### Caseload and Management of Patients

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.

### 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.

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

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**Clerkship Rotation Evaluation Results**

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</table>
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.

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**Clerkship Rotation Evaluation Results**

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<td>I have had opportunities to start peripheral IV’s.</td>
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<tr>
<td>I have had opportunities to observe regional anesthesia (spinal/epidural).</td>
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<td>I have had opportunities to participate in the utilization of regional anesthesia (spinal/epidural).</td>
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<td>I was given enough training and orientation during my years one and two in these procedures.</td>
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<td>I feel the on-campus orientation (online) prepared me for these procedures.</td>
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### Overall Assessment

- **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 a physician.**

- **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.**

### Internet/Web-Based Experience

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<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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### Clerkship Rotation Evaluation Results

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Caseload and Management of Patients

Section Comments

Overall- Great learning environment for this specific rotation

Lot of opportunity was given to practice intubation, bag mask ventilation, and LMA

Some attendings were more comfortable involving students. Overall, the CRNAs were not very receptive to teaching/having students in their cases.

While the work could be construed as repetitive, each patient usually afforded some new opportunity to learn about the subtleties of anesthesia.

Expectations/Learning Objectives

Section Comments

The faculty was very good at lecturing to us and encouraging us to think about why we were doing everything that we were. I learned a great deal about physiology and monitoring patients on this rotation. I felt the time was utilized to enhance our learning.

Very few didactics session during this rotation, I wish there were more lectures.

Dr. Safadi and senior resident both made time several times per week to give lectures to students/interns about important anesthesia topics. They were quite informative and given in a laid back manner that was very nontrealthreatening.

Drs Safadi and Khan made a point to sit us down and discuss different topics and issues such as blood gases, HIT and arrhythmias. The expectations were clear: arrive early, keep the sheets filled out, and try to get in on some cases.

Resources

Section Comments

The Angel powerpoint lecture was useful information, very high yield information yet concise.

Chronic Pain Management

Section Comments

Not enough opportunities for chronic pain management

I wish there were opportunities to do some outpatient pain clinic management but there wasn't any chance to do this at Sinai.

This was surgical anesthesia, not pain management clinic. I'm not that excited to learn about chronic pain now, but likely will at some point.

Preclinical Preparation

Section Comments

Why do you guys ask question ES03 that way? You can't switch the positive/negative orientation of a question in the middle of a long survey without begging for erroneous results. Of course, I'm assuming people read this and care what anyone says.

Supervision/Feedback

Section Comments

Dr. Safadi is very encouraging to students and always gives positive feedback.

Professionalism
Section Comments

The faculty was very good about making sure the patients met everyone on the anesthesiology team that would be caring for them while they were waiting in Pre-op.

Dr. Safadi always stressed being on time.

Dr. Safadi was clear about his professionalism expectations: don't be late, get the work done as thoroughly and efficiently as possible.

Procedures

Section Comments

I felt comfortable with intubation from Respiratory, but most of the other procedures, I didn't really know what to do.

I think that the ACLS course that we took during our 2nd year was the most useful in preparing me for how to do these procedures.

Overall, there was 5 students and 5 residents on this service so there was not many changes to do procedures although Dr. Safadi did give us opportunities to intubate if possible, it was not everyday. The CRNAs handle most of the cases and overall were not very friendly or receptive to students.

There needs to be greater emphasis on the placement of IVs and maybe even NG tubes in years 1/2. What happened to the days of doing procedures on each other in med school? Maybe offer it as an elective - basic clinical procedures?

Internet/Web-Based Experience

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

n/a
I don't have to go to a lecture
Gaining the background knowledge that I needed for my first day on the rotation.
the challenging content of the pre-anesthesia exam.
It helped me in my clinical experience.
training modules
Doing it on my own schedule.
Online module was helpful in preparing for the rotation
powerpoint lecture
the fact that the exam was a test of my knowledge and the power point presentation
It was simple to navigate

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

exact textbooks, or resources I should have access to during this specific rotation.

n/a
how to start a peripheral IV.
There is nothing that I would change about the protocol.
Knowing the specific details about each drug and how to develop an anesthesia patient plan.
no comments, I felt prepared.
A mandatory, graded exam.
How to keep new interns from hogging up all the good procedures

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

more resources, or lecture content on basic anesthesiology.
more video & pictures, less text on your powerpoint
Give students a good idea of the time involved in the experience before it is started.
include more learning objectives.
There is nothing I would change.
More complete review of anesthesiology. More review sessions.
More detail and more cases.
nothing
explanations to the test questions
It would be best to make it optional. All students learn differently. We are adults and shouldn't be forced to learn the same way.
Interactivity with quizzes is the learning of the future. Straight lectures are low-yield, with almost no exceptions.

Overall Assessment

Section Comments
students are given a great orientation the first day, the expectations are clearly laid out and it was easy to figure out what to do everyday. The hours are nice and
Clear expectations are the key to creating a smooth work environment, and we had that.

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:

intubation lab
- none. we really don't get a lot of exposure to anesthesia. Even in pharm, they tell us the names of the drugs, but it was never really explained how it all worked together or the order you would do things. There should really be 1 or 2 lectures somewhere in the Years 1 & 2 that go through the order of hooking up a patient when you get into the OR, different types of drugs/plans, tube placement, etc
The respiratory course was the most beneficial course for this rotation. I was very happy that we had a class that emphasized airway management before this rotation and that I had experience in intubation on models before going into a clinical setting. The physiology of the respiratory system was also very helpful on this rotation as it was one of the main focuses of monitoring during surgery.
respiratory and cardiology
They were very informative and helped me perform well on the rotation.
Pharmacology
Pharmacology background was helpful during this rotation
respiratory hands on work such as intubations, also I was part of anesthesiology club and they did workshop on LPs and IV insertion with dummies. IT was great experience.
ACLS
This rotation could have been improved by:

more procedure practices during 1st two years of medical school

If the rotation was a little more structured I think it would have enhanced my learning experience even more. I had to be proactive on this rotation to get the experience that I did.

more opportunities to do procedures

Having less students.

Taking an anesthesiology course. There is a lot more to it than meets the eye.

The rotation could have been improved by exposing more to subspecialities of anesthesia

More opportunities in the OR

More emphasis on getting students in to at least watch if not perform OR anesthesia procedures eg LMA, ET, NG, etc. I'm of average aggression in trying to get procedures, so the unique politics of CRNAs, their students, MDAs, us, etc made it awkward at times.

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

the team I worked with.

- staff
- preops
- watching induction

The amount of procedures available to students.

The staff

See how anesthesia is used clinically.

opportunities to intubate, manage a patient during surgery, work in the OR.

I like the most about the rotation opportunity given to participate in procedures.

Overall it was a great 2 weeks.

Seeing patients.

Friendly faculty, good hours, educational components were low pressure.