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.
**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**

- I could readily apply the basic science content I learned in Year 1 to understand mechanisms of disease in my patients.
- I could readily apply the systems biology content I learned in Year 2 to understand patient presentation and appropriate diagnostic testing.

**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 sought and received mid-rotation feedback to improve my performance.
- 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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### Clerkship Rotation Evaluation Results

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| **Preclinical Preparation** | 48 | 5 11% | 26 55% | 16 34% |
| **Supervision/Feedback** | 48 | 1 2% | 22 48% | 23 50% |

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Eval Data from: 7/22/2011  to: 3/11/2013  Page 2  Print Date: 3/28/2013
### 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.

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### 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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Clerkship Rotation Evaluation Results

Class Year: 2013

Eval Data from: 7/22/2011 to: 3/11/2013
This rotation offered a positive learning experience.

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

Section Comments

I felt like I was constantly asking for more work, or to help out in more ways then I was allowed. It honestly seemed like the intern did not want a student, and therefore would not want to spend time with me developing differentials.

The first team I was with did not give me much opportunity except on call days to see patients and attempt to make a diagnosis and treatment plan. The second team I worked with was really good about working with me on my assessment and plan. They spent a lot of time teaching me.

This was an academically rigorous rotation with opportunities for students to become involved and even useful to the patient care process.

Great team, the IM department seems to know what do with students and what we're capable of doing.

I only would like to see the students more involved in the team and the care they provide (e.g. give students more patients during call).

Expectations/Learning Objectives

Section Comments

This rotation was very fast pace, it was a little over whelming at first but I know I learned a lot and am happy that it was so challenging. There was a lot of organization to ensure that everyone knew what was expected of them and also scheduled times for didactics.

Required hours were not clearly understood as Wayne students had 16 hour restrictions and residents were used to that schedule yet the chiefs wanted MSU students to follow the residents 28 hour shifts.

Excellent teaching and rounds at Sinai Grace.

Morning cases and noon conferences were typically useful. Attending rounds were consistently excellent.

In this rotation, every morning at 8:30 we have a interesting case presentation, going through the case, with pathophysiolog of disease process; in the after noon we have noon conference consisting of differenting lectures ever day (EKG interpretation lecture, Acid-Base lecture, Murmurs lecture)

I never felt lost, and this being my second rotation, I knew what to expect.

Morning Report was excellent and teaching rounds with Dr. GK were SUPERB. The systematic focus that is essential to any internist was very much evident throughout this rotation.

Resources

Section Comments

The DMC system offered a lot of great resources that were accessible from home. I felt there were more than enough resources available and never needed to look anywhere else.

After the "orientation" documents are consistently useless or even wrong, I'm not inclined to check back hoping that others will be. Start strong or don't start.

We had access to accessmedicine.com through DMC software and medical library itself.

There's barely anything on the Angel site. Come on. At least give us a sheet with commonly used mnemonics or formulae or something.

Osteopathic Principles and Practice
While there are a good amount of osteopathic physicians at SGH I didn't feel like there was a tremendous amount of opportunity to practice OMM on patients.

Nobody objected/discourage to my practicing of OMM, but it wasn't really encouraged and all faculty is MDs

My team consisted entirely of MD's.

I did not work with any DOs.

All of my attendings and residents were MDs with no knowledge of OMM. I did not receive any instruction in OMM. While the IM program at Sinai Grace is dual accredited, we never experienced any OMM or OP&P during the month there.

I only had one Osteopathic Intern on my team, so there were very few OMM opportunities.

This is an MD rotation. I would have gotten blank stares in any OMT discussion.

My team did not consist of any osteopathic physician, but I was supported to take osteopathic history, and evaluation by my MD resident, under the supervision of other team's osteopathic intern.

This is an MD hospital, and I never once saw one of the DOs attempt to use OMT, so it didn't seem appropriate. LECOM grads, get mad at them.

Did not work with any D.O.s. Although the opportunity for OMM treatment was there, I did not perform due to lack of supervision.

Did not work with any D.O.s so I was unable to provide supervised OMM treatments

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**Preclinical Preparation**

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**Section Comments**

I think our physical exam skills/Clinical Skills course needs to be stronger. Instead of focusing on every little test for rotator cuff and extremities, let's work on getting really good at hearing murmurs, abdominal exam and HEENT.

I never felt lost when reading up on subjects; it was extremely rare to have never heard of something or not understand something I was reading. Years 1 & 2 provide a viable framework.

MSUCOM definitely needs to implement system-based learning (get over the politics people).

