The following slides contain a template that illustrates the general format used for an On-Doctoring, 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:

<table>
<thead>
<tr>
<th>Task</th>
<th>Who Completes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revisit prior action plan and investigate progress</td>
<td>Clin Ed Manager and Clerkship Director</td>
</tr>
<tr>
<td>List course objectives and course content including essential skills and diagnoses</td>
<td>Clerkship Coordinator and Clin Ed Manager (session objectives)</td>
</tr>
<tr>
<td>Examine mapping of course objectives</td>
<td>Clerkship Director</td>
</tr>
<tr>
<td>Evaluate planned/unplanned redundancy</td>
<td>Clerkship Director</td>
</tr>
<tr>
<td>Look back for key concepts that need preparation and material in prior coursework</td>
<td>Clerkship Director</td>
</tr>
<tr>
<td>Look for Health and Values and other VIG content</td>
<td>Clerkship Director</td>
</tr>
<tr>
<td>List Grading Criteria</td>
<td>Clerkship Coordinator</td>
</tr>
<tr>
<td>List how each course objective is assessed/evaluated</td>
<td>Clerkship Coordinator</td>
</tr>
<tr>
<td>Review measures of quality – Grad Questionnaire, USMLE scores, Course Eval numbers</td>
<td>Clin Ed Manager</td>
</tr>
<tr>
<td>Review measures of quality---Student Evaluation Comments (Student MEC Representatives)</td>
<td>Student MEC Representative</td>
</tr>
</tbody>
</table>
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. Recruit members for the review team along with the MEC
2. Assign tasks to the clerkship director, clerkship coordinator, clin ed manager and student MEC reps, and convey deadlines for when the work needs to be done.
3. Contact the clerkship director to inform them of the date the review will be presented at the MEC meeting so they can put it on their calendar/indicate availability.
4. Ask clin ed manager to convene a Course Review meeting for the clerkship review team/committee
5. Collect all the work completed by the clerkship director, clerkship coordinator, clin ed manager, and student MEC reps, and summarize the assessments and overall recommendations of the Course Review committee and collate into this PowerPoint presentation;
6. 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.
7. Present the final recommendations of the subcommittee at the MEC meeting (last few slides)
Review of OBGYN Clerkship

• Clerkship occurs in Year 3
• Clerkship Director(s) – Dr. Rebecca Pschirrer, Dr. Paul Hanissian
• Clerkship Coordinator – Lori Avery
• Clerkship is 6 weeks long
• Clerkship was last reviewed in April 2016
• Current Review: Jan 2018
Action Plan from Prior Review

• 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
• **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.
Course Objectives

• Apply appropriate reproductive medical science knowledge to patient care.
• Recognize and incorporate current clinical and translational sciences into delivery of obstetric and gynecologic patient care.
• Describe current knowledge of disease prevention, risk factor modification, substance abuse, pain management, in clinical problems in obstetrics and gynecology.
• Describe current knowledge of end-of-life and palliative care in clinical problems in obstetrics and gynecology.
• Describe current knowledge of medical ethics and medical-legal issues in clinical problems in obstetrics and gynecology.
Course Objectives

• Communicate effectively with patients of different various social, economic and cultural backgrounds around individual and group factors that impact reproductive health.

• Establish comfortable and mutually respectful student-patient and student-family relationships with diverse patients and families and establishing a respectful basis for the doctor-patient relationship.

• Interview patients skillfully, including a focused gynecologic and obstetric history

• Demonstrate pelvic exam skills and suturing skills on patients, with appropriate attention to communication, skill, cleanliness, infection control, and patient comfort and privacy

• Define and prioritize the patient's acute and chronic problems as they relate to obstetrics and gynecology and general health

• Perform and explain the indications, complications, and limitations, of obstetric and gynecologic procedures.
Course Objectives

- Interpret common abnormalities and findings on common gynecologic and obstetric diagnostic tests and studies, such as ultrasound, cervical cancer screening, and wet-preps.
- Communicate effectively with patients and families when special needs or barriers to communication (including cultural, linguistic or those based on a medical disorder) exist.
- Demonstrate ability to assist patients in understanding their treatment options and motivating them to make healthy reproductive health care choices.
- Communicate effectively and collegially with physician colleagues and other members of the health-care team verbally, in writing and in the electronic medical record.
- Behave respectfully and responsibly towards patients, families, colleagues, and all members of the health-care team and empathize with each patient.
- Perform professional responsibilities fully in all areas.
- Adhere to high ethical and moral standards, accept responsibility for personal actions, accept constructive criticism and respect patient confidentiality.
Course Objectives

