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.

<table>
<thead>
<tr>
<th>Caseload and Management of Patients</th>
<th>N</th>
<th>NA</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>In general, there was an appropriately diverse mix of patients</td>
<td>40</td>
<td>1</td>
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<td>3</td>
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<tr>
<td>The amount of patient care responsibilities</td>
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<td>In general, I had an opportunity to develop procedural skills</td>
<td>40</td>
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<td>8%</td>
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<tr>
<td>I was given ample opportunity</td>
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<td>2</td>
<td>5%</td>
<td>4</td>
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<tr>
<td>I felt supported and encouraged</td>
<td>40</td>
<td>3</td>
<td>8%</td>
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<td>53%</td>
<td>15</td>
<td>39%</td>
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<thead>
<tr>
<th>Expectations/Learning Objectives</th>
<th>N</th>
<th>NA</th>
<th>SD</th>
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<th>N</th>
<th>A</th>
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</thead>
<tbody>
<tr>
<td>Standards for my expected level of performance</td>
<td>40</td>
<td>4</td>
<td>10%</td>
<td>21</td>
<td>54%</td>
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<tr>
<td>The information presented</td>
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<tr>
<th>Resources</th>
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<th>SA</th>
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</thead>
<tbody>
<tr>
<td>There were sufficient educational resources</td>
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<td>7</td>
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<td>22</td>
<td>56%</td>
</tr>
<tr>
<td>The online modules were helpful</td>
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<td>8%</td>
<td>8</td>
<td>21%</td>
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<tr>
<td>The COM Clerkship Website provided</td>
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<td>3%</td>
<td>5</td>
<td>13%</td>
<td>22</td>
<td>56%</td>
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Eval Data from: 7/23/2012 to: 7/25/2013
### 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 behavioral course 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).

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 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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|                      | 40 |     |     |     | 4  | 10% |     |
|                      |    |     |     |     | 19 | 49% |     |
|                      |    |     |     |     | 16 | 41% |     |

|                      | 40 |     |     |     | 6  | 15% |     |
|                      |    |     |     |     | 21 | 54% |     |
|                      |    |     |     |     | 12 | 31% |     |

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**Academic Year: 2012-2013**

**Clerkship Rotation Evaluation Results**

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**Eval Data from: 7/23/2012 to: 7/25/2013**

**Print Date: 8/13/2013**
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.
Caseload and Management of Patients

Section Comments
There were too many students on the rotation for the type of clinic and patient load. Hard for us to get a lot of experience.
I would have liked to work with more patients one on one, but I understand this is difficult in psychiatry due to the sensitivity of the patients.
The doctor was very kind and encouraging and allowed us ample time with patients.
Very supported and encouraged to offer differential and be involved.
Diverse patient population at DCC was advantageous in learning the manifestations of specific mental illnesses.

Expectations/Learning Objectives

Section Comments
Doc helped us gain more knowledge and taught us alot.

Resources

Section Comments
There were a lack of computers for student use at Detroit Central City.
The doctor provided us with excellent resources.

Osteopathic Principles and Practice

Section Comments
No D.O.'s at the clinic, didn't have the opportunity.
OMM was not applicable on this service and Dr. Washington is an MD.
OMT was N/A for this service, but OPP was discussed in biopsychosocial model.
Psychiatry doesn't really lend itself well to OMM. Can't fix psychosis with HVLA...

Supervision/Feedback

Section Comments
There weren't children, but very interesting patients nonetheless.
There were quiet a few questions on the NBME exam regarding development disorders that are not primarily psychiatric in nature (i.e fragile x, prader willi etc) and those topics were not covered in the protocol or in the lecture for this course.
always answered our questions and encouraged us to ask questions.
I felt I had goo feedback and supervision.

Professionalism

Section Comments
Dr. Washington was a great mentor and really enjoyed working with him. He really took the time to teach as well as made sure students felt comfortable and gave us a lot of work to do. Made sure there were opportunities for us to go out in the field as well as see groups within the facility, as well as perform our own psych evaluations and go to the DMC crisis center.
The attending was very professional and treated us as professionals.
Faculty was fantastic - I felt supported by staff and learned a lot during this rotation through faculty lectures and one-on-one discussions.

