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.

<table>
<thead>
<tr>
<th>Caseload and Management of Patients</th>
<th>Academic Year: 2011-2012</th>
<th>Clerkship Rotation Evaluation Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>In general, there was an appropriately diverse mix of patients (including race and ethnicity) seen on this service to meet the clinical training objectives.</td>
<td><strong>N=</strong> 26</td>
<td><strong>NA</strong> 2 8% 16 62% 8 31%</td>
</tr>
<tr>
<td>The amount of patient care responsibilities assigned to me were just about right for my current level of training.</td>
<td><strong>SD</strong> 26</td>
<td>2 8% 4 15% 7 27% 10 38% 3 12%</td>
</tr>
<tr>
<td>In general, I had an opportunity to develop procedural skills commensurate with my level of training.</td>
<td><strong>D</strong> 26</td>
<td>4 15% 2 8% 7 27% 2 8% 10 38% 1 4%</td>
</tr>
<tr>
<td>I was given ample opportunity to become involved in learning about management of patient cases.</td>
<td><strong>N</strong> 26</td>
<td>1 4% 4 15% 3 12% 11 42% 7 27%</td>
</tr>
<tr>
<td>I felt supported and encouraged to offer my own differential diagnosis and treatment plan.</td>
<td><strong>A</strong> 26</td>
<td>1 4% 2 8% 2 8% 3 12% 12 46% 6 23%</td>
</tr>
<tr>
<td>Standards for my expected level of performance (how I was to be evaluated) on this rotation were made clear to me at the outset.</td>
<td><strong>SA</strong> 26</td>
<td>1 4% 1 4% 4 15% 14 54% 6 23%</td>
</tr>
<tr>
<td>The information presented on this rotation was presented at a pace and at a level that was consistent with my existing knowledge base.</td>
<td><strong>Clerkship Rotation Evaluation Results</strong></td>
<td><strong>N=</strong> 26</td>
</tr>
<tr>
<td>Resources</td>
<td><strong>SD</strong> 26</td>
<td>2 8% 1 4% 1 4% 9 35% 13 50%</td>
</tr>
<tr>
<td>There were sufficient educational resources (computers, books, journals, &amp; other library materials) available to me on this rotation.</td>
<td><strong>D</strong> 26</td>
<td>3 12% 4 15% 10 38% 9 35%</td>
</tr>
<tr>
<td>The online lecture series was helpful in understanding my patients.</td>
<td><strong>N</strong> 26</td>
<td>1 4% 3 12% 11 42% 11 42%</td>
</tr>
<tr>
<td>The COM Clerkship Website provided convenient access to course documents and materials related to this rotation.</td>
<td><strong>A</strong> 26</td>
<td><strong>SA</strong> 26</td>
</tr>
</tbody>
</table>
### Osteopathic Principles and Practice

<table>
<thead>
<tr>
<th>Description</th>
<th>N= 26</th>
<th>NA N %</th>
<th>SD N %</th>
<th>D N %</th>
<th>N N %</th>
<th>A N %</th>
<th>SA N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>On this service there were facilities and opportunities available to support learning about osteopathic manipulative medicine (OMM).</td>
<td></td>
<td>8 31%</td>
<td>6 23%</td>
<td>5 19%</td>
<td>3 12%</td>
<td>2 8%</td>
<td>2 8%</td>
</tr>
<tr>
<td>Faculty knowledgeable in the appropriate use of OP&amp;P in case management were available to me as needed.</td>
<td></td>
<td>8 31%</td>
<td>6 23%</td>
<td>5 19%</td>
<td>2 8%</td>
<td>3 12%</td>
<td>2 8%</td>
</tr>
<tr>
<td>I had opportunities to use OMM on this service.</td>
<td></td>
<td>8 31%</td>
<td>9 35%</td>
<td>5 19%</td>
<td>3 12%</td>
<td>1 4%</td>
<td></td>
</tr>
<tr>
<td>When seeking out opportunities to apply OMM, I felt supported by the faculty here.</td>
<td></td>
<td>11 42%</td>
<td>4 15%</td>
<td>3 12%</td>
<td>7 27%</td>
<td>1 4%</td>
<td></td>
</tr>
</tbody>
</table>

