### 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.

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<td>On this service there were facilities and opportunities available to support learning about osteopathic manipulative medicine (OMM).</td>
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<td>Faculty knowledgeable in the appropriate use of OP&amp;P in case management were available to me as needed.</td>
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<td>I had opportunities to use OMM on this service.</td>
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<td>When seeking out opportunities to apply OMM, I felt supported by the faculty here.</td>
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<th>Preclinical Preparation</th>
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<tr>
<td>The basic science content I learned in Year 1 assisted me in learning from the experiences I encountered on this service.</td>
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<td>The systems biology content I learned in Year 2 assisted me in learning from the experiences I encountered on this service.</td>
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<td>In general, the material I learned in Years 1 &amp; 2 had little clinical relevance to what I encountered on this service.</td>
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<th>Supervision/Feedback</th>
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<td>I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.).</td>
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<td>On this service, I never quite knew where I stood in meeting expected outcomes.</td>
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<td>On this service, there was always someone available to answer my questions when I had them.</td>
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<td>The post-rotation examination reflected the core content areas as described in the course protocol.</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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<td>Procedures</td>
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Eval Data from: 7/25/2011 to: 1/16/2012  Page 3  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 an osteopathic physician.

Due to this rotation, I am comfortable caring for surgical patients including pre-operative and post-operative care.
Western Michigan University School of SURGERY

Caseload and Management of Patients

Section Comments

We did not do much procedural things. Doing them once did not help me much to develop my skills. There was not much opportunity unless you went way out of your way to find some time away from the team to do it.

It would have been nice to do more procedures and get involved in more of the hands on aspects of surgery like knot tying, suturing, etc.

Resources

Section Comments

We had access to educational opportunities, but the lecture schedule wasn't organized well at first where we were driving back and forth between facilities and there was a good amount of downtime that could have been spent in the OR, etc.

Osteopathic Principles and Practice

Section Comments

I worked with all MD's who had no knowledge of OMM. When I suggested using it once they really didn't acknowledge my idea, so I decided to drop it.

Supervision/Feedback

Section Comments

The exam tested us on material that is covered over two months at other schools. Why do we only have one month? One month isn't enough time.

Procedures

Section Comments

I still need work on hand ties.

Didn't have many opportunities for hand ties

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 did not view all online materials

Wasn't much content available

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

It would be nice

Agree.

yes

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

YES
the orientation given by the hospital was very helpful

yes

Overall Assessment

Section Comments

I am more committed to the osteopathic philosophy because none of our preceptors knew how to do OMM, and I believe it would have benefited the patients if the MD's were more open to suggestions we made.

I think the rotation was too short. Just as we were getting the hang of things we switched specialties

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:

suture clinics, clinical skills, and anatomy

Actual Surg experience

suture clinics

When I was able to be a part of the team treating the patient and get involved in any way i.e. when I could suture, administer local anesthetic, suggest management options, medication choices, etc.

This rotation could have been improved by:

More osteopathic techniques used for post-op care, timing of the rotation.

Having more time.

more organization on the part of the hospital and its staff. Also realistic expectations in some of the tasks we were assigned to do. In our hospital it was hard to find time to venture out and find anyone willing to let us do peripheral IV's for example.

More involvement in surgery

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

hands on learning, participating in patient care, residents and attendings were very helpful and willing to answer questions or make a teaching point on case related topics.

Dr. Ertl, the residents and the environment.

I believe it exposed me to the time commitment of surgery well.

Working with Dr. Leinwand in pediatric surgery because he included the student, asked questions and made me feel like I was part of the team. Dr. Ertl, Dr. Bartholomew, Dr. Vadenini, Dr. Borozan also included me as part of the team and let me help out as much as possible and asked me questions to stimulate my learning experience

The people were really great! Surgery is awesome!