

On top of everything else, I am supposed to teach, too?

Insights and suggestions for Attending Physicians, CNMs, NPs & PAs regarding Medical Student Education

John J. Folk, MD

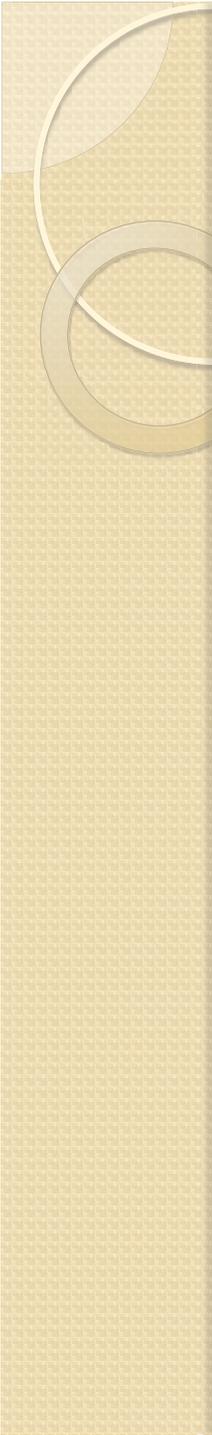
Clerkship Director, Obstetrics & Gynecology



The Triad of an Academic-Clinical Career

- Patient Care
- Education
- Research





The Triad of an Academic-Clinical Career

- As individuals, we focus most of our time on one of these essential components of medicine and then struggle to do the best we can to contribute in the other areas (usually clinical practice > teaching > research)
- As a clinical department, Obstetrics & Gynecology has a profound responsibility in the area of patient care
- Education is also an essential component of how that care is effectively rendered, for our patients now and for those that will come to us in the future
- Research is also an essential component of how that care is effectively rendered, as research guides how we take care of our patients and how we educate others to care for their patients



The Triad of an Academic-Clinical Career

- **When we joined the Department of Obstetrics & Gynecology, SUNY Upstate Medical University we were given one of a wide variety of titles:**
 - **Advanced Practice Nurse**
 - **Allied Health Professional**
 - **Clinical Instructor**
 - **Assistant Professor**
 - **Associate Professor**
 - **Professor**
- **At any point during our formal education or training, when did we learn how to teach?**



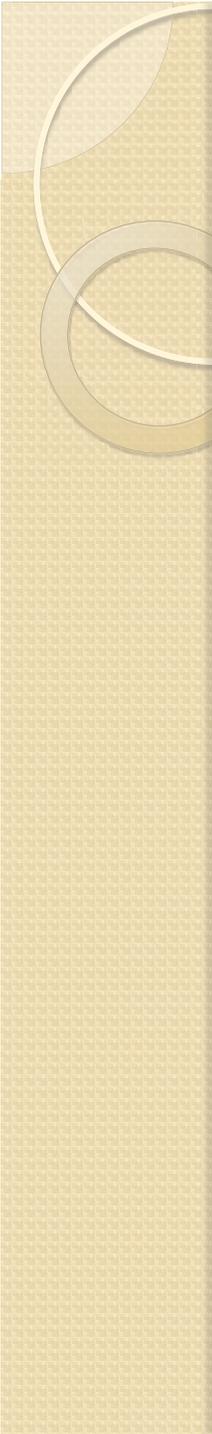
Topics

- 1. What is our curriculum and where does it come from?**
- 2. Teacher/Student relationship**
- 3. Student evaluation of Teachers**
- 4. Teacher evaluation of Students**
- 5. Improving our teaching**
- 6. Summary Points**

1. What is our curriculum and where does it come from?

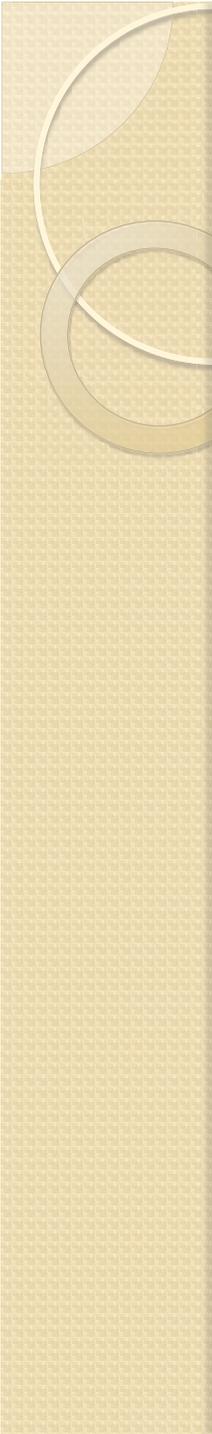


- Abraham Flexner
- 1866 – 1959 (no doctoral degree)
- Prepared report published 1910 “Medical Education in the United States and Canada”
- Request Carnegie Foundation for the Advancement of Teaching
- Basis medical school curriculum 1910 – now
- “I want to influence in some measure the life of my times...through education.”



What is our curriculum and where does it come from?

- **Published guidelines from:**
 - **Undergraduate Medical Education Committee [UMEC] of the Association of Professors of Gynecology & Obstetrics [APGO]**
 - **APGO Medical Student Education Objectives, 9th Edition ©2009**
 - **“define a central body of women’s health knowledge, skills and attitudes that are fundamental to the practice of a general physician, and are intended to provide clerkship directors, faculty and students with a resource for curriculum development, teaching and learning.”**
 - **Establish defined educational objectives**



What is our curriculum and where does it come from?

- **APGO Medical Student Educational Objectives:**
 - **Educational Objectives**: 17 broad Educational Objectives that form the foundation of curriculum design for a Clerkship rotation and formulating minimal experiences and expectations; divided into 58 Educational Topic Areas
 - **Educational Topic Areas**: used to organize curriculum for teaching & clinical experience to assure exposure in one form or another to 58 Topic Areas
 - **Intended Learning Outcomes**: define expectations for students on our Clerkship.



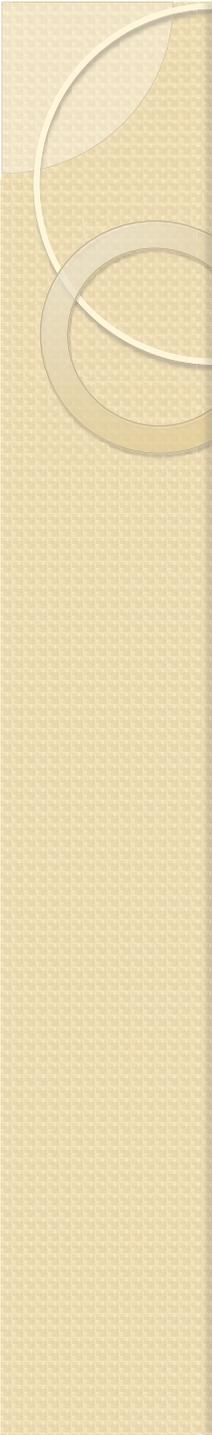
What is our curriculum and where does it come from?

