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.

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.

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.

The COM Unit III Website provided convenient access to course documents and materials related to this rotation.
### 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.

My H&Ps were reviewed and critiqued for content and completeness by a senior resident or attending regularly.

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**Clerkship Rotation Evaluation Results**

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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.

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### Procedures

I was permitted to observe code blue resuscitations when performed on this service.

I was encouraged to write prescriptions (when indicated) for patients I saw on this service.

I was encouraged to write admit orders on internal medicine cases being hospitalized.

I was encouraged to participate in night-call responsibilities as directed in the course protocol.

I was given opportunities to interpret common lab and imaging tests.

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This rotation offered a positive learning experience.

Taking everything into account, my experiences on this rotation stimulated my commitment to become a physician.

Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.

Assessment Exams

The post-rotation examination covered the core content areas as described in the course protocol.

Having a post-rotation exam encouraged me to study and read.

Taking the post-rotation exam within Angel was more convenient and user-friendly than taking a paper exam.

The first end-of-rotation exam with feedback helped me understand commonly seen diseases in internal medicine.

I prefer shelf exams more than Angel online exams.

Overall Assessment

The post-rotation examination covered the core content areas as described in the course protocol.

Taking the post-rotation exam within Angel was more convenient and user-friendly than taking a paper exam.
Caseload and Management of Patients

Section Comments

The attending physician would not appear in the hospital to round with his intern, PA student nor myself with any warning. We spent countless hours searching for the supervising physician, only to find out that he had rounded on our patients and given no feedback to us on their management. I feel as if I learned very little on how to manage patients. I was put down when I offered my differential diagnosis of an anemic patient after I had spent hours researching possible causes. I decided not to offer any more questions or differential diagnoses after that day.

This was very hands off experience for me in that, I had little feedback from the physician, little explanation given, and the main goal was getting through things as fast as possible. My primary doctor was a very bright man but focused more on talking about things not related to medicine than the actual cases, treatments, diagnoses, etc...

I was assigned roughly 5 patients per day to round on and write notes on as well. I was also encouraged to develop my own care plan and differential diagnoses and how I was to treat my findings.

This was a hard rotation bc Dr. Eliuk really pushed me to develop a plan and then follow through on it!

He is great with allowing you to develop your ideas about patient care, and then implement those with his guidance.

Expectations/Learning Objectives

Section Comments

I enjoyed the Internal Medicine didactic session held every Wednesday. I presented a journal article and participated in answering questions from a board preparatory bank.

I know there are standards for every rotation, but I couldn't tell you what they were for this. Apparently, all I needed to do was show up, round, write notes, and ask questions.

Sometimes I felt a bit outpaced with the patients since I was treated more like an intern on this rotation but it certainly made me read a lot and take my time on patients...which is the best learning!

Resources

Section Comments

Our library here at GCH is great!

Osteopathic Principles and Practice

Section Comments

I had no opportunities nor was I encouraged in any way to perform OMM on this service even though I was eager to do so.

No OMM or OMM didactics.

Preclinical Preparation

Section Comments

Nephrology, pulmonology, and cardiology, basic fluid/electrolytes status, are the most helpful courses/concepts for an IM rotation.

Supervision/Feedback

Section Comments

My H&Ps were never evaluated with feedback from an attending physician. The intern I worked with was not interested in performing a thorough examination of the patient during an H&P.
My attending never says much about my notes other than he read them and often agrees with them. Many times he uses my suggestions as grounds for treatment and I take this as him saying he believes I know what I am doing!

The Intern was always available to answer my questions and help me with my progress notes, H&Ps, and with coming up with orders. However, my attending didn't involve me a whole lot in the treatment or giving me feedback.

**Professionalism**

**Section Comments**

I do not believe that my attending physician knows my name even though I have followed him for the entire month rotation. I have seen the attending physician speak with disdain and intolerance towards nurses and a female intern. I am not impressed with the level of professionalism or courtesy shown over the past month and do not wish to emulate these characteristics.

**Procedures**

**Section Comments**

The intern on my supervising physician's service did not allow me to develop skills in prescription writing and admit orders. My skills were not utilized and I was not challenged to learn more of the clinical aspects of medicine.

Our hospital doesn't offer the opportunity to take night call. Short call shifts were offered, in which I participated twice, for a total of 6 hours.

Everytime there was a code blue we were always in the middle of something. So I still have yet to be in on a Code blue.

**Assessment Exams**

**What is your evaluation of the online modules case videos (about Tension Type Headaches) that were presented for your class group in Angel? Was it helpful as you started your clerkship rotations?**

This module was well put together however none of the patients that I saw during this rotation had a tension headache as one of their complaints.

videos were ok but too long. was helpful to see how treatments were implemtented

IT was useful information, but I never saw a single HA. Something on CHF may be better.

I personally never saw a tension headached on my rotation.

yes, I thought it was helpful

A bit too indepth for reality. Most patients are diagnosed with Tension type HA, migraine, cluster HA, complex Migraine, withdrawal HA, medication overuse HA...or even HA secondary to anemia, malnutrition...I've never seen Tension type HA broken down. Acute and chronic is a good idea but I'm unsure of how useful frequent, infrequent, etc will be for treatment.

I did not appreciate this opportunity.