**Procedures**

**Section Comments**

- The Rx were computerized.
- I did not get much experience in the writing of actual behavior/psychosocial notes.
- Helped to develop and chart progress notes in behavioral medicine.

**Overall Assessment**

**Section Comments**

- Dr. Washington did a great job to make sure we gained insightful experiences.
- Dr. Washington was great.
- Excellent rotation.

**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:

- student presentations
- On-line quizzes were helpful.
- DPR
- The rotation allowed me to incorporate and solidify my learning from the past two years. Dr. Sandaire was wonderful at teaching and explaining patient's pathology and psychological issues.
- The 2nd year behavioral medicine course
- The psychiatry class we took in medical school as well as studying for boards.
- house calls and meetings
- Behavioral
- My neuro 2 class
- The psychiatry and pharmacology course.
- Psychiatry course in year 2.
- psychiatry
- online practice questions
- Psychiatry
- DPR
- Behavioral Medicine
- seeing patients and going to dcc
- psych
- behavioral/psych class in second year
- Psychiatry
- Behavioral, DPR, Clinical Skills
This rotation could have been improved by:

the opportunity to see children

Not as many students (there were 5 students on total). It would have been nice to go to the crisis center and homeless shelter every week instead of once.

Less busy work on Angel

I would say, that doing Psych rotations in an outpatient setting is not the best idea. Most of the patients aren't that sick and most of the time they are just getting med refills.

reducing the number of students on service. There was 4 of us and we were cramped.

Not being in a scary part of town.

Only 2 students at Detroit Central City instead of 4- felt crowded.

Seeing a patient from every psychological category

Everything was great! nothing needs to be changed!

More face time one-on-one with patients. Also, it would have been beneficial to see some therapy sessions were psychotherapies such as CBT or insight oriented therapy were used (even if this means sitting in with one of the therapists).

Being in a better neighborhood

nothing

Having more time to take the shelf exam.

Seeing more therapy sessions.

being able to experience in-patient clinics, in addition to what we already saw

more patient student interaction 1:1, more formal patient presentations and formal topic presentations

have telacom/exam at DMC campus as well

Make the online modules shorter, and please edit them. One in particular continually skipped and made it twice as long as the original recording

n/a

increasing the number of didactic exposure

Adding an inpatient experience to the rotation. This rotation was community health based and only took place in a clinic.

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

the patient population

The patient population and varied illnesses seen.

Hands on learning experience and seeing the relationship between culture, economics, and mental health.

The relaxed atmosphere

The inherently interesting nature of psychiatric disease.

seeing true psyc pathology

Dr. Washington took the time to teach as well as made me feel comfortable. I really feel like I improved my abilities to generate Ddx and understand psych disorders. My interest in this field really grew.

The attending physician was very thoughtful
The attending doctor was great! I learned a lot on this rotation and I had a wonderful experience.

I really enjoyed going to the crisis center at Detroit receiving, I felt like this was a very positive learning experience.

We were exposed to all aspects of community based psychiatry including; clinic, AFC homes, and patients from halfway housing. We were also given an opportunity to work with in-patients at DMC Receiving. This was an excellent rotation.

Dr. Washington was great

Working with Dr. Washington and seeing some of the inner city programs available.

Dr. Washington was attentive to patients and students. Always was willing to help us with anything. He was very supportive and kind to us. Very understanding and encouraged us to learn. I cannot say enough positive things about the Dr. Washington

The center’s involvement with community programs for prison release and substance abuse.

The Variety of services seen

being able to interact with new patients and generate a differential diagnosis before presenting to the attending physician

the diverse experiences, project get down, dcc and the acf homes and probate court were all essential to understand as citizen physicians

patient population

Getting to interact with “textbook” cases of psychiatric disease. It really helped solidify what specific symptoms look like and what specific acute psychiatric states look like

The attendings and their involvement in education, the many different opportunities to learn the various aspects of behavioral medicine.

diversity of experiences and patient population

The opportunity to sit in the rehab groups.

The faculty demeanor, the patient population, the helpfulness of Dr. Washington and his colleagues.