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.
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.

### Osteopathic Principles and Practice

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### Supervision/Feedback

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**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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**Academic Year: 2011-2012**

Eval Data from: 10/21/2011 to: 3/21/2012

Page 3
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.

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Caseload and Management of Patients

Section Comments

It would have been nice to do a rotation at Kalamazoo Psychiatry Hospital in addition to our inpatient experience at Borgess to see some of the really serious mental health pathology.

I was involved in only the admission process. I was not able to follow any patients further than their admission intake exam. While I feel it is important to understand the admission process including the MSE, I was at a significant disadvantage because I was not following any patients, therefore I was unable to manage medications, and see their improvements.

We did only intake questions, no treatment. When we asked questions about treatment or differential diagnosis, we were told “I'm not going to tell you that” or “just listen to my dictation.” There was absolutely no educational discussion.

I could have taken on more responsibilities. I showed initiative but sometimes it seemed as if my attending had his usual way he operated with medical students.

I was only allowed to do admissions. My workout was reading from a 7 page write up handed to us by the attending.

Expectations/Learning Objectives

Section Comments

MSU is very obvious with what they require. However, I'm not sure if the requirements were always beneficial. ALSO, the expectation of zero tolerance on absences is unreasonable. DO NOT SCHEDULE PSYCHIATRY DURING INTERVIEW SEASON AND THEN TELL US WE CANNOT GO ON INTERVIEWS. Furthermore, why is this rotation half way through my 4th year of medical school anyway?

Resources

Section Comments

The online lectures were a great educational adjunct to help prepare for the shelf exam.

The online resources and my outside reading were the best resources I had to study throughout the month.

Online lectures generally good. If the quizzes are post-lecture quizzes, then you should be able to answer the questions using information in the quiz.

The curriculum that was set up on angel for this course was far superior to any other rotation I've done. The logbook seemed somewhat unprofessional, however.

No internet or library available.

Osteopathic Principles and Practice

Section Comments

This is a psychiatry rotation, I was not expecting to perform OMM on patients.

Few opportunities. Also, I'll mention my opinion that I think it's ok that OMM was NOT used. We shouldn't do OMM for it's own sake.

Preclinical Preparation

Section Comments

I would recommend to second years to keep their coursepacks from the behavioral course to help them with the course and some of the lectures are the same in both courses.

I'm having a hard time remembering if we even had a psychiatry rotation in years one and two.
The behavioral course was poor.

Supervision/Feedback

Section Comments

While Dr. Mathis-Allen was very friendly, it was quite often she did not answer questions about specific diagnoses or how she arrived at the diagnoses.

As a student, I didn’t feel that I was allowed to ask questions about diagnosis or treatment.

Post-rotation exam was overkill and maybe one of the most difficult shelf exams I’ve taken. It definitely was not congruent with what was learned during the rotation. The stems for the questions were overly long.

Procedures

Section Comments

Again, medication and patient follow-up and charting were not a part of my rotation. The only reason I can form a differential is through the online lectures and outside reading I did while on this rotation. I understand it is the student’s responsibility for their learning, but a little more professional instruction during the rotation would have made my educational experience stronger.

We only did inpatient exams, we didn’t round on patients and had no discussion regarding treatment options or why which drugs were chosen in specific cases.

Students didn’t write notes on this rotation.

I feel comfortable working up Bx pts but not because of this rotation

Overall Assessment

Section Comments

See comments below.

Good rotation. The attending did a good job realizing and being realistic that not everyone wants to become a psychiatrist.

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:

Second year courses and preparing for Step 1

The lectures were a helpful review of the material. Dr. Kansawa put together some lectures that were very helpful. He did this on his own time and it wasn’t part of the curriculum. He provided powerpoints and reference sheets to take notes on out of the goodness of his heart and was a direct reflection of his passion to teach students. He should be recognized for these additional lectures he provided.

Psychiatry and Pharmacology

Biopsychosocial emphasis

DPR

This rotation could have been improved by:

A rotation at KPH
Rotating students through different portions of psychiatry. I feel it was unfair, and put myself and the other two DO students at a disadvantage compared to the other students assigned to different doctors. Without reading outside material and watching the online lectures, I would not have a basic understanding of psychiatric medications, different forms of psychotherapy or how to properly diagnose a patient. Again, I feel it is important to observe the psychiatric intake admission, but doing 4 weeks of nothing but admissions and no patient follow-up was not what I expected my psychiatry rotation to be like. I would like to clarify that Dr. Mathis-Allen was very nice, and it was nice of her to take on 6 students, but the opportunity for teaching was diminished with so many students and not a lot of patients.

