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.

<table>
<thead>
<tr>
<th>Classification</th>
<th>N=</th>
<th>NA N %</th>
<th>SD N %</th>
<th>D N %</th>
<th>N N %</th>
<th>A N %</th>
<th>SA N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>In general, there was an appropriately diverse mix of patients (including race and ethnicity) seen on this service to meet the clinical training objectives.</td>
<td>34</td>
<td>1 3%</td>
<td>24 73%</td>
<td>8 24%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The amount of patient care responsibilities assigned to me were just about right for my current level of training.</td>
<td>34</td>
<td>2 6%</td>
<td>22 67%</td>
<td>9 27%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was given ample opportunity to become involved in learning about management of patient cases.</td>
<td>34</td>
<td>1 3%</td>
<td>15 45%</td>
<td>15 45%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt supported and encouraged to offer my own differential diagnosis and treatment plan.</td>
<td>34</td>
<td>3 9%</td>
<td>19 58%</td>
<td>11 33%</td>
<td></td>
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</tr>
</tbody>
</table>
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.

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.

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.
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.

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.
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>%</th>
<th>SD</th>
<th>%</th>
<th>N=</th>
<th>%</th>
<th>A</th>
<th>%</th>
<th>N=</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>34</td>
<td>2</td>
<td>6%</td>
<td>2</td>
<td>6%</td>
<td>9</td>
<td>6%</td>
<td>15</td>
<td>45%</td>
<td>5</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having a post-rotation exam encouraged me to study and read.</td>
<td>34</td>
<td>3</td>
<td>9%</td>
<td>7</td>
<td>21%</td>
<td>8</td>
<td>21%</td>
<td>8</td>
<td>24%</td>
<td>7</td>
<td>21%</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>34</td>
<td>2</td>
<td>6%</td>
<td>1</td>
<td>3%</td>
<td>1</td>
<td>3%</td>
<td>14</td>
<td>42%</td>
<td>15</td>
<td>45%</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>34</td>
<td>2</td>
<td>6%</td>
<td>4</td>
<td>12%</td>
<td>1</td>
<td>3%</td>
<td>15</td>
<td>45%</td>
<td>11</td>
<td>33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I prefer shelf exams more than Angel online exams.</td>
<td>34</td>
<td>6</td>
<td>18%</td>
<td>11</td>
<td>33%</td>
<td>3</td>
<td>9%</td>
<td>1</td>
<td>3%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Assessment</th>
<th>N=</th>
<th>NA</th>
<th>%</th>
<th>SD</th>
<th>%</th>
<th>N=</th>
<th>%</th>
<th>A</th>
<th>%</th>
<th>N=</th>
<th>%</th>
<th>SA</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>This rotation offered a positive learning experience.</td>
<td>34</td>
<td>1</td>
<td>3%</td>
<td>17</td>
<td>52%</td>
<td>15</td>
<td>45%</td>
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</tr>
<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become a physician.</td>
<td>34</td>
<td>1</td>
<td>3%</td>
<td>16</td>
<td>48%</td>
<td>16</td>
<td>48%</td>
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<td></td>
</tr>
<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.</td>
<td>34</td>
<td>1</td>
<td>3%</td>
<td>3</td>
<td>9%</td>
<td>17</td>
<td>52%</td>
<td>12</td>
<td>36%</td>
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</tr>
</tbody>
</table>

Eval Data from: 7/21/2010 to: 1/31/2012
Caseload and Management of Patients

Section Comments

I felt very fortunate and grateful for the opportunity to see patients on my own and then round with the attending to see them again in the afternoon.

I enjoyed the opportunity to see patients on my own and write my own notes. I really appreciated that the attendings and resident read my notes and gave me feedback.

Time constraint hinders teaching

The amount of patient care responsibilities assigned to me varied from attending to attending. Some I assumed I knew nothing, others expected too much from me.

I could have done more. My base hospitals EMR does not allow students to order anything.

There was not much expected of me on this rotation. This rotation provided me with strictly shadowing experience.

Expectations/Learning Objectives

Section Comments

The lectures for this month were more for the interns, but they are all topics that we should have already be familiar with or should know at some point so I did not feel that the lectures were way over our heads. I also had to chance to present topics in front of attendings, residents, interns, and other students on a few occasions. That really helped me advance my learning to another level.

