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.

### Clerkship Rotation Evaluation Results

<table>
<thead>
<tr>
<th></th>
<th>N=</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Osteopathic Principles and Practice</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On this service there were facilities and opportunities available to support learning about osteopathic manipulative medicine (OMM).</td>
<td>32</td>
<td>1 3%</td>
<td>7 23%</td>
<td>10 32%</td>
<td>2 6%</td>
<td>1 3%</td>
</tr>
<tr>
<td>Faculty knowledgeable in the appropriate use of OP&amp;P in case management were available to me as needed.</td>
<td>32</td>
<td>2 6%</td>
<td>4 13%</td>
<td>8 26%</td>
<td>6 19%</td>
<td>2 6%</td>
</tr>
<tr>
<td>I had opportunities to use OMM on this service.</td>
<td>32</td>
<td>1 3%</td>
<td>4 13%</td>
<td>9 29%</td>
<td>9 29%</td>
<td></td>
</tr>
<tr>
<td>When seeking out opportunities to apply OMM, I felt supported by the faculty here.</td>
<td>32</td>
<td>5 16%</td>
<td>2 6%</td>
<td>5 16%</td>
<td>9 29%</td>
<td>10 32%</td>
</tr>
<tr>
<td><strong>Preclinical Preparation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The basic science content I learned in Year 1 assisted me in learning from the experiences I encountered on this service.</td>
<td>32</td>
<td>1 3%</td>
<td>4 13%</td>
<td>19 61%</td>
<td>7 23%</td>
<td></td>
</tr>
<tr>
<td>The systems biology content I learned in Year 2 assisted me in learning from the experiences I encountered on this service.</td>
<td>32</td>
<td>1 3%</td>
<td>17 55%</td>
<td>13 42%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In general, the material I learned in Years 1 &amp; 2 had little clinical relevance to what I encountered on this service.</td>
<td>32</td>
<td>10 32%</td>
<td>9 29%</td>
<td>5 16%</td>
<td>4 13%</td>
<td>3 10%</td>
</tr>
<tr>
<td><strong>Supervision/Feedback</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.).</td>
<td>32</td>
<td>2 6%</td>
<td>4 13%</td>
<td>16 52%</td>
<td>9 29%</td>
<td></td>
</tr>
<tr>
<td>On this service, I never quite knew where I stood in meeting expected outcomes.</td>
<td>32</td>
<td>6 15%</td>
<td>14 36%</td>
<td>6 15%</td>
<td>4 10%</td>
<td>9 23%</td>
</tr>
<tr>
<td>On this service, there was always someone available to answer my questions when I had them.</td>
<td>32</td>
<td>1 3%</td>
<td>5 16%</td>
<td>16 52%</td>
<td>9 29%</td>
<td></td>
</tr>
<tr>
<td>My H&amp;Ps were reviewed and critiqued for content and completeness by a senior resident or attending regularly.</td>
<td>32</td>
<td>1 3%</td>
<td>1 3%</td>
<td>3 10%</td>
<td>14 45%</td>
<td>12 39%</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>N=</th>
<th>NA %</th>
<th>SD %</th>
<th>D %</th>
<th>N=</th>
<th>N %</th>
<th>A %</th>
<th>SA N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>1</td>
<td>3%</td>
<td>3%</td>
<td>18</td>
<td>58%</td>
<td>11</td>
<td>35%</td>
</tr>
<tr>
<td>32</td>
<td>1</td>
<td>3%</td>
<td>6%</td>
<td>17</td>
<td>55%</td>
<td>11</td>
<td>35%</td>
</tr>
<tr>
<td>32</td>
<td>1</td>
<td>3%</td>
<td>23%</td>
<td>15</td>
<td>48%</td>
<td>7</td>
<td>23%</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>N=</th>
<th>NA %</th>
<th>SD %</th>
<th>D %</th>
<th>N=</th>
<th>N %</th>
<th>A %</th>
<th>SA N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>8</td>
<td>26%</td>
<td>6%</td>
<td>1</td>
<td>3%</td>
<td>2</td>
<td>39%</td>
</tr>
<tr>
<td>32</td>
<td>2</td>
<td>6%</td>
<td>3%</td>
<td>5</td>
<td>16%</td>
<td>4</td>
<td>45%</td>
</tr>
<tr>
<td>32</td>
<td>2</td>
<td>6%</td>
<td>3%</td>
<td>5</td>
<td>16%</td>
<td>3</td>
<td>52%</td>
</tr>
<tr>
<td>32</td>
<td>1</td>
<td>3%</td>
<td>3%</td>
<td>20</td>
<td>65%</td>
<td>9</td>
<td>29%</td>
</tr>
</tbody>
</table>
**Assessment Exams**