- **17 APGO Educational Objectives: by the conclusion of 3rd year medical student OB GYN clerkship, the student must:**
 - **Medical interview & physical exam of women; incorporate ethical, social & diversity perspectives**
 - **Prevention strategies throughout their lifespan**
 - **Role as leader & advocate for women**
 - **Pre-conception care (genetics, medical conditions & environmental factors; maternal health & fetal development)**
 - **Normal physiologic changes of pregnancy & interpretation common diagnostic studies**
 - **Common problems in OB**
 - **Intrapartum care**
 - **Postpartum care of mother & newborn**



What is our curriculum and where does it come from?

- **17 APGO Educational Objectives: by the conclusion of 3rd year medical student OB GYN clerkship, the student must:**
 - **Menstrual cycle physiology, discuss puberty, menopause, explain normal & abnormal bleeding**
 - **Etiology & evaluation infertility**
 - **Contraception, including sterilization & abortion**
 - **Common benign GYN conditions**
 - **Differential diagnosis acute abdomen & chronic pelvic pain**
 - **Common breast conditions; evaluation breast complaints**
 - **Perioperative care & GYN procedures**
 - **GYN malignancy (including risk factors, signs & symptoms and initial evaluation**
 - **Preliminary assessment sexual concerns**



What is our curriculum and where does it come from?

- **UMEC APGO**
 - **Objectives that span the 3rd Year OB GYN clerkship and all other clerkships**
 - **Part of a interdisciplinary curriculum to provide competent health care for women**
 - **Medical schools**
 - **Professional & academic medical organizations**
 - **Applicable government agencies (federal, state, county, municipal)**
 - **Public**
 - **These skills should be possessed by every physician regardless of practice focus or specialty**

What is our curriculum and where does it come from?

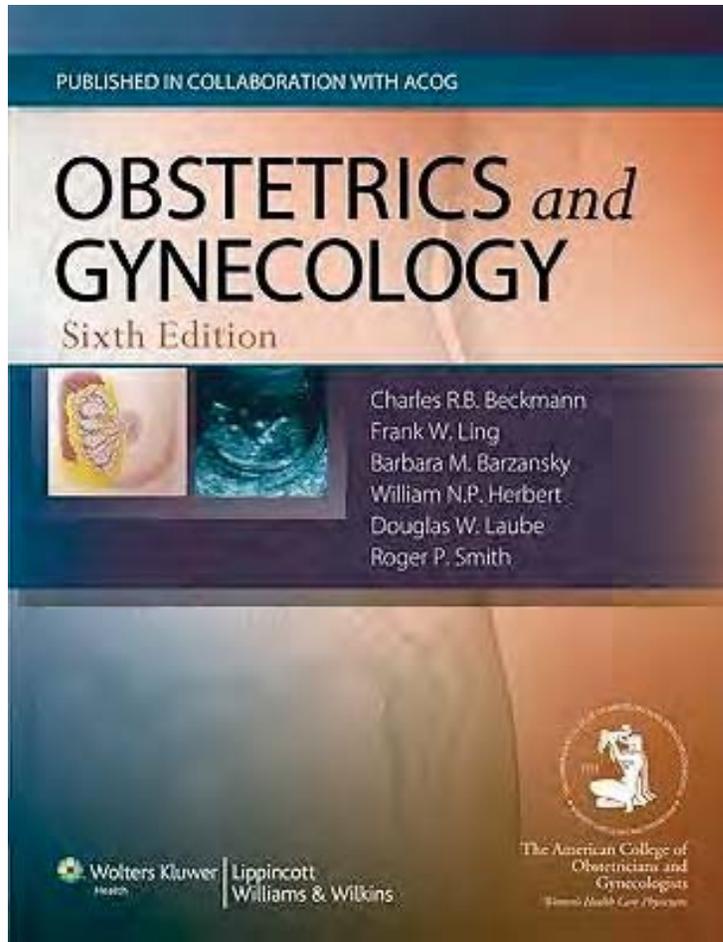
- History
- Physical examination
- Diagnosis & management plan
- Pharmacology
- Preventative care
- Environmental exposures
- Immunizations
- Nutrition
- Psychiatric & behavioral problems
- Menstrual cycle & abnormalities
- Premenstrual syndrome
- Menopause
- Adolescence
- Autoimmune diseases
- Cardiovascular diseases
- Pulmonary diseases
- Neurological diseases
- Urinary tract disorders
- Gastrointestinal disorders
- Breast disease
- Vulvar & vaginal disease
- Pelvic pain
- Gynecologic malignancies
- Spontaneous abortion & ectopic pregnancy
- Maternal-fetal physiology
- Preconception, antepartum and postpartum care
- Social history



What is our curriculum and where does it come from?

- **Fitting into the big picture: SUNY Upstate Medical University College of Medicine [COM], Liaison Committee on Medical Education [LCME] and the MS III OB GYN Clerkship**
- **The Medical Program Objectives are based on six competencies**
- **Each Medical Program Objective is broken down into six sub-objectives**
- **Each Clerkship within COM is charged to cover all aspects of these Medical Program Objectives within the structure of the clerkship curriculum**
- **Bringing the objectives of UMAC APGO, LCME and COM together into a cohesive whole is our prime directive**

What is our curriculum and where does it come from?



- National Board of Medical Examiners [NBME] gives Part I, II, & III of licensing exam
- NBME also gives Shelf exam for OB GYN
- NBME partnered with APGO to create OB GYN curriculum
- APGO partnered with ACOG to write this textbook
- Textbook framework & content matches national OB GYN curriculum



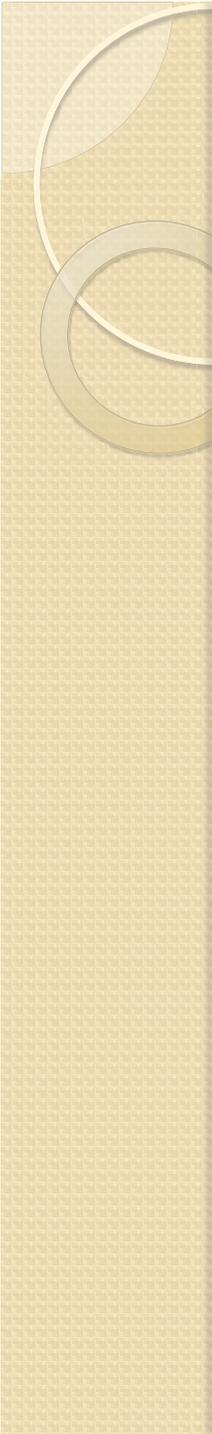
2. Teacher/Student relationship

- **Responsibility of Teachers**
 - **Treat students with respect and fairness**
 - **Treat students equally regardless of age, gender, race, ethnicity, national origin, religion, disability or sexual orientation**
 - **Provide current information**
 - **Use an effective format to teach**
 - **Be on time**
 - **Provide timely feedback with specific constructive suggestions, opportunities for improvement or remediation when necessary**



