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.

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.

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.
### 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.

### Clerkship Rotation Evaluation Results

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| Procedures      |     |    |    |    |    |    |   |    |    |    |    |   |    |    |    |
|                 | 17  | 1  | 6% | 1  | 6% | 11 | 69%| 3  | 19%|    |    |    |    |    |    |
|                 | 17  | 1  | 6% | 7  | 44%| 8  | 50%|    |    |    |    |    |    |    |
|                 | 17  | 1  | 6% | 8  | 50%| 7  | 44%|    |    |    |    |    |    |
|                 | 17  | 1  | 6% | 8  | 50%| 7  | 44%|    |    |    |    |    |
|                 | 17  | 3  | 19%| 9  | 56%| 4  | 25%|    |    |    |    |    |    |
|                 | 17  | 2  | 13%| 10 | 63%| 4  | 25%|    |    |    |    |    |
|                 | 17  | 1  | 6% | 9  | 56%| 6  | 38%|    |    |    |    |    |
|                 | 17  | 2  | 13%| 6  | 40%| 7  | 47%|    |    |    |    |    |
|                 | 17  | 3  | 19%| 7  | 44%| 6  | 38%|    |    |    |    |    |
|                 | 17  | 2  | 13%| 9  | 56%| 5  | 31%|    |    |    |    |    |    |
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.
Preclinical Preparation

Section Comments
Surgery is very hands on so most of our classwork was not helpful

Supervision/Feedback

Section Comments
I believe the Surgery Shelf Exam would have been much tougher if I had not had one month of internal medicine rotation since there were a good amount of medicine in the exam
The shelf was more medicine than surgery

Procedures

Section Comments
Surgery was the most hands on rotation, I enjoyed learning these skills

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.

Agree
I did not use the online material for this rotation
Yes, The orientation plus youtube videos on procedures or making surgical knots helped quite a bit!
The links on Angel did not work for me.
I am not sure
Gowning and gloving was great to just go over at will.
agree
I watched the how to videos and felt more comfortable when I had to scrub, gown, and glove.
True

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

Disagree
Yes it is
No, just a link to these resources is enough during campus orientation. A student really benefits from viewing these procedures the night before.
YES- we need more experience with scrub technique and suturing before we start.
No
Seems as if other school go through an extensive process to learn gowning and gloving as well as intruments it would be nice if MSUCOM incorporated something like that in clinical skills
yes!
No, this should be taught when you get to surgery. We had suture clinics in the past, but I didn't really get good until in surgery where I had 1 on 1 explanations
True
I feel that the hospital orientation covered what I needed to know to be successful in this rotation.

Agree
Yes it did
Yes it did.
agree
Yes.

I am not sure what orientation we’re talking about
no
True

Overall Assessment

Section Comments
I enjoyed surgery more than I thought I would

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:

Suture clinics
Respiratory Rocked out by giving us clinical/more practical way of approaching cases.
Anatomy, cardiology, respiratory, GI
GI, respiratory.
working as a prosector at MSUCOM, pervious numerous shadowing surgeons, vascular research with micro surgery experience
GI?

Knowledge of certain procedures was helpful, but nothing really prepared me too much. I just had to get in there and do it
GI, Radiology, Anatomy

This rotation could have been improved by:

More diverse cases
More formal and informal teaching time!!!
Less students on the rotation at one tome
More perparation on my part prior to beginning the rotation.
An updated Encore system for the logging of surgical cases and surgical patients

allowing the students to be more involved in pre and post op patients. Unfortunately, at HF Main, the students only spend direct time with patients in clinic. It seemed like inpatient stays were not for students to learn from. In the OR, however, it was decent.

actually being organized and treating ALL students with respect
More didactics

More time for teaching from the senior residents

More variety in surgical cases, as many were acute abdomens or bariatric surgeries.

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

- The atmosphere and opportunities to do things
- The ability to scrub in on cases and be a part of the surgery.
- Hands on application of concepts learned.
- The residents taking the time to teach me anything I asked about and their positive attitudes
- Learning to suture.
- The OR

Dr. Anad was amazing! He asked lots of questions and was available to answer just as many. The rotation was ran in a way that allowed you to do as much or as little as you wanted. Very supportive attendings and resident staff!!

- Trauma with Flavo and Murthy was good
- Hands on experience
- The exposure to all the different aspects of general surgery.

The residents and teaching faculty were supportive, helpful, and interested in teaching us proper surgical skills. We were able to be very involved in surgeries.