### 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 modules were helpful in understanding my patients.

The COM Clerkship Website provided convenient access to course documents and materials related to this rotation.

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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 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.

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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 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: 7/29/2012 to: 7/28/2013  
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

Nearly everyone on the staff gave me the chance to develop my own differential diagnosis, and I always felt that my input was welcome.

Zero interaction with patients on my own. The whole month was essentially a shadowing experience due to the time constraints of a Psychiatrist's schedule at an outpatient facility.

Was unable to have very much contact one on one with the patients as this was an office setting with busy schedules so mostly just listened to the interaction between consumer and physician and we talked about it afterwards.

I liked being able to see both young and older patients, patients living in group homes, patients in school, and patients living independently. I also liked being able to travel to different sites with Dr. Pezhman during this rotation.

This rotation seemed more like physician shadowing. I was able to perform a MSE as required by the course protocol. The visit to probate court and Crossroads were insightful, and offered more hands on opportunity to students.

Expectations/Learning Objectives

Section Comments

Dr. Pedraza had a very low-pressure quiz at the start to gauge what I would need to be taught.

The course protocol and information provided for this rotation were consistent and clear.

Resources

Section Comments

I liked the online quizzes, but I found the lectures to be unnecessary. I appreciated the collection of questions for the shelf available on Angel.

For the most part, I utilized board review books and question banks to prepare for this rotation.

Both the online and live lectures for this course were useful both in increasing my knowledge of psychiatry as well as preparing me for COMLEX step 2. I hope that more of these will be adopted by the other core rotations.

Osteopathic Principles and Practice

Section Comments

Most patients felt uneasy with contact.

N/A and my attending was a MD.

Not a single physician on this service was an Osteopathic physician.

Preclinical Preparation

Section Comments

I think there is a big portion missing in the curriculum in years 1 and 2 in psychiatry. We have clinical skills class and learn everything about talking to and interviewing medicine patients but we basically learn nothing about that as far as mental health patients go. We have behavioral class and learn all the diseases and diagnoses but do not learn (that I remember) anything about performing a mental status exam and the line of questioning needed for a psych patient but we have many requirements for this for the rotation. Overall, I feel that the training and exposure or lack thereof with mental health patients during years one and two do not correlate with the expectations of us during this rotation. I think the rotation would much benefit from better preparation in pre-clinical years in dealing with mental health patients and more exposure to doing a proper psych evaluation and mental status exam.

The psychiatry course at MSUCOM was good basic foundation to build off of for this rotation.
Supervision/Feedback

Section Comments

There were not a lot of opportunities to chart. Their charting system was EMR, and the attending physicians schedules were quite limited to spare time to allow for a student to perform their own psych evaluation prior to the psychiatrist. I was able to perform one to meet the requirements by MSUCOM, but this rotation involved a lot of observation.

Professionalism

Section Comments

While the psychiatrists, therapists and case managers I worked with were all professional and good preceptors, the Supervisor Joyce S. did cross the professional boundary at one point. My first encounter with Joyce, who is the MCCMH Supervisor in St. Clair Shores and a Social Worker, attempted to psychoanalyze me when I first met with her. I felt highly uncomfortable, as I did not ask or consent to this, and thought it to be highly unprofessional, especially when dealing with a medical student on service. Moreover, Joyce attempted to micro-manage my rotation, insisting on me sitting in with case managers when I was attempting to sit in with a psychiatrist. I felt this to be more of a hindrance that helpful. Dr. Pezhman is an adolescence specialist, and is only there on Wednesdays. When I was waiting for the next patient to sit in with Dr. Pezhman, Joyce insisted that I sit in with a case manager instead. While I understand the importance to see this aspect of patient care, being able to work with an attending I would only see 3 days on my rotation seemed more relevant to my clinical education. I even made attempts to explain that I have requirements that I must fulfill to pass my clerkship with MSUCOM. This interaction with Joyce felt confrontational at times, as she took issue with the fact that I had attended the case presentation on Tuesday, March 19th, and could not be present at the clerkship site. I explained it was required and eventually cleared things up with her, but I found her to be highly intrusive, unprofessional and confrontational with me. Also, I believe that this rotation could have been improved by rotating the 3 medical students to all three MCCMH sites to experience different clinicians, and there should have been some sort of inpatient psychiatry service for this rotation. From talking with other medical students about their psychiatry rotation, everyone tended to have a varied experience from one another. Some had inpatient and outpatient, while others did only outpatient. The lack of consistency for this clerkship was horrible, and some preceptors showed no interest in teaching students.

