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.

<table>
<thead>
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</tr>
</thead>
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<tr>
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</tr>
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<tr>
<td>I felt supported and encouraged to offer my own differential diagnosis and treatment plan.</td>
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</table>

<table>
<thead>
<tr>
<th>Expectations/Learning Objectives</th>
</tr>
</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>
</tr>
<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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources</th>
</tr>
</thead>
<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>
</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.
### 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></th>
<th>N</th>
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<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was treated as a professional by those supervising my student-physician role on this service.</td>
<td>26</td>
<td></td>
<td></td>
<td>2</td>
<td>8%</td>
<td>14</td>
<td>54%</td>
</tr>
<tr>
<td>My supervising faculty on this service modeled physician-patient interactions on this service in ways I would like to emulate.</td>
<td>26</td>
<td>1</td>
<td>4%</td>
<td>2</td>
<td>8%</td>
<td>11</td>
<td>42%</td>
</tr>
<tr>
<td>Issues of Professionalism were included as a point of discussion by faculty on this rotation.</td>
<td>26</td>
<td>2</td>
<td>8%</td>
<td>3</td>
<td>12%</td>
<td>5</td>
<td>19%</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.

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<tr>
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<td>26</td>
<td>5</td>
<td>19%</td>
<td>1</td>
<td>4%</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>I was encouraged to write prescriptions (when indicated) for patients I saw on this service.</td>
<td>26</td>
<td></td>
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<tr>
<td>I was encouraged to write admit orders on internal medicine cases being hospitalized.</td>
<td>26</td>
<td>4</td>
<td>15%</td>
<td>1</td>
<td>4%</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>I was encouraged to participate in night-call responsibilities as directed in the course protocol.</td>
<td>26</td>
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<tr>
<td>I was given opportunities to interpret common lab and imaging tests.</td>
<td>26</td>
<td>8</td>
<td>31%</td>
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</tbody>
</table>
Site: POH Medical Center
Service: INTERNAL MEDICINE

Class Year: 2012

### Assessment Exams

<table>
<thead>
<tr>
<th>Statement</th>
<th>N=</th>
<th>NA</th>
<th>N</th>
<th>%</th>
<th>SD</th>
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<th>%</th>
<th>SA</th>
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<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>The post-rotation examination covered the core content areas as described in the course protocol.</td>
<td>26</td>
<td>2</td>
<td>8%</td>
<td>1</td>
<td>4%</td>
<td>1</td>
<td>4%</td>
<td>9</td>
<td>4%</td>
<td>12</td>
<td>46%</td>
<td>1</td>
<td>4%</td>
<td></td>
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<tr>
<td>Having a post-rotation exam encouraged me to study and read.</td>
<td>26</td>
<td>2</td>
<td>8%</td>
<td>4</td>
<td>15%</td>
<td>10</td>
<td>15%</td>
<td>8</td>
<td>31%</td>
<td>2</td>
<td>8%</td>
<td></td>
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<tr>
<td>Taking the post-rotation exam within Angel was more convenient and user-friendly than taking a paper exam.</td>
<td>26</td>
<td>2</td>
<td>8%</td>
<td>5</td>
<td>19%</td>
<td>6</td>
<td>23%</td>
<td>10</td>
<td>38%</td>
<td>3</td>
<td>12%</td>
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<tr>
<td>The first end-of-rotation exam with feedback helped me understand commonly seen diseases in internal medicine.</td>
<td>26</td>
<td>2</td>
<td>8%</td>
<td>9</td>
<td>35%</td>
<td>11</td>
<td>42%</td>
<td>3</td>
<td>12%</td>
<td>1</td>
<td>4%</td>
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</table>

| I prefer shelf exams more than Angel online exams.                        | 26 | 2  | 8%| 9  | 35%| 11 | 42%| 3  | 12%| 1   | 4%|

### Overall Assessment

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<tr>
<th>Statement</th>
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<th>A</th>
<th>%</th>
<th>SA</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>This rotation offered a positive learning experience.</td>
<td>26</td>
<td>11</td>
<td>42%</td>
<td>15</td>
<td>58%</td>
<td></td>
<td></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>26</td>
<td>16</td>
<td>62%</td>
<td>10</td>
<td>38%</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<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>26</td>
<td>18</td>
<td>69%</td>
<td>8</td>
<td>31%</td>
<td></td>
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Eval Data from: 7/27/2010  to: 3/5/2012  Print Date: 3/16/2012
Caseload and Management of Patients

Section Comments
I was given feedback on each case daily. I felt that I had great instructors who were willing to teach.

Expectations/Learning Objectives

Section Comments
We had didactics daily.
Noon lectures everyday

Resources

Section Comments
Some books weren't available in the library that I would have liked.
I'm not really sure what the COM unit II website is

Osteopathic Principles and Practice

Section Comments
Most patients were not stable enough for OMM to be practiced.

Preclinical Preparation

Section Comments
I learned the most applicable information from studying for boards, not class.

Supervision/Feedback

Section Comments
My attending critiqued every H&P that I did.

Professionalism

Section Comments
I felt like they valued my opinion and were willing to discuss any questions that I had about treatment.

the attending took good care of the patients, however, his physical exam was usually a cursory heart, lungs, abdomen, and extremities. In his defense, he has practiced for many years and is a busy but astute clinician.

Procedures

Section Comments
I was allowed to do anything that I felt comfortable with.

Admit orders for any IM service at POH are written by the ER staff

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?

A confusing topic made more complicated than it needed to be. I only used this for one patient over this whole Rotation.

It was not too helpful. Some good information, but I did not see many cases related to headaches so I could apply the information on this specific rotation.
They were good and helpful.

