In general, there was an appropriately diverse mix of patients (including race and ethnicity) seen at this base hospital 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 offer my own 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.

### 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.
### Osteopathic Principles and Practice

<table>
<thead>
<tr>
<th>I had opportunities to use OMM on this service.</th>
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### Preclinical Preparation

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<th>The basic science content I learned in year 1 assisted me in learning from the experiences I encountered on this service</th>
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<th>The systems biology content I learned in year 2 assisted me in learning from the experiences I encountered on this service</th>
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### Supervision/Feedback

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<th>I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.)</th>
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<tr>
<th>On this service, there was always someone available to answer my questions when I had them.</th>
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</table>
I experienced little difficulty completing the procedures required for this rotation.

I was given adequate guidance by the staff when performing the assigned procedures.

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

Online modules on how to perform the required procedures were helpful to review to perform successfully on this rotation.

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Issues of professionalism were included as a point of discussion by faculty on this rotation.

My supervising faculty on this service modeled physician-patient interactions on this service in ways I would like to emulate.
## Online Angel Course (MSUCOM)

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<tr>
<td>The online modules for this course that is available in Angel helped me gain medical knowledge.</td>
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## Overall Assessment

- This rotation offered a positive learning experience and stimulated my interest in this specialty of medicine.
- Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.
Caseload and Management of Patients

Section Comments

There is not really a role for med students in Metro's ED. Since we are not allowed to chart, we are basically in the way. We can be of no help and I personally feel like more of a hindrance to the attendings.

I could really be involved in any case I wanted, but often it was more of a shadow. The Metro ED is a very fast ER--the attendings are at the patient's room within a minute of them showing up on the board. So, we are supposed to ask the attending prior to going to the room, but this doesn't always happen. Teaching is a low priority in the ED, so students really have to take initiative to see patients, and even more so, STAY involved in a patient. The attending will often listen to your presentation and then not say much. There needs to be a more systematic method or policy. For instance, it would help if students could write notes and if we could assign ourselves to a patient like a resident (this is an EMR issue). Most of the time I don't think an attending knew we were on a patient. A resident assigning themselves to a patient shows up on the ED track board so everyone knows they are on that patient.

The ED was always very busy so it sometimes seemed as though there was little time to discuss assessment and plan with attendings and residents without feeling like you were slowing them down or keeping them from their next patient. Most did their best, however, to discuss your patients with you after they assessed them.

It was expected of students to interview the patients, perform an initial physical exam, develop an assessment and potential plan, and present to the attendings.

Expectations/Learning Objectives

Section Comments

I felt the MSU expectations were a bit micromanagement while the Metro expectations were mostly non-existent. MSU's expectations--especially the procedures were difficult to achieve. I really worked very hard just be able to get to get into line to do some of them--probably harder than the procedures were to learn and do. It would help if more of the staff knew that students have this checklist just so they were aware (I'm not saying that students shouldn't have initiative but no nursing staff knew we even had a checklist!)

We were sent an email from a resident with the Metro expectations-- show up on time, don't switch off night shifts, see patients. I found this rotation too unstructured at the hospital end, and inflexible at the MSU end. There is a delicate balance between over and understructure.

We had ED education every Wed from 7A-12P which were very informative.

Resources

Section Comments

Tintinalli was a great reference

Students were constantly "booted off" computers, so it was a constant musical chairs. There were no copies of the book we were supposed to read available for us to check out take home. Luckily I found the book was available online through MSU library. I know Dr. Hughes would say we should buy this book, and I think it is a decent book, it is crazy expensive!!

Osteopathic Principles and Practice

Section Comments

I did use a lot of OMM on this rotation, and felt supported by the staff. Although they are too busy to use it, I had plenty of time, so I got a lot of practice in.

No time in the ED to apply OMT
OMM is far from a concern in the MetroED. One time I had a pregnant patient I wanted to do OMM, the attending really shot me down. I was actually going to work with the Metro OMM/FP resident who happened to be in the ER at the time doing an admission and before we could get to the room he had discharged the patient (knowing we were going to do OMM).

I never witnessed an attending discuss or treat using OMM while on service. I did my screening and treatment on the required patients, however.

Supervision/Feedback

Section Comments

The residents were very approachable and seemed concerned in teaching. The attendings were more focused on getting patients out the door most of the time.

Professionalism

Section Comments

Most of the attendings and ALL of the residents treated me well. However, as I've mentioned previously, some attendings more or less ignored me, gave me little feedback or didn't do a good job including me as part of the care of the patient (kind of a "present the patient to me and move on").

