The following slides contain a template that illustrates the general format used for a Y3 or Y4 clerkship review. In the “notes” section of some slides there are further instructions to clarify what is needed for a particular section of the review.

The components of the review are:

1. revisit prior action plan and investigate progress
2. assess course objectives including essential skills / diagnoses
3. evaluate planned/unplanned redundancy
4. assess pedagogy
5. evaluate assessment of course objectives
6. review measures of quality (e.g. course evaluations)

The Deans of the appropriate year, or their agents, will serve as the team leader for each course review. The responsibilities of the team leader are:

1. Assign tasks to the faculty and student team members and convey deadlines for when the work needs to be done.
2. Recruit members for the review team if necessary (typically team members will be assigned by the MEC).
3. Contact the clerkship director to arrange a meeting with the team to discuss the clerkship; inform the clerkship director of the date the review will be presented at the MEC meeting so they can put it on their calendar/indicate availability.
4. Collect all the work completed by the team members and collate into one PowerPoint presentation; collect the action plan from the clerkship director and insert it at the end of the slides; send the slides to Rachel 2 weeks before the MEC meeting.
5. Present the final recommendations of the subcommittee at the MEC meeting (last few slides)

Review of Year 3 OB/GYN Clerkship

- Clerkship occurs in Year 3
- Clerkship Directors
  - Paul Hanissian and E. Rebecca Pschirrer
- Clerkship Administrator
  - Lori Avery
- Clerkship Length – 6 weeks, 8 cycles
- Sites used
  - DH, CPMC, Concord, Nashua, Hartford, CT, SVMC, Keene, Peterborough
- Clerkship was last reviewed in Feb 2014
- Review Date/Team: 4/29/16: Dr. Oge Young (GAME), Dr. John Dick (MEC/GAME); Brenda Green (BioMed Libraries-MEC); Aaron Barnes MS4 (MEC); Alison Ricker (OCE)

Action Plan from Prior Review

- Essential Skills and Conditions
  - Provide clear alternative means to accomplish, where appropriate
    - Done
  - Change student responsibility: from manage to “manage with assist”
    - Done
  - Drop “Pap smear” from skills and add “Cervical Cancer Screening” to conditions
    - Not Done
- Learning Sessions and Activities
  - Drop “Litigation & Clinical Practice”
    - Done
  - Place Well Woman Care objectives in Ilios
    - Done
  - Consider re-distribution end of clerkship activities to start of clerkship
    - When possible, we have done so and will continue to do so
  - Increase continuity with preceptors
    - When possible, we have done so and will continue to do so

Course Objectives

	Geisel Course Objective	How Student is Assessed	Learning Activity
1	Apply appropriate reproductive medical science knowledge to patient care.	Performance Evaluations Shelf Exam Mentor Series	Ward/Clinic/OR Mentor Series
2	Recognize and incorporate current clinical and translational sciences into delivery of obstetric and gynecologic patient care.	Performance Evaluations Power Point	Ward/Clinic/OR Power point
3	Describe current knowledge of disease prevention, risk factor modification, substance abuse, pain management in clinical problems in obstetrics and gynecology.	Shelf Exam	Ward/Clinic/OR Reading
3a	Describe the current knowledge of end of life and palliative care in clinical problems in obstetrics and gynecology	Performance evaluations	Ward, Reading
3b	Describe the current knowledge of medical ethics and medical legal issues in obstetrics and gynecology	Through participation in active workshop	Workshop, Reading

Course Objectives

	Course Objective	Assessment	Learning Activity
4	Communicate effectively with patients of different social, economic and cultural backgrounds around individual and group factors that impact reproductive health.	Performance Evaluations	Ward/Clinic/OR
5	Establish comfortable and mutually respectful student-patient and student-family relationships with diverse patients and families and establish~~ing~~ a respectful basis for the doctor-patient relationship.	Performance Evaluations Observed H and P	Ward/clinic/OR Observed H and P
6	Interview patients skillfully, including a focused gynecologic and obstetric history.	Performance Evaluations Observed H and P	Ward/Clinic/OR
7	Demonstrate pelvic exam skills and suturing skills, with appropriate attention to communication, skill, cleanliness, infection control, and patient comfort and privacy.	Performance Evaluations Observed Surgical Skill	Ward/Clinic/OR Suturing Workshop Pelvic Workshop
8	Define and prioritize the patient acute and chronic problems as they relate to obstetrics and gynecology and general health (need full language in Ilios)		
9	Perform and explain the indications, complications, and limitations, of obstetric and gynecologic procedures.	Performance Eval Observed Surgical Skill Shelf Exam	Ward/Clinic/OR Lecture, Reading

Course Objectives

10	Interpret common abnormalities and findings on common gynecologic and obstetric diagnostic tests and studies, such as ultrasound, ~~Pap smears~~, cervical cancer screening and wet-preps.	PPM Shelf	Ward/Clinic/OR Reading
11	Communicate effectively with patients and families.	Performance Eval	Ward/Clinic
12	Demonstrate ability to assist patients in understanding their treatment options and motivate them to make healthy reproductive health care choices.	Performance evaluations	Ward/Clinic/OR
13	Communicate effectively and collegially with physician colleagues and other members of the health-care team verbally, in writing and in the electronic medical record.	Performance Eval PowerPoint Skills Form	Ward/Clinic/OR Communication video Communication lecture
14	Behave respectfully and responsibly towards patients, families, colleagues, and all members of the health-care team and empathize with ~~and be respectful of~~ each patient	Performance Eval Observed H and P	Ward/Clinic/OR
15	Perform professional responsibilities fully in all areas.	Performance Eval DMEDs Observed H and P	Ward/Clinic/OR
16	Adhere to high ethical and moral standards, accept responsibility for personal actions, accept constructive criticism and respect patient confidentiality.	Performance Eval Mentor Sessions	Ward/Clinic/OR PowerPoint

