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.

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### Osteopathic Principles and Practice

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### Preclinical Preparation

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### Supervision/Feedback

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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.

I was given opportunities to interpret common lab and imaging tests.

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.
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

It seemed the Firm Service received preference for most of the difficult cases and that the students on this service were more challenged and given more responsibilities than the students on the Neiberg Service. I don't understand why there has to be a separation of COM and CHM students since having experience on both services would enhance the learning opportunities of all students involved.

I was always included in patient care and my input was considered. Attendings/residents/interns consistently questioned me on case presentations to facilitate my learning.

Drs Kaur and Haering both did an excellent job of teaching. Drs Parrington and Khan were also extremely helpful in explaining cases and encouraging critical thinking.

Expectations/Learning Objectives

Section Comments

The program and expectations were outlined much more clearly for the CHM students than for COM students. They were given specific schedules and outlines whereas, besides those elements explained to us in the course protocol, we were left with a great deal of questions and confusion about our schedules and rotation requirements/expectations. CHM students had these things clearly outlined for them from the beginning.

The beginning of this rotation was completely unorganized. We had no schedule, no orientation to the rotation, no idea really what we were supposed to be doing. The CHM students on the rotation had a schedule and an orientation. I don't think anyone the COM students were working with had any idea of our protocol or really anything MSU required for us, at least it felt that way.

Dr. Bunka did a great job of asking me about my learning expectations at the outset of the rotation. Dr. Dandan thoroughly explained how to go through the pt's chart and create an appropriate note.

There weren't any didactics. On-line lectures might be a good idea in the future to help review some key concepts.

Resources

Section Comments

I'm not sure what COM Unit III website is. Is this angel?

It's extremely useful to have Uptodate access on all the Sparrow computers. I didn't make use of any COM website materials.

Osteopathic Principles and Practice

Section Comments

I don't know if an OMM table even exists in the hospital. The only doctor that I was aware of that I felt I could go to for help with OMM or OP and P was Dr. Doshi, our DME.

The opportunity to use OMM did not arise; however, I was working with an osteopathic intern and am confident that, had the situation presented itself, I would have been fully supportive in my use of manipulation.

Preclinical Preparation

Section Comments

The Year 2 Endocrinology course was particularly helpful on this rotation. My notes from Year 1 Pharm were also frequently referenced.

Year 2 was particularly helpful on this rotation. The Endocrinology course, specifically.
Supervision/Feedback

Section Comments
Dr. Bunka was always available and willing to answer my questions/problem solve with me. He also gave me the opportunity to write notes and was very helpful in reviewing these notes with me.

Attendings and residents always made themselves available and were eager to address any questions I had.

Professionalism

Section Comments
I worked primarily with Dr. Bunka, who treated me with the utmost respect and ensured that I maximized my learning opportunities on this rotation. The other members of the team, Drs. Dandan and Guasco as well as all attendings, were also extremely kind and professional and eager to include me in matters of patient care.

I was included as a member of the team. Attendings and residents provided exemplary care.

Procedures

Section Comments
I think because there were always interns around, admissions and prescription writing usually was left for them.

The hospitalist service did not have night call opportunities, and I never helped with admitting patients. I did, however, help write prescriptions. I interpreted lab results on a daily basis.

Overall Assessment

Section Comments
The residents who we worked with for the past 4 weeks are GREAT!! Great teachers!

I thoroughly enjoyed this rotation. The end-of-rotation exam was appropriate, and I appreciated that it was designed as a 'learning model' rather than an actual 'test.' The explanations after each question were very helpful, and I will certainly take advantage of being able to go back over it and review concepts.

This was a great opportunity to see the importance of considering the patient as a whole.

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:

Studying for board exams and putting all the information together allowed me to be more sharp and prepared for the clinical application of the material we learned during the first two years.

the preceptorship experiences and anything in clinical skills which allowed practice on H&Ps.

My own personal study and learning.

SOAP note writing and pt care practices in first year along with cardio and resp systems course.

Some of the attendings on this service were very focused on teaching. this made for a very positive learning environment.

clinical skills.

All of them

Endocrinology course, Pharmacology course, DPR/Clinical Skills, NMS courses

Endocrinology, DPR, Clinical Skills, Pharmacology, NMS I&II
How can this rotation be improved? What additional information would you like to see on the IM650 Angel Course?

Better organization of student schedules and more definitive requirements to encourage student study and preparation. Make it more organized as far as schedule and expectations. Make sure whoever runs the rotation is aware of MSUCOM's protocol.

Scheduled didactics for students (not didactics already scheduled for residents)

More opportunity to interact with and rotate with DO's - I was able to perform OMM screens/treatment, but it would have been nice to have an D.O. attending to work with (and receive feedback from) in performing these procedures.

A better site then the NEJM one on how to do physical exam procedures.

Perhaps some clarification as to the resident role in teaching students vs attending's role in teaching students. Some attendings were focused on teaching students directly...while some relied more on residents to teach. there were benefits to both approaches. Perhaps some clarification would be helpful.

I would like to see more information on what we will be expecting on the service - for example, a list of most common diseases on the service, so we can review our knowledge on those.

More concise information. Too lengthy. Main bullet points would be nice. That could be said about all of the rotations though. Most people don't want to read something for 20-30 mins. Major take home points would be most beneficial.

Nothing is coming to mind.

I think optional on-line lectures could be helpful. I always read about my cases, but it's nice when you have a solid idea of what you should be familiar with for a particular disease process. This is especially helpful for learning about pathologies that you don't have the opportunity to actually see.

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

The Junior residents (interns) were very supportive and helpful during our first experience in the hospital. I really enjoyed the challenge of putting information from cases together and developing differential diagnoses. I also enjoyed witnessing first hand how internal medicine docs are central to the management of a patient's condition.

the patients and we had a great attending who taught us a lot and always stimulated learning conversations. The attendings and residents were very supportive and interested in providing me with learning opportunities.

Excellent teaching staff - both residents and attending physicians!

the ability to write a thorough note and apply what I have learned and continue to learn with patient experiences.

A wonderful opportunity to see a diverse patient base. I also enjoyed the opportunity to work with many attendings(they changed weekly). This provided a quick overview of their teaching style and their dr-patient interaction.

Dr. Neiberg reserved time for us to study.

Great teacher, great residents.

The group of people I worked with. It was a great team. Residents are very helpful. They used their own time to provide teaching.

I love the subject matter. I was able to learn so much from seeing actual case presentations. Being able to follow a patients time course throughout the hospital facilitated my understanding of disease pathogenesis and the recovery process. In addition, working on a team that included myself, another medical student, two interns, a senior resident and an attending helped me learn how to be efficient and coordinate care through team effort. This was really a great experience. I was sad to finish the rotation :)

Interacting with patients and residents/attendings. MSU COM graduates are particularly helpful when it comes to teaching med students, and they are exemplary in their interactions with patients. Glad to be following in their footsteps.