Teacher/Student relationship

- **Responsibilities of Students**
 - **Treat other students and teachers with respect and fairness**
 - **Treat all other students and teachers equally regardless of age, gender, race , ethnicity, national origin, religion, disability or sexual orientation**
 - **Commit at least enough time and energy to studies necessary to achieve goals and objectives of the course**
 - **Be on time for didactic, investigational and clinical activities**
 - **Communicate concerns, suggestions about curriculum, didactic methods, teachers, or learning environment in a respectful, professional manner**



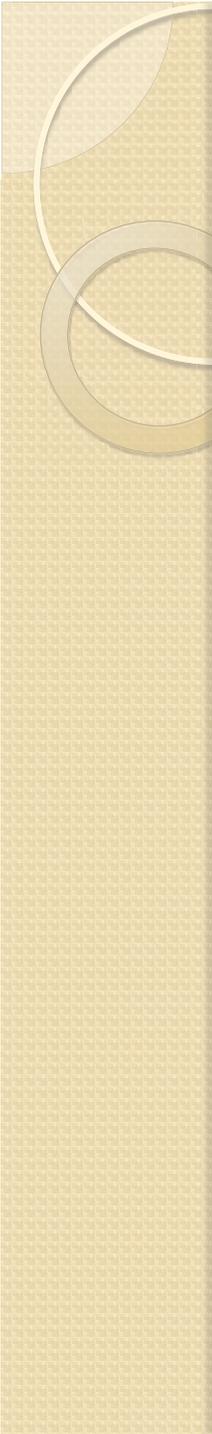
Teacher/Student relationship

- **Inappropriate behavior**
 - **Unwanted physical contact or threat of contact**
 - **Sexual harassment**
 - **Harassment or discrimination based on age, gender, race, ethnicity, national origin, religion, disability or sexual orientation**
 - **Loss of personal civility**
 - **Requests for personal errands unrelated to didactic, investigational or clinical issues at hand**
 - **Grading or evaluation based on factors unrelated to performance, effort, or level of achievement**



Teacher/Student relationship

- **Teacher concerned regarding a Student:**
 - **Basic Level**: address situation as soon as possible, non-confrontational manner between teacher and student in real-time
 - **Next Level**: address with Clerkship Director, Division Director, and/or Department Chair
 - **Higher Level**: (most formal and serious level) Associate or Assistant Dean, Office of Student Affairs where appropriate action will be assessed including referral to other offices or programs within administration of COM



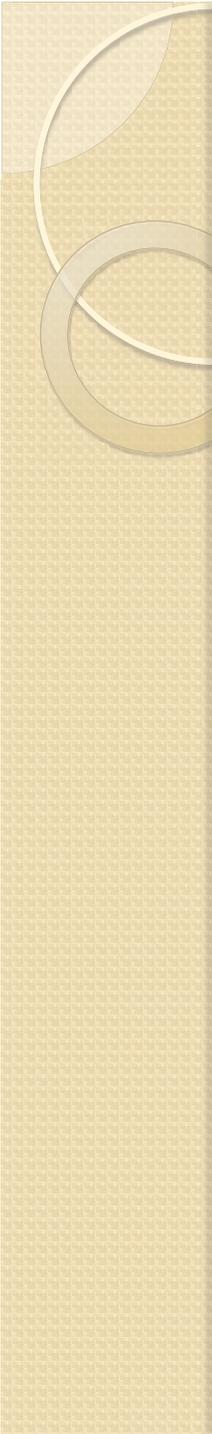
Teacher/Student relationship

- **Student concerned regarding a Teacher:**
 - **Basic Level**: most effective method to address a situation may be as soon as possible in a non-confrontational way between individuals involved
 - **Offending individuals are often not aware the behavior was offended someone**
 - **“When you said or did (fill in description emotional response). “Please do not do that again”**
 - **Works as well for teacher concerned regarding a student**



Teacher/Student relationship

- **Student concerned regarding a Teacher (continued):**
 - **Next Level: Senior or Chief Resident, Clerkship Director, Division Director or Department Chair**
 - **Higher Level: Associate Dean or Assistant Dean, administration within the COM**
 - **Meetings can range from informal discussions for advice for how to deal with a situation up to a formal process or complaint as needed**



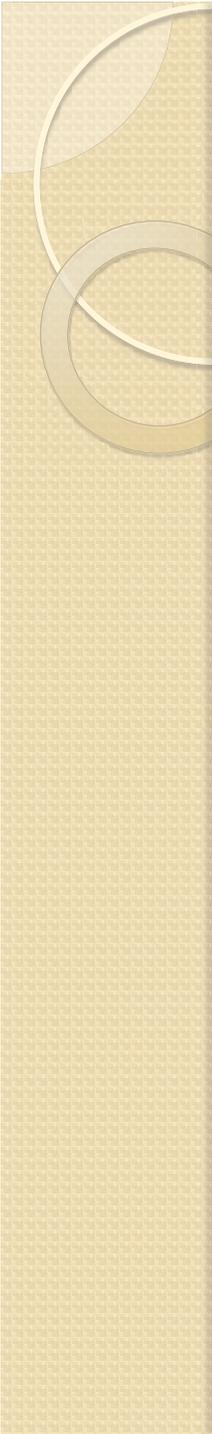
3. Student evaluation of Teachers

- **Understanding what areas students evaluate teachers can help the teachers be more mindful of how they teach**
- **Teachers that are aware of what is being evaluated can make adjustments to the areas that may be of concern**
- **There are 12 areas students evaluate their teachers during a clerkship rotation**



Student evaluation of Teachers

- **(1)Teaching skills:**
 - **Poor performance**: teacher disorganized, fragmented, explanations unclear, illogical
 - **Ideal performance**: teacher involved, organized, enthusiastic; skill explaining difficult or complex subjects
- **(2)Expectations:**
 - **Poor performance**: teacher not aware of student's educational needs or issues
 - **Ideal performance**: teacher clearly defines student expectations from beginning of experience



