

PSC 608

Psychiatry

Clerkship Rotation Syllabus

Department of Psychiatry

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Please Note: At MSUCOM, we are constantly working to improve our curriculum and to meet new AOA accreditation guidelines. We need to meet the challenges of modern medicine that force us to innovate. While major changes will generally be instituted at the beginning of the school year, most minor changes may be implemented semester to semester.

Please be mindful of the need to read your syllabi before beginning your rotations. This syllabus is active for any rotation July 1, 2016 – June 30, 2017.

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Introduction and Overview

The MSU Psychiatry Clerkship is a four week required experience for third year College of Osteopathic Medicine students. Psychiatry is a critical component of a medical student's education, providing information and experiences that will help all students deal with behavioral and psychosocial issues in the patients they treat.

During the four week experience core didactics are provided online consisting of learning modules, lectures, and faculty updates on key psychiatric topics. All students will be required to evaluate and treat patients with basic psychiatric disorders. Psychiatric clinical experiences will be provided in a variety of settings including inpatient, outpatient, consultation liaison, community mental health, and a Veterans Administration inpatient facility and clinics. Although the settings vary, all clerkship experiences share common expectations in terms of exposure to key psychiatric disorders. Students will demonstrate their clinical knowledge base by participating in a Problem Based Assessment and the NBME psychiatry shelf examination.

Goals and Objectives

GOALS

Our goal is to offer students a common set of learning experiences that will include:

- An orientation to psychiatry and its value to care of patients.
- Repeated opportunities to both witness and conduct a competent basic psychiatric evaluation including a mental status examination.
- The opportunity to successfully complete a risk assessment for suicide and homicidal ideation/plan by learning to ask patients about these issues then formulating a plan to reduce risk.
- The ability to construct a reasonable differential diagnosis for common psychiatric problems such as psychosis, mood disorders, and anxiety disorders.
- Construction of a reasonable psychiatric treatment plan which demonstrates the basic psychopharmacologic skills including the indications for, use, and mechanism of action of psychotropic medications.
- An opportunity to learn about effective treatments such as supportive therapy and cognitive-behavioral therapy.
- Exposure to somatic therapies including ECT would be desirable during the rotation if feasible.

OBJECTIVES

At the completion of the clerkship students should be able to:

History, Examination and Medical Interviewing

1. Elicit and accurately document a complete psychiatric history, including the identifying data, chief complaint, history of the present illness, past psychiatric history; medications (psychotropic and non-psychotropic), general medical history, review of systems,

developmental history, substance abuse history, family history, and social history; use multiple sources of data.

2. Recognize physical signs and symptoms that accompany classic psychiatric disorders (e.g., tachycardia and hyperventilation in panic disorder) and psychiatric manifestations of medical illness; recognize the possible physical effects of psychotropic drugs (i.e., medications and drugs of abuse).
3. Perform and accurately describe the components of the comprehensive Mental Status Examination (including general appearance and behavior, motor activity, speech, affect, mood, thought processes, thought content, perception, sensorium and cognition, abstraction, intellect, judgment, and insight with special attention paid to safety, including suicidality and homicidality, and screening for psychotic symptoms. For each category of the Mental Status Exam, list common abnormalities and their common causes; be able to perform common screening exams for common psychiatric disorders (e.g., CAGE, MMSE).
4. Demonstrate an effective repertoire of interviewing skills, which range from strategies for challenging interviews to sensitivity to the individual patient, including avoidance of stigmatization and awareness of cultural differences and health disparities.
5. Describe the clinical presentation of child, partner, and elder abuse and be able to recognize risk factors associated with each condition.

Documentation and Communication

1. Accurately document a complete psychiatric history and examination and record the components of a comprehensive mental status examination.
2. Accurately document the daily progress of inpatients and the periodic progress of outpatients.

Clinical Reasoning and Differential Diagnosis

1. Use the DSM in identifying specific signs and symptoms that compose a syndrome or disorder.
2. Formulate a differential diagnosis and plan for assessment of common presenting signs and symptoms of psychiatric disorders.
3. Know the indications for, how to order, and the limitations of common medical tests for evaluating patients with psychiatric symptoms (e.g., laboratory, imaging etc.).
4. Demonstrate the ability to review and integrate the use of new clinical evidence.

Assessment of Psychiatric Emergencies

1. Identify and discuss risk factors for suicide across the lifespan.
2. Conduct clinical diagnostic and risk assessments of a patient with suicidal ideation or behavior and make recommendations for further evaluation and management.
3. Identify risk factors for violence and assaultiveness, understand symptoms of escalating violence and demonstrate safety precautions.
4. Discuss the differential diagnosis and assessment of a patient with potential or active suicidal or violent behavior and make recommendations for further evaluation and management.
5. Evaluate need for psychiatric hospitalization and understand appropriate level of care.

Psychopathology and Disease

The typical signs and symptoms of common psychiatric disorders as outlined below should be learned and understood. The clerkship learning experiences should build on an established understanding of basic principles of neurobiology and psychopathology.

Cognitive Disorders

1. Recognize changes in sensorium and cognition that may be associated with delirium and dementia.
2. Discuss the clinical features, psychopathology and etiology of cognitive impairment and make appropriate recommendations for evaluation.

Substance Abuse Disorders

1. Compare and contrast diagnostic criteria for substance use disorders (abuse, dependence, intoxication, withdrawal, and substance-induced disorders).
2. Know the clinical features of intoxication with cocaine, amphetamines, hallucinogens, cannabis, phencyclidine, barbiturates, opiates, caffeine, nicotine, benzodiazepines, alcohol and anabolic steroids.
3. Recognize substance withdrawal from sedative hypnotics including alcohol, benzodiazepines and barbiturates.
4. Identify typical presentations of substance use disorders in general medical and psychiatric clinical settings including the co-morbidity of substance use with other psychiatric disorders.

Psychotic Disorders

1. Define the term psychosis and be able to discuss the clinical manifestations and presentation of patients with psychotic symptoms, including self-harm and suicide risk.
2. Recognize and discuss the importance of a thorough medical evaluation for all patients presenting with signs and symptoms of psychosis to rule out the presence of underlying general medical conditions or substance-induced symptoms.
3. Develop a differential diagnosis and plan for further evaluation for patients presenting with signs and symptoms of psychosis.
4. Discuss epidemiology; clinical course, and the positive/negative/cognitive symptoms of schizophrenia.
5. Understand the process of involuntary psychiatric hospitalization.

