

Michigan State University
Department of Psychiatry

Psychiatry Clerkship Handbook

2017-2018

This handbook contains the policies and requirements for this clerkship and it is the student's responsibility to read and to know its contents.

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Goals and Objectives

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

1. An orientation to psychiatry and its value to care of patients.
2. Repeated opportunities to both witness and conduct a competent basic psychiatric evaluation including a mental status examination.
3. 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.
4. The ability to construct a reasonable differential diagnosis for common psychiatric problems such as psychosis, mood disorders, and anxiety disorders.
5. 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.
6. An opportunity to learn about effective treatments such as supportive therapy and cognitive-behavioral therapy.
7. Exposure to somatic therapies including ECT would be desirable during the rotation if feasible.

At the completion of the clerkship students will:

Clinical Skills

❖ 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. Be able to 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. Be able to 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. Be able to 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. Be able to develop a differential diagnosis and plan for further evaluation for patients presenting with signs and symptoms of psychosis.
4. Be able to 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 as a response to stress.
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. antidepressant of the SSRI or SNRI class
 - 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 communicate effectively such pertinent information regarding medications to the patient and appropriate family.

❖ **Non-Pharmacologic Somatic Therapies**

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 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.

CHM Educational Competencies S.C.R.I.P.T.

- **SERVICE/No ACGME-related competency**
 - Participates in the provision of beneficial services within the community
 - Demonstrates preparation and planning to provide services which respond to community need
 - Demonstrates reflection on their participation in service activities

- **CARE OF PATIENTS/Patient Care and Interpersonal and Communication Skills**
 - Demonstrates kindness and compassion to patients and their families
 - Collects complete and accurate patient data
 - Synthesizes patient and laboratory data to formulate reasonable assessments and plans
 - Demonstrates the incorporation of patient values into illness assessment and care plans
 - Communicates effectively in writing and orally
 - Effectively counsels and educates patients and their families

- **RATIONALITY/Practice-Based Learning and Improvement**
 - Identifies personal strengths and weaknesses and develops ongoing personal learning plans
 - Demonstrates receptiveness to faculty and peer/colleague feedback as a means of facilitating personal and professional improvement
 - Locates, appraises and assimilates evidence from scientific studies related to their patients' health problems

- **INTEGRATION/Systems-Based Practice**
 - Demonstrates awareness of cost and access issues in the formulation of patient care plans
 - Demonstrates respect for all members of the health care team
 - Demonstrates understanding of and contributes to a culture of safety
 - Demonstrates knowledge of differing types of medical practice and delivery systems and their implications for controlling health care allocation and cost
 - Demonstrates knowledge of how social and economic systems in which people live impact on health, delivery of health care, and wellbeing.

- **PROFESSIONALISM/Professionalism**
 - Demonstrates receptiveness to feedback from faculty/peers/colleagues/team members
 - Contributes actively to group/team process
 - Demonstrates respect to patients, colleagues and team members
 - Fulfills responsibilities in courses and on clinical rotations
 - Takes responsibility for patient outcomes and is accountable to the team, the system of delivery, the patient, and the greater public.

- **TRANSFORMATION/Medical Knowledge**
 - Applies essential basic, social, clinical science and systems knowledge in the care of patients
 - Creates new knowledge through research
 - Participates in lifelong teaching and learning with peers, trainees, and patients

Learning Resources

The following resources can be used for achieving the clerkship educational objectives as well as help you in your self-directed learning.

REQUIRED

Desire 2 Learn; www.d2l.msu.edu

SUPPLEMENTAL

PREFERRED:

- 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>

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OTHER:

- www.nbme.org The Clinical Science Mastery Series offers self-assessments

Clerkship Expectations

Absences from Clerkships and Other Required Block III Courses

(BLK III Handbook Pages 15-17)

Students who are unable to be present for any required or elective clerkship activities or Core Competency sessions must complete a CHM Absence Request form and have this form approved by the community administrator and community clerkship director.

The faculty and administration of the College of Human Medicine recognize that students will periodically need to be absent during a clerkship to attend to personal or health matters, or because of illness. **Students on eight week clerkships** may have one full day of excused absence which does not require a make-up activity. This day will be called a Personal Time Off (PTO) day. Students must complete an Absence Request form prior to the PTO day and should submit it to the community administrator **as soon as possible** prior to the PTO day. For any reason other than illness, the clerkship director and community administrator **must both have time to review and approve** the PTO day **prior** to when it occurs. Students may use a PTO day to remediate exams or other work for another clerkship, or to sit for part of a USMLE examination, but the time must be approved well in advance. The PTO day must be taken as a whole day, and not an hour here and there to add up to 8 hours. The PTO day may not be used during:

- clerkship orientation
- an examination
- a required weekend work or rounding day
- a call day or night float week
- lectures
- core competency sessions
- mid-clerkship feedback session
- PF SIMS, SCP day (Family Medicine) or SED (Medicine)
- other activities which occur only a few times during a clerkship, which may vary by clerkship
- during the last week of the clerkship

Students must consult with the clerkship director and/or clerkship assistant when planning a PTO day in order to avoid conflicts. Additional days missed on an eight-week clerkship, as well as any days on a four-week clerkship or elective, must be made up at the discretion of the clerkship director. Note that not all requests for specific PTO days may be honored, depending on the needs for students on a clerkship and other scheduling issues. Students must make sure time off is approved prior to making irrevocable plans. Clerkship deadlines remain the same for all students, regardless of whether or not a student is in attendance on a particular day.

Requests for scheduled absences other than the PTO day must be submitted at least 30 days prior to the date(s) of absence. Time off for religious holiday observance must be submitted at least 30 days prior to the beginning of the clerkship from which time off is being requested. If permission for an absence is granted, it is the student's responsibility to notify his or her clinical preceptor. The Block III Absence Request form is available on the MSU-CHM website at: http://humanmedicine.msu.edu/Medical_Education/BLOCK_III/BLOCK_III_Years_3_and_4.htm

Scheduled absences are not approved until the Absence Request form is signed by both the clerkship director and community administrator. Residents and other faculty members may not authorize excused absences. Failure to complete this form and obtain the required signatures will result in an unexcused absence from the clerkship. While all requests are subject to approval by the community administrator and clerkship director and are considered on a case by case basis, examples of possible excused absences include:

- death of a close family member
- serious illness or hospitalization of a close family member
- student presentation at a professional conference, if the student is in good academic

standing

Students should plan weddings, family vacations and trips during scheduled time off.

