### 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.

### Clerkship Rotation Evaluation Results

<table>
<thead>
<tr>
<th>N=</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>1</td>
<td></td>
<td>3</td>
<td>50%</td>
<td>2</td>
<td>33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td></td>
<td>3</td>
<td>50%</td>
<td>2</td>
<td>33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>3</td>
<td>50%</td>
<td>3</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>4</td>
<td>67%</td>
<td>2</td>
<td>33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>4</td>
<td>67%</td>
<td>1</td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>5</td>
<td>83%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>3</td>
<td>50%</td>
<td>2</td>
<td>33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td></td>
<td>1</td>
<td>17%</td>
<td>3</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td></td>
<td>1</td>
<td>17%</td>
<td>3</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>4</td>
<td>67%</td>
<td>1</td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>4</td>
<td>67%</td>
<td>2</td>
<td>33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>4</td>
<td>80%</td>
<td>1</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
</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.
### 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.

---

**Class Year: 2013**

**Clerkship Rotation Evaluation Results**

<table>
<thead>
<tr>
<th></th>
<th>N=</th>
<th>NA%</th>
<th>SD%</th>
<th>N=</th>
<th>D%</th>
<th>N=</th>
<th>A%</th>
<th>SA%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>1</td>
<td>17%</td>
<td>1</td>
<td>17%</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>2</td>
<td>33%</td>
<td>4</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>4</td>
<td>67%</td>
<td>2</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>1</td>
<td>17%</td>
<td>2</td>
<td>33%</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>1</td>
<td>17%</td>
<td>1</td>
<td>17%</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>1</td>
<td>17%</td>
<td>5</td>
<td>83%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>2</td>
<td>33%</td>
<td>4</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>1</td>
<td>17%</td>
<td>4</td>
<td>67%</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>2</td>
<td>33%</td>
<td>4</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>4</td>
<td>67%</td>
<td>2</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>1</td>
<td>17%</td>
<td>5</td>
<td>83%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>2</td>
<td>33%</td>
<td>4</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>4</td>
<td>67%</td>
<td>2</td>
<td>33%</td>
<td></td>
</tr>
</tbody>
</table>

Eval Data from: 1/28/2012 to: 7/3/2012  
Print Date: 3/28/2013
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.

### Overall Assessment

<table>
<thead>
<tr>
<th>Task</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 am able to administer peripheral IV insertion.</td>
<td>6</td>
<td>1</td>
<td>17%</td>
<td>2</td>
<td>17%</td>
<td>3</td>
<td>50%</td>
</tr>
<tr>
<td>I am able to perform nasogastric tube insertion.</td>
<td>6</td>
<td>1</td>
<td>17%</td>
<td>2</td>
<td>17%</td>
<td>3</td>
<td>50%</td>
</tr>
<tr>
<td>I am able to perform the patient teaching, incentive Sprirometry, drain care, etc.</td>
<td>6</td>
<td>5</td>
<td>83%</td>
<td>1</td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to administer local anesthetic.</td>
<td>6</td>
<td>3</td>
<td>50%</td>
<td>3</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Expectations/Learning Objectives

Section Comments
I was usually unclear as to what was expected of me. I was either getting in trouble for either doing something I wasn't supposed to or not doing something I was supposed to.

Preclinical Preparation

Section Comments
While I felt that physiology and GI were a huge help in preparing me for this rotation, I felt grossly underprepared for everything else related to surgery. Most of my classmates from other schools had classes on how to scrub, how to suture and how to tie knots. At MSU we only had a 1 hour seminar on how to suture which I got almost nothing out of. I ended up borrowing a lot of material from students from Des Moines.

Supervision/Feedback

Section Comments
When presenting or charting, my usual feedback was "no! come on. come on." and I wasn't really sure what my attending wanted.

Professionalism

Section Comments
Everyone other than my attending was extremely kind and patient with me. I always felt comfortable asking them for help and they were eager to teach. With my attending, I was asked to call other hospitals and pretend to be Dr. so and so and get patient information, call other doctors and tell them that we should go ahead with procedures despite what they thought because my attending didn't want to talk to them. Other ethical concerns were raised which I felt uncomfortable with.

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

It would be nice to have other resources and more hands on learning in second year.

I ended up youtubing a lot of knot tying and suturing videos.

Yes for my rotation, not sure about the post surgery examination. It was so broad, I focused too much on surgery material when studying.

Agreed.

Yes

Agree

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

I agree.

Yes.

Agreed.

No

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

Everyone at Huron Medical Center was extremely friendly and happy to show me around the OR.
Yes, it was helpful.
Agreed.
True
Agree

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:

Basic Science courses
Physio, GI

All classes helped with this rotation, it was very broad and we saw many different kinds of patients. Clinical skills was very helpful, knowing how to perform an acute abdominal exam is key to this rotation.

Respiratory, suturing practice.

Respiratory, GI

Clinical skills

This rotation could have been improved by:

Having more focused morning report and didactic sessions

Some kind of intro to surgery course or even 1 day. Supplemental material such as knot tying, suturing, info on local anesthetics, what to include in a surgical note and post op note as well imaging techniques and order of when to order them.

Nothing, it was great.

More learning about surgery in class during year 2.

More suture clinics before hand!

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

Having hands on experiences and being able to follow patients through all of their surgical care.

The friendly nurses, anesthesia and opportunity to gain exposure and spend some time in the ER, radiology and cath lab when I had some extra time.

My attending was great. He taught me how to think like a doctor and gave me lessons on basic surgical skills. He was good at challenging me and understanding my level of training; I really enjoyed my month working with him. I got to see a lot of procedures and some very rare ones which was exciting. I was terrified of surgery and came out loving it. I had a great month, and loved all of it.

Worked at small rural hospital in standish one day a week which was a great experience.

Dr. Yoon was an amazing physician to work with! I had a great experience and really learned a lot about surgery. I was very nervous for this rotation, and by the end I was seriously considering a career in general surgery.