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**Supervision/Feedback**

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**Section Comments**

I never felt the need to seek feedback as it was regularly given to everyone on the team.

Dr. Platel checks our H/P once the entire month.

H&Ps were never reviewed, and the last thing I want to foist on my busy intern or resident is some H&P I might as well have written in crayon; 3rd years are not permitted to enter progress notes into Citrix.

My H&Ps were reviewed by my attending every week with appropriate feedback to improve.

As a 3rd year, no one particularly cared about my notes. Sub-Is are the only ones who can computer chart, however I did help by creating Word document notes that my team found useful to save them time when writing their own.

Yes, the residents and attending did a great job of this.

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**Professionalism**

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**Section Comments**

It was apparent that my intern did not want a student, and I was treated as such. The resident and attending were great however.
My attending was strict on professionalism, such as punctuality, patient respect and confidentiality.

Great teams.

### Procedures

**Section Comments**

I had a great experience with being exposed to common things in the hospital. I got to participate in a code blue. I also had the opportunity to interpret different labs and then have them reviewed by the resident, including peripheral blood smears, ekgs, and imaging studies.

The program requested that third year students not put in orders.

The intern rarely informed me of new admits the way he was supposed to, so I had to rely on the resident to get patients.

We don't write scripts, orders, notes, memos, nothing. Nothing goes until the computer until you're sub-I. However, I was involved in a Code Blue and I did several night calls.

In this rotation, I was required to do a 30 hour call, it was the call day where I learned a lot, I was encouraged to to look at lab results, CT and X-ray, and was encouraged to come to my own differential diagnosis.

OMS-IlIs can't write scripts or computer chart. We're just an extra set of eyes and ears, or another face to follow up with radiology.

I was even allowed to participate in codes.

### Overall Assessment

**Section Comments**

There were many topics on this end of semester exam that we did not encounter on the floors.

great teaching faculty, amazingly intelligent attendings, skilled senior residents

This rotation reaffirmed for me why I do not want to go into Internal medicine now.

I know I don't want to be an allopath, that's for sure. That second exam, though, someone should proofread that thing; not all of the questions had one right or even one "best" answer. To wit: which of these is NOT a risk factor for breast cancer: early menarche, nulliparity, alcohol, smoking (yes it's a risk factor, look it up), and radiation exposure. All are risk factors, though smoking becomes protective AFTER menopause. So I have to guess based on a not-agreed-upon resource the test author is using. There were plenty of not so clear questions, and I can see why many of my colleagues felt inclined to... help their chances in certain ways.

I really appreciated the exams ... THEY TAUGHT ME MORE THAN ANY SHELF EXAM FROM THE AOA !! I would only wish we had one every week and that we were able to study the questions after (they need to be posted).

### 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 of my classes enhanced by experience by providing with the information I needed to be successful on this rotation. pulmonology and cardiology.

The ACLS and CPR training, I also felt that the respiratory and hemetology course were very helpful for me ont his rotation.

Cardio and Respiratory

Respiratory super tuesdays--I just wish that the super tuesdays had been on going and not the day before the exams so that I could have gained more out of them.
ACLS training, Clinical skills course.

all of 2nd year

Cardio, GI, Pharm, Respiratory. Heme - needs to be a stronger course.
We should have a dedicated rheumatology course - autoantibodies are high yield for boards and autoimmune dz shows up a lot, especially in african american females

DPR class

Receiving feedback on my H and Ps, presentations to attendings, and being taught by all my residents and interns.

ACLS training was very useful when we had code blues.

all my year 1 and 2 courses, studying for and doing well on step 1 boards

Clinical skills, DPR, CV system, GI system

First and second year courses really helped me in this rotation.

Cardiology, GI, Endocrinology, Anatomy, Pharmacology, Clinical Skills

The feedback I received from my H&Ps

2nd year courses really helped through this rotation, especially cardiology.

Internal Medicine at Sinai has been by far the best rotation of my third year. The program integrates medical students very well and gives students much responsibility and accountability in patient care. The morning reports and noon lectures are all very stimulating and useful. The attendings are all great teachers adn enjoy having students.

It's medicine. Everything contributed. There was no class that was likely useless on this rotation.

Second year courses.

MSUCOM needs to better prepare us for the clerkship years.

Dr. Krishnamoorthy provided daily rounds and topic discussions relevant to patient care and current clinical practice, and this was very helpful

basic science courses, endocrinology, GI, cardiology

The post-rotation exam was a good alternative to a standarized shelf exam.

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

I have no suggestions for improvement.