• Take responsibility for one's own medical education, and develop the habits of mindfulness and reflection.
• Describe barriers to access to basic reproductive health services and its effect on vulnerable populations.
• Contribute constructive feedback during peer review
• 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.
• 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.
• Identify and utilize appropriate resources to support patient care and compare the roles of and collaborate with all members of the inter-professional team.
• Discuss how healthcare is currently organized, financed, and delivered, and the larger environment in which healthcare occurs and the impact on female patients.
• 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.
Course Objectives – Comments

- Comments about objectives
  - Describe course well however perhaps too many to truly focus on
  - Recommended Changes:
    - Remove 4 “Describe current knowledge of end-of-life and palliative care in clinical problems in obstetrics and gynecology” as this is not covered for all students at all sites and is not a focus of the clerkship.
    - Edit 6 as follows “Communicate effectively with patients of various social, economic and cultural backgrounds around individual and group factors that impact reproductive health” as extra language is not particularly helpful.
    - Edit 7 as follows “Establish comfortable and mutually respectful student-patient and student-family relationships with diverse patients and families and establishing a respectful basis for the doctor-patient relationship” as the latter phrase seems redundant.
    - Edit 13 as follows “Communicate effectively with patients and families when special needs or barriers to communication (including cultural, linguistic or those based on a medical disorder) exist.” as the latter qualifiers are too specific.
    - Change 21 “Contribute constructive feedback during peer review” to a session objective rather than a course objective as it is very specific and feeds into course objectives 15 and 16.
• Recommended changes (cont.)
  – Remove 23 “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” as this is not a major objective of the course.
  – Remove 25 “Discuss how healthcare is currently organized, financed, and delivered, and the larger environment in which healthcare occurs and the impact on female patients” as this should actually be a session objective that rolls up into course objective 23.
• Appropriately mapped.
Format of Course & Session Objectives

• Course objectives are provided in the syllabus
• Course objectives are written in the correct format
• Session objectives are provided in the course
• Session objectives are written in the correct format
  – Session objectives for Challenging Encounters could be more specific rather than just noting course objectives
    • Consider the following:
      – “Discuss clinical encounters that have challenged you in an emotional, ethical or interpersonal way.”
      – “Extend understanding of ways to work through difficult situations”
Issues of Redundancy

• Are there major issues of redundancy with other courses?
  – No, we searched the terms Pregnancy, Labor and Delivery, Vaginal Bleeding and found only appropriate introduction to these concepts in Year 2 SBM Reproduction.
  – The Year 2 SBM Reproduction course director was present for this review and did not see areas of unintended redundancy.
Look back for preparation on key concepts

• Are there major issues that should be included with other courses?
  – No topics that are not already covered
Vertical Integration/Preparation

- Rate training from Year 1 and 2 to prepare you this clerkship overall
Vertical Integration/Preparation

- Rate training from Year 1 and 2 to prepare you this clerkship communication:
Vertical Integration/Preparation

- Rate training from Year 1 and 2 to prepare you this clerkship

**Physical Exam:**

<table>
<thead>
<tr>
<th>Year</th>
<th>FM</th>
<th>MED</th>
<th>OB</th>
<th>PED</th>
<th>PSYCH</th>
<th>SURG</th>
<th>GAM</th>
<th>NEURO</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-15</td>
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<td>15-16</td>
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<td>16-17</td>
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</tbody>
</table>
Vertical Integration/Preparation

- Rate training from Year 1 and 2 to prepare you this clerkship

Medical Knowledge:
Pre-clinical Preparation

• We discussed that more OBGYN history taking could be included in On-Doctoring, specifically a more indepth review of how to review prior pregnancies, deliveries, complications, menses (pads per day as example).
**Health and Values Goals**

*Ethics* – “Identify key concepts in health care ethics and demonstrate an ability to recognize ethical issues arising in patient care and population health and to think critically and systematically in applying an ethical analysis”

*Cultural Awareness* – “Demonstrate an understanding and skill in managing patient care of people of diverse cultures, social, economic standing and belief systems”

*Health Equity* – “Identify the root causes and approaches for addressing health disparities locally and globally”

*Resilience* – Demonstrate knowledge of skills and practices to prevent and address stress and maintain resilience in caring for patients and oneself

*Compassion and Empathy* – “Demonstrate abilities to understand each patient’s experience of illness, adapt scientifically appropriate care to conform to that patient’s needs, and communicate in terms that each patient can understand”

There also are synergies to health law, communication skills, professionalism (as LCME requires).
What Health and Values Program material (healthcare ethics, cultural awareness, health equity, resilience, compassionate care) is presented in the course?

