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.

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<th>Expectations/Learning Objectives</th>
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<td>Standards for my expected level of performance (how I was to be evaluated) on this rotation were made clear to me at the outset.</td>
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<tr>
<td>The information presented on this rotation was presented at a pace and at a level that was consistent with my existing knowledge base.</td>
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<tr>
<th>Resources</th>
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<tr>
<td>There were sufficient educational resources (computers, books, journals, &amp; other library materials) available to me on this rotation.</td>
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<tr>
<td>The online modules were helpful in understanding my patients.</td>
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<tr>
<td>The COM Clerkship Website provided convenient access to course documents and materials related to this rotation.</td>
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<th>Clerkship Rotation Evaluation Results</th>
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Osteopathic Principles and Practice

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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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Eval Data from: 8/12/2012 to: 7/5/2013

Page 3

Print Date: 8/13/2013
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 didn't like being passed around from attending to attending, we felt more like a burden because none of the attendings really wanted us except Dr. Sheikh

I would have appreciated more autonomy when it came to working up patients. Much of the first two weeks involved shadowing.

none

I was given a good deal of freedom on this rotation to interview/see patients and learn about them and talk with them, which opened my eyes to the patient population in this field more than I can even say. I was able to talk with the physicians about these patients, and ask ample questions.

Expectations/Learning Objectives

Section Comments

none

Resources

Section Comments

The practice questions were not what the shelf exam were like.

I used a lot of online resources during this rotation, which all proved helpful.

I felt that the didactic lectures should be condensed somewhat. They were slightly useful but I also felt they took a little too much time.

Dr. Sheikh did a phenomenal job in providing books, print outs, questions, etc. to properly prepare her students for the exam.

Osteopathic Principles and Practice

Section Comments

I shadowed an M.D with only M.D's working in the hospital.

none

OMM was not used on this rotation, though the physicians did incorporate an osteopathic-type, whole-body and whole-persona approach to the care of their patients.

Preclinical Preparation

Section Comments

none

The behavioral science course content from years 1 and 2 helped me greatly during this rotation.

Supervision/Feedback

Section Comments

The exam was extremely difficult and hard to prepare adequately for.

The shelf exam was not covered by the study materials we had.
I was able to know what my standing was with these physicians. I was always able to ask questions and get feedback. However, I will say that the exam was ridiculously difficult, as I barely passed despite thoroughly reading through three completely different review book and hundreds (literally) of practice questions. The shelf exam question stems were almost impossibly lengthy.

### Professionalism

**Section Comments**

none

My doctor-patient relationship skills were greatly improved by this rotation.

### Procedures

**Section Comments**

none

I was given ample opportunity to see patients, compile notes and presentations, write scripts, and generate a differential diagnosis on this rotation.

### Overall Assessment

**Section Comments**

none

I actually see this rotation as the one in which I have had the best overall experience thus far. I actually looked forward to going to the hospital daily during these four weeks.

Psych is an interesting field, but I did at times feel uncomfortable due to the violent and unexpected nature of some patients.

### 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:

- Our behavioral medicine course I found to be a great prep for the psychiatry rotation. I still remember the skit videos Drs. Smith and Ley played to the class detailing different psychiatric presentations.

- I think Clinical Skills was helpful for the rotation.

- behavioral science course

- Second year class Behavioral Medicine

- Behavioral Science

- Behavioral course in second year was very helpful in providing education to prepare ourselves for this rotation.

- MSUCOM Psych class.

- DPR, Psychiatry, Pharmacology

- Psychiatry class and dpr.

- Dr. Sheikh was an amazing attending for this rotation. She is probably the best teaching attending I have ever had. She even took time out of her day to go over practice questions with me.

- DPR, Behavioral Science, Pharmacology
This rotation could have been improved by:

The 5 hour session where students present there own cases was pretty much a waste of time in my opinion. Everyone chose topics that were most frequently seen thus already common knowledge.

Allowing greater autonomy amongst medical students. For the first two weeks of the rotation, the medical students merely shadowed. Some of the attendings seemed annoyed having students with them.

It felt like it was hard to maintain continuality with patients because we were switching doctors a large amount of the time.

better practice questions to prepare me for the exam

The post roatation exam content did not reflect accurate what was seen in during the rotation nor the objectives listed

Giving students a little bit more responsibility.

(no suggestions!)

The main problem with this rotation is the distance I had to travel.

Nothing; great organization and set up at HF Select

Condense lecture time and the logbook was a bit of a nuisance.

Pharmacotherapy overview module

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

Dr. Sheikh the attending physician was an amazing physician and mentor.

being able to work in the emergency psychiatric unit for a week. I appreciated seeing patients on intake without any medication on board or diagnoses attached to them. Seeing such cases allowed me to practice not only taking histories, but forming differential diagnoses and developing plans of treatment. I also appreciated how one of the attendings took time out of her busy schedule to do practice questions with students regarding the upcoming shelf exam. It helped hearing her take on some of the questions and in my opinion, helped solidify certain topics.

The ability to see patients as they presented to the emergency psyc evaluation center.

working with my attending

Dr. Shiek was great at answering questions and going over test questions with us. She is very knowledgable and great at helping students learn how to deal with psych patients.

I loved (and was so grateful for) how much freedom the physicians gave me in seeing patients and having recheck visits and conversations with them.

I liked the online lectures and quizzes because they kept me to consistently study throughout the rotation.

Dr. Sheikh was an excellant teacher. She used every oportunity she could to teach us.

The physician was excellent and he taught a great deal.

Dr. Sheikh is absolutely incredible. She went above and beyond with providing us learning materials, book manuals, going through questions with us, etc. It was refreshing to work with a physician so dedicated to student education.

Variety of patients and exposure to pathology with great attendings that taught very wlel.

Modules and review questions were helpful in directing studying for high yield topics. Important rotation for all medical students, because no matter what field we go into, a large percentage of our patients will have comorbid psych problems. Good learning experience.