### 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.

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### Clerkship Rotation Evaluation Results

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<thead>
<tr>
<th>Expectations/Learning Objectives</th>
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**Eval Data from:** 7/31/2010  **to:** 6/22/2011
### 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.

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### 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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</table>
### 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.

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<tbody>
<tr>
<td>I was treated as a professional by those supervising my student-physician role on this service.</td>
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<td>1 8%</td>
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<td>8 73%</td>
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<tr>
<td>My supervising faculty on this service modeled physician-patient interactions on this service in ways I would like to emulate.</td>
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<td>1 8%</td>
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<tr>
<td>Issues of Professionalism were included as a point of discussion by faculty on this rotation.</td>
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<td>4 33%</td>
<td>7 58%</td>
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**Assessment Exams**

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<th>Description</th>
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<th>N</th>
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<th>D</th>
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</thead>
<tbody>
<tr>
<td>The post-rotation examination covered the core content areas as described in the course protocol.</td>
<td>12</td>
<td>1</td>
<td>8%</td>
<td>4</td>
<td>25%</td>
<td>4</td>
</tr>
<tr>
<td>Having a post-rotation exam encouraged me to study and read.</td>
<td>12</td>
<td>1</td>
<td>8%</td>
<td>3</td>
<td>8%</td>
<td>5</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>12</td>
<td>1</td>
<td>8%</td>
<td>2</td>
<td>17%</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>
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<tr>
<td>I prefer shelf exams more than Angel online exams.</td>
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**Overall Assessment**

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<th>Description</th>
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<tr>
<td>This rotation offered a positive learning experience.</td>
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<td>83%</td>
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<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become a physician.</td>
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<td>2</td>
<td>17%</td>
<td>10</td>
<td>83%</td>
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<tr>
<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.</td>
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<td>17%</td>
<td>3</td>
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Eval Data from: 7/31/2010 to: 6/22/2011
Expectations/Learning Objectives

My attending was amazing! I think the fast pace of the rotation just didn't lend itself to sitting down and discussing the learning objectives etc. We learned a ton based on what we saw... He also was sure to give reading assignments.

Osteopathic Principles and Practice

The faculty and physicians were very supportive, however I didn't really feel that there was a place so much for OMM, this may have been different at a predominately osteopathic hospital. At Providence it is majority MD. In terms of question number 1, I was told by Dr. Overholt that there were opportunities available but that they start in September (I believe) so this may change. There were VERY FEW faculty knowledgeable in the appropriate use of OPP.

I didn't feel like this was a negative attribute, internal medicine being that we admit patients from the ER is seemingly a little too fast-paced to use OMM... the principles are always there in terms of patient management and care...but actual OMM was not used, and seemingly had very little place.

Preclinical Preparation

I was surprised by how much it did help me- to the point where I would see classic findings and think to myself "I swear I thought they were making some of this stuff up when they taught us :)

Supervision/Feedback

Disagree/Strongly Disagree with question 1. My residents were great about giving feedback when asked. I think its kind of the nature of the position we are in as medical students to be a little unsure of our place in the hierarchy of things as well as how we are doing... even when we are told we are doing well.

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 have never been a fan of any presentations via Angel, so I can't say many positive things about the presentations.

I simply loathe Angel and online learning modules. As I graduated from didactic to clinical, I prefer the clinical setting to online manuals.

I thought the content was informative. I didn't view the entire video but appreciated the content I did see.

It was helpful to a certain degree. Did not watch it in its entirety.

Not helpful.

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

alot of students from other schools have a handbook of pathways and what to do when you encounter various patients--that would be helpful...

I didn't use the didactic materials online. I think internal medicine keeps you pretty busy looking up cases and reading and didactic lectures in the hospital that we don't really have to go looking for other resources unless they are required.

Common findings...
the didactic materials online should include a lot more common topics and how they are managed clinically. I think tension headache is good, but there are many more topics that would have benefited me more
chest pain, shortness of breath, pneumonia, lab interpretations, etc
ACS, CHF, CODP, pneumonia, CVA/TIA, CRD, DM

Describe your experience using Angel?
...its angel...always a little bit cumbersome...but i think at this point were used to it
Angel is angel...
Terribly website that appears to be outdated to perhaps the mid 90s.
A lackluster, poorly scripted, minimalist approach to a website; not to mention annoying to navigate through!
My experience was equilavent to the first 2 years of school. I did not experience any major difficulties
no different than before

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?
More helpful than the videos, but still annoying.
They are helpful, just not preferred anymore.
yes, from what i was able to view
I believe they were helpful, but I honestly did not get a chance to watch all of it.
Not helpful

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:
Studying for boards and preceptor. There should be more clinical experience in year 2/end of year 1
CARDIO CARDIO CARDIO GI, GI, CARDIO CARDIO
A BIG THANK YOU GOES OUT TO DR. STROBL AND DR. OTTEN
Respiratory NEEDS TO BE A BETTER CLASS...from being in the hospital i am learning how essential it is to have a good respiratory background...as good a background as i feel i received from both GI and Cardio
Another class that needs to be completely redone--GU--i felt lost when it came to interpreting fluids and electrolytes and there is very little systems based Renal information in year 2
Respiratory, and cardiology
Cardiology and respiratory!
Respiratory, Physiology, Biochemistry, GI, Endocrinology, Cardio, Renal, and etc.
Pulmonary, Cardiovascular, and Pharmacology

How can this rotation be improved? What additional information would you like to see on the IM650 Angel Course?
With the current schedule at providence we end up working a full 7 days a week because of the day call night call schedule. It make it a little difficult if you want to take a day and dedicate it to reading and learning and studying...or other personal things you may have to do.
the rotation itself was amazing! I would like to be able to look at the answers from the end of rotation exam 2 as well as the sources

More responsibilities.

I wouldn’t change anything about my clinical rotation, I would however like to have patient logs, ENCORE and all other forms eliminated. If you think we’re lying about seeing cases and partaking in night call, why would you accept us into your medical program in the first place. I expect professionalism and honesty out of you; can you please learn to trust us too.

The constant overlapping of logs was a bit overwhelming. I think there should be just one universal logging system that is used for all rotations. Also, the use of patient ID numbers was a bit concerning

Maybe limit the amount of documentation to be turned in

---

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

- EVERYTHING
- EVERYTHING
- Patient interaction, and my senior and attending.
- Seeing patients!
- The overall learning experience. There was a wealth of information out there to learn, and I felt the residents and attending were very helpful in that process
- The amount of pathology I was able to see
- Dr. Hughes and Brandy Church do a great job. Thanks.
- The amount of patient responsibility I was given, autonomy, & encouragement to come up with own treatment plans