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.

### Caseload and Management of Patients

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### 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.

## 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.

## 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.

### Clerkship Rotation Evaluation Results

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Eval Data from: 7/27/2010 to: 7/21/2011

Page 2

Print Date: 3/19/2012
**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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**Class Year: 2012**

**Clerkship Rotation Evaluation Results**

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Eval Data from: 7/27/2010 to: 7/21/2011
Site: Mt Clemens Regional MC  Service: SURGERY

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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.

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Eval Data from: 7/27/2010 to: 7/21/2011  Page 4  Print Date: 3/19/2012
Caseload and Management of Patients

Section Comments

I was pretty much fending for myself with Red team (Dallalay and Miller). Little to no instruction and minimal answering of my questions.

Kusich and Wright were excelent as was Cullen. They were the high points of my rotation.

With the week I spent on the trauma service as the exception, the other weeks on Surgery I was never asked to round with the attending. The residents didn't take the time to include me when going over the list. Little time was spent going over procedures. Almost zero time was spent going over differentials and treatment plan. It seemed like they were too busy to be bothered keeping the student up to date or teaching.

I had a great experience with all the residents and attendings.

The attendings and residents were excellent at taking time to go over cases and patients with me. They gave me responsibilities so that I could be involved with patient care.

Expectations/Learning Objectives

Section Comments

There wasn't much consistent instruction across the services. For instance one week blue team would get lectured but none of the other services would get lectured and then the following weeks blue team wouldn't get the same lecture. Very hit or miss as to what what you would get from week to week.

There was supposed to be morning education after every sign out. Some days the resident forgot. Some days the senior resident didn't want to do education. When there was education, it was read off a piece of paper as fast as possible without time for questions or clarification.

Resources

Section Comments

You could pretty much always go to the library because you usually weren't sure where your residents were

Library is great.

Preclinical Preparation

Section Comments

How do you know if a patient is a surgical candidate? Don't think this was ever made clear during first 2 years except for in the extreme medical emergency cases.

Supervision/Feedback

Section Comments

Haven't yet taken the Shelf Exam.

There was almost no feed back from the residents. They may or may not look over your notes with you. They might just tear them up. They might make changes and not even tell you. So that was frustrating. Dr. Cullen was one of the few that did give some feedback.

Professionalism

Section Comments

I did not feel as though I was seen as an equal. Becasue I wasn't a surgeon, they saw me as less than them and made comments to that effect.
Procedures

Section Comments

- Would have liked more instruction on dealing with more acute abdomens
- Need more practice. Wasn't given enough opportunities to feel confident doing many of these procedures.
- This rotation allowed me to get involved and perform many techniques and procedures - the most out of any rotation that I've had so far!

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.

- I could not locate such materials
  - True
  - Agree. Surgical Recall also has a really good intro chapter.
- I agree
  - the knot tying video was particularly helpful.
  - True
  - Agree.
- Yes.
  - yes it did. it gave me insight in what i didnt to learn

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

- I think that would be very helpful.
- No, I thought it was better to learn as I went
  - yes please
  - Disagree, but would be helpful.
- I disagree
  - no
  - Neutral.
  - Yes.
  - i think it needs to be done closer to when the actual surgery rotation is
  - No, everything is gone over when you are on the rotation.

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

- True
- True
- Agree.
- Definitely
yes, the scrub clinic given at orientation was very helpful.
Agree.
Yes.
yes it did
Yes

Overall Assessment

Section Comments

This ruled out this area of medicine for me. I just can't handle these people and their drama and arrogance.

I know surgery isn't for me (which I thought going into the rotation) but I did have more fun and learn way more than I expected to.

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:

Second year classes
Anatomy, DPR
Respiratory class and ACLS training.
GI classes, which I loved; but those were certainly the most helpful. Second would probably be cardiology and third, hematology.
I was able to discuss decisions, etc. with the residents and they were really helpful with teaching me the ways of a surgeon.
All of the hands on procedures/learning in the OR, etc...
Suture Clinic, GI
Learning how to properly examine an acute abdomen.
the reproductive systems course
Anatomy, GI, Respiratory, Cardiology

This rotation could have been improved by:

If the residents were more clear on what we had to get accomplished
Nothing, it was a great rotation for me
more respect, more instruction, and more structure. Need to have an intern for every student and their needs to be more time taken with the students
More teaching from residents and attendings.
Being able to physically do more (i.e. catheters)
Opportunity to practice IV insertion, NG tube insertion
Nothing is coming to mind. This was a good rotation.
More teaching and more ability to perform procedures.
not doing as many night calls.
The thing(s) I like most about this rotation was (were):

- trauma surgery
- The leadership/teaching skills of the residents I worked with
- The challenge of full work week hours.
- Upbeat, exciting, great interns, residents and attendings.
- I didn't even want to do surgery and I truly enjoyed this rotation because the residents were able to incorporate more "medicine" aspects into the rotation for me.
- Variety of different opportunities and objectives.
- Fast-paced and a lot to learn.
- being able to perform many pap and pelvic exams
- being able to help out in the surgeries by being first assist in some situations as well as suturing
- I was treated like part of the surgical team and was allowed to get involved with patient care. The attendings and residents would take extra time to go over topics and cases with me, which I appreciated. I learned a ton on this rotation and think it is very beneficial.