**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

<table>
<thead>
<tr>
<th>Class Year: 2012</th>
<th>Clerkship Rotation Evaluation Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=</td>
</tr>
<tr>
<td>Osteopathic Principles and Practice</td>
<td>14</td>
</tr>
<tr>
<td>Faculty knowledgeable in the appropriate use of OP&amp;P in case management</td>
<td>14</td>
</tr>
<tr>
<td>I had opportunities to use OMM on this service</td>
<td>14</td>
</tr>
<tr>
<td>When seeking out opportunities to apply OMM, I felt supported by the faculty here</td>
<td>14</td>
</tr>
<tr>
<td>Preclinical Preparation</td>
<td>14</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>14</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>14</td>
</tr>
<tr>
<td>Supervision/Feedback</td>
<td>14</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>14</td>
</tr>
<tr>
<td>On this service, I never quite knew where I stood in meeting expected outcomes</td>
<td>14</td>
</tr>
<tr>
<td>On this service, there was always someone available to answer my questions when I had them</td>
<td>14</td>
</tr>
</tbody>
</table>
I was permitted to observe code blue resuscitations when performed 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.

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

<table>
<thead>
<tr>
<th>Class Year: 2012</th>
<th>Clerkship Rotation Evaluation Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=</td>
<td>NA N %</td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

Procedures

I was treated as a professional by those supervising my student-physician role on this service.

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

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.

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

<table>
<thead>
<tr>
<th>Class Year: 2012</th>
<th>Clerkship Rotation Evaluation Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=</td>
<td>NA N %</td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Assessment Exams</th>
<th>N=</th>
<th>NA</th>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>N</th>
<th>SD</th>
<th>N</th>
<th>NA</th>
<th>A</th>
<th>N</th>
<th>A</th>
<th>SA</th>
<th>N</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>The post-rotation examination covered the core content areas as described in the course protocol.</td>
<td>14</td>
<td>3</td>
<td>21%</td>
<td>1</td>
<td>21%</td>
<td>9</td>
<td>64%</td>
<td>1</td>
<td>7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having a post-rotation exam encouraged me to study and read.</td>
<td>14</td>
<td>1</td>
<td>7%</td>
<td>4</td>
<td>7%</td>
<td>8</td>
<td>57%</td>
<td>1</td>
<td>7%</td>
<td></td>
<td></td>
<td></td>
<td></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>14</td>
<td>3</td>
<td>21%</td>
<td>7</td>
<td>50%</td>
<td>4</td>
<td>29%</td>
<td></td>
<td></td>
<td></td>
<td></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>14</td>
<td>1</td>
<td>7%</td>
<td>3</td>
<td>21%</td>
<td>8</td>
<td>57%</td>
<td>2</td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I prefer shelf exams more than Angel online exams.</td>
<td>14</td>
<td>1</td>
<td>7%</td>
<td>2</td>
<td>14%</td>
<td>6</td>
<td>43%</td>
<td>4</td>
<td>29%</td>
<td>1</td>
<td>7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Overall Assessment

<table>
<thead>
<tr>
<th>Overall Assessment</th>
<th>N=</th>
<th>NA</th>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>N</th>
<th>SD</th>
<th>N</th>
<th>NA</th>
<th>A</th>
<th>N</th>
<th>A</th>
<th>SA</th>
<th>N</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>This rotation offered a positive learning experience.</td>
<td>14</td>
<td>1</td>
<td>8%</td>
<td>2</td>
<td>15%</td>
<td>6</td>
<td>46%</td>
<td>4</td>
<td>31%</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 a physician.</td>
<td>14</td>
<td>1</td>
<td>8%</td>
<td>2</td>
<td>15%</td>
<td>6</td>
<td>46%</td>
<td>4</td>
<td>31%</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>14</td>
<td>2</td>
<td>15%</td>
<td>4</td>
<td>31%</td>
<td>6</td>
<td>46%</td>
<td>1</td>
<td>8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Caseload and Management of Patients

Section Comments
I was given much more patient responsibility than I have gotten on other services. Sometimes it felt like I was just doing his work and not learning much from it because we didn't always discuss the notes or cases in detail.

Expectations/Learning Objectives

Section Comments
Teaching was sprinkled in as we went. Dr. Pervez would have me look up topics at home and then talk about them the next day. Sometimes, however, he would have me look up something and he would forget to ask about it the next day. I was the only student on the service, and there were no residents, so we didn't have formal didactics.

Osteopathic Principles and Practice

Section Comments
Dr. Pervez is an MD, so he wasn't able to teach me anything about OMM. I did have opportunities to use OMM.

Attending was M.D.