17	Take responsibility for ~~her or his~~ one's own medical education, and develop the habits of mindfulness and reflection.	Performance Eval Mentor Sessions Core cases Power point	Ward/Clinic/OR Powerpoint Mentor Sessions
18	Describe barriers to access to basic reproductive health services and its effect on vulnerable populations.	Performance evaluations	Ward/Clinic/OR
19	Contribute constructive feedback during peer review.	PowerPoint	PowerPoint/OR
20	Identify and critically evaluate relevant information about evidence-based, cost-conscious strategies in the care of patients and populations and to apply this to patient care and to continuous updating of skills.	Evaluations	Student Powerpoint exercise
21	Assess and discuss the effect of the environment on clinical care and outcomes and apply the concepts of improving quality of care, patient safety, and value of care.		
22	Identify and utilize appropriate resources to support patient care and compare the roles of and collaborate with all members of the nurse, nurse practioner, midwife and physician inter-professional team.	Performance Eval	Ward/Clinic/OR
23	Discuss how healthcare is currently organized, financed, and delivered, and the larger environment in which healthcare occurs and the impact on female patients.	Performance evaluation, shelf exam	Lecture
24	Identify the roles of the physician in addressing the medical consequences of common social and public health factors, and to advocate for optimal reproductive care as pertains to issues such as vaccinations, cervical cancer screening, breast cancer screening and others. (not in Ilios)	Shelf exam	Lecture, wards, reading

Course Objectives – Comments

- Appropriate number, understandable
- Covers over-arching Geisel competencies
- Updates for Ilios required
- Minor language changes

