### 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.

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### 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.

### Clerkship Rotation Evaluation Results

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**Assessment Exams**

The post-rotation examination covered the core content areas as described in the course protocol.

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**Overall Assessment**

This rotation offered a positive learning experience.

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Caseload and Management of Patients

Section Comments

Dr Crawford had a very light patient load and i didn't see as many patients as i would have liked.

The doctors really helped me to think through patients' cases in the same way that they do.

First time I've felt part of the team. First time my input has been asked for. First time they push me and helped me come up with a DDx.

I definitely was busy and felt that I was making good use of my time.

Dr. Young is an excellent teacher. The most dedicated attending I have worked with yet.

There were no residents on the service this month so I got 1 on 1 face time with Dr. Crawford and was able to see all the patients.

Expectations/Learning Objectives

Section Comments

The Didactics at Mt. Clemens are very strong and very applicable to everyday practice.

Attending sat down with me day 1 to tell me what was expected. Weekly didactics were excellent!! Resident, Intern, and myself and other student on service took a turn each day presenting on a topic. GREAT!

Resources

Section Comments

MCRMC library is the best!

Osteopathic Principles and Practice

Section Comments

Used for initial H&P, but that was about it.

There were no facilities, i haven't seen a single actual OMT table in the whole hospital. Very disappointing.

Preclinical Preparation

Section Comments

I felt like I had a good base of knowledge going into this rotation from my first 2 years of medical school.

Most of the clinical knowledge was covered in year 2. However have to be honest, that I couldn't reguritate anything before going back and relearning/reviewing.

Year 2 was much more helpful.

Supervision/Feedback

Section Comments

I definitely feel comfortable performing an H&P after this service.

All questions were answered. Help was always available. Lots of practice doing H&Ps, all were reviewed.

Professionalism

Section Comments

Dr. Reece was an outstanding role model for me during this rotation.
Dr. McMann really made me a part of the care team and I appreciate that. My opinion mattered and she took the time to teach me.

Procedures

Section Comments
Did all of the above.

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?

- It was ok, most of my patients had bigger fish to fry than tension headaches so it wasn't too useful.
- No
- I felt that it was helpful for that particular subject.
- I did not watch them.
- I like online materials that I can access as needed for a refresher.
- Somewhat helpful, but we did not see any patients with this CC.
- useless busy work. no
- The material was rather dry and I didn't feel like I got much out of it.
- useless
- I didn't look at them
- Yes
- Yes, helpful. But didn't see any headaches on service so couldn't apply it.
- I liked the tension headaches module, it was good.
- It was okay, but I would have liked more topics.
- I thought they were helpful. I didn't know much about headaches prior and it was a good refresher.
- NA
- it wasn't that helpful
- Didn't watch it.
- no.
- I watched these modules during my first IM rotation and felt that they were informative but not very useful in the hospital setting. I felt that modules on more frequently encountered hospital IM topics would have been more useful (e.g. CHF, COPD, DM, Hypothyroidism, HTN, dyslipidemia...etc.). I understand that tension headaches are common, but in a hospital setting they are rarely the reason for admission and are not the focus of attention. Short modules with basic, high-yield information about clinical presentation, physical exam findings, diagnosis, and treatment of common hospital diagnoses would be very useful.
- The modules were well done and really encourages students to starting thinking about differential diagnoses with headaches.
- I wasn't impressed.

What other areas would you like didactic materials on, if provided online?
Common IM Complaints and how they are best worked up.
Kidney Failure, Anemia, Congestive Heart Failure - all very common pathologies seen on this service.
Sepsis, Septic Shock, COPD, Diabetes and Ketoacidosis, Fluid replacement

I think it would be helpful to have short optional lectures available pertaining to common diseases like CHF, COPD, MI, Pneumonia, etc. that can be referenced for a quick review.

How to write prescriptions.

Pulm and Cardio material
work up of patient with chest pain, treatment of sepsis, management of DKA

Physical exams, relevant exams for each illness
Heart failure, DM-2, how to interpret ultrasounds, echocardiograms, and dopplers.
Renal failure. Electrolyte replacement.
It was sufficient

Surviving a night on call as an intern

CHF, COPD, DM, HTN, Dyslipidemis....and other common IM diagnoses that could provide a brief review in a module format

Common complaints such as chest pain, syncope, renal failure.
I defer.

