In general, there was an appropriately diverse mix of patients (including race and ethnicity) seen on this service to meet the clinical training objectives.

The amount of patient care responsibilities assigned to me were just about right for my current level of training.

In general, I had an opportunity to develop procedural skills commensurate with my level of training.

I was given ample opportunity to become involved in learning about management of patient cases.

I felt supported and encouraged to present a differential diagnosis and treatment plan.

### Expectations/Learning Objectives

- Standards for my expected level of performance (how I was to be evaluated) on this rotation were made clear to me at the outset.
- On this rotation, the course protocol and its learning objectives were used by my preceptor to help me focus on content and/or skills that I was expected to master.
- There were adequate didactics on this service to enhance my existing knowledge base; i.e. conferences were scheduled regularly and occurred as scheduled.
- The information presented on this rotation was presented at a pace and at a level that was consistent with my existing knowledge base.

### Resources

- There were sufficient educational resources (computers, books, journals, & other library materials) available to me on this rotation.
- I had access to educational resources at times that were convenient to me.

### Clerkship Rotation Evaluation Results

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Eval Data from: 7/27/2010 to: 10/7/2011
On this service there were facilities and opportunities available to support learning about osteopathic manipulative medicine (OMM).

Faculty knowledgeable in the appropriate use of OP&P in case management were available to me as needed.

I had opportunities to use OMM on this service.

When seeking out opportunities to apply OMM, I felt supported by the faculty here.

The basic science content I learned in Year 1 assisted me in learning from the experiences I encountered on this service.

The systems biology content I learned in Year 2 assisted me in learning from the experiences I encountered on this service.

In general, the material I learned in Years 1 & 2 had little clinical relevance to what I encountered on this service.

I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.).

On this service, I never quite knew where I stood in meeting expected outcomes.

On this service, there was always someone available to answer my questions when I had them.

The post-rotation examination reflected the core content areas as described in the course protocol.
I feel prepared to insert a Foley catheter (male and female).
I can satisfactorily perform a surgical hand scrub.
I am able to gown and glove alone and with assistance.
I can perform instrument ties.
I can perform one-handed surgical ties.
I can perform surgical knots wearing surgical gloves.
I am able to properly change surgical dressings, both clean and contaminated.
I am able to suture and staple skin using sterile technique.
I am able to perform the proper exam of an acute abdomen.
I am able to prep and drape a surgical field.

I was treated as a professional by those supervising my student-physician role on this service.
My supervising faculty on this service modeled physician-patient interactions on this service in ways I would like to emulate.
Issues of professionalism were included as a point of discussion by faculty on this rotation.

Eval Data from: 7/27/2010 to: 10/7/2011
This rotation offered a positive learning experience and stimulated my interest in this specialty of medicine.

My experiences on this rotation stimulated my commitment to become a physician.

My experiences on this rotation stimulated my commitment to become an osteopathic physician.

Due to this rotation, I am comfortable caring for surgical patients including pre-operative and post-operative care.
Caseload and Management of Patients

Section Comments

My residents were not helpful in providing any feedback on my exams. I believe the expectations from me were higher than what was expected of most third years. But I was also able to develop procedural skills more advanced than my level of training, which I enjoyed. I felt that the Attendings were great teachers and encouraged me to get involved. Dr. mccalman was a good teacher as well but in some situations she seemed harsh and difficult to work with. I feel alot of it is due to the demands put on Dr. mccalman and frustration was passed onto me. Aka the saying everything rolls down hill :). I also feel the way I was treated by her toughened my resolve and gave me a thicker skin that in retrospect can see is a good thing.

Expectations/Learning Objectives

Section Comments

There was a small didactics lecture every day. It was my responsibility to present on a topic daily. Besides the educational meetings on Monday mornings, the service had little time to engage in didactics. We were mostly busy with doing floor work or scrubbing into surgery cases.

Resources

Section Comments

Since the hours of surgery begin and end after the opening/closing of library hours, it was somewhat hard to access educational resources.

Preclinical Preparation

Section Comments

N/A

Supervision/Feedback

Section Comments

The attendings were great at providing feedback, however the residents were not helpful in providing any type of feedback besides if I did something wrong in a rude manner and did not provide a good learning atmosphere. The shelf exam did not cover the main topics that are approached in general surgery. The exam focused a lot on trauma, urology, vascular and gyn. These are all specific types of surgery and unless your on that particular service, it is difficult to get exposure to that content.

Professionalism

Section Comments

As stated above.