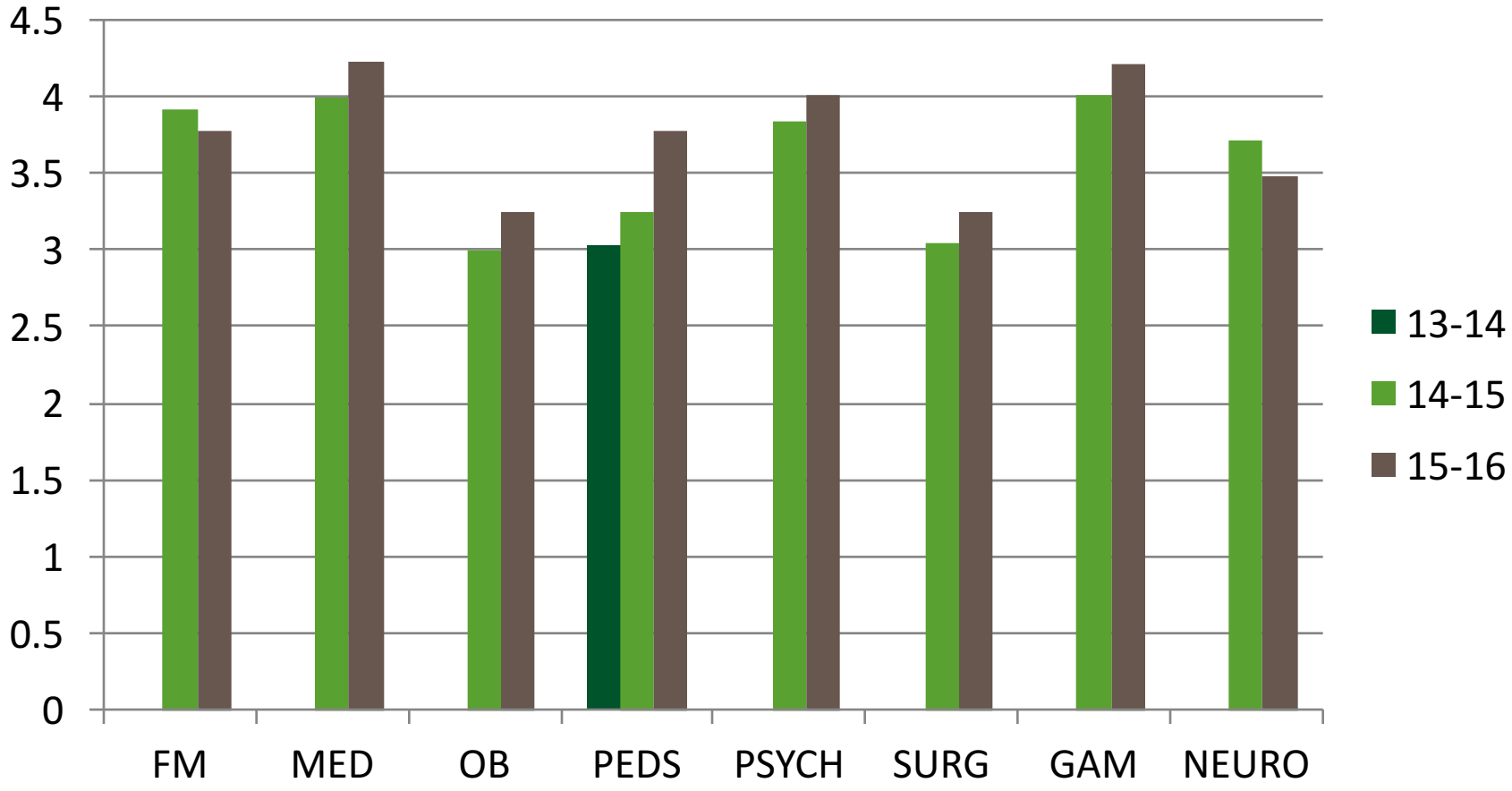
Format of Course & Session Objectives

- Course objectives are not provided in the syllabus
  - APGO objective listed instead
- Course objectives are written in the correct format
- Session objectives are mostly provided in the course materials and Ilios
  - Several "Lectures" are missing session objectives in Canvas
  - Medical and Surgical Abortion missing objectives in Ilios
  - No information on "Challenging Encounters/Reflection Rounds"
- Session objectives are mostly written in the correct format
  - "Understand" should be changed to a more measurable verb.

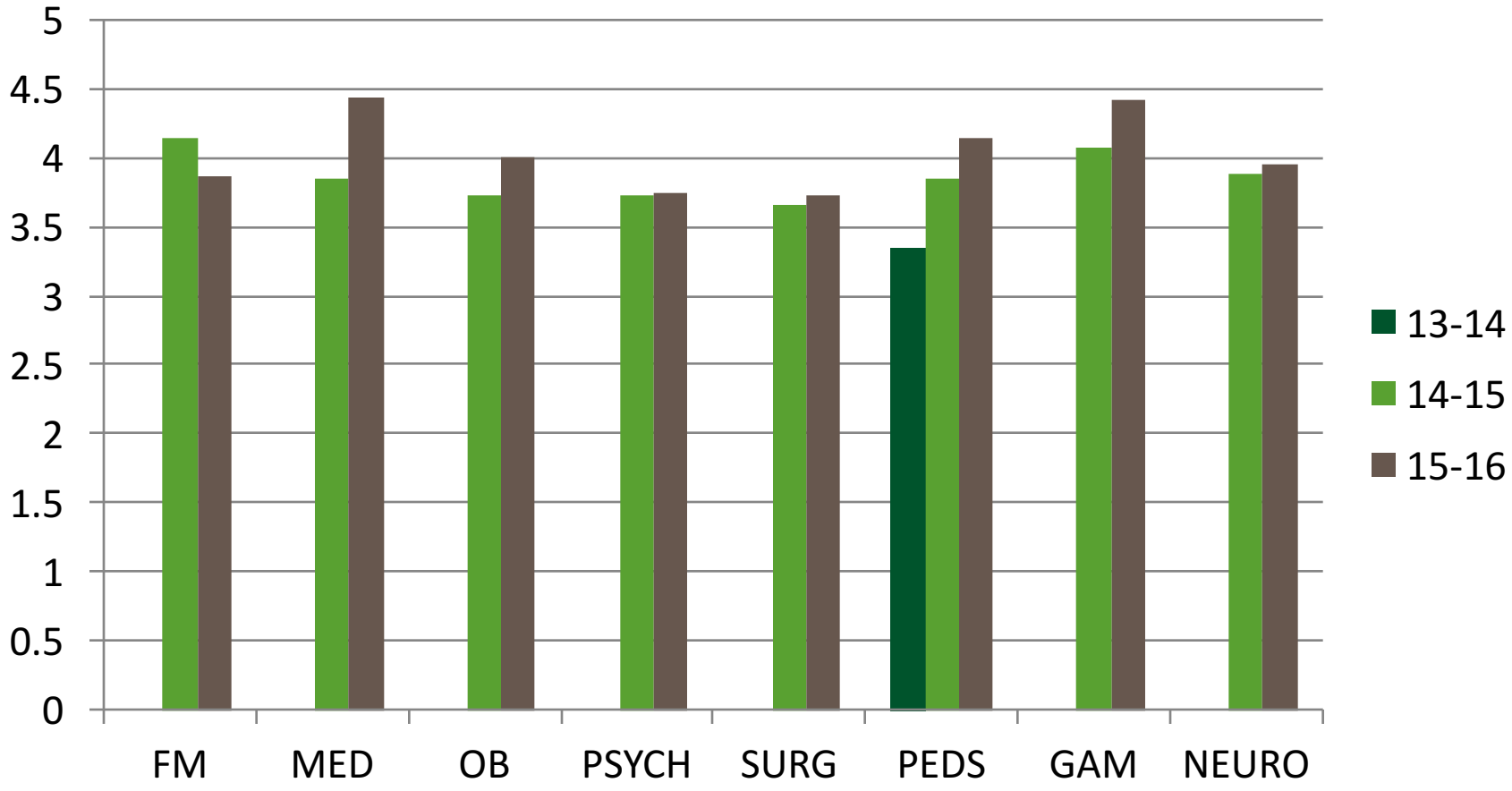
How do Y1/2 courses prepare for Y3

- Questions asked at end of clerkship
  - 1= poor and 5= excellent
- Open ended
  - More pelvic exam
  - More “normal” obstetrics requested

