### 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.
**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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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

This is at the Hope Network will a primary traumatic brain injury focus which is why I selected strongly disagree for diverse mix.

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 Psych
- Psychiatry, reading first aid or blueprints for psychiatry.
- Psychiatry, DPR

This rotation could have been improved by:

Nothing

Letting the student know beforehand that it was going to be mainly traumatic brain injury type issues. It wasn't as diverse as I thought it might be.

Hope Network is a rehab facility, not a psych hospital or clinic. Every patient has a brain injury. Because of this, there was little variety in patients. I did not see any patients that were acutely ill; just patients that were being managed for long-term behavioral problems. Patients are seen on an out-patient basis; I did not see any procedures and there was almost no physical exam component to this rotation. Dr. Mauger is eager to teach and was a great physician to spend a month with; however, I do not think he is aware of the expectations of the psychiatry clerkship. He said "if students are looking for psychiatry, then this is not the right rotation." I did very well on the NBME shelf, however, I do not feel I had an equal experience with other students at different sites.

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

- The independence and trust of my attending.
- Psychiatry is inherently interesting. The doctors were nice.
- I got a lot of experience using psych meds, which was helpful when it came to the NBME exam.