## 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

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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.
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.

### Clerkship Rotation Evaluation Results

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Eval Data from: 7/29/2011 to: 3/6/2013
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

As this was my first rotation, I was very fortunate to be placed on a very patient team whose members were all very eager to teach. They understood what level I was at and were very helpful. They were always available to answer questions, and never became annoyed or agitated when I did.

The first two weeks, I would have liked to see more challenging patients, but there were few new patients so I saw one rehab patient (post op, gastric bypass) for 2 weeks. Although I would have liked more challenging patients, I still enjoyed every day, and the last 2 weeks I had more responsibility.

I would have liked to have gotten to do more History and Physicals alone, but the chances didn't arise.

Overall a very good teaching and learning service

They were very organized and knew how much responsibility to give a third year medical student.

The attendings expected us to present the patient and develop an assessment and plan, regardless of whether the plan was right or wrong. This was an excellent learning opportunity.

Expectations/Learning Objectives

Section Comments

This team was always eager to teach, overall it was a great learning experience. I felt comfortable asking questions and was not afraid to answer questions when speaking with the big group.

I wish there would have been a little more structure when we started as of what was expected of us, but we learned as we went. I also wish I would have showed my attendings the protocol to help them realize everything expected to be learned. Dr. Diab was a great teacher though and every day involved teaching us students.

I would have liked more teaching by the doctors while rounding, and more formal education. We did have MKSAP board review once a week, with readings and questions. I learned a lot there.

Emphasis was placed on me developing a differential, which I felt was very appropriate to where I am in my schooling.

The MKSAP sessions were very beneficial.

There were weekly MKSAP reviews with the residents, as well as IM morning lectures.

The attendings made sure to incorporate lectures into our daily rounds. They were very good about teaching.

Resources

Section Comments

Not enough computers in the library.

The computers in the hospital library were available for me to use.

Computers were available in the hospital.

Osteopathic Principles and Practice

Section Comments

I only had one opportunity to use OMM.

We had one lecture related to OMM, but OMM was never really mentioned for patient care by the attendings when rounding. I would have liked to try to incorporate it more, to not lose touch with my skill level.

The attending physician is not a DO. Therefore OMM practice was limited.
I was able to complete OMM rounds with a surgery resident during this rotation.

**Preclinical Preparation**

**Section Comments**

I do not think that MSU COM did prepare me in a way that made me feel comfortable in all areas of clinical practice. I feel very confident in my ability to work up Cardiology and Respiratory related issues, but in other areas I feel very weak. I feel that MSU needs to make major adjustments to the way the courses are taught. Both the respiratory and cardiology courses, while demanding, prepared me most for my clinical experience as well as for boards. It is unfortunate that other courses did not do so.

All of the courses helped with this rotation.

**Supervision/Feedback**

**Section Comments**

I wish I would have asked for mid rotation feedback, but I forgot to do this. We were given feedback regularly though.

I only got to do one H and P. And often I wanted for feedback on my notes but we were often too busy to sit down and go through them. I did often ask for verbal feedback and they said I was doing well.

They were very good about providing feedback.

The attending physicians would sit down with students individually and go over their H&Ps. I have never had an attending spend so much time going over my H&Ps. This was such a great opportunity.

**Professionalism**

**Section Comments**

This was an excellent rotation. Dr. Parikh modeled physician patient interactions exactly like I would like to emulate in the future.

**Procedures**

**Section Comments**

I didn't get to see a code blue, as we were presenting articles to the attending when the interns went to a rapid response which turned into a code blue, but I did get to see 2 rapid responses. The interns and residents did all the prescription writing and orgers. I did express interest in writing the scripts to them, but we were always pretty busy. My resident told me I will be writing admit orders tonight my night call as I will be doing H and Ps on patients being admitted.

Students aren't allowed to write orders here. I got to see a rapid response, but didn't get to go to a code blue. I would have liked to go to more rapids but wasn't sure if I should finish seeing my patient and my own responsibilities before going to the rapids.

I was always interpreting lab values and images on patients I was following.

I was able to perform CPR as well.

**Overall Assessment**

**Section Comments**

Overall fantastic service. If every service could be this great, I will love every rotation. The doctors and interns and resident were so great with teaching us and treating us well. I really enjoyed this internal med rotation at Henry Ford Warren.

I didn't feel very prepared for the end of rotation exam. I would have liked more learning on the rotation. I still haven't completed the exam bc technical difficulties during it and it shut down 15 questions into it. They are resolving the problem so I can take it again.

This rotation was an excellent learning experience.
This was an excellent rotation and my H&P skills increased tremendously. I am also much better at presenting patients.

