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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<td><strong>Osteopathic Principles and Practice</strong></td>
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<td>On this service there were facilities and opportunities available to support learning about osteopathic manipulative medicine (OMM).</td>
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<td>I had opportunities to use OMM on this service.</td>
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<td><strong>Preclinical Preparation</strong></td>
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<td>The basic science content I learned in Year 1 assisted me in learning from the experiences I encountered on this service.</td>
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<td>The systems biology content I learned in Year 2 assisted me in learning from the experiences I encountered on this service.</td>
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<td>In general, the material I learned in Years 1 &amp; 2 had little clinical relevance to what I encountered on this service.</td>
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<td><strong>Supervision/Feedback</strong></td>
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<td>I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.).</td>
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<td>On this service, I never quite knew where I stood in meeting expected outcomes.</td>
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<td>On this service, there was always someone available to answer my questions when I had them.</td>
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<td>The post-rotation examination reflected the core content areas as described in the course protocol.</td>
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</table>
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.

Issues of professionalism were included as a point of discussion by faculty on this rotation.

My supervising faculty on this service modeled physician-patient interactions on this service in ways I would like to emulate.
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 too many people (students, interns and residents) on surgery rotation, making it extremely difficult to get any time in the OR. I felt I spent more time reading in the library than actually rounding with attendings/residents and/or in the OR.

There were too many students scheduled on this rotation at the same time to allow us to really appreciate general surgery.

We rounded every morning, wrote our own notes. However, it was sometimes difficult to even give full sign-out before the chief resident cut us off and just asked the person above us questions we would be able to answer.

The caseload was far too small for this rotation. There were way too many students on the service. Please do not assign more than 3 students to the service in the future. This is counterproductive and a waste of time.

We were assigned a patient to round on in the morning which was good experience, but it would have been nice to be able to be involved in admissions and consults as well.

Expectations/Learning Objectives

Section Comments

Education service was good on this rotation.

I don't believe that MSU learning objectives correlate with general surgery emphasis.

Resources

Section Comments

MSU online library access was an outstanding resource

Way too much time the library - a product of too many students for the number of cases available.

Preclinical Preparation

Section Comments

Could have more clinical relevance incorporated into systems courses related to surgery.

It was assumed I knew general surgery operational procedure such as suturing, which I didn't. The resident told me this was stuff that I should have learned as a 2nd year med student.

Supervision/Feedback

Section Comments

Although MSU had an list of expectations, some of them were difficult to meet considering nurses insert the peripheral IV and the anesthesiologist insert the NG tube. There were a few attendings/residents/interns that were willing to answer questions, and seemed enthusiastic about our education, others it seemed we were a bother to.

Expectations of students were not well communicated or understood by the residents. Some of them said we could do things, the others said we couldn't. There were a lot of conflicting messages about our role.

I did not take the surgery shelf after this rotation. My first general surgery rotation was in July, and I took the shelf after that month rotation.

Professionalism
The attendings on the general surgery service were fantastic, accommodating and encouraging. Several of the residents however, were quite difficult to work with. They were cold to students, unwilling to help and often discouraging. At times, it made for a miserable experience.

It was assumed I knew general surgery operational procedure such as suturing, which I didn't. The resident told me this was stuff that I should have learned as a 2nd year med student.

I was only given one opportunity to insert a Foley catheter and therefore I feel that I need more practice in this area to feel proficient to do this on my own. Also because there were so many students and interns on this rotation and because we were constantly behind schedule I only was able to suture a few times so again I feel that I need more practice.

I completed the core competencies, but would have liked more opportunities to practice. There were simply too many students on service.

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.

As mentioned previously, the list of expectations was helpful, however some of the requirements were not applicable to the surgery rotation. Also, since there were so many interns and students on surgery this month, I was only able to barely complete the requirements

somewhat
I agree.

NA

good

I strongly agree with this statement.

True

Most of the videos were things that we already covered in previous suture labs. It would be nice to get some detailed breakdown of procedures and anatomy commonly seen in general surgery.

True?

no

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

No

not necessarily

I agree.