Describe your experience using Angel?

i don't like angel in general, never have been impressed by it.

OK
Angel is simple to use and we are all familiar with it.
Angel is easy to use. I like having the didactics because they get you thinking about things you may have forgotten.
Fine, no problems.
as sparse as possible
Easy
superfluous
Typically it's easy to use, although sometimes I think the titles and "descriptions" could be better.
always pretty good.
Usually organized well and easy to use. Sometimes things are in odd places, however.
Limited
Easy. The night call log is a pain in the butt.
Informative.
Uncomplicated
It was user friendly except for when I attempted to take the end of rotation exam and the website was down. I was able to access the site the next day, however.

It 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?

No

It was helpful however tension type headaches are only a small portion of internal medicine.

Yes.

no

Somewhat helpful but not exceptionally helpful

yes

No

Yes they were helpful, and easily accessible.

see above.

Yes

somewhat

Too long and verbose

Didn't watch it.

no

yes but to a limited degree

Yes

Not really.

Overall Assessment

Section Comments

Very positive rotation.

Dr. Young, Dr. Doshi, and Dr. Peavler were great. They helped me tremendously and enforced my decision to go into the practice of internal medicine. It was an awesome experience.

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:

Working at the "friendship clinic" and other CIM events. It was very helpful for me to already have a good rapport and approach to talking to patients so I could focus on medicine and not medicine and DPR.

Systems Courses

the systems-based learning in second year. I implemented at least some of my knowledge from every course in my second year at some point in this rotation.

My ob/gyn, cardiology, pulmonary, and DPR classes
The physicians above me were really good about talking about why and when we make decisions about medicines/treatments, etc. They let me attempt formulating plans without making me feel completely unhelpful and then gave me really helpful critiques.

Respiratory
pharm
cardio and respiratory
the residents
2nd year classes.
Cardio, Pulm, clinical skills
DPR
Cardiology and Respiratory classes
Seeing diverse patients with diverse requirements.
Cardiology, Respiratory, Clinical Skills

Studying for boards. PLEASE make board study preparation more incorporated into the curriculum. And PLEASE make studying for boards during second year more of a priority to students in future years. It will help students in their clerkship and with their scores. Not to mention help the reputation of MSUCOM.

Studying for boards.
Clinical skills, DPR, and the second year systems courses

systems courses
Systems courses, especially Cardiology and Respiratory
Clinical skills

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

I didn't get to see enough because my attending didn't have enough patients.

Less forms.

This rotation is excellent and there is no pressing need to change anything.

I would have liked a little more criticism so that I know how to improve, but I'm glad there wasn't too much criticism :)

take it easy on the patient logs. It just seems like mindless busy work.

short review lectures on common diseases
Less busy work

See above.

I would have liked to have more directed learning/lectures; whether they were based on our patients, or chosen topics...

My attending was great. Wouldn't have had to look to Angel for anything else.

They had a jaded or apathetic attitude towards OMT and smoking cessation.

I would have loved more brief lectures from Dr. Reece

The patient log portion doesn't help anyone. I know the patients I saw, why do you need to know too?

n/a
The course was well run and I have no other ways to improve it!

Better organization.

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

Everyone was really nice and willing to take time to teach several times a week
The Attending.
The broad range of pathology that I was able to manage, interacting with attendings, residents, and other medical staff, learning my way around the hospital.
Dr. Mcmann and Dr. Hanlon were great teachers and role models
The detective work about figuring out how to care for each patient day by day.
The ability to see patients before the residents/attendings and being able to learn how to present a case.
seeing patients on my own and writing progress reports
the volume of patient interactions
the hospital, not the angel course stuff
Autonomy
The vast number of patients I got to see, interact with, and learn from.
Challenge with new figuring out new patients. Pimp questions that weren't meant to make you feel like an idiot, but instead encouraged you to read and come back with the answer.
The patients were good and the residents were good teachers.
How I was active in patient planning/care and was able to work with an outstanding person in Dr. Reece.
Dr. Crawford is fun and nice:)
The attending and residents were amazing.
Dr. Young
Working 1 on 1 with the attending
interacting with the Attendings, they were a great knowledge base and I learned a ton from them.
The people I worked with and the information that I learned from them
Interacting with patients in an inpatient setting. It helped me feel comfortable in the hospital and I learned a great deal on a multitude of topics.
The amount I learned.
learning how to write progress notes