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.
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.

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.

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.

### Osteopathic Principles and Practice

<table>
<thead>
<tr>
<th>N=</th>
<th>NA</th>
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<tr>
<td>6</td>
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</table>

### 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.
<table>
<thead>
<tr>
<th>Professionalism</th>
<th>N</th>
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<th>N</th>
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<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was treated as a professional by those supervising my student-physician role on this service.</td>
<td>6</td>
<td>1</td>
<td>17%</td>
<td>1</td>
<td>17%</td>
<td>3</td>
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<tr>
<td>My supervising faculty on this service modeled physician-patient interactions on this service in ways I would like to emulate.</td>
<td>6</td>
<td>1</td>
<td>17%</td>
<td>1</td>
<td>17%</td>
<td>2</td>
</tr>
<tr>
<td>Issues of professionalism were included as a point of discussion by faculty on this rotation.</td>
<td>6</td>
<td>2</td>
<td>33%</td>
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<tr>
<th>Procedures</th>
<th>N</th>
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</tr>
</thead>
<tbody>
<tr>
<td>I feel prepared to create a relevant master problem list, especially related to behavioral and psychosocial patient issues.</td>
<td>6</td>
<td>1</td>
<td>17%</td>
<td>1</td>
<td>17%</td>
<td>3</td>
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<tr>
<td>I was encouraged to write prescriptions (when indicated) for patients I saw on this service.</td>
<td>6</td>
<td>2</td>
<td>33%</td>
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<td>17%</td>
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<tr>
<td>I am now aware of how to incorporate a behavioral patient assessment into routine verbal and written summaries.</td>
<td>6</td>
<td>3</td>
<td>50%</td>
<td>1</td>
<td>17%</td>
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<tr>
<td>I still feel somewhat uncomfortable generating an appropriate assessment, including differential diagnosis, for behavioral patients.</td>
<td>6</td>
<td>2</td>
<td>33%</td>
<td>2</td>
<td>33%</td>
<td>2</td>
</tr>
<tr>
<td>I feel prepared to take an accurate and appropriate history and physical examination for patients with behavioral / psychosocial problem(s).</td>
<td>6</td>
<td>1</td>
<td>17%</td>
<td>3</td>
<td>50%</td>
<td>2</td>
</tr>
<tr>
<td>I feel prepared to write timely and appropriate chart notes for behavioral / psychosocial patients.</td>
<td>6</td>
<td>1</td>
<td>17%</td>
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<td>33%</td>
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</tr>
</tbody>
</table>
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
My rotation consisted mostly of pediatric patients as only the Pediatric Psychiatrists were available for a majority of my rotation.

Preclinical Preparation

Section Comments
I would have liked to have access to the online videos posted by Dr. Smith from our Behavioral Psych course, especially the videos on Ego Defenses.

Overall Assessment

Section Comments
I would have liked to have more experiences with adult 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:

Psych was obviously an asset to understanding the principles of this rotation. Neuro was also important for understanding various stroke and dementia type workups, diagnoses and treatments.

Behavioral Psych course during second year.

This rotation could have been improved by:

The facility where I did my psych rotation was poorly organized and operated. I was never in my 4 weeks given a concrete schedule and I was never allowed to interview patients on my own and develop diagnoses. For the most part, my rotation consisted of sitting awkwardly in a corner watching my attending interview patients. This was hardly conducive to learning the material being tested on the psych shelf thus, the majority of the information I gleaned from this rotation was via self study outside of the actual rotation. I was very disappointed as I believe psych is important regardless of what field of medicine is pursued.

Having an opportunity to rotate with Psychiatrists who care for adults.

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

NA

I appreciated the learning opportunity/experience to go to the Juvenile Detention Center to evaluate patients.