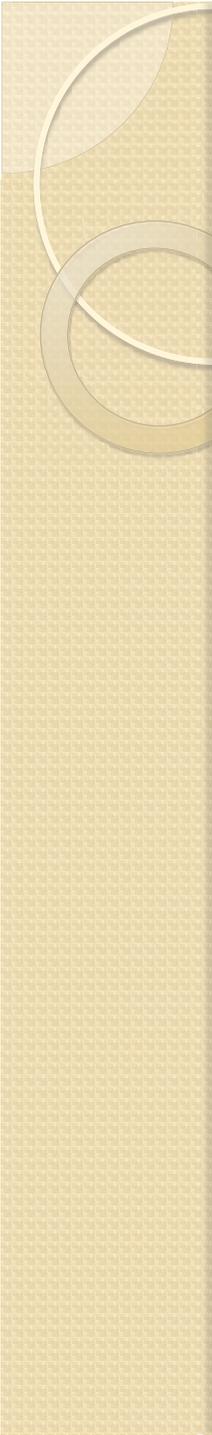
Student evaluation of Teachers

- **(3) Supportive learning environment:**
 - **Poor performance: uncomfortable learning environment**
 - **Ideal performance: positive and supportive learning environment**
- **(4) Feedback:**
 - **Poor performance: teacher provides no feedback or only non-constructive or non-specific feedback**
 - **Ideal performance: teacher provides constructive feedback in a timely manner**



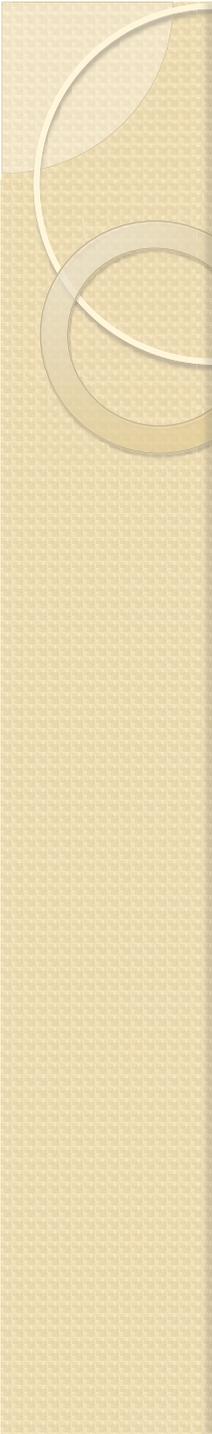
Student evaluation of Teachers

- **(5) Availability:**
 - **Poor performance:** teacher never available or highly inconvenienced to be available
 - **Ideal performance:** teacher available and approachable; makes an effort to accommodate
- **(6) Role model for patient care:**
 - **Poor performance:** teacher displays insensitivity or lack of understanding patient's needs
 - **Ideal performance:** teacher provides respectful and compassionate care; obvious concern for patient's needs



Student evaluation of Teachers

- **(7) Student participation:**
 - **Poor performance:** teacher unwilling to have students participate in patient care
 - **Ideal performance:** teacher actively involves students in patient care and decision-making
- **(8) Professionalism:**
 - **Poor performance:** teacher frequently irresponsible, unreliable, often late
 - **Ideal performance:** teacher is responsible, reliable, cooperative, respectful, on time, provides leadership



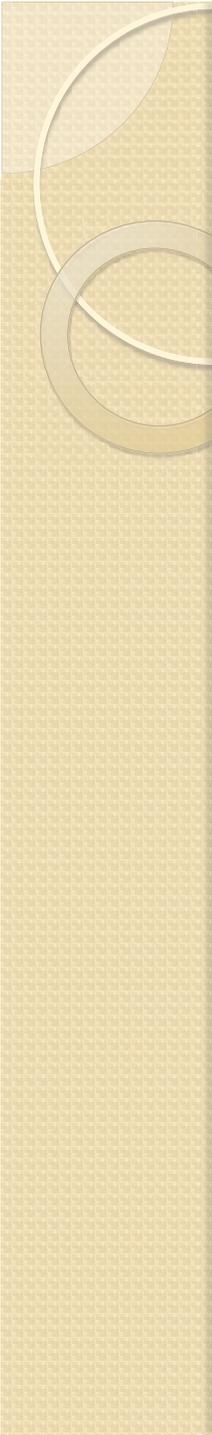
Student evaluation of Teachers

- **(9)Interaction:**
 - **Poor performance:** teacher does not interact well with patients, students, residents, staff, and/or colleagues
 - **Ideal performance:** teacher consistently caring, respectful, empathetic to all members of team
- **(10)Cultural sensitivity:**
 - **Poor performance:** teacher does not recognize or respect cultural, gender or socioeconomic differences; stereotypes, ridicules differences
 - **Ideal performance:** teacher consistently recognizes and respects cultural, gender and socioeconomic differences among patients, students and colleagues



Student evaluation of Teachers

- **(11)Overall effectiveness:**
 - **Poor performance**: when a student hopes to never have to work with a teacher again ever
 - **Ideal performance**: when a student would enthusiastically work with a teacher again and recommends the teacher to other students
- **(12)Mistreatment:**
 - When a student has reported that he or she has personally been mistreated by a teacher
 - Refer to addressing concerns on **basic**, **next** and **higher** levels



4. Teacher evaluation of Students

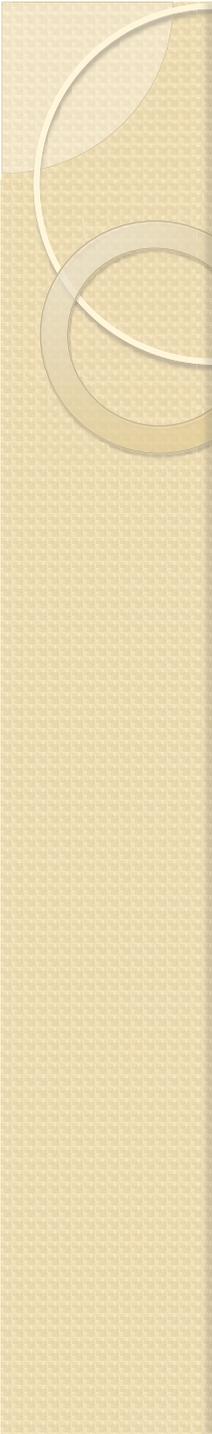
- **How do we comment and grade a clinical learning experience with a student?**
- **What specific areas are we asked to comment and grade and why?**
- **The Accreditation Council on Graduate Medical Education [ACGME]**
 - **Established six medical competencies**
 - **Measurable goals or outcomes**
 - **Universal language for all teachers in all departments across the United States as a whole**
 - **Document competence in a number of areas beyond medical knowledge or technical skill**

