### 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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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.

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.

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 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

I was not actually allowed to really interact with the patients, I was more shadowing the attending and watching him/see what he did for each patient.

I wasn't assigned any responsibilities. I merely shadowed. We did "consults" before the physician came to see the patient but we never wrote a single word in a single note.

Dr. Lingnurkar made sure that we were able to handle different cases based on our previous knowledge of the patients condition and bio-psycho-social model of treatment.

Expectations/Learning Objectives

Section Comments

I was able to ask numerous questions and felt fully comfortable asking questions by the end of the rotation. I felt all my questions were answered in a very appropriate manner.

Resources

Section Comments

I do not think the practice tests at the end of the lecture series were reflective of the NBME test- it would be nice to have a practice NBME test beforehand so we can really get used to the format/style/timing of the test

the online lectures were very low-yield

The lectures were very helpful throughout the month.

Osteopathic Principles and Practice

Section Comments

Physician was an MD and did not practice OMM.

Preclinical Preparation

Section Comments

I feel like the best way to learn psych is through patients, I feel like I had to re-teach myself everything over again for this rotation/through patients on the rotation.

Supervision/Feedback

Section Comments

Exam length seemed unreasonable for such lengthy questions.

Post-rotation examination was too long for the amount of time given.

Professionalism

Section Comments

there were no interaction with attending.

Procedures


Section Comments

Dr. Lingnurkar attempted to have students work side by side with him and fill out paperwork, prescriptions, and progress notes the way he does. This helped us understand the process of handling patient documentation and properly doing so.

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:

Clinical skills, behavioral science, pharmacology, NMS, and preceptorship.

board studying for step 1
I feel that the classroom did not prepare me for this rotation whatsoever and it would have been nice to see patient encounters or people come in w some of these problems and speak with the class

The online lectures were very helpful as well as the case presentation midway through the rotation. I enjoyed the presentation as well. This helped us students really understand the importance of bio-psycho-social model of care especially within the field of psychiatry.

Behavioral

The psychiatry course, the neuroscience course

Behavioral medicine and 2nd year.

Sitting in on physician patient sessions and seeing the interactions.

Clinical skills, and pharmacology

Psych with Dr. Williams was a good starting point for the clinical experience during our third year.

Behavioral Science

The most beneficial experiences from my first two years that helped with this rotation were from my DPR and Behavioral Science courses.

This rotation could have been improved by:

Allowing me to get a history and physical on my own and allow myself to make my own predictions as to what the patient had- then discuss with the physician. Instead I simply listened/shadowed as the physician spoke with each patient

Don't make the student wait for the attending for 5 hours!!! send the student home to study for the NBME exam, or just tell us when to come to see the patients

None. It is very well organized and expectations are made clear throughout.

This rotation was basically a shadowing experience. I didn't really get an opportunity to see patients and present them to an attending.

more instruction in appropriate treatments

N/A

less downtime

opportunity for inpatient psych

This rotation could have been improved by having a more organized, more communicative Attending Physician.
The thing(s) I like most about this rotation was (were):

The clinical skills picked up by observing Dr. Sack’s approach to comprehensive personal care and his handling of difficult/tense situations with grace and ease. I also enjoyed being part of a team that provides a vital service to many who are underserved.

The amount of questions I was able to ask. I was able to ask MANY questions since I spent a lot of 1 on 1 time with the doctor and he was always more than willing to help answer my questions.

I had to see interesting things

It was nice to be able to just sit down with patients in group sessions. I learned so much from their struggles and how they deal with them. Their illnesses cause them so much distress and I am so thankful I was able to try to give them the best support I could as a student-doctor.

the variety of patients seen and disorders encountered firsthand.

Dr. Lingnurkar's discussions about diagnosis's after having interviewed a patient with that particular diagnosis.

The diversity in the patients we saw.

great attending if you make an effort to learn

Vast array of patients seen on the rotation.

Relaxed atmosphere, informative teaching with Dr Sack

The best part of this rotation was being included in group discussion by a select few of the staff.