### 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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### 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. | 16 | 13 | 81% | 3 | 19% |
| My supervising faculty on this service modeled physician-patient interactions on this service in ways I would like to emulate. | 16 | 2 | 13% | 11 | 69% | 3 | 19% |
| Issues of professionalism were included as a point of discussion by faculty on this rotation. | 16 | 1 | 6% | 2 | 13% | 1 | 6% | 10 | 63% | 2 | 13% |

### Procedures

| I have had opportunities to ventilate patients using bag/mask. | 16 | 5 | 31% | 11 | 69% |
| I have had opportunities to intubate patients. | 16 | 6 | 38% | 10 | 63% |
| I have had opportunities to insert nasogastric tubes. | 16 | 7 | 44% | 7 | 44% | 2 | 13% |
| I have had opportunities to start peripheral IV’s. | 16 | 1 | 6% | 6 | 38% | 3 | 19% | 4 | 25% | 2 | 13% |
| I have had opportunities to observe regional anesthesia (spinal/epidural). | 16 | 1 | 6% | 2 | 13% | 1 | 6% | 9 | 56% | 3 | 19% |
| I have had opportunities to participate in the utilization of regional anesthesia (spinal/epidural). | 16 | 2 | 13% | 8 | 50% | 2 | 13% | 4 | 25% |
| I was given enough training and orientation during my years one and two in these procedures. | 16 | 3 | 19% | 1 | 6% | 3 | 19% | 8 | 50% | 1 | 6% |
| I feel the on-campus orientation (online) prepared me for these procedures. | 16 | 1 | 6% | 3 | 19% | 4 | 25% | 8 | 50% |
| I feel the hospital orientation prepared me for these procedures. | 16 | 1 | 6% | 9 | 56% | 4 | 25% | 2 | 13% |
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.

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<th>Internet/Web-Based Experience</th>
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Metro Health Hospital

ANESTHESIOLOGY

Caseload and Management of Patients

Section Comments

- Not much patient interaction or interaction with patient plans.
- I was given plenty of opportunity for airway management skills but was not encouraged to offer input for pt treatment, however I did learn about creating treatment plans.
- The pace was good for my level of training. I liked the independence.

Expectations/Learning Objectives

Section Comments

- No real protocol or structure to the rotation. It was up to me as the student to find doctors willing to teach and cases I wanted to see. Dr Pease took time to pull students aside and teach during his breaks but other attendings were not prepared to take such initiative.
- Dr. Pease did an excellent job teaching and doing his own ‘didactics’ and giving us reading material. But other than his own curriculum there was no structure to the anesthesia rotation.
- I was with a different anesthesiologist pretty much every day and it was up to me to find someone to work with each day. Each physician offered their own insight (some more than others) which was actually a good way to get perspective of the field of anesthesiology. Starting this rotation in only my third week, left me feeling a little lost at first, but I adapted quickly.
- There were no didactics on this rotation. Dr. Pease has made a folder of supplemental material on many different topics that relate to anesthesia and he sits down and goes over topics with the students. However, he was only in house on one day during my two week rotation and none of the other physicians take the time to go through this info with you. The anesthesiologists and CRNAs rotate through all the hospitals in the greater GR area and so there are different people working each day. It is hard to work with the same person on more than one occasion.
- There were no didactics.

Chronic Pain Management

Section Comments

- Only surgery and ob anesthesia
- We only had information on anesthesia in the OR and OB cases.
- This was something that I had to ask about because it was not part of this practice. I had a good discussion with one of the anesthesiologists about chronic pain.
- No chronic pain management at Metro.

Preclinical Preparation

Section Comments

- Dr. Hughes respiratory class was highly relevant to this rotation. The ACLS course helped me immensely.
- Pharm helped with this rotation.

Supervision/Feedback

Section Comments

- There were no expected outcomes for anesthesia as far as Metro protocol.
I worked with a different physician almost everyday, so getting feedback was sometimes difficult. I didn't get to do a preop exam or note, which would have been a good experience.

### Professionalism

**Section Comments**

Not much patient physician interaction since we put most patients to sleep

Not much patient interaction.