Teacher evaluation of Students

INDIVIDUAL FACULTY/RESIDENT EVALUATION OF STUDENT COMPETENCIES
OUTPATIENT

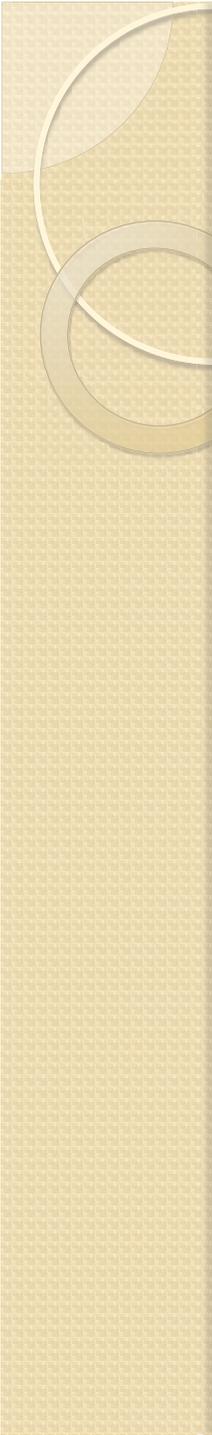
Student's Name _____ Dates Covered By Report _____
 Clerkship _____ Faculty Member or Resident Completing Form _____

	0	5	1	1.5	2
HISTORY TAKING (.3) Has difficulty obtaining pertinent information. Interview disorganized or incomplete. Fails to recognize or pursue obvious problems.	(.4) History with significant omissions or excessive unrelated detail. Often poorly focused (May "miss the forest for the trees").	(.5) Adequate history taking skills; appropriate, usually logical, satisfactory. May omit and/or pursue irrelevant information. (Identify most problems)	(.7) Good history taking skills; appropriate, logical, and address major problems.	(.8) Excellent history taking skills; thorough, yet efficient and well focused (e.g. skilled with challenging histories such as multiple medical or complex psychosocial problems).	
PHYSICAL & MENTAL STATUS EXAMINATION (.3) Inadequate exam; major deficiencies in technique. Often fails to recognize findings. May disregard patient comfort.	(.4) Frequently faulty technique. Exams often incomplete, disorganized or requires unreasonable time to complete. Often misses or misinterprets findings.	(.5) Satisfactory technical skills. Usually shows regard for patient comfort (Could improve thoroughness and/or efficiency. Sometimes misses or misinterprets findings)	(.7) Good technical skills. Accurately detects most findings. Shows regard for patient comfort.	(.8) Thorough, detailed accurate and efficient exam. Careful attention to areas relating to problems identified in history. Shows high regard for patient comfort.	
RECORD KEEPING (WRITE-UPS AND PROGRESS NOTES) (.3) Inadequate write-ups (May be late, disorganized, use unacceptable format or abbreviations illegible, illogical assessment or plans)	(.4) Some omissions and inaccuracies in records. Occasionally lacks ability to organize information or analyze new data.	(.5) Adequate records. Attempts analyze problems. Documents diagnostic and therapeutic plan.	(.7) Very good records. Rationale behind diagnosis and therapeutic plans well documented.	(.8) Excellent records relative to clerkship expectations (e.g. timely, accurate, uses problem lists / flow sheets, analysis of diagnosis or Rx, references)	
ORAL PRESENTATIONS (.3) Frequently unclear and lacking basic structure. Has difficulty providing a coherent report. Omits key information and/or includes extraneous information.	(.4) Presentations incomplete, disorganized or unclear. Syntheses and rationales lacking or inadequate (often includes irrelevant information or may be overly dependent on prompts)	(.5) Presentation complete (may be excessive or lacking in focus. Needs to work on brevity, synthesis or rationale)	(.7) Very good presentation. Well organized and complete. May need improved focus or more appropriate detail.	(.8) Excellent presentation. Clear, concise and focused. Use or written prompts as a minimum.	
FUND OF KNOWLEDGE & UNDERSTANDING OF DISEASE MECHANISMS (.3) Inadequate knowledge base or understanding of disease mechanisms.	(.4) Knowledge base below average; may have significant gaps.	(.5) Adequate overall knowledge base. May seek new information.	(.7) Very good fund of knowledge and understanding of disease mechanisms. Seeks new information and attempts to apply it.	(.8) Excellent fund of knowledge and understanding of disease mechanisms. Seeks and critically appraises new information.	
PROBLEM SOLVING AND CLINICAL APPLICATION (.3) Frequently unable to identify problems. Thinking process often illogical, rarely integrates data. Often fails to consider alternative explanations for findings.	(.4) Identification of problems sometimes incomplete or inaccurate. May show illogical thinking and/or inconsistent integration of data.	(.5) Able to develop a basic differential for common problems. Satisfactory integration of pathophysiology and clinical data. Can outline basic diagnostic prompting or direction.	(.7) Good integration of history, physical/mental exam, and lab/study data in identifying and solving clinical problems.	(.8) Excellent analysis and synthesis of clinical data. Ability to develop differential diagnosis and rationale for diagnostic or therapeutic plans exceeds expectations.	
RELATIONSHIPS WITH PATIENTS (.3) May appear insensitive to patients' family's feelings, needs, or wishes. May lack empathy, compassion or flexibility. Inappropriate behavior or communication w/ patient/ Family.	(.4) May have difficulty establishing rapport, communicating or interacting with patients.	(.5) Able to develop satisfactory rapport with most patients/ families (May avoid difficulty or sensitive issues)	(.7) Good communication skills. Relates well to most patients and family. Sensitive to psychosocial aspects of care.	(.8) Excellent communication skills, able to put patients and family members at ease. Deals well with sensitive issues. Relates well with difficult patients.	



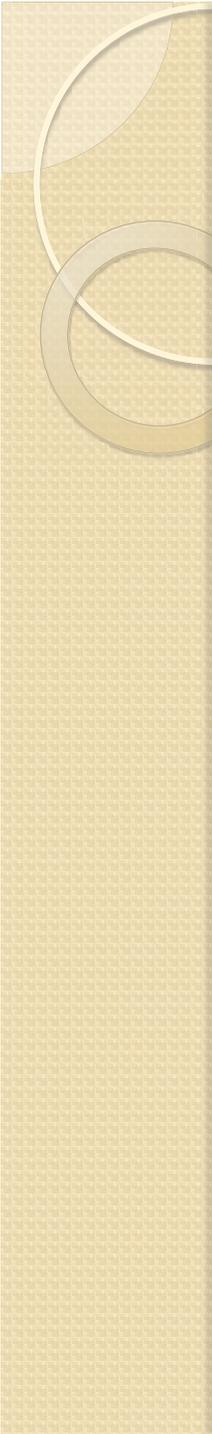
Teacher evaluation of Students

- **ACGME six medical competencies:**
 1. Patient care [PC]
 2. Medical knowledge [MK]
 3. Practice-based learning & improvement [LI]
 4. Interpersonal & communication skills [CS]
 5. Professionalism [PR]
 6. System-based practice and population health [PH]
- **These 6 items are incorporated into the Individual Faculty/Resident Evaluation of Student Competencies form used for each student, all clerkship rotations, both campus sites of COM**