### Preclinical Preparation

<table>
<thead>
<tr>
<th>Description</th>
<th>N= 26</th>
<th>NA N %</th>
<th>SD N %</th>
<th>D N %</th>
<th>N N %</th>
<th>A N %</th>
<th>SA N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>The basic science content I learned in Year 1 assisted me in learning from the experiences I encountered on this service.</td>
<td></td>
<td>2 8%</td>
<td>4 15%</td>
<td>2 8%</td>
<td>17 65%</td>
<td>1 4%</td>
<td></td>
</tr>
<tr>
<td>The systems biology content I learned in Year 2 assisted me in learning from the experiences I encountered on this service.</td>
<td></td>
<td>3 12%</td>
<td></td>
<td>17 65%</td>
<td>6 23%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In general, the material I learned in Years 1 &amp; 2 had little clinical relevance to what I encountered on this service.</td>
<td></td>
<td>2 8%</td>
<td>15 58%</td>
<td>4 15%</td>
<td>5 19%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Supervision/Feedback

<table>
<thead>
<tr>
<th>Description</th>
<th>N= 26</th>
<th>NA N %</th>
<th>SD N %</th>
<th>D N %</th>
<th>N N %</th>
<th>A N %</th>
<th>SA N %</th>
</tr>
</thead>
<tbody>
<tr>
<td>I received timely feedback about development of my clinical skills (e.g. charting, physical exams, history taking, and DPR, etc.).</td>
<td></td>
<td>2 8%</td>
<td>3 12%</td>
<td>15 58%</td>
<td>6 23%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On this service, I never quite knew where I stood in meeting expected outcomes.</td>
<td></td>
<td>2 7%</td>
<td>11 37%</td>
<td>4 13%</td>
<td>7 23%</td>
<td>6 20%</td>
<td></td>
</tr>
<tr>
<td>On this service, there was always someone available to answer my questions when I had them.</td>
<td></td>
<td>2 8%</td>
<td>1 4%</td>
<td>15 58%</td>
<td>8 31%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The post-rotation examination reflected the core content areas as described in the course protocol.</td>
<td></td>
<td>2 8%</td>
<td>7 27%</td>
<td>14 54%</td>
<td>3 12%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 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.

Issues of professionalism were included as a point of discussion by faculty on this rotation.

Procedures

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.

Academic Year: 2011-2012

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism</td>
<td>26</td>
<td>1 4%</td>
<td>2 8%</td>
<td>15 58%</td>
<td>10 38%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures</td>
<td>26</td>
<td>1 4%</td>
<td>2 8%</td>
<td>14 56%</td>
<td>8 32%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
Caseload and Management of Patients

Section Comments
Patient population is diverse with respect to race and ethnicity, however, patient population is NOT diverse with respect to age or presenting diagnosis. There is not enough inpatient experience. This is mostly a shadowing rotation. Although I asked on multiple occasions, I was never given an opportunity to chart, write prescriptions, or to interview a patient on my own. Very rarely was I asked to participate in developing a differential diagnosis.

Dr. Pezhman was always concerned whether I was learning and always asked me what I though the patients Dx was.

mostly I just sat and watched the psychiatrist talk to patients

I felt that I was not given enough patient responsibilities and that I could have benefited from a lot more one on one time with the patients.

Expectations/Learning Objectives

Section Comments
The different type of patient diagnosis were not diverse enough to facilitate learning the objectives set forth for the course.

Resources

Section Comments
The online questions were very convenient and helpful (once you printed them out.) The lectures were lengthy and for the most part would be better if presented in a concise written format that could be studied when internet access is unavailable. (I-pod/MP-3 formats are convenient, but it is not always practical to listen to a lecture in the office setting.) The lectures were slow and long, I much prefer being allowed to learn on my own in whatever way I learn best

Preclinical Preparation

Section Comments
Behavioral course is perfect for COMLEX, USMLE, and shelf

The most helpful courses were my DPR and especially my clinical skills courses, however it would have been better if I had practiced a mental status exam before this rotation. The behavioral Year 2 course did not prepare me as well as it should have both for my board exams and for the Shelf exam.

Supervision/Feedback

Section Comments
I received timely feedback on my DPR and interviewing skills (the other items I never did on this rotation.) I did feel that there was not much time for “teaching” and that I had to learn many things on my own.

