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.

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</thead>
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<table>
<thead>
<tr>
<th>Expectations/Learning Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards for my expected level of performance (how I was to be evaluated) on this rotation were made clear to me at the outset.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>There were adequate didactics on this service to enhance my existing knowledge base; i.e. conferences were scheduled regularly and occurred as scheduled.</td>
</tr>
<tr>
<td>The information presented on this rotation was presented at a pace and at a level that was consistent with my existing knowledge base.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>There were sufficient educational resources (computers, books, journals, &amp; other library materials) available to me on this rotation.</td>
</tr>
<tr>
<td>I had access to educational resources at times that were convenient to me.</td>
</tr>
<tr>
<td>The COM Unit III Website provided convenient access to course documents and materials related to this rotation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clerkship Rotation Evaluation Results</th>
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</thead>
<tbody>
<tr>
<td>N=</td>
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<tr>
<td>22</td>
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</table>
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.
**Procedures**

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

<table>
<thead>
<tr>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>A</th>
<th>SA</th>
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<tbody>
<tr>
<td>22</td>
<td>1</td>
<td>5%</td>
<td>1</td>
<td>5%</td>
<td>4</td>
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</table>

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

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<tr>
<th>N</th>
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<tbody>
<tr>
<td>22</td>
<td>1</td>
<td>5%</td>
<td>6</td>
<td>27%</td>
<td>2</td>
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</tbody>
</table>

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

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<tr>
<th>N</th>
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<tbody>
<tr>
<td>22</td>
<td>1</td>
<td>5%</td>
<td>9</td>
<td>41%</td>
<td>7</td>
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I was encouraged to participate in night-call responsibilities as directed in the course protocol.

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<th>N</th>
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<tbody>
<tr>
<td>22</td>
<td>1</td>
<td>5%</td>
<td>16</td>
<td>73%</td>
<td>6</td>
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</table>

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

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<th>N</th>
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<tbody>
<tr>
<td>22</td>
<td>1</td>
<td>5%</td>
<td>10</td>
<td>45%</td>
<td>12</td>
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</table>

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

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<tr>
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<td>5%</td>
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<td>73%</td>
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</table>
### Assessment Exams

<table>
<thead>
<tr>
<th>Statement</th>
<th>N= 22</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
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</thead>
<tbody>
<tr>
<td>The post-rotation examination covered the core content areas as described in the course protocol.</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>Having a post-rotation exam encouraged me to study and read.</td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td>29</td>
<td>2</td>
<td>29%</td>
</tr>
<tr>
<td>Taking the post-rotation exam within Angel was more convenient and user-friendly than taking a paper exam.</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>5</td>
<td>12</td>
<td>57%</td>
</tr>
<tr>
<td>The first end-of-rotation exam with feedback helped me understand commonly seen diseases in internal medicine.</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>15</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>I prefer shelf exams more than Angel online exams.</td>
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<td></td>
<td>7</td>
<td>33</td>
<td>6</td>
<td>29%</td>
</tr>
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</table>

### Overall Assessment

<table>
<thead>
<tr>
<th>Statement</th>
<th>N= 22</th>
<th>NA</th>
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<tbody>
<tr>
<td>This rotation offered a positive learning experience.</td>
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<td></td>
<td>8</td>
<td>36</td>
<td>14</td>
<td>64%</td>
</tr>
<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become a physician.</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td>36</td>
<td>14</td>
<td>64%</td>
</tr>
<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>32%</td>
</tr>
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Eval Data from: 7/29/2010 to: 10/7/2011
Caseload and Management of Patients

Section Comments

I felt I was exposed to a diverse patient population with a variety of health issues.
I was definitely encouraged to try and generate my own differentials.
I saw every diverse patient and was constantly engaged in discussion about patient care.
This rotation was excellent in many ways. I had a ton of freedom to see patients, yet it was guided in reviewing my assessment and plans, as well as procedural education. Additional didactics were added in addition to required hospital didactics.
Both physicians gave us our own patients to round on and participate in management. It was a great way to learn.

Expectations/Learning Objectives

Section Comments

We had daily lectures on various topics in Internal Medicine.
The didactics were very helpful.
The IM department had board study classes each week. Plus Dr. Osowa attending gave us a lecture most days after lunch. It was very helpful.
There were several didactic lessons throughout the rotation. However I found one of the attendings a little hard to understand. the Other attending was excellent. Overall I learned a lot.
Wonderful didactics including ABG workshop, Anemia cases, many discussions on common pathologies and their treatment.

Resources

Section Comments

I used Up-To-Date frequently.
I don't even know what the COM Unit III website is.
The hospital has access to up to date, MD consult and many other resources to learn properly.

