**Caseload and Management of Patients**

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.

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<th>Class Year: 2012</th>
<th>Clerkship Rotation Evaluation Results</th>
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Eval Data from: 8/25/2010 to: 11/28/2011
Page 1
Print Date: 3/19/2012
### 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.

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### Clerkship Rotation Evaluation Results

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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 an osteopathic physician.

Due to this rotation, I am comfortable caring for surgical patients including pre-operative and post-operative care.

<table>
<thead>
<tr>
<th>I am able to administer local anesthetic.</th>
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<td>I am able to administer peripheral IV insertion.</td>
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<td>I am able to perform the patient teaching, incentive Spirometry, drain care, etc.</td>
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**Overall Assessment**

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<th>This rotation offered a positive learning experience and stimulated my interest in this specialty of medicine.</th>
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Caseload and Management of Patients

Section Comments

More details about my responses are recorded in my Encore narrative.

Students were an important part of the service

Expectations/Learning Objectives

Section Comments

This service needs very much to incorporate more didactics for its students! We only had one formal lecture, and went to one M&M review and then to a book club for which we had no forewarning of the book/topics to be discussed.

We were told not to attend IM lectures twice a day because surgery would be having their own lectures for us. We never attended a single lecture during the rotation. The surgery residents went off to lecture every morning but we were left behind to round on patients with the non surgery interns while they were gone. There was a very minimal amount of organized learning on this rotation.

Weakness of rotation was lack of didactics. Students were responsible for seeing patients while residents went to didactics.

Students were kept back to round, do consults, and scrub cases while the residents went to a different hospital (oakland) for didactics.

Resources

Section Comments

The library is open 24/7 for us as needed.

Osteopathic Principles and Practice

Section Comments

My attendings were all MDs, even though all the residents were DOs.

Preclinical Preparation

Section Comments

The anatomy I learned in years 1&2 was very helpful.

Supervision/Feedback

Section Comments

I have not sat for the exam yet.

The residents were not particularly good about giving constructive criticism. They did criticize, but rarely were we provided with ways to fix the things that they were pointing out.

I'm afraid I don't remember the core content areas of the protocol, but the shelf exam had a very large range of topics covered.

Procedures

Section Comments

I didn't have the opportunity to insert a female foley catheter. I didn't change any dressing myself, but I observed it many times.

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.

Yes, but there were better videos available at other sources online.

I didn't review any of the online material, primarily due to time constraints.

yes
Agree
agree

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

Yes, the school did a bad job preparing us for this rotation in terms of practical matters like suturing.

I don't understand this prompt...

I didn't review any of the online material, primarily due to time constraints.

no
Agree
disagree

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

Not really because it would be more practical to have a scrub orientation prior to the surgery rotation instead of with all the other clinical rotation

yes.
I didn't review any of the online material, primarily due to time constraints.

yes
Neutral
agree

Overall Assessment

Section Comments
The attendings were amazing and extremely willing to teach. I learned so much from them each day.

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:

Respiratory, Dr. Siew
anatomy, GI course.
Anatomy, both in 1st and 2nd years.
Suture clinic allowed me to look like I knew what I was doing when asked to close an incision on my last day (the only suturing offered on the rotation).
Anatomy and Physiology
Anatomy
Anatomy, GI

Being an active part of surgical team. we had opportunity to participate in a patient's surgery and follow the patient throughout their hospital stay.

This rotation could have been improved by:

Being able to round more with the attending.

Better communication from the residents on service.

The residents should be more willing to teach and provide constructive criticism. When you constantly hear that you are doing things wrong but are given no suggestions to improve it becomes very frustrating. Overall I was discouraged a majority of the time on this rotation. Some of the only times that I felt comfortable and that I was really learning was in the OR with the attending physicians.

More didactics and more hands-on experience.

More OR time spent teaching

More teaching from the seniors

Senior staff that was more willing to teach me and let me do procedures.Unfortunately, some residents were simply not comfortable with letting me do procedures while others were, leading to an inconsistent environment which made it difficult to practice and, thus, learn.

Didactics

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

The attending was kind and respectful to me even though I told him I wasn't interested in surgery. This was greatly appreciated.

The OR, seeing patient's progress.

being in the OR with the attendings. They were great teachers and I was able to learn a great deal from them. They don't teach by belittling which really opens up our minds to be taught.

My time in the OR, even though I didn't get to do much.

Laparoscopy

The knowlege I gained about the acute abdomen and being able to assist in surgeries

Being in OR.

The procedures I was able to do under the supervision of certain residents.

see above