Procedures

Section Comments

Prescriptions are all online now, charting is online now so students are not allowed to input any information.

No consistent charting experience, so if I had to perform a thorough psych eval in a reasonable time, I probably would not be able to do it efficiently. Takes practice, and this service lacked that. Part of it is because this rotation should have had a mandatory requirement of inpatient psych.

Overall Assessment

Section Comments

I feel committed to becoming a D.O., but this rotation had no weight in that decision. In fact, if I was a pre-med student shadowing on this rotation, I would be strongly put off by psychiatry as a potential specialty.

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:

community contacts with ACT Ventures. You get to see how consumers really live and function outside of the hospital.

psychiatry

The preceptor for my oral presentation was wonderful (Deborah Wagenaar) and I enjoyed my time with Dr. Pedraza, the clinical preceptor, and Dr. Verma, the other in-clinic psychiatrist. The staff was also extremely helpful.

Behavioral class and studying for boards.
Psychiatry
Behavioral Psychology, Neuroscience, Pharmacology.

1. The board review given in Week 2 at MUC was extremely helpful. Wish this was offered for all the rotations with shelf exams.

the behavioral systems class was most helpful for this rotation.

Behavioral system course
Psychiatry course

This rotation could have been improved by:

more time with attending psychiatrist

More contact-time with Dr. Pedraza. He was only in clinic Mondays and Fridays, and we lost three days of contact due to the November schedule.

Being at an inpatient hospital where there would be time for me to actually interact with patients on my own. Patients at the clinic were scheduled 30 minute blocks, from 9 am to 830 pm, leaving no time for students to see patients prior to the psychiatrist

Having both an inpatient and outpatient component to the rotation and following the recommendations given above in regards to preclinical years preparation.

Opportunity to do more. I basically just sat and watched medication reviews for a majority of my time.

No ANGEL lectures.

1. mandatory 2-3 weeks of inpatient psych and 1 week of out patient
2. Less micromanagement for the supervisor at this specific site
3. find preceptors that are actually willing to teach students. Luckily 2 of the 4 attendings were willing to teach.
4. Offer weekly didactic days for students to meet and go over cases and review for the shelf.

I think the oral presentation day was not that helpful. I would have learned more having a full day of clinic.

if i had access to seeing ECT, as i know other students at different clinics had this opportunity.

It could be improved by having the opportunity to interact with patients one-on-one more.

More time interacting with the patients one on one. I had the ability to discuss patients with the attending but rarely was able to interview the patient myself.

nothing

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

Everyone was welcoming and friendly. Students were treated well.

I felt that my opinions and clinical knowledge were highly respected, and that I was part of the clinical team. My insights about patients often helped to guide treatment. This rotation reaffirmed that I would like to practice psychiatry.

Going out into the community was interesting to see how the clients were doing in their own environment

Interactions with the preceptors, spent the most time with Dr. Burgoyne and he was very helpful, insightful and very willing to teach. Dr. Pezhan also a good teacher. Dr. Bautista was always very concerned about me learning on this rotation and hoping I was getting enough out of it. Dr. Hanson was also very nice and willing to teach. The physicians were always very available to me to ask questions and very willing to answer any question I had to further my learning. Also had the ability to sit in on group therapy sessions and go to mental court, very good rotation but would have enjoyed at least a small inpatient portion to observe ECT and the working of inpatient psych.

Learned a lot.
My attending, sitting in on group therapy sessions, being able to travel to different sites, having ample study time for the shelf.

Dr. Pezhman and Dr. Bergoyne were willing to teach and great preceptors. Wish there was inpatient psych, as this will be a lot more relevant to most medical students that will likely be working in the hospital and not an out patient setting with these patients, i.e. IM, EM and Surgery Specialties.

the case review study session by dr. hanna saad was very helpful. i also liked that i was able to see patients that were very sick, as opposed to the psych patients i have seen in other rotations that usually have adhd or mild depression.

The attending would discuss different patients in great detail with me during down time.

The staff and physicians