– Challenging Encounters Session
  • Ethics, resiliency and compassion discussed
  • Facilitated by Midwife and Psychologist

– SBP and PBLI
  • Health Equity topics covered
Health and Values Content

- Are the Health and Values topics noted in the course and session objectives?
  - Course Objectives
    - Describe current knowledge of medical ethics and medical legal issues in clinical problems
    - Communicate effectively with patients of different social, economic and cultural backgrounds
    - Communicate effectively with patients and families when special needs or barriers to communication exist.
    - Adhere to high ethical and moral standards...
    - Describe barriers to access to basic reproductive health services and its effect on vulnerable populations.
    - Identify the roles of the physician in addressing the medical consequences of common social and public health factors...
What do the student evaluations indicate regarding Health and Values teaching?

– 50% Agreed or Strongly Agreed that the Challenging Encounters extended their understanding of ways to work through difficult situations
What Nutrition content is presented in the clerkship?
• No formal nutrition content noted

Are Nutrition topics noted in the course and session objectives?
• No nutrition content noted in course or session objectives
Recommendations for Nutrition Education:

1. Utilize available resources (Nutrition in Medical Education Program Rima.Al-Nimr@Dartmouth.edu) for development and dissemination of course nutrition content as needed.

2. Pertinent Nutrition topics: Micronutrient supplementations, weight gain guidelines, effects of obesity on reproductive outcomes, gestational diabetes nutrition counseling, nutrition counseling for multiple pregnancy, nutrition in teen pregnancy; nutrition treatment in hyperemesis gravidarum, nutrition in pregnancy after bariatric surgery, nutrition for breastfeeding moms
## Essential Skills

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Level of Supervision</th>
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</thead>
<tbody>
<tr>
<td>Breast Exam</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Cesarean section</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Contraception Counseling</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Counseling: Breast Feeding</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Gestational age assessment</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>HPI relevant to clerkship</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Oral presentation, inpt admit</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Oral presentation, inpt progress</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Pelvic Exam</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Pelvic surgery</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Ultrasound abd/pelvis</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Ultrasound fetus</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Vaginal delivery</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Vaginal surgery</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Written note, inpt admit</td>
<td>Perform with Supervision</td>
</tr>
<tr>
<td>Written note, inpt progress</td>
<td>Perform with Supervision</td>
</tr>
</tbody>
</table>

- 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 Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal Uterine Bleeding</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Dis orders of Early Pregnancy/Implantation</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Cancer Screening, Cervical</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Dysmenorrhea</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Gyn Cancer</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Labor and delivery, normal</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Labor and delivery, complicated</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Menopause</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Pelvic pain</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Post-op Care</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Post-partum care</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Uterine disease, benign</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Vaginitis</td>
<td>Manage with Assistance</td>
</tr>
<tr>
<td>Fertility</td>
<td>Add ??? Manage with Assistance</td>
</tr>
<tr>
<td>Urogynecologic Problems</td>
<td>Add ??? Manage with Assistance</td>
</tr>
</tbody>
</table>

- Are these appropriate for this clerkship? Yes
- Would you add or subtract any? No
- Are there major issues of redundancy with other clerkships? No
• Controversy on whether to add “Fertility” and “Urogynecologic Problems” to essential conditions.
  
  – Course directors felt these were not universally seen at all sites and therefore would be difficult to guarantee.
  
  – Discussed that virtual cases could be used but that if majority of encounters were virtual that this would not make sense.
  
  – These were voted to be added during the last MEC review but somehow were not included on OASIS checklist.
  