We strongly urge students who are ill to stay home and not report for clerkship duties. Not only will student performance be affected, but there is also a risk of infecting patients and others on the health care team. In the case of emergency or sudden illness, the student must contact the community clerkship director or assistant, the community assistant dean's office, and his/her preceptor. For absences because of emergencies and illness, the CHM Absence Request form must be submitted no later than two days following the absence. Depending on the circumstances and length of absence, the student may be required to provide documentation.

Time missed during the clerkship, including for illness, religious holidays, and other excused absences other than one PTO day each eight-week clerkship, must be remediated via a make-up assignment or time on clinical duty. Clinical duty make-up time may not occur during another clerkship. Students may not take time off of a required clerkship to sit for a remediation examination for another clerkship, unless the student chooses to do this on a PTO day. Students with excused or unexcused absences of more than 5 days in an eight-week clerkship or more than 2.5 days in a four-week clerkship may receive a CP grade and need to remediate four weeks of an eight-week clerkship and two weeks of a four-week clerkship, in addition to any other clerkship deficiencies. *Note that the PTO day does count toward the maximum allowable days absent.* Approved time off for religious holiday observance and for college-wide activity days will not be counted toward the maximum number of excused absences allowed per clerkship.

Some clerkships may have more stringent attendance policies; be sure to check your clerkship handbook for more specific information.

Any unexcused absences will be considered unprofessional behavior. Each unexcused absence will count as one instance of unprofessional behavior, and will be noted as such by the clerkship director on the student's CPE form and in the final clerkship evaluation. Instances of unprofessional behavior may be incorporated into the Medical Student Performance Evaluation.

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.

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.

Student Professionalism (Clinical & Non-Clinical)

(BLK III Handbook Pgs. 37-39)

We expect you to demonstrate appropriate professional behavior in all clinical and academic settings. **This includes, but is not limited to:** appropriate dress, punctuality, respect, courtesy and helpfulness toward all patients, preceptors, teachers, staff and classmates; responsibility for knowledge of the content of the clerkship handbook, schedules, verbal instructions and clerkship memoranda; timely completion of all components of the clerkship. Students are also expected to adhere to the Student Oath you took when you matriculated into the College of Human Medicine and to the Principles of Professional Behavior.

Part of your “Professional Behavior” evaluation will be based upon your attitude of responsibility for the care of the patients to whom you are assigned. As such, it is important to remember that it is your responsibility to be an active participant in patient care and to plan your day accordingly. Specifically, this may mean starting early or staying late to assure that your patients are provided appropriate care and that notes and orders are completed before you leave each day.

Due Dates/Deadline/Attendance Reminders

In addition to being provided the relevant information well in advance, students may or may not receive verbal or written reminders about assignment deadlines, the dates/times of exams and lectures, etc. Students should not rely on these reminders. Meeting deadlines and arriving on time for exams and other experiences are solely the responsibility of each student. Failure to submit an assignment by the deadline or failure to show up at the correct location and time for an exam because a reminder was not sent out is not a valid excuse.

Confidentiality Statement

As a Michigan State University College of Human Medicine medical student, you will have access to medical records that contain health information pertaining to patients. Health information includes, but is not limited to, the patients name, address, phone number, diagnosis, treatment, medications, and billing codes. This health information is required by law to be protected. Individuals (faculty, staff, students, and volunteers) who have access to this health information must be aware of their responsibilities and abide by the Department’s policies and procedures protecting the confidentiality of this information. **Failing to follow confidentiality practices is considered unprofessional behavior.**

You are to abide by the following guidelines:

- Maintain confidentiality of health information.
- Acknowledge that during the course of your work you will have access to health information and you will view and use it only as necessary to perform your job as a student.
- Acknowledge that any access to, and use of, health information may be monitored by the hospital.

- Acknowledge that the improper access to, or improper disclosure of, health information may result in disciplinary action, including the possibility of expulsion from medical school.
- **Limit conversations in patient care areas, hallways, stairwells, elevators, eating areas, and other places of public gathering** in order to ensure confidentiality is not violated.
- Shred any paper-based health information before disposal.
- Do not leave any computerized patient information visible on a computer screen once you are finished viewing it.
- Any patient data electronically stored, must be treated with the same sensitivity as all patient data (e.g. H&P assignments you may be working on kept on a portable device such as a jump drive.)
- No identifying factors should be noted on assignments turned in.

PF-Sims

PF-SIMS are designed and intended to give clerkship students the opportunity to practice skills in a simulated environment where standardized patients, family members and health care members will portray challenging practice scenarios and provide immediate feedback to students. This experience is entirely formative, and although participation is required, the experience will not be graded.

PF-SIMS will be designed similarly across all the third year clerkships. They will have 5 stations using standardized patients, family members, health care team members and/or simulators and a final station where students will reflect on the experience and craft “personal learning plans” (PLPs). Stations will be designed to enable students to practice their skills in culturally-appropriate communication, procedures, use of evidence to solve patient problems, team skills, communication challenges, as well as creating health records and other common clerkship activities.

Students will receive feedback after every station from either the person who portrayed the scenario or by looking at an example of a well-done SOAP note, or an ideal patient “hand-off” form, as examples. They will create their PLPs based on the feedback they have received as well as their own assessment of their strengths and weaknesses. These PLPs can be shared with clerkship faculty to individualize experiences in the remaining weeks of the clerkship when possible. They can be used by each student as a way to reflect on the skills they have mastered as well as to plan approaches to mastering more difficult competencies. PF-SIMS are not graded and have been developed as opportunities for PRACTICE and FEEDBACK. They are intended to bring simulation experiences to each clerkship and to be informative and FUN.

Students will participate in the PF-SIMS at the Learning and Assessment Center in East Lansing, the Simulation Center in Grand Rapids, the Sim Lab in Traverse City, or The Simulation Center in Marquette. Please check with your community clerkship director for the dates and times of your PF-SIMS experience.

HIPAA and Patient Privacy

(BLK III Handbook Pgs. 32-33)

Students in clinical settings must be thoroughly familiar with appropriate use of patient information and, in particular, Protected Health Information (PHI). The Health Information Portability and Accountability Act and its regulations (HIPAA) require that health care workers protect the privacy of PHI, which includes protecting this information in electronic, written, and verbal formats. Not only is it a breach of professionalism to divulge PHI inappropriately, it may also be a violation of federal law, and, as such, an individual or health care system may incur fines and penalties for privacy violations. Health care workers may be suspended or terminated from their jobs, and

students may be suspended from clinical duties and/or incur a penalty grade or disciplinary complaint, based on improper handling of PHI.

