In general, there was an appropriately diverse mix of patients (including race and ethnicity) seen at this base hospital 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 offer my own input into the anesthesia 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.

The COM Clerkship Website provided convenient access to course documents and materials related to this rotation.
Chronic Pain Management

On this service there were facilities and opportunities available to support learning about chronic pain management.

Faculty knowledgeable in the appropriate use of chronic pain management in case management were available to me as needed.

I had opportunities to be involved in chronic pain management.

I am interested in opportunities to study chronic pain management.

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.
### 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 have had opportunities to ventilate patients using bag/mask.

I have had opportunities to intubate patients.

I have had opportunities to insert nasogastric tubes.

I have had opportunities to start peripheral IV’s.

I have had opportunities to observe regional anesthesia (spinal/epidural).

I have had opportunities to participate in the utilization of regional anesthesia (spinal/epidural).

I was given enough training and orientation during my years one and two in these procedures.

I feel the on-campus orientation (online) prepared me for these procedures.

I feel the hospital orientation prepared me for these procedures.
This rotation offered a positive learning experience and stimulated my interest in this specialty of medicine.

Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.

As a student I felt comfortable on this rotation.

<table>
<thead>
<tr>
<th>Internet/Web-Based Experience</th>
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<tbody>
<tr>
<td>Online instructions for navigating through the web-based materials were clear enough to follow</td>
</tr>
<tr>
<td>I experienced technical problems accessing the web-based content</td>
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<tr>
<td>The online quizzes helped me assess my knowledge of the content I just learned</td>
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<tr>
<td>Learning in this way helped prepare me for my rotation</td>
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<tr>
<td>I really liked learning in this web-based format</td>
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<thead>
<tr>
<th>Overall Assessment</th>
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<th>Clerkship Rotation Evaluation Results</th>
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<tbody>
<tr>
<td>N</td>
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Caseload and Management of Patients

Section Comments
I mainly did pre-anesthesia physicals and intubated patients. There was good feedback from the attendings and CRNAs when intubating, but I was given little direction on my physicals and what I could improve. I would have liked a more formal arrangement for getting chances to do peripheral IVs. I was left to my own accord mostly and had to pay attention and ask when nurses were starting lines. This was fine, but it was hard to coordinate and know when they were starting lines.

This location is a great place to learn, both CRNA's and Doctors will more than willing to help

Instructors were too busy with their jobs. No time teaching!!!

I was able to practice my skills with obtaining proper oxygenation and airway management in patients but there was not the opportunity to formulate an anesthesia plan

Expectations/Learning Objectives

Section Comments
There were no didactics and I was left mostly on my own for my studying.

There were no in-house didactics. I was only given a packet to read.

I had plenty of time and materials to utilize to enhance my knowledge of anesthesia

No didactics/conferences were offered. No even orientation !!!

There was no sort of orientation, training, or guidance in the beginning of the rotation to help make the objectives and my role in the patients care clear. This was my first hospital rotation and I had never had any experience with a ventilator and some of the other equipment used and felt that at times I was expected to perform beyond my level of experience too early on in the rotation. By the end I felt confident with the equipment and the sequence of airway management as well as rapid sequence intubation which allowed for me to be more successful

Resources

Section Comments
I had a handout that I was expected to master and it contained numerous important concepts and topics

Additional recommended readings on materials that should be focused on would be a useful on the website. I liked the link to the New England journal of Medicine.

Chronic Pain Management

Section Comments
There were minimal pain consults and I was not involved.

I was able to consult and follow up on chronic pain patients

Again, no teaching at all about chronic pain management.

Preclinical Preparation

Section Comments
The ACLS course prepared me well for intubation on live patients.

Pharmacology played a large part in this service

Anesthesiology is a totally different animal.
Supervision/Feedback

Section Comments

It seemed as thought expectations changed on a day to day basis. It made it a little difficult to know exactly what my role was.

The CRNAs provided the most teaching. They took the time to explain the machines, maneuvers, and drugs with the case.

Haven't taken the exam yet

No clear explanation of what we should do or what we should look for in pre-op patient assessment.

Some attendings were clearer with their expectations and how I was doing. While others were not as clear and made it more difficult to anticipate what they expected. By the end of the second week I was finally starting to understand what some of the attendings were looking for, but by then it was almost time to be done. It was difficult because there were so many MDAs that I would only see some very sporadically as well as over 20 CRNAs which all have their own standards and methods when you were in their OR.

Professionalism

Section Comments

I enjoyed very much working with the different physicians

Everything in this service is about time and money. I even got yelled at when trying to be thorough in assessing my patients.

The majority of the MDAs were clear with their expectations and worked to help me meet them, treating me with respect and helping to guide me in my learning experience. While another seemed to have expectations that exceeded my understanding and were not expressed to me which caused increased anxiety while in the OR and hindered my learning.

Procedures

Section Comments

This rotation was a very procedure-based experience. This can be a good or bad thing-depending on your outlook.

