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.

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### Caseload and Management of Patients

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### 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.

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### 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.
### Osteopathic Principles and Practice

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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.
### 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 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.

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**Clerkship Rotation Evaluation Results**

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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.

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Caseload and Management of Patients

Section Comments

We were expected to document psychosocial assessments on each patient we saw and were encouraged to put our own assessment rather than copying the attending's.

Psychiatry rotation was trying to cram an awful lot into four weeks. This wouldn't of been so bad if it was a little better organized. However, in defense of the rotation at my hospital, I believe they just changed they entire curriculum around. It was definitely worth while changes from what I heard about the rotation coming into it!!

I did not feel supported in diagnosis and treatment plan. As a student, I was talked down to and was told numerous times that I was WRONG, but was given no constructive criticism or ideas to help improve--even when asked.

Attending did not make me feel comfortable in presenting cases or interacting with him. Our interactions with the attendings actually taking care of the pts was very limited preventing a good learning experience. Attending laid out many goals, however he was not supportive in my learning and often negated and confused my attempts at trying to understand the patient care. In my opinion needlessly confrontational and unconstructive criticism of presentations.

We were required to do way too many meeting and charting. It was also very difficult to find time to see patients and to attend the required patient activities as they were often occurring when we were required to be at other didactic meetings. Given that they know who is going to be doing the rotation it would make a lot more sense to just schedule us into the patient groups and activities so we could attend them all and not miss other lectures. We had to miss didactic sessions to go to patient activities but we were never told this was OK by the instructors, other students had to tell us. We also had to do a lot of charting that was essentially duplicating the writeups we were required to do, but in another form so we had to do twice the work. A lot of the charting we did also did not add to my education, but seemed to be mostly for the benefit of the clinical staff. Unfortunately, this left me with little time to study as I had a lot of requirements to fulfill for both my site and MSU. The overall scheduling and various requirements was very confusing and a lot of the procedure was quite different from how it was explained. Really needs to be better arranged so we are not left to our own devices to fulfill a lot of the requirements.

We discussed at length different diagnosis of patient conditions and why some fit and others didn't

Expectations/Learning Objectives

Section Comments

Expectations and scheduling were hazy at times with my hospital, however, hospital just made some changes to the program, I think.

I had no idea what the standards were and got little feedback on my performance. The opportunity to sit down and discuss my evaluation was never presented and I did not understand what some of my comments on my review were based on. Additionally, most feedback I received when discussing a patient was very specific to that patient and did not help me develop my general approach to a psychiatric patient.

The rotation at Providence Hospital was poorly organized. It was difficult to understand the expected tasks and paperwork that was required. The rotation could be simplified. Rather than emailing the students 15 different documents prior to beginning the rotation, a handbook with all required paperwork and guidelines could be provided on the first day.

This was different from other rotations in that the patient volume wasn't high but what was nice was the quality of patient interaction because you weren't rushed

Resources

Section Comments

The psych rotation has a decent amount of information to be completed outside of the colleges angel requirements. Compared to other schools I felt that we had a significant excess of information to be completed that may not have been necessary
Both MSU and Providence emailed far too many documents instead of all the documents being held centrally which made organization very confusing.

The lectures helped, but the test was quite obscure and I the lectures could have been more concise and gone a little more in-depth.

Most people didn't even watch the lectures; they left the lectures play while doing other tasks. Many of the lectures were unrelated to the material tested on the shelf.

The website is well organized and easily accessible.

Between the lectures on Angel and the Library I had great resources to learn from.

Osteopathic Principles and Practice

Section Comments

We were told at the beginning of the rotation that we should avoid touching the patients. Due to their mental health physical contact may have been misunderstood. Also our attending was an MD so was not familiar with OMM.

We were not allowed to use any OMM. It was stated in the clerkship protocol for Providence Hospital

While the act of OMM wasn't used here the principle of mind body and spirit was

There were no opportunities to practice OMM at this facility. All the patients we evaluated were in the inpatient unit.

Preclinical Preparation

Section Comments

I felt like I had very little background for the clerkship

There is a lot to grasp in psych but I felt prepared

Supervision/Feedback

Section Comments

I didn't receive any feedback until the middle of my third week. At that time, all feedback was negative. Many things were pointed out that I did wrong. When I asked why, more things I did wrong were pointed out. There were no positives emphasized and I was never told anything I did right. I was never given constructive criticism. Dr. Lessem had no problem telling me what I did wrong, but never offered (nor gave when asked) on ways to improve myself.

I had little idea of where I stood, how I was performing, or how I could improve. Even on writeups that I handed in I either never received feedback, or the feedback was very specific to the patient and was not relevant to my general development.

