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>Caseload and Management of Patients</th>
<th>N=</th>
<th>NA N %</th>
<th>SD N %</th>
<th>D N %</th>
<th>A N %</th>
<th>SA N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>In general, there was an appropriately diverse mix of patients (including race and ethnicity) seen on this service to meet the clinical training objectives.</td>
<td>14</td>
<td>1 7%</td>
<td>7 50%</td>
<td>6 43%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The amount of patient care responsibilities assigned to me were just about right for my current level of training.</td>
<td>14</td>
<td>1 7%</td>
<td>1 7%</td>
<td>5 36%</td>
<td>7 50%</td>
<td></td>
</tr>
<tr>
<td>In general, I had an opportunity to develop procedural skills commensurate with my level of training.</td>
<td>14</td>
<td>1 7%</td>
<td>2 14%</td>
<td>5 36%</td>
<td>6 43%</td>
<td></td>
</tr>
<tr>
<td>I was given ample opportunity to become involved in learning about management of patient cases.</td>
<td>14</td>
<td>1 7%</td>
<td>1 7%</td>
<td>6 43%</td>
<td>6 43%</td>
<td></td>
</tr>
<tr>
<td>I felt supported and encouraged to present a differential diagnosis and treatment plan.</td>
<td>14</td>
<td>3 21%</td>
<td>7 50%</td>
<td>4 29%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expectations/Learning Objectives</th>
<th>N=</th>
<th>NA N %</th>
<th>SD N %</th>
<th>D N %</th>
<th>A N %</th>
<th>SA N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards for my expected level of performance (how I was to be evaluated) on this rotation were made clear to me at the outset.</td>
<td>14</td>
<td>2 14%</td>
<td>1 7%</td>
<td>3 21%</td>
<td>4 29%</td>
<td>4 29%</td>
</tr>
<tr>
<td>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.</td>
<td>14</td>
<td>1 7%</td>
<td>4 29%</td>
<td>4 29%</td>
<td>5 36%</td>
<td></td>
</tr>
<tr>
<td>There were adequate didactics on this service to enhance my existing knowledge base; i.e. conferences were scheduled regularly and occurred as scheduled.</td>
<td>14</td>
<td>1 7%</td>
<td>1 7%</td>
<td>6 43%</td>
<td>6 43%</td>
<td></td>
</tr>
<tr>
<td>The information presented on this rotation was presented at a pace and at a level that was consistent with my existing knowledge base.</td>
<td>14</td>
<td>1 8%</td>
<td>7 54%</td>
<td>5 38%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources</th>
<th>N=</th>
<th>NA N %</th>
<th>SD N %</th>
<th>D N %</th>
<th>A N %</th>
<th>SA N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>There were sufficient educational resources (computers, books, journals, &amp; other library materials) available to me on this rotation.</td>
<td>14</td>
<td></td>
<td>5 36%</td>
<td>9 64%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had access to educational resources at times that were convenient to me.</td>
<td>14</td>
<td>1 7%</td>
<td>5 36%</td>
<td>8 57%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Osteopathic Principles and Practice

| On this service there were facilities and opportunities available to support learning about osteopathic manipulative medicine (OMM). | 14 | 3 | 21% | 2 | 14% | 1 | 7% | 2 | 14% | 4 | 29% | 2 | 14% |
| Faculty knowledgeable in the appropriate use of OP&P in case management were available to me as needed. | 14 | 5 | 36% | 2 | 14% | 3 | 21% | 4 | 29% |
| I had opportunities to use OMM on this service. | 14 | 3 | 21% | 1 | 7% | 5 | 36% | 1 | 7% | 2 | 14% | 2 | 14% |
| When seeking out opportunities to apply OMM, I felt supported by the faculty here. | 14 | 6 | 43% | 1 | 7% | 2 | 14% | 3 | 21% | 2 | 14% |