Students may need to copy, produce, send and/or store patient information for research or clerkship requirements. One way to protect this patient information is to completely de-identify it, in accordance with HIPAA's requirements. **De-identification requires** elimination of **all** of the following patient identifiers in any student notes, lists, or write-ups:

- Patient names *and* initials
- All geographic subdivisions smaller than a state
- Any dates related to admission date, discharge date, patient's birth date, death date, or ages of patients older than 89
- Telephone numbers, fax numbers, e-mail addresses, medical record numbers, Social Security Numbers, and any other unique numeric identifier
- Unique identifiers such as unusual physical markings, tattoos, etc.
- Exceptional information or enough details about an individual that might allow easy identification (e.g. Governor of the State of Michigan, CEO of Steelcase, etc.)
- Photographs of patients

Please note that including patient initials is allowed in patient encounter logbooks, because so little other identifying information is included.

Situations where students commonly encounter risks for inappropriate use or disclosure (sharing) of PHI include:

- Submitting patient histories and physicals and progress notes via non-secure e-mail (e.g. Gmail)
- Including patient identifiers in submitted work for grading
- Printing patient rounding lists for use in the hospital and carrying them home or leaving them in the car or other public places (e.g., the cafeteria or library)
- Posting material on social media (Facebook, Twitter, Instagram) that relates to patient encounters
- Using an unencrypted device to text others about patients
- Discussing patients and/or their health conditions in public places such as the cafeteria, elevator, hallway or with other colleagues in settings where the discussion may be overheard by passersby, or at social gatherings
- Looking at medical information of an individual who is not directly under the student's care or a subject in an IRB-approved research project (including the student's own information and information pertaining to family members, friends, neighbors, etc.)

You must become aware of the specific policies regarding patient privacy, HIPAA and PHI at the health systems and offices where you are assigned in your communities. For example, in some communities, individuals may not access their own medical records through the electronic health record system. Your Community Assistant Dean and Community Administrator can direct you to the appropriate individuals in your community if you have questions about these policies, or if you have questions about use and de-identification of PHI.

REQUIRED Activities, Assignments, and Examinations

“Note that it is considered plagiarism, and therefore, academic dishonesty, to copy someone else’s, or one’s own patient notes, histories and physicals, and other clerkship write-ups for use in another clerkship.”

Patient Encounter Logs

Requirement: Complete assignments by deadlines

DUE DATE: 5 pm on the last Thursday of the clerkship

The log is one form of evaluation in the Psychiatry Clerkship used to assess expected knowledge and skills. Medical students complete their patient encounter logs to assess their exposure to psychiatry diagnoses and procedures. **A student may only utilize an individual 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.

Students are expected to update log entries throughout the clerkship, not accumulate own notes for a week or more before officially entering patient logs.

Diagnoses:

Diagnosis Name	Minimum Requirements	Student Role	Setting	Patient Type
Anxiety Disorder (3R – I/O – A/OD) (i.e. panic disorder, generalized anxiety disorder, PTSD)	3	Assisted or Observed/Discussed	Inpatient or Outpatient	R
Cognitive Disorders (2R – I/O – A/OD) (i.e. neurocognitive disorder, , delirium)	2	Assisted or Observed/Discussed	Inpatient or Outpatient	R
Psychotic Disorders (4R – I/O – A/OD) (i.e. schizophrenia, mood disorder w/ psychosis, drug induced psychotic disorder, psychosis secondary to neurocognitive disorder or delirium)	4	Assisted or Observed/Discussed	Inpatient or Outpatient	R
Mood Disorders (3R – I/O – AOD) (i.e. adjustment disorder with depressed mood, major depressive disorder, bipolar disorder, mood disorder secondary to general medical condition)	3	Assisted or Observed/Discussed	Inpatient or Outpatient	R
Substance Use Disorders (2R – I/O – A/OD) (i.e. alcohol, opioid, benzodiazepine, cocaine use disorder)	2	Assisted or Observed/Discussed	Inpatient or Outpatient	R
Personality Disorder (2R – I/O – A/OD)	2	Assisted or Observed/Discussed	Inpatient or Outpatient	R

Procedures:

Procedure Name	Minimum Requirements	Student Role	Setting	Patient Type
First Generation Antipsychotics (2R – I/O - OD/A/PwS)	2	Observed/Discussed, Assisted or Performed with Supervision	Inpatient or Outpatient	R
Second Generation Antipsychotics (6R – I/O - OD/A/PwS)	6	Observed/Discussed, Assisted or Performed with Supervision	Inpatient or Outpatient	R
Antidepressants (6R – I/O - OD/A/PwS)	6	Observed/Discussed, Assisted or Performed with Supervision	Inpatient or Outpatient	R
Anxiolytics (6R – I/O - OD/A/PwS)	6	Observed/Discussed, Assisted or Performed with Supervision	Inpatient or Outpatient	R
Mood Stabilizers (6R – I/O - OD/A/PwS)	6	Observed/Discussed, Assisted or Performed with Supervision	Inpatient or Outpatient	R
Cognitive Behavior Therapy (1R/AE – I/O - OD/A/PwS)	1	Observed/Discussed, Assisted or Performed with Supervision	Inpatient, Outpatient, or Alternate Experience	R or AE
Supportive Therapy (4R – I/O - OD/A/PwS) * See note below describing	4	Observed/Discussed, Assisted or Performed with Supervision	Inpatient or Outpatient	R
Electroconvulsive Therapy (1R/AE – I/O - OD/A/PwS)	1	Observed/Discussed, Assisted or Performed with Supervision	Inpatient, Outpatient, or Alternate Experience	R or AE

*Supportive Therapy is 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).

Definitions for Logging Purposes

Student Roles: Assisted – Helped in treating of a patient; Observed/Discussed – viewed and/or had a conversation pertaining to a patient or video; Perform with Supervision – performed in some capacity while an attending and/or resident supervised

Setting: Inpatient – saw patients in a hospital setting (admitted); Outpatient – saw patients in an office/clinic setting (not admitted)

Patient Type: Real (R)- A live person you physically saw, Alternate Experience – Viewing of a video or read an assigned case discussing a specific disorder or treatment.

GRADING

- **Pass:** Complete 100% of objectives presented in the logbook by 5 pm on the last Thursday of the clerkship.
- **Unprofessional Mark:** Failure to complete all objectives by the deadline.
- **No Pass:** Failure to complete or submit a logbook by the Friday at 5 pm, two weeks following the last day of the clerkship. This applies even if the date falls during a break or on a holiday.

