnosis, clinical course, and treatment of those condition;
- To teach students the clinical skills most important to that discipline, as well as provide the opportunity for students to practice those clinical skills;
- To assist students in understanding approaches to patient care that may be unique to the discipline
- To provide broad educational experiences to enable each student to perform well on Step 2 and Step 3 exams of the USMLE exam sequence;
- To provide ongoing, constructive feedback to students regarding their performance;
- To provide a formal summative assessment of student knowledge learned and clinical skills mastered during the clerkship; and
- To provide students the opportunity, through close contact and mentoring relationships with resident and staff physicians, to consider whether they might wish to pursue future graduate training in this discipline or a related discipline.

(approved by MEC in January, 2011)

**Clerkship description:** Rebecca Pschirrer briefly introduced the clerkship, including:

- Educational Goals:
  - Develop competence in the medical interview and physical examination of women and incorporate ethical, social, and diversity perspectives to provide culturally competent health care.
  - Apply recommended prevention strategies to women throughout the life-span.
  - Recognize her/his role as a leader and advocate for women.
  - Demonstrate knowledge of preconception care including the impact of genetics, medical conditions and environmental factors on maternal health and fetal development.
  - Explain the normal physiologic changes of pregnancy including interpretation of common diagnostic studies.
• Describe common problems in obstetrics.
• Demonstrate knowledge of intrapartum care.
• Demonstrate knowledge of postpartum care of the mother and newborn.
• Describe menstrual cycle physiology, discuss puberty and menopause and explain normal and abnormal bleeding.
• Describe the etiology and evaluation of infertility.
• Develop a thorough understanding of contraception, including sterilization.
• Develop a thorough understanding of abortion.
• Demonstrate knowledge of common benign gynecological conditions.
• Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain.
• Educational Goals
• Describe common breast conditions and outline the evaluation of breast complaints.
• Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.
• Describe gynecological malignancies including risk factors, signs and symptoms and initial evaluation.
• Provide a preliminary assessment of patients with sexual concerns.

• Primary Educational Goal: Don’t be afraid of the organs of darkness.

• Structure of the Clerkship
• Clerkship sites (with demographics):
  o DHMC
  o Cheshire Medical Center, Keene NH
  o Concord Medical Center, Concord NH
  o Monadnock Medical Center, Peterborough NH
  o Southern New Hampshire Medical Center, Nashua NH
  o Hartford Hospital, Hartford CT
  o Maine Medical Center, Portland ME
  o CPMC, California Campus, San Francisco CA

Scores and comments from student evaluations (AY 2009-10): Laura Ostapenko (DMS 3) provided a summary of the scores and comments provided by students last academic year. The overall score for this clerkship score was 3.84 (good – very good), a drop from 4.14 (very good) from the previous year. Relatively strongest scores were in the areas of patient volume (3.93), quality of didactics (3.93), and quality of the attendings (3.87). The rest of the scores ranged from good to very good. The course directors scored 3.86 (good to very good), a drop from a 4.07 awarded last year, and the course coordinator scored 4.03 (very good), dropping slightly from the 4.19 last year. In all the students were fairly satisfied with the OB/Gyn clerkship.

Narrative comments revealed these themes:
• Narrative strengths (by site):
  o CPMC
    • Diverse patient population
- Exposure to different practice settings
  - Concord
    - Lack of residents → more hands on experience
    - Faculty
  - DHMC
    - Exposure to many aspects of Ob/Gyn
    - Faculty and residents
  - Hartford
    - Diverse patient population
    - Exposure to many aspects of Ob/Gyn
  - Maine Medical Center
    - Night float experience
    - Faculty and residents
  - Peterborough, NH
    - Lack of residents → more hands on experience
    - Faculty
  - Nashua, NH
    - Excellent blend of clinic, L&D, and surgery
    - Residents
- Narrative weaknesses (by site):
  - CPMC
    - Lack of structure
    - Lack of “hands on” experience
    - Hard to get to know attendings because you work with so many
  - Concord
    - Post-call until 7:00 pm? Q2 call?
    - Apartment
  - DHMC
    - Hard to switch every week
  - Hartford
    - Low expectations of the medical students
    - Resident culture – teaching, “shadowing”
    - Cost of living
  - Maine Medical Center
    - Taught primarily by residents
    - Lack of “hands on” experience
    - Medical students from UVM/Tufts
  - Peterborough, NH
    - Must be very self-directed
  - Nashua, NH
    - Attendings – “not everyone is interested in teaching”
    - Lack of “hands on” experience
Faculty appointments for teachers having substantial contact with students at every clerkship site: The clerkship is offered at 7 different sites:

- DHMC – all
- Keene – 3
- Concord – 12-15
- Peterborough – 5
- Nashua – 25
- Hartford – 8
- Maine – 35
- CPMC - 7

Students’ evaluations on AAMC Graduate Survey Class of 2010: The seniors who graduated in 2010 had taken Ob-Gyn during 2009-10. Students scored all eight required clerkships (they were not asked about geriatrics), on a score from 1 (poor) to 4 (excellent). Concerning the overall quality of the educational experience during the clerkship, DMS seniors in 2010 awarded a score of Ob-Gyn at 3.84, ranking it number 7 out of 8 clerkships.

Six more detailed questions were asked about each clerkship as well, using a scoring system from 1.0 (strongly disagree with positive statement) to 5.0 (strongly agree with positive statement). On these six questions, the mean DMS response for Ob-Gyn ranged from 3.45 (Overall willingness of attendings to offer constructive and helpful feedback) to 4.21 (Value of clerkship as an introduction to the field).

Results on NBME Shelf Exam, AY 2009-10: During AY 2009-10 the mean DMS score was 77.3, compared to a national mean score of 73.6. Most clerkships nationally lasted 8 or 6 weeks. DMS students scored higher than the national average in all 14 areas specifically assessed.