Mood Disorders

1. Discuss the epidemiology of mood disorders with special emphasis on the prevalence of depression in the general population and the impact of depression on the morbidity and mortality of co-morbid illness.
2. Compare and contrast the features of unipolar and bipolar mood disorders with regard to clinical course, co-morbidity, family history, gender and prognosis.
3. Discuss the differential diagnosis for patients presenting with signs and symptoms of common mood disorders.
4. Discuss the high risk of suicide in patients with mood disorders, risk assessment and management strategies.

5. Describe the prevalence of unipolar and bipolar depression; identify the most common neurotransmitters and pathways associated with depression.

Anxiety Disorders

1. Discuss the epidemiology of panic disorder, generalized anxiety disorder, post-traumatic stress disorder and obsessive compulsive disorder in the US population.
2. Discuss effective treatments for the above anxiety disorders including behavioral therapy, cognitive behavioral therapy, exposure, and relaxation therapies.
3. Discuss reasonable pharmacologic therapies for anxiety including benzodiazepine and antidepressant medication selection and use.

Personality Disorders

1. Recognize common, persistent maladaptive behaviors.
2. Describe countertransference and its role in dealing with personality disordered patients.
3. Describe useful responses and behaviors in patient care.

Disease Prevention, Management and Therapeutics

Pharmacotherapy

1. Explain the rationale for use, relevant clinical indications, probable mechanisms of action, and possible adverse reactions of each of the following classes of medication:
 - a. SSRI and SNRI
 - b. atypical antipsychotic
 - c. mood stabilizer
 - d. anxiolytic
2. Discuss barriers to medication adherence and offer strategies to enhance adherence.
3. Demonstrate the ability to effectively communicate such pertinent information regarding medications to the patient and appropriate family.

Non-Pharmacologic Somatic Therapies

1. Summarize the common indications for electro-convulsive therapy and discuss its appropriateness, and risks and benefits.

Psychotherapies

1. Demonstrate understanding of the unique relationship between doctor and patient in psychiatric interactions (i.e. transference and counter transference issues).
2. Describe the usefulness of supportive therapy, dialectical behavioral therapy (DBT) and cognitive behavioral therapy (CBT) for psychiatric illness.

Multidisciplinary Collaboration with Consultants

1. Participate in a multidisciplinary team when working in the inpatient setting.
2. Discuss indications for a psychiatric consult and how to request one.

Medical and Legal issues

Medical-Legal Issues in Psychiatry

1. Discuss the risk factors, screening methods and reporting requirements for domestic violence in vulnerable populations including children, adults, and the elderly.
2. Understand the physician's role in screening for, diagnosing, reporting and managing victims of abuse. Students will be familiar with State of Michigan requirements.
3. Discuss Tarasoff and the duty to protect.

OPP Objectives for Clinical Clerkships: Psychiatry Specific Objectives:

1. Describe the osteopathic structural exam, and how structural findings are integrated in the overall workup of the psychiatric patient.
2. Describe the key role of the osteopathic history in the work up of the psychiatric patient.
3. Identify emotional, psychological, and cultural factors and how they may affect disease processes.
4. Describe how somatic dysfunction may affect the psychological and emotional functions of the patient, and how osteopathic manipulative treatment may influence these processes.
5. Demonstrate clinical understanding in psychiatric conditions, considering:
 - a. Relevant anatomy and physiology.
 - b. Typical manifestations of somatic dysfunction.
 - c. Relevant sympathetic and parasympathetic innervation and influence.
 - d. Pain and pain behavior.
 - e. Venous, lymphatic, and cerebrospinal fluid pathways.
 - f. Biomechanical impact.
 - g. Supporting the body's self-healing mechanisms.
 - h. Psychosocial implications.
 - i. Prioritize the above considerations based on the individual patient.
6. Describe the role of somatic dysfunction in the pathophysiology and create an osteopathic manipulative treatment plan.
7. Devise an osteopathic management plan for each of the listed conditions:
 - a. Address indications and contraindications for osteopathic manipulative treatment.
 - b. Include rationale for osteopathic manipulative treatment in plan.
 - c. Recognize the distinctive adaptation of technique necessary in this patient population.
 - d. Be able to modify OMT techniques for hospitalized and post-surgical patients.

Psychiatry Core Competencies

The Osteopathic Core Competencies covered in this module include:

I. Osteopathic Principles and Practices

- a. Approach the patient with recognition of the entire clinical context, including mind-body and psychosocial interrelationships.
- b. Diagnose clinical conditions and plan patient care.
- c. Perform or recommend OMT as a part of a treatment plan.
- d. Communicate and document treatment details.

- e. Communicate with OMM specialists and other health care providers to maximize patient treatment and outcomes, as well as to advance osteopathic manipulation research and knowledge.

II. Medical Knowledge

- a. Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation in the cognitive, behavioral and substance abuse areas.
- b. Apply current best practices in osteopathic medicine.
- c. Use appropriate physician interventions including scientific concepts to evaluate, diagnose and manage clinical patient presentation and population health, recognize the limits of personal medical knowledge, apply EBM guidelines during practice, apply ethical and medical jurisprudence principles of patient care, outline preventative strategies across the life cycle and describe the list risk factors for psychiatric disease.

III. Patient Care

- a. Gather accurate data related to the patient encounter.
- b. Develop a differential diagnosis appropriate to the context of the patient setting and findings.
- c. Form a patient-centered, interprofessional, evidence-based management plan.
- d. Encourage mental health promotion and disease prevention.
- e. Demonstrate accurate documentation, case presentation and team communication.

IV. Interpersonal and Communication Skills

- a. Establish and maintain the physician-patient relationship.
- b. Conduct a patient-centered interview.
- c. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals.
- d. Work effectively with other health professionals as a member or a leader of a health care team.

V. Professionalism

- a. Demonstrate knowledge of the behavioral and social sciences that provide the foundation for the professionalism competency, including medical ethics, social accountability and responsibility and commitment to professional virtues and responsibilities.
- b. Demonstrate humanistic behavior including respect, compassion, probity, honesty and trustworthiness.
- c. Demonstrate responsiveness to the needs of patients and society that supersedes self-interest.
- d. Demonstrate accountability to patients, society, and the profession, including the duty to act in response to the knowledge of professional behavior of others.
- e. Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning.
- f. Demonstrate knowledge of and the ability to apply ethical principles in the practice and research of osteopathic medicine, particularly in the areas of withholding of clinical care, confidentiality of patient information, informed consent, business practices, the conduct of research and the reporting of research results.
- g. Demonstrate awareness of and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.