REMEDICATION

- **Unprofessional Mark:** 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 remediation case from the standard remediation plan approved by all Clerkship Directors.
- **N:** Repeat entire clerkship.

On-Line Modules and Quiz

Requirement: Complete Assignment by Deadline

DUE DATE: 8 a.m. on the last Monday of the clerkship for honors, 5 p.m. on the last Thursday for Passing

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 the 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.

Module and Lecture Topic	Interactive Materials
Mental Status Exam By: Deb Wagenaar, DO, MS	Mental Status Exam http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf
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
Depressive Disorders By: Bill Sanders, DO	<u>Depression and Self-Harm</u> https://flexiblelearning.auckland.ac.nz/4Psych/14_6.html <u>Adolescent Depression</u> http://www.admsep.org/Adolescent-Depression-Module-May-2013/csi-Adol-Depr.php
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>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

<p>Child Psychiatry By Alyse Ley, DO</p>	<p><u>Adolescent Depression Module, Howard Liu</u> http://www.admsep.org/Adolescent-Depression-Module-May-2013/csi-Adol-Depr.php</p> <p><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</p> <p><u>Childhood Post Traumatic Stress Disorder: A Self-Directed Learning Module, Ashley Miller</u> http://admsep.org/ChildPTSD/story.html</p>
<p>Cultural Psychiatry By: Brian Smith, MD</p>	
<p>Personality Disorders By: M. Klapheke</p>	<p><u>Self-Learning Module: Personality Disorders</u> http://www.admsep.org/SLM-Personality-Disorders-April-2012/csi-Personality-Disorders.php</p>
<p>Substance Related Disorders By: Alyse Ley, DO</p>	<p><u>Substance Abuse Disorder</u> http://flexiblelearning.auckland.ac.nz/4Psych/14_2.html</p>
<p>Neurocognitive Disorders By: Deb Wagenaar, DO</p>	<p><u>A Case Study of Dementia: Self-Learning Module (M. Klapheke)</u> http://www.admsep.org/Dementia-April-2012/csi-Dementia.php</p>
<p>Medical Student Mental Health By: Brian Smith, MD</p>	
<p>Electroconvulsive Therapy – 2 YouTube Videos</p>	<p>http://www.youtube.com/watch?v=jqWVylzGyf0 http://www.youtube.com/watch?v=zYl13Relzbs</p>

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, see below.

Week 1: Mental Status Exam, Risk Assessment, Psychopharmacology part 1 and part 2, 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, Medical Student Mental Health

GRADING

- **Honors:** All Required Modules must be viewed 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 and students must pass the On-Line Modules quiz with a score of 100 % by 5:00 PM the last Thursday of the clerkship.
- **CP:** Failure to complete all objectives by 5:00 PM the last Thursday of the clerkship.

- **No Pass:** Failure to complete remediation of a CP grade by 5 pm two weeks following the end of the clerkship.

REMEDATION

- **CP:** Complete modules and quiz by 5 pm two weeks following the last day of the clerkship.
- **N:** Repeat entire clerkship.

Performance Based Assessment (PBA) – Observed Interview

Requirement: Pass Performance Based Assessment

See [grading sheet in Appendix Section](#)

DUE DATE: 5 pm on the last Thursday of the clerkship

The form may be turned in after the due date by your preceptor

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:

1. Communication Skills: The ability to establish rapport, effectively communicates, interview the patient, and manage the session.
2. 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.
3. 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 evaluation form can serve as a guide to organization and expectations. Please see the forms tab under content in D2L to view and print a copy.

Protocol

1. **Advance Notice:** Students will be informed of this requirement and exercise during the clerkship orientation. All documentation pertaining to the PBA will be found in the handbook 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 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** 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.
 1. Communication Skills: ≥ 9
 2. Data Collection Skills: ≥ 15
 3. 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 non-clinical behavior.
- **CP:** Failure to meet the minimum scores in each section and overall in two attempts.
- **No Pass:** Failure to complete remediation of a CP grade.

REMIEDIATION

An unsatisfactory rating requires repeating the PBA. If the repeated interview is unsatisfactory, a CP 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.

- **CP:** Repeat 2 weeks of the clerkship
- **N:** Repeat clerkship

Mid-Clerkship Student Performance Feedback

Requirement: Turn in Paper Evaluation by Deadline

See [paper form in Appendix Section](#)

DUE DATE: By 5 pm on Friday of the second week.

Block III uses a standardized Mid-Clerkship Evaluation in all required clerkships to give students formative feedback on their performance at approximately mid-point in the clerkship. The Mid-Clerkship Evaluation is submitted by the clerkship director and addresses the student's progress on meeting patient logging requirements, professional behavior, overall performance, and any areas of student concern. Students should receive a mid-clerkship evaluation no later than week 5 for 8-week clerkships and week 3 for 4-week clerkships.

Getting feedback about clinical performance is important in the psychiatry clerkship. To obtain information about student performance, each student is required to take a mid-clerkship preceptor feedback form to the preceptor(s) they are working with at the beginning of week 2 of the rotation.

The student will ask the preceptor(s) to complete the form and then the student will return the feedback form to the psychiatry community clerkship office. This information is important as it will be used to inform the Clerkship staff during the mid-clerkship review process. If a preceptor has concerns about student performance, the student will be asked to meet with the community clerkship director to discuss problems and develop a remediation plan.

GRADING

- **Unprofessionalism Mark:** Failure to complete requirement by deadline.
- **Pass:** Turn in the paper evaluation to Community Clerkship Assistant by Due Date.

NBME Subject Examination

Test Administration: Last day of the clerkship
Students must arrive by 7:15 am and the exam will start at 7:30 am

The Department of Psychiatry core clerkship uses the web based 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 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. Any room or scheduling changes will be communicated to students in writing as they occur.

The examination will start on time and begin with the reading of directions for the examination, and admission to the exam will not be allowed during the reading of directions. Students arriving late to the exam will not be allowed to sit for the exam and will receive a CP grade for the clerkship. The student must meet with the Clerkship Director and Community Administrator to make arrangements to sit for the exam at a later date.

Repeat administrations of a final examination for students who arrive late and are unable to sit for the exam, who must leave the examination before it is completed, or who fail the examination will not be available for several weeks.

GRADING

- **Honors:** ≥ 84
- **Pass:** ≥ 67
- **CP:** ≤ 66
- **No Pass:** Failure to pass on 2nd attempt.