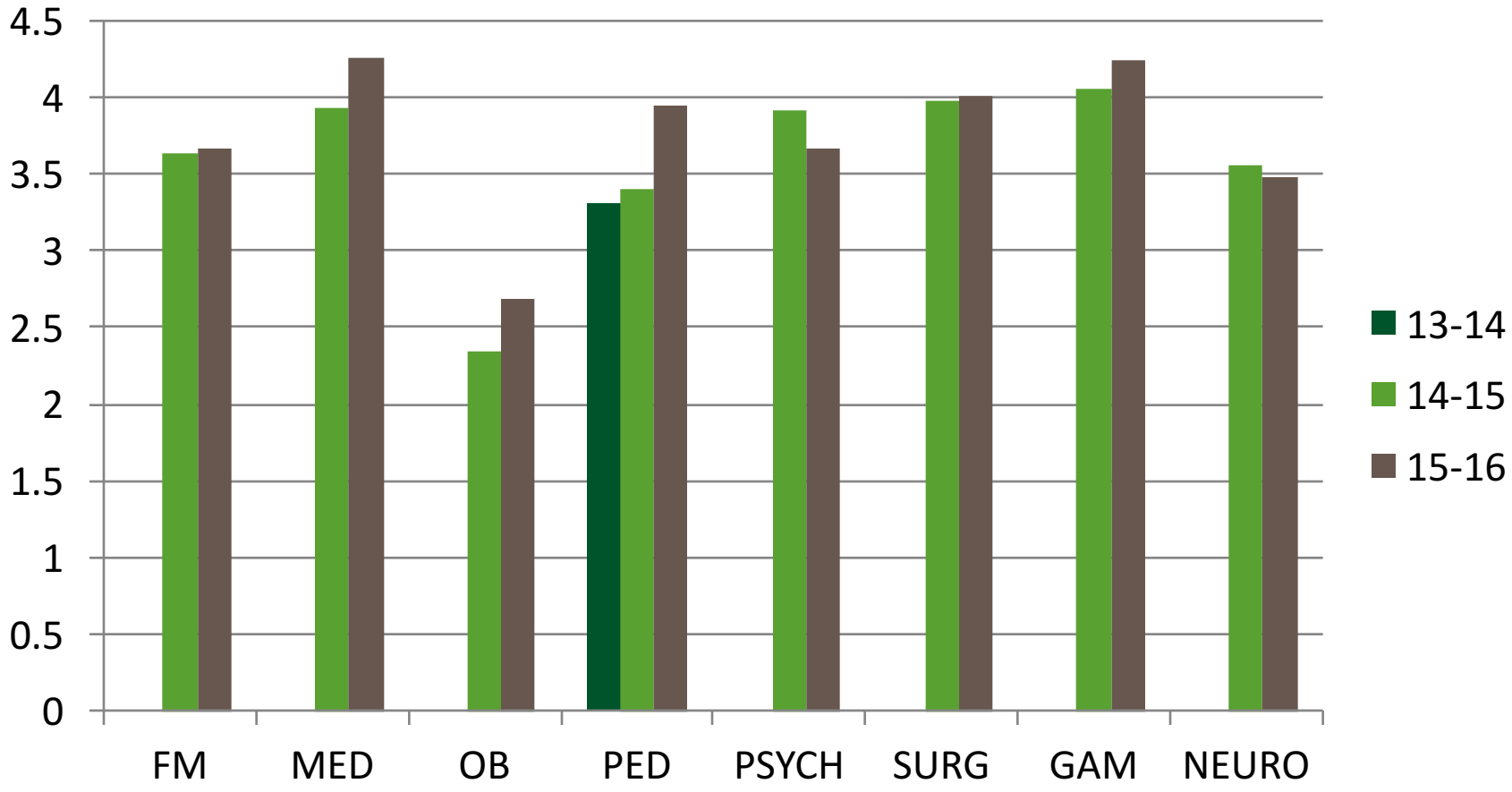
Results: Overall



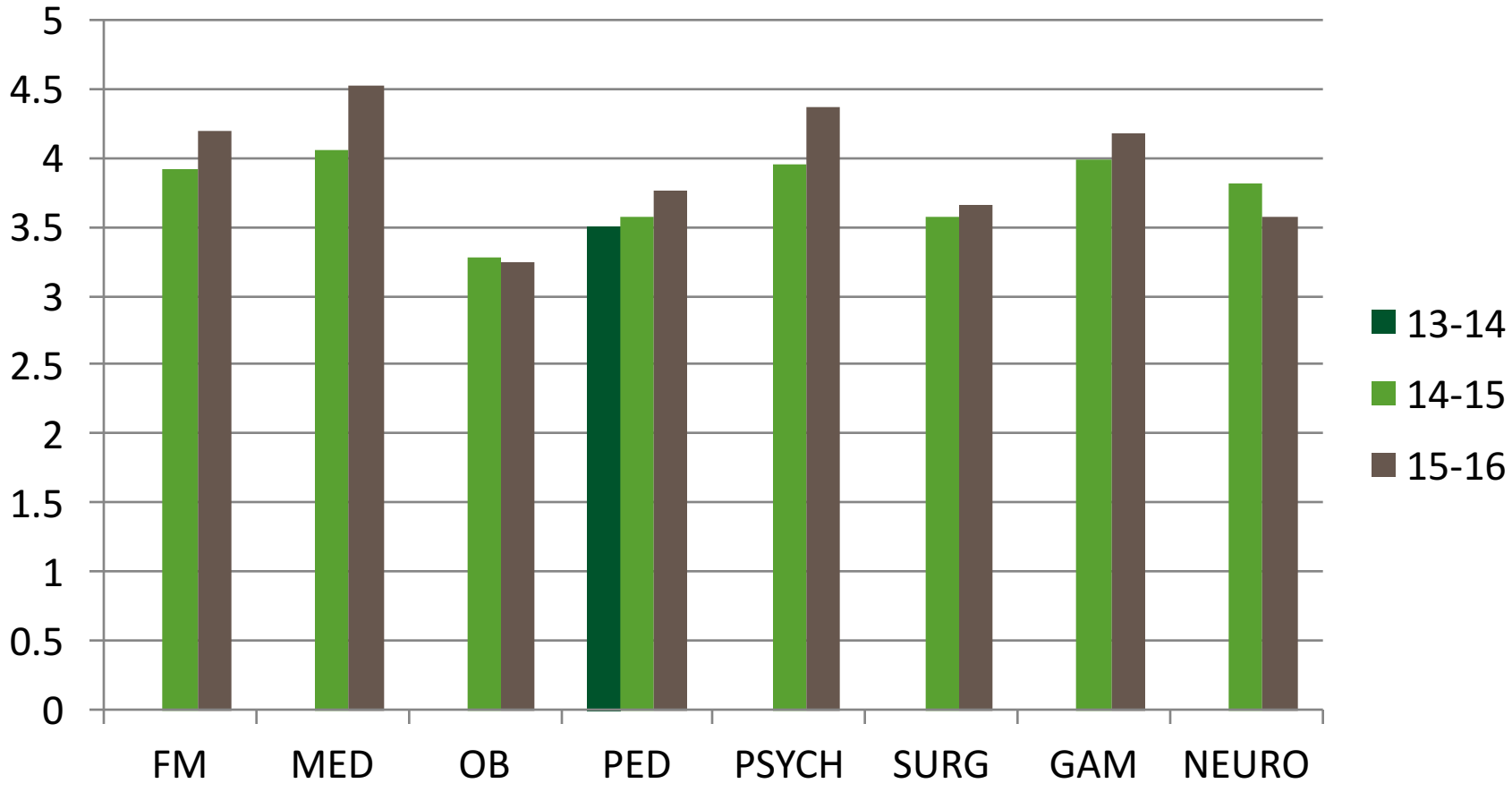
Results: Communication



Results: PE


4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
FM
MED
OB
PED
PSYCH
SURG
GAM
NEURO
13-14
14-15
15-16

Results: Medical Knowledge



Issues of Redundancy

- Are there major issues of redundancy with other courses?
  - No

Essential Skills

Breast Exam		Perform with Supervision
Cesarean section		Perform with Supervision
Contraception Counseling		Perform with Supervision
Counseling: Breast Feeding		Perform with Supervision
Gestational age assessment		Perform with Supervision
HPI relevant to clerkship		Perform with Supervision
Oral presentation, inpt admit		Perform with Supervision
Oral presentation, inpt progress		Perform with Supervision
Pelvic Exam		Perform with Supervision
Pelvic surgery		Perform with Supervision
Ultrasound abd/pelvis		Perform with Supervision
Ultrasound fetus		Perform with Supervision
Vaginal delivery		Perform with Supervision
Vaginal surgery		Perform with Supervision
Written note, inpt admit		Perform with Supervision
Written note, inpt progress		Perform with Supervision

- Are these appropriate for this clerkship? yes
- Would you add or subtract any? No