Another issue is with scheduling. I'm not sure if this is a MSU issue or Metro issue, but we take psychiatry during our 4th year right in the middle of audition rotations and interviews. This is possibly the worst time to schedule a core rotation. Not only were we scheduled during the fall of our 4th year, but all DO students in my class based at Metro are scheduled on psychiatry over 2 months. That is approximately 16 students in two months, and that's just counting the DO students. We are also on the rotation with MD, PA and Nursing students as well. As you can imagine, this greatly overwhelmed the system at Pine Rest, and the administration there was scrambling to find doctors to take on all these students. Perhaps this is why I was originally placed with 3 other DO students and 2 PA students to one doctor. That's 6 students per one doctor who only does a maximum of 8 admissions per night. There were some days I was there 9-10 hours and did not see a single patient. Again, this put me at a disadvantage, especially when some of the DO students were working 1:1 with a treating psychiatrist. Overall, the scheduling needs to be so students can take their psychiatry rotation in their 3rd year, and spaced out so only 2-3 students per month are on the rotation. I apologize for the negativity I am conveying, but I was honestly looking forward to my psychiatry rotation, and I am very disappointed with the outcome.

Fewer students on with 1 attending. We had 2 PA students and 4 medical students with a physician that only does admissions. She does 8 admissions a day and with 6 students, there was not ample time spent evaluating patients. Listening to a physician dictate a report isn't an adequate learning experience. She needs about 2 students maximum to have a good experience. We asked to be switched to other physicians and were told that this wasn't possible even though other physicians told us that they would welcome more students on their services. She also did not take opportunities to discuss medications, side effects, differential diagnosis or key signs and symptoms of psychiatric conditions and actually deflected our questions instead of engaging us in discussion or having us read about topics and discuss them later or present them to her.

MOVE THIS ROTATION into 3rd year where it belongs. My worst section on my COMLEX 2 was psychiatry. I could have used this rotation earlier. Also, I have major problems with this rotation being scheduled during interview season and then being told I couldn't interview. Lastly, I think orientation could be streamlined. Specifically, is there any reason I needed to have done an orientation with PineRest and GRMEP when I was at StMary's the whole time? Actually, even though I was at St. Mary's the whole time, I never had an orientation with them. I had 3 security badges (GRMEP, PineRest, St.Mary'S) and keys and "key fob" for PineRest (which I never used once!).

On the first few days of this rotation I was with an attending named Valerie Mathis-Allen. I was able to switch to a different attending, and I did so because I feel that she is a very poor teacher. She seems hostile towards students much of the time and was unwilling to even answer simple questions about why certain meds were chosen over others. I think this is something that should be addressed by the clerkship program. I feel that Dr. Mathis-Allen should be excused from having students. If there are any questions regarding my experiences with her I would be happy to answer them via email.

I wish we can rotate through the different services/units to have more exposure to various specialties of psychiatry.

More clinical responsibility

Having a rotating schedule that involved multiple wards including Adolescent, Adult, Psychotic, GeriPsych, Consult Psych, Admissions to truly get a taste of all things psychiatry. Centralized place for COM/CHM to turn in required documentation/evaluation, preferably an online entry form to prevent confusion and unnecessary paperwork.

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

- Daily powerpoint presentations I presented and discussions with Dr. Makki; provided review books were useful resources
- The staff and physician team we worked with were fantastic.

Eval Data from: 10/21/2011 to: 1/22/2012 Page 3
On a few days, I was able to work with John Budnick, PA over at the acute detox center. I enjoyed my time spent over there, and learned more than I imagined about substance addiction, abuse, dependence, withdrawal and treatment. I was given adequate patient responsibility, and encouraged to form my own treatment plan. John was incredibly helpful, and was able to answer any and all questions I had. I feel this was the highlight of my psychiatry rotation, and would not hesitate to recommend spending a few days in acute detox to fellow students. I did not include John's name in the list of doctors I worked with in the evaluation above, because I did not want the negativity of the rotation to be reflected on him.

The on-line lectures.

Patient interaction was very interesting.

very organized

how accomodating Dr. Yousef was

Learning how to evaluate and manage the psychiatric patient.

Dr. Dumerauf was a great attending. Great rotation for a student.