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.

### Clerkship Rotation Evaluation Results

<table>
<thead>
<tr>
<th></th>
<th>N=39</th>
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<tbody>
<tr>
<td><strong>Caseload and Management of Patients</strong></td>
<td></td>
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<tr>
<td>In general, there was an appropriately diverse mix of patients (including race and ethnicity) seen on this service to meet the clinical training objectives.</td>
<td>39</td>
<td>1</td>
<td>3%</td>
<td>1</td>
<td>3%</td>
<td>22</td>
<td>56%</td>
<td>15</td>
<td>38%</td>
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<tr>
<td>The amount of patient care responsibilities assigned to me were just about right for my current level of training.</td>
<td>39</td>
<td>1</td>
<td>3%</td>
<td>2</td>
<td>5%</td>
<td>22</td>
<td>56%</td>
<td>12</td>
<td>31%</td>
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</tr>
<tr>
<td>In general, I had an opportunity to develop procedural skills commensurate with my level of training.</td>
<td>39</td>
<td>5</td>
<td>13%</td>
<td>2</td>
<td>5%</td>
<td>5</td>
<td>13%</td>
<td>3</td>
<td>8%</td>
<td>16</td>
<td>41%</td>
<td>8</td>
</tr>
<tr>
<td>I was given ample opportunity to become involved in learning about management of patient cases.</td>
<td>39</td>
<td>1</td>
<td>3%</td>
<td>2</td>
<td>5%</td>
<td>4</td>
<td>11%</td>
<td>22</td>
<td>58%</td>
<td>9</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>I felt supported and encouraged to offer my own differential diagnosis and treatment plan.</td>
<td>39</td>
<td>3</td>
<td>8%</td>
<td>5</td>
<td>13%</td>
<td>17</td>
<td>44%</td>
<td>14</td>
<td>36%</td>
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</tr>
</tbody>
</table>

| **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. | 39   | 4 | 10%| 2   | 5% | 22  | 56%| 11  | 28%|
| The information presented on this rotation was presented at a pace and at a level that was consistent with my existing knowledge base. | 39   | 3 | 8% | 1   | 3% | 24  | 62%| 11  | 28%|

| **Resources** |      |   |    |      |   |    |      |   |    |      |   |    |
| There were sufficient educational resources (computers, books, journals, & other library materials) available to me on this rotation. | 39   | 1 | 3% | 3   | 8% | 4   | 10%| 23  | 59%| 8   | 21%|
| The online modules were helpful in understanding my patients. | 39   | 5 | 13%| 2   | 5% | 3   | 8% | 21  | 54%| 8   | 21%|
| The COM Clerkship Website provided convenient access to course documents and materials related to this rotation. | 39   | 2 | 5% | 1   | 3% | 3   | 8% | 25  | 64%| 8   | 21%|

Eval Data from: 9/14/2012 to: 6/30/2013
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.
### 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.
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.
Resources

Section Comments
The online lectures felt like a waste of time. I would have rather been doing my own reading and studying.

Osteopathic Principles and Practice

Section Comments
OMM was not particularly relevant to this service.
All of my preceptors were MD's.

Supervision/Feedback

Section Comments
Some doctors gave more feedback than others

Professionalism

Section Comments
The 2 weeks in St. Lawrence was wonderful - Dr. D'Mello is a great doctor that I admired his modeled physician-patient interaction; however, the 2 weeks in VA was completely OPPOSITE experience for me.

Procedures

Section Comments
We didn't have enough opportunity to write charts and develop differential diagnosis.

Overall Assessment

Section Comments
I always felt comfortable except for my time at Battle Creek, specifically during that time I felt uncomfortable and out of place. There was immediate confusion as to whom had our schedule and whether or not there even was a schedule in place for us upon our arrival to the facility. Then during my last week there, lectures were cancelled that I was scheduled to attend and physicians I was scheduled to be with were unaware that I was assigned to them so I ended up spending majority of my time looking for doctor's to work with. In three days there, I saw (shadowed) three patients and that was it...because the lectures I was to attend were cancelled, the urgent care experience I was to have didn't happen because the physician didn't know that I was to be with them, and other activities were cancelled as well. I have never complained in these boxes and I enjoyed the doctors but it was unorganized there and just difficult at times, especially when I really enjoyed the rotation and wanted to get the most out of the experience that I could. Just some things to keep in mind for next time, there is always confusion but I think some bugs needed to be worked out at Battle Creek in order to maximize the experience, especially when students are driving an hour and ten minutes.

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:

N/A

The only on campus experiences that were helpful were the reviews.

Pharmacology
Behavioral Health, DPR
Diversity in the type of clinical settings. All of the preceptors mentioned above were outstanding. Additionally, I could not remember the name of the attending physician that I worked with while on call, however he was excellent with patients and students; he did a great job of teaching.

The most beneficial class was our behavior class that we took our second year.