- h. Demonstrate understanding that the student is a representative of the osteopathic profession and is capable of making valuable contribution as a member of this society; lead by example; provide for personal care and well-being by utilizing principles of wellness and disease prevention in the conduct of professional and personal life.
- i. Demonstrate honest, transparent business practices.

VI. Practice-Based Learning and Improvement

- a. Describe and apply evidence-based medical principles and practices.
- b. Critically evaluate medical information and its sources and apply such information appropriately to decisions relating to patient care.

VII. Systems Based Practice

- a. The candidate must demonstrate understanding of variant health delivery systems and their effect on the practice of a physician and the health care of patients.
- b. The candidate must demonstrate understanding of how patient care and professional practices affect other health care professions, health care organizations and society.
- c. The candidate must demonstrate knowledge of and the ability to implement safe, effective, timely, patient-centered equitable systems of care in a team-oriented environment to advance populations' and individual patients' health.

References

Required Study Resources

<https://d2l.msu.edu>

Suggested Study Resources and Recommended Text

Andreasen, NC and Black DW, *Introductory Textbook of Psychiatry*, Sixth Edition, 2014, Washington, DC: American Psychiatric Press, Inc. (Reading this textbook will better prepare you for the NBME Psychiatry Clerkship Shelf Examination).

<http://ezproxy.msu.edu/login?url=http://www.r2library.com/resource/title/1585624705>

DSM-5: The Future of Psychiatric Diagnosis, Fifth Edition, May 2013, Washington, DC: American Psychiatric Association.

<http://ezproxy.msu.edu:2047/login?url=http://dsm.psychiatryonline.org/book.aspx?bookid=556>

Recommended Websites:

1. <http://www.nbme.org>
2. www.mghcme.org
3. www.neiglobal.com
4. <https://www.optumhealtheducation.com/behavioral-health>

Student Responsibilities and Expectations

Student Attire and Etiquette

Medical students are to wear clean, white, short lab coats during the clerkship unless otherwise instructed. An identification tag, which is furnished by the community campus, must also be worn at all times. As a student, you will come in close contact with patients, physicians, peers and other health care professionals each day; good personal hygiene must be practiced. It should also be noted, that although the college does not have a “dress code,” tennis shoes, open-toed shoes, low-cut or midriff blouses, miniskirts and jeans are not considered appropriate attire for hospital/office/clinic settings including lectures.

Medical students should introduce themselves to patients and other health care professionals as a medical student, not as a physician. This is important so that individuals do not assume that students have more responsibility or authority concerning patient care than that of a medical student. Patients should be addressed using their last names. Students should remember that, in the clinical setting, they are a reflection of Michigan State University and the College.

Student Responsibilities Regarding Patient Supervision

All medical procedures performed by medical students must be supervised by a licensed physician responsible for the care of the patient. Before starting any procedure the medical student must be told to do the procedure on the patient by a physician responsible for the care of this patient. The supervising physician and the student share the responsibility for determining the level of supervision needed: either direct supervision (i.e., an appropriate supervisor is present while the procedure is being performed) or indirect supervision (i.e., an appropriate supervisor can be called into the room within a time span appropriate for that procedure).

It is understood that a complete list of procedures that a medical student may perform is neither possible nor desirable to establish, but these general guidelines should be followed:

- a) Appropriate informed consent must be obtained and documented. No procedure should be attempted by the medical student unless s/he is given permission to do so by a physician responsible for the patient.
- b) If a student does not feel capable, then s/he must not undertake performance of the procedure without further instruction and direct supervision.
- c) If the student is not known by the patient, the student should properly identify her/himself to the patient.
- d) If the medical student is not successful in the performance of a procedure within the reasonable amount of time or without undue discomfort to the patient, the medical student must withdraw and notify the supervising physician.
- e) It is the responsibility of the medical student to cease and desist from the performance of any procedure at the direction of any nurse responsible for that patient, if that nurse has reasonable cause to ask the student to cease and desist. The supervising physician should be notified promptly of any such action.

Psychiatry Clerkship Orientation

All Psychiatry Clerkships begin with a clerkship orientation. **In person attendance at orientation is mandatory for students based in Flint, Kalamazoo, Lansing and Traverse City.**

Students based in Bay City, Coldwater, Grand Rapids, Jackson and Southeast Michigan are required to do a mandatory on-line orientation. This should be completed prior to the first day of the clerkship.

Bay City, Coldwater, Grand Rapids, Jackson and Southeast Michigan students will report on the first day, as directed by your clinical site. Any absence from in person attendance or non-compliance of the on-line orientation prior to the first day will be considered unprofessional behavior and may lead to failure of the clerkship.

MSU EMAIL

To facilitate communication from faculty and staff to students, students are required to have a functioning MSU email address. Students are responsible for checking their MSU email accounts daily and maintaining their MSU mailboxes so that messages can be received. Forwarding MSU email to another email account or failure to check email are not valid excuses for missing a deadline or other requirements of the clinical education program.

Further, students must use secure email when working in a hospital, clinic or other health care setting if discussion of patient information is involved. MSUNet (msu.edu) email is secure; many web-based email systems including Hotmail, Gmail and Yahoo are not.

Psychiatry Clerkship Attendance

Attendance at all scheduled Psychiatry Clerkship activities is mandatory. If a student is unable to be present for scheduled clerkship activities because of extenuating circumstances, the student is required to complete a Psychiatry Clerkship Excused Absence Request form and send it to Callie Langenderfer in the Psychiatry Department for approval.

In all cases except for emergencies and sudden illness, requests for scheduled absences are to be submitted at least 30 days prior to the date(s) of absence. Absences are not approved until the form is signed by the Psychiatry Department. Once approved, the student is required to notify their preceptor of their absence within 24 hours. Failure to complete this form and obtain required signatures will result in an unexcused absence from the clerkship. Unexcused absences are considered unprofessional behaviors and could be noted as such on the student's performance evaluation. Unprofessional behavior may lead to failure of the clerkship.

