### 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.

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### 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.

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### 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.

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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. 

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 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.
### Assessment Exams

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.

### 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.
Caseload and Management of Patients

Section Comments

I appreciated the way that both Dr. Cullen and Furlong attempted to slowly acclimate me into my first rotation. However, I did feel they could have given me more responsibility closer to the end of the rotation, with three or four patients to follow each day rather than one or two.

I had three weeks with Dr. DeLongpre which was more of a glorified shadowing experience than an opportunity to learn and ask questions to him in regard to why we were deciding to treat. He was a very busy doctor, and it was unfortunate that we did not have a resident on our service during those three weeks. The last week was spent with Dr. Erck who was an excellent teacher, and taught me so much in the final week of the rotation.

Expectations/Learning Objectives

Section Comments

"D" for BS02: We never specifically went over objectives in a formal manner. However, it was fully evident that Dr. Furlong is well-seasoned in medical student education. His more informal take on learning and objectives boded well to my learning and understanding of material covered.

Dr. Koller took us aside in the library multiple times or just on the whiteboard after seeing patients and gave little impromptu lectures on common things we need to know and how to manage patients or how to read chest x-rays etc. He was a wonderful teacher. Dr. Furlong was a great teacher as well and tried to fit in teaching time whenever he could at the end of the day.

Didactics were great.

Resources

Section Comments

Did not know about the COM Unit III Website prior to this question.

Uptodate on Metro’s website is a wonderful tool

I don’t know what the COM unit III website is.

Osteopathic Principles and Practice

Section Comments

OMM was done on OMM round which were outside this rotation and open to all students

Spent a day rounding with the OMM attending Dr. Grunwalt

I was able to augment patient care by providing OPP to any indicated patient I felt comfortable.

Professionalism

Section Comments

The modeling of professionalism was outstanding, as all of my attendings and intern were excellent doctors.

Procedures

Section Comments

Night call is not available for students until September at Metro Health Hospital.

Overall Assessment
Section Comments

I constantly read throughout this rotation with no thought of the test at the end of the semester. It was extra stress that could be avoided if you did the 1st and 2nd test both with the 100% more than 1 try rule. I still was constantly motivated to read and learn about cases, but the final test was a poor reflection of my rotation and thus frustrating.

The last week of the rotation especially had a great impact on my positive experience.

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:

Patient interactions with the full range of disease manifestations.

Clinical skills, cardio, and respiratory were the most useful classes.

- Systems courses during 2nd year
- Clinical skills learned during DPR class
- Board preparation for Step I

The systems courses during second year was beneficial during my rotation. Clinical skills and DPR were also beneficial, as well as, my studies during board rotations.

Afternoon reading assignments assigned in order to facilitate discussion the next morning.
Morning patient assignments (usually two patients, which i was responsible for reviewing the chart and lab data, meeting and examining the patient, formulating a progress note complete with assessment and plan.

Clinical skills.

The patient experience.

All systems, especially renal (which should be a longer course given how relevent it is to everyday IM) Clinical skills, DPR, none

Respiratory and Cardiology

Cardiology

Second year courses and preceptor experience with IM outpatient physician.

none. school lecture had no impact and didn't remember anything. reading harrison's internal medicine helped.

The majority were helpful

Most of the 2nd year classes. As well as preceptorship (both intensive and traditional)
Second year courses, OMM courses, and student OMM clinic

Clinical skills and year 2 systems courses

The intern would ask me to research different topics and discuss them the following day.

2nd year classes. preceptorship in 2nd year.

Clinical skills, cardio, respiratory

Seconda year courses, clinical skills

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

More feedback on performance in the first week.
The information/categories on the Encore website are too categorized. For example, a chief complaint of altered mental status doesn't mean that the final diagnosis is always psych or neurological. Often, it represents an infection. I came across this problem often—everything is far too categorized. Also, you can only select multiple diagnoses if they are in the same category.

- It would be more beneficial for me as a student if the attending can put aside a little more time to teach students

Besides the list of objectives, maybe we could have weekly questions throughout the rotation and then the final exam at the conclusion of the rotation.

Place more responsibility on students after getting them acclimated for a few days. If they are uncomfortable, help them. But remember that, though it may be scary to new students, it is empowering for them to perform tasks they didn't think they were apt to perform.

Encore needs to be improved. It mostly felt like busy work and I could never find my presenting complaint

Let the docs know more about our responsibilities.

Specific article on specific disease or illness provided in angel might help

Different dropdown menus on Encore. It's difficult to fill requirements with the current system. Would rather write in all the patient's diagnosis. Lots of times diabetes and HTN are diseases the patient has but are not the admitting problem so it's hard to use those as a filled requirement on ENCORE

harrison's internal medicine book

More online modules/didactic material besides tension headache

no suggestions, it was a good rotation for what it was intended to accomplish

A link to the COM unit III website?

more relevant questions on post-rotation exam, more didactic material available on angel website

Night Call; Giving more responsibilities to fourth year students compared to the third years new to the hospital.

I think it would be better to use the NBOME exam.

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

- Patient interactions and thoughtful discussions between group members.
- The faculty I worked with and the didactic schedule.
- I like how dedicated my resident was to his goal of professionally training his interns and students, myself included. Dr. June spent a great deal of time teaching me valuable clinical pearls during this rotation.
- I liked the didactic sessions every morning and afternoon and appreciated the resident (Dr. Joshua June) taking the time to teach us, review research articles with us, and constructively critique our assignments and progress notes daily.
- The willingness for everyone, including nursing staff and other physicians, to answer questions and discuss cases pertinent to my patient care education.
- The willingness for Dr Furlong to discuss any medically-related topic.
- The patience with which Dr Furlong and Cullen exhibited during times that they could have been frustrated.
- Interacting with staff and patients.
- The variety of patients I got to see and the dynamic nature of IM.
- seeing patients
- Dr. Koller and Dr. Furlong teaching time. I also loved seeing and following my patients each morning throughout the week.
The final week with Dr. Erck who critiqued our clinical thinking and taught us about how to apply the differential diagnosis process to hospital medicine.

Patient interaction and expanding my knowledge of medicine principles taught over the past two years.

Morning and noon lectures were great opportunities to learn and participate in group discussions.

The willingness of the Metro staff to educate and teach medicine!!

the attending and teaching that I received

Patient interactions and presenting to the attending

POSitive experiences. I really appreciate using the EMR.

the patient population and attendings i was able to work with

the support and feedback provided by my resident and intern.