REMEDICATION

- **CP:** Repeat the NBME exam and pass.
- **N:** Repeat entire clerkship

Clerkship Evaluations

Mid-Clerkship Evaluation

(BLK III Handbook Pg. 19)

Block III uses a standardized Mid-Clerkship Evaluation in all required clerkships to give students formative feedback on their performance at approximately mid-point in the clerkship. The Mid-Clerkship Evaluation is submitted by the clerkship director and addresses the student's progress on meeting patient logging requirements, professional behavior, overall performance, and any areas of student concern. Students should receive a mid-clerkship evaluation no later than week 5 for 8-week clerkships and week 3 for 4-week clerkships.

Clinical Performance Evaluation (CPE)

(BLK III Handbook Pgs. 19-20)

A standardized Clinical Performance Evaluation (CPE) is used in all Block III required clerkships. The CPE assesses students on the relevant CHM SCRIPT educational competencies:

- Care of Patients (ACGME Patient Care & Communication Skills)
- Rationality (ACGME Practice-Based Learning & Improvement)
- Integration (ACGME Systems-Based Practice)
- Professionalism
- Transformation (ACGME Medical Knowledge)

The CPE is distributed electronically to attending and resident preceptors to whom the student was assigned during the clerkship. In some cases, students may be asked to supply additional names of preceptors with whom they worked during the clerkship. Additionally, if a student worked for a substantial amount of time with a preceptor who was not scheduled to complete a CPE, the student may request that the preceptor be added as a CPE evaluator for the clerkship. It is expected that additional requested preceptors will appear as preceptors in the student's patient log for the clerkship.

Results of the individual CPEs are compiled into a CPE Summary Report which calculates the student's CPE grade and becomes part of the student's Final Clerkship Evaluation. Evaluators have two weeks after the end of the clerkship to complete CPEs.

All clinical departments use the same criteria for determining the grade on the CPE portion of the clerkship evaluation:

- **Honors-Eligible:** 100% in the "Met Expectations" and "Exceeded Expectations" categories, with no unprofessional behavior notations. Students attaining this CPE grade are eligible for Honors in the clerkship, if other requirements are met.
- **Pass:** 80% or greater in the "Met Expectations" and "Exceeded Expectations" categories, with no more than 2 unprofessional behavior notations from all evaluators combined.
- **Conditional Pass:** Greater than 20% but no more than 40% in the "Below Expectations" category OR 3-4 unprofessional behavior notations from all evaluators combined. A CP grade on the CPE will require that the student repeat four weeks of an eight-week clerkship and two weeks of a four-week clerkship.
- **No Pass:** Any one of the following three conditions will result in a No Pass grade in the clerkship:
 1. Greater than 20% but no more than 40% in the "Below Expectations" category AND 3-4 unprofessional behavior notations from all evaluators combined.
 2. Greater than 40% in "Below Expectations"
 3. Five (5) or more unprofessional behavior notations from all evaluators combined.

A **No Pass grade on the CPE** will result in a No Pass (N) grade in the clerkship and require that the student retake the entire clerkship.

Professional Behavior Evaluation on the Final Clerkship Evaluation

(BLK III Handbook Pgs. 20-21)

A standardized Professional Behavior evaluation is part of every CHM Final Clerkship Evaluation (FCE). To pass this component, a student must demonstrate consistent professional behavior in clinical settings, as evaluated on the Clinical Performance Evaluation (CPE), as well as in non-clinical settings and interactions. In addition to any professionalism notations on the CPE, students will receive one unprofessional behavior notation on the FCE for each instance of unexcused absence, late submission of assignments, lack of civility towards clerkship staff or others, and any other unprofessional behaviors not recorded on the CPE.

All clinical departments use the same criteria for determining the grade on the Professional Behavior component on the FCE:

- **Pass:** No more than 2 unprofessional behavior notations for all clerkship components combined.
- **Conditional Pass:** 3-4 unprofessional behavior notations for all clerkship components combined. Please note that students who receive a Conditional Pass for professionalism on the CPE and a Conditional Pass for professional behavior on the FCE will receive **one** Conditional Pass grade for professional behavior in the clerkship, although both CPs will be noted on the FCE. A CP grade for professional behavior in the clerkship will require that the student repeat four weeks of an eight-week clerkship and two weeks of a four-week clerkship.
- **No Pass:** 5 or more unprofessional behavior notations for all clerkship components combined.

A No Pass grade for Professional Behavior will result in a No Pass (N) grade in the clerkship and require that the student retake the entire clerkship.

Student Evaluation of Clerkship Experiences and Preceptors

(BLK III Handbook Pg. 21)

Student evaluation of required clerkship experiences, preceptors and instructors is an integral part of CHM clinical program quality improvement. For required clerkships, students are required to complete the standardized CHM End of Clerkship Evaluation and any additional departmental evaluations, all of which are distributed via the electronic evaluation system. Students are also requested but not required to complete a Faculty Professionalism Evaluation on any clinical preceptor with whom they worked during the clerkship.

The electronic evaluation system is set up to protect student anonymity. Clerkship directors are given access to anonymous clerkship evaluation data only after final clerkship evaluations are completed. Preceptors and instructors are provided with student feedback on their performance, on at least an annual basis, if three or more student evaluations of the preceptor or instructor have been completed.

Note the following end-of-clerkship completion deadlines:

1. All clerkship assignments are due no later than 5pm Friday, the last day of the clerkship, unless earlier due dates are established in the clerkship handbook.

2. The CHM End-of-Clerkship evaluation and any other required departmental evaluations are due by 11:59 p.m. EST/EDST on the Monday following the last day of the clerkship. Students are encouraged to complete the Faculty Professionalism evaluation by this date, but it is not required.
3. Failure to complete the required evaluations by 11:59 p.m. EST/EDST Monday will result in an unprofessional behavior mark in the clerkship, which will be noted in the Professional Behavior section of the FCE under non-clinical professional behavior notations.

Final Grade

Criteria for Passing

CPE

- $\geq 80\%$ in Met and/or Exceeded categories with no more than 2 unprofessionalism notations from all evaluators combined

Evaluations

- Complete all required Evaluations by the deadlines

On-Line Modules and Quiz

- View all required modules and pass the On-Line Modules quiz with a score of 100% by 5 pm the last Thursday of the rotation.

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

Professional Behavior

- No more than 2 unprofessional behavior notations in any component of clerkship (clinical or non-clinical)

Criteria for Honors

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

CPE

- 100% in the Met and/or Exceeded categories with **no** unprofessionalism notations

On-Line Modules and Quiz

- View all required modules and pass the On-Line Modules quiz with a score of 100% by 8 am on the Last Monday of the rotation.