  – “Abortion” was supposed to be changed to “Disorders of Early Pregnancy/Implantation” however this was not changed on OASIS either.
Course Learning Opportunities

• Clinical experiences
  – 5 weeks at one site with mix of Obstetrics, Outpt Clinic, Gynecology, Night Float or Call

• Conferences (Orientation, 1 day mid rotation back at DH, and Wrap up on Monday)
  – Pelvic exam communication skills
  – Knot-tying, GTA, Fetal Monitoring, Incontinence
  – Medical / Surgical Abortion, Normal L and D, Medical Complications, Problem Based Learning / Systems Based Learning, Prolapse
  – Student presentations, Challenging Encounters, Gyn Onc Lectures, Vulvar Lectures, Well Women Care
Course Learning Opportunities

• Assignments
  – Online woman’s imaging cases (CORE) discontinued due to student dissatisfaction
  – Student Presentation with peer feedback
  – Web-based Microscopy Test (PPMP)
  – Mentor Team Topics (4 sessions covering 12 common clinical problems/conditions – case-based)

• Structured clinical observation (SCO)
  – Labor, Surgery, Outpt
  – 3 required currently
Assessment

• Mid Clerkship Review with faculty and Director
• Final Review with faculty and Director
• Final Grade
  – Clinical Performance Evaluation - 40%
  – 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%
<table>
<thead>
<tr>
<th>Geisel Course Objective</th>
<th>How Student is Assessed</th>
<th>Learning Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Apply appropriate reproductive medical science knowledge to patient care.</td>
<td>Performance Evaluations, Shelf Exam,</td>
<td>Ward/Clinic/OR Mentor</td>
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<tr>
<td></td>
<td>Mentor Series</td>
<td>Series</td>
</tr>
<tr>
<td>2 Recognize and incorporate current clinical and translational sciences into delivery</td>
<td>Performance Evaluations, Power Point</td>
<td>Ward/Clinic/OR Power</td>
</tr>
<tr>
<td>of obstetric and gynecologic patient care.</td>
<td></td>
<td>point</td>
</tr>
<tr>
<td>3 Describe current knowledge of disease prevention, risk factor modification, substance</td>
<td>Shelf Exam</td>
<td>Ward/Clinic/OR Reading</td>
</tr>
<tr>
<td>abuse, pain management in clinical problems in obstetrics and gynecology.</td>
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</tr>
<tr>
<td>3a Describe the current knowledge of end of life and palliative care in clinical</td>
<td>Performance evaluations</td>
<td>Ward, Reading</td>
</tr>
<tr>
<td>problems in obstetrics and gynecology</td>
<td></td>
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<tr>
<td>3b Describe the current knowledge of medical ethics and medical legal issues in</td>
<td>Through participation in active</td>
<td>Workshop, Reading</td>
</tr>
<tr>
<td>obstetrics and gynecology</td>
<td>workshop</td>
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</tbody>
</table>
## Assessment for Course Objectives