I attended 7AM and 12PM lectures daily. I also attended IM didactics every Monday from 10-12 where I gave one presentation on an assigned topic. I also attended the IM journal club that month. Within my group I presented on several topics I had read about at home. I felt that the education was fantastic on this rotation.

The residents had built in education, but there was not a formal discussion with students on what we were to do. It was really based on the attending.

Resources

Section Comments

After such a rousing amount of material for my OB/GYN rotation, I expected something really phenomenal for IM. I mean the objectives and the knowledge base is almost endless. To find only a small thing on migraines was kind of disappointing.

Beyond online shelf, ANGEL played very little role in this rotation.

Osteopathic Principles and Practice

Section Comments

We attended an OMM lecture about how to use OMM during admissions and on the floor and how to chart it properly.

Got to do some simple techniques and I could tell it really made a difference in the hospitalized patient. Would love to become more proficient, as this could be a very useful tool in the future.

Nobody did OMM

Preclinical Preparation

Section Comments

I felt really great about my knowledge in most areas EXCEPT microbiology and pharmacology. I think these two classes need to be revised because I was NOT prepared in these two areas and learned most of the important things on my own while studying for boards.
Knowledge from years 1-2 did contribute to this rotation, however the emphasis and organization is much different.

Supervision/Feedback

Section Comments

Improved my notes a great deal and attendings/residents/interns were always available for help.

I wrote 3-5 progress notes per day and only received general feedback once or twice. Our notes disappear automatically after a few weeks, so no one really cares to read them.

I just assumed that if I didn’t hear feedback that meant that my notes were good enough.

Procedures

Section Comments

For the first two months at Metro students do not take night call. This is in order to give the new interns two months to get use to things. I will start my night call in September. In the EMR students do not have the opportunity to write for medications or put in orders but we did have the opportunity to write our thought out in the plan area of our note and then this was discussed with the resident or attending. The interns do most of the admissions so I was only present to shadow one admission during my rotation. I will have more opportunity to be involved in admissions during my night call.

I don’t think writing scripts/orders are legal for students to do.

Students cannot write orders or prescribe at Metro Health.

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?

Yes, it was helpful

I think it was helpful. I see it as one more thing that I get to learn and know so I can help patients.

Nice review and easy to understand.

It was alright.

Good stuff

not helpful

Never saw one

No, the presentation was complex. It gave me an idea. But I needed to study Tension Type Headaches by myself.

Barely. Headaches that don't deal with stroke or seizure tend to be more out patient affairs. It's in the differential but since it isn't going to kill you, it’s pretty far down the list.

These modules had little use for this clerkship rotation.

This was worthless. How many admits to we get for Tension Type Headaches? None. Absolutely none. Its a family practice issue, or perhaps an ER issue vs TIA/Stroke. If someone gets to the floor with TTHA it's comorbid, not in the differential

somewhat

It is user friendly and the quiz questions assisted in my learning of the material.

Didn’t watch

it was not useful. In inpatient internal medicine we rarely dealt with headaches

yes
Yes, I like having this extra information to read in a convenient format.
They were helpful but I had trouble loading them on multiple computers before finally watching it at home.
worthless
helpful

it was helpful, but there should be other more pertinent case videos to internal medicine.

Good review. Helpful.

They had little relevance to the clinical experience I had on this rotation.

it was helpful and I am glad I could it on my own time.

---

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

More OMM online didactics to help us maintain our OMM skills since we do not always get to use them in the hospital.

Other commonly seen topics in IM.
OMT
Bugs and drugs

Most common diseases in internal medicine
Renal issues, multisystem disorders
n/a

unsure

Common diseases like MI, CHF, PE, Pneumonia, etc.

Modules that present cases that are seen in the hospital, and in an internal medicine setting, would have been beneficial. For example, many patients of ours had hypokalemia, hyponatremia, or strokes. Modules on these diagnoses would have been extremely helpful. The modules on tension type headaches were not helpful for Internal Medicine because these patients are taken care of, worked up, and most likely discharged from the ED. This is an internal medicine clerkship, not an emergency medicine clerkship.

How about the stuff we actually see, like pneumonia, abdominal pain, TIA/Stroke, Mental status changes, Renal Failure, Chest Pain, Respiratory Failure. Get some high yield stuff.

unsure

More OMM-related modules.

General IM materials

areas of diseases commonly seen in internal medicine services: e.g. CHF, CKD, DM, etc.

