**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**

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.
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 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
- Dr. Lingurkar did very well with slowly introducing us to psych patients and encouraging us to talk to them, while guiding us towards an effective psych (and general patient) interview
- We were often ignored and told to go to a room a read.

Expectations/Learning Objectives

Section Comments
- Dr. Lingurkar gave us an adequate amount of time to listen to required lectures and study for the Shelf Exam

Resources

Section Comments
- Some of the lectures were exactly the same as ones in our psychiatry class.

Osteopathic Principles and Practice

Section Comments
- The physician I was placed with was an MD.

Preclinical Preparation

Section Comments
- The behavioral medicine course was briefly helpful. Pharm would have been helpful had more of an emphasis been placed on trade names of drugs. The only real way to learn to talk with a psych patient is through experience and training from psych professionals

Professionalism

Section Comments
- I enjoyed Dr. Lingurkar taking the time to teach us how to LISTEN to and CARE for patients, and how to develop a trusting Doctor-patient relationship

Procedures

Section Comments
- This will be useful for future rotations where I encounter psych patients. I definitely feel less intimidated.
- We never got feedback on our patient evaluations.

Overall Assessment

Section Comments
- Dr. Lingurkar did an excellent job at helping us to feel comfortable-- even when one of the patients said I was a spy. :P

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:

- the behavioral class.
- Pharmacology, Behavioral Medicine
Psychiatry class
Behavioral course, Pharmacology

the pharmacology and psychiatry courses were most helpful for the knowledge base that was required for this rotation.

Behavioral
Psychiatry course

This rotation could have been improved by:

The introduction and case lectures are not a good usage of time. I spent a total of 2 hours on the road driving to the Macomb site. Also at our level of training and maturity an introduction is our responsibility, we do not need someone to read us a course protocol. If the school thinks it is needed put a video up on Angel to watch on our own time. Also the case lecture was not that helpful in the long run. Every case that was talked about we can read in our review books that we are using to prepare for the shelf exam. The lecturer was very good but I just do not know if it is needed.

having an osteopathic attending.

The attending didn't review the patients with us. We probably could have learned much more had he spent a little more time with us to teach us what was going on with the patient.

More in depth behavioral medicine, that is less learning by memorization, and more by examples. Focusing more on trade names of medications in pharmacology

More interaction with the physician and patients. Not being sent to a room to read for most of the day. Not being forced to wait around all day doing next to nothing and then not round until 5 or 6pm.

Being able to work with psychiatry residents. Much of the rotation was spent working with Nurses and social workers associated with the practice.

Having more organization at the hospital site. There was minimal guidance, structure, feedback, and teaching throughout this rotation.

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

The diversity of patients.

Dr. Mehta is a great attending to work with. Made this rotation an overall great experience.

Dr. Lingurkar was a pleasure to work with, and he gave us an adequate amount of time to study. He also gave us the chance to talk to inpatients in a one-on-one safe environment, which was very educating

Patient diversity

I liked consulting on new patients in the hospital. It helped to improve my history taking skills. I also liked how there were online lectures with this rotation.