### Preclinical Preparation

| The basic science content I learned in Year 1 assisted me in learning from the experiences I encountered on this service. | 14 | 1 | 7% | 3 | 21% | 6 | 43% | 4 | 29% |
| The systems biology content I learned in Year 2 assisted me in learning from the experiences I encountered on this service. | 14 | 1 | 7% | 2 | 14% | 7 | 50% | 4 | 29% |
| In general, the material I learned in Years 1 & 2 had little clinical relevance to what I encountered on this service. | 14 | 3 | 21% | 6 | 43% | 2 | 14% | 1 | 7% | 2 | 14% |

### Supervision/Feedback

| I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.). | 14 | 1 | 8% | 1 | 8% | 2 | 15% | 5 | 38% | 4 | 31% |
| On this service, I never quite knew where I stood in meeting expected outcomes. | 14 | 3 | 17% | 5 | 28% | 2 | 11% | 4 | 22% | 4 | 22% |
| On this service, there was always someone available to answer my questions when I had them. | 14 | 1 | 7% | 9 | 64% | 4 | 29% |
| The post-rotation examination reflected the core content areas as described in the course protocol. | 14 | 1 | 7% | 3 | 21% | 3 | 21% | 4 | 29% | 3 | 21% |
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.

Il 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.
Caseload and Management of Patients

Section Comments

I was very busy, which I really liked, but sometimes the docs and I were so busy caring for patients that there wasn’t time to be taught.

Expectations/Learning Objectives

Section Comments

There was no real direction or orientation to surgery or the expectations. I didn’t know what was expected of me usually until I failed to meet an expectation.

Great didactics during surgery. Also there were multiple levels geared toward students and toward residents at a higher levels that challenged and encouraged growth

Dr. Chu did a great job to lecture to us and teach us about abdominal trauma and vascular trauma

Resources

Section Comments

Resources were available but time to use them was almost non-existant.

Osteopathic Principles and Practice

Section Comments

No time or faculty support to do, learn, or even consult for OMM.

Preclinical Preparation

Section Comments

The years 1 and 2 were woefully inadequate (esp in GI disorders seen in most general surgery.) We need much less emphasis on more obscure concepts and much more emphasis on basics (such as how to distinguish Cholecystitis from Pancreatitis or GERD.)

Supervision/Feedback

Section Comments

When I asked the residents for feedback on my performance, they were encouraging and readily gave me suggestions on how I could improve.

There were valuable few residents that made themselves available to teach and answer any questions and were a great resource to me. There was really little time spent with attending

Professionalism

Section Comments

I feel like the residents were worked so much, that they were unable to care for their patients as they would have liked.

Certainly some more than others.

Procedures

Section Comments

I was able to practice these techniques but not to a level where I feel proficient to perform them alone.
The content of the online materials in the Angel course for Surgery reviewed the procedures I needed to be successful on my surgery rotation.

Not at all.

It was helpful

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

Other schools have an actual COURSE in surgery. MSUCOM does not. Also our GI course does NOT adequately prepare us.

Yes

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

Not at all! There is so much more to know just to get past the first day. We need to know basics like how to move a gurney, how to move a patient, where to find materials on each floor, how the floors are organized, etc.

Yes

Overall Assessment

Section Comments

Overall, I had a positive experience because I was allowed to see many patients and participate in many surgeries. I felt that I was a valued member of the team.

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:

- anatomy
- suture clinic, anatomy
- Studying for the Board step 1 exam (because my courses did not prepare me very well) and my clinical skills course instruction.
- Cardiology, GI, and Respiratory

This rotation could have been improved by:

- Dedicated time during rotation to study.
- Improving their didactics. Rounding on patients that have been seen by the students without the students present inhibits valuable teaching opportunities.
- The supervising physician's understanding our background level of training (none) in surgical techniques. If they knew that MSUCOM students have absolutely NO training or teaching in surgery, then maybe they would take time to explain some of the basics and why we do them.
- More hands on experience. There was little opportunity given to suture or do other simple technical skills in the OR
- More direction and interaction with the attendings

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

- The ability to work with my hands and being able to assist in the various surgical procedures encountered
- patient load, set-up of day, helpfulness of residents and attendings
I learned so much in a short period of time (unlike the hours and hours of useless information memorized during years 1 and 2.)

For the most part, the residents and attendings were friendly, professional and open to questions and teaching.

Many surgeries and great lectures