In particular, I had one VERY negative interaction with one attending, Dr. Dwyer. He is known to be difficult on students. First, I'll concede that being nice is not a prerequisite for being a good teacher. Some of the best teachers are not nice. However, within the first 10mins of working with Dr. Dwyer, he more or less accused me of being racist. I had seen an african-american man with dental pain. After I presented the patient, the Dr said he felt I was holding back something. He said he felt I was holding back that he was black and was just drug seeking. What I was holding back was whether I was willing to call it an abscess! He did not apologize. Furthermore, he then berated me for not knowing anything about dental pain. While I agree I need to know more about dental pain, it's not something we get in our coursework. He told me to go read the book chapter and then continued to "pimp me" the rest of the day on dental pain (his preferred method of teaching). He then ranted (something he did often) on how medical students do not care to learn anymore (which is ironic that he was stereotyping me after he had just accused me of being racist!). I will likely expose my identity by saying this, but telling an 8th year DO-PhD student that he doesn't care to learn was just offensive! (I don't think he knew I had a PhD and did my best to keep my mouth shut). To say I'm just squeaking by is a total mischaracterization! I surely could have found something he knew little about but should know more (like genetics of complex diseases) and then accused him of not caring to learn. Frustrating.

Procedures

Section Comments

I did feel like I was in competition with the residents for procedures. I didn't really want to step on any toes, so I didn't get to do as many as I'd liked. I did get to see quite a few, though.

The nursing staff needs to be informed that we have a list of procedures. When I asked to do procedures, I mostly got blank looks and was told they had no idea students needing to do procedures. It may have just been the nurses I worked with. It's not their jobs to get us procedures opportunities, but it's nice if they can keep their eyes out for the best "juicy vein" for your first IV!

Some objectives were more difficult to complete than others. I found it most difficult to complete the ABG and the two pelvic exams. Working with nursing staff made it easy to complete the peripheral IVs and foley catheters.

Overall Assessment

Section Comments

I could see ED as a career, but this rotation just does not stimulate my interest as a student. There's not really a chance to be an integrated part of the team, I just felt like a bystander.

I learned a lot, but I'm too much of an internist and want to work everyone up!
Overall, I really enjoyed this rotation especially since this is the area of medicine that I am interested in going into. I think that the hospital aspect of this rotation is open to allowing students a chance to see a wide variety of patients despite the busy department. I think there could have been fewer checklists to complete. The daily log and didactic essays were enough to keep me busy for the entire rotation when coupled with changing hours of shifts and the EMS ride-along. There could be a list of procedures that need to be completed and this could just be included in the daily log.

Overall Summary

Please complete the following sentence: ...The most beneficial experiences, classes, assignments, or activities in all my On Campus MSUCOM courses/experiences, which facilitated my performance on this clerkship rotation, were:

- GI, Cardio, Respiratory courses
- All
- Clinical skills
- ACLS training, Respiratory, Cardiology, OMM, NMS 1&2
- Procedural labs, Respiratory systems course, ACLS.
- Mock clinicals
- Cardio, respiratory, gastrointestinal
- Respiratory, Cardiology were probably the most useful courses.
- Systems courses, clinical skills, and LAC experiences
- Second year systems courses and board studying were most beneficial for this rotation. The online modules were also very helpful!
- Respiratory class
- Being able to have first patient encounters

Please complete the following sentence: ...This rotation could have been improved by offering an online module on the following:

- Each of the procedures listed
- Nothing particular comes to mind
- ACLS protocol, trauma.
- Spinal tap
- None
- Fracture management, abdominal pain, acute coronary syndrome
- Trauma management

Please complete the following sentence: ...The thing(s) I liked most about this rotation was (were):

- Nothing specific
- Doing procedures, seeing a lot of different things, excitement, fun stories.
- Being able to see many patients with different health problems and formulate my own differential diagnoses and starting from scratch in working up a patient to narrow down the diagnoses.
- Amount of procedures I could participate in, the variety of patients
the opportunities given to do procedures, freedom to work up a pt on my own, timely feedback given when I developed a plan. This was by far the most fun, most educational rotation that I have had. Hats off to Metro’s ER dept.

The fast pace of medicine, the diversity of patient complaints, the intensity of the procedures

Lots of patients!

variety of patients, variable shifts, opportunity to do procedures

Pediatric patients included in the patient population.

Hands-on experience.

Practice with history taking and physical exam skills.

Variety of cases

Being able to have first patient encounters, being expected to formulate my own assessment and plan.