It was helpful

I am not sure it was helpful or not. If I had been naive to the topic it would have most likely been more helpful.

It was minimally helpful. Students are more focused on clinical learning not doing online modules.

Yes, it was helpful.

Somewhat helpful

**What other areas would you like didactic materials on, if provided online?**

Diarrhea, Vomiting, Seizures, Electrolyte imabalances

COPD and CHF
I think the hospital did a good job of covering this. Perhaps basic lab value interpretation and their clinical importance could have been included as a refresher. Renal failure, Interpreting lab values, Heart failure, COPD, Inpatient hospital HTN, Inpatient Diabetes... the big things we see in the hospital.

Fluid management, electrolytes, etc.. The stuff that you are really called upon to manage as a run of the mill hospitalist. None, didactic materials online are a waste of time. Cardiorenal, Autoimmune diseases. Sepsis

Describe your experience using Angel?

Excellent when the system is working. There are way to many folders and sub folders and its hard to ever know if i'm doing everything that is required. Condense and make it more obvious what is expected from us please!

I really only used Angel to do what I had to do. Otherwise I thought I had sufficient material at the hospital and in the library there.

Angel is what it is. Computer based learning is difficult for me because I tend to wander and feel as if I can come back to it. 9/10 times I don't come back to it, and forget all about it.

I think that Encore was a little bit of a waste of time. I don't think that I learned much from it. I think the idea is good but the way you enter the patients and log them in needs to be improved.

Useful. Test was great and very helpful. Best test out of all the core exams so far, the shelves never seem to follow what I actually learned on the rotation and this was the closest to what I learned.

I do not think Angel has any useful utility outside of 2nd.

Same as always. Gets the job done, with minimal problems. Nothing to write home about.

Angel is fast, efficient, and easy to use. Preferred over shelf exams.

User friendly

Did you find the didactic materials (e.g. Tension Type Headaches--definition, pathophysiology, etc) that were provided online in your Angel courses to be helpful?

Yes.

It was a helpful module. I would prefer for all the material to be in one site and in a more stepwise order so i know what is really supposed to be getting accomplished

The didactics we had at the hospital were more useful

somewhat

I though the pathophysiology was great and very helpful... especially for understanding the etiology of HA. I'll be using it to help patients understand as well.

Yes

No.

Not really.

No.

Yes I found them helpful.
Overall Assessment

Section Comments

I did not see any indication that this is an osteopathic hospital.

Internal medicine isn't a real interest of mine to begin with and this rotation reaffirmed that.

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:

- cardiology, respiratory, patient care.
- cardio, respiratory, neuro classes. Preceptor experiences were very helpful to give some experience as was the CIM clinic.
- I feel like the systems courses finally became applicable. It was kind of cool to see how what we had been learning over the past two years finally became real.
- The didactic sessions provided by the hospital, my interaction with my attending and intern, and the amount of patient care involvement that I was given from the start.
- Respiratory actually helped a lot. All in all, studying for boards recently helped the most b/c I felt like I had a very strong knowledge basis and could apply what I learned to the clinical setting, while adding more clinically based knowledge too.
- I think that the Respiratory labs were very helpful.

Nephrology and Cardiology

Writing orders, discharge planning and learning about how to truly manage a patient was the best part of this rotation because even if you know the disease and pathophysiology it doesn't mean anything if you cannot manage the case.

Doing admissions was helpful and learning to write orders was also helpful.

All second year courses especially the renal/GU course. We spend more time dealing with volume status, electrolytes, etc.... and that class was the most helpful in this respect.

Cardiology

How can this rotation be improved? What additional information would you like to see on the IM650 Angel Course?

By encouraging base hospitals to require physicians with students to teach.

more modules on commonly seen etiologies, COPD, HTN, CHF, etc...

I think the rotation was excellent.

This rotation could be improved by working to standardize the experience across the board no matter the attending. I realize that many attendings do not want students but take them begrudgingly, but perhaps those should be removed from having students. Likewise, it would be nice to be given topics to review or concepts to cover by the attending to at least get some feedback on my level of knowledge and or performance.

My experience was great - there really is no room for improvement. Although, I would like to see more OMM in the didactic sessions.

Please see above

I would like to see the answers from the 2nd exam so I understand what questions I got wrong and why.
Drop the required logs. We already log our patients on Encore and besides we all don’t have ample opportunity to see patients on an outpatient basis. I did, but even then, my doc only saw an average of 2 patients per day for 3 days a week. Hardly the numbers to fill our logs. As well, requiring a narrative when the college has collectively done away with this for our class is unreasonable.

I thought it was well put together

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

Creating a connection with the patients that I saw which helped them believe that they were being cared for by compassionate physicians.

Laid back, saw a variety of cases, got to do some H and P’s as well as see patients on my own. Good didactic sessions, I as a student felt i was treated with respect

I really enjoyed the people I worked with. We had enough patients that I was able to take a few of my own and see them through admit to discharge with input from the whole team to help me learn. Great experience!

The freedom to see my own patients and develop my own patient care plans.

I really liked the physician I worked with as well as the fourth year student (from AZCOM) who both taught me a lot. Getting one-on-one hands on time with the patients was very important to making me feel more comfortable taking histories, doing physicals, and writing progress notes.

Resources, intensive learning,

Writing orders and admission orders.

The independency allowed by the attending.