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.
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.

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.
### 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.

<table>
<thead>
<tr>
<th>Procedures</th>
<th>N=21</th>
<th>NA %</th>
<th>SD %</th>
<th>D %</th>
<th>N=10</th>
<th>A %</th>
<th>SA %</th>
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<tbody>
<tr>
<td>Ventilation</td>
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<td>1</td>
<td>5%</td>
<td>5</td>
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<tr>
<td>Intubation</td>
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<td>1</td>
<td>5%</td>
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<tr>
<td>NGT Insertion</td>
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<td>5%</td>
<td>4</td>
<td>19%</td>
<td>7</td>
<td>33%</td>
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<tr>
<td>Peripheral IV’s</td>
<td>2</td>
<td>10%</td>
<td>3</td>
<td>14%</td>
<td>14</td>
<td>67%</td>
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</tr>
<tr>
<td>Observe Regional Anesthesia</td>
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<td>6</td>
<td>29%</td>
<td>5</td>
<td>24%</td>
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</tr>
<tr>
<td>Participate in Regional Anesthesia</td>
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<td>5%</td>
<td>10</td>
<td>48%</td>
<td>8</td>
<td>38%</td>
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<tr>
<td>Training and Orientation</td>
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<td>19%</td>
<td>7</td>
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<tr>
<td>On-Campus Orientation</td>
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<tr>
<td>Hospital Orientation</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

<table>
<thead>
<tr>
<th>Statement</th>
<th>N= 21</th>
<th>NA</th>
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<tbody>
<tr>
<td>Online instructions for navigating through the web-based materials were clear enough to follow</td>
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<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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### Clerkship Rotation Evaluation Results

**Class Year: 2013**

<table>
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<tr>
<th>Question</th>
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<tbody>
<tr>
<td>Overall Assessment</td>
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<tr>
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<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become a physician.</td>
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<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.</td>
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<tr>
<td>As a student I felt comfortable on this rotation.</td>
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Caseload and Management of Patients

Section Comments

The attending physicians on the service were absolutely WONDERFUL! They were incredibly patient and supportive, and allowed me to participate in patient care. Many of the CRNA's were also very supportive of my being in the OR, intubating, and helping with pre-op patient care. HOWEVER, the pre-op nurses (other than Heather) were ABSOLUTELY HORRENDOUS! They acted as if allowing me to start an IV line would kill the patient, and basically refused to teach me. One of them actually yelled loudly to another, "if they don't know what the hell they're doing, then no!" when asked to help teach us. They were VERY RUDE and made me feel unwelcome and as if I was a horrible inconvenience. The pre-op nurses at St. John Macomb were the only part of my anesthesiology experience that was negative.

With the exceptions of Dr. Manalo and Dr. Pad, the attendings on this rotation were not only unhelpful, but rude and completely unwilling to teach.

Much time was spent standing around doing nothing during this rotation.

The anesthesiologists were much more interested in teaching the nurse anesthetist students than teaching me. Because of the presence of CRNA students, there were very few opportunities to practice skills (e.g. intubating). Most of the pre-op nurses were not interested in teaching me how to start a peripheral IV.

There were many other students (nursing, respiratory) on this rotation at the same time so we did not get much opportunity to do as much as I would have liked.

As medical students we were given less opportunity than CRNA students.

This rotation was very minimal, there was not enough opportunity to intubate or do much.

Expectations/Learning Objectives

Section Comments

Dr. Lardo and Dr. Minalo were VERY good about teaching in between patients. They simplified material and applied it to the current patients we were working on.

Information was rarely presented to me.

Resources

Section Comments

It would have been nice to have the MSUCOM exam open earlier.

Chronic Pain Management

Section Comments

I saw many epidurals and spinals for chronic pain while doing my interventional radiology rotation. The patients in this rotation were all pre-op patients.

Chronic pain management was not discussed at all.

Preclinical Preparation

Section Comments

Once again, Dr. Hugh's respiratory course was the class that prepared me for this rotation. While intubating on dummies is nothing like intubating real patients, it was nice to know theory and anatomy. Pharmacology would have been more helpful had we learned trade names while in the classroom.
Section Comments

Again, the attended physicians and cRNA's were very instructive, but the pre-op nurses were so condescending that I stopped asking them questions.

Exam hasn't opened yet.

An attending turned me away when I introduced myself to him as a student on the first day of this rotation.

Professionalism

Section Comments

From my first interaction with the anesthesiologists, this was not a good experience. I introduced myself to one of the doctors and he said to me, "Are you sure you're in the right place? You are the third student on this rotation and ONE STUDENT IS TOO MANY."
The only time that Dr. Kalt did not completely ignore me was when he made me sign his cme form, immediately after which he told me he didn't have time for me and I should go somewhere else.

