### 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.

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.

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.

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.

### 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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### Assessment Exams

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<tr>
<td>The post-rotation examination covered the core content areas as described in the course protocol.</td>
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<tr>
<td>Having a post-rotation exam encouraged me to study and read.</td>
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<tr>
<td>Taking the post-rotation exam within Angel was more convenient and user-friendly than taking a paper exam.</td>
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<td>The first end-of-rotation exam with feedback helped me understand commonly seen diseases in internal medicine.</td>
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<td>I prefer shelf exams more than Angel online exams.</td>
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### Overall Assessment

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<td>This rotation offered a positive learning experience.</td>
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<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become a physician.</td>
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<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.</td>
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Caseload and Management of Patients

Section Comments

This was my first rotation and I felt like there was too much expected of us. There is no way that we were able to navigate through GEMS, Wellness, etc... because we had not been taught those skills. I just wish were given time to know what to expect and also for doctors to know that we were still learning the system.

The first three weeks with Dr. Lawhorn and Dr. Thigpin were phenomenal, however the last week of the rotation placed me with new residents and interns that needed to adjust to their rotation, found little time to teach and review my cases, and discouraged active participation/dialogue during rounds. During this last week little attention was given to my written work, differential, or assessment and plan. I was often told to make sure I completed actions I already completed and rarely corrected for what I did not accomplish-- beyond transparent mistakes in speech and knowledge when I was asked directly.

This was an excellent rotation. I learned a lot and felt like an important part of the patients' care.

The Fellows on the GI team were particularly helpful in helping me learn about developing a differential diagnosis and a treatment plan for my patients. They always took time to educate students and answer any questions we had.

Dr. Trager was very good in allowing me the opportunity to form my differential and was excellent in helping me think and push me towards finding my own differential instead of just spoon feeding me the answer.

For the first few weeks I saw some patients, but never had the opportunity to present to the attending until the last week. I wish a little more responsibility was given to me instead of having the interns do everything.

Great rotation

I noticed a distinct lack of racial diversity. The vast majority of patients were caucasian.

Expectations/Learning Objectives

Section Comments

Great rotation

Resources

Section Comments

Not sure what COM Unit III website is.

Good resources

Osteopathic Principles and Practice

Section Comments

None of the doctors used/practiced OMM.

Dr. Lawhorn and Dr. Thigpin supported me in any OMM questions I had and I was able to perform OMM under their service. The last week of my rotation my request to perform OMM was denied citing the fact we need a DO attending to perform this care. This was disappointing for me and my patient.

Dr. Reddy is an M.D. I did cranial on my own time a couple times though.

The faculty unfortunately discouraged OMM

All MD faculty.

Preclinical Preparation
Section Comments

Very little of what they teach in medical school applies to the real world. Bugs are good, systems courses are good. But a lot of the right way to do clinical things, including double covering pseudomonas, just doesn't pan out in reality.

Good preparation from MSUCOM classes

Supervision/Feedback

Section Comments

H&Ps. Again the 3 weeks prior were fantastic. The last 3 were hit and miss, typically rushed when reviewed, and I took little away from the experience. Dr. McGowan was an exception-- who although stressed and extremely busy was very personable and eager to teach when she could.

Dr. Reddy is an AWESOME teacher. but lets be realistic, he sees 50 pts daily in the hospital and then goes to clinic each day. this does not leave time to go over student SOAP notes. he did compliment my H&Ps however.

Professionalism

Section Comments

Dr. Hannan, Bayasi, Aboudan, and Khorfan were awesome to work with!

The attendings and residents treated the patients and staff with respect in a way I would definitely like to emulate.

Best rotation yet for professionalism

Procedures

Section Comments

I was encouraged on a code blue with Dr. Thigpin, and actually told not to go by the senior resident during my last week due to rounds.

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?

n/a

I found them to be helpful.

Obviously not because I don't remember the Tension Type Headache online modules.

I did appreciate watching an interview

Yes

The online module was not very helpful.

I found the module to be a burden on top of my normal responsibilities of reading topics relevant to patient care the next day.

I did not encounter Tension Type headaches on this rotation.

Moderately helpful...

The Module was very well put together and organized.

