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.

### Caseload and Management of Patients

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### Expectations/Learning Objectives

### Resources
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.
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.

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.
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 many times on this rotation where I was told that I would present a SOAP to morning rounds, and would in fact be left out completely during the discussion of the patient. Also, instructions on what would be expected of us were never given. After morning lecture our residents would leave us without any direction on what was expected of us for the day. This resulted in a large amount of time being wasted trying to find someone to tell us what to do.

No learning/education at all -and basically I was just there to do their work-

### Expectations/Learning Objectives

**Section Comments**

again-no education very little didactics-and my resident dr. gay was very clear that his protocols and objectives were more important than MSU'S

### Osteopathic Principles and Practice

**Section Comments**

OMM was never discussed.

No OMM ever done on the service and on my evaluation Dr. Gay said I was satisfactory in my skills when he never even had me do any-nor did he ever do any!

### Preclinical Preparation

**Section Comments**

I felt completely unprepared for boards and for rotations, despite spending the last 2 years studying this material.

### Supervision/Feedback

**Section Comments**

I haven't taken the Shelf exam yet.

Basically I felt very intimidated and threatened on this rotation that if I did not do everything I was told (lots of busy work) I would fail -

### Professionalism

**Section Comments**

Was forced to pick and choose by trial and error the attendings that would accept/acknowledge medical students. One attending (not listed) did not look any medical student in the eye during the entire month. When asked a question, he simply responded in one word answers.

Again-Dr. gay was very unprofessional in the way he treated me and dr. lamb could have cared less to teach me

### Procedures

**Section Comments**

I am able to complete most of these quite well because of an ER intern that was on the gen. surgery service with me. He taught me all of these procedures, not anyone on the surgery service.

Most of this I had learned on my Ob/GYN rotation and I practiced suturing a ton with my father throughout the month- and was able to do most of this with the nurses
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.

Moderately agree. Can't read anything to prepare for scrubbing in in my opinion. It's very anxiety producing the first time and you forget just about everything in the moment. I just had to do it to feel comfortable.

agree

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

agree.

agree!

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

Disagree. 2 videos on scrubbing and sterilizing are not sufficient. We need to practice this stuff in medical school sometime in the first 2 years. LECOM does. Don't make it an elective; make it mandatory prep for the hospital experience.

disagree

I really enjoyed being in the OR. I enjoyed the procedures that were performed, and enjoyed the insight that some of the attendings provided as well (names listed).

Nothing!

Overall Assessment

Section Comments

worst rotation i have had yet-I spoke with my DME b/c it was so bad

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:

Family med preceptorship was the most helpful. It is the most clinically based learning experience and therefore the most helpful. Anatomy would have been helpful if it would have been closer in time to this rotation. Unfortunately it was almost 2 years ago.

n/a

This rotation could have been improved by:

More clear expectations expressed by the residents or attendings on what is expected of us.

Conformity amongst the residents and surgeons on how to teach.

this rotation was horrible-both the first year interns are leaving the program-should not be a rotation here

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

March 19, 2012

Eval Data from: 8/2/2010 to: 5/30/2011 Page 2