Osteopathic Principles and Practice

Section Comments

The only OMM done was on OMM rounds that were done 2x by a DO resident
My attending was an M.D.
My attending is an MD, and the resident and intern who were DO's did not use OMM.
While the attendings were all MDs, I was able to utilize my knowledge of OMM and use my OP&P to draw out more pertinent information in the history and physicals.
My attending is an MD in training and has no knowledge of OMM, nor did it seem applicable to the patients we saw.
I rounded with residents who perform OMM on gen. med and surgical patients. I was also encouraged by my attending. Dr. Osowa MD to perform orthopedic exams and OMT.
Even though the faculty where not trained in OMM, they gave us opportunity to complete it if necessary.
The entire internal medicine staff are MD's. None of which seem familiar with OMM, or OP&P
### Preclinical Preparation

**Section Comments**

The systems courses did help me with this rotation.

There was not adequate review of pertinent year one material in the systems courses, so as a result, there is a disconnect between the year one and year two material. The first rule of teaching is that you automatically assume that students don't remember anything from the past year. Bridging this gap will provide a more solid framework.

There is not near enough emphasis on hematology or oncology in years one and two as there should be. I felt like I was at a severe disadvantage when compared to my peers in this aspect.

### Supervision/Feedback

**Section Comments**

The resident reviewed my notes with me.

I received evaluations on many of my notes, all of which were constructive.

the Intern and resident were great! They helped me with my H&P and progress notes. Great with answering question and giving advice! And took me under their wing during my very fist hospital rotation!

### Professionalism

**Section Comments**

I admire the professionalism and the wide breadth of knowledge my team had.

Dr. Osowa has some of the best interpersonal skills that I have ever seen in ANY industry that I have worked in. I have had about 15 year of customer service experience, and he truly has the best customer service skills I've seen. I believe this to be well rooted in his ability to truly care for the patient.

My attending made me feel like a valuable member of our team.

Dr. Osowa and Sajjad are very well respected for their professionalism at Henry Ford. They exemplified the values taught in our Doctor Patient Relations Course.

### Procedures

**Section Comments**

I was not permitted to put orders or allowed to write prescriptions.

At my hospital, students are not permitted to put in orders or write scripts.

Common labs and imaging interpretation was an everyday experience. I was able to respond to CODE EMMA and CODE BLUE and was able to participate with house officers and attending in ACLS algorithms.

### Assessment Exams

**Question:** 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?

They were helpful

No, I never saw Tension type headaches in the hospital. I think it would be more helpful in the clinic. I did not watch this video.

The online modules were good but not that helpful for my rotation.

Didn't have time to watch them. These should be placed online as a resource for us as doctors after we graduate.

Didn't get a chance to watch due to other assignments.
I didn't find it entirely necessary. I have many didactics at my hospital and such topics were reviewed with students before.

No, in the internal medicine hospital setting, headache isn't something that is worked up very often. It may be more of an office based problem.

we've had several didactic lectures in the hospital that were similar, but it was nice to have an extra copy always accessible.

They were OK, but lengthy.

It was relatively helpful as i saw these in many pts on extended hospital stay

These were helpful, thank you for providing them.

only one topic, did not really come across tension headaches in my rotation

Yes, it was helpful. There should be more.

I didn't watch it.

not too useful for internal medicine. but useful for outpatient medicine

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

Common pathologies/disorders we would see on a IM rotation-hypertension, diabetes, etc.

Algorithms for dealing with GI bleeding and mental status changes would be helpful, although such information is easily available online.

A series of TIMED ten question quizzes with unlimited retries that we have to get 100% on to pass. They should have lab values that we need to interpret, and should have one-per-day 5 days a week. They should get progressively faster, and repeat each major diagnosis at least five times. This would ensure ACTIVE learning of "big hitter" diseases.

NA

There are many resources online available. I don't feel more need to be posted on ANGEL.

Since our school is horrible at microbiology and pharmacology, information regarding the integration of these subjects should be available.

HEME and ONCOLOGY!

vast information and learning environment on IM, so hard to think of just a few things in particular

Anemias, ABGs, Oncology material would be helpful.

the links to textbooks and up to date are enough

CHF, Asthma, COPD.

How to perform central lines, arterial lines, info on diabetes, hypertension, high cholesterol, JNC guidelines, etc

Describe your experience using Angel?

Angel was helpful in the fact that is explained what needed to be accomplished on this rotation. The online exam was also helpful.

It was fine for putting in entries into encore, etc but I didn't use it for anything really besides that for this rotation. I used books and journal articles for references and to study.

Fewer folders and better organization may help make fulfilling requirements easier and more clear.

