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.
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.

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<td>I was treated as a professional by those supervising my student-physician role on this service.</td>
<td>42</td>
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<td>My supervising faculty on this service modeled physician-patient interactions on this service in ways I would like to emulate.</td>
<td>42</td>
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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.

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<tr>
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<td>17</td>
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<td>3</td>
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<tr>
<td>I was encouraged to write admit orders on internal medicine cases being hospitalized.</td>
<td>42</td>
<td>2</td>
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<td>2</td>
<td>5%</td>
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<tr>
<td>I was encouraged to participate in night-call responsibilities as directed in the course protocol.</td>
<td>42</td>
<td>15</td>
<td>36%</td>
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<td>5%</td>
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<td>I was given opportunities to interpret common lab and imaging tests.</td>
<td>42</td>
<td>25</td>
<td>61%</td>
<td>16</td>
<td>39%</td>
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</table>
This rotation offered a positive learning experience.

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

  Year 2 systems courses.

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

  Nothing

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

  Variety of patient cases, great attendings and residents.
Caseload and Management of Patients

Section Comments

I often only had 1 or 2 patients to see each day. I feel that I could have done/learned more during my time on this rotation but was limited by the minimal patient load. I was given a lot of time to do my H&Ps and progress notes each day which helped me practice and be thorough.

This was the best service ever. Dr. Tran is such a good teacher. He would always spend the time with students to discuss cases. Dr. Helena Bulka was also an amazing intern. She was so nice to the students and was very patient with us.

I felt that I did not have enough responsibility

It was challenging, but rewarding, being the only student on this service.

The residents and attending were also offering teaching cases and answering any questions we may have.

The attendings did a superb job of letting me take the lead on managing cases.

I felt like I had no say. My knowledge went to waste on this rotation. Dr. Tran was very in tune to the medical students, but it felt like the residents were not.

Expectations/Learning Objectives

Section Comments

I feel that my learning experience at this hospital could have been greatly enhanced if we had regular didactic sessions. But lectures/didactics do not occur as scheduled at this hospital.

Certain attendings were more willing to teach than others

I feel that the Encore "requirements" for which patients need to be seen is not necessary, I spent too much time looking at the type of patients I was seeing/making sure they covered a section of Encore than just going with the flow (like medical students from other schools who were simply required to just log in their patients that they saw)

Didactics were held each day.

Didactics were held morning and afternoon each day.

Osteopathic Principles and Practice

Section Comments

All of my attendings were MDs

Both attending physicians were MDs, so they were relatively unfamiliar with OPP.

No OMM was practiced on this rotation.

Supervision/Feedback

Section Comments

My H&Ps were critiqued very well by everyone except Dr. Hussain. He would nit pick at the tiniest details for hours while I stood there incredibly bored.

Professionalism

Section Comments

Dr. Tran has motivated me to highly consider entering Internal Medicine. He is such a good doctor and person. Watching him interact with patients helped me understand how to talk to patients and educate them about their condition.
Jia Zhang, Intern, was very unprofessional, disrespectful, rude, and condescending towards the students on the rotation, as well as students on other rotations that interacted with our rotation. She would roll her eyes at students, walk away from them while they were still speaking to her, put her hand in the face of students to make them stop talking, and snap her fingers and point when she wanted something. She created an environment that was not conducive to learning, causing students to do anything to avoid her. Her actions reflected poorly on the St. John Health System and Dr. LeVan's residency program. I have heard several students mention that they would not apply to Dr. LeVan's program simply because Dr. Zhang was also training there. Dr. Zhang desperately needs some professional development and needs to be taught that respect is a two way street. Considering that Dr. Zhang only acted this way towards subordinates leads to me to believe that she has never been in a leadership role, as she is now, and due to this lack of experience in the use of power is now abusing it.

### Overall Assessment

#### Section Comments

I would have read and studied regardless of the post-rotation exam.

There were no residents on my service - just an attending and an intern.

#### 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 respiratory were the most beneficial classes. Almost all of my patients had some sort of heart and/or lung pathology and were taking medications that we learned about in these classes.

The second year systems courses helped me understand internal medicine because all disciplines of medicine essentially are tied into IM in some way or another.

I can say with full confidence that cardiology at MSUCOM confuses students just as much as it helps due to it's scrambled schedule in terms of topics and complication of simple topics with extraneous detail. I've seen people who just finished this course asked the difference between unstable angina, NSTEMI, and STEMI and get all 3 wrong. Just wanted to throw that out there for anyone who may want to improve the curriculum.

That said, it was beneficial because it forced me to read an organized text book and actually organize cardio topics properly in my head.

Next would be Renal, Pulmonary, Endocrine, Pharm, NMS, and Hematology courses.

Clinical skills was helpful, but I truly believe this class would be much more beneficial if administered 2nd year after cardio/respiratory. The reason is that we would actually understand what we are doing in clinical skills and why. This is easily doable by switching these or other early courses with late courses. Everyone I've talked to about this agrees. Just wanted to share a constructive idea that I believe would benefit all students, especially during clerkship.

systems courses
Respiratory, Cardiology, Clinical Skills
DPR and Clinical Skills.
Dr. Tran's lessons
GI, DPR
First year and second year courses and the angel supplemental learning guides.
Cardiology, Clinical Skills, Neurology, Nephrology, Endocrinology, Psychiatry
clinical skills, and microbiology
clinical skills
Clinical skills, Cardio, Pulm, GI

Eval Data from: 7/27/2011 to: 12/15/2012

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March 28, 2013
I thought the most beneficial experience was assigning students their own patients and allowing them to manage the cases.

all classes benefited

Clinical skills labs and practice patient encounters. My core knowledge from years one and two also facilitated in understanding and managing patients.

