## Caseload and Management of Patients

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.

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### Osteopathic Principles and Practice

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.

### 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 feel prepared to insert a Foley catheter (male and female).

I can satisfactorily perform a surgical hand scrub.

I am able to gown and glove alone and with assistance.

I can perform instrument ties.

I can perform one-handed surgical ties.

I can perform surgical knots wearing surgical gloves.

I am able to properly change surgical dressings, both clean and contaminated.

I am able to suture and staple skin using sterile technique.

I am able to perform the proper exam of an acute abdomen.

I am able to prep and drape a surgical field.

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### 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.

### Clerkship Rotation Evaluation Results

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**Class Year:** 2013

**Eval Data from:** 8/1/2011  **to:** 6/15/2012

**Print Date:** 3/28/2013
Caseload and Management of Patients

Section Comments
- Often, students were not included in the treatment plan decisions/discussions, even for the patients we were actively following.

Expectations/Learning Objectives

Section Comments
- There were no expectations delineated and little discussion of how the rotation would work at the outset. I think in the future the students’ role in the whole process needs to be better defined.

Resources

Section Comments
- HF Macomb merged with HF Warren and there are only 9 computers for the residents, interns and medical students to use.

Osteopathic Principles and Practice

Section Comments
- Dr. Dunbar was very helpful with my OMM learning. We were able to do OMM 2 times on this rotation.

Preclinical Preparation

Section Comments
- I prepared for a breast biopsy case and recalled that the long thoracic nerve can potentially be damaged. In the case, Dr. Reddy told me not to remember the long thoracic nerve. He called it the serratus nerve because it innervates the serratus muscle. Ironically, this was a question on my shelf exam and "serratus nerve" was not an option.

Supervision/Feedback

Section Comments
- Very difficult to communicate with this group. It was hard to get any feedback. We hardly ever saw our surgery residents. Our interns (ENT and Urology) were more helpful then the surgery residents.

Professionalism

Section Comments
- There was one physician I worked with and I consciously made a decision not to be like him. I believe in osteopathy and that every patient should be treated as a whole--and with respect.

Procedures

Section Comments
- I was able to put only 1 suture in during the whole rotation and that was when I was with OB because they did 2 cases on one patient (a lap chole and then a oopherectomy.) I did more surgery procedures on my ortho and OB/GYN rotations. At HF Macomb, only 4 people were allowed to scrub in and that included the scrub tech. So it was the scrub tech, attending, and 2 residents/interns. RARELY, were medical students allowed to scrub in--let alone close. Again, at HF Macomb, I actively attempted to start an IV. I talked with the charge nurses and they were very against a medical student attempting an IV. I was told I could watch the RN's put IV's in.
The content of the online materials in the Angel course for Surgery reviewed the procedures I needed to be successful on my surgery rotation.

agree

Yes

Agree

Yes, it helped to prepare me well.

The NEJM videos are great to be able to download and put on your phone.

Did not use

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

It would have been helpful to have more experience learning how to suture, tie knots, insert IVs and NG tubes.

No

Agree

Yes that would be very helpful

NO. The surgery team was very ignorant as to educating medical student on surgery topics or surgery procedures. Their response to everything was "go look it up." If you had a quick question related to the topic being discussed, their response was "go look it up." As a medical student, I vowed to be a life long learner. As a resident, I will vow to be a life long teacher as well.

Yes

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

agree

Yes

Agree

Yes

NO.

Yes

Overall Assessment

Section Comments

This was a bad experience. I want to become a compassionate physician, who encourages learning and doesn't belittle people for self gratification. Even several of the patients pointed out the fact that an attending treated his residents/interns and medical students very poorly.

I am now planning on pursuing a career in surgery, a change from before this rotation

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:

Seeing patients in the office for follow-up visits was very educational. Seeing how Dr. Prakash interacted with patients was beneficial. He was very compassionate and friendly to everyone.

GI, respiratory
Spending time in the operating room

Gastrointestinal class.

The Tuesday during Respiratory in which we were able to practice procedures was the most helpful.

Anatomy.

Anatomy, GI, Clinical Skills

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**This rotation could have been improved by:**

Different residents and attendings

The rotation could have been better if there had been more involvement of the residents with the students. The teaching on this rotation was too little, in my opinion. Additionally, the expectations of the students need to be laid out at the beginning of the rotation.

None

Feedback from residents & attendings regarding my daily patient progress notes

To have more teaching from the attendings.

Having more time in the OR (we had one week when there were no surgeries scheduled) and participating more in the surgeries.

I did a rotation downtown at HF Main and we had access to the surgeries for the week. There was a list at HF Macomb but we were not given access to it. For the longest time, we didn't even know our team. It would have been nice to have names, pictures, pager/phone # of the residents and attendings.

It would have been beneficial to have a course dedicated to surgical skills instead of briefly touching on it during preclerkship. Students from schools with such an opportunity are better prepared to suture and perform similar tasks.

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

Learning about/seeing the surgeries was very interesting.

The attending and interns on this rotation were excellent. They were always willing to teach no matter how busy they got. They showed confidence in me and took the time to let me perform procedures. A lot was expected out of me on this rotation, but in return everyone on this service taught me a lot. I would highly recommend anyone rotating with Dr. Reddy's surgery team.

The operating room experience, working with the surgical team, following patients from admission - to surgery - to discharge.

Dr. King was a great teacher and gave me a lot of attention.

Participating in the surgeries and learning procedures.

This rotation gave me time for self-reflection and what I committed to do as an osteopathic physician. I learned how NOT to act and what NOT to do.

Being in the OR, learning about mgmt of the surgical pt