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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Assessment Methods</th>
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<tbody>
<tr>
<td>10</td>
<td>Interpret common abnormalities and findings on common gynecologic and obstetric diagnostic tests and studies, such as ultrasound, cervical cancer screening and wet-preps.</td>
<td>PPM Shelf Ward/Clinic/OR Reading</td>
</tr>
<tr>
<td>11</td>
<td>Communicate effectively with patients and families.</td>
<td>Performance Eval Ward/Clinic</td>
</tr>
<tr>
<td>12</td>
<td>Demonstrate ability to assist patients in understanding their treatment options and motivate them to make healthy reproductive health care choices.</td>
<td>Performance evaluations Ward/Clinic/OR</td>
</tr>
<tr>
<td>13</td>
<td>Communicate effectively and collegially with physician colleagues and other members of the health-care team verbally, in writing and in the electronic medical record.</td>
<td>Performance Eval Ward/Clinic/OR PowerPoint Skills Form Communication video Communication lecture</td>
</tr>
<tr>
<td>14</td>
<td>Behave respectfully and responsibly towards patients, families, colleagues, and all members of the health-care team and empathize with each patient</td>
<td>Performance Eval Ward/Clinic/OR Observed H and P</td>
</tr>
<tr>
<td>15</td>
<td>Perform professional responsibilities fully in all areas.</td>
<td>Performance Eval OASIS Ward/Clinic/OR Observed H and P</td>
</tr>
<tr>
<td>16</td>
<td>Adhere to high ethical and moral standards, accept responsibility for personal actions, accept constructive criticism and respect patient confidentiality.</td>
<td>Performance Eval Mentor Sessions Ward/Clinic/OR PowerPoint</td>
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<tr>
<td>Course Objectives</td>
<td>Performance Eval</td>
<td>Ward/Clinic/OR</td>
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<tr>
<td>17. Take responsibility for one's own medical education, and develop the habits</td>
<td>Mentor Sessions</td>
<td>Powerpoint, Mentor Sessions</td>
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<tr>
<td>of mindfulness and reflection.</td>
<td>Core cases</td>
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<td></td>
<td>Power point</td>
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<tr>
<td>18. Describe barriers to access to basic reproductive health services and its</td>
<td>Performance evaluations</td>
<td>Ward/Clinic/OR</td>
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<td>effect on vulnerable populations.</td>
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<tr>
<td>19. Contribute constructive feedback during peer review.</td>
<td>PowerPoint</td>
<td>PowerPoint/OR</td>
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<tr>
<td>20. Identify and critically evaluate relevant information about evidence-based,</td>
<td>Evaluations</td>
<td></td>
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<tr>
<td>cost-conscious strategies in the care of patients and populations and to apply</td>
<td></td>
<td>Student Powerpoint exercise</td>
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<td>this to patient care and to continuous updating of skills.</td>
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<tr>
<td>21. Assess and discuss the effect of the environment on clinical care and outcomes</td>
<td>???</td>
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<tr>
<td>and apply the concepts of improving quality of care, patient safety, and value of</td>
<td></td>
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<tr>
<td>care.</td>
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<tr>
<td>22. Identify and utilize appropriate resources to support patient care and</td>
<td>Performance Eval</td>
<td>Ward/Clinic/OR</td>
</tr>
<tr>
<td>compare the roles of and collaborate with all members of the nurse, nurse</td>
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<tr>
<td>practitioner, midwife and physician inter-professional team.</td>
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<tr>
<td>23. Discuss how healthcare is currently organized, financed, and delivered, and</td>
<td>Performance evaluation, shelf exam</td>
<td>Lecture</td>
</tr>
<tr>
<td>the larger environment in which healthcare occurs and the impact on female</td>
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<tr>
<td>patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Identify the roles of the physician in addressing the medical consequences of</td>
<td>Shelf exam</td>
<td>Lecture, wards, reading</td>
</tr>
<tr>
<td>common social and public health factors, and to advocate for optimal reproductive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>care as pertains to issues such as vaccinations, cervical cancer screening, breast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cancer screening and others.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
"Rate the quality of your educational experiences in the following clinical clerkships."
Likert Range: Poor, Fair, Good, Excellent. Reporting % in top two categories (Good or Excellent) below.

<table>
<thead>
<tr>
<th>Clerkship</th>
<th>Geisel mean 2013</th>
<th>Geisel mean 2014</th>
<th>Geisel mean 2015</th>
<th>Geisel mean 2016</th>
<th>Geisel mean 2017</th>
<th>All schools means 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFM</td>
<td>70.3</td>
<td>77.4</td>
<td>93.2</td>
<td>83.8</td>
<td>90.5</td>
<td>85.7</td>
</tr>
<tr>
<td>MED</td>
<td>91.4</td>
<td>96.5</td>
<td>85.9</td>
<td>92.6</td>
<td>92.0</td>
<td>91.2</td>
</tr>
<tr>
<td>NEURO</td>
<td>58.0</td>
<td>82.7</td>
<td>78.9</td>
<td>72.9</td>
<td>71.1</td>
<td>76.7</td>
</tr>
<tr>
<td>OBGYN</td>
<td>72.3</td>
<td>73.8</td>
<td>75.4</td>
<td>73.5</td>
<td>68.2</td>
<td>79.4</td>
</tr>
<tr>
<td>PEDS</td>
<td>86.2</td>
<td>96.2</td>
<td>95.9</td>
<td>75.0</td>
<td>85.7</td>
<td>86.3</td>
</tr>
<tr>
<td>PSYCH</td>
<td>90.5</td>
<td>97.6</td>
<td>94.6</td>
<td>91.2</td>
<td>95.2</td>
<td>87.3</td>
</tr>
<tr>
<td>SURG</td>
<td>63.8</td>
<td>79.8</td>
<td>81.6</td>
<td>79.4</td>
<td>82.0</td>
<td>82.4</td>
</tr>
</tbody>
</table>
# Measures of Quality – AAMC GQ

Percent answering Yes to question (goal is 100%)