PBAs

- Pass on the first attempt with a score of ≥ 52

NBME EXAM

- ≥ 84 on the first attempt

Professional Behavior

- Zero (0) unprofessionalism notations in any component of clerkship (clinical or non-clinical)

Criteria for Conditional Pass

Any one of the following Apply

CPE

- Greater than 20% but no more than 40% in the “Below Expectations” category
- 3-4 unprofessionalism notations from all evaluators combined

On-Line Modules and Quiz

- Failure to view all the required modules and/or pass the on-line modules quiz with a 100% by 5 PM the last Thursday of the rotation.

PBA

- Failure to meet the minimum scores in each section and overall in two attempts.

NBME EXAM

- ≤ 66 on first attempt

Professional Behavior

- 3-4 unprofessional behavior notations for all clerkship components combined (clinical or non-clinical)

Criteria for No Pass

Any one of the following Apply

CPE

- Greater than 20% but no more than 40% in the “Below Expectations” category AND 3-4 unprofessional behavior notations from all evaluators combined
- Greater than 40% in “Below Expectations”
- 5 or more unprofessional behavior notations from all evaluators combined

Patient Encounter Logs

- Failure to complete or submit a logbook by the Friday at 5 pm, two weeks following the last day of the clerkship. This applies even if the date falls during a break or on a holiday.

On-Line Modules and Quiz

- Failure to completely view all the required modules and/or pass the on-line modules quiz with a 100% by 5 pm two weeks following the last day of the Clerkship

PBA

- Failure to complete remediation of a CP grade.

NBME EXAM

- ≤ 66 on second attempt

Professional Behavior

- 5 or more unprofessional behavior notations for all clerkship components combined

Informal Grade Appeal Procedure

Procedure for Appealing a Clerkship Grade

(BLK III Handbook Pgs. 24-25)

Block III students wishing to appeal a clerkship grade should start immediately after the grade is issued 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 appropriate CHM clinical department. 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 CHM Department Chair or designee. The Chair may hold a department administrative meeting with the student to seek resolution; this is not a formal hearing process.

If the student's concern remains unresolved after working through the informal administrative procedure, the student can use the **formal grievance procedure**. This involves the student requesting a grievance hearing before the CHM hearing body. The letter requesting a hearing should be addressed to the Senior Associate Dean for Academic Affairs, who upon receipt will forward the request to the chair of the college hearing body. **Requests to formally grieve a grade must be initiated by the midpoint of the semester following the semester in which the grade in question was posted, per MSU policy. Grievances initiated after this deadline will not be considered.**

Additional Block III Policies

Administration of Clerkship Final Examinations

(BLK III Handbook Pg. 21-22)

Remediation of Clerkship Final Examinations

To allow CHM community campus and department staff to effectively schedule rooms and proctors, NBME remediation exams must be scheduled a minimum of two weeks prior to the exam date at a time convenient for the community, department and student. Once an NBME remediation exam is scheduled, a minimum notice of two weeks is required to cancel and reschedule an examination. If an exam must be cancelled with less than two weeks' notice because of the student's urgent illness or urgent illness or death in the family, a doctor's note or other appropriate documentation will be required. Only one NBME remediation exam cancellation is allowed. **A second NBME remediation exam cancellation will be considered a missed exam and will result in a failing grade on the exam (CP/N for the clerkship).**

Inclement Weather and Attendance

(BLK III Handbook Pg. 17)

The safety of our students is of the utmost importance to the College. Since the profession of medicine is not one where activity and responsibility cease when bad weather occurs, we trust that students will use discretion and make professional decisions regarding their attendance during times of inclement weather.

Students who are unable to attend required clerkship clinical and didactic activities due to the weather should follow the regular procedure for reporting an absence, including completing an absence request form and notifying their clerkship director, preceptor and Community Assistant Dean's Office. The clerkship director will determine appropriate make-up.

If the University suspends classes, the Community Assistant Dean's office of each campus will contact its students to notify them of any plans to close the community campus. The individual communities may not cancel activities, even when the University does, and in Grand Rapids and Lansing, the clinical students may have required clinical responsibilities even if the preclinical campuses may suspend classes. It is important that all students anticipate notification from their Community Assistant Dean's office about the campus status when the University itself suspends classes or closes. **Clerkship directors, residents, and attendings may not excuse students.**

Use of Electronic Devices in Block III

(BLK III Handbook Pg. 34-35)

Block III students are expected to be fully engaged in the clinical education experience. Using electronic devices while on clerkships, during the Core Competencies course, or during other required Block III activities can be distracting and disrespectful to patients, preceptors, lecturers, and your fellow students. Electronic devices are not to be used during rounds, meetings, small groups or lectures including Core Comps sessions, or when in the room with patients; the only exception would be if instructed to do so by an attending or resident faculty member. Students wishing to retrieve information that may be relevant to the patient or small group discussion should get permission to do so from the faculty member. It is never appropriate for students to use electronic devices for reading e-mail, texting, surfing the web or other personal activities while on any Block III required activity. Students may receive unprofessional behavior notation(s) for failure to use electronic devices appropriately.

Accommodations in Block III

(BLK III Handbook Pgs. 26-28)

The College of Human Medicine and the MSU Resource Center for Persons with Disabilities (RCPD) are committed to providing equal opportunity for participation in all programs, services and activities.

Students who have been diagnosed with a disability and would like to request a disability-related accommodation to participate in MSU programs must initiate this process by visiting: www.rcpd.msu.edu

Students who have obtained VISA forms or a VISA with accommodations prior to entry into Block III **should schedule a meeting with their Community Administrator/Community Assistant Dean at least 60 days prior to the first clerkship if at all possible.** The CA may share the VISA with department clerkship administrators and clerkship directors.

To request accommodation in Block III clerkships, students must follow the process outlined below:

1. Student must **register with the RCPD at least 60 days prior to the first clerkship when accommodation may be required**, so that a Verified Individualized Services and Accommodations (VISA) form and if applicable, a VISA Addendum, can be issued and available 30 days prior to that clerkship. While VISAs are relevant for coursework, clerkships by their nature as practical experiences commonly require more specific details supplied through a VISA Addendum.

If a student's disability is identified too late to meet the 30-day deadline, the CHM community campus will work as quickly as possible to provide the requested accommodations, but accommodations cannot be guaranteed.