Should a student miss more than 2.5 (excused or unexcused) days from the clerkship, the student may be subject to repeating the clerkship. All absences (excused or unexcused) must be made up as specified on the Excused Absence Form as outlined under the conditions of approval, unless the absence is a mandatory university activity. Makeup experience will be determined by the Lead Clerkship Director/Instructor of Record or (at the Lead Director's/ IOR discretion) the Community Clerkship Director, but could include additional clinical days or written assignments.

If a student has an emergency absence, at the time of the absence the student **must notify** the Psychiatry Department as well as their preceptor. The excused absence request form must be submitted to the Psychiatry Medical Education Office within 2 days of the original emergency or sudden illness notification. Attendance is monitored and tracked by the Psychiatry Department.

NOTE:

- *Students cannot be absent the first or last calendar day of the Psychiatry Clerkship rotation – requests to be absent will be denied for these days.*
- *Time off for any COMLEX or USMLE exam needs to be requested.*

Psychiatry Rotation Grading Requirements		
Requirements	Submission Method	Due Date
Patient Encounter Log	Drop Box in D2L	5:00 p.m. the last Friday of the Clerkship
On-line Modules with Quiz	Taken and submitted through D2L	Monday of Week 4 by 8 a.m. for honors, 5 pm Friday of Week 4 for passing
Performance Based Assessment (PBA) Observed Interview	Drop Box in D2L	5:00 p.m. the last Friday of the Clerkship
Clinical Performance Evaluation (CPE)	Drop Box in D2L	5:00 p.m. the last Friday of the Clerkship
NBME Psychiatry Shelf Exam	NBME Secure Website	8:30 am on the <u>last Friday of the clerkship</u> <u>Except during the Fall IV Rotation, it will be on Thursday, December 15, 2016 @ 1:00 pm.</u>

PSC 608 Corrective Action Process for Deficient Academic Requirements

If a student does not successfully complete the academic requirements of the course, the student will be permitted to go through a “Corrective Action” process.

The steps of the “Corrective Action” process for PSC 608 are listed under each graded assignment below.

If a student completes the corrective action successfully, as determined by the Instructor of Record, the student will receive credit for the deficient academic grading requirement(s).

If a student does not complete the corrective action successfully, as determined by the Instructor of Record, the student will receive an “N” grade for the course.

Patient Encounter Logs

The log is one form of evaluation in the Psychiatry Clerkship used to assess expected knowledge and skills. Medical students complete their logs to assess their exposure to psychiatry diagnoses and procedures. **A student may only utilize a patient twice in total to meet the Diagnoses or Procedure Requirements.** Examples: DS under Anxiety disorder and Mood Disorders, or DS under Mood Stabilizers and Antidepressants, or DS under Mood Disorders and Mood Stabilizers.

Diagnosis/Disorder	Minimum Requirements	Procedures/Treatment	Minimum Requirements
Anxiety Disorder (i.e. panic disorder, generalized anxiety disorder, PTSD)	3	First Generation Antipsychotics	2
Cognitive Disorders (i.e., Neurocognitive disorder, delirium)	2	Second Generation Antipsychotics	6
Psychotic Disorders (i.e. schizophrenia, mood disorder w/ psychosis, drug induced psychotic disorder, psychosis secondary to Neurocognitive Disorder or delirium)	4	Antidepressants	6
Mood Disorders (i.e., adjustment disorder with depressed mood, major depressive disorder, bipolar disorder, mood disorder secondary to general medical condition)	3	Anxiolytics	6
Substance Use Disorders (i.e., alcohol, opioid, benzodiazepine, cocaine use disorder)	2	Mood Stabilizers	6
Personality Disorder (i.e. borderline)	2	Cognitive Behavioral Therapy*	1
		Supportive Therapy+	4
		Electroconvulsive Therapy*	1

***May be met by viewing the online module in D2L.**

+A non-confrontational therapy used to support the patient's functioning and coping strategies. It is best suited for a patient with a high level of functioning who is currently overwhelmed but may be used to strengthen functioning for a patient with limited abilities needing supportive direction. The therapist establishes a reality-based working relationship and may provide reinforcement for positive behaviors, make suggestions on topics such as limit setting or environmental changes, offer genuine reassurance, as well as encouragement to deal with stressful situations. The patient may receive praise and encouragement to use coping strategies that reduce stress and manage conflict.

Student Name: _____

Patient Encounter Log

Diagnosis/Disorder Requirements

Enter Patient Initials

Anxiety Disorders (3)	_____	_____	_____
Cognitive Disorders (2)	_____	_____	
Psychotic Disorders (4)	_____	_____	_____
Mood Disorders (3)	_____	_____	_____
Substance Use Disorders (2)	_____	_____	
Personality Disorders (2)	_____	_____	

Procedures/Treatment Requirements

Enter Patient Initials

First Generation Antipsychotics (2)	_____	_____			
Second Generation Antipsychotics (6)	_____	_____	_____	_____	_____
Antidepressants (6)	_____	_____	_____	_____	_____
Anxiolytics (6)	_____	_____	_____	_____	_____
Mood Stabilizers (6)	_____	_____	_____	_____	_____
Cognitive Behavioral Therapy (1*)	_____				
Supportive Therapy (4) +	_____	_____	_____	_____	
Electroconvulsive Therapy (ECT) (1*)	_____				

+A non-confrontational therapy used to support the patient’s functioning and coping strategies. It is best suited for a patient with a high level of functioning who is currently overwhelmed but may be used to strengthen functioning for a patient with limited abilities needing supportive direction. The therapist establishes a reality-based working relationship and may provide reinforcement for positive behaviors, make suggestions on topics such as limit setting or environmental changes, offer genuine reassurance, as well as encouragement to deal with stressful situations. The patient may receive praise and encouragement to use coping strategies that reduce stress and manage conflict.

*May be met by viewing on-line module in D2L

Director/Preceptor Signature

Date

GRADING

- **Pass:** Complete 100% of objectives presented in the logbook by 5 pm on the last Friday of the clerkship.
- **ET:** Failure to complete all objectives by deadline, with an addendum being attached to the Clinical Clerkship Rotation Evaluation to discuss unprofessional behavior. (i.e. late submission of assignments)
- **No Grade (N):** Failure to complete and submit the logbook within two weeks after the clerkship has ended.

Corrective Action

- **ET:** If the student is unable to complete all of the minimum requirements noted above during the course of the clerkship, students will be assigned a make-up assignment to fulfill the requirements per the policy created by the MSEC Committee.
- **N:** Students who receive an “N” Grade and will be required to appear before the Committee On Student Evaluation (COSE) to determine the next course of action.