Major topics like interpreting values, acid-base, etc.

renal diseases
interpreting acid/base disorders

none

none

acute and chronic renal disease

OMT for inpatients
Hypertension, Diabetes
Describe your experience using Angel?

It's user friendly, I have no problem with it.

Easy to use.

I didn't use much compare to uptodate.com overwhelming. Laid out poorly. Encore is a waste of time

not enough time to access angel

encore rules seem severe

It is a good tool.

Encore is a huge waste of time.

The only time I used ANGEL during this clerkship rotation was to get onto ENCORE. ANGEL provided little to no assistance for me.

Unnecessary for this rotation

fine

Very user friendly, I had no problem accessing it.

good enough

sufficient

?

user friendly

Easy. Helpful.

Limited

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

Yes

yes

not really a big issue in internal medicine so I never got a chance to apply the info

Somewhat

No, as I already discussed above.

These modules had little use for this clerkship rotation.

Only for the 1 obligatory question in the online shelf

somewhat

Yes, I hope more modules will be created in the future.
They had little relevance to the clinical experience I had on this rotation.

**Overall Assessment**

**Section Comments**

Most of the time OMM seems like an after thought. It's not a cure all, but it made me wonder why we learned it at all. That said, it shouldn't be done or forced to be done just for it's own sake, but we need to learn appropriate ways to integrate it if I'm going to be expected to know it/use it.

Metro has dedicated internist/hospitalist who like to teach. Some policies at Metro regarding what students are allowed and not allowed to do for ordering and the value of our notes undermines our education by making it trivial.

This rotation helped me figure out what type of osteopathic physician I wanted to become, yes.

**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:

  all 2nd year classes
  
  Cardiology, Respiratory, GI, Pathology, Urology/Nephrology, ACLS training, DPR, Radiology, and Clinical skills.

Studying for boards was key!
Cardio EKG lectures were very helpful.
Radiology lectures during systems classes were also helpful.

Small groups, clinical skills, lectures and exams
Cardio, Respiratory
clinical experiences
nothing specific
Second year system courses were helpful.

Year 1-2 courses
2nd year classes
All of 2nd year
none specific
All the core classes particularly cardio, respiratory and neuro.
2nd year curriculum
Cardiology, Respiratory, My research
Respiratory, Cardiology, GU
How can this rotation be improved? What additional information would you like to see on the IM650 Angel Course?

none

There were too many students on this IM rotation and the groups became very large. In my group alone there was an attending, a resident, an intern, and three medical students. I felt that there were too many of us to get the one on one attention I was hoping for. However, we made the best of the situation and I still learned a lot and really had a great experience!

Make OMM a separate required rotation

Get rid of Encore. Its just another hoop to jump through and a ridiculous attempt at an opportunity for reflection.

was good as is

Required Angel didactic for common diseases would be great. Things like electrolytes imbalance would be good as well.

More information on diseases and pathologies that we are going to see commonly in patients who are admitted to the internal medicine service.

See Comment HXSCO4

nothing in particular

practice questions

Have separate teaching faculty, dont assign us to attendings who aren't interested in teaching or having medical students

more feedback on student notes, more chacne to write scripts, help in procedures

NA

If online modules are going to be recorded and required of students, having modules that are more applicable to every day office visits would be appreciated.

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

The patient interaction and integrated learning

Giving presentations and interacting with patients, interns, residents, and physicians.

My resident, Dr. Trombley, was fantastic! She did a lot of education during down time and was very helpful and encouraging! My attendings were amazing and inspired me to take a greater interest in IM!

Provide me with knowledge that was practical to the patients on hand

Working with attendings willing and excited to teach.

Independent management of patients but attending that were readily avaible to help with clinical issues

variety of patients

I like how internal medicine bring all specialties to patient care together. I like the opportunity to teach and be taught.

Interaction with patients, and the variety of cases seen

Being able to see patients, chart, and make clinical decisions with the assistance of interns, residents, and attendings.
Patients, diversity of rotation, willingness of attendings to teach.

opportunity to work with patients

I got to follow the same patients until they were discharged and was encouraged to come up with ideas of how to manage those patients on a daily basis. That helped me to get to know my patients very well and to establish great DPR with them.

the education

Very interactive and always things to do.

the rotation is set up extremely well at Metro. students are placed on a team with an attending, resident and intern and given patient care responsibilities.

interactive, intellectually stimulating

flexibility

ability to build own treatment plans

interaction with attendings, lots of opportunities for patient care

Independent learning. Timely feedback from attendings.