Weekly assignments on common diseases for ex. "what labs do you order, what do the labs mean, and how do you treat CHF?"

More consistent contact with the administrative offices of the school. Especially for such a fast paced rotation it was easy to forget about what specifically is required for the rotation.

nothing

More hands on training in common procedures, how to do a central line, etc.

Encore needs to be revised or removed. It's not a bad idea but the execution is poor - especially the classification of diseases. It is impossible to find what you are looking for, you can't specify furthur and you can't take into account more than one problem.

If you want us to log in on Encore weekly, it would be nice to have more selections for pt c/o and or maybe just have us enter in what we have seen without a list to select from. It is not all inclusive of what we see.

perhaps an evening every 2 weeks dedicated to OMM instruction at MSUDMC campus.
Keep the students assigned to teams that actually want to facilitate learning, as opposed to being assigned to teams that are not willing to teach.

No suggestions.

didn't really look at the website often.

I enjoyed this rotation very much and found it very sufficient in being a great rotation. It helped me confirm my choice into wanting to be a cardiologist which involves doing a residency in internal medicine prior to fellowship.

I think that it is important to ensure that all the sites actually have osteopathic attendings and/or residents with all of the students. There were some residents at my site, but they were so far removed from medical school and didn't use OMM or OP&P on a regular basis that they weren't able to help us with this aspect of the rotation. There weren't any osteopathic attendings available for teaching. The attendings were very knowledgeable and were great teachers, but they were lacking in this area of knowledge. It is not fair to have these requirements for the students and then put them at a place where they cannot fulfill these requirements adequately.

I really enjoyed this rotation, through this rotation I was able to make my own differential diagnosis and plan.

Maybe better communication with the department of internal medicine so it doesn't always seem like people are flying by the seat of their pants when we show up. It's honestly like no one has any idea what to do with us.

Having an actual COMAT exam.

Only thing this rotation lacked was my team did not consist of any osteopathic physician, however I received OMM opportunities from other interns who were osteopathic.

nothing

How about some quizzes on various subjects to prepare the student for the tone and depth of what constitutes a final, and very significant exam?

More OMM available.

n/a

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

The diversity of the classes I was able to see and the experience of working with a team that was so focused on the well-being of their patients.

everything.

Getting familiar with the hospital setting and taking all the knowledge from the first two years and being able to connect it to clinical medicine.

It was made clear what was expected of me, and I felt like part of the team.

My team made it amazing.

patient population, teaching, faculty.

The amount of pt responsibility was great. I did participate in every night call which allowed for a lot more interaction with rapid response and immediate interpretations of results.

Very good rotation. Brilliant attendings, lots of teaching, lots of autonomy, as much responsibility as I could handle, pushed to learn and do more.

Working with a team who encouraged me and provided me with a positive learning experience.

I had an absolutely educational rotation. This was mostly due to my resident, Dr. Bakhtar, who was by far the best resident I had so far. He would teach me patient care at all time no matter how busy he was. He treated me like a doctor and was so nice and respectful that made the teaching environment very pleasant. I learned so much.
1. Morning report was always very good cases and encouraged me to read up on those topics
2. Slide rounds were very helpful to remember how to read slides/hematology
3. The residents and interns were all very helpful and made it very easy to integrate into their team

the great attending that was very knowledgable and a great teacher, the great cases you get to witness and take part in at sinai grace, and the very helpful residents and interns that we are granted the chance to work with :) 

The diversity of patients.

My attending, and my team entirely put a good effort in teaching me effective skills such as writing an effective history and physical, and they provided me with ample oppourtunity to be involved in patient care.

Feeling like I was able to be useful to the team; being a patient advocate; attending rounds with Dr Munasinghe; crashing in call rooms once my work was done.

The residents I worked with and the wealth of pathology I observed.

I enjoyed this rotation very much, I was given plenty of opportunities to intrepret lab, EKG, X-ray, CT and coming up with my own differential diagnsois. I was also give enough reading to take home, to enhance my learning. I always recieved timely feedback on my H&Ps.

The didactics, grand rounds, nothing bad to say.

Dr Feldman really takes the time to talk to the students and loves to teach. Great rotation

A feeling of usefulness to the patients and the team, the breadth of what one could see, the on-the-job training aspects of preparing to become an intern.

Diversity of patients.

My attending, who is a really phenomenal internist and loves medicine. My resident and intern gave me a lot of autonomy and allowed me to do a ton of work, while giving me appropriate constructive criticism. I learned a ton by doing a ton on this rotation!