### 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.

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.

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

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<tr>
<td>On this service there were facilities and opportunities available to support learning about osteopathic manipulative medicine (OMM).</td>
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<td>Faculty knowledgeable in the appropriate use of OP&amp;P in case management were available to me as needed.</td>
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<tr>
<td>I had opportunities to use OMM on this service.</td>
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<td>When seeking out opportunities to apply OMM, I felt supported by the faculty here.</td>
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### Preclinical Preparation

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<tr>
<td>The basic science content I learned in Year 1 assisted me in learning from the experiences I encountered on this service.</td>
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<td>The systems biology content I learned in Year 2 assisted me in learning from the experiences I encountered on this service.</td>
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<td>In general, the material I learned in Years 1 &amp; 2 had little clinical relevance to what I encountered on this service.</td>
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### Supervision/Feedback

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<td>I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.).</td>
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<td>On this service, I never quite knew where I stood in meeting expected outcomes.</td>
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<td>On this service, there was always someone available to answer my questions when I had them.</td>
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<td>The post-rotation examination reflected the core content areas as described in the course protocol.</td>
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### Professionalism

1. I was treated as a professional by those supervising my student-physician role on this service.
2. My supervising faculty on this service modeled physician-patient interactions on this service in ways I would like to emulate.
3. Issues of professionalism were included as a point of discussion by faculty on this rotation.

### Procedures

1. I feel prepared to create a relevant master problem list, especially related to behavioral and psychosocial patient issues.
2. I feel comfortable entering information in the medical record using the SOAP format.
3. I was encouraged to write prescriptions (when indicated) for patients I saw on this service.
4. I am now aware of how to incorporate a behavioral patient assessment into routine verbal and written summaries.
5. I still feel somewhat uncomfortable generating an appropriate assessment, including differential diagnosis, for behavioral patients.
6. I feel prepared to take an accurate and appropriate history and physical examination for patients with behavioral / psychosocial problem(s).
7. 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.
**Caseload and Management of Patients**

**Section Comments**

This was a great month for learning, however, only a few opportunities were given for direct one on one interaction with the patients.

Very diverse patient base, excellent overview of major psych conditions in their acute state.

While I had a few opportunities to speak to patients, overall, it was more of a shadowing experience.

This was more of a shadowing experience than anything else.

Dr. Rao was a great teacher and fun to work with, but it was more of a shadowing experience. He would interview the patients and then we would discuss the cases after. While we were with Dr. Rao, I enjoyed learning in this style, but it would have been nice to have more responsibility.

**Resources**

**Section Comments**

The online resources were helpful in preparing for the NBME exam.

The online lectures were useful.

**Osteopathic Principles and Practice**

**Section Comments**

There were no appropriate times or facilities available to perform OMM in this setting. It would have been more realistic in an outpatient clinic but not in the emergency psychiatric ward.

**Preclinical Preparation**

**Section Comments**

I feel an improved medical legal and/or medical billing course that went more in depth into the modern health care and insurance side of medicine would be very useful in 2nd year.

We were never taught much psychiatry in medical school.

Our psych course helped the most.

The class that helped the most of psychiatry

**Supervision/Feedback**

**Section Comments**

Many of the questions on my post rotation exam were the "which of the following is NOT" style of questions. These style questions are no longer used for Boards/Shelf exams. The content, however was similar.

The post rotational exam was so poorly written and extremely long. It was a terrible test and I ran out of time. I studied a lot of this exam, but the questions were so wordy it was easy to get lost in them, and they seemed vague.

**Professionalism**

**Section Comments**

Dr. Rao did an excellent job illustrating topics involving professionalism. He is a great leader and educator.

**Procedures**
Section Comments

We didn't really get to interview the patients ourselves or chart anything. We took our own notes just to do something but it was mainly shadowing. Saw a lot of interesting cases though.

Overall Assessment

Section Comments

This rotation would have been fine if we did not have 8 days where we had to sit in a "file room" for 6 hours straight while we were in the Emergency Psych eval unit. We were told to wait in the room and they would call us. We often went and checked in but they would say the doctor wasn't in so go wait in the room. Talk about a waste of our lives. The room was so disgusting and musty and ridiculously heated. It was the worst 8 days of my life. We should have just left like every other student on this rotation did but our group stayed the whole time. Dr. Rao was on vacation 4 of those 8 days and he is the only doctor that really took the students around. With the other doctor, we felt uncomfortable and it was made clear by the nurses that they didn't want us around. Dr. Rao next time should send us home if there is going to be nothign to do, so we could have studeied in an environment good for studying. our home base file room was like 6 chairs and one small desk with a computer that sometiems worked and a a bunch of file cabinets. Everyone agreed, not a suitable place to study or hang out all day.

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:

Dr. Rao provided a end-of-rotation exam that was most beneficial for the shelf. The online lectures were helpful, the case discussions allowed the students to compare experiences they may have not seen thus far, and compare different techniques.

Dr. Kaufman's neurology examination lecture. The Behavioral medicine course.

Dr. Rao and Dr. Kotha were great teachers really got us involved in meeting patients and discussing disease conditions

DPR

DPR was the best

psych course

the teacher and staff

The online lectures were helpful along with our Psych course to prepare for the shelf and during the rotation.

I thought the online lectures were very helpful in studying for this rotation.

The behavioral course.

The behavioral medicine course was the most helpful class in preparation for this rotation.

Psychiatry

This rotation could have been improved by:

More one on one patient experience would be appreciated, although, I can understand liability that exists with symptomatic hospitalized patients.

I honestly can't think of anything to improve this rotation.

More contact with patients alone, without the attendings present

The students rarely had opportunities to speak with patients on a one-on-one basis. We basically shadowed the attending the whole time. There were also times where we were told to wait on another doctor so we could see cases in the emergency psych area but we were never called. We sometimes waited 2-3 hours, I feel like better use could've been made of our time.
More time with patients

There needed to be more patient student interaction.

not having the students work with the emergency psych eval department in the hospital. or allowing/telling us not to come in if Dr. Rao is on vacation since none of the other doctors would call us to see patients. they need to put us in a conference room or something. Also the shelf was terribly written and didn't reflect the scenarios in the review books. I wish I could have my 8 days back where we were told to sit in a room all day and wait.

nothing

More one on one time with patients

Having us interact more with patients instead of just sitting in on the interviews.

My site was strictly inpatient. It would have been nice to do a few days of outpatient as well. I feel that having the inpatient experience is more beneficial though.

This rotation could be improved by more interactions of the students with the patients, giving the students the chance to write notes for the patients, and practice with prescription writing.

Larger volume of ER psychiatric patients

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

We were able to explore the legal aspects of psychiatry and attended a day in the County court, where Certifications were reviewed by the judge, clinical psychologist, and attorneys. It was an excellent experience to see this.

The Physicians and support staff were extremely helpful and kind. I felt comfortable at all times asking questions. This was an outstanding experience.

Dr. Rao has a wealth of knowledge and always has interesting personal anecdotes.

Dr. Rao was a great model physician.

getting to see a lot of cool psych patients. and being on it with other students to pass the long hours of sitting in the file room. Dr. Rao overall was great! even though it was mostly shadowing. I enjoyed our time with him. He knows so much.

teacher

The diversity of the patients

The angel site contained useful information. The lectures were well done and stimulated me to study for the difficult shelf exam at the end of the rotation.

What I liked most about this rotation is that I was not the only student. Given the nature of the facility I felt safer having a fellow student with me on the rotation.

The staff, the doctors, and learning more about the management of psychiatric patient.