No.

definitely

That might be helpful.

I agree even though we'll likely forget most of it, it's nice to have that kind of exposure so that we aren't so clueless in the hospital. For example, the suture lab was very helpful. Even though it is so different suturing on real skin, getting the techniques down was very helpful.
I feel that the hospital orientation covered what I needed to know to be successful in this rotation.

Yes, the orientation was helpful

somewhat

I agree.

Yes.

good

Agree

True

It did provide some scrubbing gown/gloving and OR etiquette but not other procedures.

Yes

yes

Overall Assessment

Section Comments

Again, there was too many people on surgery to really get a feel for it.

I feel my ability to fully experience a surgical rotation was dampened by the number of students on the rotation along with me. There was not enough cases for all of the students and interns, and residents to be able to scrub frequently. I did not have the number of opportunities I would have liked to practice the skills I was supposed to have acquired because we had to rotate which one of us was able to scrub due to the large student/intern number.

There were WAY too many people on this rotation and therefore the experience was rather diluted. I scrubbed on one to two surgeries per day and spent an extensive amount of time in the library. There REALLY needs to be a way to spread the students out to more than three rotations during the first two months because when you take into account the number of students, interns, and residents on surgery this month there is not enough work/patients/surgeries to go around.

I had a good time on surgery, but would like to repeat it with fewer students on service.

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:

Anatomy

GI systems course

I do not feel any particular class was that beneficial for this rotation. The laparoscopic videos shown in the GI course was probably one of the more helpful elements.

Systems courses during 2nd year.
not much. Definitely need to improve student knowledge of pre-op, post-op care and procedures performed. I felt quite ignorant at times because I lacked basically knowledge about how to care for the patient.

Suture clinic, lectures were beneficial as well.

Suture lab, Anatomy, GI

The anatomy course was very helpful. The 2nd year respiratory course was also helpful.

Perhaps suture lab. Wish we had more than one.

The surgical workshop that was provided for 2nd year students near the end of the academic year had potential to be helpful, however it was not.

All year 2 courses.

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**This rotation could have been improved by:**

- Having less students on service so that more time could be spent developing surgical skills.
- Limiting the number of MSU students to less than 2 per surgery rotation
- Decreasing the number of students assigned to the rotation at one time. There was not enough opportunities to practice my skills, interact with patients, or scrub because of the need to share the light workload.
- At most scheduling 2 students at a time as often only 2 surgeons operate each day, sometimes 3
- Fewer students.
- Not jamming us all on the same rotation!! It was a hinderance to my experience to have so many students on surgery at once, because I got to scrub a maximum of two cases per day. I would rather wait a few more months and take a less crowded rotation than have to sit in the library all day.
- Fewer students on the service
- Fewer students would have allowed us a LOT more experience and a much better learning opportunities.
- Assign students to surgical cases the day before instead of that morning.
- One particular resident treated me unprofessional. He yelled and belittled me. His behavior could have been improved.
- More surgical supplemental knowledge, more courses for suturing, knot tying, camera driving before so that it wouldn't be such a learning curve.
- Organization with 'weekly rotations' with the various attendings.
- Residents seemed to squabble a lot. Some of the residents didn't care about teaching as much as they should
- More teaching from residents and attendings

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

- The amount of assistance that was required of us to provide residents and attendings was both beneficial and encouraging.
- The attendings and residents who furthered my knowledge. Also, learning to scrub and being able to see a variety of general surgery operations.
- The ability (though limited) to practice suturing/stapling/assisting in surgery.
- Being allowed to scrub and participate in surgeries.
- Rounding on patients.
- Actually being in surgery.
Being in surgery and able to scrub and assist suturing, rounding, seeing patients in the ER, scrubbing in on cases.

The residents are really good at letting students do things, and very clear in assigning cases and tasks. We didn't have to guess what we have to do during a day at the hospital.

Hand on skills. It stimulated my interest in surgery.

Following with patient’s pre and post op as well as during several surgeries. Had the full continuum of care.

Being involved, being included, and being expected to make decisions.

Hands on, get to do a lot.