It was interesting but I did not see any headache cases. I believe that module should be more for the family practice rotation.

I had already answered these questions for my last rotation.

the modules were helpful. Not just for this particular rotation, but for my education in general

Eval Data from: 7/28/2010 to: 1/28/2012
I found this module helpful and applied it to patient cases in my rotations.
It helped a little bit. I did not observe any tension headaches while on service, so I could not put it into use.
yes
n/a
Yes I thought it was helpful
Not helpful. I was on cardiology and did not come across 1 patient which had Tension type headaches. Seemed kind of out of place and irrelevant.
The modules were informational but modules concerning some other issues may have been more helpful.
They were helpful for outpatient settings.
Yes
The module was helpful as I think headaches are a common presentation and often difficult topic for students.

What other areas would you like didactic materials on, if provided online?
It would be nice to have something for each discipline within internal medicine. For example, in pulmonology I saw many cases of pleural effusion, pneumonia, and COPD.
A didactic on the importance of common electrolytes and how to manage abnormal levels in patient care as this is relevant to every patient seen
using OMM in hospital settings, how to do an appropriate Diabetes evaluation including sensory exam.
Afib, Pneumonia, CHF, Diabetes(1 and 2), HTN
I actively seek didactic materials in hospital via library and online services. Additional requirements should not be necessary.
BUGS and ANTIBIOTICS.
DVT, MI, unstable angina
it would be nice to have a new topic highlighted each week that we can read about to expand our knowledge
OMM and how to apply it in hospital settings.
Basic tutorials on ABGs, Basic calculations, electrolyte abnormalities, UA
Respiratory issues would be good - I feel like nearly all of my patients had some sort of respiratory issue - if not the main issue, then definitely an underlying issue. For that matter, diabetes is also a good topic for prevalence.
More pharmacology please.
I think having didactic materials on the causes and management of Hypo/Hypernatremia, Hypo/Hyperkalemia, and the use of other lab values, such as the difference between serum calcium and ionized calcium.
-STEMI/NSTEMI management
-Diabetes management
COPD, CHF.
none
Key concepts on major organ systems as a review. Such as quick reviews of Acute/chronic liver failure, kidney failure, heart failure. Also, a didactic presentation on Urinary tract infections and interpreting UA’s would be helpful.

Describe your experience using Angel?
It was very easy to use!
Excessively redundant. Logging on Encore should only include the extra patients above the required logging & or the ones that don't fit into a category.

It was ok. I still feel confused about how to most appropriately log patients in ENCORE. Other resources were pretty straightforward.

I liked it.

Ok

Angel is cumbersome. Folders seem overused and difficult to navigate through the tree. I often find I've missed information because a folder is updated or I've missed a folder while navigating. All materials should be accessible via an index with search function. New materials should be dated and Angel should be visually notifying users of important changes or deadlines.

I've also had trouble with certain courses that have frequent changes midcourse to the syllabus and I'm notified by email, however the syllabus itself was not changed. It is not reasonable to expect students to categorize and annotate emails and the syllabus themselves midrotation so that they can be sure to satisfy the new requirements.

Also rotation requirements should not be fragmented. I cannot seem to locate details on encore requirements in the syllabus which I am told is because it is not there. Angel should be formatted so that I can stay updated and informed on requirements in one location.

Angel is an efficient online interface for tracking student paperwork.

I think using Angel is simple.

ENCORE went fine, but I couldn't figure out how to leave more than 1 narrative response.

It was well organized and easy to access.

Very confusing. I missed the first month of rotations due to military obligation, and I'm not sure if there was any overall meeting while I was gone - but the whole Encore system, and hunting for requirements through folders within folders in Angel is not the appropriate way to get information out. I think it would be much more helpful to have a class meeting at the end of second year to go over the expectations and requirements.

efficient interface to process so many students materials. Also saves trees. Encore is more cumbersome than it is worth for what I gain from it.

Angel has worked very well.

Generally I do not have any problems with Angel, but I was having internet/computer problems during my final exam which caused some problems. This could have been avoided with a paper exam.

Angel is very easy to use.