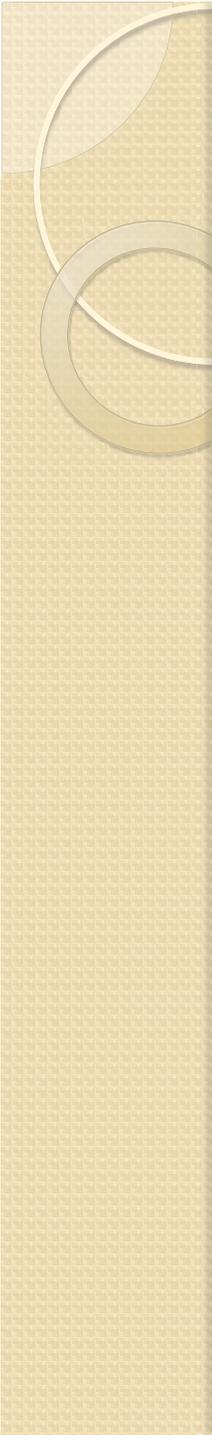
Teacher evaluation of Students

- **(1)Patient care:**
 - **Use information technology to support patient education and decision-making**
 - **Perform appropriate medical and surgical procedures within the scope of OB GYN medical student practice**
 - **Provide additional care with the goal of prevention & health maintenance**
 - **Demonstrate ability to work effectively within the team providing coordinated & disciplined care**



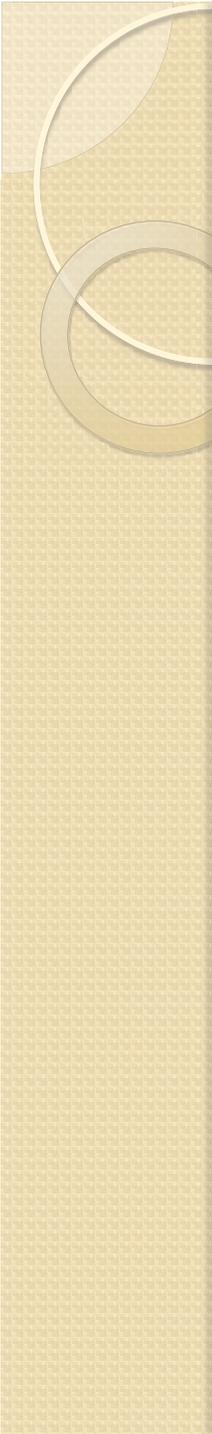
Teacher evaluation of Students

- **(1)Patient care (continued):**
 - **Communicate effectively; demonstrate caring respectful behaviors with patient and family**
 - **Gather accurate essential information**
 - **Make informed decisions regarding diagnostic and therapeutic interventions; take into account patient preferences, recent evidence, clinical judgment**
 - **Develop and carry out management plans**
 - **Develop skills communicating with patient and family**



Teacher evaluation of Students

- **(2)Medical knowledge:**
 - **Demonstrate investigatory and analytical thinking in approach to clinical issues as they arise**
 - **Understand how the basic and clinical sciences appropriate for OB GYN practice apply in OB GYN practice**



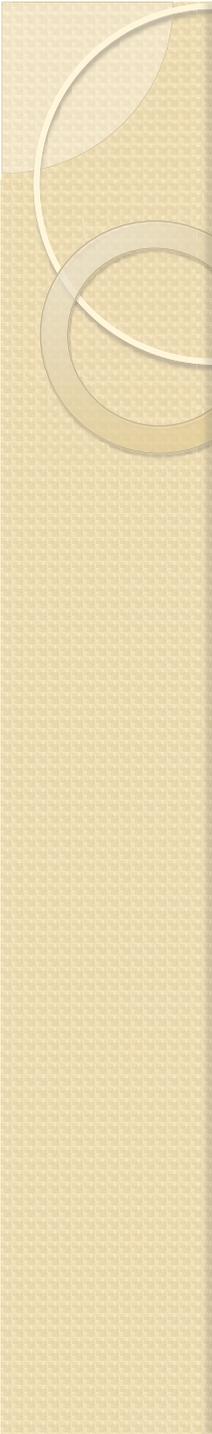
Teacher evaluation of Students

- **(3) Practice-based learning & improvement:**
 - Analyze experience and perform practice-based improvement using systematic methodology
 - Locate, appraise & assimilate evidence from literature related to the patient's health problem
 - Obtain & use information about patient population & general population
 - Apply knowledge regarding study design & statistics to evaluate evidence-based literature
 - Use information technology to support education
 - Facilitate learning for other students and colleagues



Teacher evaluation of Students

- **(4) Interpersonal & communication skills:**
 - **Create and sustain a therapeutic & ethically sound relationship with patient and family**
 - **Develop effective listening skills; be able to obtain & provide information using non-verbal, explanatory, questioning and writing skills**
 - **Work effectively with others as a member or a leader of the health care team**



Teacher evaluation of Students

- **(5) Professionalism:**
 - **Demonstrate respect, compassion & integrity; demonstrate responsiveness to needs of patients, society that supersedes self-interest, demonstrates accountability to patients, society & profession; commitment to excellence & ongoing professional development**
 - **Demonstrate commitment to ethical principles pertaining to providing or withholding care, confidentiality, informed consent, business practice**
 - **Demonstrate sensitivity & responsiveness to cultural, age, gender & disabilities**



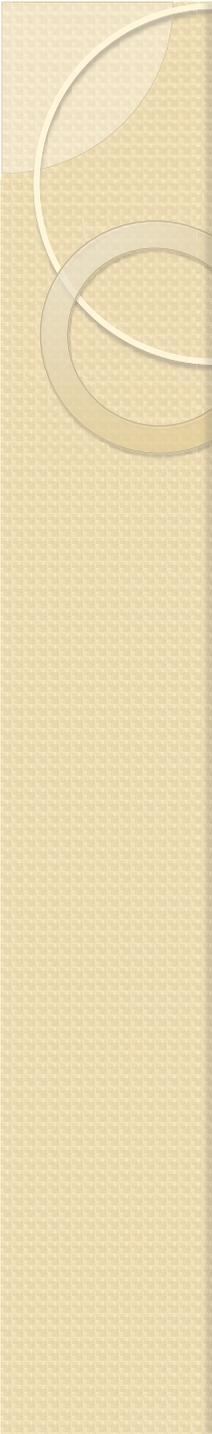
Teacher evaluation of Students

- **(6) Systems-based practice:**
 - Understand how an individual's practice might affect other practitioners, the health care organization & society at large and how the larger system impacts locally and with individual
 - Know how different types of medical practice differ from each other, including measures to control cost
 - Practice cost-effective health care & distribution of limited resources that limits impact on quality of care
 - Advocate for quality care; assist patients with system complexity
 - Know how to partner with health care managers & other providers to assess, coordinate & improve outcomes, system performance