- Are there major issues of redundancy with other clerkships? No

Essential Problems

Abnormal Uterine Bleeding		Manage with Assistance
~~Abortion~~ Dis orders of Early Pregnancy/Implantation		Manage with Assistance
Cancer Screening, Cervical		Manage with Assistance
Dysmenorrhea		Manage with Assistance
Gyn Cancer		Manage with Assistance
Labor and delivery, normal		Manage with Assistance
Labor and delivery, complicated		Manage with Assistance
Menopause		Manage with Assistance
Pelvic pain		Manage with Assistance
Post-op Care	Yes (SURG)	Manage with Assistance
Post-partum care		Manage with Assistance
Prenatal care		Manage with Assistance
Uterine disease, benign		Manage with Assistance
Vaginitis		Manage with Assistance
Fertility	add	Manage with Assistance
Urogynecologic Problems	add	Manage with Assistance

- Are these appropriate for this clerkship? Yes
- Would you add or subtract any? Consider the following: Incontinence, dyspareunia; change "Abortion" to Disorders of early pregnancy/implantation
- Are there major issues of redundancy with other clerkships? No

Exploration of Ethics and Cultural Competencies

- Challenging encounters / Reflection Rounds
  - Facilitated by mid-wife and psychologist
  - Non-graded
  - No set topics