These two examples are very representative of my rotation and I feel they demonstrate extremely unprofessional behavior. That is not an acceptable attitude to have with any human being, much less someone who is a future colleague.

Procedures

Section Comments

The angel lecture and assignment were VERY helpful with introducing me to concepts in anesthesiology. Thank you!
I had to be very aggressive to be able to do anything in this rotation. I was only given the opportunity to do one intubation in two weeks. There is a CRNA program at this hospital and for some reason those students seem to be given priority over the medical students to do the intubations and other procedures.
There were very few opportunities to intubate and start peripheral IVs.
Again, there were many other students here so there was not as much opportunity as I would have liked to practice these skills. Also the CRNA's would not always let you participate in patient's care.

Internet/Web-Based Experience

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

The assignment was incredibly helpful with organizing information about anesthesiology (esp. drugs)
I am able to see how many patients I've worked with.
The drugs.
having lecture content to review

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

Used trade names of drugs.
where I could learn about anesthesia.

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

The quiz questions that went along with the presentation were graded every time I went through the presentation, even if I was just using it as a resource. It kinda stressed me out :P
make things more clear. There are different check lists and different objectives in different places on angel. They should all be in one place and they should be made very clear. It says there was a pre-rotation exam that I could never find. Something should say that you don't have access to the end of rotation exam until the last day.
More videos and pictures.

(no changes)

**Overall Assessment**

**Section Comments**

The only time I felt uncomfortable was when the attending left us with the RN's, instructing them to help us start IV's, and the RN's completely ignored us.

I do not believe this should be a rotation at this hospital right now. Or we should be specifically assigned to a certain attending. Too many of them are completely unwilling to teach and the student ends up with absolutely nothing to do and no direction. This is a teaching hospital and these doctors don't want to teach. That makes no sense to me, but it means that this should not be a rotation at St. John's Macomb.

Dr. Minalo, Dr. Pad, and Dr. Lardo are 3 anesthesiologists out of 7 who are willing to acknowledge the medical students. On days when none of them were working, students just stood around for hours in the preoperative area.

I often felt unwanted, as though people were too busy to teach me.

I had to fight to be able to do procedures.

**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!!!

The limited opportunities to intubate, start peripheral IVs, and utilize regional anesthesia.

Dr. Hughes' respiratory course. Intubation, LMA's, etc.

Respiratory

2nd year respiratory course

This rotation could have been improved by:

The angel exam opening sooner.

Pre-op RN's being supportive of students and helping us to start IV's without making us feel inadequate.

being at St. John Oakland or another institution.

Assigning me to a specific doctor.

Being structured.

Making sure the doctors want to teach and provide opportunities to intubate.

Having more attendings who are willing to teach.

Being at a hospital with Anesthesiologists that want to teach. Having residents help would be better.

The staff at SJM hospital. A few of the physicians made dedicated efforts to teach us. Others could have cared less about us, including the nursing staff and crnas, who went out of their way to be rude and take away opportunities for us to perform procedures.

Allowing medical students to do more procedures.

Little direction was provided, by the attendings. Only 2 of them took us under "their wings" and taught us. As students we basically had to fend for ourselves and push our way into cases. It was frustrating. We had limited experience to cases due to CRNA students. A lot of the CRNAs were not receptive to medical students and would not let us do anything except observe.

Having more time to discuss anesthesia knowledge.
having a lot more direction and cases for students. This rotation was horrible. Since there were so many CRNA's with students there was no room for medical students to do any procedures. In addition during this rotation I was paired with another medical student. This reduced my workload even further. St. John Macomb should not assign students to this core rotation. All anesthesiology rotations should be completed at the Oakland hospital. It was a waste of time and I did not learn anything. Since I did not learn anything I am now forced to schedule another anesthesiology rotation elsewhere so I can at the very least learn the basic fundamentals. I do not understand the purpose of these evaluations if no action is taken. This rotation at St John Macomb always receives bad reviews yet students are continually scheduled this rotation as part of their core requirement.

Too many CRNA students

Would have liked to have more experience. I felt I had to push my way into each case. cRNAs weren't very receptive.

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

The attending physicians-- Dr. Lardo and Dr. Minalo-- were especially wonderful and instructive. Also, it was VERY COOL being able to intubate, insert NG tubes and LMA's, and spend time in the OR!! =)

Dr. Minalo, Dr. Pad, Dr. Lardo.

Procedures, including A lines and intubations. Very cool stuff.

When I actually got to intubate or do procedures.

This rotation did get me interested in Anesthesia but the attendings definitely need to make more effort in teaching us. Basically a student could not even show up for 2wks and they probably wouldn't even notice.

Having the opportunity to improve on my intubation/ peripheral IV insertion skills.