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.

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**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.
I was permitted to observe code blue resuscitations when performed on this service.

My supervising faculty on this service modeled physician-patient interactions in ways I would like to emulate.

Issues of Professionalism were included as a point of discussion by faculty on this rotation.

### Professionalism

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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.
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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<td>The first end-of-rotation exam with feedback helped me understand commonly seen diseases in internal medicine.</td>
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<td>Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.</td>
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Caseload and Management of Patients

Section Comments
The faculty allowed me to independently collect a history and physical exam, and then encouraged me to develop my own differential diagnosis and management plan.

I absolutely loved this rotation and the people I worked with while rounding. I feel very comfortable at Ingham

Putting a little more stress on students to complete the cases in a little less time than they are comfortable would be helpful.

The attendings were sufficient in assigning only 2-3 patients per day to see, knowing I would want to look through the history and that it would take me longer to see each patient than a resident. However, specific residents delegated additional patients leaving the ratio of student's patients: resident's patients 4:1. On occasion such as this I felt the caseload was overwhelming. This was also in addition to being asked to do admits once completing those floors' patients (totaling 7-3 on one floor and 4 on another). Although this was not considered 'regular' there was an additional incident when the residents had a 'bowling event' and left one student with 15 people total that day.

Any checking up on patients I had previously seen or admitted was done on my own, unless I was on the same 'floor area' for the week then this would change and again I would look into those previous patients on my own.

Expectations/Learning Objectives

Section Comments
I learned a lot from my attendants.

Once again the level of performance was made clear with the attendings, however the specific residents were less understanding to certain exams not being done by a student, such as a look at a wound in a sensitive area, particularly this not being done due to feeling uneasy about performing such as exam.

Again the residents and intern had there 2-3hr didactics only 1x per week and I was usually told to start rounding instead of being able to sit in on these.

Resources

Section Comments
Uptodate.com was extremely helpful. I was sad to see it go. MDconsult is ok but not as good.

Students are given 24-hour access to the library, which makes it very convenient.

MSU students should be given access to UpToDate

The library hours are very bad and inconvenient. They opened late and closed early.

The University should give students money for "Up to date"

Osteopathic Principles and Practice

Section Comments
IM was not open to taking the time for me to complete OMM however I did evaluate patients and suggest OMT consults, but usually this would never written in the orders by the residents or interns

Preclinical Preparation

Section Comments
Both, along with my books for studying in preparation to Step 2, helped

Supervision/Feedback
Section Comments

Sometimes I never heard back about my notes, admissions, or discharges. Many of the residents and interns were extremely busy between the ER and other floors that unless I had some immediate concern or orders needed I did not receive feedback.

Professionalism

Section Comments

I felt that we were treated as professionals by all of the attendings and most of the residents. Some of the residents, however, treated us like we were just a pain they had to deal with. They did not teach, they were rude, and then criticized our work ethic without even bothering to be present to observe it.

I would like to emulate some of the attendings and residents, while other I would hope to never be like. Some other them disregarded tasks assigned to them and would try to pass these off either between eachother or off the students (some not even on THIS service)

Procedures

Section Comments

Night call responsibilites in protocol state 1 time per rotation while some residents were under the impression it was 1 time PER WEEK.

Some of the admissions I was given were not given to be for learning experience but more of just needing to be completed.

Overall Assessment

Section Comments

Again certain aspects were positive and encouraging while other experience with specific residents or interns were more discouraging.

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:

working through cases on Super Tuesdays during respiratory course prepared me for management of respiratory diseases and ACLS guidelines for codes.

second year in general

Hands on experiences.

Pharmacology and systems courses

DPR helped. More cases would have helped.

the opportunities to do night call offered me the most learning experiences as I was most able to work one-on-one with my superiors at this time and receive immediate feedback on my assessment and plan.

Clinical skills

Resp, Cardio, Clinical skills

none.

Clinical skills

the cardiology class.

2nd year classes
How can this rotation be improved? What additional information would you like to see on the IM650 Angel Course?

I liked everything about my experience.

Have more time with the attendings.

Putting a little more stress on students to complete the cases in a little less time than they are comfortable would be helpful.

I think weekly 10-question online quizzes through ANGEL should be implemented so we get more accustomed to the format of exam questions that we will see in the end-of-rotation exam.

Cardiac lectures, pharm reviews

I liked this rotation. Most residents were eager to teach us and help us understand what was going on with a patient's care. This provided a positive learning experience. However, at times, it seemed like a few residents were just delegating jobs to us so they didn't have to. When this happened, the other medical students and myself did not find it a learning experience because there were too many patients to see and not enough time to look up things or ask questions. This only happened a few times and most of the residents were very good about helping and teaching.

Not allowing students to receive an excessive amount of patients to be expected to be seen, when being distributed by residents, creating the feeling of students doing the residents work. However if an attending does decide to distribute more patients, especially if they are 'covering' an additional floor, then this is acceptable. It would be better to not be treated like a work horse and given more time to learn about the couple patients. Again I stress this is an issue with the residents, NOT the attendings.

More time with residents and attendings.

Having powerpoints regarding commonly seen diseases/conditions and how the hospital course from admission with H&P to stabilization or discharge would go - drugs given or labs that should be ordered/evaluated/monitored

Nbone shelf exam , better didactics

NONE! I don't find the angel website useful for rotations.

More learning time with attendings

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

The hands-on experience with patients and gaining experience with filling out paper-work.

I loved internal medicine at IRMC, they were very supportive of the learning process and I never felt like a burden to any of my residents/attendings. I felt I had an immense amount of teaching on this rotation and enjoyed every minute of it.

Having a lot of patient interaction

Patient interaction and rounding on patients as well as interacting with attendants.

independently being able to see patients and report my findings to the residents and attending, and together formulate an assessment and plan.

How I was able to do a lot of admissions, dictations, and discharges

The people! Everyone was incredibly helpful and encouraging!

I really enjoyed our afternoon sessions with the attendings. It was very educational to have topics assigned to us to present on and then discuss them as a group. It was a great learning experience.

The attendings rounding and discussion sessions. Along with being given topics to discuss or prepare to discuss the next day with the attendings.

Admitting patients, independence

Specific residents that took the time to go over notes and educate me regarding the patient or the patient's disease/condition
Independence

working closely with the residents and attendings. They were good at explaining things and encouraging me to read on topics for presentations.

Didactics and time spent with attendings