**Class Year:** 2013  
**Service:** INTERNAL MEDICINE

### 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.

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### Clerkship Rotation Evaluation Results

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Eval Data from: 7/23/2011 to: 3/7/2013  
Print Date: 3/28/2013
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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<th>N= 42</th>
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<td>I was treated as a professional by those supervising my student-physician role on this service.</td>
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<td>I was permitted to observe code blue resuscitations when performed on this service.</td>
<td>3 8%</td>
<td>2 5%</td>
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<tr>
<td>I was encouraged to write prescriptions (when indicated) for patients I saw on this service.</td>
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<td>17 43%</td>
<td>4 10%</td>
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<td>I was encouraged to write admit orders on internal medicine cases being hospitalized.</td>
<td>4 10%</td>
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<td>22 55%</td>
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<td>I was encouraged to participate in night-call responsibilities as directed in the course protocol.</td>
<td>2 5%</td>
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<td>I was given opportunities to interpret common lab and imaging tests.</td>
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<td>16 41%</td>
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**Assessment Exams**

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

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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.

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**Caseload and Management of Patients**

**Section Comments**

My biggest complaint about this rotation was that the residents required me to complete discharge summaries. I agree with them that it is an exercise to practice summarizing a patient, however, I don't believe it is helpful for a 3rd year student on their very first rotation. There is still so much to learn and experience that it just seemed like an overwhelming task.

While the attending physicians were very supportive of interactive learning, the residents were less encouraging, and I eventually became less inclined to offer input for fear of rejection.

Assign the students more patient responsibilities. Hold us accountable for knowing about the patient. Residents should first allow students to present their patients and answer attending questions before interrupting.

**Expectations/Learning Objectives**

**Section Comments**

The morning and lunchtime lectures at St. John Macomb were very helpful, as was Dr. Barretto, who ALWAYS took time to teach during rounds, and including all of us in a conversational learning setting. Dr. Peabody also took time to promote conversation amongst himself and us students regarding our nightly readings.

Dr. Tran was excellent. He even took the time to lecture us 2-3/week. He broke down complex material into a simplistic, precise list of differentials. I felt that Dr. Tran really cared about my education.

**Resources**

**Section Comments**

I think that angel could be much more useful if it was less complicated and every rotation had similar structure. I am pretty sure MSU has great resources for us; however, I am unaware of them/how to access the,

p.s. Iowa students were all given an ipod touch upon leaving for the hospital :P

I have never heard of the COM Unit III Website.

I am still having difficulty using resources through COM. I feel lucky that St John's health system has made it so easy to access several databases, and that their library is available to students 24/7.

**Osteopathic Principles and Practice**

**Section Comments**

Dr. Barretto performed OMM on a patient once, and an osteopathic exam is including in St. John's H&P.

**Preclinical Preparation**

**Section Comments**

It would have been helpful if diagnostic testing been a larger portion of our curriculum.

I do not feel MSUCOM prepared me enough clinically. All I had were memorized facts that I had pieced together from the several uncoordinated professors I had for each systems course. My knowledge of disease process is severely lacking.

**Supervision/Feedback**
Section Comments

My physical exam and charting skills improved IMMENSELY on his rotation. It would have been more beneficial had I been shown what was expected of me immediately upon beginning the rotation, rather than by learning through mistakes.

I had an entire evening of H&P's while on this service, and it really helped to build my efficiency and confidence. I was able to see a lot of real pathology, which will help me to identify truly sick patients in the future.

I think more feedback on H&Ps and notes in general from the residents would have been appreciated.

Professionalism

Section Comments

Dr. Barretto has excellent bedside manner, however I felt that Dr. Hussain did not have appropriate demeanor with patients.

All my attending physicians were very professional; however, one of the residents significantly crossed the line on several occasions with inappropriate comments towards his fellow residents or us students. This same resident also told me to stop saying hello and goodbye to patients during rounds.

Dr. Tran had excellent Dr-patient relationships. He took time to education and learn about everyone he cared for.

Procedures

Section Comments

Again, I would have appreciated more guidance as to what was expected of me with admitting H&P's. Also, St. John's does not give students access to patient imaging, only radiology reports... I feel this is preventing me from learning.

I was given more night calls than the other students. Each student should take the same number of night calls.

Overall Assessment

Section Comments

I highly enjoyed interacting with my attending physicians and fellow medical students; however, I think the combination of residents on this particular team was somewhat toxic. Unfortunately, this stole from my experience. I became so preoccupied with fear of embarrassment or unnecessary reprimanding, that I was unable to enjoy my experience and focus on medicine and my education. I am looking forward to my next IM rotation, and am hoping my residents are more understanding of students.

Having an attending that liked to teach encouraged me to study and read.

Worked long hours, making it difficult to study. Good clinical experience, not so much academic.

This was a great rotation. It really helped me to appreciate and understand internal medicine. The patient load and pace were much more education-friendly than my previous rotation, and I was able to grasp more difficult concepts associated with sicker, more indepth 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:

Morning and afternoon didactics

Clinical skills and student omm clinic.

Giving me the opportunity to see my own patients, make diagnoses, and come up with assessments and plans.

Physiology, Respiratory, Preceptorship experiences

Systems courses
Clinical skills
cardiology/respiratory courses
All courses.
DPR, Clinical skills
board studying was most helpful
second year courses

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

More OMM involved
I would have liked to have had access to the actual radiographs and not just the reports.
I think it would be helpful if all MSU resources were made clear to us and if angel was less complicated. We are very busy on rotations, and it is difficult to sort through all the layers of angel.
Make the end of rotation exam relevant to information learned on the rotation. Fewer outpatient issues. Fewer OB/GYN issues. No trivia questions.
In general the angel website for 3rd and 4th year is very disorganized and not easy to use. It is very often difficult to know everything that I need to have done to pass a rotation, set up a rotation, or complete any other requirements for school.
I think Encore is a waste of time. I see my patients and read about their case. I then present to a resident who discusses the case with me. Then, I present to an attending, who also teaches regarding the case. By the time I log the patient into ENCORE at the end of the day, there is nothing to gain by typing in patient age and diagnosis. It is just another hoop to jump through, and an additional unnecessary stressor. It’s beating a dead horse.
More teaching while making rounds in the hospital.
NA

The thing(s) I like most about this rotation was (were):
The wonderful doctors were so understanding and willing to teach
The residents and Dr. Barretto were very helpful and seemed enthusiastic and glad to help me learn.
Wide variety of patients with a wide variety of diagnoses. Being allowed to see and assess my own patients.
I enjoy patient interaction, and Dr. Barretto and Dr. Shakoor were incredible to be around. Also, I felt that my H&P and charting skills improved immensely.
Dr. Tran’s teaching style.
Dr. Tran is an excellent physician practicing evidence-based medicine. I really respect the way he puts his patients before anything else. He is a model physician and a pleasure to learn from.
Support of residents
Dr. Tran and the residents on our team were incredible. They were easy to approach with questions, and took time to lecture on several occasions. They all led by example, and demonstrated how to care for a patient professionally and compassionately.
The chance to participate in the evaluation and treatment of a variety of medical conditions. The chance to work with and be taught by residents.
The attendings.
The attendings are some of the best I have worked with. They truly care about their patients and educating students on service. Residents should be encouraged to include the students more and give them real responsibilities.

daily reading assignments and discussions

Working with Dr. Tran- he was an excellent teacher.