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.

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.

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.
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.

Academic Year: 2012-2013

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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.

### Clerkship Rotation Evaluation Results

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Eval Data from: 7/28/2012 to: 8/29/2013  Page 3  Print Date: 9/3/2013
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 an osteopathic physician.

As a student I felt comfortable on this rotation.
Caseload and Management of Patients

Section Comments

I had very minimal responsibility and didn't really get to add my input since Dr. Lessem was very set in a routine and didn't appreciate a running differential.

Dr. Lessem does a great job setting up this service.

I feel the atmosphere of interacting with Dr. Lessem was somewhat hostile and not a supportive teaching environment when presenting cases to Dr. Lessem I did not feel like I got to give the full presentation without being interrupted. He would often give his opinions instead of educational material.

Expectations/Learning Objectives

Section Comments

The information in thus rotation was presented far too slowly by the attending.

Expectations were unclear on this rotation. There were multiple requirements from multiple sources some from MSU some from Providence some inpatient, some from partial hospital, then groups requirements, then expectations specific to Dr. Lessem etc etc. It was confusing to find out what was expected. There was little to no feedback on performance during the rotation until the very last week at which time it was too late to make use of the feedback to effect a meaningful change in performance.

In the "syllabus," there was no mention of any case write-ups or anything else. Wish I knew ahead of time what was expected on this rotation because all of Dr. Lessem's expectations for this rotation were not listed in the "syllabus."

This rotation at St. John Providence was overwhelming because we had assignments and meetings all over the hospital during time we needed to see our patients. I did not have time during the day to write up my patient encounters, I would be up until 11pm at night at home trying to finish up my patient encounters for that day.

Resources

Section Comments

The Providence Psychiatry clerkship was demanding in terms of number of written assignments. It was confusing to have more external paperwork for MSU in addition to the paperwork at Providence.

The Online lectures are not very useful.

St. John Providence hospital's library was very helpful to have during downtime. Online lectures may be helpful for someone who has outpatient psychiatry. For inpatient those online lectures were busy work on top of already expected assignments through my hospital rotation. My hospital experience taught me what was in those videos but I was still required to watch them.

Osteopathic Principles and Practice

Section Comments

I asked to do OMM once and was shot down, further cases were never even discussed as I was the only D.O student among 10 other students.

Psychiatry is not really an appropriate place for OMT, in my opinion.

Dr. Lessem holds views that are somewhat derogatory toward osteopathic medical students.

OMM was not appropriate with the psychiatry inpatients.

Preclinical Preparation
Behavioral in year 2 helped me for this rotation. Ultimately my step 2 board preparation are helping me with this rotation and the shelf exam.

Supervision/Feedback

I never got feedback from Lessem during the rotation. Even when I asked specifically he said, "you are about where third years are, you're teachable."

Timely feedback was not given in fact very little feedback on performance was given until the last week of the rotation. This makes it difficult for students to understand expectations and even more difficult to effect any meaningful change in performance as students may be unaware of problems in performance. More timely feedback would facilitate better learning on this rotation.

I think this rotation did a good job in helping me to be better able to describe a mental status examination and a psychiatric examination, but I don't believe it helped me prepare for the shelf exam. There was a much greater emphasis on clinical case presentations over specifics of diagnosis, differential diagnosis, and specifics about management.

The attending is very disconnected from what actually goes on on the hospital floors. We are asked to do ER call twice during the rotation. Students haven't gotten called for 9 weeks straight, but we still were told to go down and leave our numbers at the beginning of our rotation. There was always time to ask questions, almost too much time to ask questions. All of these "rounds" are plugged into our schedule which all really mean the same thing, rename them as one and simplify the schedule.

Professionalism

Lessem never interacted with patients in my presence.

Dr. Lessem often falls asleep during student presentations and discussions. He also drifts off while conducting psychotherapy while students are observing through the one way mirror.

There was favoritism toward Wayne State students.

Procedures

I am prepared to write notes and talk to patients about social and medical issues. That was a postive from this rotation.

Overall Assessment

As I stated in an earlier comment the lack of feedback on this rotation is very problematic. Earlier feedback and review of performance would be extremely beneficial so that students do not believe they are performing adequately while an attending holds a different opinion without telling the student until the last week of the rotation.

The first week of this rotation was very overwhelming. There needs to be a new format for the schedule and simplify our assigned tasks.

