## 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.

### Clerkship Rotation Evaluation Results

<table>
<thead>
<tr>
<th>Caseload and Management of Patients</th>
<th>N=</th>
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<td>The amount of patient care...</td>
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<td>I felt supported and...</td>
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<td>The COM Unit III Website...</td>
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Eval Data from: 7/24/2011 to: 6/23/2012
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.

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.

My H&Ps were reviewed and critiqued for content and completeness by a senior resident or attending regularly.

<table>
<thead>
<tr>
<th>Osteopathic Principles and Practice</th>
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<tbody>
<tr>
<td>On this service there were facilities and opportunities available to support learning about osteopathic manipulative medicine (OMM).</td>
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<td>1 3%</td>
<td>10 30%</td>
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<tr>
<td>Faculty knowledgeable in the appropriate use of OP&amp;P in case management were available to me as needed.</td>
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<tr>
<td>I had opportunities to use OMM on this service.</td>
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<tr>
<td>When seeking out opportunities to apply OMM, I felt supported by the faculty here.</td>
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<tr>
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<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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<th>Supervision/Feedback</th>
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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>On this service, I sought and received mid-rotation feedback to improve my performance.</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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<tr>
<td>My H&amp;Ps were reviewed and critiqued for content and completeness by a senior resident or attending regularly.</td>
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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.

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

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**Assessment Exams**

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

Having a post-rotation exam encouraged me to study and read.

The first end-of-rotation exam with feedback helped me understand commonly seen diseases in internal medicine.

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**Overall Assessment**

This rotation offered a positive learning experience.

Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.

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**Clerkship Rotation Evaluation Results**

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<thead>
<tr>
<th>Class Year: 2013</th>
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Eval Data from: 7/24/2011 to: 6/23/2012
Caseload and Management of Patients

Section Comments

I was given between 2 and 3 patients a day to perform an history and physical, and both the interns and attendings allowed me to present my case and listened to my suggestions for diagnosis and plan.

They were wonderful as they understood this was my first rotation and made it very easy to transition from classroom to the hospital.

Dr. Mys-Curtis was especially wonderful with encouraging me to do my own thinking and come up with differentials and treatments plans. It was an honor to be able to work with her and learn from her.

The GI team was awesome but the list of patients we were supposed to see was a little unrealistic while on a specialty rotation. I feel like I have a good grasp on GI.

Great staff, knew how to advance the expectations.

Fantastic experience with the attending.

It was difficult to ask questions and learn in certain cases because the answers were extremely detailed and drawn out that we would have never gotten through all the patients in one day.

n/a

I was given 2-3 patients a day to see and I had continuity of care, being able to see my follow-ups for the entirety of their hospital stay. The attendings went over every case with me and I learned a lot about the management of GI illnesses in the acute setting.

Expectations/Learning Objectives

Section Comments

Twice a week we were assigned a topic to read about and present as a group, and it was very helpful to integrate the clinical and didactic material.

The team gave me topics to research and present for the next day. It enhanced my learning as well as enriched my presentation skills.

They were fantastic teachers.

Good education time, we were expected to read and present topic well in the scope of reason.

Osteopathic Principles and Practice

Section Comments

There were a few patients that I felt could benefit from rib raising or paraspinal inhibition for constipation, but the attendings preferred them to get a bowel aid. I did not use any OMM so far on this service but we did use OPP.

The attendings on this rotation were MD’s, and they did not know or use any OMT or OP&P in their practice. They would allow me to do a OMT exam, but asked that I didn’t treat.

There were very few opportunities to use OMM, although the practices were talked about. But rarely did we do any manipulative medicine on the patients

n/a

On this GI service, OMM is not used in the acute setting.

Preclinical Preparation

Eval Data from: 7/24/2011 to: 6/23/2012
Section Comments

Supervision/Feedback

Section Comments
Great/frequent feedback.
Great feedback and professional criticism.

Professionalism

Section Comments

Procedures

Section Comments
Night call was not available on this rotation and I could not follow someone else because the call rooms were not open to students unless on surgery or OB/gyn.

We are not allowed to write on the order forms, prescription pads, or do any dictating at Genesys.
There is not night call for this rotation, the GI service takes call from home.

Overall Assessment

Section Comments
I valued this rotation highly, and learned a lot about hospitalist internal medicine and the management of patients in the hospital. I have thoroughly enjoyed this rotation.
I hope future students are lucky enough to have these Interns, Residents and Attendings for their IM Staff rotation.
The staff has set an amazing standard for the rest of my rot's.

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:

Being allowed to see patients on my own and do my own history and physical and then go over the case with the attending and residents. Having to think on my own really helped solidify the material and enhance my H&P skills.

Writing the H&P's, and assisting with the procedures.

Being a part of CIM and working the health fairs and friendship clinics game me the confidence I needed to converse with patients and do adequate H & P's. GI, Respiratory and Cardio seemed to be the highest yield classes for my patient load.