Procedures

Section Comments

There were not many opportunities available to do a surgical abdomen or suture. To be proficient in both of those areas requires a lot of practice. My particular service did a lot of endoscopy procedures, and was only in the OR once a week.
I am able to administer local anesthetic.

The content of the online materials in the Angel course for Surgery reviewed the procedures I needed to be successful on my surgery rotation.

No

The suture tying videos were very helpful

Agree

I feel that the material in the Angel course is adequate but I wish that there were more practice questions or cases to practice.

NA

Wasn't very helpful

Yes

Agree.

Yes.

Yes

The suture tying videos were a great reminder as to how to tie knots which was very helpful. It would be nice if we could download them for future reference if ever needed.

Agree.

N/A

A thorough review of the procedures needed for this rotation is necessary during the campus orientation.

yes

I think this is a good idea

That would be a great thing to teach students every 3 months. It would make students from our school stand out in a Positive way.

NA

No

I strongly agree with the above statement it would be nice to have multiple opportunities to practice the above skills rather than one session during PCAC.

It would help.

Yes

They covered most things.

Agree.

N/A

I feel that the hospital orientation covered what I needed to know to be successful in this rotation.

yes

NA
Agree
As far as expectations from a student are concerned, the hospital orientation covered them well.

NA

Yes
Somewhat. It is difficult to have an accurate orientation, because every attending is different and every service has different expectations of their students.

Yes.

Yes

True

N/A

Overall Assessment

Section Comments

Great learning experience

My residents did not provide a positive learning experience, the only time they did any 'teaching' was when we did something wrong and got yelled at for it which was not in a very constructive way. However a few days on other services like with Dr. Clark showed me that it was possibly for me to have enjoyed the service and learn things.

N/A

Overall Summary - Please complete the following sentences.

The most beneficial experiences, classes, assignments, or activities in all my on-campus MSU/COM courses/experiences, which facilitated my performance on this clerkship rotation, were:

weekly group topic discussion and surgical involvement

The residents were great.

Respiratory class and GI.

I had opportunity to spend equally divided time among clinic, endoscopy and operating room. This gave me a comprehensive surgery rotation.

DPR

NMS

Surgery integrates all of the courses studied in year one and two, but GI was the most important, since general sx, focuses mainly on the abdomen.

Neurology, Respiratory, GI.

Suture clinic was helpful. GI course helped us to know the information for much of general surgery.

The GI system's course seemed to help a lot for this rotation.

N/A

This rotation could have been improved by:

more involvement and less rush on procedure

It would have been more helpful to me if I could have more time to read and learn. The hours of surgery rotation make it difficult to do so.
The Attending is not professional to students
Better 2nd year resident

Although it was a very positive experience for me, I expected to spend more time in Operating room. I have seen variety of surgeries and learned from surgeons about the apporaches they take. However, more time in OR would have given me opportunities to master my expected surgical skills.

IT was just too good... no improvement needed

Different residents, my residents never did any teaching to us, however when I was on another service Dr. Clark (resident) was extremely helpful in teaching me new techniques and how to manage patients effectively. He was very good with patients and keeping me involved.

Less scutwork more learning

Have more days in the operating room. It was just luck of the draw, my attending was in the OR only once a week, but did endoscopies three times a week, i feel more comfortable with colonoscopies and endoscopies, because i had more exposure to that. Surgery is a rotation of practice.

Nothing in particular to improve. Good experience.

More time to study would be nice but there is nothing that can be done about that.

The rotation could have been improved with more time for didactics/lectures. At times I felt that the service was somewhat disorganized in terms of who manages what patient (different from other services). But in the end, everything turned out fine.

N/A

The thing(s) I like most about this rotation was (were):

friendly staffs

The attendings and residents were very kind and helped me when I asked questions.

The level at which I was expected to perform was high and pushed me to work even harder than I would have before entering the service

The participation in patient care from patients' first clinic visit to post-op management.

Supports and understanding the surgical team shows on students and willing to teach by both hands on and books time in the clinic and in the OR. my attendings were great and so were other residents on other services like Dr. Clark the OR

My residents and learning the actual goals of why each procedure was performed. It was a great learning experience.

The patients, working with other students and residents.

The teaching didactics provided by the attending physician

Whenever there was a procedure that needed to be performed I was always paged so I could either do it or assist.

I loved scrubbing into the cases on this service. I especially liked the opportunities where I was given the chance to suture/SQ/close the patients by myself; confirming once more that I like procedures.

N/A