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.

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.
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.

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.

<table>
<thead>
<tr>
<th>Osteopathic Principles and Practice</th>
<th>Class Year: 2013</th>
<th>Clerkship Rotation Evaluation Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>On this service there were facilities and opportunities available to support learning about osteopathic manipulative medicine (OMM).</td>
<td>N= 25</td>
<td>SA</td>
</tr>
<tr>
<td>Faculty knowledgeable in the appropriate use of OP&amp;P in case management were available to me as needed.</td>
<td>NA 4 17%</td>
<td>NA 3 13%</td>
</tr>
<tr>
<td>I had opportunities to use OMM on this service.</td>
<td>SD 5 22%</td>
<td>SD 4 17%</td>
</tr>
<tr>
<td>When seeking out opportunities to apply OMM, I felt supported by the faculty here.</td>
<td>N 6 26%</td>
<td>N 1 4%</td>
</tr>
<tr>
<td>The basic science content I learned in Year 1 assisted me in learning from the experiences I encountered on this service.</td>
<td>A 25</td>
<td>A 7 29%</td>
</tr>
<tr>
<td>The systems biology content I learned in Year 2 assisted me in learning from the experiences I encountered on this service.</td>
<td>N 11 46%</td>
<td>N 7 29%</td>
</tr>
<tr>
<td>In general, the material I learned in Years 1 &amp; 2 had little clinical relevance to what I encountered on this service.</td>
<td>A 14 58%</td>
<td>A 7 29%</td>
</tr>
<tr>
<td>I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.).</td>
<td>N= 25</td>
<td>SA</td>
</tr>
<tr>
<td>On this service, I never quite knew where I stood in meeting expected outcomes.</td>
<td>NA 3 13%</td>
<td>NA 16 67%</td>
</tr>
<tr>
<td>On this service, there was always someone available to answer my questions when I had them.</td>
<td>SD 8 29%</td>
<td>SD 6 21%</td>
</tr>
<tr>
<td>The post-rotation examination reflected the core content areas as described in the course protocol.</td>
<td>N 6 21%</td>
<td>N 5 18%</td>
</tr>
</tbody>
</table>

Eval Data from: 7/25/2011 to: 8/25/2012
<table>
<thead>
<tr>
<th>Procedures</th>
<th>N=</th>
<th>NA N</th>
<th>SD N</th>
<th>D N</th>
<th>N</th>
<th>A N</th>
<th>SA N</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel prepared to insert a Foley catheter (male and female).</td>
<td></td>
<td>1 4%</td>
<td>1 4%</td>
<td>15 65%</td>
<td>6 26%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can satisfactorily perform a surgical hand scrub.</td>
<td></td>
<td>1 4%</td>
<td>1 4%</td>
<td>16 70%</td>
<td>6 26%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to gown and glove alone and with assistance.</td>
<td></td>
<td>2 9%</td>
<td>3 13%</td>
<td>10 43%</td>
<td>8 35%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can perform instrument ties.</td>
<td></td>
<td>2 8%</td>
<td>13 54%</td>
<td>9 38%</td>
<td>67%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can perform one-handed surgical ties.</td>
<td></td>
<td>1 4%</td>
<td>5 21%</td>
<td>11 46%</td>
<td>7 29%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can perform surgical knots wearing surgical gloves.</td>
<td></td>
<td>1 4%</td>
<td>2 8%</td>
<td>10 42%</td>
<td>11 46%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to properly change surgical dressings, both clean and contaminated.</td>
<td></td>
<td>2 8%</td>
<td>8 33%</td>
<td>14 58%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to suture and staple skin using sterile technique.</td>
<td></td>
<td>1 4%</td>
<td>11 46%</td>
<td>12 50%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to perform the proper exam of an acute abdomen.</td>
<td></td>
<td>1 4%</td>
<td>16 67%</td>
<td>7 29%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Eval Data from: 7/25/2011 to: 8/25/2012  Page 3  Print Date: 3/28/2013
I am able to administer peripheral IV insertion.