**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:

- Respiratory and Cardiology courses were helpful
- Pharm, physio, renal, cardio, all the systems courses.
- The noon lectures at the hospital.
- Not much really, The morning didactic lectures helped.
- The rotations and learning sessions with the attending physician.
- Cardio, Respiratory and Endocrine classes were the most useful for this rotation.
- 2nd year coursework was helpful.
- Clinical skills physical exam and interview skills.
- Cardiology, respiratory
- Clinical Skills
- Cardiology and Respiratory
- All of the second year courses were very beneficial. The focus on reading EKG’s in second year was also helpful.
- Pathology, physiology, cardiology, respiratory
- Cardiology, respiratory,
- The course that helped my education the most for this rotation were many of the systems courses in year 2 as well as physiology in year 1.
- All of the systems courses.
- Several systems courses as well as experiences going over ventilator settings in respiratory were beneficial for this rotation.
- patient contact.
- Cardiology, Respiratory, and GI courses.
- All first and second year courses were useful.
- daily rounds and frequent journal article critiques allowed me to ask questions, test my current knowledge and add to my knowledge with up to date articles on the most recent medical advances/protocols.
- Cardiology, Respiratory, GI, Micro were all very helpful classes
- DPR

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

I did not find the information on headaches to be relevant to this rotation. It would be nice to have articles on common subjects, such as sepsis, cellulitis, UTIs, syncope, etc.

More structure in the beginning. We were kind of clueless of what was expected the first week. We didn't realize there was a packet we were supposed to be reading until 2 weeks in because no one ever told us. But it wasn't that big a deal. Dr. Kinner could teach more like Dr. Diab. He was great.

more educational info.
Instead of a 50 question quiz at the end of the rotation, maybe assignments on particular ailments would help.

I don't feel that there are any areas that need improvement.

More learning modules. I would be more motivated to get through them, an more learning would be done. More teaching on the rotation. more practice questions for the 2nd IM rotation exam. And a little more time to do it. I was pressed for time. I have to take it again since it shut down on me, but I felt pressed for time.

A quick review lecture on radiology would have been useful to help reading chest x-rays, CT scans and MRIs.

Information on angel was not helpful.

More information about OMM that could be used for the inpatient setting.

It could be improved by having more feedback during the rotation.

Nothing that I can think of.

This was an excellent rotation. Well structures and organized. By far the best rotation I've had.

This rotation could be improved by incorporating a BLS/ACLS review in Angel.

IM is such a broad scope, maybe having a "study guide" would help to guide studying for the exam a little more focused. (Similar to the ER rotation). I found the objectives list pretty comprehensive, but also overwhelming when trying to keep up with responsibilities on the rotation itself.

To improve this rotation I would recommend reevaluating the questions used for the post-rotation exam. While they were IM-oriented, I feel that they could better encompass common encounters in the hospital with some restructuring (more common presentations, more lab questions with interpretations...).

more patients available.

Nothing.

n/a. It is a shame that the Kinner/Diab service will no longer be available to MSUCOM student in the HFM program.

Nothing.

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

- Exposure to a diverse group of patients and cases.
- A very good learning environment. I cannot stress enough how helpful my seniors were. They were great teachers, all were very patient, and they all gave feedback that helped me improve.
- Dr. Diab teaching, learning to dictate, learning with my great resident and interns. It was a great team experience. Rounding was fun.
- the attendings that taught with passion.
- The attending was really eager to teach and was great at teaching.
- Having the freedom to pre-round and develop treatment plans for my patients.
- a great team which made rounding fun, knowledgeable residents and attendings, getting to see lots of patients. We had a comfortable learning environment.
- Broad scope of practice and knowledge base acquired.
- It is a very good teaching service, and I was given more responsibility than on other medicine rotations
- The attending doctors were very helpful and were excellent examples of what a caring and compassionate doctor should be.
- Problem solving with the team.
The teaching from the residents and the attending was very good. Dr. Parikh did a nice job of keeping the students engaged without overwhelming us.

The attending physician practicing and teaching style. Also, the overall organization.
- The attendings spent time with the students going over our H&Ps and teaching us.
- The resident was excellent, made us feel comfortable, and taught us as well.

I enjoyed the strong teaching environment during this rotation.

The schedule gave a good variety of situations. Morning reports were reliable, and informative.

What I liked most about this rotation was the open learning environment. Being able to ask questions and get straightforward, honest, and non-judgmental answers is paramount in any successful teaching rotation.

patient contact.

I liked having the freedom to talk to my own patients and follow those patients for their hospital course. I just wish I would have had more input in the management of the patients. I was very rarely allowed to offer a differential diagnosis or treatment plan of my own.

The rotation was very structured and the residents were very happy to help the students.

journal article critiques.

Being able to be the first person to make contact with the patient

daily education with senior residents and attendings about topic relevant to pts that were on service.