### Procedures

**Section Comments**

Had to take my own initiative and seek out nurses willing to teach me peripheral iv insertion because this was not done by the attendings.

I had to go out of my way to find nurses willing to teach me peripheral IVs because the doctors rarely do them.

The ACLS/intubation training was helpful for this rotation, but it would be nice to get some knowledge/experience about peripheral IVs during years 1 and 2.

### Internet/Web-Based Experience

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

- Not too long and go at ur own pace
- the pre-rotation online lesson.
- Pre-rotation preparation quiz
- a good quick overview
- Questions to make sure I was paying attention.
- Convenience of time and place.
- Easy to complete on my own time.
- The learning modules help orient me to the medications used in anesthesiology.
- Flexibility in my schedule when the time worked best for me.

none

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

- Opiates
- I thought I was well prepared.
- Where to find the best anesthesia drug information.
- overall plan of care
- Procedures such as starting IVs. Or how the machine works.

none

- access to ASA website

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

- Have concrete due dates and email reminders
- make people more aware that there are both pre- and post- rotation requirements
Give this information to the anesthesiologists so they know what to teach us.

more detail

All the questions multiple choice so spelling does not give you a wrong answer.

Not insert the quizzes into the breeze lecture because when I submit my answers, I can never be sure if it was accepted and sometimes I had trouble typing the answers in because the cursor did not show up in the answer box when I clicked on it to type. Would be better if the quiz administered in a word document or something.

Make them allow for easier typing with spaces.

none

more clinically relevant information. ex) what is used TODAY!!

---

**Overall Assessment**

**Section Comments**

It was hard to get an evaluation by the attending because they float mostly and so the CRNAs were the ones who taught us. I did have experiences with attendings but it was only a one time thing with each. Otherwise it was a pleasant experience.

---

**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 ACLS
- the respiratory super tuesdays and course pack and the ACLS training.
- Intubations
- Anatomy, NMS, ACLS training,
- ACLS training
- Pharmacology.
- Intubation training, cardio, clinical skills
- Intubation Practice undertaken during ACLS training and on "Super Tuesdays" during Respiratory Systems course
- Pharm.
- Respiratory and pharmacology.
- Physiology of lung

This rotation could have been improved by:

Structure

I would have been helpful if more of the anesthesiologists were excited about teaching students. Dr. Pease has a binder full of information which was very helpful, but some of the other anesthesiologists did not seem as happy to have students working with them.

having Dr. Pease be in charge of the medical students and giving him a raise for doing it because it's a lot of work!

more structure and organization and also a physician who was in charge of med ed/students. It would be beneficial to have a designated person to go to with questions. You are very "on your own" on this rotation and it would be nice to have some direction and a physician that took interest in our education.
more structure in-house with one or two specific anesthesiologists assigned to a student. Having a physician act as a mentor for a specific student, taking them under their wing and pushing them forward to try new techniques.

More direction in the first couple of days.

More direction as to what we were supposed to do on the rotation. Students were given little direction about where they should go, what kind of cases were best to see, and what expectations were for staying in the room or floating to different rooms to gain more airway experience. One attending physician told me "this is not an intubation rotation, you should stay in the room and learn about anesthesia" where another attending told me "you are here to learn about intubation and airway management, see as many cases as you can". It was very confusing for the first week.

providing resources to learn

The course needs structure. Doctor assignments etc. The individual doctors are fantastic but figuring out who to rotate with, etc. was frustrating.

---

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

Dr Pease and his willingness to teach always.

I thought Dr. Pease's binder of information was the most helpful written information we were given. He was also very willing and happy to teach us both about anesthesia in the OR and on the OB floor and cath lab.

procedures. hands on.

getting hands on practice of skills

Interactions with patients and intubating.

the opportunity to practice procedures on real patients.

The ability to walk into a room and do as much as i felt comfortable.

The independence.

Working with the nurse anesthetists and anesthesia assistants, they were amazing teachers and were very willing to let me help draw up medications, record vital signs, learn airway management, etc.

intubation, drugs