I had very little orientation, it was basically where to find information.

Regional anesthesia was not really covered in any course. I wish MSUCOM offered a class just on medical procedures-how to intubate, do blocks, stitches, peripheral lines, etc.

Intubation and masking someone is an important skill and I had ample chances to practice here

I was very fortunate to have the opportunity to intubate many patients as well as insert a lot of LMAs. I was allowed to do a lot of procedures. There was no hospital orientation and my previous training at MSU was not sufficient enough to be successful when placed in a situation where I was expected to manage an airway from finding the necessary equipment, bag masking, to intubation with little assistance early on in my rotation. A hospital orientation would have greatly helped! A better understanding of the ventilator, and the equipment available to me would have been so useful. Without the proper orientation I felt that it was a lot of trial and error in the beginning. The best time to learn something is before you step into the situation where you have to apply it and someones oxygenation depends on it, by then it is too late to ask questions or have time to adjust your methods. I also think it would be very helpful if there was a dummy on site like we used during ACLS to demonstrate different techniques and correct techniques prior to being in the OR.

Internet/Web-Based Experience

The most favorable aspect(s) of this web-based learning experience for me was (were):

The ability to access them at any time.

I had a purpose during this rotation.
Gave me information I could revisit
I liked the style of the presentation. I went back and referred to the slides multiple times during the rotation.

Convenience
It was a good introduction to the field of anesthesia.
Being able to move at my own pace
Gaining experience in bag/mask and intubating
Helping me to anticipate what is coming up in my rotation
to have a source of knowledge to expound upon during the rotation
being able to access anywhere at anytime..convenient

I would have been better prepared if only the protocol had said something about:

- I can't think of anything.
- The protocol was fine.
- Protocol was adequate
- N/a
- managing preop evals

If I could change one thing to make this web-based learning experience more beneficial it would be to:

- It would be better to have a separate multiple choice pre-test that would provide immediate feedback for all questions.
- Nothing
- Give examples of anesthesia care plans and discuss what drugs to use when and the contraindications, onset, duration, etc. of each.
- Replace the drop box process with an online form to fill out.
- Maybe some videos by clinical faculty explaining technique used for intubation, ventilators, etc would have been very useful.
- A single place to review the breeze questions
- I am not sure what web-based learning experience this is in reference to - the online lecture? The lecture was a very broad overview.
- have additional web based modules throughout the rotation so that all students
- unsure

Overall Assessment

Section Comments

- I was nervous to intubate but feel much more comfortable
- Comfort level was based primarily on the personality of the CRNA and MDA in the OR I was in

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:

- Pharmacology and Respiratory
Clinical Skills
ALS stuff when we practiced intubating
The ACLS training with ET tubes and LMAs
Pulmonology and ACLS
All systems courses, especially respiratory.
Respiratory and Pharmacology
The respiratory class
ACLS training
respiratory course, ACLS and BLS training

This rotation could have been improved by:
A pre-rotation orientation to the dept.
Overall, the clinical instructor was knowledgeable. However, this person would sometimes get overwhelmed and it would be a bit stressful for the students. Despite this, I do believe this person was concerned with our education and overall it was a good rotation.
More formal organization rather than leaving me on my own to try and get everything in. There was also a lot of downtime. I really only learned if I asked questions and sought out information online.
More clear direction by the MDA’s towards the beginning of the rotation. They just expected us to know what to do on day 1 without any instruction. Things got better as the rotation went on and I felt much more comfortable.
N/a I feel it filled its role perfectly
More time to discuss patient cases with physicians
A different attending, more online teaching materials, less time at work, more time for reading.
Orientation to the anesthesia rotation at the hospital
a clear, well-paced introduction and orientation to the OR and how pre-op and post-op flos

The thing(s) I like most about this rotation was (were):
The residents and most attendings were very supportive and eager to share their love and knowledge of anesthesia. This is a rotation that relies on self-motivation to seek out learning opportunities.
The amount of procedures. The focus was on airway management, including BVM, LMAs and Intubation. I feel like my skills in these areas improved significantly.
Got to intubate and most of the staff was very nice.
Hands on experience.
All of the clinical experience in managing an airway in a surgical setting. Lots of intubations, LMA, bag/mask ventilation, and medication use experience was gained.
Working with all the doctors and CRNA’s
The staff - they were very helpful, encouraging, and knowledgeable
A new experience about a new specialty of medicine
There were many CRNAs that were very informative and willing to help guide my learning and answer questions. As long as students introduced themselves, and respected their advice and opinions they were more than willing to go above and beyond to facilitate your learning and enhance your ability to properly obtain and maintain an airway. I bag masked one case (about 1 1/2 hours) and the CRNA gave me guidance and tips throughout that gave me a better understanding for the rest of the rotation. I feel like if everyone spent time doing a bag mask the first day and really getting comfortable with both bag mask ventilation as well as quickly looking and assessing the anesthesia machine readings it would be invaluable.

airway management opportunities