Course Learning Opportunities

- Clinical experiences
  - 5 weeks at one site with mix of Obstetrics, Outpt Clinic, Gynecology, Night Float or Call
- Conferences
  - Orientation
    - Pelvic exam communication skills
    - Knot-tying; GTA, Fetal Monitoring
    - Medical / Surgical Abortion, Normal L and D, Medical Complications
  - Dartmouth Day
    - Student presentations, Challenging Encounters, Urinary Incontinence, Gyn Onc Lectures
  - Wrap Up
    - Gyn Anatomy

Course Learning Opportunities

- Assignments
  - Online woman's imaging cases (CORE)
  - Web-based Microscopy Test (PPMP)
  - Mentor Team Topics (4 sessions covering common clinical problems/conditions – case-based)
- Structured clinical observation (SCO)
  - Labor, Surgery, Outpt
  - 3 required currently (down from 4 required last year)

Assessment

- Final Grade
  - Clinical Performance Evaluation - 40%
    - Please include copy on CANVAS
  - *NBME Written Exam - 35%
  - Dartmouth Day -Oral Presentation 10%
    - Peer to Peer Feedback and Faculty
  - Mentor Team/Chair's Tutorial 5%
  - Professionalism **ALL Required Homework 10%

- Mid clerkship feedback – self assess, review skills/conditions, assess from faculty

Measures of Quality – AAMC GQ

"Rate the quality of your educational experiences in the following clinical clerkships."
[1=poor; 2=fair; 3=good; 4=excellent]

	Geisel mean 2011	Geisel mean 2012	Geisel mean 2013	Geisel mean 2014	Geisel mean 2015	All schools means 2015
CFM	3.2	3.1	2.9	3.2	3.5	3.3
MED	3.5	3.6	3.5	3.6	3.6	3.5
NEURO	3.1	3.4	2.7	3.1	3.1	3.1
OBGYN	3.1	3.0	3.0	3.1	3.2	3.2
PEDS	3.3	3.1	3.2	3.5	3.6	3.4
PSYCH	3.5	3.6	3.4	3.7	3.6	3.3
SURG	3.0	2.8	2.9	3.1	3.3	3.3

Measures of Quality – AAMC GQ

Percent answering Yes to question (goal is 100%)

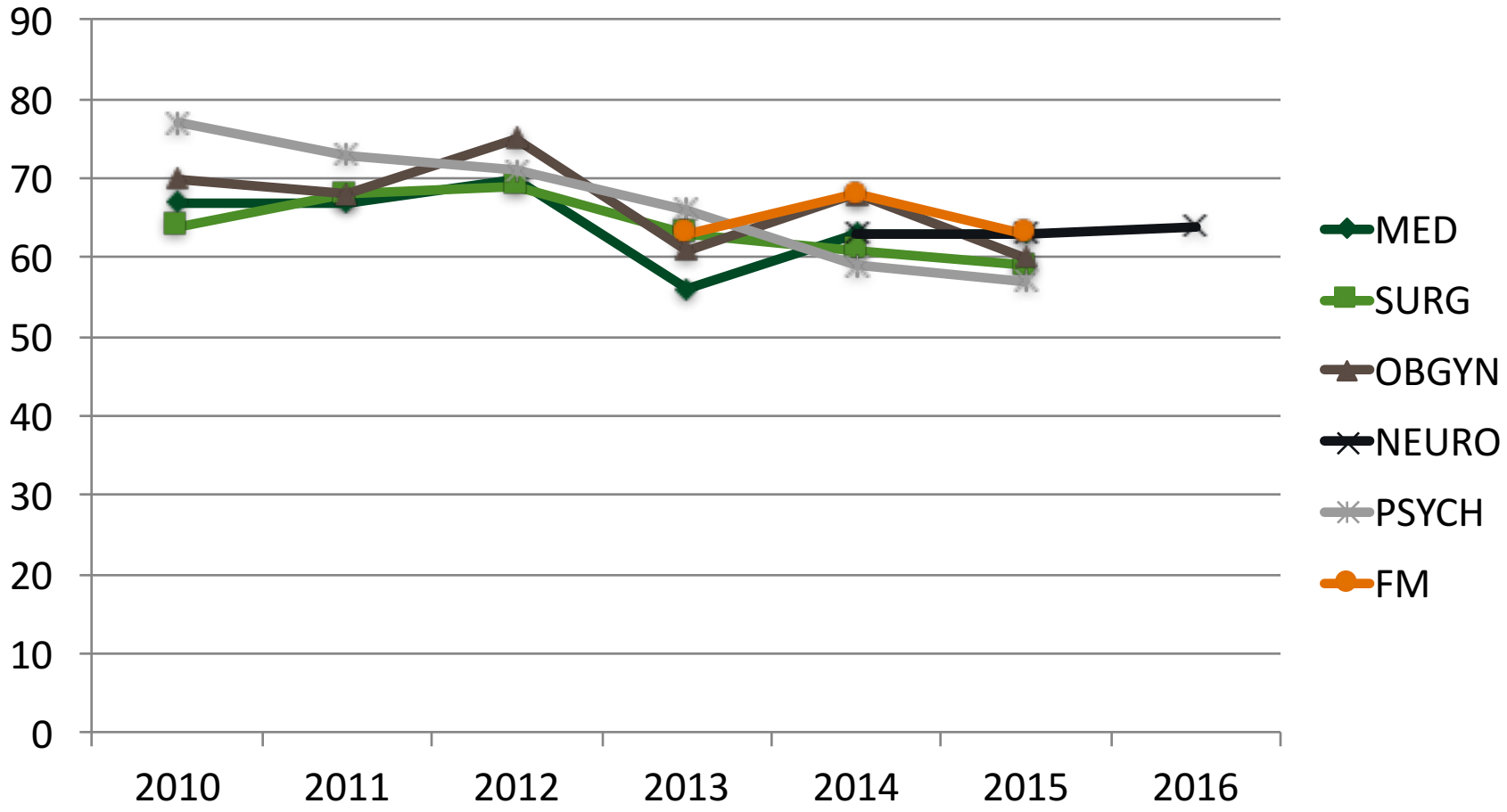
OBGYN	Geisel 2014	Geisel 2015	All Schools 2015
Observed taking relevant portions of pt history?	90.5	79.5	78.9
Observed performing relevant portions of physical or MSE?	97.6	93.2	88.8
Provided with mid clerkship feedback?	94	95.9	92.3