I am able to perform nasogastric tube insertion.

I am able to perform the patient teaching, incentive Sprirometry, drain care, etc.

I am able to administer local anesthetic.

Overall Assessment

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 a physician.

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>Class Year: 2013</th>
<th>Clerkship Rotation Evaluation Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>N= 25</td>
<td>NA N %  SD N %  D N %  N A %  N SA %</td>
</tr>
<tr>
<td>25</td>
<td>1 4% 2 8% 2 8% 7 8% 10 42% 2 8%</td>
</tr>
<tr>
<td>25</td>
<td>2 4% 1 4% 2 4% 14 58% 6 25%</td>
</tr>
<tr>
<td>25</td>
<td>1 4% 11 46% 12 50%</td>
</tr>
<tr>
<td>25</td>
<td>1 4% 2 8% 2 8% 13 54% 6 25%</td>
</tr>
<tr>
<td>25</td>
<td>2 8% 1 4% 15 63% 6 25%</td>
</tr>
<tr>
<td>25</td>
<td>3 13% 14 58% 7 29%</td>
</tr>
<tr>
<td>25</td>
<td>2 8% 1 4% 3 13% 13 54% 5 21%</td>
</tr>
<tr>
<td>25</td>
<td>2 9% 17 74% 4 17%</td>
</tr>
</tbody>
</table>
Caseload and Management of Patients

Section Comments

I wish I could have done more procedures or assisted more in the OR

Some of the residents and PAs would overload the students with consults, progress notes, and floor work rather than encouraging us to go to the OR. I don't mind helping out as much as I can, but it is very difficult to get all that work done (like seeing consults, writing notes, calling social work, etc) and still have time to spend in the OR. Some of the surgeries I scrubbed in that month were after 5pm when my shift was over because I would go to the OR after sign-out to assist in whatever cases were going on. Sometimes I stayed until 9pm in the OR.

I loved this rotation and was not interested in surgery before I started. They really encouraged me to work hard and excel.

Expectations/Learning Objectives

Section Comments

This is surgery. It's not for babies. You need to keep up, and most of these questions about having your hand held are ludicrous.

There was no didactics on this rotation which was disappointing. The only protected learning time was M&M reports weekly. The attendings never made rounds with students only the senior resident, therefore there was little actual academic teaching.

Resources

Section Comments

Residents (specifically interns) were of a great help in this.

Osteopathic Principles and Practice

Section Comments

MD residents encouraged us to conducted structural exam if we wanted to.

Despite there being many DOs, not a word was mentioned about OMT. That said, I love OMT and still didn't see much opportunity to apply it. We run hard enough without adding 10 minutes of indirect or LAST to a bunch of patient encounters.

This was a DO residency/service so it was nice to work with fellow DOs.

Supervision/Feedback

Section Comments

I haven't taken the Shelf exam yet, but I'm confident that NBOME wrote a test that is entirely inconsistent with an actual surgical rotation. I think a test writer should have to spend 2-3 days on an actual rotation pretending to be a student.

The shelf exam questions were poorly written.

Procedures

Section Comments

There were zero opportunities to insert an IV. There was one chance to put in a central line, but two interns made short work of that. There was one NG tube placement on our service, and it was done as a demonstration by the chief resident for everyone else.

I enjoyed doing a week of trauma nights because I was only student and residents let me suture/staple all incisions. It was good practice as well to see trauma surgery.
Every one of these skills I was able to master (or at least come close to mastering) on this rotation.

The content of the online materials in the Angel course for Surgery reviewed the procedures I needed to be successful on my surgery rotation.

Didnt watch

yes

yes

Heck no. I really read it, and was annoyed to find that my efforts were wasted; their ideal outline did little to prepare me for the rotation. Fortunately the orientation day here took care of the deficit.

I was not as comfortable performing the procedures before I performed the procedure, but i did get better at it.