Dr. Lessem had very unclear guidelines about when assignments were due. He did not provide much help/feedback during the rotation. I also believe (along with other colleagues) that he favors women on this rotation. He is polite and willing to help them, which I felt was not true towards the men. I also felt he was overly harsh and made exaggerated negative remarks on my evaluation, which I am currently contemplating reporting.

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:

- Preceptorship, psychiatry systems course.
- Behavioral medicine course
- One on one patient time for progress notes was the most beneficial experience.
- Psychiatry with Dr. Smith
- Psychiatry clerkship course and Doctor-Patient-Relationship classes
- 2nd yr behavioral science course.
- Being able to share ideas with fellow students from other schools. The review session conducted at MUC was extremely helpful but wish it was done either during the first week or right before the shelf.
- Behavioral with Dr. Smith was a beneficial class.
- Our behavior science course in the second year was very beneficial.

This rotation could have been improved by:

- Having less students, more direction and organization on the part of the hospital, a lecture on psych pharmacology.
- I found it hard to find a good time to see patients because we were not allowed to pull them out of many group
- Get rid of the online lectures: they are not an efficient learning source. They do not cover most of the topics we need to know for the shelf.
- Filling out multiple progress notes, psychosocials and keeping up with ANGEL assignments felt demanding and it was difficult to study for the shelf. Fewer quizzes on Angel or fewer written assignments during rotation would be beneficial.
- Improving the shelf exam and decreasing rotation variability. I feel that my Psychiatry clerkship experience was excellent, and still did not feel entirely confident about the shelf exam. Some of my classmates who had this rotation at the same time worked only 1-2 hours a day, and could devote the rest of their time to studying for the shelf. Some students even got out of the oral presentation. This seems unfair compared to those of us who had to work long hours and present in addition to studying to do well in the course, especially if this is the only course that we are able to "honor."
- more time with patient than with faculty.
- proper timely feedback given by Dr. Lessem if a problem is identified in performance. Condensing of the schedule to one document instead of several different confusing and often conflicting documents. A more clear outline of expectations contained in one document with expectations and requirements listed in order of priority since students were often required to choose one activity over another due to the conflicting schedules and expectations. In addition the conflict of scheduling between MSU and Providence is problematic. Shelf exams are scheduled one week after rotations are finished which is therefore one week into the next rotation. It is difficult to create a foundation for performance if the first week of a rotation is spent studying for the shelf exam of the previous rotation. This scheduling has a negative impact on student performance and should be revised immediately.
- This has been my least favorite rotation so far. The schedule was very chaotic and did not allow for a great deal of time spent with patients, and the meetings we had to discuss patients were redundant. I feel it would be a better use of our time, from an educational standpoint, to have fewer meetings, and allow us more time to actually see our patient. Also, it would be nice to have a little more shelf exam specific focus as well since I felt ill prepared for the shelf exam based on what we learned during the rotation.
- Decreasing the number of rounds we have per day and not sitting in a circle for hours.
Less meetings and better organized schedule.

A monthly formatted schedule, take out ER consult completely (it doesn't actually exist), schedule morning rounds at 10am so that we can see our patients who aren't available at 10am before our morning rounds. Have us attend 1 of each group meeting instead of 2 each. I learned what I needed to from 1 and it was too difficult to find time in the schedule to go back a second time.

This rotation could use more organization. There were two sets of schedules and students from 4 different medical school. We often did not know where to be and when to be and had no one to answer our questions.

Improving the organization as there was absolutely none. The schedule was poorly followed. Dr. Lessem was one of the most unpleasant physicians that I have had the opportunity to work with.

live lecture msu didactic day each week

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

the shelf resources available, the autonomy given to students at the hospital, the opportunity to present cases to the attending.

I was able to work with the attending physician, Dr Lessem, a lot

The attending was a great teacher. He really challenged the students.

Dr. Lessem always gave good feedback and helped incorporate many objectives we needed to know into each patient case.

Dr. Lessem is a wonderful teacher. He made psychiatry interesting and accessible. I would recommend sending more students through Providence for psychiatry, if possible!

Good rounds discussion of patients. Opportunity to talk with variety of patients.

None

Working with Dr. Potempa was excellent experience. He is happy to teach students and creates a supportive environment for students to ask questions and learn.

Being able to meet and talk with patients on the inpatient psych floor.

We got lots of experience with inpatient and outpatient psychiatric illness.

some patients had heartfelt stories