Measures of Quality – AAMC GQ

Scale: Strongly Disagree – 1 – Neutral -3 - Strongly Agree - 5

OBGYN	Geisel 2014	Geisel 2015	All Schools 2015
Faculty provided effective teaching	3.9	3.9	4.0
Residents provided effective teaching	4.1	4.1	4.0

NBME "Shelf" Score Percentiles

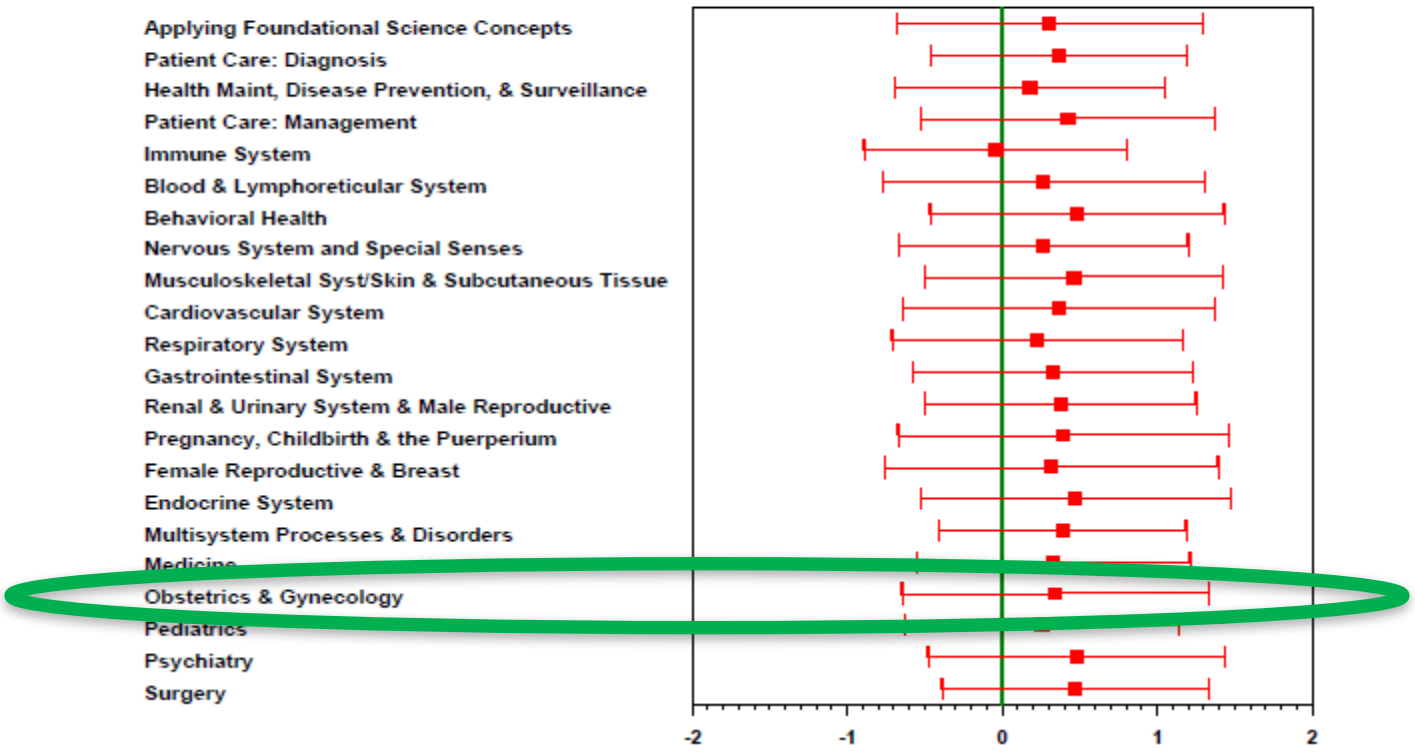


Measures of Quality – Step II CK

NATIONAL BOARD OF MEDICAL EXAMINERS®

Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK)
for the First Time in the Academic Year
July 2014 to June 2015

