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.
### Osteopathic Principles and Practice

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.

<table>
<thead>
<tr>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>3</td>
<td>43%</td>
<td>1</td>
<td>14%</td>
<td>2</td>
</tr>
</tbody>
</table>

### Preclinical Preparation

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.

<table>
<thead>
<tr>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>3</td>
<td>43%</td>
<td>1</td>
<td>14%</td>
<td>3</td>
</tr>
</tbody>
</table>

### Supervision/Feedback

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.

<table>
<thead>
<tr>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>6</td>
<td>86%</td>
<td>1</td>
<td>14%</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>1</td>
<td>14%</td>
<td>4</td>
<td>57%</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>5</td>
<td>63%</td>
<td>1</td>
<td>13%</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>3</td>
<td>43%</td>
<td>4</td>
<td>57%</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>1</td>
<td>14%</td>
<td>1</td>
<td>14%</td>
<td>1</td>
</tr>
</tbody>
</table>
Site: Mercy General
Service: SURGERY

### 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.

---

Class Year: 2012

<table>
<thead>
<tr>
<th>N=</th>
<th>N</th>
<th>NA %</th>
<th>SD %</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>1 14%</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>1 14%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N=</th>
<th>N</th>
<th>A %</th>
<th>SA %</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>7</td>
<td>1 14%</td>
<td>29%</td>
<td>57%</td>
</tr>
<tr>
<td>7</td>
<td>1 14%</td>
<td>29%</td>
<td>43%</td>
</tr>
</tbody>
</table>

---

Eval Data from: 1/28/2011 to: 8/15/2011
Page 3

Print Date: 3/19/2012
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 was able to round on patients and also write SOAP notes on patients each day.

Would have like clearer guidelines or possibly an overview from the school about what is expected for rounding - understanding that the physician I worked with does very brief and focused rounding.

Given the amount of patients that were seen and the nature of the visits (consults of follow-ups) it did not seem to work well having me see the patient and develop my own assessment and then have the attending go in as well. This was not fault of my attendings but just the nature of a surgery office care, as a result, I did not see any patients on my own so office was essentially shadowing. Again, this was not due to an inadequacy on their part, but it was, I felt, a limitation to my education.

Resources

Section Comments

I was given books as well as given a list of recommended sources to read from.

Osteopathic Principles and Practice

Section Comments

I used OMM on a patient post bowel surgery, but the attending did not have experience with this.

there was no OMM used in pre-op or post-op patients.

Preclinical Preparation

Section Comments

I was able to incorporate information on disease processes learned in systems courses

Supervision/Feedback

Section Comments

I was given proper feedback in all of the areas that I was exposed to.

Both attendings were very open and willing to teach. I was never intimidated or afraid to ask questions or try to talk through concepts with either of them.

Professionalism

Section Comments

Dr. Zwemer is a model physician and one I would like to emulate one day.

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 angel site was very helpful in outlining what procedures needed to be accomplished.

They did help.

Yes

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

My attending never inserted an NG tube or foley. Curious as to why these are major points of the student protocol.

I think the orientation should include surgical knots, suturing, and instrument education (names and uses).

Teaching us how to scrub was somewhat helpful, but my Doctors would have taught me anyway.

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

This orientation did an excellent job preparing me for the procedural skills that I was going to do on my rotation.

Would have liked more information about what is expected on rounding and for updated notes in the hospital chart.

It gave me the basics, yes.

No

Definitely

Overall Assessment

Section Comments

Seeing patients before surgery in the office and then rounding on them in the hospital post-op was a great learning experience.

I don't think it should be expected that after 4 weeks of training we be "comfortable caring for surgical patients"

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 online orientation and the surgical scrub clinic that I took part in at my base hospital.

We never did surgery in our first 2 years so it was a whole new experience for me.

This rotation could have been improved by:

having assigned readings nightly.

More autonomy with the patients, wherever time and resources will allow.

I needed more clarity on what was expected. My attending was a 'Surgicalist', so I never knew when I was expected to be on call because he was every day

Nothing

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

My attending allowed me to participate in all of his cases and learn to use many different instruments and devices.

Both attending doctors were very open to teaching and very patient with me as a student. During surgeries I was able to practice sutures, ties, knots without feeling pressured or demeaned in any way. Both were respectful, professional, and very good at what they do (made clear by not only observation but patient feedback). I am glad I had the opportunity to work with them.

Dr. Zwemer and how great he was to his patients.