Angel is kind of a pain at my hospital because they use a very old version of internet explorer. Many things I couldn't do on angel.

NA
I think maybe it could be presented more simply.

Horrible. During the final exam, at least five of the questions didn't load correctly and the timer didn't display in the corner. There was a black box in the corner of the screen where the timer should have been, and it obscured part of the question when I scrolled down. Angel was sub-par at best. Oh, and I was using firefox.

I was dropped from the roster midway through the semester and reinstated the last week, I wasn't able to access Angel for sometime.

no problems

It was nice being able to access material on the web.

Used textbooks and up to date rather than angel

It was educational.

I just used it for the exam.

---

**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

I did not read this because I never saw a patient with it.

It was good to have them available.

Didn't watch them.

NA

Same as above.

No

Yes, but like I said, lengthy.

yes

Yes.

yes, but textbooks are better reading sources

Yes.

No.

not really, attending teaching and didactic lectures at the hospital were far more useful

**Overall Assessment**

**Section Comments**

I did not have many role models who promoted osteopathic principles.

The whole reason I decided to become an osteopathic physician is to ensure that I continue to grow as a caring physician. The "mind" and "spirit" part of "mind, body and spirit" are usually far more important than the body part. Thank goodness on this rotation the MDs I was with recognized this.

Being an Osteopathic physician doesn't make you a better or worse physician. Caring about your patients makes you a good physician.

I am fairly confident after this rotation that I want to become a hospitalist in internal med.

This rotation made me realize how much I love medicine. Its a great feeling to know you are on the right track; to find your calling.
Overall Summary - Please complete the following sentences

System courses since my main objectives were history, physical, and differential diagnosis.

year 2 classes

The systems courses, physiology, radiology, clinical skills

My systems class helped with this rotation.

One phrase helped me more than anything, and I didn't learn it anywhere in med school. “Sometimes silence is the best response.”

systems courses.

My preceptorship prepared me the most.

Clinical skills and DPR. I found that getting the patients to talk leads to the correct diagnosis. The basic science and systems classes did not help me form differential diagnoses either. When talking to students from other schools, they were required to form differentials and do patient interviews on a weekly basis.

CARDIO, RESPIRATORY, PATHOLOGY, PHYSIOLOGY, ANATOMY, NMS I/II, RADIOLOGY.

Cardiology

Preceptorship and 2nd year course work.

systems- recalling information in forming a DDx

Respiratory, Cardiology, HEMATOLOGY, were the most important.

Dr. Parikh was a wonderful teacher and really helped me to expand my abilities to perform a DDX

All of them.

Pharmacology, GI, Cardiology, Physiology, Anatomy, Endocrinology

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

None

Journal articles, omm techniques

None.

There needs to be a series of flow diagrams integrating labs, historical information, and related pathophysiology to connect the dots.

nothing.

I honestly can't think of any need for improvement in my IM rotation with my attending.

Restrictions on amount of hours allowed to work should be communicated to attending physicians. We’re still in school, and if there isn’t enough time to study, then why isn’t med school only 2 years?

HEME/ONC

More lectures online; cardiology, pulm.

the protocol was very wordy and lengthy, maybe if its going to be that long have some clinical pearls included

The patient log seemed redundant to our Encore patient logging. also very tedious to insert information into the typed chart, maybe make one in excel format. It was very difficult to use and i had to finally copy it to a word document and then convert it back to RTF
The thing(s) I like most about this rotation was (were):

My attending and resident that I worked with on a daily basis. They were wonderful to work with and always made me feel like part of the team and not "just a student".

My attending really took time out to teach. He was very patient and knowledgeable and really made this rotation and enjoyable learning experience.

Interacting with the patients, applying my knowledge to real medicine and patients, learning from the attending

I enjoyed following my own patients and seeing them recover. I felt challenged on a daily basis and learned from each patient.

Rounding with Dr. Osowa and seeing how he dealt with the difficult conversations with family and patients was the most valuable part of this rotation.

Opportunity to review a little of everything; I also liked MSKAP reviews and didactics.

My attending was very helpful and a great mentor.

My attending was great. She took the time to explain things, and was always available. She actually took into account my suggestions and as a result, a patient who took a turn for the worse was promptly taken care of. On other rotations I was ignored so much that on numerous occasions patients suffered horrible sequellae caused by physicians.

On line exam, the attendings, the subject matter, the variety of pathology in the hospital.

The night call was a great experience.

Working with the residents on this rotation.

great doctors, resident and intern, wonderful learning environment

Independence in communicating with the patient.

Working with my team. All wonderful doctors

The attending.

Attending was a great teacher and I felt like I learned a lot from him on this rotation. We also had a lot of interesting cases.