Medical School: 030-010 Geisel School of Medicine at Dartmouth



**values depicted are SD above the US/Can mean for Geisel mean scores*

Measures of Quality – Course Evaluation

Clerkships	Overall Satisfaction AY 2014-2015
PEDS	4.5
MED	4.5
CFM	4.5
PSYCH	4.3
OBGYN	4.2
SURG	4.2
GAM	4.2
NEURO	4.0

scale [1=poor; 2=fair; 3=good; 4=very good; 5=excellent]

Measures of Quality – Course Evaluation

scale [1=poor; 2=fair; 3=good; 4=very good; 5=excellent]

Obstetrics	**2013-14**	**2014-15**	2015-16*
Overall Experience	4.16	4.17	3.96
Objectives well defined and clearly presented	4.39	4.46	4.39
Ability for Y1 and 2 to prepare me for this clerkship	n/a	2.99	3.25
Expectations well defined and clear	4.17	4.18	3.95
Volume adequate for learning	4.43	4.37	4.37
Variety of dx adequate for learning	4.22	4.17	4.23
Quality of teaching by attendings	4.2	4.36	4.32
Quality of teaching by residents	4.05	4.0	3.5
Site Directors responsive to concerns	4.61	4.56	4.45
Methods used to eval student performance made clear	4.18	4.13	3.89
Quality of mid-clerkship feedback	3.8	3.79	3.54

Measures of Quality – Student Comments

Strengths:

- Clerkship is very well organized with many students mentioning clerkship coordinator Lori Avery by name as a significant strength
- Many students highlighted the diversity in both pathology and patient populations across the various sites.
- Faculty and instructors who were engaged and prioritized medical student involvement and education were identified across all site locations.
- Students expressed that they appreciated returning to DHMC on three separate occasions rather than weekly as is the case on other clerkships.
- Many students identified the “Challenging Encounters/Reflective Rounds” session as extremely valuable and appreciated the opportunity to reflect on their experiences.
- Students found the pelvic exam instructional/practice session to be valuable and important.

Measures of Quality – Student Comments

Weaknesses/Areas for Improvement:

- Numerous students identified amount of required paperwork to be burdensome.
- Students across several sites suggested that schedules attempt to be arranged to allow for longer stretches working with the same group of residents or attendings so as to allow for more consistency and better feedback.
- At CPMC, several students identified the large number of attendings and suggested that a list of the stellar educators and mentors be provided so as to improve the overall experience.
- Several students identified a need for EMR orientation at Nashua site so as to allow for greater student involvement in patient care.
- One student reported overhearing racist comments made by nurses at Hartford site in addition to patients receiving very different care based upon insurance status.

Measures of Quality – Student Comments

- Attempt to decrease the amount of required paperwork or digitize some of the evaluations
- Work to arrange student schedules in a way that allow for greater consistency
- Consider addition brief EMR orientation at Nashua site
- Address concern regarding nursing behavior/comments with Hartford site director

Recommendations

- Objectives
  - Minor modifications to language as indicated:
    - 5 – change “establishing” to “establish”
    - 10 – change “Pap Smear” to “cervical cancer screening”
    - 12 – change “motivating” them to “motivate” them
    - 14 – “respectful” is redundant, consider removing last portion of the phrase.
    - 15 – add “in all areas”
    - 17 – remove gender specific pronouns – “one’s own medical education”
    - 8 & 24 – end of statements are cut off in Ilios.
  - Add MEC approved Learning Objectives to CANVAS site

Recommendations

- Essential Skills / Conditions
  - Change “Abortion” to “Disorders of early pregnancy/implantation” to more broadly cover the topic
  - Consider adding the following:
    - Fertility, Urogynecologic problems- like incontinence.
- Continue to work with Director at CPMC to find ways to increase time spent with more valued educators
- Address EMR issue in Nashua and RN concern in Hartford
- Continue to find ways to increase team/preceptor – student continuity while emphasizing to students that OBGYN is different from other clerkships given the multiple services they are on in a short 5 weeks

Action Plan

- Course objectives: see corrections in red.
- Ilios Course Administrator- add deleted portions of objectives 8 and 24.
- MEC approved Goals of Clerkship have been added to CANVAS (to be edited pending approval tonight)

Action Plan

- Essential Skills / Conditions
  - ✓ Change “Abortion” to “Disorders of early pregnancy/implantation” to more broadly cover the topic
  - ✓ Add the following: Fertility, Urogynecologic problems.
- ✓ Continue to work with Director at CPMC to find ways to increase time spent with more valued educators
- ✓ Addressed EMR issue in Nashua
- ✓ Addressed RN concern in Hartford on exit interview day.
- ✓ Continue to find ways to increase team/preceptor – student continuity: Mentor Team(s), Local Clerkship Director, Call schedule with consistent attending or resident. Smaller sites do not have this issue.
- ✓ Emphasized to students that OBGYN is different from other clerkships given the multiple services they are on in a short 5 weeks

Action Plan

- **Session objectives in the course materials and Ilios**
  - Medical and Surgical Abortion missing objectives in Ilios
    - Will update lecture in Ilios and CANVAS to include objectives
  - No information on "Challenging Encounters/Reflection Rounds" – (Discussion/workshop)
    - Facilitator asked for email to be sent one week prior to session.
- **Course objectives are not provided in the syllabus**
  - APGO objective listed instead
    - OB Course Objectives are added.