<table>
<thead>
<tr>
<th>OBGYN</th>
<th>Geisel 2015</th>
<th>Geisel 2016</th>
<th>Geisel 2017</th>
<th>All Schools 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed taking relevant portions of pt history?</td>
<td>79.5</td>
<td>83.8</td>
<td>79.4</td>
<td>83.3</td>
</tr>
<tr>
<td>Observed performing relevant portions of physical or MSE?</td>
<td>93.2</td>
<td>95.6</td>
<td>92.1</td>
<td>91.0</td>
</tr>
<tr>
<td>Provided with mid clerkship feedback?</td>
<td>95.9</td>
<td>89.7</td>
<td>95.2</td>
<td>93.6</td>
</tr>
</tbody>
</table>
Measures of Quality – AAMC GQ

Scale: Strongly Disagree – 1 to Strongly Agree – 5; Reporting % in top two categories below

<table>
<thead>
<tr>
<th>OBGYN</th>
<th>Geisel 2015</th>
<th>Geisel 2016</th>
<th>Geisel 2017</th>
<th>All Schools 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty provided effective teaching</td>
<td>73.9</td>
<td>73.5</td>
<td>75.8</td>
<td>76.7</td>
</tr>
<tr>
<td>Residents provided effective teaching</td>
<td>78.0</td>
<td>65.1</td>
<td>55.8</td>
<td>75.3</td>
</tr>
</tbody>
</table>
Measure of Quality – Step II CK

Performance of Examinees Taking USMLE® Step 2 Clinical Knowledge (CK) for the First Time in the Academic Year
July 2016 to June 2017
Medical School: 030-010 Geisel School of Medicine at Dartmouth

Applying Foundational Science Concepts
Patient Care: Diagnosis
Health Maint, Disease Prevention, & Surveillance
Patient Care: Management
Immune System
Blood & Lymphoreticular System
Behavioral Health
Nervous System and Special Senses
Musculoskeletal Syst/Skin & Subcutaneous Tissue
Cardiovascular System
Respiratory System
Gastrointestinal System
Renal & Urinary System & Male Reproductive
Pregnancy, Childbirth & the Puerperium
Female Reproductive & Breast
Endocrine System
Multisystem Processes & Disorders
Medicine
Obstetrics & Gynecology
Pediatrics
Psychiatry
Surgery

*values depicted are SD above the US/Can mean for Geisel mean scores
Measures of Quality – Course Evaluation

<table>
<thead>
<tr>
<th>Clerkships</th>
<th>Overall Satisfaction AY 2014-2015</th>
<th>Overall Satisfaction AY 2015-16</th>
<th>Overall Satisfaction AY 2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDS</td>
<td>4.5</td>
<td>4.1</td>
<td>4.2</td>
</tr>
<tr>
<td>MED</td>
<td>4.5</td>
<td>4.5</td>
<td>4.3</td>
</tr>
<tr>
<td>CFM</td>
<td>4.5</td>
<td>4.3</td>
<td>4.4</td>
</tr>
<tr>
<td>PSYCH</td>
<td>4.3</td>
<td>4.3</td>
<td>4.4</td>
</tr>
<tr>
<td>SURG</td>
<td>4.2</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>GAM</td>
<td>4.2</td>
<td>4.1</td>
<td>4.2</td>
</tr>
<tr>
<td>OBGYN</td>
<td>4.2</td>
<td>4</td>
<td>4.1</td>
</tr>
<tr>
<td>NEURO</td>
<td>4.0</td>
<td>4.2</td>
<td>4</td>
</tr>
</tbody>
</table>

