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.

### 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.

### Clerkship Rotation Evaluation Results

<table>
<thead>
<tr>
<th>N=</th>
<th>NA N</th>
<th>SD D</th>
<th>N=</th>
<th>A A</th>
<th>SA N</th>
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</tbody>
</table>
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>N</th>
<th>NA %</th>
<th>SD %</th>
<th>D %</th>
<th>N</th>
<th>A %</th>
<th>SA %</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>17</td>
<td>2</td>
<td>12%</td>
<td>2</td>
<td>12%</td>
<td>6</td>
<td>35%</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>17</td>
<td>1</td>
<td>6%</td>
<td>1</td>
<td>6%</td>
<td>10</td>
<td>59%</td>
</tr>
<tr>
<td>I had opportunities to use OMM on this service.</td>
<td>17</td>
<td>2</td>
<td>12%</td>
<td>1</td>
<td>6%</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>When seeking out opportunities to apply OMM, I felt supported by the faculty here.</td>
<td>17</td>
<td>4</td>
<td>24%</td>
<td>2</td>
<td>12%</td>
<td>8</td>
<td>47%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preclinical Preparation</th>
<th>N</th>
<th>NA %</th>
<th>SD %</th>
<th>D %</th>
<th>N</th>
<th>A %</th>
<th>SA %</th>
</tr>
</thead>
<tbody>
<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>17</td>
<td>1</td>
<td>6%</td>
<td>3</td>
<td>18%</td>
<td>8</td>
<td>47%</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>17</td>
<td>2</td>
<td>12%</td>
<td>9</td>
<td>53%</td>
<td>6</td>
<td>35%</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>17</td>
<td>4</td>
<td>24%</td>
<td>6</td>
<td>35%</td>
<td>1</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervision/Feedback</th>
<th>N</th>
<th>NA %</th>
<th>SD %</th>
<th>D %</th>
<th>N</th>
<th>A %</th>
<th>SA %</th>
</tr>
</thead>
<tbody>
<tr>
<td>I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.).</td>
<td>17</td>
<td>2</td>
<td>12%</td>
<td>9</td>
<td>53%</td>
<td>6</td>
<td>35%</td>
</tr>
<tr>
<td>On this service, I never quite knew where I stood in meeting expected outcomes.</td>
<td>17</td>
<td>2</td>
<td>9%</td>
<td>9</td>
<td>41%</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>On this service, there was always someone available to answer my questions when I had them.</td>
<td>17</td>
<td>2</td>
<td>12%</td>
<td>5</td>
<td>29%</td>
<td>7</td>
<td>41%</td>
</tr>
</tbody>
</table>
### Professionalism

| I was treated as a professional by those supervising my student-physician role on this service. | N=17 | NA N % | SD N % | D N % | A N % | SA N % |
| My supervising faculty on this service modeled physician-patient interactions on this service in ways I would like to emulate. | 17 | 1 6% | 2 12% | 8 47% | 6 35% |
| Issues of professionalism were included as a point of discussion by faculty on this rotation. | 17 | 1 6% | 2 12% | 3 18% | 7 41% | 4 24% |

### Procedures

| I feel prepared to insert a Foley catheter (male and female). | N=17 | NA N % | SD N % | D N % | A N % | SA N % |
| I can satisfactorily perform a surgical hand scrub. | 17 | 1 6% | 9 53% | 7 41% |
| I am able to gown and glove alone and with assistance. | 17 | 4 24% | 13 76% |
| I can perform instrument ties. | 17 | 4 24% | 13 76% |
| I can perform one-handed surgical ties. | 17 | 2 12% | 6 35% | 9 53% |
| I can perform surgical knots wearing surgical gloves. | 17 | 2 12% | 2 12% | 8 47% | 5 29% |
| I am able to properly change surgical dressings, both clean and contaminated. | 17 | 3 18% | 8 47% | 6 35% |
| I am able to suture and staple skin using sterile technique. | 17 | 1 6% | 6 35% | 10 59% |
| I am able to perform the proper exam of an acute abdomen. | 17 | 1 6% | 6 35% | 10 59% |
| I am able to prep and drape a surgical field. | 17 | 1 6% | 1 6% | 10 59% | 5 29% |
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 an osteopathic physician.

Due to this rotation, I am comfortable caring for surgical patients including pre-operative and post-operative care.
**Caseload and Management of Patients**

**Section Comments**

I don't think I got enough opportunity to do things in the OR, or on the floors. I saw patients, but I would have liked more hands on experience. It was a slow month as far as cases in the OR. I only got to suture once the whole month. Also we had a large team, with auditioning students so there were a lot of people for the small number of case loads.

**Expectations/Learning Objectives**

**Section Comments**

I strongly feel that there needs to be a suture clinic and a scrub clinic prior to start of surgery rotation. We only had a one hour training session during our respiratory course 2nd year, and that is not nearly enough time to master suturing, or to learn the different techniques we needed to know. I felt like if I knew suturing prior to entering the rotation, I would've been able to contribute more to the cases, by helping close on the surgeries during the first two weeks. Luckily one of the interns taught us how to suture and I was able to help out in the remainder of the rotation. Similarly having a scrub clinic, instead of just a video they showed us at the hospital would've helped.

I wish we had more education sessions with my team. The resident always planned on it, but then they didn't happen.