Medical Student On-line Modules

The Psychiatry Clerkship has developed clerkship modules for each of the key areas covered during your rotation. Each module contains a brief lecture by one of our MSU Psychiatry Faculty. In addition, each module contains one or more URL links to video examples of the content discussed in lecture. Please see below for a complete list of the Module topics and additional interactive materials. Upon completion of viewing the On-line modules students will be required to take the on-line modules quiz through D2L.

Note** The Department of Psychiatry Student Medical Education Office will monitor the student's completion of each of the modules and the quiz.

Module and Lecture Topic	Supplemental Interactive Materials
Mental Status Exam By: Deb Wagenaar, DO, MS	<u>Mental Status Exam</u> http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf <u>The Psychiatric Interview, Hendry Ton</u> http://www.admsep.org/The-Psychiatric-Interview/csi-PsychInterview.php
Risk Assessment: Suicide/Homicide By: Deb Wagenaar, DO, MS	
Psychotic Disorders By: Alyse Ley DO	<u>What's it like to experience Schizophrenic symptoms?</u> http://www.youtube.com/watch?v=qb8wQjwVu2g <u>Psychotic Disorders: Self-Directed Learning Module, C. Neumann</u> http://www.admsep.org/PsychosisModule/story.html
Depressive Disorders By: Bill Sanders, DO	<u>Depression and Self-Harm</u> https://flexiblelearning.auckland.ac.nz/4Psych/14_6.html
Bipolar Disorder By: Bill Sanders, DO	<u>Bipolar Disorder: A Self-Directed Learning Module (A. Foster)</u> http://www.admsep.org/Revision-Bipolar-Disorder-SDLM-March%2017_2012/csi-Bipolar-Disorder.php
Anxiety Disorders: Anxiety Disorders/Obsessive Compulsive and Trauma/Stressor Disorders By: Jed Magen, DO, MS	<u>Obsessive Compulsive Disorder</u> https://flexiblelearning.auckland.ac.nz/4Psych/14_5.html <u>Post-Traumatic Stress Disorder</u> https://flexiblelearning.auckland.ac.nz/4Psych/14_4.html <u>PTSD: Self-Directed Learning Module, C. Hines</u> http://admsep.org/Ptsd-Jan-2013/csi-PTSD.php <u>Generalized Anxiety Disorder</u> http://www.admsep.org/CSI_video_clips/anx/anx1.html

	http://www.admsep.org/CSI_video_clips/anx/anx2.html http://www.admsep.org/CSI_video_clips/anx/anx3.html
Psychopharmacology Part 1 and Part 2 By: Brian Smith, MD	
Cognitive Behavioral Psychotherapy By: Chris Giuliano, PhD	<u>Modifying Automatic Thoughts</u> http://www.youtube.com/watch?v=a0YyC1iS8Rc
Child Psychiatry By Alyse Ley, DO	<u>Adolescent Depression Module, Howard Liu</u> http://www.admsep.org/Adolescent-Depression-Module-May-2013/csi-Adol-Depr.php <u>Child and Adolescent Eating Disorders, I. Douziech</u> a link will be available on D2L after the topic is revised from the Association of Directors of Medical Student Education in Psychiatry <u>Childhood Post Traumatic Stress Disorder: A Self-Directed Learning Module, Ashley Miller</u> http://admsep.org/ChildPTSD/story.html
Cultural Psychiatry By: Brian Smith, MD	
Personality Disorders By: M. Klapheke	<u>Self-Learning Module: Personality Disorders</u> http://www.admsep.org/SLM-Personality-Disorders-April-2012/csi-Personality-Disorders.php
Substance Related Disorders By: Alyse Ley, DO	<u>Substance Abuse Disorder</u> http://flexiblelearning.auckland.ac.nz/4Psych/14_2.html
Neurocognitive Disorders By: Deb Wagenaar, DO	<u>A Case Study of Dementia: Self-Learning Module (M. Klapheke)</u> http://www.admsep.org/Dementia-April-2012/csi-Dementia.php
Electroconvulsive Therapy – 2 YouTube Videos	http://www.youtube.com/watch?v=jgWVyzGyf0 http://www.youtube.com/watch?v=zYI13Relzbs

A suggested sequence of viewing is included for the student to pace their review of lectures and link their clinical experiences to on-line material. The following lists the content for our core on-line lectures with a suggested viewing schedule:

- Week 1: Mental Status Exam, Risk Assessment, Psychopharmacology, Psychotic Disorders, Depressive Disorders
- Week 2: Bipolar Disorders, Anxiety Disorders, Substance Related Disorders, Personality Disorders, Cultural Psychiatry
- Week 3: Cognitive Behavioral Psychotherapy, Electroconvulsive Therapy, Child Psychiatry, Neurocognitive Disorders

GRADING

- **Honors:** All Required Modules must be viewed in their entirety and students must pass the On-Line Modules quiz with a score of 100 % by 8:00 AM the last Monday of the clerkship.
- **Pass:** All Required Modules must be viewed in their entirety and students must pass the On-Line Modules quiz with a score of 100 % by 5 pm the last Friday of the clerkship.
- **No Grade:** Failure to complete all required modules and/or pass the on-line modules quiz with a 100% by 5 pm the last Friday of the clerkship.

Corrective Action

- **N:** Students who receive an “N” Grade and will be required to appear before COSE to determine the next course of action

Instructions for logging on to D2L to complete the on-line modules and quiz:

Step 1 Log on to D2L at <https://D2L.msu.edu>

Step 2 Select PSC-608 Psychiatry & Behavioral Science Clerkship

Step 3 Click on “Content” at the top of the screen

Step 4 Click on “Lectures”

Step 5 View modules each week as recommended above

Step 6 After viewing all modules, complete the on-line modules quiz

Performance-Based Assessment (PBA) – Observed Interview

General Information

Upon completion of the psychiatry clerkship, it is expected that the student will have mastered the basic skills to competently interview, evaluate, and report on a patient with a mental disorder. Using a performance-based assessment interview exercise, students will be tested during the mid-point of the clerkship regarding such skills. The student will be tested for the following three competencies:

- a. Communication Skills: The ability to establish rapport, effectively communicate, interview the patient, and manage the session.
- b. Data Collection Skills: The student should gather sufficient data in order to accomplish the following tasks:
 - i. Make a diagnosis.
 - ii. Determine the severity of illness and degree of impairment.
 - iii. Establish contributing and precipitating biological and psychosocial factors which might be contributing to the patient's problem.
 - iv. Obtain information that will help to guide treatment planning.
 - v. Understand the patient as a unique person.
 - vi. Make an assessment of the patient's mental state.
- c. Student Presentation and Case Discussion: The student should be able to organize and synthesize the information in order to present a concise oral case summary, mental status exam, complete DSM diagnosis, case formulation, assessment, and basic treatment plan.