Results on USMLE Step 2 CK: We looked at mean DMS scores on Step 2 CK in the area of Ob-Gyn for students taking the exam from AY 2001-02 through 2009-10. Over the past three years, the mean DMS score was 0.19 SD above the national mean score. For that 3-year period, results in the Ob-Gyn component of Step 2 CK were in the mid-range of the clerkship areas reported.

Career choice in Medicine (categorical or primary care): For the classes of 2008, 2009, and 2010, an average of 9.2% of DMS seniors matched to a residency in Ob-Gyn, comparable to a national average figure of 5.5% over those three years. (The figure for the Class of 2011 was lower at 6.3%, but still higher than the national average.)

Specific competency tasks taught and assessed during clerkship: Dr. Pschirrer has turned in a complete grid for Ob-Gyn that states which specific competency tasks are taught during their clerkship, and how they then assess whether or not students have achieved the necessary level of mastery in each of those tasks.
Suggested “Essential” clinical skills to be practiced (learning targets) and formally assessed for competency by end of clerkship: After discussion, the following clinical skills were proposed by the clerkship, slightly modified by the MEC, and finally approved by the MEC:

**Obstetrics and Gynecology Clerkship, Essential Clinical Skills**

This clerkship has proposed, and the MEC has approved, 17 “essential” clinical skills that you must practice during the clerkship, and then demonstrate your competence to perform the skill prior to completion of the clerkship. Your final grade will be based in part on how well you meet these learning targets for practicing these skills, and whether you have demonstrated an acceptable level of competence in performing these clinical skills by the end of the clerkship. These core clinical skills (and the learning targets for each) are:

- (Interview) HPI relevant to this clerkship (Target = 25)
- (Physical Exam) Breast exam (Target = 10)
- (Physical Exam) Gestational age assessment (Target = 10)
- (Physical Exam) Pelvic exam (bimanual and speculum) (Target = 20)
- (Diagnostic test) Ultrasound, abdomen/pelvis (Target = 3)
- (Diagnostic test) Ultrasound, fetus (Target = 5)
- (Counseling) Contraception (aggregate) (Target = 7)
- (Counseling) Breast feeding (Target = 2)
- (Procedure, simple) Pap smear (Target = 5)
- (Procedure, complex) Vaginal delivery (Target = 10)
- (Operative procedure) Cesarian section (Target = 7)
- (Operative procedure) Pelvic surgery, aggregate (Target = 4)
- (Operative procedure) Vaginal surgery (Target=4)
- (Notes & presentations) Oral presentation, inpatient admission (Target = 3)
- (Notes & presentations) Oral presentation, inpatient progress (Target = 4)
- (Notes & presentations) Written note, inpatient admission (Target = 4)
- (Notes & presentations) Written note, inpatient progress note (Target = 4)

Approved by the Medical Education Committee, June 2011

Suggested “Essential” conditions and diagnoses to be seen and learned about: A similar process was established to solicit input from the leadership of the Ob-Gyn clerkship to develop new essential conditions and diagnoses that should be seen and learned about by all students, on all teaching services, in this clerkship. The final list of 14 essential conditions and diagnoses agreed upon is listed below, along with suggested learning targets:
Obstetrics and Gynecology Clerkship, Essential Clinical Conditions and Diagnoses

This clerkship has proposed, and the MEC has approved, 13 “essential” conditions or diagnoses that you must see, learn about, and help manage during the clerkship. Your final exams will test your knowledge about these conditions at the end of the clerkship. Your final grade will be based in part on how well you meet these learning targets. These essential conditions and diagnoses, and the learning targets for each one, are:

- (Routine health maintenance) Post-op care (Target = 10)
- (Routine health maintenance) Post-partum care (Target = 7)
- (Routine health maintenance) Pre-natal care, routine (Target = 15)
- (Reproductive system, female) Abortion, any type (Target = 1)
- (Reproductive system, female) Abnormal uterine bleeding (Target = 5)
- (Reproductive system, female) Dysmenorrhea (Target = 2)
- (Reproductive system, female) Labor and delivery, complicated (Target = 5)
- (Reproductive system, female) Labor and delivery, normal (Target = 10)
- (Reproductive system, female) Menopause (Target = 3)
- (Reproductive system, female) GYN cancer, any site (Target = 2)
- (Reproductive system, female) Pelvic pain (Target = 2)
- (Reproductive system, female) Uterine disease, benign (Target = 4)
- (Reproductive system, female) Vaginitis (Target = 2)

Approved by the Medical Education Committee, April 2011

Action items to be voted on:

1. Approve essential clinical skills and learning targets (to be placed on card prepared by the MEC): discussed and approved unanimously, with several minor changes

2. Approve essential conditions and diagnoses, and learning targets, (to be placed on card prepared by the MEC): discussed and approved unanimously

3. Require clerkship directors to formally assess “comparability” of all three teaching services (DHMC, VAMC, CPMC) at end of AY 2010-11, in terms of the following key indicators, as developed during earlier review of the Neurology clerkship:

   - documented practice of essential clinical skills (on DMEDS)
• demonstrated ability of students to acquire expected level of competency of these essential clinical skills (checked off at end of clerkship)
• documented instances of seeing/caring for patients with essential conditions/diagnoses (as documented in DMEDS)
• ratings by students of overall clerkship experience by site (may be aggregated in some way as selected by clerkship leadership)
• performance by students on NBME shelf exam about common psychiatric conditions and diagnoses
• final grades of students

4. **Recommend that clerkship directors, with help from their Chair and faculty colleagues, attempt to remediate specific items in the clerkship that received relatively low student ratings, including:**