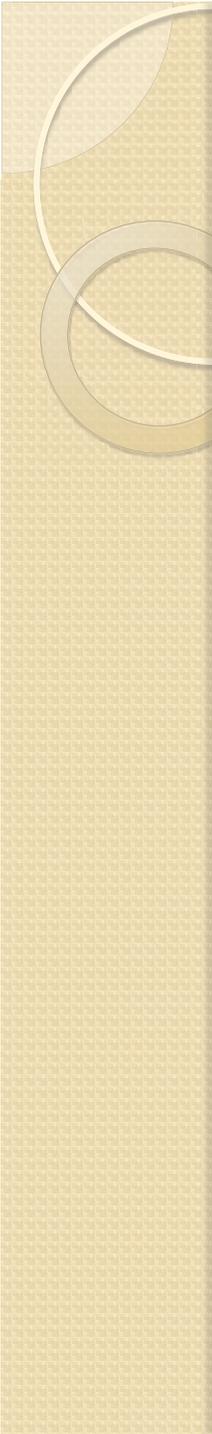
Teacher evaluation of Students

- **Individual competencies on the SUNY Upstate COM form include:**
 - **History taking**
 - **Physical & mental status examination**
 - **Record keeping (write-ups & progress notes)**
 - **Oral presentations**
 - **Fund of knowledge & understanding of disease mechanisms**
 - **Problem solving & clinical application**
 - **Relationships with patients**



Teacher evaluation of Students

- **Individual competencies on the SUNY Upstate COM form include:**
 - **Professional relationships**
 - **Attitudes & behaviors**
 - **Participation (scheduled & spontaneous events)**
 - **Additional information/comments unique to the individual student**
 - **Overall clinical performance**



Teacher evaluation of Students

- **Grading performance**
 - Five items on the scale SUNY COM
 - Numerical scale runs from 0 – 2
 - Each item and an overall score is recorded
 1. 0.0 = does not meet expectations (failure)
 2. 0.5 = below average (poor)
 3. 1.0 = clearly meets expectations (passing; but just passing)
 4. 1.5 = clearly meets expectations, excels in a few areas (High Pass eligible)
 5. 2.0 = excellent, top performance, excels frequently (Honors eligible)



Teacher evaluation of Students

- **Individual Faculty/Resident Evaluation of Student Competencies form: hints for filling out**
 - Try to be as generous as the criteria & your judgment will allow
 - Remember not so long ago you were a medical student
 - Do not bring in irrelevant issues to the grading
 - Make comments match the numbers: many times forms give mediocre scores and the student is described as excellent or visa versa
 - Remember to evaluate at the level of the learner; not at your level or some perfect ideal in the stratosphere
 - Be specific: “does not read enough” is almost useless; define what topic area(s) seemed weak to focus reading
 - Remember that these forms are essential; we use them for mid-clerkship evaluations and final grades extensively (45% of final grade for each student is based on clinical applications performance)



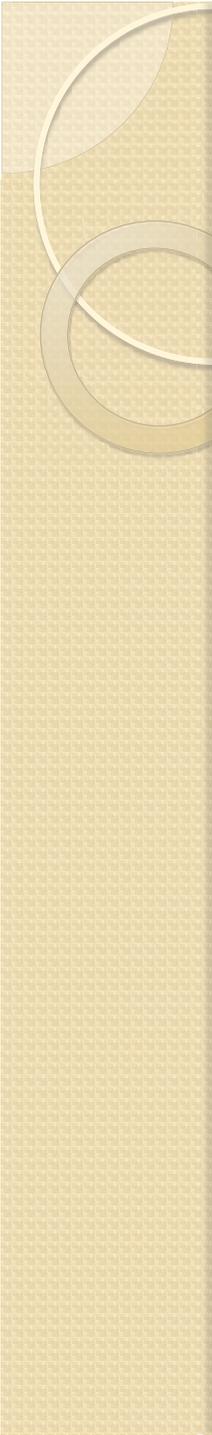
5. Improving our teaching

- **Recognize that 45% (the major portion) of the student's final grade is determined by clinical experience and your evaluation**
- **Be friendly (if it is a horrible day; fake it)**
- **Incorporate students into the ebb-and-flow of the work day**
- **Make a point to invite them to see specific patients and accomplish specific tasks**
- **Introduce yourself; introduce student to patient and other providers on the team**
- **Have them interact with the patient along with you (history taking, specific areas of physical as appropriate)**
- **Advocate for student to do small tasks in OR, on floor or in office and supervise**
- **Have students write or enter notes, orders as often as possible**



Improving our teaching

- **Perioperative care (OB or GYN):**
 - **Introduce student to patient and staff**
 - **Briefly go over the indications and pertinent history leading up to the surgery**
 - **While waiting or scrubbing discuss the indications, pertinent history, physical findings, treatment plan and options in greater depth**
 - **During surgery go over anatomy, pathology and surgical technique including alternatives**
 - **After surgery, have student complete brief op note, orders and other appropriate paperwork with supervision**
 - **Discuss post-procedure management & plan**



