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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<tr>
<th>Expectations/Learning Objectives</th>
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</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>
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<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>
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<tr>
<th>Resources</th>
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<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>
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<thead>
<tr>
<th>Class Year: 2012</th>
<th>Clerkship Rotation Evaluation Results</th>
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<tr>
<td>N= 40</td>
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</table>
### Osteopathic Principles and Practice

<table>
<thead>
<tr>
<th>On this service there were facilities and opportunities available to support learning about osteopathic manipulative medicine (OMM).</th>
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</thead>
<tbody>
<tr>
<td>Faculty knowledgeable in the appropriate use of OP&amp;P in case management were available to me as needed.</td>
</tr>
<tr>
<td>I had opportunities to use OMM on this service.</td>
</tr>
<tr>
<td>When seeking out opportunities to apply OMM, I felt supported by the faculty here.</td>
</tr>
</tbody>
</table>

### Preclinical Preparation

<table>
<thead>
<tr>
<th>The basic science content I learned in Year 1 assisted me in learning from the experiences I encountered on this service.</th>
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</thead>
<tbody>
<tr>
<td>The systems biology content I learned in Year 2 assisted me in learning from the experiences I encountered on this service.</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>
</tr>
</tbody>
</table>

### Supervision/Feedback

<table>
<thead>
<tr>
<th>I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.).</th>
</tr>
</thead>
<tbody>
<tr>
<td>On this service, I never quite knew where I stood in meeting expected outcomes.</td>
</tr>
<tr>
<td>On this service, there was always someone available to answer my questions when I had them.</td>
</tr>
<tr>
<td>My H&amp;Ps were reviewed and critiqued for content and completeness by a senior resident or attending regularly.</td>
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**Clerkship Rotation Evaluation Results**

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| 40 | 3 | 8% | 4 | 10% | 24 | 60% | 9 | 23% |
| 40 | 3 | 8% | 3 | 8% | 19 | 48% | 15 | 38% |
| 40 | 12 | 30% | 18 | 45% | 3 | 8% | 6 | 15% | 1 | 3% |

| 40 | 1 | 3% | 4 | 10% | 23 | 58% | 12 | 30% |
| 40 | 4 | 8% | 26 | 50% | 3 | 6% | 7 | 13% | 12 | 23% |
| 40 | 2 | 5% | 1 | 3% | 21 | 53% | 16 | 40% |
| 40 | 1 | 3% | 1 | 3% | 3 | 8% | 21 | 53% | 14 | 35% |
### 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.

### 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.
**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**

- 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.

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**Class Year: 2012**

- **Eval Data from:** 7/30/2010   **to:** 2/24/2012
- **Print Date:** 3/16/2012

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Ingham Regional MC  
INTERNAL MEDICINE  
2012

Caseload and Management of Patients

Section Comments
I saw a wide variety of patient with each case contributing to my education. I felt very involved in the care of each patient and thought that my instructors were awesome in their education and encouragement.

The residents were very good teachers.
Great 1 on 1 time with the attendings.

It depended on the attending I was working with that week. Some encouraged me to see many patients and develop a differential diagnosis, and others wanted me to see one or two a day and did not have expectations for me to develop an assessment or plan.

Sometimes the attendings would give me too many patients to see so I did not have time to learn about their cases but dr Abdullah made sure we always had time to read during the day

Expectations/Learning Objectives

Section Comments
Noon lectures were very good most of the time
Ingham should really bring back their noon lectures.

Resources

Section Comments
The library at Ingham is awesome and everyone there was helpful in getting me the info I needed.
I do not know what "COM unit III website" refers to.
IRMC has an issue with its library right now, and it is very difficult to get access to the resources
I did not use the website

Osteopathic Principles and Practice

Section Comments
Both attendings are MDs. They were supportive of OMM but were not knowledgeable in this area.

Most of the attendings on A-service are MDs and do not participate in OMM or encourage my use of it. Having said that, none of them discouraged its use either.

I was actually surprised at the lack of OMM used on this rotation.

All of my attendings were MDs so OMT and OPP were not discussed

Preclinical Preparation

Section Comments
The background science was helpful, but I feel that the 1st and 2nd year material was poorly related to real life clinical situations. It seems what we were taught as "the rule" is sometimes actually the "exception to the rule". What clinical correlation there was in 1st and 2nd year was sometimes focused on things that are only rarely seen in the real world. Emphasis on the most common things seen in everyday life would have been better than on obscure or rare clinical examples just for the purpose of teaching some sort of basic principle.

I found that I had actually learned very little in the way of management and treatment in years 1 and 2.

