

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.

N=	NA		SD		D		N		A		SA	
	N	%	N	%	N	%	N	%	N	%	N	%
13	0	0%	0	0%	0	0%	0	0%	6	46%	7	54%
13	0	0%	0	0%	0	0%	1	8%	5	38%	7	54%
13	1	8%	0	0%	1	8%	1	8%	5	38%	5	38%
13	0	0%	0	0%	0	0%	0	0%	5	38%	8	62%
13	0	0%	0	0%	1	8%	1	8%	3	23%	8	62%
13	0	0%	0	0%	2	15%	2	15%	6	46%	3	23%
13	0	0%	0	0%	3	23%	2	15%	5	38%	3	23%
13	0	0%	0	0%	3	23%	0	0%	5	38%	5	38%
13	0	0%	0	0%	0	0%	1	8%	6	46%	6	46%
13	0	0%	0	0%	0	0%	0	0%	6	46%	7	54%
13	0	0%	0	0%	0	0%	0	0%	6	46%	7	54%
13	0	0%	0	0%	2	15%	3	23%	6	46%	2	15%

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.

N=	NA		SD		D		N		A		SA	
	N	%	N	%	N	%	N	%	N	%	N	%
13	0	0%	0	0%	3	23%	2	15%	5	38%	3	23%
13	0	0%	0	0%	3	23%	2	15%	5	38%	3	23%
13	0	0%	0	0%	3	23%	3	23%	5	38%	2	15%
13	0	0%	0	0%	3	23%	1	8%	5	38%	4	31%
13	0	0%	0	0%	0	0%	4	31%	5	38%	4	31%
13	0	0%	0	0%	0	0%	3	23%	5	38%	5	38%
13	0	0%	4	31%	3	23%	3	23%	1	8%	2	15%
13	0	0%	0	0%	2	15%	1	8%	7	54%	3	23%
13	0	0%	1	8%	5	38%	2	15%	4	31%	3	8%
13	0	0%	0	0%	1	8%	0	0%	5	38%	7	54%
13	0	?	0	?	0	?	0	?	0	?	0	?
13	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.

N=	NA N %	SD N %	D N %	N N %	A N %	SA N %
13	0 0%	0 0%	0 0%	0 0%	7 54%	6 46%
13	0 0%	0 0%	1 8%	1 8%	6 46%	5 38%
13	0 0%	0 0%	1 8%	1 8%	6 46%	5 38%
13	0 ?	0 ?	0 ?	0 ?	0 ?	0 ?
13	1 8%	0 0%	6 46%	0 0%	3 23%	3 23%
13	0 0%	1 8%	6 46%	1 8%	3 23%	2 15%
13	0 0%	0 0%	2 15%	0 0%	7 54%	4 31%
13	3 23%	0 0%	2 15%	1 8%	4 31%	3 23%
13	0 0%	0 0%	0 0%	0 0%	7 54%	6 46%
13	0 0%	0 0%	3 23%	0 0%	7 54%	3 23%
13	1 8%	0 0%	0 0%	0 0%	7 54%	5 38%
13	0 ?	0 ?	0 ?	0 ?	0 ?	0 ?
13	0 ?	0 ?	0 ?	0 ?	0 ?	0 ?
13	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	%
13	2	15%	1	8%	4	31%	1	31%	2	15%	3	23%
13	1	8%	1	8%	1	8%	2	8%	3	23%	0	0%
13	0	0%	2	15%	1	8%	2	15%	3	23%	0	0%
13	0	0%	0	0%	0	0%	1	8%	1	8%	0	0%
13	0	?	0	?	0	?	0	?	0	?	0	?
13	0	0%	0	0%	1	8%	2	15%	3	23%	2	15%
13	0	0%	0	0%	1	8%	1	8%	4	31%	2	15%
13	0	0%	0	0%	1	8%	1	8%	4	31%	2	15%
13	0	0%	0	0%	1	8%	2	15%	2	15%	3	23%

Caseload and Management of Patients

Night call offered the greatest opportunity for learning at this hospital

Expectations/Learning Objectives

Expectations for this rotation were not clear at the outset of the rotation, which may have been primarily due to random chance dictating which attending you were supposed to follow on the first day. Following 7+ different attendings who each have different ideas of the rotation expectations was cause for some confusion in this area.

Supervision/Feedback

Timely feedback was available in some cases, but it depended on which attending you had. In general, there were only two attendings that I worked with who seemed willing to take the time to answer questions (Bacic and Yacoub). The others I worked with didn't seem to want to be bothered with teaching, which made the learning experience somewhat challenging.

Professionalism

I observed some random HIPAA violations during this rotation, which were not very professional.

Procedures

As the tallest guy in the room, I was usually recruited to do chest compressions during codes.

Overall Assessment

I did not feel that many of the the questions on the post-rotation exam reflected the topics I was encouraged to learn on this rotation. I also felt that having to study for this exam took time away from my being able to review topics I was seeing in the hospital which did not happen to be on the first exam.

As to the post-rotation exam, I found the content out of proportion to the scope of the rotation. Asking specific side effects of drugs I had not encountered on the rotation was an unfair expectation, as well as were questions regarding rare diseases which I had not seen during the rotation. The diseases I saw were common for the most part, and I read after each new encounter on the pathology, clinical presentation and treatment of that disease. I read the recommended articles as well and these did not seem to help me on my exam either. I think a better way to do this would be to ask broader clinical-based questions about common diseases, things we are likely to see and where knowledge of these things would help us over and over again in a family practice or internist office.

This has been my worst rotation so far. With a few exceptions, many of the attendings seem unwilling to teach, and I never knew quite what they expected. They enjoyed gossiping a little too much, and I believe that included some "nonproductive" gossip about the students and interns on the rotation. As far as MSU's side of things, I thought the rotation was run well, and the online exam was very helpful in stimulating a learning experience.

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:

Preceptorship, which taught me how to present a case in a concise but thorough manner
year 2 courses
SOAP note writing, Clinical skills, year 2 classes
Preceptorship

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

It was a little confusing when the requirements were changed in the middle of the rotation. In addition, it was not clear what score we need to receive on the post-rotation exam

Night call should be required for at least a week if the hospital allows it, it is much easier to learn from an attending when there aren't six or seven nurses and PAs vying for the physician's time and attention

get rid of the Exam Master test.

better organized rotation schedule

It was fine

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

The attendings I worked with were patient with my limited skills as a new third year student, and took the time to explain the cases I was seeing.

Fast-paced

the amount of time I was able to spend with my attendings and being able to round on patients myself.

night call, patient interaction, teaching

Autonomy, great practice with H&Ps

It was repetitive