Angel has been great

---

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

Yes

Yes

Not for GI

No
I am unsure whether the module was correctly setup. I found that the information on the exam did not correlate at all with the modules. I cannot remember what exactly was missing but cross referencing the test to the module should reveal something.

I preferred to use other resources (Pocket Internal Medicine, First Aid, etc)

Moderately helpful...

I only treated one patient with complaint of headache on this service, but i'm sure i'll use what i learned in the future.

Yes

same as above

The headache module was most helpful

It was a helpful resource to be able to refer to during the rotation but having quick study reference guides (basic printable summaries of the information) to take with us as opposed to always having to refer to a video, powerpoint, or active tutorial would provide additional benefit.

See above

yes

n/a

I used outside resources to study from more frequently.

No

They were informational, but I was not managing tension type headaches on this rotation.

Yes.

Yes

Yes,

Overall Assessment

Section Comments

Overall a wonderful rotation

Although I did not witness/use much OMT on this rotation, I did observe a lot of OPP with patient interactions.

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:

I think that my preparations for boards really helped me because I reviewed so many courses.

Clinical Skills

cardio & resp. systems courses!!!!!!!

clinical skills, and my second year courses. especially cardio and pulmonary.

The systems classes

DPR

Studying for boards. Cardiology helped immensely. Microbiology not so much clinically relevant. Respiratory's concepts and pathology stuck with me and helped as well. although the class itself struggled to meet the potential it had.

The interactive/didactic days in Respiratory were the most helpful in preparing me for my internal medicine rotation.
Microbiology, cardiology, respiratory.

Clinical Skills

I really enjoyed how the physicians in this group would give us topics to research that were relevant to what we were seeing in the hospital. It really solidified the material for me.

Since this was a GI specialty rotation my GI course was most helpful.

Cardiology and Clinical Skills

respiratory course was AWESOME prep for this. as painful as those power tuesday sessions were yr II...it was helpful.

Systems courses really helped.

Dr. Lafia was an amazing physician and an amazing teacher. He took time out of his day and practice to sit down with me and teach. It was truly amazing and appreciated. He made me want to become a cardiologist by the end of the rotation.

Respiratory Course/ ACLS training

All year 2 courses.

Year 2 courses

Clinical skills, practice in the sim lab, and learning how to write a SOAP note

---

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

I think this rotation is great as is!

More optional didactics as a go-to reference to refresh different aspects of the objectives.

More organization about which physician we were working with on a certain day. We got bumped around a lot & it was frustrating. Dr. Ramirez was always willing to take us & we worked with him more than we were supposed to.

More explanation on how to log patients. I also have no opportunity to see outpatients in my IM rotations at my hospital. I am curious if I should fill out my lof with all inpatient or if I wait until I'm in PCAC.

Nothing it was great

I felt like this rotation was COMPLETELY unorganized. We did not know what was expected of us and the doctors did not know what to expect from us. I feel like there should have been a better orientation. There were also 4 days during the rotation in which we did not have anything to do because the doctor was not willing to have students following them. This made for awkwardness because it felt like at times we were just getting in the way and no one wanted to teach us. However, the three Attendings that we did round with: Dr. Desimone, Dr. Ramirez, and Dr. Saeed were great and we did learn a lot from them.

I think an expectations and learning style profile should be available for students to read on residents and physicians. I found myself being thrown in with different residents as my rotation didn't line up with residents, giving me an overall negative experience in some respects. In my case the resident misrepresented themselves by encouraging participation but scolded in cases where their pet peeves were violated. Given the short duration of some of the misalignment, a lot of time is wasted feeling the situation out rather than learning. The rotation became inappropriately challenging since I now had to walk on ice instead of purely focusing on my patients, and learning. This happening at the end of my rotation I felt I could not end it as strongly as I could have, which also brought on concerns regarding end of rotation evaluations. I learned that asking expectations and teaching styles of the resident/attending themselves was not accurate enough. In most of my shadowing experiences asking staff and colleagues were the most beneficial, however this is not always a possibility. So again a resource for students only would be incredibly beneficial to a smooth transition.
Great rotation. I learned a lot and enjoyed working along side Dr. Reddy. He is a great asset to our clinical faculty. Excellent patient care, has his priorities straight (patients first, call other docs on the phone, dont cancel orders and have fights back in forth in the chart) after 40 yrs being a doc in places like India, England and Europe. not being jaded by this point is an accomplishment and something to be admired i dare say. Great experience.