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]*

<table>
<thead>
<tr>
<th>Psych</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Experience</td>
<td>4.2</td>
<td>4.0</td>
<td>4.1</td>
</tr>
<tr>
<td>Objectives well defined and clearly presented</td>
<td>4.5</td>
<td>4.4</td>
<td>4.4</td>
</tr>
<tr>
<td>Expectations well defined and clear</td>
<td>4.2</td>
<td>4.0</td>
<td>4.2</td>
</tr>
<tr>
<td>Directors /Site Directors responsive to concerns</td>
<td>4.4/4.6</td>
<td>4.3/4.5</td>
<td>4.5/4.4</td>
</tr>
<tr>
<td>Volume adequate for learning</td>
<td>4.4</td>
<td>4.4</td>
<td>4.2</td>
</tr>
<tr>
<td>Variety of dx adequate for learning</td>
<td>4.2</td>
<td>4.3</td>
<td>4.2</td>
</tr>
<tr>
<td>Quality of teaching by attendings</td>
<td>4.4</td>
<td>4.3</td>
<td>4.2</td>
</tr>
<tr>
<td>Methods used to eval student learning made clear</td>
<td>4.1</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Quality of mid-clerkship feedback</td>
<td>3.8</td>
<td>3.6</td>
<td>3.5</td>
</tr>
<tr>
<td>Quality of teaching by residents</td>
<td>4.0</td>
<td>3.7</td>
<td>4.2</td>
</tr>
<tr>
<td>Measure</td>
<td>2014-15</td>
<td>2015-16</td>
<td>2016-17</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>68%</td>
<td>79%</td>
<td>75.3 % about right</td>
</tr>
<tr>
<td>Challenging Encounters</td>
<td>n/a</td>
<td>68%</td>
<td>50% Agree or Strongly Agree</td>
</tr>
<tr>
<td>extended understanding of ways to work through difficult situations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
General Clerkship

Strengths:

• Overall organization and response to concerns (much praise for Lori Avery)
• “Appropriate amount of assignments for optimal learning”
• Orientation training sessions (knot tying, pelvic exam, etc.)

Suggestions for Improvement:

• Students believe that some of the orientation sessions could cover more clinically applicable topics such as treatments to common Ob/Gyn conditions.
• Consider keeping Monday before the shelf exam clear of any required sessions and move exit interviews to after the exam
• Evaluate the hour requirements across the various locations and consider making adjustments so students have a more equal experience
Concord Hospital

Strengths:
• Good balance of outpatient clinic, OR, and L&D
• “1:1 student to attending ratio”
• “Hospital environment is caring, supportive and positive”
• Teaching; notable are Dr Hallonquist, Yi and Young

Suggestions for Improvement:
• Could use more day-to-day structure
• Ensure adequate “bread and butter” Ob/Gyn clinic hours
CPMC
Strengths:
• Independence/Autonomy
• NEMS; “educators were really invested in my learning”
• Wide variety of experience

Suggestions for Improvement:
• Establish better screening of preceptors willing to teach
  – Students also asked for increased time with a single attending and more structure in their daily schedule, so determining the preceptors willing to teach may also address these issues.
• More structured didactics; suggested joining the UCSF sessions (Dr Horowitz)
DHMC

Strengths:
• Teaching from both interns/residents and attendings; “Some attending physicians were clearly very invested in my education”
• “Definitely the hands-on experience”
• Wide variety of experiences and very organized

Suggestions for Improvement:
• Students expressed difficulty in understanding how they fit into the team
• Offer some flexibility in the schedule (ex. a student has specific interest in family planning, allow them to find a day to go to the Equality House)
• Consider adding scheduled teaching sessions
Hartford Hospital

Strengths:

• “High volume exposure to a diverse patient population with ample chances for student involvement”
• Teaching; “faculty and residents were very welcoming and made extra efforts to teach!”

Suggestions for Improvement:

• Increasing continuity and time with preceptors
• Improvement to housing (i.e. lack of a kitchen)
• Address concerns over “pimping” from senior residents
Nashua, NH

Strengths:
• Partnering with one resident
• "Varied scope and diverse patient population"
• Significant hands on experience

Suggestions for Improvement:
• Students wanted more clinic time
• "More feedback, earlier, more often. More teaching"
Keene, NH
Strengths:
• “Well rounded view into general OB. A lot of normal, low risk presentations”
Suggestions for Improvement:
• Consider adding days of specialty services at DHMC, such as gyn/onc

Peterborough, NH
Strengths:
• “Excellent introduction to ob/gyn. Lots of clinic time to see many diagnoses…”
Suggestions for Improvement:
• More transparent expectations from the site
Recommendations

• **Course Objectives:**
  
  • Remove 4 “Describe current knowledge of end-of-life and palliative care in clinical problems in obstetrics and gynecology” as this is not covered for all students at all sites and is not a focus of the clerkship.
  
  • Edit 6 as follows “Communicate effectively with patients of different social, economic and cultural backgrounds around individual and group factors that impact reproductive health” as extra language is not particularly helpful.
  
  • Edit 7 as follows “Establish comfortable and mutually respectful student-patient and student-family relationships with diverse patients and families and establishing a respectful basis for the doctor-patient relationship” as the latter phrase seems redundant.
  