Dr. Pezhman constantly observed my conversation with patients and encouraged me to get involved in the management of their cases.

Professionalism

Section Comments
We were forced to stay until 5 pm even is all the doctors left and there was nothing going on. We were mandated to get signatures from doctors every day to verify our attendance. I felt like it was really demeaning and, frankly, and pretty big waste of time to just sit around doing nothing because of required hours.

Although the physicians were not grossly negligent, I felt that most of the patient visits were spent adjusting medications and not on addressing the patient as a whole. Physical exam skills were almost non-existent.
Procedures

Section Comments

I have a better understanding of what questions to ask and how to interview a patient but have not advanced my skills very far with regard to charting, writing prescriptions, differential dx, or physical exam skills. Learning to go through a Mental Status Exam is a learning process that I must continue to work on.

Overall Assessment

Section Comments

Overall, this was a pretty big bummer. I felt awkward and in the way most of the time. I felt as if I was an inconvenience to most of the physicians here. There was very little opportunity to learn unless I really pushed to see patients.

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:

- Behavioral Medicine Class
- Write ups based on a clinical diagnoses helped me become familiar with these specific illnesses.
- Behavioral, DPR, Ethics
- Behavioral, Doctor-Patient Relationship
- My interaction with patients that was then followed up with discussion from the attendings. Also, I was able to go to a nursing home and see patients in their natural environment.
- Psychiatry course.
- psych
- Home visit experiences and COM practice problems
- My neurology course in 1st year of medical school. The one-half day that I spent on inpatient service with Dr. Rao. The practice questions that were provided in the ANGEL course.
- Behavioral medicine
- psychiatry
- Psychiatry
- The patient interview was beneficial to my learning
- Behavioral medicine course.
- doctor patient relationships
- Online lectures, clinical rotation

This rotation could have been improved by:

- having more opportunity to be in the inpatient setting
- Being an inpatient rotation at the base hospital I chose.
- Not making me drive 30 minutes every day.
- Allowing to leave to go study for the shelf exam if there was nothing left to do for the day.
- Having physicians excited about student learning. More interaction with the patients instead of simple medication review.
Maybe a little more independence, seeing patients by myself.

If there was more opportunities for me to see patients.

more in patient care.

a more regular schedule.

More physician guidance and follow up on student work and performance

More inpatient psychiatric experiences. Any experience with physicians or residents who have experience teaching.

There were a large amount of patients who didn't show so there were many occasions where I would have large amounts of time where I would just read. I tried sitting in on group sessions to fill the time but there were many instances where nothing was available. I'm not sure if anything can actually be done about this or if it's just the patient population I was dealing with.

More in-patient hospital experience

Spending more time with the psychiatrist. While it was interesting and useful to spend days with the social workers, I felt very limited on the time I actually got to spend with a psychiatrist and evaluate patients.

Opportunity to interview more patients or discuss medication regimens

More direction for student expectations and patient one on one interaction

more inclusion in patient treatment

More inpatient experiences. More responsibility.

---

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

all

Numerous interactions with very sick patients of different diagnoses and different drug regimens.

in hospital experience for 2 days. Needs to be longer.

Experiencing a diverse mix of patients with many different disorders. I had the opportunity to learn and see many different treatment plans. I also had the opportunity to work with social workers and see what their role is in patient care, as well as work with therapists.

Interacting with patients and incorporating what I have learned these past two years to become even more knowledgeable about mental illness.

the staff and physicians I worked with.

interacting with the doctor, freedom to speak to patients, a lot of teaching when he was present

Home visit experiences, visits at different facilities/hospitals

I had ample time to read up on disorders and research questions during the course of my day.

Sitting in on psych evals

the people were great and i loved my experience

Dr.Pezhman took the time to discuss patient cases, diagnoses, and treatments. The case review session offered through MSU was also very helpful with shelf exam studying. The shelf exam appropriately reflected what was learned on rotation.

The opportunity to involve in numerous activities, support groups, intakes, and medication reviews. I really enjoyed working with Dr. Pezhman. The program assistant Denise was very welcoming and always concerned about my satisfaction.

The staff and faculty members were always available to answer questions and teach. I felt welcomed into the group!
Getting to work with a variety of psychiatrists.

The psychiatrists (pezman and pedraza)