Incorporate more OMM.

I really loved this rotation.

More practice questions or modules that review how to work up a complaint, like “cough” would be helpful in preparing students for their IM exam.

More specific study materials-- highlighting references of where to look for the information and also giving basic summaries of the major important topics would be beneficial in addition to the basic objectives.

Less on angel, I think it just adds more confusion and frustration to the mix. We are here to learn in the hospital and when you get a long day the last thing you want to do is go on Angel and hunt for something or be worried you dont have something.

I worked with a lot of MD's, which was fine for the most part, but made it difficult to practice my OMT skills. I would like be able to have access to more D.O's on this rotation.

inform the Doctors of the students impending arrival. ALSO i almost completed 100% of this rotation without knowing pulmonologists do bronchoscopies. they are silent about their procedures but more than willing to let you watch if you ask.....so just tell the students to ask, because I didn't know to do so.

I think the rotation is fine as is.

There is only so much you can learn online - i think I learned the most with hands-on

It was more difficult to take an all encompassing Internal Med exam after doing a pulmonolgy rotation due to the narrowed focus of the rotation.

provide the old online exams to us to study for the second online exam

N/A

Outlines to study for the exam

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

I really enjoyed the pulmonologists that I worked with and the patients I interacted with.

The opportunity to learn more about the hospital care system-- and understand that there is much more to medicine than just a disease process-- learning how to analyze a case for what meds to start/keep the patient on, things that should be held or d/c, aspects of insurance and how they play a role in the care plan, etc are all things that are important to learn.

Dr. Ramirez held us accountable for seeing our patients & taking care of the paperwork as well as dictating like a physician would have to do. I really enjoyed working with him & he took the time to teach and have people present on a topic/case. The intern was also very helpful.

I liked my attendings, they were good teachers that prepared me for my exam. I think Family Practice should remain a part of the IM rotations. I found it to be a great learning experience about what a FP residency would be like and encouraged me to pursue a career in family practice.

The people

The variety of patients.
Dr. Thigpin and Dr. Lawhorn were both amazing teachers. They helped me to identify my weaknesses and fix them, while encouraging my strengths. Most of my attendings focused on teaching physical exam and diagnosis/treatment relevant material instead of trivial board information which I felt helped hone my skills as a physician.

Thank you for this opportunity to share my experience!

I was exposed to a broad spectrum of diseases and health conditions.

Independence I was granted and respect I received. Variety of patients and illnesses to be managed. Opportunities to do H&Ps in the ER setting.

I was able to work directly with an attending or resident, and we worked in small groups of two or three. I had ample opportunity to do consults and write progress notes on patients.

I was able to be involved with the management of the patients assigned to me.

I LOVED the physicians I rotated with. They were just a great group of doctors who really loved their jobs and it showed. They also treated me like I was needed, not like a burden (as was the case on a previous rotation). This has given me such a positive experience. I cannot think of one negative thing about this rotation!

How patient the residents and attendings were and how welcoming they were to hear my opinion

I enjoyed working with all DOs, since in my past rotation everyone but one was an MD. I liked that I was allowed to participate in the care of my patients, it helped me to learn more. I liked the teaching sessions that we held a couple of times a week where the fellows would teach on a topic and the students would also present topics. This helped me retain more.

The attendings were extremely effective and active instructors. They enjoyed teaching and were constantly asking what questions we had, assigning reading and making time for discussions of various topics. I found the rotation very rewarding and beneficial to my medical education experience.

The exposure to the hospital and what goes on is the main thing.

The first two weeks were awesome.

I liked working with the ICU patients.

The attending physicians. Drs. Weber, Osman, and Lafia truly were amazing teachers - especially Dr. Lafia. They explained things tremendously and aided in my learning.

I was able to see a large number of patients and improve my physical exam skills.

I was able to do alot of H and P's so it allowed me to expand on my technique and become comfortable with them.

The interaction with the physicians was great for learning

My intern was extremely helpful, and I felt like I was given enough responsibility without feeling overwhelmed.