I think to make this rotation easier, there should be better integration of material in years one and two... not just depending on us to integrate the material ourselves.
Supervision/Feedback

Section Comments

I have received help in writing my notes.

My H&Ps were reviewed (mostly by residents), but little was said as to the quality.

Professionalism

Section Comments

Regarding GS01: On my last week of this service, I felt that I was singled out by Dr. Ghose. He told me that I am high strung, which he does not like to work with; he told my ambition to go into PM&R was worthless because no one in that field except Dr. Andary is respected; he spent an hour and a half of rounds asking me question after question about Parkinson disease although none of our patients exhibited parkinsonism and he had not asked me to prepare beforehand; and he told me that most people were able to read something once and memorize for the rest of their careers and if I am not capable of that then I am wasting everyone's time. No other physician I have worked with has given me such negative feedback and disrespect alone or when surrounded by other students and residents. During the first 3 weeks of this rotation and times when we were not rounding with Dr. Ghose, I was told that I was smart, doing well, and above average compared to other third year students. I don't understand why Dr. Ghose singled me out, and why his statements were incongruent with what I have been told thus far in rotations.

The A/C attending were all very professional.

Procedures

Section Comments

Ingham, especially night call, is very good about encouraging students to write orders, prescriptions, and admissions.

During the day the code blues were fully staffed and on night call there was only one rapid response called and the patient did not code.

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 thought it gave me a basic understanding of the subject that was valuable during my rotation.

It was a helpful review of headaches. But I think a review of a topic seen more commonly on the rotation (i.e. COPD, CHF, diabetes) would have been more useful.

Because of researching daily for assignments from my attending and because of studying for a shelf exam for a previous rotation I kept pretty busy and didn't have time to use this resource.

They were okay... they weren't really helpful.

Good idea but really not much time use it in the clinical settings. I never saw patients with headaches...

Yes it was a helpful review.

Yes good information

Good. Very helpful.

No time to do them.

Yes very helpful

NA

Good

Very thorough, but I did not encounter many patients with headaches during this rotation.
Helpful.

It was minimally helpful.

It was helpful, but we need more education on renal issues, not headaches.

They were good, but very few people show up with headaches to the hospital.

It would have been helpful for more cases. I rarely encountered headaches in the hospital setting.

NA

yes

Good review

I did not watch it

A little bit, but I feel like those headaches are seen more often in the outpatient setting... i.e. it wasn't as relevant to this rotation as it would have been for something like family practice.

These would be more helpful if they were used for outpatient IM. I didn't use them during inpatient.

---

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

Chest Pain, COPD, and some of the other commonly presenting illnesses.

COPD, CHF, DM, EKG interpretation, Pneumonia

Common heart and lung issues. Stroke, renal diseases, etc.

Radiology, COPD exacerbation management, CHF management

Kidney function and changing medications when CrCl is low.

CHF, COPD, anemia

See course objectives :)

More information on stroke

See course protocol objectives.

More on Heart disease

NA

Treatment protocol for hypertensive emergency, CHF, CVA, and PE.

Acute kidney injury, information on patients' lifestyle with end stage renal disease and dialysis

electrolytes

More Heme/Onc since MSUCOM doesn't cover it well in preclerkship.

Renal- AKI

chest pain, abdominal pain.....

Heart disease, diabetes, copd...

NA

COPD, CHF

If it is optional no one will read it since we do not have time

Commonly seen things in the hospital... like electrolyte disturbances and how to correct them, acid base disorders, etc.
Describe your experience using Angel?

No issues with Angel.

I like Angel, I've used it since my undergraduate years so I am very familiar with it.

I like angel well enough. Its definitely useful if not always user friendly.

same as usual

Easy to access. Not much time to explore it though.

I have used it since undergrad, so I find it easy to use and navigate.

It is kind of confusing, b/c all the dates get mixed up. I thought we had a week to do the exam, b/c all I remembered was the weeks we get to turn in our evaluations. Then with the other shelf exams are now given at the end of the rotations, I mixed up the dates. I wish there could be a set schedule that we can print out and follow, that says when everything is due and when an exam is. Like the schedules we had in 1st and 2nd year.

great experience

Good, very familiar with system already. Like it for the most part

Alright

It was fine

it is convenient

It was not made clear to me that there was material I was supposed to have viewed on Angel.

It's as user-friendly as Angel geets

they were fine.

It was fine.

Honestly, I had little time on this service to do anything except prepare for the next day.

OK

It is a really nice resource to use.