This rotation, more so than any other rotation to date, called on experiences from nearly every course I had during my first two years.

Systems classes

Endocrine, Cardiology and Respiratory. As well as Hematology/Oncology.

Probably GI and respiratory. I felt respiratory was an excellent course. I wish every systems course had an instructor who put as much time and effort into the course as Dr. Hughes.

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

None the objectives are clear and using the Internal Medicine essentials 2 for clerkship students was a great up to date resource.

I believe weekly mandatory readings and mini quizzes from chapters/sections of 'Internal Medicine Essentials for Clerkship Students' written by Patrick C. Alguire, et. al., would be a beneficial addition. I found this book to provide a fantastic resource which provides a concise overview of the most common conditions encountered during IM rotations and medicine in general. While it’s by no means complete, I feel it did give me an edge in terms of organizing my H&P, progress notes/patient plans, and presentations during rounds. It's written precisely for this rotation by Clerkship Directors In Internal Medicine and the American College of Physicians.

more specific evaluations that require more individualized comments

I would like to see the encore specific requirement cases eliminated so that you can just focus on whatever patients you are given.

Assign me to a hospital with residents.

N/A

I feel that this course would be improved if end-of-rotation examinations each consisted of either entirely IM-inpatient topics or entirely IM-outpatient topics, reflecting the setting in which the student had just rotated through. During the IM-inpatient settings of which I have rotated (no outpatients yet), I encountered all of the inpatient core content in the course protocol and much, much more. I was able to study relevant core and other topics and learn them well by reading about what I encountered each day. However, I feel this was hindered (too little time to study as many as I could have or would have liked to/benefited from). This is because time had to be set aside for the outpatient core topics listed in the protocol that were not relevant in terms of clinical setting at the time. Furthermore, these topics were not accompanied by real life applications to reinforce learning. I feel it would have been beneficial if those topics could have simply been tested later on and separately during PCAC (a setting where outpatient topics would have been observed).

The diagnoses on encore are very hard to find and it is difficult to list varied dx's due to the fact that there can only be one chief dx

None it is a great rotation.

night calls

practice questions

nothing

night calls opportunities.

A list of required patients to see should be eliminated since its unpredictable what patients will come in.
This rotation could be improved by offering information or sources for information regarding common guidelines used with Internal Medicine patients including, but not limited to, common pathognomonic signs, common morbidity criteria (i.e. CHADS2 scoring, Ranson’s Criteria, etc.).

I believe this rotation could improve by adding more didactic opportunities, as well as offering up to date journal articles covering common patient presentations for the specialty.

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

I had plenty of time to do my assignments during this rotation. I didn’t feel rushed with my patients and I felt that I could do a thorough H&P and review it before presenting my patients to my attending and residents.

Sitting down with Dr. Tran and having him explain the reasoning to his approaching patient care. I hope someday I can be as good a doctor as him.

Not all attending are created equal when it comes to teaching. I am grateful to have had Dr. Rapheal Borretto as my attending, even if it were only for a week. He taught me a great deal and inspired me like no other physician.

least: TOO MANY STUDENTS

The residents were extremely helpful in guiding us and the attendings (who taught us) explained things very well

Dr. Tran, he is an exceptionally intelligent individual and an amazing teacher.

Rounding with and learning from Dr. Barretto.

Working with Dr. Tran

The responsibility of being the only student on the service.

Discussing treatment plans with the attending and learning about the different diagnostic tests, how to use them, and understanding the sequence of testing.

I appreciated that the residents were so helpful/willing to explain basics/SOAP note details with us

the pace, and the ample amount of opportunities to learn.

autonomy

Interaction with patients and being able to provide assessment, plan and orders of my own - this will be helpful to me intern year.

The responsibility given to students and the learning experiences.

The autonomy granted while learning about medicine.

The opportunity to see and manage patients on my own with feedback on my performance. I also benefitted from assigned readings given to me by attendings.

I really enjoyed the freedom of seeing the patient, evaluating the patient, interpreting labs and test and then being able to use all the information I gathered on my own and establish my own working differential diagnoses.

Dr. Tran is an excellent very knowledgable physician. I Learned a great deal on this rotation.

Dr. Tran is a phenomenal teacher and physician. This rotation was invaluable because of how dedicated Dr. Tran is to teaching students and caring for his patients. He is an excellent role model and compassionate physician. This was the best rotation I have ever had.

Dr Tran's lectures to the students

The attending Dr. Barretto genuinely enjoyed teaching and put in the effort to make sure we got a lot of the rotation.

My favorite thing about this rotation was my attending, Dr. Tran. Everyday on rounds, patient care came first, obviously, but education was a very close second. Dr. Tran is an incredible source of knowledge and he encouraged daily interactive discussions regarding the patients we saw for each day.
Dr. Tran is an outstanding teacher, and he pushes you to learn and understand disease processes.

The attending took a lot of time to sit down and lecture us on a topic nearly every single day after rounds. He was also engaging and actively stopped to go over concepts as we rounded on patients. He always explained why he was doing what he was ordering.