

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.

In general, I had an opportunity to develop procedural skills commensurate with my 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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	N	%	N	%	N	%	N	%	N	%	N	%
11	0	0%	0	0%	0	0%	0	0%	7	64%	4	36%
11	0	0%	0	0%	0	0%	0	0%	7	64%	4	36%
11	0	0%	0	0%	4	36%	1	9%	2	18%	4	36%
11	0	0%	0	0%	0	0%	0	0%	6	55%	5	45%
11	0	0%	0	0%	0	0%	0	0%	5	45%	6	55%
11	0	0%	0	0%	0	0%	2	18%	5	45%	3	27%
11	0	0%	1	9%	2	18%	4	36%	1	9%	3	27%
11	0	0%	1	9%	2	18%	3	27%	0	0%	5	45%
11	0	0%	0	0%	1	9%	1	9%	4	36%	5	45%
11	0	0%	0	0%	0	0%	0	0%	7	64%	4	36%
11	0	0%	0	0%	0	0%	0	0%	7	64%	4	36%
11	0	0%	0	0%	1	9%	1	9%	5	45%	4	36%

Osteopathic Principles and Practice
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.

Preclinical Preparation
The basic science content I learned in Year 1 assisted me in learning from the experiences I encountered on this service.
The systems biology content I learned in Year 2 assisted me in learning from the experiences I encountered on this service
In general, the material I learned in Years 1 & 2 had little clinical relevance to what I encountered on this service.

Supervision/Feedback
I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.).
On this service, I never quite knew where I stood in meeting expected outcomes.
On this service, there was always someone available to answer my questions when I had them.

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11	1	9%	4	36%	3	27%	0	0%	1	9%	1	9%
11	3	27%	3	27%	2	18%	0	0%	1	9%	1	9%
11	1	9%	4	36%	2	18%	0	0%	2	18%	1	9%
11	4	36%	2	18%	1	9%	0	0%	2	18%	1	9%
11	0	0%	1	9%	0	0%	0	0%	6	55%	4	36%
11	0	0%	0	0%	0	0%	0	0%	6	55%	5	45%
11	0	0%	3	27%	3	27%	0	0%	3	27%	2	18%
11	0	0%	0	0%	2	18%	2	18%	4	36%	3	27%
11	0	0%	1	9%	3	27%	1	9%	3	27%	3	27%
11	0	0%	0	0%	0	0%	1	9%	7	64%	3	27%
11	3	27%	0	0%	0	0%	2	18%	1	9%	2	18%
11	0	?	0	?	0	?	0	?	0	?	0	?

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 given opportunities on this service to gain experience starting IV's.
I was given the opportunity on this service to assist with the placement of central venous catheterization or "central lines".
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.
I was encouraged to write prescriptions (when indicated) for patients I saw on this service.
I was permitted to observe "code blue" resuscitations when performed on this service.

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11	0	0%	0	0%	0	0%	0	0%	7	64%	4	36%
11	0	0%	1	9%	0	0%	0	0%	6	55%	4	36%
11	0	0%	0	0%	1	9%	0	0%	7	64%	3	27%
11	0	?	0	?	0	?	0	?	0	?	0	?
11	0	0%	2	18%	3	27%	2	18%	1	9%	3	27%
11	0	0%	2	18%	4	36%	2	18%	2	18%	1	9%
11	0	0%	2	18%	4	36%	1	9%	2	18%	2	18%
11	0	0%	2	18%	1	9%	1	9%	4	36%	3	27%
11	0	0%	0	0%	0	0%	0	0%	5	45%	6	55%
11	0	0%	1	9%	1	9%	0	0%	5	45%	4	36%
11	0	0%	2	18%	2	18%	1	9%	4	36%	2	18%
11	0	?	0	?	0	?	0	?	0	?	0	?
11	0	?	0	?	0	?	0	?	0	?	0	?
11	0	?	0	?	0	?	0	?	0	?	0	?

Assessment Exam

The post-rotation examination (Exam Master) covered the core content areas as described in the course protocol.
Exam Master was a convenient and user-friendly method of administering my end-of-rotation evaluation as compared to paper exams.
Having a post-rotation exam encouraged me to study and read.

Overall Assessment

This rotation offered a positive learning experience and stimulated my interest in this specialty of medicine.
Taking everything into account, my experiences on this rotation stimulated my commitment to become a physician.
Taking everything into account, my experiences on this rotation stimulated my commitment to become an osteopathic physician.
As a student I felt "comfortable" on this rotation.

N=	NA		SD		D		N		A		SA	
	N	%	N	%	N	%	N	%	N	%	N	%
11	0	0%	0	0%	1	9%	1	9%	1	9%	0	0%
11	0	0%	1	9%	1	9%	0	9%	1	9%	0	0%
11	0	0%	0	0%	0	0%	1	9%	2	18%	0	0%
11	0	?	0	?	0	?	0	?	0	?	0	?
11	0	?	0	?	0	?	0	?	0	?	0	?
11	0	0%	0	0%	1	9%	1	9%	6	55%	3	27%
11	0	0%	0	0%	0	0%	0	0%	7	64%	4	36%
11	1	9%	0	0%	1	9%	1	9%	5	45%	3	27%
11	0	0%	0	0%	1	9%	1	9%	4	36%	5	45%

Caseload and Management of Patients

Although our patient load was not very heavy the didactics we did everyday gave me the opportunity to learn about what I did not see.

