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.

<table>
<thead>
<tr>
<th>Caseload and Management of Patients</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Expectations/Learning Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards for my expected level of performance (how I was to be evaluated) on this rotation were made clear to me at the outset.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>There were adequate didactics on this service to enhance my existing knowledge base; i.e. conferences were scheduled regularly and occurred as scheduled.</td>
</tr>
<tr>
<td>The information presented on this rotation was presented at a pace and at a level that was consistent with my existing knowledge base.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>There were sufficient educational resources (computers, books, journals, &amp; other library materials) available to me on this rotation.</td>
</tr>
<tr>
<td>I had access to educational resources at times that were convenient to me.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clerkship Rotation Evaluation Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>7</td>
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<td>7</td>
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</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>N=</th>
<th>NA %</th>
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<th>A %</th>
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</tr>
</thead>
<tbody>
<tr>
<td>I was treated as a professional...</td>
<td>7</td>
<td>1</td>
<td></td>
<td>14%</td>
<td>7</td>
<td>14%</td>
<td>1</td>
</tr>
<tr>
<td>My supervising faculty...</td>
<td>7</td>
<td></td>
<td>3</td>
<td>43%</td>
<td>7</td>
<td>43%</td>
<td>1</td>
</tr>
<tr>
<td>Issues of professionalism...</td>
<td>7</td>
<td></td>
<td>2</td>
<td>29%</td>
<td>7</td>
<td>29%</td>
<td>1</td>
</tr>
<tr>
<td>I feel prepared...</td>
<td>7</td>
<td></td>
<td>4</td>
<td>57%</td>
<td>3</td>
<td>43%</td>
<td></td>
</tr>
<tr>
<td>I can satisfactorily...</td>
<td>7</td>
<td></td>
<td>4</td>
<td>57%</td>
<td>3</td>
<td>43%</td>
<td></td>
</tr>
<tr>
<td>I am able to gown...</td>
<td>7</td>
<td></td>
<td>4</td>
<td>57%</td>
<td>3</td>
<td>43%</td>
<td></td>
</tr>
<tr>
<td>I can perform instrument...</td>
<td>7</td>
<td></td>
<td>5</td>
<td>71%</td>
<td>2</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>I can perform one-handed...</td>
<td>7</td>
<td></td>
<td>1</td>
<td>14%</td>
<td>4</td>
<td>57%</td>
<td>2</td>
</tr>
<tr>
<td>I can perform surgical...</td>
<td>7</td>
<td></td>
<td>1</td>
<td>14%</td>
<td>4</td>
<td>57%</td>
<td>2</td>
</tr>
<tr>
<td>I am able to properly...</td>
<td>7</td>
<td></td>
<td>1</td>
<td>14%</td>
<td>4</td>
<td>57%</td>
<td>2</td>
</tr>
<tr>
<td>I am able to suture...</td>
<td>7</td>
<td></td>
<td>1</td>
<td>14%</td>
<td>4</td>
<td>57%</td>
<td>2</td>
</tr>
<tr>
<td>I am able to perform...</td>
<td>7</td>
<td></td>
<td>1</td>
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<td>3</td>
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<td>I am able to prep...</td>
<td>7</td>
<td></td>
<td>2</td>
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<td>2</td>
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</tbody>
</table>
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

I basically got bandages for the residents and ran around the hospital grabbing things for them when they visited patients. Very un-educational and demeaning. I felt like the mentality on this rotation was geared towards using me as a servant when I worked with particular residents.

As time went on, I was given more patients to round on in the morning. I felt like I had to push myself to finish seeing 4 patients in the hour before we all met. Sometimes that felt unsatisfying, and like I wasn't really learning much from those patient encounters. I think doing consults and new patient H & Ps was more helpful. I still don't feel as confident as I would like to be with the medical management of surgical patients.

Expectations/Learning Objectives

Section Comments

The only good aspect was Mo and the Chief Resident Shadi Faraj who cared to teach me.

We had resident didactics each week, but I wish there were more structured didactics for the students. The student coordinator made a packet for me with expectations and things I should read, but once I had started the rotation, she didn't really check in with me much. I didn't really know what she thought of my progress, or whether or not she had checked in with the others to see how I was doing. I gave a presentation on Nutrition in surgical patients, which she gave me no feedback on at all. I didn't know whether she was pleased with me overall or disappointed. The chief resident gave me more feedback.

I was appreciative of the educational coordinator, Mo, because he did a couple suture workshops with me which were helpful.

