**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**

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<tr>
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**Eval Data from:** 1/28/2012  **to:** 7/2/2012

**Print Date:** 3/28/2013
## Osteopathic Principles and Practice

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<tbody>
<tr>
<td>On this service there were facilities and opportunities available to support learning about osteopathic manipulative medicine (OMM).</td>
<td>4</td>
<td>2</td>
<td>50%</td>
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<td>50%</td>
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<tr>
<td>Faculty knowledgeable in the appropriate use of OP&amp;P in case management were available to me as needed.</td>
<td>4</td>
<td>3</td>
<td>75%</td>
<td>1</td>
<td>25%</td>
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<tr>
<td>I had opportunities to use OMM on this service.</td>
<td>4</td>
<td>2</td>
<td>50%</td>
<td>1</td>
<td>25%</td>
<td>1</td>
</tr>
<tr>
<td>When seeking out opportunities to apply OMM, I felt supported by the faculty here.</td>
<td>4</td>
<td>1</td>
<td>25%</td>
<td>1</td>
<td>25%</td>
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## Preclinical Preparation

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<tbody>
<tr>
<td>The basic science content I learned in Year 1 assisted me in learning from the experiences I encountered on this service.</td>
<td>4</td>
<td>2</td>
<td>50%</td>
<td>2</td>
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<tr>
<td>The systems biology content I learned in Year 2 assisted me in learning from the experiences I encountered on this service.</td>
<td>4</td>
<td>4</td>
<td>100%</td>
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<tr>
<td>In general, the material I learned in Years 1 &amp; 2 had little clinical relevance to what I encountered on this service.</td>
<td>4</td>
<td>2</td>
<td>50%</td>
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## Supervision/Feedback

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<tr>
<td>I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.).</td>
<td>4</td>
<td>1</td>
<td>25%</td>
<td>1</td>
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<tr>
<td>On this service, I never quite knew where I stood in meeting expected outcomes.</td>
<td>4</td>
<td>1</td>
<td>33%</td>
<td>1</td>
<td>33%</td>
<td>1</td>
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<tr>
<td>On this service, there was always someone available to answer my questions when I had them.</td>
<td>4</td>
<td>1</td>
<td>25%</td>
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<td>The post-rotation examination reflected the core content areas as described in the course protocol.</td>
<td>4</td>
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### 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.

### Clerkship Rotation Evaluation Results

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<th>Class Year: 2013</th>
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</table>
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
Hardly any guidance was given. I was an employee and not a student. I did assist with lots of procedures, but my contributions were minimal and I was not encouraged to ask questions or discuss cases. At times, it was made clear that this behavior was irritating to them. This varied day to day, but overall was quite miserable and boring. I felt like I was taking up space most of the time.

Expectations/Learning Objectives

Section Comments
MSUCOM anatomy did not prepare me well enough for my surgical rotation. My surgeons claimed to have over a year of anatomy in school, as well as their own cadavers to work on instead of the prosection and 10 weeks.

I did almost all of my learning independently. I was told by Dr. Kam that he was not interested in teaching because he isn't being paid. Dr. Featherstone didn't say as much, but I think he feels the same way. If I learned anything from them it was largely dependent on their mood (which was usually pretty poor). Dr. Sliker was and Dr. Nizzi were helpful at times, but I felt like I mostly worked with people who didn't want me there except to hold their camera.

Osteopathic Principles and Practice

Section Comments
I worked with all MDs

None of the surgeons do OMM. I did some without telling them. They are mostly M.D.’s, but I never saw Dr. Nizzi do any OMM or practice OP&P, either.

Osteopathic medicine is not largely supported at Munson Medical Center, much less in the surgery arena. This was a bummer, but not surprising.

Preclinical Preparation

Section Comments
Anatomy was a large factor, I wish we had taken a course longer than 5 weeks to ensure better retention.

Supervision/Feedback

Section Comments
For being a general surgery rotation there was a lot of trauma surgery based questions on the shelf exam, as well as some anesthesia questions that I was not sure of considering I didn't partake in trauma surgery or anesthesia.

See above. Very little feedback or support was given. Questions were not encouraged, and were often discouraged.

Post rotation exam was extremely difficult to study for, as it largely included areas of GI, Emergency Med, Pediatrics, Oncology and Orthopedics.

Procedures

Section Comments
some things Im just not good at yet

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 sure what this question is asking about, maybe I missed something on Angel

the materials were bettered covered by a orientation and seminar i went to.
I would agree.

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

no, the nursing staff were very helpful and willing to teach the procedures in the OR

yes

I don't think so. Nurses and techs were very willing to help with this.

Sure.

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

mostly

to an extent.

The orientation was actually very good. It was several months ago, so I was a bit rusty, but it was very good.

Yes, we had a good scrub/suture clinic and everyone was nice about helping when I had a question.

Overall Assessment

Section Comments

I am more stimulated to become an osteopathic physician because the vast majority of patients I saw were very sick, and many because of no previous preventive medicine. Having had this type of guidance, perhaps not all of them would have been as sick and requiring invasive surgeries, which are most certainly not anyone's ideal way of caring for someone. I hope to reduce the need for such operations in my patient population someday. This is "my commitment to become an osteopathic physician". In short, despite having had a great experience with surgery, I would never want to take care of patients in this way. I envision a better way.

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:

- suturing labs
- GI

Anatomy Cadaver Lab, GI. We need to have mandatory suture clinic for everyone, not just an hour during resp class. This would help students feel much more comfortable if/when given a chance to suture during surgery.

This rotation could have been improved by:

- the parts I disliked are just parts of surgery?the OR

Being longer in time

The major problem was the attending physicians. They were unprofessional, emotionally labile, and unwilling to teach for the most part. Some were better than others. Dr. Kam is especially horrible and rude and should not be allowed around other human beings. He is not a teacher. Please don't continue allowing him to be one.

More opportunities to suture. Unfortunately 4 weeks is about enough time to get the surgeons to start to trust you enough to let you suture...and then you are done.

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

- getting my hands dirty
I loved this rotation. I don't know of any negatives other than the shelf exam

I love sewing.

Variety of types of cases seen within my surgery group. Endocrine, vascular, GI, oncologic, you name it, I saw it.