I spent most of the rotation in the outpatient setting. Did not really get an opportunity to develop procedural skills except for venipunctures. and vital signs

Dr. Saad allowed me to critically think through a case without help, and then we would go back and review my thoughts and his as well. He was very interactive.

There was excellent autonomy on this rotation.

Expectations/Learning Objectives

Dr. Kalahasty was good about understanding my level of knowledge and worked with me accordingly.

The course protocol was unrealistic for my rotation. Many of the physicians at our hospital do not do procedures or overnight call themselves.

HFWH needs to establish a better approach to rotating internal medicine students. There are no lectures, and because the doctors are so busy and no one approaches them from administration about what is expected, it was left up to me to let Dr. Saad what I needed to learn. Nevertheless, Dr. Saad was an incredible teacher when it came to discussing each patient's case.

Resources

Dr. Kalahasty has an extensive library in his office, and is very willing to lend out any books.

The new course protocol is still very confusing- the most helpful information came from a fellow classmate not the faculty.

The journal articles were helpful.

Great selection of articles on the IM website.

Osteopathic Principles and Practice

I rotated with an M.D (very good doctor in my opinion). However, if osteopathic institutions, and other practicing D.O.'s for that matter, are concerned about the growing lack of OMT in emerging D.O.s' practices, the fact that D.O. students like myself are assigned to rotate and learn from an M.D. (especially during a primary care type of rotation) should be considered and challenged. An online presentation of OMT is not enough. I went to a D.O. school to learn D.O. practices, and if OMT is considered one of the cornerstones of osteopathic medicine, doesn't it make sense to make sure arrangements are made to where I would at least be assigned to a D.O., especially in the primary care setting?!

I have yet to work with an osteopath.

No OMM whatsoever. I don't know how it would even be possible to make opportunities to do so in the HFWH environment.

Preclinical Preparation

Even with the clinical issues I struggled with, I was still able to think to myself that I had at least heard and learned about most of the clinical issues I encountered. The summer of Year 1 and all of Year 2 are excellent preparation for rotations.

Supervision/Feedback

Understandably, Dr. Saad was too busy to take time out to thoroughly critique me.

Professionalism

I still feel Dr. Kalahasty is a good physician. I just envision myself practicing in a more D.O. type of way.

Procedures

The experience did not have much other than H & P, developing a differential diagnosis, and discussing treatment. No procedures.

ACLS guidelines

Overall Assessment

My attending interacted well with her patients. She modeled DPR in a positive way

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:

one-on-one interaction with patients and teaching by Dr Sharon

the cardiology symposium put on by Wyandotte hospital.

The didactics with my physician.

DPR

Dr. Pervez did a great job at letting me go to treat, teach, experience medicine as well as make mistakes in which I can improve. I didn't feel like I was shadowing him but working along side of him as a coworker not a student. I would definitely do this rotation again with him.

Dr. Saad's willingness to discuss with me every patient's case and his approach to management.

doing procedures

Cardio and respiratory

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

nothing

more hospital experience, being that this was an Internal Medicine non-PCAC rotation. How does a rotation designated as a non-PCAC "hospital" IM rotation end up being a 95% ambulatory clinical experience? I was told by Wyandotte that I could not change the set-up I was placed in. This needs to be addressed by the administration. As a student, I feel short-changed. The only explanation given to me was that there were no hospitalists available for a medical student. Isn't this a teaching hospital that expects students? In my opinion, this is unacceptable. Out of the 8 weeks allotted for hospital IM, all 8 weeks should primarily be spent in the hospital. How else are students going to learn/observe/develop the procedural skills listed in MSUCOM's IM clerkship protocol?

a more realistic course protocol.

More time spent at the hospital (in-patient care)

The checklist was a bit frustrating. Our IM docs don't do ANY procedures. The house doc or nsg does them. Thus, in order to meet the requirements, I had to either take time off of my rotation or sit in the ER for hours waiting for an NG or foley to come up. I really liked the idea of doing it. I want to learn these things. However, this rotation wasn't a good rotation to do them on. I could list countless times that I called, paged, emailed, waited, asked, etc... nurses, docs, tech, etc... for an NG tube and I still never did one.

More didactics

posting acs guidelines

More education on order writing and Differential Diagnosis

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

the office and staff were highly unique

dealing with patients with chronic conditions and learning how to manage them. Since almost all of Dr. Kalahasty's patients have chronic conditions, I was able to learn medical management of such patients.

My responsibility to determine differential diagnosis and narrow them down by PE and lab tests.

My night-calls and time spent in the ICU were the most beneficial days of my rotation. I got observe care of patient in-patient. The physicians took the time to explain the rationales for their managements.

Being on my own...writing my note, my assessment, and plan...treating as I would treat. Also, getting off early enough so that I had time to read when I got home.

Dr. Saad allowing me to see patients on my own, do an H&P, and then discuss together before he went and visited the patient himself.

opportunity to work with the house physician and do procedures that I wouldn't have done with the hospitalist

Experience with history taking and writing notes