There was a little inconsistency in feedback from our supervising physicians. It also didn't help that we were spread fairly thin with our write-ups. It made it difficult to get feedback when we didn't see the social workers on a daily basis.

Many of the shelf questions felt fairly random and very loosely associated to the core content

The post test was very difficult to prepare for as the days were long at the hospital and the material mastery that was required for the exam made it very difficult to feel prepared.

Professionalism

Section Comments

Most of the faculty modeled good patient interaction but one fell asleep very frequently while interviewing patients which I thought was completely inappropriate

This rotation was very centered around the doctor patient relationship

Procedures
Section Comments

I still feel somewhat uncomfortable generating an appropriate assessment, including differential diagnosis, for behavioral patients. I think this would come with more time.

The soap format was not followed specifically. The way we were expected to present the information seems a bit erratic in that the order information was requested to be presented was different than the traditional soap note format. It's the same information, but presented differently. I don't see the benefit to changing the way information is presented.

I feel that I had these skills before and can incorporate the information I learned while studying and partly on this rotation. However, I was never really able to apply these skills in a general medical context, just the department specific context, and was given little feedback on how I could improve.

I gained a ton of experience doing patient interviews and writing psychosocial assessments.

Between the hospital and the partial program we got a lot of great exposure.

Overall Assessment

Section Comments

Although there were some discrepancies with organization and even a difference in worldview between me and Dr. lessem (my attending and course coordinator at Providence), I believe he modeled solid leadership and real professionalism. I learned a lot from him that will help me be a better primary care doc. I need more Psychiatry rotations!!!

Overall, I left this rotation with a negative view of my attending, the specialty of psychiatry, and of the hospital as a whole. I felt looked down upon the whole time. I was criticized for being red in almost all situations--angry, excited, nervous, etc--so this was nothing new for me... yet was criticized that it was an inappropriate and 'wrong' thing to happen). There were numerous trivial tasks and meetings that we had to do as students--I truly did NOT have any time to study for the shelf exam unless I chose to ignore and put off these tasks. Therefore it was give and take-- do I upset my attending by not getting that work done? Or hope that I can cram in a day for what is supposedly the hardest shelf exam of them all? I left every day in a horrible mood and not being happy--for FOUR WEEKS. To top it off, I had what I consider a 'breakdown' one day in which everything finally built up, I was being criticized, and I got upset. Tears started running down my face (not full on sobbing-crying) and what did my attending proceed to do??--say "okay" and get up and walk away! This was completely inappropriate to me as a stressed out student on his rotation. I know "life isn't fair" but he was NOT rude like this to all of the students. Specifically, he seemed to have no issues with the students from SGU or AUC, yet seemed to criticize and never be happy with the MSU and WSU students. This is not coming from just myself, the other students from these schools were left feeling the same way.

The confusing schedule, requirements, and immense amount of charting that I felt did not help my education and left me little time to study left me feeling as if I did not actually develop my skills further in approaching a psychiatric patient. I merely saw examples of psychiatric cases and developed my knowledge in my independent studying.

This rotation has the potential to be overwhelming if there aren't 10-12 students.

Although the schedule is difficult to keep straight the goals of this rotation are very important to any physician

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:

It would be nice if more time was spent on psychological pharmacology.

Behavioral Science, Neuroscience, and NMS II

DPR

The behavioral science course

Oral presentation.
i feel like our psych course was not great preparation

The ability to interview pts on my own in the in-patient ward as well as out-patients in the program.

Pharmacology, Behavioral

DPR

Online lectures

The second year behavioral offered a decent introduction to this rotation. However, there is no one class or experience that could adequately prepare a student for a rotation like this.

DPR, ethics, behavioral

clinical skills

DPR because the history is there it just takes some skills to get to it sometimes.

Behavioral course

The recorded lectures were helpful to watch before the rotation to give us an overview of the material.

Behavioral, NMS/Neuroscience

This rotation could have been improved by:

More organization, less diadactic sessions. We needed a little more time to see patients

Less documentation responsibilities in terms of social work

Better organization of material needed. There were numerous discussions on what we had to do, but none of it made sense. We ultimately had to ask our peers for guidance. Furthermore, there is SO MUCH DIFFERENCE between each site that it's unfair. Some sites don't really require you to show up, do anything, see patients, and then get recommended for honors. Then there are others that require 10 hrs of work everyday. There needs to be a mandated control.

We weren't granted computer access until the 3rd week of our rotation, not that the school could do anything to improve this but it could have made this better.

Clearly organized and printed out packet of the actual 4 week rotation schedule.

