Caseload and Management of Patients

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.
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.

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## Professionalism

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.

## Procedures

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.

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### Clerkship Rotation Evaluation Results

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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

There were a lot of residents and interns on the team I was assigned so it was difficult to get to do as many procedures/scrub into surgeries as I would have liked to do because the interns and residents usually got the opportunities first before me. Also, there weren't enough surgeries for all of us all the time. I really enjoyed the residents and interns I worked with though; they were very helpful and aided in my learning of surgery.

I was constantly asked questions regarding disease and management of the patients we had on our service.

Each physician I worked with took the time to teach me various skills. I was able to participate in every case I was scrubbed in for.

In many cases I was able to be first assist in surgery. In some procedures I was able to perform with the attending/resident as an observer.

Expectations/Learning Objectives

Section Comments

We had surgery lectures about twice a week. Most of what I learned was from talking to residents or reading.

Dr. Reddy took the time at least once a week to personally teach our team. Teaching about various diseases and disease presentations. The residents taught us useful information as well.

This rotation was a great learning experience, but because every program has a different way of operating, I believe it would be nice to have a primer or syllabus issued by each program. I feel that in many aspects of this rotation I was learning in a "baptism by fire" mode, where knowing what to expect next was an issue. A department issued syllabus would help in orienting students to the procedures/protocols of each OR. I think this should be mandated for base hospitals at the University Level.

Resources

Section Comments

I used online resources quite often.

The computers and library were available all the time.

There is a wealth of material available here in the library and intranet.

Osteopathic Principles and Practice

Section Comments

My Attending was a MD and did not use OMM. I was able to see a few patients with a surgical DO resident and use OMM. He would go around on Mondays and do OMM rounds on various patients in the hospital and i was able to attend twice.

My attending is an MD, and though my residents are DOs, they did not use OMM or include OP&P in their patient evaluations.

While I did use my OMT, I was the only person I saw who used it.

There were no surgical faculty that were osteopathic physicians. OMT training was provided by the residents.

Preclinical Preparation

Section Comments

I learned the medicine aspect of the disease processes that we used surgery to treat.
I would have liked to of had more CLINICAL training/learning at MSUCOM-such as learning out to suture, put in lines, scrub in, wound-care, etc. The basic medicine behind the surgery I felt prepared for but the actual surgeries and everything else that comes along with it I felt that I was not prepared. A lot is on the job learning.

I drew from some of my previous knowledge, but had to supplement a great deal from outside resources.

There was very little surgery topics covered from what I can remember.

I feel I was prepared for this course in most areas. I do think more anatomy would be beneficial. MSUCOM has a reputation at my base hospital within the surgical department of having poor anatomy training. I feel that the initial anatomy course during first year was beneficial, especially since it was the first course in med school, it was a good introduction to the human body! However, I think that anatomy needs to be re-emphasized in the systems courses especially in GI and GU courses, much like it is in Cardio and respiratory. It would be nice to include mandatory anatomy lab sessions for GI and GU to emphasize clinical anatomy.

**Supervision/Feedback**

**Section Comments**

I haven't taken the post-rotation examination yet-will Aug 20th

I feel a lot of the questions on the shelf exam were not relevant to this rotation.

During this rotation I worked an average of 70 hours per week, and 18 days straight. My shortest day was 12 hours long. I don't have a problem working those hours, and in fact, compared to the navy it was a cake walk. What I did have a problem with was not having time to study. If students are expected to take an exam the last day of a rotation, then there should be a lower limit on the amount of hours we can be kept at the hospital.

It was hard to discern what was expected from me. Requests and feedback made of me by residents often differed from the attending.

**Professionalism**

**Section Comments**

Dr. Reddy truely cares about each patient that he sees and does the best for them.

**Procedures**

**Section Comments**

The peripheral IV insertion requirement is impossible to fulfill. I personally have tons of experience with this task, so I know I could do it if I had to, but my fellow students probably couldn't do it. We should really practice on each other.

I got to do perform each of these tasks multiple times.

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.

yes

I agree.

Agree.

I didn't find it completely necessary since there are so many good online resources. However, it is good they were available.

I was at the hospital so much, I didn't have time to watch them. The computers in our hospitals use an unsupported browser which makes video watching very difficult.

this was helpful.
hard to predict how different physicians decide to do procedures

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

I agree.
Agree.
I disagree.
They are needed on the first day of the rotation. The first half of the day should be dedicated to review.
agreed
yes.
no, more on protocol on what to do and keep in mind in the OR

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

yes
I agree but I think there should have been a scrub and suture clinic prior to this rotation. My suturing skills were very weak so I had to learn it and practice it on my own. I would have appreciated some guidance with this.
Disagree.
There was no scrub clinic included, had I not had taken a scrub clinic during my first year of medical school I would have been lost on how to do so during this rotation.
We watched a video about how to scrub in and act in the OR.
I would have liked a more complete hospital orientation to the OR.
this was not adequate. There was a surgical scrub procedure played for us 10 months ago, this was our only orientation.
we did not have an orientation

Overall Assessment

Section Comments
I'm quite certain after completing this rotation that surgery may not be the specialty for me.
I wouldn't want to be the sole person in charge of a patient quite yet.

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:

systems classes
DPR, Clinical Skills, GI, Anatomy (although I think we need to get more anatomy at MSU at not just focus on it in the beginning)
None. A surgical lab should be made mandatory where proper OR etiquette, gowning and gloving, prepping and draping, simulation of peripheral IV, or suturing is offered. I felt completely unprepared and behind DeMoine and Kansas City students in this field.
classes and my own shadowing experiences as well as surgical electives.
That one 45 minute portion of a class on knot tying.
Scrub clinic, and anatomy
Anatomy. Cardio, respiratory. Suture clinic provided through PCAC was very helpful.
GI Course, we saw a lot of GI related problems

This rotation could have been improved by:
nothing
Having a suture/scrub clinic beforehand.
Less students scheduled on the service at once. Other than that I've had a great experience.
none.
Having more hands on time before getting to the hospital. Also, having students present one patient a week for the first two years so that it becomes second nature.
And orientation to the OR.
An adequate OR orientation, provided by the hospital or a general orientation provided by the University.
great rotation! wonderful team to work with

The thing(s) I like most about this rotation was (were):
I was able to scrub and see a lot of surgeries and was able to suture often. the residents were very patient with me and helped me learn. The attending taught in a way as to make me think about medicine and not just spit back memorized facts. Overall I really enjoyed this rotation and felt I learned a lot.

Everyone I worked with! They were awesome and helped me so much. Elizabeth Pensler and Nina Kolbe especially are great doctors and great teachers. The surgeries were very interesting and everyone I worked with treated me with respect and kindly. Dr. Prakash was very nice and a great teacher as well.
The doctors that I worked with and the things that they let me do during surgery to gain experience.
Everyone was very friendly and great teachers, I really liked being giving direction and a role/responsibility, I loved being in the surgeries and busy all day, I loved everything about this rotation other than the extremely long hours! :) working with my residents and interns and interacting with patients.
I liked the procedural aspect, and being able to see people improve almost instantly.
The attendings, residents, and interns willingness to teach. The opportunity for hands on training.
Being able to be first assist in procedures. Being directly involved in patient care.
Chad was always more than willing to teach, he was a wonderful senior resident and always let em get involved and be a part of patient care. Dr. prakash was also very willing to teach and let you have a lot of responsibility when it comes to helping decide how to care for patients- i felt like i was able to give my own personal input. My whole team was wonderful