In preparation for the PBA students **may not have clinical knowledge** of the patient they are to interview. Students **are not allowed to review** either an electronic health record or paper chart prior to the interview. The student will be given up to 30 minutes to interview a patient who presents with one or more of the following clinical problems: depressed mood, anxiety, suicidal ideation/behavior, mania, psychosis, and substance abuse/dependence. The preceptor will indicate to the student when five minutes and two minutes remain. The student may take clinical notes during the interview. Upon completion of the interview, the student will be given up to 5 minutes to organize his/her presentation. The preceptor will then ask the student to make an oral presentation of the following: a brief case summary, a mental status exam, diagnosis, a formulation and a treatment plan. Presentation is to be completed in approximately 25 minutes. Although it is important that the student also learn about the patient as a person, it is not expected that the student will obtain an extensive developmental/personal and social history, given the time constraints. This exercise is not meant to be a demonstration of the student's ability to obtain a complete psychiatric history; rather a problem-oriented interview much like a primary care physician might conduct. The total maximum time for this exercise is 60 minutes.

The student must demonstrate competency in all three areas to successfully pass the exercise. Those students who demonstrate significant inadequacies will be asked to do appropriate remedial work and be retested. Demonstration of competency will be required to successfully pass the exercise. ***The evaluation form can serve as a guide to organization and expectations and can be found in the Forms Folder on D2L.***

Performance-Based Assessment (PBA) Protocol

1. **Advance Notice:** Students will be informed of this requirement and exercise during the clerkship orientation that is held in person or via the on-line version in D2L. All documentation pertaining to the PBA will be found in the syllabus that is uploaded on D2L. A copy of the grading form can be found in the forms folder under content in the D2L course.
2. **Patient Selection:** The patient chosen for this exercise should be unknown to the student, fairly verbal and have one or more of the following clinical problems: depressed mood, anxiety, suicidal ideation/behavior, mania, psychosis, and substance abuse/dependence.
3. **The Interview:** Typically, one faculty member will precept the session. The session may be videotaped. The student will be given exactly 30 minutes to interview the patient; the preceptor should indicate to the student when 5 minutes and 2 minutes remain. The student may take clinical notes during the interview. The student **may not**, however, use any reference notes to aid in conducting the interview. Upon completion of the interview, the student will be given up to 5 minutes to organize his/her presentation. Likewise, the preceptor may use this time to complete Parts I and II of the evaluation form and prepare his/her feedback.
4. **Oral Presentation:** The student will then make an oral presentation on the following:
 - a) A brief case summary
 - b) A mental status exam
 - c) A differential diagnosis
 - d) A treatment plan.
5. **Self-Assessment and Feedback:** Upon completion of the student's oral presentation, the preceptor will first ask the student to assess his/her own performance. The preceptor will then in turn, give feedback to the student. Students should be aware that the preceptor will likely give constructive feedback even if performance is competent, for the goal is to improve the skill of even the most advanced student.

GRADING

- **Pass:** A passing grade must be achieved in all three Competencies on either the first or second attempt.
- Communication Skills: ≥ 9
 - Data Collection Skills: ≥ 15
 - Student Presentation and Case Discussion: ≥ 12

Overall score must be: ≥ 36

- **Honors:** Obtain an overall score of ≥ 52 on the first attempt. An appeal of your score will not be allowed in order to achieve honors and directly challenging the preceptor's scoring of the PBA in an effort to gain more points might be interpreted as unprofessional behavior.

- **No Grade:** Failure to pass the PBA on the second attempt

Corrective Action

An unsatisfactory rating requires repeating the PBA. If the repeated interview is unsatisfactory, an N grade will be issued for the clerkship. The retest will follow the same format as the initial session; except that either or can take place.

- 1) Two faculty members will precept the session
- 2) The session will be videotaped with one preceptor.

In the former case, the student's final grade for the exercise will be a consensus decision between the two preceptors. If one faculty member precepts and the student passes, that score will stand. If the student fails to pass, a second faculty member will view the videotape and come to a consensus evaluation with the other faculty member.

- **N:** Students who receive an "N" Grade and will be required to appear before COSE to determine the next course of action.

Clinical Clerkship Rotation Evaluation (CCRE)

A standardized Clinical Clerkship Rotation Evaluation (CCRE) is used in all MSU COM Clinical Rotations. The CCRE assesses students on the relevant Osteopathic Core Competencies:

- Osteopathic Principles and Practice
- Medical Knowledge
- Patient Care
- Practice-Based Learning and Improvement
- System-Based Practice
- Interpersonal Skills and Communication
- Professionalism

Performance will be rated into two separate overall categories: Clinical Assessment and Professional Assessment with overall grades of Below Expectations, Meets Expectations, and Exceeds Expectations.

Students must print a copy of the evaluation from their schedule in Kobiljak. The evaluation will not be active until the first day of the rotation and will remain active till it has been turned into Student Services by the Psychiatry Department.

GRADING

- **Pass:** Students may receive up to 1 Below Expectations Mark in any subcategory with the overall categories at Meets Expectations. In addition, there will be a meeting scheduled with the Campus Clerkship Director or Lead Clerkship Director to discuss the Below Expectations evaluation score.
- **Honors:** Students must receive all Meets Expectations or above in the subcategories and meets or exceeds expectations in the overall category.
- **No Grade:** Any one of the following conditions will result in a No Pass Grade in the clerkship:
 - Receiving more than 1 Below Expectations Mark in any subcategory
 - Any Overall Category Grade with a Below Expectations

Corrective Action

- **N:** Students who receive an “N” Grade and will be required to appear before COSE to determine the next course of action.

