### Caseload and Management of Patients

In general, there was an appropriately diverse mix of patients (including race and ethnicity) seen at this base hospital 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.

In general, I had an opportunity to develop procedural skills commensurate with my 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.

Providing online student specific didactics, focused on key concepts and disorders, would help focus my studying.

### 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.

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Clerkship Rotation Evaluation Results
## Osteopathic Principles and Practice

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<tbody>
<tr>
<td>I had opportunities to use OMM on this service.</td>
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<td>17%</td>
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## Preclinical Preparation

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<tbody>
<tr>
<td>I could readily apply the basic science content I learned in year 1 to understand mechanisms of disease in my patients.</td>
<td>24</td>
<td>3</td>
<td>13%</td>
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<tr>
<td>I could readily apply the systems biology content I learned in year 2 to understand patient presentation and appropriate diagnostic testing.</td>
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<td>3</td>
<td>13%</td>
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## Supervision/Feedback

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<tr>
<td>I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.)</td>
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<td>8</td>
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<tr>
<td>On this service, there was always someone available to answer my questions when I had them.</td>
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<td>I sought and received mid-rotation feedback to improve my performance.</td>
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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 experienced little difficulty completing the procedures required for this rotation.

I was given adequate guidance by the staff when performing the assigned procedures.

I feel that the hospital orientation covered what I needed to know to be successful on this ER rotation.

Online modules on how to perform the required procedures were helpful to review to perform successfully on this rotation.

### Clerkship Rotation Evaluation Results

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<th>Class Year: 2013</th>
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Online Angel Course (MSUCOM)

I experienced technical problems accessing the web-based content.

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Overall Assessment

This rotation offered a positive learning experience and stimulated my interest in this specialty of medicine.

Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.
Caseload and Management of Patients

Section Comments

The residents were fantastic. I had given up on E med, but if I weren't in the Army, the people at Sinai Grace would make me reconsider.

amazing volume of patients and autonomy of students

I did a ton of suturing, saw a lot of patients, was asked ample questions about cases, started a lot of lines. I got experience doing FAST exams, and the attendings and residents were extraordinarily engaging and enthusiastic.

This rotation was very hands on and attendings allowed students to provide differentials and be involved directly in decision-making with patient care.

Most Attendings and Residents were EXTREMELY encouraging in this regard, which was refreshing to see at Sinai-Grace.

Expectations/Learning Objectives

Section Comments

Stopping to jump through hoops may guarantee a minimum, but slows people down.

My rotation was very strong...in general the ER is about seeing and doing. As a fourth year exposed to both clinical and lecture-based teach, I don't think online lectures are very useful.

great didactics every thursday!

Dr barclay-buchanan made our requirements very clear to us in the beginning.

The online modules were a wonderful resource ... I only wish it had more of the basics

Resources

Section Comments

I could sit down at a computer at will to pull up MDConsult or Up to Date. There was never a time when I was forced to wonder about something until much later.

Osteopathic Principles and Practice

Section Comments

There aren't many DOs (3) on the service, and the ones that are there work few shifts. Stopping their flow to go see a student do respiratory screening was not helpful to their work. They just got a new one (Dr Moore) who's a super guy and may make it easier.

Depended on the faculty member

MD program

There is only 2 DO faculty members and I never worked with them.

I only worked with one DO attending.

Attendings were very supportive especially considering most were not DOs

Preclinical Preparation
Most of the courses (including Respiratory) didn't touch on things we actually ended up seeing in the ER. The things I remember from classes include those items we did not actually see in the ER but rare items. I wish we spent a little more time on things we commonly see in the ER.

Our specific month was unique in that Dr Buchanan was scheduled for a well-deserved two week vacation. As such, she was quite swamped on return and therefore couldn't offer any mid-rotation feedback. Nevertheless I constantly sought and received feedback, and multiple faculty evaluations were required for the rotation, so I wasn't operating in a vacuum.