**Resources**

**Section Comments**

Not enough computers in the library

**Osteopathic Principles and Practice**

**Section Comments**

Dr. Dunbar at Henry Ford Mt. Clemens is pretty much the only surgeon at the hospital that does OMM. I would not have had a chance to practice OMM at all during my rotation if it wasn't for him, so I don't know how students on other surgery services would get a chance to practice this.

Dr. Dunbar, a surgical resident, is also an OMM fellow so we would do OMM rounds every week.

Dr. Dunbar would take us on OMM rounds in the afternoons. We would perform OMM on surgery patients.

**Preclinical Preparation**

**Section Comments**

I found the GI course to be very clinically relevant and I noticed it helped a lot on this rotation

MSU should have a basic surgical course in which we are taught scrub techniques, instruments, and sutures/ties

**Procedures**

**Section Comments**

The neutral and disagree means I need a lot more practice and would have liked more opportunities.

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

Yes

Yes.

I did not find that they helped me

I used the knot tying video.
The materials were useful during the rotation
Agree
I agree.
Yes. These were helpful.
didn't realize there was content
I used other online resources like uptodate and access surgery to review procedures and techniques.

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

Yes.
I agree. Having a suture clinic and a surgical hand scrub session before the rotation started would be helpful
it would be nice to have a few more videos about suturing.
I think that it could be very helpful
Agree. Students should have more instruction on suturing.
Disagree
I agree.
Videos are helpful to watch before performing the procedures

yes
I think it's better to learn by doing. Most things on this rotation were performed multiple times, so there was plenty of opportunity.

---

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

Yes
Yes.
I disagree, i wish i had had the opportunity to practice suturing prior to the start of the rotation
we didn't have one.
I would have liked to have had a suture clinic during orientation
Agree
It may have been more beneficial if we got to walk through the OR and got oriented to wear stuff was, like gowns and gloves, etc.

Yes.

no

yes. And they were very good about teaching as we went. "See one doo one teach one".

---

**Overall Assessment**

**Section Comments**

It was poorly organized
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:

Clinical skills and all the systems courses helped me alot.
Acls.
GI course
Clinical skills, respiratory lab with suture lab, first year Anatomy, Physiology 1 and 2 and Radiology.
anatomy, cadaver lab
I think GI was the most helpful course
The GI and anatomy courses at MSU-COM along with clinical skills training were very beneficial for this rotation.
Anatomy, physiology
The suturing course during second year was helpful. Obviously anatomy is very important.
Anatomy, respiratory
GI, Respiratory, integumentary
the supportive nature of the residents both in the OR and academically was enough to make me choose this field to pursue as a specialty.

This rotation could have been improved by:

There were scrub nurses who prevented students from scrubbing into surgeries. This should not be acceptable. We are there to learn and there is no one other than the attending physician on the case that should prevent a student from scrubbing into a surgery.

No 24 hour call.

Given more responsibility with my patients. There were times that I felt like my seniors were not so interested in my learning. If I asked and inquired I was told, but I really had to put in a lot of work to understand what was going on. I felt that the other surgery "team" put more emphasis on teaching students. It would have been improved had I had a suture clinic before, ie with pigs feet, so that I could have been more effective in the OR. Lastly, there were days that we did not round as a team. It is helpful, especially as a student to participate in rounds, and when we did not I felt uninvolved in the care of some of the patients.

At times the environment became excessively hostile between the attending and the residents. I wish there would have been more examples of treating each other with respect and professionalism than I saw.

more education, more opportunities to scrub into cases and be allowed to suture/staple/ retract/ etc.

Having more OR time

This rotation was very strong in involvement both clinically and educationally. Little room for improvement.

Nothing that I can think of right now.

More procedures. There were a lot of residents and students on this rotation and this limited the number of procedures that we were able to do.

Fewer students on the same month
giving students better direction for reading assignments during the rotation.
The thing(s) I like most about this rotation was (were):

The attending and the residents were very supportive and provided a positive learning experience. They asked me to do a power point presentation and helped me to enhance my presentation skills.

The interns.

When I did ask questions or was unsure about how to perform a certain task my attending and senior residents were very helpful and patient. They were understanding of where I was as a medical student and did not belittle me for not knowing something.

Hands on learning, scrubbing in on cases, learning how to suture and assisting the surgeon

the people were nice, it was awesome being in the OR, and the patients were interesting to take care of. overall a great rotation, but after talking to 4th year auditioning surgery students, they said I got to do nothing and got "jippeD" out of my surgical rotation experience. I really liked what I did, but had I done more, I would maybe consider doing it as a profession more. It's hard when you hear about other people getting the chance to do a lot more. But I was on the "slow team" as far as case loads.

Being able to do procedures and patient care

I thoroughly appreciated the opportunity to see patients at each step of the surgery process; pre-op office visit, surgical prep, OR, recovery, on the floor, post-op visits.

I really liked the independence I was given on this rotation. I learned a lot of surgical techniques and I had the opportunity to do a lot of hands on learning. It was one of my best rotations and definitely was the most educational.

I was able to scrub in on a large number of cases with a wide variety of procedures. The rotation is really up to the student and which cases they would like to scrub in for. The attending's and residents are willing to teach and are active in doing so.

Learning how to do procedures and caring for surgical patients.

Very welcoming team. I was nervous especially for this rotation, and the prospect of feeling stupid, but I did not. They taught instead of droned on, and they asked questions for learning purposes instead of soley for the purpose of pimping.

the hands on experience.