Not needed

Yes

I did not use the online materials

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

Didnt watch

yes

yes - it was provided

I don't know what you mean by a campus orientation, but if you mean the orientation Sinai Grace hosts in July, it's long enough as it is.

Review of the procedures is needed for this rotation

Maybe

YES ! We needed a better didactics session for surgery from DMC MSUCOM didactics before the start of the rotation.

Definitely

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

Didnt watch

yes

yes

It was helpful but not enough. I felt lost in this rotation up till the end of the 3rd week. Everybody was busy and no body was interested your concerns.

The orientation the surgery service gave? Yes. The "hospital" orientation from six months ago? No. Absolutely not.

Yes, the orientation gave me a knowledge about my responsibilities as a student on this rotation.

Yes

The orientation was with education coordinator, Lisa, and she was helpful but the packet of information and the days off policy is not conveyed to residents so you end up working 6-7 days per week, sometimes 13-15 hours per day which was exhausting.

Yes

Definitely
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
- Performing procedures
- Clinical Skills, Anatomy
- anatomy, respository
- Anatomy, Clinical skills. GI system.

I really enjoyed being able to work as a necessary part of the surgical team during rounds and in the OR. I learned more on this rotation than any other because I was given responsibilities and was forced to know what was going on with my patients at all times.

- Anatomy course
- The suture clinic.
- Anatomy

This rotation could have been improved by:

- More meaningful assignments
- Having more supportive staff
- less rotating through services - 1 week vascular, 1 week trauma, 2 weeks general. I would rather have 2 weeks of elective, 2 weeks general.
- more preclerkship training about different types of lines - Insertion and removal - more suture & knot training.
- Advising the residents and PAs to encourage the students to be in the OR rather than asking them to see the consults, write notes, and do most the floor work and management.
- Overall I had a very negative experience in this rotation, and it was wasn't because of the hours, but because of how interns and residents treated students. There were some residents who really made the teaching environment very discouraging and unpleasant. We had to work with multiple residents and each one of them had different rules. Nobody bothered to explain anything to you. I had to do 3 consecutive night calls for trauma with absolute no orientation as what to do. Nobody knew how to add my pager for the trauma codes.
- On the first day and during orientation, we were told that the students do have to come on Sat mornings like any other day, but can leave after the morning rounds. Based on that policy, I would make appointments and arrangements for my Sat evenings. And yet the residents would completely ignore that policy and make us stay as long as they wished. It wasn't the staying that bothered me AT ALL, it was the UNORGANIZED system that really affected my life. I obviously didn't dare to talk to my resident about this. Overall, my experience was very negative. I understand that everybody is so busy in this unit, but when I politely and excitingly ask an intern what his name is, I would appreciate a response other than "don't worry about it". Overall, it was a very unpleasant experience.
- Making it more clear to the service what procedures we're expected to perform; I'm sure if Lisa Zanardelli knew we had to get an IV or an NG tube done, she'd take care of making sure it happened. There's a disconnect between Encore expectations and the reality of what we do.
- Couldnt think of any, loved the rotation.

The hours were very long. I understand that this is how life is in surgical residency, but getting in at 5 am and staying until 6 or 7 pm doesn't leave much time to study for the shelf exam.

- More didactics, this hospital doesn't have very many scheduled surgeries so my actual experience in the OR was not very much
More student-surgery didactic learning.

N/a

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

The week of trauma night calls

Learning about surgical procedures

Residents and attendings passionate about teaching. Sense of independence. Working in the OR is pretty cool.

The attending physicians were very helpful in integrating the students in the OR

It was awesome to do things with one's hands. Active, hands-on work like OMT and surgery seem to appeal to me most.

I loved the rotation, there were numerous amounts of surgeries that I got to scrub in. I felt very involved as a student on this rotation.

I liked the hospital and the patient population. It allowed me to see many different things during the 4 week time.

The team I worked on and the overall work ethic of everyone involved. This is one of the few rotations that I believe does a good job of integrating students well.

The Physicians, the patient pathology and variety of surgeries, and the wealth of knowledge Dr. Barnwell has.