Being on the floor, getting real world experience and feedback from professionals with much more experience than me.
I feel clinical skills, respiratory, derm and cardiology were very helpful.

simulated patient encounters, preceptorship experiences, clinical skills, and Super Tuesdays.
Daily teaching by the physicians I worked with as well as the almost daily lectures we sat in on/gave throughout this rotation.

DPR/clinical skills

GI and renal

Hands on physical exam skills

Endocrinology and NMS I and II. They covered a lot of disease states that were common in Internal medicine such as diabetes and stroke.

GI systems course, DPR, clinical skills

It was dpr class and clinical skills.

clinical Skills, preceptorship experiences, & reading Rapid Interpretation of EKGs by Dubin

it was good

The respiratory course put together by Dr. Hughes was excellent as prep for this rotation

This was a rotation was a great culmination of all my course work.

The second year systems courses.

The amount of studying I put into the pulmonary class

Rounding every day. During rounds we would have mini lectures covering interesting cases that we had seen during the day. That made it very easy to integrate my thinking with the clinician's thinking and to understand why they ordered what they did for each patient.

clinical skills and DPR

Clinical Skills

Clinical skills course, DPR and respiratory course

DPR skills, System courses

---

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

I would like to have more OMM opportunities. It would be great to have more didactic material online like the headache tutorial. It was very helpful.

My rotation was only for pulmonary, it would be nice to have a broader perspective for the first rotation.

N/A

I feel like this rotation could not be improved.

I thought both the rotation and the angel course met my needs.

I would open the exam earlier. I didn't know what to study for it and i felt like after i took it i would have liked to study more but was then too busy trying to prepare for my next rotation.

No improvements

need more direction and practice with SOAP noting. Understanding that this changes from hospital to hospital

It was a very inefficient use of time, where we spent up to 6 hours rounding on only 6 patients. Although very thorough, there was a lot of standing around for the students.

I honestly didn't use Angel much for this rotation

I can't think of any.
I would like to get feedback after completing the final exam as to which questions I got wrong (and why if possible) in order to help me determine my areas of weakness.

it was good

Some of the attendings did not teach as much as I would have liked

This rotation was excellent as is.

We were just very busy with a large patient load so there was not very much time per patient. There is not really any solution for that, however.

This rotation can be improved by maybe having an organized curriculum where students were responsible for a particular topic daily rather than arbitrary topics.

I would like to see more optional didactic online modules like the one on tension headaches. I completed that one during the first IM rotation and would have liked more to work through.

Criteria for common pulmonary diagnoses as well as common treatments (antibiotic regimens).

More time and interaction with the students, more feedback and assessment of students notes, have the student round with the attending to see clinical care and appropriate orders/labs to be ordered

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

Being able to see patients on my own, case presentations with the attendings and the online exam. It helped me know what information I need to focus on and understand to be proficient in common internal medicine problems.

Everyone was very patient and helpful. They took time to explain why things were ordered and evaluated even though they were very busy.

My supportive team

It was just great to be able to talk with the patients and families and sort of put everything together for them. I really enjoyed being able to explain to patients why they are seeing 10 different doctors and what everything means when it is all put together. I really enjoyed Internal Medicine.

My attendings and residents were the things that I liked most about this rotation. They were always very helpful. I learned an incredible amount from them. Not just clinical information, but professionalism techniques as well.

I liked being able to talk and exam the patients. I also liked being able to read and interpret lab values so that I could make an assessment and plan for the patients.

getting a chance to work one-on-one with a resident at points in time, giving me the opportunity to ask basic questions and learn the routine at the beginning of my rotation.

The people...the fellows were awesome.

the PA's and physicians i worked with and their willingness to teach me.

staff and education

the hands on experiance

Seeing a variety of disease states and a different patient population

THE FELLOWS AND ATTENDINGS! They always took the time to teach and made sure my questions were answered. They really helped me to develop my assessment and plan skills. They were very understanding of my level of experience and were patient with me as I developed my skills this month. I really appreciated all the time they took to educate me this month.

I really enjoyed learning from the attendings. I found them to be inspiring and they always did an amazing job at being aware if the patients needs. I found them to be extremely knowledgeable and people I would like to emulate as a practicing physician.
having the opportunity to view various procedures such as a stress test, tilt table test, heart catheterization, etc.

it was good

Dr. Hastings was wonderful and a great instructor

The autonomy I was given and the teaching. the residents were wonderful, I learned so much and feel so much more comfortable in the hospital now.

Getting to see a variety of patients at different stages of care and having the opportunity to pull everything together for the patient and their family members.

I had a great rotations with great Pulm/Critical Care Fellows. They were so nice and understanding, I could not have asked for any one better

The time and effort the attendings and fellows put into teaching us on service and making sure that we understood what was being done with each of our patients.

Being with attendings that liked to teach and helped me improve my physical exam skills

Recognizing, classifying and treating common conditions such as COPD, pneumonia, asthma, pleural effusions and CHF. Also, learning how to read chest X-rays and applying those findings clinically.

Nice attendings just not very interested in teaching or spending time with the students

The attendings allowed me to see all the patients and encouraged me to develop my own differential and plans. I felt useful and appreciated.