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.

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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.
### Professionalism

| I was treated as a professional by those supervising my student-physician role on this service | N=15 | NA 7% | SD 13% | D 73% | A 7% |
| My supervising faculty on this service modeled physician-patient interactions on this service in ways I would like to emulate. | N=15 | 2 13% | 1 7% | 11 73% | 1 7% |
| Issues of professionalism were included as a point of discussion by faculty on this rotation. | N=15 | 1 7% | 3 20% | 3 20% | 7 47% | 1 7% |

### Procedures

| I feel prepared to insert a Foley catheter (male and female). | N=15 | 3 20% | 8 53% | 4 27% |
| I can satisfactorily perform a surgical hand scrub. | N=15 | 4 27% | 11 73% |
| I am able to gown and glove alone and with assistance. | N=15 | 1 7% | 6 40% | 8 53% |
| I can perform instrument ties. | N=15 | 4 27% | 11 73% |
| I can perform one-handed surgical ties. | N=15 | 1 7% | 1 7% | 4 27% | 9 60% |
| I can perform surgical knots wearing surgical gloves. | N=15 | 6 40% | 9 60% |
| I am able to properly change surgical dressings, both clean and contaminated. | N=15 | 3 20% | 9 60% | 3 20% |
| I am able to suture and staple skin using sterile technique. | N=15 | 6 40% | 9 60% |
| I am able to perform the proper exam of an acute abdomen. | N=15 | 1 7% | 11 73% | 3 20% |
| I am able to prep and drape a surgical field. | N=15 | 12 80% | 3 20% |
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>Task Description</th>
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<tbody>
<tr>
<td>I am able to administer peripheral IV insertion.</td>
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<td>I am able to perform nasogastric tube insertion.</td>
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<td>I am able to perform the patient teaching, incentive Spirometry, drain care, etc.</td>
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<td>I am able to administer local anesthetic.</td>
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<td>This rotation offered a positive learning experience and stimulated my interest in this specialty of medicine.</td>
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<td>My experiences on this rotation stimulated my commitment to become a physician.</td>
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<tr>
<td>My experiences on this rotation stimulated my commitment to become an osteopathic physician.</td>
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Time was limited, and OMM was not something that I felt would have fit into the busy schedules that were being balanced by the residents and attendings. Had I sought out opportunity, I am sure I would have been given one.

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

Did not discuss NG tube, peripheral IV, or patient teaching. These would be more appropriately placed with an internal medicine rotation where we are more likely to be around the staff who perform these activities. I had to scramble to find staff who were doing these last few more nursing related activities.

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

A true

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

A 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, suture clinic in respiratory, and the gastrointestinal course.

This rotation could have been improved by:

increased communication of expectations at the beginning, and WAY more training on different kinds of suture closure we might use in the OR. I NEVER used simple interrupted sutures, and this is sadly all that we were taught in our curriculum.

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

Everything, the fast pace, lots of patients, many cases available to scrub, opportunity to read and present what I had learned. I had a fantastic time on surgery.
### Caseload and Management of Patients

**Section Comments**

From day one, I was treated as though I was part of the team, and the work I did was important to the group as a whole, without being overwhelming.

Lots of Gallbladders and hernias. Would be nice to have more variety on this rotation since we are tested on Ortho, Vascular, ENT, neuro, all sorts of different surgeries. Did get to suture a lot but would have liked to help out more.

### Expectations/Learning Objectives

**Section Comments**

Expectations on this rotation were inconsistent. There was a different point of view with each resident, which made it difficult to know exactly what we were expected to be doing, where we were expected to be at a specific time, and what aspect of our day (covering cases in the OR, going to clinic in the afternoon, rounding on patients with an attending) were priority.

### Preclinical Preparation

**Section Comments**

Anatomy course was definitely needed.

### Supervision/Feedback

**Section Comments**

Again, different individuals had different expectations. All challenged me in a certain way, but each had expectations different from the other that were not evident until there was a discrepancy.

### Professionalism

**Section Comments**

Although there is some feeling of tension between individuals in the program, professionalism played an important role both in discussion of topics, and in patient interactions.

### Procedures

**Section Comments**

I need to work more on one-handed surgical ties. Gowning and gloving ALONE is a skill I am getting better at, but need to work on more as well. I feel I need more practice with Nasogastric Tube Insertion and would like to have the opportunity to have a day in the simulated patient lab to work on it, along with other skills like intubation.

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

I agree.

Yes

nope

Yep

Not entirely.

I agree for the most part.

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

I agree.

Yes

yes

Agreed.

Preferably.

Agreed, 100%. We need to be thoroughly instructed on NG tube placement, peripheral IV insertion, and have at least quarterly work-shops on knot tying in order to not only understand the practice, but to hone our skills. Otherwise, I feel we slow down the residents and attendings, and everyone gets frustrated.

Scrubbing technique necessary during orientation

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

I agree.

Yes

nope

Agreed

For the scrubbing in part, yes.

I do not agree.

As best they could

**Overall Assessment**

**Section Comments**

Again, pre-operative and post-operative care is not a concern. I feel I am able to perform tasks required if asked.

**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 was very useful during year 1. The systems biology courses were beneficial to this rotation (GI, Resp, Repro, Cardio, etc). I also joined SOSA and was able to learn different suturing/knot tying techniques prior to this rotation.

Most of the classes.

the only 1 hr suture class out of 2 yr schooling and anatomy class.

Clinic work with Dr. Friedl

Gastrointestinal Systems Course, Anatomy!!!!

Anatomy

Anatomy, GI,

Anatomy, Clinical Skills, suture clinics
This rotation could have been improved by:

n/a

If there were more quiz questions for pre rotation. This is just to prepare the patient for being "pimped"

less students rotating

less students

Having ONE resident sit down with us on day ONE and state "this" is priority, "this" needs to be done... maybe even a protocol or guidelines that specifically my service (not MSUCOM) would like us to follow.

Structure. The residents were making guidelines for students which should help a lot. Friendliness to students who are unaccustomed to the surgical side of medicine.

More guidance from residents and attendings

lectures on fluids, drain care, surgical complications, etc in the first two years would be helpful

More variety in procedures

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

The hands-on learning experiences, the weekly didactic sessions, and the patience of the surgery staff to teach us and let us practice and improve our skills.

The staff and ability to assist in procedures.

surgery

Hands on suturing, stapling, etc.

Diversity of cases, time in the OR, working with and seeing different physicians perform the same procedures differently, working with the residents, building working relationships with people i look up to.

Ability to practice procedures. Morning rounds with responsibility for specific patients assisted in building a differential, managing post-surgical patients, and assessing risks.

Suturing

Very hands one rotation, as a student you get to do quite a lot.

Hands-on learning, residents were very willing to teach