Welcome to the Gator Educator—I offer this newsletter as a forum to discuss, share and advance medical education within the Department of OBGYN. I am excited about the opportunity to share our accomplishments, discuss our current struggles and most of all to provide resources and tips for teaching, evaluating and providing feedback to our learners. Medical education has evolved over the decades from a "see one, do one teach one" model to a competency based curriculum. Many of us in medical education model our teaching behaviors after those who have taught us.

This newsletter will hopefully fill the gap and provide tools, resources and tips for improving each and every encounter with our learners.

I am deeply indebted to each of you—residents, faculty, students, midwives, nurses, and support staff—you have generously articulated your observations, ideas, rewards, teaching methods, frustrations and hopes for education in our department. We have an impressive collective wisdom as teachers and supporters that must be shared.

In order to provide material to be included in the newsletter, feel free to email me at kelly.best@jax.ufl.edu.

Many thanks!

Chiefs for 2009-2010 share their thoughts

Dr. Emily Lampp and Dr. Alexandra Goldman share some thoughts on educational endeavors by residents: “We would like 4th year class to give more lectures during conference and make an effort to have a 5 min presentation every board check out, either on a specific ‘assigned’ topic or something interesting someone has read recently.”

“...in the past at resident meetings the chiefs had us go around the room...giving one positive and one negative...so everyone could contribute.”

Let’s support them in these efforts!
New mock oral examination

The American Board of Obstetrics and Gynecology requires that a graduate of an accredited OB-GYN residency program pass an oral examination in order to be Board Certified. Throughout our training little attention is given to the art of oral examination. In an effort to incorporate this training into the residency program, fourth year residents are now provided the opportunity to undergo a mock oral examination prior to graduation. This opportunity serves a dual purpose: to gain valuable experience with an oral exam format as well as to provide an opportunity to receive suggestions on how to avoid common pitfalls and traps.

As one resident suggested “The orals will be nerve wracking enough—I’d rather make mistakes now and have time to correct them.”

A special thanks to Drs. Benrub, McNeill and Best who have graciously volunteered their time to create and administer these exams.

For more information on ABOG requirements, go to www.ABOG.org

Kudos Corner

“Dr. Dalati...took the time to make sure I learned something—even at midnight!”

Congratulations to Drs. Kjerulff and Dalati for rave reviews on their recent medical student teaching evaluations!

One student wrote:

“Dr. Dalati was an amazing teacher on night shift. He took the time to make sure I learned something even at midnight! He also let me do a lot and I even got to deliver the baby.”

Another medical student wrote:

“Dr. Kjerulff was so patient and was a really good role model for me. She talked to patients kindly and explained things to them that allowed me to learn too.”

Our residents provide the heart and soul of medical student education on our campus and their every efforts are appreciated.

Keep up the fantastic work!

Patient (and student) education and the internet—beyond Google

The internet has proven to be a adjunct to both our own education as professionals but also for patients. How many times have you heard a patient say “I went online and looked it up.” Do you ever wonder what sites they use? Here are a few sites you may consider using to find patient-friendly information, practice guidelines and treatment algorithms. Remember your learners may find these site useful too:

www.asccp.org
www.acog.org
www.diabetes.org
www.menopause.org
Behind the Scenes—Thank you Angela!

You may know her as the smiling face as you enter the Department’s Administrative Suite. You may know her as the troubleshooter for the Wednesday didactic issues. What you may not realize is that Angela Mardany is one of the people who steps up to the challenge—keeping the residency program running smoothly. Marsha Cole outlines just some of Angela’s duties behind the scenes: “relentlessly contacts residents to ensure 100% compliance with multiple tasks including: conference attendance, mandatory training requirements, completion of evaluations, annual surveys, duty hour surveys, scheduling functions for PGY1,4 oral exams, semi-annual evaluation meetings, processing of call schedules, conference schedules, leave requests, clinic cancelation/coverage notices, monthly RIS report.

Let’s extend our thanks to Angela for a job well done!

What our patients say...

We have all faced the dilemma of how to teach at the bedside without causing discomfort to the patient or family. Recently one patient on L&D spoke about her experience:

“I felt like people were brought into my room to practice on me.”

How can we provide hands-on teaching at the bedside without compromising patient comfort or trust in their care team? Drs. Lyon and Best offer the following suggestions:

Provide your learner with a framework for what you are about to ask him/her to do. A “dry run” of sorts will go a long way for your learner’s confidence when approaching the bedside task. Avoid allowing your learner to struggle and consider a debriefing outside the patient’s room following the activity. Your learner will appreciate the opportunity to receive feedback in this way.

OBGYN sweeps medical education day

Advances in Medical Education Day was held on April 23, 2009 and the OBGYN Department was well represented. Drs. Sophie Peterson and Kristen Shepherd presented a poster entitled “The Little Black Book: Does a guidebook for incoming interns improve billing, documentation, and further education?” (Winner for Best Resident Poster). Dr. Kelly Best presented her research from the APGO-Solvay Educational Scholars Program entitled “Grommets and Glue Guns: Standardization of a Pfannenstiel Model for Low-Fidelity OBGYN Training.” (Winner for Best Faculty Poster). Dr. Brent Seibel presented a poster “Evidence for Early Exposure of Students to Medical Simulation” and was featured on a local newscast covering the event.

“I felt like people were brought into my room to practice on me.”
Teaching Tips: Art and Power of Narration

One student from this academic year’s first rotation wrote that:

“Dr. Seibel did an amazing job of taking the time to answer my questions and keep me informed about what he did and why. This made me feel more comfortable with what was going on.”

This is a wonderful example of a skill that psychologists identify as key to successful medical education – narrating our actions and thoughts. Certainly students can learn much from direct observation, but when we narrate, the learning is amplified greatly.

Narration is always useful, but especially when dealing with patient care which is too complex for direct student involvement. If a teacher cannot narrate during the clinical encounter or procedure, then she or he can provide the same information after as part of a debriefing.

It’s also important to inform conscious patients that any discussion occurring in their presence but not at their level will be shared with them immediately after.

As demonstrated in the attending’s evaluation, many of our students note in their evaluations of the clerkship how busy both attending and residents are on our service, and express appreciation for the time we take to teach and involve them.

Give narration a try in your next educational encounter!