Less requirements from both MSU and Providence, or at least more coordination between the two. I felt like we had two separate sets of requirements and assignments and the focus of the rotation was on completing these and talking in small groups instead of getting practical experience. Very little time was allowed for us to actually see our patients, we constantly had meetings/lectures/rounds scheduled with little time for anything else. With this in addition to the several requirements/assignments I felt very pressured for finding any time to study for the shelf exam. Also, it still seems as though the psychiatry rotation experience between different sites is not very standardized and there were large variations in workload amoung different sites. Also, I would suggest it be avoided having this rotation scheduled in Oct/Nov as a 4th year, if at all possible, because this is interview season and MSU has a very strict attendance policy for this course.

Please see above.

Better incorporation of the clinical activities of the patients. More ability to interact on the clinical end of pts. Less psychoanalyzing for 4-5 hrs a day in meetings. More encouragement, respect and understanding of our role as students.

More clearly stated duties/expectations by Providence.
better organization. There are too many documents the students need to sort through to determine the requirements and the schedule. Once I consolidated the schedule, it turned out that the schedule was different than was published. The organization was quite frustrating. The schedule issues were primarily driven by Providence, not MSU.

Also, we spent far too much time doing "busy work." Having to create the weekly biopsychosocial write-ups took time away from seeing patients. This information was a duplicate of what was also populated in the electronic record. Each write-up took about 2 hours which is time I could have spent seeing patients.

Finally, the group requirements were frustrating. We were required to attend 6 different groups (in-patient group, in-patient OT, in-patient RT, partial patient group, partial patient OT, partial patient education), twice each. At some point during the rotation, we were told that we needed to "try" and get to all these groups and it wasn't really required - again, confusing. Attending each of these groups once would have been plenty.

See above. Better scheduling, less requirements that did not further my education, and more clinical feedback.

Allowing students to watch the MSU required sessions online- especially the orientation....It was a 1 hr drive each way for me to attend sessions at macomb.

There was a lot of time slots that were poorly utilized. The 30-45 minute breaks between meetings and lectures were frustrating. It would have been nice to condense a lot of the meetings and have more time to see patients or study. Students who are assigned to this location should be warned that they will have much less time to study and prepare for the shelf exam. There is no substitute for diligent studying for this shelf exam. Any experiences or lectures we had did not adequately cover the type of material presented on the shelf.

There were way too many assignments between MSU and Providence. I was required to re-write the same thing multiple times for each patient. With all of the requirements it limited my time available to see my patients (esp the number of lectures I had to attend at Providence) and severely limited my ability to read and study for this rotation. It was very frustrating because I spent 12-16 hours a day working and still had to find time to study. It was also difficult because the patients we were seeing were not patients of the attendings that we interacted with so there was very limited ability to ask questions about the treatment plan for the patients.

The rotation was poorly described to the students. It was very difficult to understand what was expected for the first couple weeks. I felt lost very often.

Increased examples of how to interview/handle different behavioral issues.

This was a good rotation and I enjoy all aspects of it. It is very challenging but in a helpful way

The attending did not interact very well with the students.

Seeing an increased number of patients. There were a lot of students from other schools on the rotations which decreased the overall number of patients per student.

It would have been better if we had more assigned time to interview/talk to the patients instead of sitting around for many hours daily talking about the patients in a group.

1. Fewer students- During the four weeks of this rotation there were between 12 and 16 students on service. 2. Fewer meetings, required group sessions, etc and more assigned patients. These two things were the worst of the problems

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

We had the opportunity to see patients ourselves and we would always discuss the cases with the attending. We then received feedback on what we did and what further information we should get.

the ability to discuss patients as a group with the attending on a daily basis

Interaction with my peers.

The large amount of patient interaction/observation.
Tons of interaction with multiple attendings. Actually got to see some of them 'in action' with patients. Priceless training opportunity.

Dr. Hollander’s Monday sessions. She was helpful and positive.

Patient interactions with a variety of patients

that we were assigned our own patients to see and follow.

Exposure to very severe psychiatric patients.

having the ability to meet other students with diverse experiences and backgrounds. It made a very interesting rotation
having so many students from so many different medical schools.

The amount of patient exposure we had. The inpatient unit was great because we were assigned patients and could spend as much time as we wanted interviewing them.

We saw a great variety of patients.

I felt well prepared for the shelf exam.

Interacting with the patients.

Interacting with the other students on rotation

Once a week meetings to go over USMLE world psych questions generated discussion and helped prepare for the shelf as well as the fact that the hospital has both inpatient and partial patient programs for a large continuum of pathology to be seen.

Overall, these were the WORST four weeks of my first 3 years of medical school. There were too many students, too much busy work including online ANGEL lectures, an attending who did not seem to care what anyone thought and routinely dozed off during our many required meetings. Furthermore, I did not feel supported to have any one on one to discuss patient interaction or pathology. I could go on but I feel though this is sufficient