Resources

Section Comments

The residents gave me their user name and password to the accesssurgery website which had some good resources.

Osteopathic Principles and Practice

Section Comments

We were supposed to have an OMM didactic session but that was cancelled. I did OMM on one of the residents, but I didn't use it on any of the patients. I feel like I would have been supported by the residents if I sought out those opportunities, though.

Preclinical Preparation

Section Comments

I thought that the material from the GI course was the most helpful on this rotation. Many of the surgeries were GI surgeries: hernia repairs, lap cholecystectomies, appendectomies.

Supervision/Feedback

Section Comments

I was clueless about what was expected from me. Residents like Christine Laird and Kathryn Dalton were absolutely disrespectful towards me.
During the first week, I was given feedback about my charting and how to shorten it for the daily notes. One of the
interns that I worked with when I was on call a couple times was helpful with giving me feedback about my notes. I was
given feedback about my suturing when I helped to close during some of the cases. I felt more supported by some
residents and was criticized more by others, when I wanted to suture or help out during the case.

The shelf exam seemed to be more like an internal medicine exam than a surgery exam. There didn't seem to be a lot
of questions about surgical management. It almost felt like we should study mostly internal medicine to do well on the
exam.

### Professionalism

#### Section Comments

Christine Laird was very unprofessional. She made it a point to ignore any questions I had and treat me disrespectfully.
The sad thing is people like her are given a great deal of power over medical students at Wyandotte and if they dislike
you for unknown reasons they will make your rotation very difficult.

Most of the residents treated me well. Sometimes a couple of them could be rough around the edges and not very
sensitive or patient.

Dr. Gazdecki was very good with his doctor-patient interactions.

### Procedures

#### Section Comments

The only reason I know how to do any of this stuff is because Chief Resident Chadi Faraj and Mo really tried to teach
me and made it a point to include me in learning activities.

I was supported for the most part when I wanted to practice 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.

The online suture video was very helpful to have access to again.

I did the insertion of a nasogastric tube once, but probably wouldn't feel very confident unless I practiced it a few more
times. I need more practice with peripheral IV insertion.

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

I think the current suture video and the other links provided are adequate orientation.

It might have been helpful to have a review of all of these procedures during the campus orientation, or to have had
more practice with these skills prior to third year or during PCAC.

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

We had a surgical orientation which covered the basics, but I learned as I went along for the rest.

### Overall Assessment

#### Section Comments

All the residents were very welcoming and created a positive learning environment. I always felt encouraged to
participate in my patients’ care.

I was thankful to be done with this month. Someone needs to inform the residents at Wyandotte that students are not
the enemy but instead individuals who want to learn and should be treated with at least a little bit of respect. Instead, the
attitude seemed generally antagonistic towards students.

I still feel like I need more practice in management of patients to feel confident.
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:

The scrub clinic at MSUCOM was probably the single most valuable activity from my first two years that was helpful in this rotation.

I thought the suture clinics we had during PCAC were helpful. Also, the GI course was helpful.

This rotation could have been improved by:

The unbridled power some residents who may have personal problems with a particular student exert needs to be reigned in. Arbitrary rules were created to make my experience very difficult. Forcing students to do calls for four nights on this rotation seemed excessive. I really disliked my experience because it was geared more towards making me do scut work than actually learning. The mentality towards students needs to be improved as well. Someone needs to inform the residents that students are not the enemy. There is too much drama in this program. Students do not pay thousands of dollars a year to be picked on simply because someone does not like you. Very frustrating.

-I would have liked more structured didactics
-I would have liked to have had more feedback throughout the rotation or more assignments
-I would have liked more one-on-one teaching from the residents. It would have been neat if I could have put in a central line or learned more procedures.
-I wanted more practice suturing during the cases
-I would have wanted to review more of the management of patients with the residents. Often, during rounds, we were trying to finish as quickly as we could, and there wasn't a lot of teaching.
-It would have been good if the residents or attendings could explain things during surgery

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

I really felt like a part of the team on this rotation. It helped me become a lot more involved with my patients’ care.

Mo is a staff member who taught us quite a bit. He was a source of knowledge who I could turn to so I believe increasing interaction with him would have been beneficial. Chadi Faraj, the chief resident really respected me and tried to teach me a lot.

-I enjoyed scrubbing in on a variety of cases, including general surgery and vascular cases. I especially enjoyed the vascular cases. I enjoyed being in the OR more than on the floors.
-For the most part, the residents were nice to work with.