2. **The student must forward a copy of their current VISA and/or VISA Addendum to the CHM Academic Support Director Wrenetta Green or Assistant Director Renoulte Allen** who will share in advance (ideally within 30 days) with the appropriate CHM Community Administrator prior to the clerkship in which accommodation is desired. **Expired VISAs and VISA Addendums will not be accepted and will not guarantee accommodation.**
3. **For each clerkship in which accommodations granted in the VISA and/or VISA Addendum are desired by the student, the student must email the Clerkship Director, copying the Community Administrator, to request the specific accommodations** which the student desires in the upcoming clerkship. **This email must be received by the Clerkship Director ideally 30 days prior to the first day of the upcoming clerkship.** If accommodations are requested less than 30 days prior to a clerkship, the Community Administrator/Clerkship Director will attempt to respond but cannot guarantee that accommodations will be in place at the beginning of the clerkship.
4. If the accommodation requested by the student is related only to extra time and/or a private testing room for NBME subject exams, the Community Administrator will arrange for this accommodation.
5. If accommodations are requested for items other than for NBME subject exam, the Community Administrator will arrange a meeting with the Community Clerkship Director and student to discuss the accommodations requested. Members of the RCPD staff and Block III administration may be involved in this meeting, if necessary.
6. **Students must repeat steps 2-5 above for each clerkship** for which accommodation is desired. Once a VISA has been issued, an email request to the Clerkship Director and Community Administrator (as outlined in #3 above) must be **submitted at least 30 days prior to the clerkship in order for accommodation(s) to be implemented for the clerkship.**
7. **Students with a VISA must register at the end of each semester with the RCPD.**

Please note that **extended time accommodations will normally not be granted for those assessments on which students must be able to perform the relevant tasks within a timeframe that represents the**

typical demand on a developing physician. The clerkship handbook will outline which assessments fall into this category.

Questions about this process should be discussed with the student's CHM Community Administrator or MSU RCPD staff.

Clinical Chaperones

(BLK III Handbook Pgs. 31-32)

As a part of your medical education and patient care, you will do or participate in procedures and examination of typically intimate anatomy. Having an appropriate chaperone is required when CHM students participate in any of these clinical events. Chaperones are present to ensure the safety of patients and the student. Traditionally, genital, female breast, and rectal examinations and procedures are those that require an appropriate chaperone, but students should be aware that some patients will consider other parts of their anatomy to be intimate based on their personal or cultural perspective. Students are to comply with their local clinic's process for providing chaperones. In the case that the clinic has no chaperone available, the student cannot participate in the examination or procedure even if the patient gives their consent for there to be no chaperone. If students are concerned about behaviors they see in a clinical setting, they should contact Academic Affairs or Student Affairs immediately.

For all examinations and procedures all clinicians, including students, must have the consent of the patient to participate in their care regardless of the sensitivity of the examination or procedure. Students must be aware of and follow specific chaperone policies at sites where they are assigned. Be aware that in some sites, examination of children may require the presence of a chaperone. Students must ask consent of patients to perform examinations under anesthesia.

Block III/CHM Work Hours Policy

(BLK III Handbook Pg. 33)

Clinical student work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. Adequate time for rest and personal activities must be provided. This should consist of a 14-hour time period provided after in-house call lasting 24 or more hours.

In all cases, student schedules will be planned so that they have no more than 28 hours of continuous responsibilities, and students must be excused after 28 hours. In rare cases, the student may choose to continue working beyond 28 hours on an active case with overriding educational value; this is allowable as long as it is clearly the student's choice.

Sexual Harassment Policy

Sexual harassment in the College of Human Medicine, Michigan State University is considered intolerable behavior. It is a violation of federal law; a violation of trust; a violation of ethical standards. Sexual harassment is a behavior; it is defined as unwelcome (unwanted, uninvited) behavior of a sexual nature including unwanted touching, fondling or hugging; or behavior which has the purpose or effect of unreasonably interfering with an individual's work performance or which creates an intimidating, hostile or offensive work environment; or direct or implied threat that submission to sexual advances is a condition for education or educational rewards (i.e., grades).

Please refer to the MSU Sexual Harassment Policy

(http://www.hr.msu.edu/documents/uwidepolproc/RVSM_Policy.htm)

OR <http://oie.msu.edu/help-rvsm.html> for additional specific information about what constitutes sexual harassment, how to make a complaint about sexual harassment and other relevant information.

Other Conflicts of Interest in Clinical Placements

Students will not be required to rotate in a clinical office site or with a physician who is the student's own personal physician or other health provider. Likewise, the College does not want a student or faculty member to feel uncomfortable because the student is assigned a preceptor who is related to the student or knows the student from a previous relationship. If such an assignment is made, the student should notify the community clerkship assistant or community administrator and request a different assignment.

The College of Human Medicine Conflict of Interest Policy

(http://humanmedicine.msu.edu/External%20Links/Faculty/Conflict_of_Interest.pdf) states, "Faculty members may not participate, either formally or informally, in the evaluation of a student who is related by blood, marriage, or adoption, domestic partnership or other personal relationship in which objectivity might be impaired. Assignments of students to a class or training experience where they will be supervised, directly or indirectly, by a faculty member to whom they are personally related should be avoided. Where this situation cannot be avoided, another faculty member within the unit or department must be appointed as the evaluator for the student, as approved by the unit chair."

Student Mistreatment

The College maintains a Student Mistreatment Policy to help members of the College community identify and manage episodes of potential student mistreatment. Students, staff, and faculty should refer to the CHM Ombudsperson's website at <http://studentombudsperson.chm.msu.edu/> for questions related to this policy and contact information for the ombudsperson.

Examples of mistreatment include but are not limited to:

- harmful, injurious, or offensive conduct
- verbal attacks
- insults or unjustifiably harsh language in speaking to or about a person
- public belittling or humiliation
- physical attacks (e.g., hitting, slapping, or kicking a person)
- requiring performance of personal services (e.g., shopping, babysitting)
- intentional neglect or lack of communication (e.g., neglect, in a rotation, of students with interests in a different field of medicine)
- disregard for student safety
- denigrating comments about a student's field of choice
- assigning tasks for punishment rather than for objective evaluation of performance (inappropriate scut work)
- exclusion of a student from any usual and reasonable expected educational opportunity for any reason other than as a reasonable response to that student's performance or merit
- other behaviors which are contrary to the spirit of learning and/or violate the trust between the teacher and learner

Michigan State University has published the following statement to inform all students: "*Limits to Confidentiality. Essays, journals, and other materials submitted for this class are generally considered confidential pursuant to the University's student record policies. However, students should be aware that University employees, including instructors, may not be able to maintain confidentiality when it conflicts with their responsibility to report certain issues based on external legal obligations or that relate to the health and safety of MSU community members and others. As the instructor, I must report the following information to other University offices if you share it with me:*

- *Suspected child abuse/neglect, even if this maltreatment happened when you were a child,*
- *Allegations of sexual assault or sexual harassment when they involve MSU students, faculty, or staff, and*
- *Credible threats of harm to oneself or to others.*
- *These reports may trigger contact from a campus official who will want to talk with you about the incident that you have shared.*

In almost all cases, it will be your decision whether you wish to speak with that individual. If you would like to talk about these events in a more confidential setting you are encouraged to make an appointment with the MSU Counseling Center.”