Behavioral

My time on the APU and my experience at the VA with Dr. Lopez.

Behavioral medicine

The exam review with Dr. Saad was helpful. I like the pharm powerpoint.

Psych class

Behavioral medicine course year 2

This rotation could have been improved by:

N/A

not forcing students to drive to the VAs. It was a waste of gas money and when there it seemed like they did know what to do with us. We would sit around or sit in on psychotherapy sessions. It was a giant waste of time. The attendings we worked with tried to make it a positive experience and they were very nice, but they were too busy to have students. On C&L, working with Dr. Baker was good. He liked to teach. However, working with the resident was horrible. Her work ethic frustrated me. Finally, this rotation could have been better if it was in 3rd year.

I didn't feel the half day spent in the ER was a very good use of time. Spent 4 hours there to see one patient

Making the rotation six weeks as I did not get any experience in addition medicine.

Not having students drive over an hour one way to the VA location - the time adds up and to not be compensated for gas or food when a close by hospital has a Psych unit is not necessary

Some students were based in Lansing for the entire four weeks and only had to show up for 3 hours a day. I was on a busy consulting service at Sparrow, there until at least 3 or 4 every day and then had even longer days in Battle Creek with an hour long commute each way. I felt like it was completely unfair. I can guarantee that I spent triple the hours working as some other students and I still had all the same responsibilities and material to study. Not to mention, the significant amount of money spent on gas traveling to Battle Creek. In addition, I took a day off for interviews and had to do an extra day of weekend call even though I am positive I spend more hours in the hospital/Battle Creek than almost every other student. It was just extremely frustrating to hear how short the other student's days were when I felt like I was working so hard. My suggestion would be that for students who have to go to Battle Creek, give them one of the easier/shorter assignments in Lansing rather than C&L.

The 2 weeks in Battle Creek were just ok. The first week in inpatient was a good experience, but the second week doing outpatient with Dr. Gill was worthless. She told us to study for most of the day and it was not worth driving over an hour to study and sit around. The people at the VA didn't seem excited or very willing to teach us.

When we are at the Battle Creek VA it would have been nice to spend more time with PTSD.

1) Eliminate the VA experience - it is not worth going to VA for the training (great waste of time).
2) more flexibility of the policy

A lecture on how to cope with working in mental healthcare. This rotation is very stressful for those of us who have never worked around the mentally ill and it can cause a lot of anxiety. Learning how to let things go and leave our emotions at the hospital would be a good addition.

The VA experience in Battle Creek is an absolute waste of time. There was too much down time where we were sent to go read. It is also an inappropriately long drive (> 1 hour each way). Medical students would be much better off spending this 2 weeks on the C&L service or on the APU.

Better organization during the Battle Creek segment and housing provided.
The distant sites should not be used. I "shadowed" the entire time when I was at Marshal.

More online lectures

more student-patient interviewing

The second week of my two weeks at the Battle Creek VA was on little benefit, often days only seeing one patient and having minimal interaction. I found this difficult at times in conjunction with the long commute.

The VA component was quite disorganized during the second (outpatient) week. This rotation could be improved if that was more organized (driving nearly 3 hours/day to see one or two patients was unreasonable to me).

A lecture on psychopharmacology and Dr. Saad's review to be Monday the week of the exam at the latest.

Not driving to Battle Creek

more opportunity to directly interact with patients throughout the rotation; more variety in terms of setting - recommend giving all students opportunity to rotate in the Sparrow APU

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

Dr.s Gill, Lopez, and Roman demonstrated great interest in providing me with opportunities to become involved in cases. They were great teachers and made great efforts to provide me with a positive experience.

that its over. This was the worst rotation in my clerkship years.

Really enjoyed working with Dr. DMello. He is an excellent physician and really stimulated not only my commitment to becoming a physician, but also my interest in psychiatry and integrating that into my future specialty of PMR.

I loved this rotation. The residents and attendings were all extremely supportive, and I learned a tremendous amount. I am strongly considering psychiatry as a career choice. I had the opportunity to take this rotation as a 3rd year student, and I think the curriculum should be adjusted so that all students are able to take it as 3rd years.

The variety of clinical settings.

By far, my best experience was at the APU with Dr. Dimelo. He allowed us to interview and interact with the patients and took an interest in teaching.

Dr. D'Mello's interaction with patients.

C&L service was a good experience where I learned a lot about admission criteria and care of hospitalized patients with psychiatric conditions.

The variation of experiences by working in 2 different places as opposed to just one.

friendly staff, good hours

Learning to do the MSE. It was really helpful to learn to formally evaluate patients in that manner.

I was treated like a professional and able to offer my opinion in diagnosis and treatment. I felt encouraged to learn.

Diversity of patients

VA inpatient APU because we had the opportunity to directly interact with patients, get experience conducting psychiatric assessments, learning about treatment plans, and following patient progress over two weeks.