## 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.

### Clerkship Rotation Evaluation Results

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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.

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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**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.

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**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.

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Eval Data from: 7/29/2011 to: 8/28/2012
Caseload and Management of Patients

Section Comments

There were too many people on our team so we had to split all our patients. For example, on admit days you were lucky to get to present 1 patient because the three med students had to wait around when it wasn't their turn. The team only worked on one patient at a time.

There was limited opportunities to follow up on patients that I had admitted. I would admit a patient, then the following day we would round with a different attending on different patients. This made it difficult to get a good understanding of patient care from admit to discharge.

We were very fortunate to see very good pathology during our rotation which allowed for a diverse mix of cases.

Expectations/Learning Objectives

Section Comments

More internal medicine lectures would have been nice.

Resources

Section Comments

Don't know what COM Unit III website is.
Don't know what COM Unit III is.

Osteopathic Principles and Practice

Section Comments

Though our residents were D.O. they did not use any OMM on hospitalized patients and I did not have clear direction in how to approach hospitalized patients.

OMT is not part of the inpatient medicine experience, but I don't really have any problem with that.

Supervision/Feedback

Section Comments

My Head resident Dustin Bivins, did a great job on providing feedback about progress notes and H&P's.

Procedures

Section Comments

No code blues, but there is a separate team for those situations.

We would go over admit orders and prescriptions sometimes. Other times we were too busy that the residents just entered the orders and we did the H&P. Could have used for guidance/learning objectives in what orders to write for.

Overall Assessment

Section Comments

They aren't graded so people don't take them seriously.

Some test questions were written very poorly. Also, if there is a way to review questions that were wrong. That is one of the best ways to learn.

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:

All the system courses were greatly represented in this rotation and it helped to have that background knowledge. The preceptorships also helped with patient interaction.

All second year courses.

Having a good resident and interns who like to and were capable of teaching.

I really liked how my senior resident would assign us homework and have to report on it the next day.

All system courses were needed, as well as the clinical skills class.

Our attending physicians and residents were extremely helpful and knowledgeable. They included us into the medical team appropriately and really wanted us to succeed.

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

There needed to be more direction on this rotation. I understand that the senior resident had never had students and all the interns were 1st years just starting, so it was not very organized at the beginning. Regularly scheduled review of SOAP notes/H&Ps that were written would have been good. The Angel course was adequate for me. The rotation learning was more unorganized.

Few days on the Code team would have been great. Also, a few days on the IV team would be good.

MAKE THE GROUP SIZE SMALLER!!! Three students in one group decreased what anyone of us were able to do because we had to rotate patients.

Some practice questions or case vignettes to review throughout the course would be helpful to help develop our clinical mindset.

Reading assignments assigned every night to us and then present the next day would be good and force me to focus and study. I think on the IM650 website if there were some lectures on must know topics for internal medicine that would be helpful.

I would have benefitted from having the two inpatient IM rotations in succession. It seem like you just get into the swing of everything and the rotation is done.

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

The hours were very nice. There was a lot of interpreting lab values and imaging which was good practice.

Good hours!

The resident and interns.

The residents and interns we were set up with were extremely easy to work with and made the experience very rewarding because we were able to learn a lot from them.

The residents, who were all excellent and DOs

building relationships with the residents and seeing a large variety of people with many different issues. All the residents and attendings were really nice and helpful.

The responsibility given to the students.

Night call