  • Edit 13 as follows “Communicate effectively with patients and families when special needs or barriers to communication (including cultural, linguistic or those based on a medical disorder) exist.” as the latter qualifiers are too specific.
  
  • Change 21 “Contribute constructive feedback during peer review” to a session objective rather than a course objective as it is very specific and feeds into course objectives 15 and 16.
Recommendations

• Course Objectives (cont.)
  – Remove 23 “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” as this is not a major objective of the course.
  – Remove 25 “Discuss how healthcare is currently organized, financed, and delivered, and the larger environment in which healthcare occurs and the impact on female patients” as this should actually be a session objective that rolls up into course objective 23.

• Session Objectives
  – Session objectives for Challenging Encounters could be more specific rather than just noting course objectives
    • Consider the following:
      – “Discuss clinical encounters that have challenged you in an emotional, ethical or interpersonal way.”
      – “Extend understanding of ways to work through difficult situations”
Recommendations

• Essential Conditions
  – Change “Abortion” to “Disorders of Pregnancy/Implantation” at start of 2018-19 AY as had previously been recommended
  – Consider dropping Fertility and Urogynocologic Problems from consideration given that you already given difficulty of assuring coverage for all students and perhaps not true focus of your clerkship

• Topics
  – Connect with Rima Al-Nimr to discuss possible integration of nutrition objectives into your clerkship
Recommendations

• Assessment of Objectives
  – Review and update slides 33-36 to indicate assessments of each course objective

• Learning Environment
  – Continue to support resident as teachers development given lower rating noted on most recent AAMC GQ.
  – Continue to work to adjust schedules to enhance student-faculty/resident continuity
  – Continue to minimize required learning activities on the day prior to the exam.
  – Continue to monitor and intervene when necessary on relative work load discrepancies between clinical sites
Action Plan

– Course Objectives
  – Will accept and make all recommended changes

– Session Objectives
  – Will accept and make all recommended changes

– Essential Conditions
  – Will accept and make all recommended changes

– Topics
  • Connect with Rima Al-Nimr to discuss possible integration of nutrition objectives into your clerkship
    – Emailed Rima last night to look at times for a meeting
Action Plan

– Learning Environment
  • Continue to support resident as teachers development given lower rating noted on most recent AAMC GQ (we were aware of this in real time)
    – Data coincides with a cohort of residents at DHMC who were less effective teachers, as well as a “stressful” time in Hartford secondary to multiple concurrent maternity leaves (14/22 in one year)
    – Regardless
      » Plan to provide education in resident didactic series at DHMC
      » Will work Dr. Giswald to brainstorm interventions in Hartford, though resident behavior there has already changed
Action Plan

– Learning Environment -
  • Continue to work to adjust schedules to enhance student-faculty/resident continuity
    – (to some degree a reflection of OB/Surgery/Outpatient), less of an issue in Keene, Peterboro, Bennington, Nashua, Concord
    – At DHMC
      » Strategic scheduling in outpatient arena to provide continuity to a handful of attendings
      » Nightfloat as required week with the same 2 attendings/residents team for the entire week
      » When possible with a simultaneous change in resident and student rotation, same residents are paired with students
    – Hartford –
      » subspecialty week, students may choose continuity of one team or a mix of subspecialties
      » Nightfloat provides an intense exposure to a similar resident team
Learning environment (continued)

- CPMC (most difficult, 90+ faculty)
  - Dartmouth provides structure of labor, surgery, and call. Local clerkship coordinator plugs in the schedules for outpatient
  - Have worked with CPMC local director and make outpatient with a few providers
  - All student work with MFM attendings
  - Mentor series for core learning topics

- Continue to minimize required learning activities on the day prior to the exam.
  - Students are given the morning off
  - They continue to come in for
    - 1-2 dictatic sessions
    - CPMC presentations
    - 10 minute exit interview
Action Plan

Learning environment (continued)

– Continue to monitor and intervene when necessary on relative work load discrepancies between clinical sites

  • We will continue to monitor
  • Have adjusted sites in various way for weekend call burden to approximate parity
    – Addeded call to CPMC, Concord, Bennington, Peterborough
    – Reduced call to Nashua
    – Hartford and DHMC keep night float which is shift work
    – No schedule allows for duty hour violations