<table>
<thead>
<tr>
<th>Statement</th>
<th>N=</th>
<th>NA</th>
<th>%</th>
<th>SD</th>
<th>%</th>
<th>D</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>A</th>
<th>%</th>
<th>SA</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>The post-rotation examination covered the core content areas as described in the course protocol.</td>
<td>32</td>
<td>2</td>
<td>6%</td>
<td>3</td>
<td>10%</td>
<td>5</td>
<td>10%</td>
<td>18</td>
<td>58%</td>
<td>3</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having a post-rotation exam encouraged me to study and read.</td>
<td>32</td>
<td>1</td>
<td>3%</td>
<td>4</td>
<td>13%</td>
<td>10</td>
<td>13%</td>
<td>12</td>
<td>38%</td>
<td>5</td>
<td>16%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking the post-rotation exam within Angel was more convenient and user-friendly than taking a paper exam.</td>
<td>32</td>
<td>2</td>
<td>6%</td>
<td>4</td>
<td>13%</td>
<td>15</td>
<td>47%</td>
<td>11</td>
<td>34%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The first end-of-rotation exam with feedback helped me understand commonly seen diseases in internal medicine.</td>
<td>32</td>
<td>2</td>
<td>6%</td>
<td>1</td>
<td>3%</td>
<td>5</td>
<td>16%</td>
<td>16</td>
<td>50%</td>
<td>7</td>
<td>22%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I prefer shelf exams more than Angel online exams.</td>
<td>32</td>
<td>10</td>
<td>31%</td>
<td>9</td>
<td>28%</td>
<td>8</td>
<td>25%</td>
<td>4</td>
<td>13%</td>
<td>1</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Overall Assessment**

<table>
<thead>
<tr>
<th>Statement</th>
<th>N=</th>
<th>NA</th>
<th>%</th>
<th>SD</th>
<th>%</th>
<th>D</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>A</th>
<th>%</th>
<th>SA</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>This rotation offered a positive learning experience.</td>
<td>32</td>
<td>1</td>
<td>3%</td>
<td>1</td>
<td>3%</td>
<td>18</td>
<td>56%</td>
<td>12</td>
<td>38%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become a physician.</td>
<td>32</td>
<td>3</td>
<td>9%</td>
<td>18</td>
<td>56%</td>
<td>11</td>
<td>34%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.</td>
<td>32</td>
<td>1</td>
<td>3%</td>
<td>7</td>
<td>22%</td>
<td>17</td>
<td>53%</td>
<td>7</td>
<td>22%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Caseload and Management of Patients

Section Comments
The population of patients at this hospital are only elderly patients.

Lily Park would delegate much of her own work and “scut” work to “the medical student”.

This is a great teaching rotation. They want you to be involved and they want your opinions. I felt very much a part of the team.

Sometimes there were inappropriate responsibilities... specifically transferring and discharging patients! That is not legal for a student to coordinate and I feel it was very distracting having to worry about doing things a student shouldn't have to do.

Expectations/Learning Objectives

Section Comments

We were assigned readings based on our patient diagnosis and what is commonly seen in our hospital. So at times there just seemed to not be enough time to go over the course objectives.

The attending and residency tried to teach any chance they had.

Resources

Section Comments

Encore was confusing. A lot of missing diagnoses. Would prefer to just type in the findings.

My resident made sure we reviewed 2-3 articles a week on pertinent topics.

Osteopathic Principles and Practice

Section Comments

2 out of 3 attendings were MD’s

We did an OMM exam and every pt we admitted. In some instances we treated, but most of the time we just sort of forgot about it.

Preclinical Preparation

Section Comments

Resp and cardio were particularly helpful

Supervision/Feedback

Section Comments

My service was very good I just think that there is not much time for feedback.

Dr. Gunderson went over all our notes at least once a week. She gave great feedback. She also told us if we were doing a good job and what we needed to work on.

was left unattended/unsupervised at times... and was assumed i would discharge and transfer pts.

Professionalism
Section Comments

Since there was no place else to put this I’ll ask it here. How do you tell your intern/resident that it makes you uncomfortable when they ask multiple questions concerning negative commentary on where you are from? I just wanted to learn medicine and not even talk about that.

I would never emulate one of the PAs.

Procedures

Section Comments

Henry Ford Health System does not allow students to write orders or prescriptions, but you are allowed to reconcile patient med lists for discharge and fill out the hospital pharmacy med change form.

Did all of this :)

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?

Not for this rotation.

Honestly on this service we worked long hours and had assigned reading topics so didn't really have time to go through it.

No never saw this type of patient in the hospital

Not helpful because we did not have many patients present with this problem

Case videos are always helpful, as they almost simulate you connecting a face/patient to a presentation and help consolidate the concept more permanently.

wasn't that helpful since we did not encounter any pts with headaches

I did not use the headache modules for this rotation.

They were helpful.

I think it was a good idea. Helped with my following rotation too (Neurology)

I like modules, I find them helpful. The more extra didactic material the better.

Somewhat helpful. Did not apply as much to IM as it would to FM.

Useful I'm helping distinguish headache complaints, not very relevant to being on internal medicine floors

little bit

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

Congestive heart failure, COPD, pulmonary embolism.

Congestive Heart Failure, Kidney everything, Fluid and electrolytes (know hypo/hyperkalemia cold but the rest...), Hematology (this was very lacking in systems)

COPD, Chest pain, Diverticulitis

EKG interpretation. If you could post the lectures done in renal on acid base that would be great to have access to.