Psychiatry Exam Information

The Department of Psychiatry core clerkship uses the National Board of Medical Examiners (NBME) shelf exam for the final examination on the last day of the clerkship to measure knowledge gained during the clerkship experience. The NBME final examination is a standardized exam with 110 multiple-choice questions that is returned to the NBME for scoring.

After instructions are given, students are given 2 hours and 45 minutes to complete the exam. Exam scores will be provided potentially the next business week following the end of the clerkship.

In the welcome letter email, students are notified of the date, time and location of the final exam. This information is reiterated verbally during clerkship orientation if there is one. Any room or scheduling changes will be communicated to students in writing as they occur. All final exams will be administered in central locations for all communities on the **last Friday of the clerkship**, starting no later than 8:30 a.m.

The starting time of the examination will be strictly adhered to, and all students must be seated in the exam location by the announced starting time for the exam. Admission to the exam will not be allowed after this time.

Students may not request to be absent on the last day of the clerkship. Should an absence occur, documented extenuating circumstances will be considered by the Department of Psychiatry Director of Medical Student Education on a case-by-case basis.

EXAM PREPARATION

The NBME offers online sample tests for \$20 that students have found helpful in preparing for the test. Information about these tests can be found at either of the below links.

<http://www.nbme.org/students/sas/MasterySeries.html>

<https://nsas.nbme.org/home>

In addition, MSU Libraries have obtained access to different question banks and access can be found at

<http://libguides.lib.msu.edu/medicalboardexamprep>

EXAM ADMINISTRATION

Exams will only be offered at the following locations and students must take the exam in the nearest location to their base hospital.

Flint – MSU FAME

Grand Rapids – Secchia Center

East Lansing – Multiple room locations, will be notified in welcome e-mail

Southeast Michigan – Macomb University Center

Traverse City – Munson Hospital

Students **must arrive to the exam location by 8: 15 am on the last Friday of the clerkship** and the

exam **will start promptly at 8:30 am**. Students will be **required to have a photo I.D.** for identification purposes and their **APID number** for logging in requirements.

Note: The exam for the Fall IV rotation that is November 21 – December 16, 2016 will be on Thursday, December 15, 2016.

EXAM SCORING

- **Honors:** ≥ 85
- **Pass:** ≥ 67
- **ET:** ≤ 66
- **No Grade:** Failure to pass on 2nd attempt.

EXAM CORRECTIVE ACTION

- **ET:** Repeat the NBME exam and pass.
- **N:** Students who receive an “N” Grade and will be required to appear before COSE to determine the next course of action.

Unsatisfactory Clinical Performance

A student's clinical performance will be assessed through the Attending Clinical Clerkship Rotation Evaluation. Unsatisfactory Attending Evaluations are governed by the Policy for Retention, Promotion and Graduation (4.e).

An overall "Below Expectations" rating on Section 1 of the Clinical Clerkship Rotation Evaluation will be referred to the Instructor of Record/Department Chairperson for review and grade determination. Students who receive two or more Clinical Clerkship Rotation Evaluations with an overall "Below Expectations" rating will be referred to the COSE Clerkship Performance Subcommittee for review.

An overall "Below Expectations" rating on Section 2 of the Clinical Clerkship Rotation Evaluation will be referred to the Associate Dean/Student Services. In consultation with the Instructor of Record/Department Chairperson a determination of action will be reached.

IMPORTANT NOTE: The student will maintain an "Extended" (ET) grade until they have successfully completed all academic and clinical requirements for the course.

Final Grades

Criteria for Passing

Clinical Clerkship Rotation Evaluation

- Students may receive up to 1 Below Expectations Mark in any subcategory with the overall categories at Meets Expectations. In addition, there will be a meeting scheduled with the Campus Clerkship Director or Lead Clerkship Director to discuss the Below Expectations evaluation score.

On-Line Modules and Quiz

- Complete all modules and pass the on-line modules quiz with a score of 100% by 5 p.m. the last Friday of the clerkship

Patient Encounter Logs

- Complete 100% of objectives presented in the log by the due date

PBA

- Get a passing score in all three competencies on either the first or second attempt
- Communication Skills: ≥ 9
- Data Collection Skills: ≥ 15
- Student Presentation and Case Discussion: ≥ 12
- Overall score must be: ≥ 36

NBME Exam

- ≥ 67

Criteria for Honors

The Psychiatry Clerkship will award an Honors designation (H) for outstanding performance. Although the Honors designation is awarded in the clerkship, this is not an official University grade and therefore will not be reflected on the student's Michigan State University transcript. The student will be sent an Honor's letter from the MSU Department of Psychiatry Chairperson at the end of the clerkship after review of Honor's criteria. The letter will also be kept in the student's permanent academic file.

Students must meet all criteria under pass plus these additional requirements.

Clinical Clerkship Rotation Evaluation

- Students must receive all Meets Expectations or above in the subcategories and Meets or Exceeds Expectations in the overall category.

On-Line Modules and Quiz

- All Required Modules must be viewed in their entirety and students must pass the On-Line Modules quiz with a score of 100 % by 8:00 AM the last Monday of the clerkship

PBAs

- Obtain an overall score of 52 on the first attempt. PBA scores can only be appealed for the purpose of passing, not honoring, the rotation.

NBME EXAM

- ≥ 85

Criteria for an ET

Any one of the following Apply

Patient Encounter Logs

- Failure to complete all objectives by 5 pm on the last Friday of the Clerkship. Students will also receive an addendum to their Clinical Performance Evaluation pertaining to unprofessional behavior.

NBME EXAM

- ≤ 66 on first attempt

Criteria for No Grade

Any one of the following may apply

Clinical Clerkship Rotation Evaluation

- Any one of the following conditions will result in a No Grade in the clerkship:
 - Receiving more than 1 Below Expectations Mark in any subcategory
 - Any Overall Category Grade with a Below Expectations

On-Line Modules and Quiz

- Failure to complete all objectives by 5 pm the last Friday of the Clerkship

Patient Encounter Logs

- Failure to complete and submit the logbook within two weeks after the clerkship has ended.

PBA

- Failure to pass the PBA on the second attempt

NBME EXAM

- ≤ 66 on second attempt

Special Considerations

Accommodations (VISAs) for Disabilities

The College of Osteopathic Medicine and the MSU Resource Center for Persons with Disabilities (RCPD) is committed to providing equal opportunity for participation in all programs, services and activities. The mission of the RCPD is to lead MSU in maximizing ability and opportunity for full participation by persons with disabilities. Federal and state laws provide protection against discrimination on the basis of disability in post-secondary education.