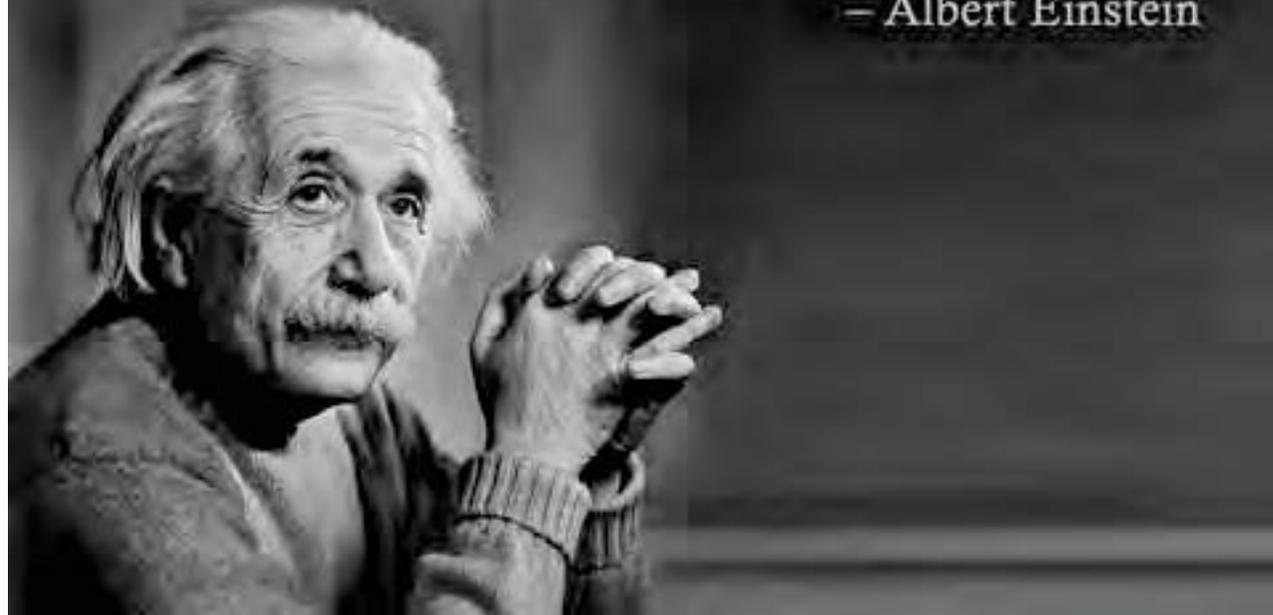
Improving our teaching

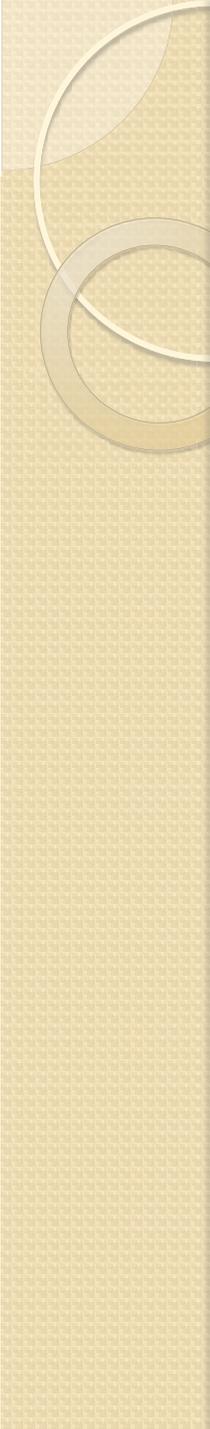
- **Develop a series of short talks on common topics that you can lead a discussion with a student or students when service allows:**
 - **Start simple**
 - **Help you to be better prepared for board certification and/or maintenance of certification**
 - **Gives you better insight into the students and gives the students a better impression of you**

Improving our teaching

If you can't explain it **simply**, you don't understand it well enough.

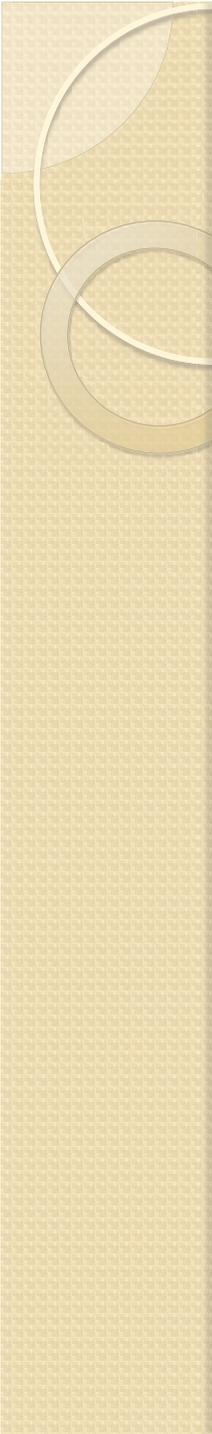
– Albert Einstein





Improving our teaching

- **Preparing didactic lecture presentations:**
 - **Goals for preparing a presentation**
 - **Understand your audience**
 - **Clarify your message**
 - **Know your time limits**
 - **Know yourself**
 - **Become comfortable with the AV equipment**
 - **Create better slides**



Improving our teaching

- **Goals of the presentation**
 - Identify and clearly communicate main message (take-home points)
 - Engage audience; dazzle with your interest
 - Project a level of expertise
- **Understand audience**
 - Present at a level appropriate for audience
 - Appropriate background to generate interest
 - Highlight one or two areas of controversy or investigation to foster future interest



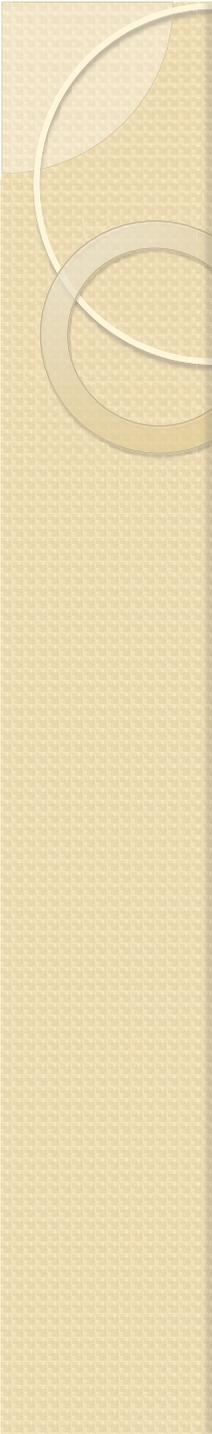
Improving our teaching

- The didactic lecture is in rapid decline as an effective teaching modality
- Within national organizations & COM emphasis on reducing scheduled lecture time on both basic science & clinical science in curriculum
- Develop a PowerPoint module that summarizes major learning points on a given topic (APGO Medical Student Education Objectives, Beckmann, et al. Obstetrics and Gynecology (6th edition))
- All the Education Objectives must be taught or experienced; either on the clinical services, by didactic lecture, educational module or simulation



Improve our teaching

- **Develop a number of case vignettes for a given topic for group discussion or individual review that accompanies and emphasizes the major learning points in the PowerPoint module**
- **Case vignettes can also be on PowerPoint so the module and vignette module can be posted together on the OBGY 3600 and 3800 Blackboard sites**
- **This approach allows our lectures to be given in a didactic format and reviewed later as needed or if clinical responsibilities present a challenge**
- **Department of OB GYN goal: all lecture topic presentations will have a PowerPoint module summarizing major learning points and a case vignette module posted on Blackboard for both Binghamton and Syracuse campuses**



6. Summary points

- Remember the residents and attendings that you thought were great when you were a student and try to do what they did that was effective
- Remember the residents and attendings that you thought were terrible when you were a student and try to NOT do what they did
- The entire program at the COM is going to evolve rapidly over next several months
- If you are in a bad mood, fake a good one
- The students are evaluating you; try to imagine how you look in their eyes
- Try to be as generous and fair doing student evaluations as you can
- Prepare quick talks on common topics to foster group or individual learning



Summary points

- **Do not bring unrelated issues into the evaluation process**
- **Write comments that are specific and useful to the student & Clerkship**
- **Write comments that correlate with numeric scoring**
- **Do not ask students to do non-educational or non-clinical chores**
- **Bringing students into the day-to-day clinical work requires practice; take every opportunity to incorporate students into what you are doing (practice “out loud”)**
- **Never assume that a student that is going into something other than OB-GYN is not interested in OB-GYN**

Questions