No. I never saw a tension headache and rarely saw headaches in general.

I did not see a single Tension Type Headache in my month on inpatient internal medicine.

I never saw a simple case of headache in the hospital, perhaps I will see it next month in the office setting.

Not very helpful. Would have been more helpful for something like PCAC, but not for the hospital.

I did not apply to any patients I saw.

Helpful had I seen any cases of tension type HA...

Tension headache module was useful

I didn't like the set up. It is nice to learn about tension type headaches, but I didn't see many of them while I was in the hospital.

I found it helpful in differentiating the signs and symptoms of different headaches. I think more modules would be helpful.

---

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

- Progress Note Writing / Prescription Writing /
- CHF, COPD, HTN, TIA, CAD, PVD, ARF, CKD, DM-1, 2. These were the most common problems patients presented with.
- Disease lectures on pneumonia, abscesses, withdrawal.
- Common things that we would actually see: DM, HTN, CHF, COPD, asthma, etc.
- Diagnosis and management of common conditions. i.e. CHF, COPD, abdominal pain.....
- Hypertension, copd, chf, cvas, diabetes, fluid/electrolytes... all the chronic diseases that you see in 90% of the older population
- CHF, COPD, AKI/CKD, Intensive Care (ventilators, etc.), Pulmonary, Lab interpretation, acid base status, uptodate treatment for the most common dz's.
- A case study of how to approach common chief complaints. It would be helpful to see what labs/exams should be ordered in each case, maybe do a standard case for chest pain, cough, vomiting, stroke, etc.
- Reviews of common issues such as COPD & CHF focused on diagnosis and management.
- Reading ABG's
- chest pain, back pain, chronic pain management, HTN, DM, Hyperlipidemia and other commonly occurring pathology

---

**Describe your experience using Angel?**

Convenient

It was more convenient.

So, the experience has been good, but directions regarding our requirements and specifics of requirements has not always been clear.

I dislike it. It can be unreliable.

It's pretty good, however I don't check it as much since I'm not taking a class and I'm not on campus.

Overall a good experience that was convenient.

Angel was easy to use/user-friendly.

I try to use it as little as possible.
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?

Minimally
Helpful, but did not get to clinically apply what I learned.
Yes
Not really. They proved to not be that applicable to the rotation.
See above
they were very insightful and informative
I never really used those materials.
yes
The tension type headache lecture material was ok. I didn't really like the set up of it.
Yes

Overall Assessment

Section Comments
I had a great experience in the hospital.

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:

Pharmacology, Cardiology, and the respiratory course and format.
Anatomy, cardio, pulmonary classes were most helpful. Cardio was probably the most helpful.
Ones that offered me an opportunity to learn on my own, obtain firsthand experience / practice with constructive critism, and instructors that were effective teachers. Also, lectures were helpful.
Classes gave be a background for knowledge, but I think studying for boards proved to be the most beneficial.
Seeing patients.
Preceptorships.
cardiology and respiratory courses, nephrology was the least helpful and one of the most important... fluid and electrolyte abnormalities were very common in the hospital
Cardio, interactive labs, clinical skills.
DPR skills!
Respiratory helped with a lot of pulmonary issues. It has been by far the most beneficial class that I had while still on-campus.
Pharmacology, cardiology, respiratory

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

All Good
If we could be more hands-on with procedures, it may be beneficial.
This course can be greatly improved by better aligning hospital requirements with school requirements. Also, it would be very helpful to have MSUCOM faculty physically address us in person with requirements and specific instructions of a given course rather than only providing a syllabus with vague instructions that contradict emails sent.

Remove the tension headache material. It proved to not be applicable. The logs aren't that great either. We are supposed to log outpatients, but the only patients that we see are inpatients. Plus each hospital is different and the log sheets do not take that into account.

more didactic info online with an increase in common chronic/acute diseases

I think this rotation at POH was very interactive. My only hope is that I can soon learn to do more medicine procedures (central lines/doing more during codes/arterial lines/etc). If it were possible, a better patient spectrum (but this is not possible...).

OMM requirements

I'm not a huge fan of the patient log. It is redundant after we do encore.

More optional modules on a variety of commonly occurring topics

---

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

- Patient interaction and challenging, applying, reinforcing, developing and progressing my knowledge base on a qd basis.
- The opportunity to see multiple chronic disease states, and to understand how they are treated. Also, I enjoyed being challenged with questions about topics I did not know well, which I read up on and felt more comfortable diagnosing/treating thereafter.
- The learning environment with the attendings, residents, and interns. The didactic lectures were also very good.
- The ability to see patients and follow them throughout the week and month. I was exposed to experiences that I was not expecting.
- Learning in a real life environment and individual or group discussions.
- the attending, resident, intern, and fourth year student there for me. It was a nice team building and supportive environment
- My attending and intern. They were both very helpful and taught me a lot about all aspects of medicine in the hospital, not just writing notes.
- The laid back attitudes of the attendings were encouraging for students to voice their thoughts.
- The attending physicians (Dr. Anu, Dr. Xavier, Dr. Mitchell) were really amazing. They actually taught, which is unfortunately not the norm here in my rotations. It's amazing to have someone ask you a question, listen to your answer, tell you why you were right or wrong. These physicians are really amazing.
- I liked the balance between working by myself and having structured didactic lectures
- Dr. Mason is an amazing physician, and an even better teacher. He is one of the best and smartest attendings I've worked with. He's very conscientious, very understanding, very all around great.
- Learning to take on more responsibilities. I felt more like an intern than a student on this rotation.
- The daily didactics and doing night call in order to get a feel for being a house officer as an intern