COPD, CHF, Nephrology

A brief overview of the 100 most common presentations on a medicine rotation and ways to work them up guide.

diabetes

Pneumonia, CAP, CHF, Diabetes, Acute Kidney Injury
Can't think of any.

Basic stuff like COPD, Stroke, URI, Delerium, etc

Any type of procedural skill would be helpful. i.e. evaluating JVD or percussing the lungs.

didactics on big hitter topics like hypertension, DM, etc

Describe your experience using Angel?

It has been fine.

It was angel, I wish you'd post the logs so that they will download in to word without having to save them on a computer. I normally use the hospital for my educational printing needs and you can't download directly to the computer.

No problems

No troubles

 Mostly just used it to log into ENCORE and take my post rotation exam.

classifying when some authorities say to use kobiljak as a main source for rotations

No problems.

Had awful technical issues with exam. Would not tell if I had question right on some so ended up lissing 2 questins because of this and my choices were not recorded (esp on #6). Not sure if it was a internet issue (was using public wireless). I did not have a good experience, but do think it was a good idea/good intention.

I thought the angel site was well organized. Didn't have a problem navigating it.

easy to access amd navigate. Had some issues with angel being down. Otherwise, good experience

ok

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?

Not for this rotation.

Honestly on this service we worked long hours and had assigned reading topics so didn't really have time to go through it.

no

no as above

Yes it was helpful.

no

Yes.

Yes

Sort of, but I didn't see this stuff until after by outpt experience and int he hospital we didn't really have any pts with these sorts of complaints.

Yes.

Yes

I really didn't use them

little bit
Being on the IPC rotation with the Hospitalists where they usually have only a few patients at this facility, I feel like I was at a disadvantage and could have benefited more in terms of learning from a service with residents and attendings that spend the majority of their working day here. The hospitalist service is such that the doctors are usually here at the hospital all day only when they have a very heavy patient load and spend only a few hours here when they had a few patients (which is often the scenario), so I was left to study on my own quite often.

Although, I will say this rotation was very worthwhile in that I got to work with Dr. Shakoor and Dr. Barretto. Both of them really did go out of their way to make time to teach me even during their really busy days and made it a priority that I learn every single day I spent with them! They were very supportive of my learning. They kept me clinically engaged and academically stimulated.

Best teaching rotation in my hospital

I did not like the majority of this IM month mainly because of the specific service was not teaching focused like others at my hospital.

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, hematology, and renal.
- Cardio, GI
- Cardiology and Respiratory
- Cardio, GI
- Cardiology and respiratory
- Respiratory class- helped with putting together presentations with differentials and just thinking more clinically.
- The helpful residents and interns with constructive feedback
- I enjoyed the case presentations we had every tuesday and thursday morning.
- Physiology, cardiology
- Respiratory, and all system courses
- Resp. and cardio
- Systems courses, especially cardiology and nephrology units. Step 1 study materials
- neurology, cardio, resp
- All systems courses
- multiple

Add more info about CHF.

3rd yr students should not be assigned to this service during the month of July. Three new students, 2 interns, and 1 resident seemed like a lot.

More reference material for common diseases

more online required learning didactics without an end of rotation exam because on my service it was very impractical to have time to study during the week.
Possibly have another medicine service that the students from IPC can join up with when hospitalists leave for the day.

Encore needs to be updated so that I can find all of the conditions I see with my patients. Online tutorial on note taking, basics like that will help students at least be composed for their first few rotations

Can't think of any.

not sure

I thought it was great

More guidance on student responsibilities, more omm

I think the timed exam at the end should have an answer key...it was frustrating not to be able to review the questions i got wrong

didactics on topis like we had for psychiatry

---

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

I really learned a lot about internal medicine and I really enjoy this field of medicine. I also learned how to look at the whole patient and see how different elements of symptomatology came together in one diagnosis.

-When the attending had time to teach, which was rare but when she did it was great.

-Finally out of that chair and in the hospital!!

The faculty trusting me enough to make clinical decisions

All expectations were spelled out very clearly in the beginning. There was scheduled didactic times for this service and the attending always had something new to teach and present. The expectation was that you were apart of the team and your view of the clinical situation was respected. Wonderful rotation!!

The attendings taking the time to ask me questions and explain the answers if i got them wrong not just pimping me all day long.

Offers a new perspective on how patients can be medically managed and their care can be coordinated by Hospitalist physicians.

The physicians, resident and interns personalities

The ability to see many patients and gain good hands on experience and patient care.

The learning experience I received on this rotation.

learning

I finally felt independent. I participated in evaluating pts and writing their orders. I was able to do procedures like ABGs and things like discharge summaries. Finally feeling like a physician. Also, the team I worked with was great....loved to teach.

the amount of learning opportunities and the willingness of the attendings to teach

Organized, lots of didactics. Dr. Diab especially was very committed in helping us learn.

Kind and devoted physician, variety of patients

I was treated as an equal on the team and my input was valued

patient interaction, integration of rotation topics