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.
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.

<table>
<thead>
<tr>
<th></th>
<th>N=</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N=</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25</td>
<td></td>
<td></td>
<td>9</td>
<td>36%</td>
<td>16</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td></td>
<td></td>
<td>1</td>
<td>4%</td>
<td>10</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>3</td>
<td>12%</td>
<td>4</td>
<td>16%</td>
<td>4</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
<td>56%</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th></th>
<th>N=</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N=</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25</td>
<td>1</td>
<td>4%</td>
<td>2</td>
<td>8%</td>
<td>9</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>1</td>
<td>4%</td>
<td>2</td>
<td>8%</td>
<td>5</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>1</td>
<td>4%</td>
<td>1</td>
<td>4%</td>
<td>6</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>1</td>
<td>4%</td>
<td>2</td>
<td>8%</td>
<td>4</td>
<td>16%</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>1</td>
<td>4%</td>
<td>5</td>
<td>20%</td>
<td>19</td>
<td>76%</td>
</tr>
</tbody>
</table>
### Assessment Exams

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

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>3</td>
<td>13</td>
<td>52%</td>
<td>9</td>
<td>36%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>3</td>
<td>13</td>
<td>52%</td>
<td>9</td>
<td>36%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>3</td>
<td>13</td>
<td>52%</td>
<td>9</td>
<td>36%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Overall Assessment

This rotation offered a positive learning experience.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>10</td>
<td>42%</td>
<td>14</td>
<td>58%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>9</td>
<td>39%</td>
<td>14</td>
<td>61%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Caseload and Management of Patients

Section Comments
There was not a wide variety of cases as represented in the end-of-rotation exam, however there was ample learning and participation in management of cases.

Expectations/Learning Objectives

Section Comments
Dr. Lovy is an incredible teacher!!
I was asked to complete readings on various topics pertaining mostly to patient cases and medical history on a daily basis which greatly enhanced my learning and ability to contribute to patient assessment and plan.

Resources

Section Comments
Dr. Lovy provided journal articles that were relevant to patients' cases we had seen each day.
The hospital provided a great resource of information both in the library, through didactics and availability of the librarian to find specific articles.

Osteopathic Principles and Practice

Section Comments
I honestly don't know what OP&P mean.
I had to seek out OMM opportunities, however there was support as needed.
I'm not sure what OP&P is.

Preclinical Preparation

Section Comments
We didn't even go over C. dif. in micro...I guess I'm glad we covered it in undergrad.

Supervision/Feedback

Section Comments
I did not have a resident on service with me during this rotation. Availability of a resident would have added an important resource I felt was missing.
Due to the small patient load and large house staff on service, we had plenty of time to go through H and P's, progress notes, and orders with the intern and senior resident. This helped me feel prepared as an intern next year.

Professionalism

Section Comments
The attending provided a great example of an exemplary physician and physician-patient interaction which I hope to emulate.

Procedures

Section Comments
Could have reviewed X rays more with the attending.

Overall Assessment

Eval Data from: 7/21/2011 to: 8/21/2012

March 28, 2013
Section Comments

The post-rotation exam was for the most part fair, but there were some questions that were very random.

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:

- Cardio and Resp. those two classes were amazingly helpful. The only thing that could be focused on more in year 2 is renal.
- Doctor-Patient Relationship, Community Integrated Medicine, Clinical Skills
- Case studies and extracurricular shadowing/CIM type of activities that gave me prior experience in writing SOAP notes.
- Learning to make differential diagnoses.
- OMM is the one class that I think prepares us most in its subject compared to all others.
- DPR, Clinical Skills
- Learning how to complete a history and physical exam.
- Clinical Skills, DPR, Respiratory, Biochem, NMS I and II.
- second year courses.
- Clinical skills, respiratory medicine, hematology, BLS
- Cardiology, Neurology and NMS, Respiratory
- Clinical skills and all of the systems courses.
- Respiratory, especially ACLS and BLS, and Cardiology
- Dr. Vaclav was a good teacher.
- Respiratory, cardiology, heme/onc
- PCAC, respiratory course
- cardiology, respiratory, neurology, GI, microbiology, pharmacology

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

- Prior coursework / cases on developing a differential diagnosis would have helped. It seemed like a lot of stress on the intern to have 3 students. More teaching time with the attending.
- More teaching time with the attending.
- We need to have clinical skills closer to when we go into clerkship rotations. Push back cardio and resp and give us clinical skills at the end. If you really wanted our students to shine in the hospital, that would really help.
- n/a
- review how to complete a history an physical exam prior to beginning IM650
- I would have liked to have learned more procedures, so hopefully there will be more time for that during my second IM rotation.
- A revision of ENCORE, time I could have been studying/learning was wasted with a program that in no way is user-friendly.
- The course syllabus was very comprehensive and provided a good resource and direction with what to study. I would like to see tutorials and/or resources about evaluation of electrolyte imbalances.
A lecture or assistance with fluid calculations and lab/electrolyte abnormalities.

I'm not sure.

I would have liked more didactics to learn some tips/tricks for central lines, and intubation.

End of the rotation angel exam provided no learning experience.

Having a more specific list of objectives for the post-rotation exam.

The rotation was great, nothing to improve upon.

---

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

- Dr. Lovy and my resident. both of which are very knowledgable and facilitated my learning experience while on IM service.

- I like being able to pre-round on patients and having an active part in their treatment. I also enjoyed utilizing the extra time I had to genuinely get to know my patients, outside of their disease state.

- Very good attending that was a great instructor and being able to write notes that were included in the patients chart and plan.

- Being able to write notes and participate directly in the patient.

- Seeing how medicine is actually practiced.

- Patient interactions, independence.

- patient interaction, and being involved in patient care

- The attending and resident I worked with were great teachers and were very helpful and encouraging. I feel like I learned so much during the past four weeks, and I feel much more comfortable/confident when I see patients in a hospital setting.

- clinical care, and learning from Dr. Lovy and Dr. Perry

- I enjoyed every minute of my experience with Dr. Vaclav. He was an amazing physician with a clear clinical decision making expertise. I was able to see and participate in procedures, manage a variety of cases, read xrays, and spirometry results. Additionally, he encouraged me to go to codes, trauma calls, and follow patients to surgery while on his service.

- The dedication and thoroughness of the attending I worked with in attention to detail of all patient cases as well as the physician's effort to strive for improved continuity of care.

- The hands on medicine.

- I really enjoyed how much feedback I received on my H&Ps for new admits, and being encouraged to write orders every day for my patients, and do the discharge paperwork as well. I felt that it prepared me more for my intern year and I learned a lot from these experiences.

- The attending and resident were very helpful and always willing to explain things to me, also they listened to my medical opinion about the patient which increased my level on interest greatly.

- The autonomy I had in the care of my patients- I was encouraged to suggest orders, and follow up on them.

- I had a lot of autonomy and was encouraged to think through things. I gained a lot of practical knowledge, and many teaching topics were discussed. I learned a great deal of information during this rotation.

- As mentioned above, I was able to write orders and offer my treatment plan to the resident and intern and discuss patients thoroughly.

- Daily teaching topics with my attending.