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.
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.

Clerkship Rotation Evaluation Results

<table>
<thead>
<tr>
<th>Class Year: 2013</th>
<th>N=</th>
<th>NA %</th>
<th>SD %</th>
<th>D %</th>
<th>N</th>
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<td>2 15%</td>
<td>2 15%</td>
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<tr>
<td>Preclinical Preparation</td>
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<td>1 8%</td>
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<tr>
<td>Supervision/Feedback</td>
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<td>3 23%</td>
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<td>Clerkship Rotation Evaluation Results</td>
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Eval Data from: 2/9/2012 to: 8/21/2012
### 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.
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>
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<tr>
<th>I am able to administer peripheral IV insertion.</th>
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<th>SA N %</th>
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<td>23%</td>
<td>5 38%</td>
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<th>I am able to perform the patient teaching, incentive Sprirometry, drain care, etc.</th>
<th>N=13</th>
<th>NA N % SD N %</th>
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<th>I am able to administer local anesthetic.</th>
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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.
Expectations/Learning Objectives

Section Comments

Dr. Daulton put together a very helpful packet with good details about the 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.

yes

No

It was fairly helpful.

Yes

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

yes

Yes

I would have liked more procedure review during the first two years of our education.

No

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

yes

Yes

For the most part things were outlined well.

Yes

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:

- Scrub clinic
  The attendings, particularly Dr. Baidoun were very kind, patient and offered opportunities to ask questions and taught effectively throughout the rotation.
- Gastroenterology
  Being able to participate in the OR even with little things like holding the scope or suturing at the end of the operation.
- Suture clinic, GI system course

This rotation could have been improved by:

- More diatics at the student level. It's hard to just jump in on stuff that is way over your head!
- Increased resources at the library and a more focused expectation of the relevant material needed to succeed on the shelf exam along with fundamental understanding of the management and guidelines for particular, surgically related diseases.
- More simple procedures since I was on the transplant team
Nothing in particular.

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

The residents that I worked with (especially Dr. Dalton, Dr. Schiefelbien, and Dr. Holley) were awesome! Those three are incredible teachers and they encourage you to see patients on your own, suture (when appropriate), and pretty much manage a patient. I felt very comfortable seeing a patient and reporting back to my team when I was working with them. Dr. Dalton prepared a packet for students that was incredibly helpful. I think that it should be required reading for all surgery students prior to starting the rotation. Dr. Baidoun was also a very good teacher-- a bit intimidating but overall, he made sure you learned on the rotation!

The attendings and residents. Very knowledgeable and great educators.

Transplant surgeries

Interacting with the residents and their explanations of things. They were good teachers!

Large volume of patients

My resident, Dr. Laird, was one of the best residents that I have worked with. She was very helpful and took a lot of her time to teach me and talk to me about patients and other topics that I was interested in discussing. I thoroughly enjoyed this rotation.