Handling the suboptimal patient (intoxicated, aggressive, poorly educated, drug-seeking) was a key learning point for me on this rotation. It was excellent seeing how seasoned ER veterans handled patients who could otherwise disrupt a department or derail a shift flow.

Sinai Grace doesn't see the same volume of Children as other EDs might, as many child emergencies are directed to CHOM, so that standard was cut a little close. The paucity of DOs made the fulfillment of osteopathic requirements nerve-wracking. The primary group of patients getting foleys, ABGs and other procedures were trauma/resusc patients and it's almost primum non nocere to hang back and let experienced, skilled nurses fulfill these clinical tasks. Consider swapping an objective or two out for "perform CPR" or "splint a fracture."

For some reason we did very few ABGs, and obviously I had to go out of my way to ask nurses to start IVs. In the same regard, if someone isn't seeing 8 CXRs, something is going wrong.

The only thing that was frustrating was reaching Dr. Barclay-Buchanan. We did not know we had the first couple days off until late in the game (so we could start with the Wayne Students) and she was not always quick with getting back to our questions. I also understand she was on maternity leave.

Please complete the following sentence: …The most beneficial experiences, classes, assignments, or activities in all my On Campus MSUCOM courses/experiences, which facilitated my performance on this clerkship rotation, were:

Anatomy, DPR, Clinical skills, pharmacology, cardiology, respiratory, G/U.

Cardiology and Respiratory.

Obviously the ER and ACLS components of respiratory. We should have an ortho class or integrate casting and splinting techniques into NMS.
Respiratory
respiratory course and cardiology
DPR, clinical skills, ACLS, respiratory, cardiology, reproductive training for clinical skills (learning to do pelvic exams).

All
Clinical Skills

Please complete the following sentence: ...This rotation could have been improved by offering an online module on the following:

On how to fill out the reams of paperwork associated with this rotation

Dealing with rowdy patients.

I'm not a big fan on online modules. Honestly, if you want make sure every student is forced to put an honest effort into the rotation, have them prepare a lecture

Did not use the online modules.
i didn't really look at the online modules

none--everything was sufficient...anything I couldn't watch online I could either find on the NEJM website modules or ask my residents to help me with, they were very helpful and were excellent teachers despite the business of the ER I was in.

n/a

more on the basics ... H & P samples/tips for common ER complaints

Please complete the following sentence: ...The thing(s) I liked most about this rotation was (were):

The staff at Sinai Grace, the opportunity to get in the mix on a huge volume of trauma and resuscitations.

The amount of patient exposure.

Sinai Grace ED is an amazing place to learn. The faculty and residents were very supportive.

Loved this rotation, working with the residents, and the attendings. Wouldn't change a thing.

The faculty and residents were all very willing to teach and have students work with them. They were also giving procedures to students. The level of trauma at Sinai is great for ER. I feel very competent in suturing, I and Ds, etc. Overall it was a great rotation and very well organized.

I absolutely loved this rotation at Sinai Grace, the attendings were really involved in teaching, as a student I was always encouraged to form my own differential diagnosis, treatment plan, performing procedures. Also the trauma exposure was exceptional at this rotation.

I loved the wide range of patients I was able to see. I spent a couple of shifts in express care to see that aspect. In the main ER we saw many different things. There were plenty of codes and traumas that came in. I am going into OB/GYN and I was able to see a lot of different cases and learn how these are worked up in an emergency setting and what is does before OB/GYN is consulted, if they are. The residents I worked with were amazing and were great teachers. They attendings were all very kind and took time to teach me when they were able to. Overall this was a very positive experience for me and I am so glad I was able to do it at this hospital.

the diversity of pathology, the attendings and residents, the opportunity to do as many procedures as possible.

the residents and attendings (with the exception of maybe 2 people) were EXTRAORDINARY in terms of teaching and including the students in the care of the patient. AND THEY WERE PROFESSIONAL and committed to us as students, which is something to be said given the fact that we were in a high-volume, small-sized hospital. Very happy I completed my ER rotation at SGH.