All I used it for was the exam, and the log drop boxes

Easy to use, good way to organize everything

I only really use it to acess the library for electronic resources or to turn in required documents.

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

As I said above, helpful, but I did not have a patient with Tension Type headaches, so I didn't consider the material useful at this time.

Not able to assess

Not really, I never saw a patient with a Tension Headache

neutral.

Helpful but there are other topics that would be more applicable, and therefore more helpful.

Yes,

Yes, great source for review
yeah, it is great information
Slightly.
Somewhat, but those were not commonly seen in patients
knowledgable, but did not apply it clinically
See above
NA
Yes

I did not use it
Yes, it keeps my brain engaged to learn about things I am not 100% familiar with
Not really.

Overall Assessment

Section Comments
This rotation was a great way to start off my third year. I especially enjoyed being on C service with Drs. Thiede and Pattersen.
The attendings and residents on D service were especially helpful with questions and very good teachers.
My interactions with the A service attendings were very positive.

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:

GI, cardio, and pulmonary systems courses. These really formed a solid foundation in terms of knowledge.
Systems classes in year 2.
Code Blues, admits, writing progress notes
Admitting patients in the ER and following their care in the hospital when possible.
Systems courses and preceptorships.
Clinical skills, DPR, and 2nd year
2nd year
All the systems courses
hard to say, IM is so broad, it is difficult to pinpoint one class.
Cardiology
interaction with residents and attending docs
How can this rotation be improved? What additional information would you like to see on the IM650 Angel Course?

For me this rotation was very well structured and helped me grow as a medical student. I have no suggestions at this time.

More time to observe the attendings/residents. Observation at first would be helpful, just being thrown into things is frustrating and not conducive to my learning style. More consistent guidelines for treatment/evaluation of patients would be helpful too.

I know it’s not how D-service runs, but staying with one attending would be more beneficial... otherwise at the end of the week, we really don’t have time to see old patients again.

Diabetes management. Renal failure management. Chest pain rule/out type of instructions/information about why we do things the way we do.

More consistent schedule, regarding seeing patients and rounding on patients. Also, I don’t think that taking night call is a helpful learning experience as the residents seem to be pressed for time and can’t teach.

A schedule that can be printed

I was on D service this month, which strangely has less teaching on it, even though its the resident service, than C service. I’m not sure how to fix that given the attendings and senior residents are so busy.

More one on one with attendings

If we could work with the same residents more consistently to allow continuity.

I thought that this rotation was pretty good overall.

It was good. I really enjoyed the morning and noon lectures

I think students should not be put on A service during their first IM rotation

The check list seems redundant as we are already doing encore. I felt like all I was doing was busy work. I could have used the time to fill in the checklist or encore to read.

We need more emphasis on nephrology in years 1 and 2.

not sure.

See additional material above

Please stream line the requirements. Too many - too little time.

Too many logging assignments. Took time away from looking up other relevant things

I do not think many of the students will have time to do elective readings from online since we are assigned reading almost daily by our residents

Make a practical IM exam for this course. I had 3 questions out of 50 that were on bulimia (why?), not to mention several on ER management of patients. This is isn’t my ER rotation, therefore you shouldn’t be testing me on that material.
The thing(s) I like most about this rotation was (were):

- Working with the attendings and interns. Everyone in the IM department is great. Actually working with patients and getting practical experience as compared to book learning.
- The attendings and residents were extremely knowledgeable.
- Learning some big time complicated medicine and the continuity of care.
- Night call--- I think I learned the most while on it.
- Seeing patients, assisting in code blues and learning more about interpreting lab values/test results.
- Teaching sessions for the attendings.
- 1 on 1 with attendings, and the help of the residents
- Residents
  - The experience in patient care and writing/ dictating HPI and orders
  - Night call, following up with patients after I had admitted them in the E.D.
- the working environment
  - Being given the opportunity to write orders and have autonomy.
  - Aside from a couple of residents who I thought were jerks to the students, everyone else I interacted with was very helpful and able to answer questions whenever I had them.
- Noon lecture and working with Dr. Abdullah
  - Working with residents, being encouraged to go through patients’ charts and summarize their hospital course
  - seeing patients on the floor as well as admitting them from the ER.
- The amount of work given to the students was just right and the residents were, ore than willing to help out with any questions the students had.
- The attendings on this service were very professional and I enjoyed the opportunity to learn from them.
- The patients
  - Being able to manage my patients with residents supporting my decisions
  - Being able to have autonomy - see patients on our own and write our own notes
  - attendings, staff very personable and approachable. everyone does their part and student get to provide an important role.