The Americans with Disabilities Act defines disability as “a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment.” Disabilities involved substantial limitations and are distinct from common conditions not substantially limiting major life activities.

Students who have a disability that substantially limits a major life activity and would like to request a disability-related accommodation to participate in core clerkships or other activities must register with the MSU RCPD as outlined below. Please note that information shared with the RCPD is kept strictly confidential, and self-identification is voluntary.

Students must take the following steps to expedite the accommodation process:

- a) Formally identify as a student with a physical, sensory, cognitive or psychological disability via secure/confidential web registration at MyProfile.rcpd.msu.edu.
- b) Upon student self-identification, an RCPD Disability Specialist will contact the student to schedule a confidential needs assessment. The specialist also requires submission of recent medical or diagnostic documentation of disability prior to registration with the office.

As each disability is unique, an RCPD specialist will provide details on what constitutes appropriate documentation for a particular disability. At a minimum, documentation of a disability must appear on official letterhead from a licensed medical, diagnostic or psychological professional and include a diagnosis, scope or degree of involvement, and summary of related functional limitations. Full details about the RCPD and disability issues at MSU are available at www.rcpd.msu.edu. As many reasonable accommodations require significant pre-planning, registration with the RCPD prior to situations requiring accommodations is essential.

Once students receive their VISA, they must present a copy to the clerkship coordinator who will work with others as appropriate to arrange for the accommodations specified. Special accommodations must be arranged well in advance, especially if they require additional staffing (as in the case of separately proctored exams). Students who have received a VISA must register at the end of each semester.

Procedure for Appealing a Psychiatry Grade

Students wishing to appeal a clerkship grade should start with the informal administrative procedure for handling complaints. The process for this is as follows:

- a. The student meets with the appropriate Community Clerkship Director to discuss his or her concerns. If the dispute is resolved to the student's satisfaction, no further action is required.
- b. If the issue is not resolved with the Community Clerkship Director, the student meets with the Lead Clerkship Director from the Psychiatry Department on the East Lansing campus. If the dispute is resolved to the student's satisfaction, no further action is required.
- c. If the issue remains unresolved, the student meets with the Department Chair. The Chair may hold a department administrative meeting with the student to seek resolution; this is not a formal hearing process.

If a student's concern remains unresolved after working through the informal administrative procedure, the student can use the formal grievance procedure.

For more detailed information about grievances, see Article 5 of the MSU Medical Students Rights and Responsibilities (MSRR) document. Section 5.3.4 of the MSRR specifically addresses the handling of student grievances.

Base Hospital Requirements
(To be defined and evaluated by individual hospitals)

MSU College of Osteopathic Medicine Standard Policies

The following are the standard MSUCOM policies students must adhere to across rotations.

STATEMENT OF PROFESSIONALISM

Principles of professionalism are not rules that specify behaviors, but guidelines that provide direction in identifying appropriate conduct. These principles include the safety and welfare of patients, competence in knowledge and skills, responsibility for consequences of actions, professional communication, confidentiality, and lifelong learning for maintenance of professional skills and judgments. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, competence, demeanor, attitude, appearance, mannerisms, integrity and morals displayed by the student to faculty, peers, patients and colleagues in other health care professions. Students are expected to conduct themselves at all times in a professional manner and to exhibit characteristics of a professional student.

STUDENTS RIGHTS AND RESPONSIBILITIES

Each individual student is responsible for their behavior and is expected to maintain standards of academic honesty. Students share the responsibility with faculty for creating an environment that supports academic honesty and principles of professionalism. Proper relationship between faculty and student are fundamental to the college's function and this should be built on mutual respect and understanding together with shared dedication to the education process. It is a fundamental belief that each student is worthy of trust and that each student has the right to live in an academic environment that is free of injustice caused by dishonesty. While students have an obligation to assist their fellow students in meeting the common goals of their education, students have an equal obligation to maintain the highest standards of personal integrity.

FACULTY RESPONSIBILITIES

It is the responsibility of the college faculty to specify the limits of authorized aid (including but not limited to exams, study aids, internet resources and materials from senior students) in their syllabi, and it is the responsibility of students to honor and adhere to those limits. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course.

It is the responsibility of the clinical faculty to provide students with ongoing feedback during rotation upon request. Clinical faculty are generally recommended (though not required) to limit student assigned duty hours

from 40 to 60 hours weekly (and not exceeding 60 hours). Both faculty and students are to be treated fairly and professionally in order to maintain a proper working relationship between trainer and trainee.

COURSE GRADES

- **P-Pass** – means that credit is granted and that the student achieved a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **N-No Grade** – means that no credit is granted and that the student did not achieve a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **ET-Extended Grade** – means that a final grade (“Pass” or “No Grade”) cannot be determined due to one or more missing course requirements. In Years 3 and 4, the ET grade is used instead of an “Incomplete (I)” grade. Once all course requirements have been completed, received, and processed, the ET grade will be changed to a final grade. An “ET” will NOT remain on a student’s transcript.

ROTATION EVALUATIONS

Attending/Faculty/ Resident Evaluation of Student

Students are responsible for assuring that his/her clinical supervisor receives the appropriate evaluation form. Forms can be accessed via the “Attending Evaluation” link in the student’s Kobiljak online Clerkship schedule.

Students should assertively seek feedback on his/her performance throughout the course of the clinical rotation. Students should also sit down and discuss the formal evaluation with the clinical supervisor. Note that the clinical supervisor and the DME from the rotation hospital are required to sign the form.

Students should keep a copy of the evaluation and leave the original with the Medical Education Office at the clinical training site where that office will review, sign, and forward the completed form to the Office of Student Services. It is important to know that evaluations will not be accepted by the Office of Student Services if submitted by the student. Any evidence of tampering or modification while in the possession of the student will be considered “unprofessional behavior” resulting in an “N” grade and review by the Committee on Student Evaluation (COSE) and/or the College Heading Committee.

Grades are held until all rotation requirements, including evaluation forms, are received. Be sure you are using the correct form.

Student Evaluation of Rotation

Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing their online schedule through Kobiljak.

EXPOSURE INCIDENTS PROTOCOL

A form has been developed by the University to report exposure incidents. These forms will be on file in your DME's office. You can also access the form at www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf. Please make yourself familiar with the procedure and the form.