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.

Standards for my expected level of performance (how I was to be evaluated) on this rotation were made clear to me at the outset.

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.

The online lecture series was helpful in understanding my patients.

The COM Clerkship Website provided convenient access to course documents and materials related to this rotation.

### Clerkship Rotation Evaluation Results

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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.

The post-rotation examination reflected the core content areas as described in the course protocol.

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I feel prepared to create a relevant master problem list, especially related to behavioral and psychosocial patient issues.

I feel comfortable entering information in the medical record using the SOAP format.

I was encouraged to write prescriptions (when indicated) for patients I saw on this service.

I am now aware of how to incorporate a behavioral patient assessment into routine verbal and written summaries.

I still feel somewhat uncomfortable generating an appropriate assessment, including differential diagnosis, for behavioral patients.

I feel prepared to take an accurate and appropriate history and physical examination for patients with behavioral / psychosocial problem(s).

I feel prepared to write timely and appropriate chart notes for behavioral / psychosocial patients.
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.

### Overall Assessment

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Caseload and Management of Patients

Section Comments

Despite of lack of diversity in race and pediatric population, the rotation has ample adult out patient to see and develop skills to examine the patients.

In the two weeks I spent at Kingswood, I felt that I should have had ample opportunity to learn and practice doing a full MSE. Unfortunately I only had the opportunity to observe a single MSE, and was not able to, at any point, perform one on my own under supervision.

There were only black patients, all fairly old, so the diversity was not exactly there.

Expectations/Learning Objectives

Section Comments

It was very difficult to receive any instruction, let alone any educational points. I only expected the attendings and residents to cover some basic, fundamental information as it pertains to application in the field and clinical assessment. This was very difficult, and getting some education felt like pulling teeth. Much of the time I tried asking questions to bring up some educational points but often times I felt that my questions were not well received. Communications overall was very difficult.

In terms of the course objectives, I felt that there was a lot of disorganization. Information was difficult to access. The objectives listed in my logbook were nearly impossible to attain as a result of my placement. I would have appreciated an orientation day to cover school/course objectives.

Resources

Section Comments

Lectures were definitely helpful as well as the end of lecture quizzes.

The documents were easily accessed, but overall explanation of the rotation objectives was quite unclear at times. I would've preferred an orientation day.

See if the lecturers can take the NBME shelf so they know what's on it, because that test was a little ridiculous compared to what they taught us.

Watching the lectures really didn't add much to the educational value of the rotation. Our attending was able to sum up the information in those lectures each day in a 10-15 minute discussion with us, which was much more efficient in terms of time and effort.

Osteopathic Principles and Practice

Section Comments

This is psych, are you kidding? OMT. Here, let me do some cranial manip, see if that helps your schizophrenia.

Preclinical Preparation

Section Comments

It was important to understand neuro, pharm and behavioral to grasp what was going on and why.

Supervision/Feedback

Section Comments

the practice questions presented in Angel are simplistic and do not represent well the content tested in the NBME exam
The NBME shelf is NUTS. I passed, but it was a tough test and it didn't seem like our curriculum set us up for success on it.

Procedures

Section Comments

I didn't receive much instruction in the way of assessing a patient. There was hardly any discussion over how to create a differential diagnosis for behavioral/psychosocial problems. After seeing patients and performing the same "brief" interview, I was never able to discuss fully the patient, their case, and what things to take away from the interview in terms of the patient's behavior, demeanor, affect, etc. I expected some instruction on how to differentiate these nuances when speaking to and assessing patients, but unfortunately the instruction I received was minimal and certainly fell short when it came to my overall experience on what was supposed to be my "psych" rotation. I received more psych training at Maplegrove, which is a substance abuse center, than I did at Kingswood, an acute care psychiatric hospital, which was truly disappointing. I would have preferred to spend a full month at Maplegrove. I feel that the substance abuse education in addition to the psych consults were far more beneficial and I feel that I would have learned far more spending a full month in that facility. At Kingswood, I had the opportunity to see some things but without an actual frame of reference and some fundamental principles I have no way of organizing this information and therefore I have no idea how I would be able to apply any of it clinically in the future.

I feel prepared to take care of psych patients, but this rotation did not prepare me to do so.