Supervision/Feedback

Section Comments
I would come in early and round on patients by myself, so I wasn't always able to ask questions when I had them, but when Dr. Pervez came in I could ask him questions.
I would have liked more feedback on my daily notes.
I never knew where I stood with this attending. For the first week or two I felt like it was one big examination rather than a learning experience. It did motivate me to improve and take more responsibility for "my" patients however I don't feel my improvement was reflected in his evaluation of me. That evaluation was not completed until almost 2 months after the end of my rotation. The expectations were also not always clear to me. We often would not be working together, I would be given tasks/patients to complete and see for the day. If the tasks were not completed exactly as he expected I sensed a bit of distrust from his perspective, as if I was trying to get out of doing things or cutting corners. This, I believe started after I had been tasked to dictate on two new admissions. This was my first time dictating on the hospital system by myself. He gave me the directions on how to use the system. I finished 2 very complete dictations very nervously and neglected to record the records number as I was not expecting it and it was read aloud very fast. So when it came time to show him the next day, I found out, in front of him, that the dictations had not saved as they were not in the chart and I had no way of finding them at medical records to prove that I had done them. It did not sound to me like he quite believed me and that attitude seemed to carry on for days later on the rotation. He also saw patients in multiple hospitals, I told him that it was my school's policy that I am only allowed to see patients with him at HF Wyandotte due to insurance reasons. I told him this on day 2 and his perception of it seemed skeptical.

Professionalism

Section Comments
Sometimes I felt like Dr. Pervez didn't listen very well or seemed in a rush when he saw patients. He was thorough and good with writing orders and managing patients, though.
The physician attending arrived to his clinic one hour late for the first patient on multiple occasions including the first day of my rotation. In addition to this, arriving late to his first patient (15-30 mins late) was the norm for him rather than an exception to the rule. I feel as though this behavior does not set a good example for medical students observing how practicing physicians respect their patients' time outside of the face to face interactions with them.

Procedures
We didn't participate in any code blue resuscitations.

**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?

I really liked this module and wish that I can access to it when I'm not on internal medicine. The video cases were very useful.

They were well-done.

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

I would like to see materials on interpreting lab results.

Expanding on the types of headaches, such as migraines and cluster headaches. It would be helpful to have a workshop about interpreting lab values and such. Especially since we are only exposed to a week of Renal in medical school.

I think didactic material on interpreting ABGs, interpreting common imaging modalities like chest x-rays, CT, MRI, and understanding the approach to managing the ICU patient would be helpful. There were several ICU patients that we managed, but I don't feel very comfortable with managing ICU patients since I haven't had an ICU rotation yet.

Describe your experience using Angel?

Overall, Angel was a convenient way to get the material for this rotation. It was well organized and easy to navigate. I would like to see more didactic material.

For some reason, I didn't have access to my first online exam with feedback, so I wasn't able to use it to help me study for the second online exam.

I thought the online exams did not really reflect the learning objectives. Otherwise, my experience using Angel was fine.

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 went over the entire module and found it very helpful for understanding tension headaches.

Yes, I thought they were helpful.

**Overall Assessment**

**Section Comments**

-I was given a lot of autonomy on the rotation. It was good practice, but stressful though because I felt pressured to see as many patients as I could and didn't always feel like I was learning. I got a lot of practice with writing notes. It gave me a taste of what intern year will be like. I would have liked more feedback on my notes as we went along.

-I would have liked it if Dr. Pervez took more time out to teach about each of the cases we had, or if he scheduled formal didactics where he would sit down and talk with me about important topics.

-He did have me look up information and talk to him about it the next day.

**Overall Summary** - Please complete the following sentences

The most beneficial experiences, classes, assignments, or activities in all my off-campus MSU/COM courses/experiences, which facilitated my performance on this clerkship rotation, were:

- Respiratory, Gastroenterology, Cardiology, Endocrinology, basically most of the systems courses from second year were helpful.

The 2nd year courses were very beneficial for this rotation.
Second year courses were definitely very helpful.

Systems classes: Respiratory, GI, Cardiology were probably the most helpful.

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

It would be helpful to be motivated by making an assignment due each week.

I wish that there were more scheduled conference times with my attending.

Although Dr. Atto was very good about asking questions and giving me reading assignments, it would have been helpful to have had the opportunity to do more H&Ps. The rotation was more shadowing than actually getting to do the history and physicals.

It might have been helpful if the attending used the course objectives or had a list of topics that he was encouraged to teach about.

Didactics about reading chest x-rays, CTs, MRIs, ABGs, managing the ICU patient might be helpful for future students.

I think the root of most of the problems I experienced on this rotation were due to having an attending who was too busy. An attendings job is to teach and evaluate, however with the little one on one time we actually had with eachother it seemed he felt evaluating, what little material there was to evaluate, to be his priority over teaching. He took on a lot of patients in multiple hospitals as a hospitalist and in addition to this he would see patients in his clinic. Clinic time for me was nothing more than a shadowing experience. I was given no responsibilities at the clinic and many of his patients were patients I was not allowed to even see with him.

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

The opportunity to do History and Physicals definitely improved my performance immensely. Working with the residents also provided various opportunities to ask questions and see their way of practicing medicine.

Dr. Pervez made clear what was expected of me and allowed me to take as much responsibility as I felt comfortable handling. He frequently gave me feedback on my performance and suggestions for improvement, which helped me understand my role better. I really liked having the freedom to think thru each of my patient cases and develop a plan of care.

Getting quizzed everyday by Dr. Atto and getting something to read about. This kept me proactive about reading.

- I was given more responsibility than I have gotten on other rotations.
- I got to see and manage a variety of patient problems.

Dr. Raj Goswami is a great attending. I worked with him at both his clinic and Henry Ford Wyandotte. I had the opportunity to see MANY patients and I learned a great deal from him.

Becoming more confident and comfortable playing physician in the hospital. I was motivated to take challenging steps I had not taken before.