It's just a month. Am I a pro at it? No. But at least I have a good idea how to perform a psychiatric evaluation and use the DSM-IV with the Axes.

Overall Assessment

Section Comments

I did not feel comfortable. I really felt like there was no need for me to be there. The attending always found a way to postpone or evade these "interesting discussion" we were going to have at some point regarding certain patients and certain observations made on the floors or in team. These discussions and learning opportunities never happened. I was given some RIDICULOUS busy work at some point that was nothing more than a waste of my time. Even though there are many students that come through this hospital regularly, there is very little focus on education at that level of training. I stood around much of the time with no direction. I tried to show interest and initiative, but it never seemed to make a difference. I was there nearly every day from 8-5 and I would have much preferred to stay home and prepare for my shelf exam, I would've gained much more. I felt disrespected that my time was wasted like that nearly every day. I pay a lot of money to be there and to learn and I expect to be able to learn and to be given the opportunity to learn. If that is not possible then I would expect to be dismissed in order to use that time more effectively.

It was eye opening to work in Detroit, but we were under-utilized on this rotation.

It took some getting used to as the flow of the psych rotation was unlike almost anything else.

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:

- NA
- None
- DPR
- The behavioral course
- Behavioral
- behavioral

Our behavioral science course was a great primer for this rotation and the shelf exam.
none, unfortunately our day of lectures was cancelled and never rescheduled.

behavioral

Neuro, Pharm, Behavioral Science, DPR

Psych course

Psych

Psych class

This rotation could have been improved by:

NA

Better organization at the onset of the rotation! The medical director was new to the position and was out of town for the 1st week of the rotation. In addition another student and I were moved from a different site to this site which had no history of taking MSU students because the previous site already had 2 students assigned to it, however we were now at a site with 4 additional students assigned to it. 6 students on this rotation was not only overwhelming for the site but also frustrating when there was a bit of a lack of direction the first week.

None, the shelf exam is nothing like the documents posted online for helping us take the exam..

If case presentation was moved up to maybe the second week

Having less lectures and courses at the Macomb campus. It took away from our experience and was less valuable than spending time in clinic. It was a waste of time and gas to have to travel so far for such short "lectures"

making the rotation longer

The opportunity to rotate in an inpatient facility.

The logbook did not seem to help very much.

Um, I don't even know where to begin. A different placement would be a great start.

Seeing more patients, and having more responsibility. I saw 8 patients all month.

not having to drive to the campus for presentations, not having to watch lectures.

Lectures and quizzes that more closely reflected what we could expect on the shelf.

It was a great rotation.

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

Feedback and discussion/ didactic given by attending on site.

patient diversity

reading about the different disorders

the patients

Dr. Washington was great to work with and allowed to care for many acutely ill patients under his supervision.

Dr Washington is a wonderful attending. After every case I presented to him he took time out to discuss the case and teach.
I wish I could say there was something I truly enjoyed about this rotation, but there really wasn't. It's truly disappointing when I talk to other students who tell me that they've had a good experience and learned a fair amount from their attending & residents. I was really looking forward to this rotation, and it truly has been the worst experience since I've started rotating. I hope it can be improved for future students. I know this evaluation sounds really harsh and my intention is not to be negative. I've never given an evaluation like this in the past, but I really needed to express what my experience was like; how unhappy I was to be there and how useless it proved to be in the end. I really hope that it can be improved for future students.

working with the patients in the clinic and hospital, the diversity of the patients at my site.

Dr Washington was amazing to work with. Took the time to talk to us about all the topics we were interested in and constantly engaged us to think things through.

It seemed very low-key, no pressure at work. Dr Washington makes it easier to learn in that sense; it's stressful enough to work with indigent patients who have psychiatric disorders, at least the boss is relaxed.

 Variety of psych exposure

It gave me a great perspective on psychiatry practice, as well as some of the programs available to low income, low SES patients who have psychiatric conditions. It was a very enlightening experience. My attending was excellent at teaching.

Dr. Washington did an excellent job of incorporating the many areas involved in the treatment of individuals with mental illness. We were able to work individuals that assessed and aided in the social areas that affect mental illness as well as with the physicians. This provided a broad and thorough understanding of overall treatment. He was an excellent mentor, and gave excellent advice as to how to study for the shelf exam and boards.

Challenging