Appendix Section

**MSU College of Human Medicine
Psychiatry
Mid-Clerkship Preceptor Feedback**

Student: _____ Evaluator Name: _____ Date: _____

Campus: _____ Evaluator SIGNATURE: _____

STUDENT: Please have preceptor complete this form. All completed forms must be returned by the student to the community clerkship office by 5:00 PM on the **second Friday** of the clerkship.

The mid-clerkship review is intended as a formative feedback process for the MSU-CHM clerkship student.

Basis of Assessment

1. This assessment is based on: (*check all that apply*)
- My own personal observations and interactions with this student
 - Feedback I have received from the student's assigned preceptor(s) and/or resident(s)

Professional Behavior

2. Is there any reason to believe the student may be having difficulty in any of the following areas of professional behavior:
- No reason to believe student is having difficulty in any of the below areas (*skip to question 3*)
 - Attendance
 - Punctuality
 - Professionalism
 - Communication Skills
 - Attitude
 - Initiative/Effort

Student Overall Performance

3. Is student progressing satisfactorily for his/her level of development at mid-clerkship?
- Yes
 - No

3a. If no, summarize areas of weakness:

Student Concerns

4. Did the student have concerns about the clerkship that were discussed with you?
- Yes
 - No

4a. If yes, what were the concerns:

Discussed with Student

5. Did you meet with the student to discuss the areas outlined above?
- Yes (Date: _____)
 - No

Overall Comments on Students Performance:

**MSU College of Human Medicine
Psychiatry
Mid-Clerkship Preceptor Feedback**

For CLERKSHIP ASSISTANT Use ONLY:

Patient Log Satisfactory? YES NO

Mid-Clerkship Preceptor Feedback Reviewed by: _____

For CLERKSHIP DIRECTOR Use ONLY:

1. If any professional behavior concerns were noted, what plans were discussed to address these concerns?

2. If any other student performance concerns were noted, what plans were discussed to address these concerns?

3. If the student had concerns about the clerkship, how will these be addressed?

4. If deficiencies in the Patient Log were noted, how will these be addressed?

Clerkship Director Approval: _____

Date: _____

**Michigan State University
Psychiatry Clerkship
Performance-Based Assessment (PBA): Patient Interview and Assessment Skills**

Student _____

Community _____

Examiner _____

Date _____

INSTRUCTIONS: 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 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 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 student will give an oral presentation of the following: a brief case summary, a mental status exam, DSM 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. The total maximum time for this exercise is 60 minutes.

PART I COMMUNICATION SKILLS	Poor	Fair	Acceptable	Very Good	Excellent
A Rapport: Attempts to put patient at ease. Good eye contact appears interested. Pleasant, caring, appropriately supportive and empathetic. Displays acceptance and respect. Professional appearance, verbal and non-verbal behavior.	1	2	3	4	5
B Communication/Interview Skills: Speaks clearly, avoids medical jargon, and speaks at a level appropriate for patient. Lets patient tell his/her story, avoids unnecessary interruption. Good facilitative skills, use of open-ended and directive questions. Clarifies ambiguous information, picks up on patient cues.	1	2	3	4	5
C Opening/Session Management/Closure:					
<ul style="list-style-type: none"> • <u>Opening:</u> Introduces self, uses patient's name, discusses the purpose, time frame, etc. • <u>Session Management:</u> Orderly progression, organized. Good time management; appropriate pace. Modifies the interview as needed to "fit" the patient and achieve interview goals. Able to redirect as needed. • <u>Closure:</u> Gives the patient notice of stopping, asks if anything else important/any questions. Briefly summarizes his/her understanding of the problem. Provides encouragement, wishes the patient well, and thanks the patient. No sense of loose ends. Finishes smoothly. 	1	2	3	4	5
Total Part I					/15
PART II DATA COLLECTION SKILLS	Poor	Fair	Acceptable	Very Good	Excellent
A Data to Make a Diagnosis:					
<u>Symptoms:</u> Adequately characterizes the presenting complaint and explores other relevant symptoms. <ul style="list-style-type: none"> • Depression profile • Anxiety profile • Mania profile • Psychosis profile <u>Course Parameters:</u> Onset/duration, daily, diurnal variation, seasonal variation. <u>Relevant Past History:</u> Psychiatric, substance use, medical, family.	1	2	3	4	5
B Risk Assessment: Presence of current suicidal ideation, history of attempts, access to weapons, presence of current homicidal ideation, history of attempts, legal history, substance abuse.	1	2	3	4	5
C Data to Guide Treatment Planning:					
<ul style="list-style-type: none"> • <u>Medication Tried:</u> Names, dose, duration, benefit, side effects. • <u>Psychotherapy:</u> With whom, type, # sessions/duration, focus, helpful. • <u>Other:</u> Compliance history, self-help. 	1	2	3	4	5
D Data to Help Understand the Patient as a Person:					
<ul style="list-style-type: none"> • <u>Current:</u> Age, marital/partner status, sexual orientation/identity, # of children, living arrangement, work, interests, supports, coping skills. • <u>Relevant Background</u> 	1	2	3	4	5

E	Cognitive Mental Status Exam: <u>Relevant</u> and <u>technically correct</u> use of: orientation, attention/concentration, memory, thought content, thought process, language, abstraction, judgment.	1	2	3	4	5
TOTAL PART II						/25
PART III STUDENT PRESENTATION AND CASE DISCUSSION						
		Poor	Fair	Acceptable	Very Good	Excellent
A	Case Presentation: Concise, chronological, well-organized summary. Included all pertinent information, good description.	1	2	3	4	5
B	Mental Status Exam Presentation: Presented in standard order, all areas included, good descriptors, correct use of terms. <ul style="list-style-type: none"> <u>Appearance, behavior, and attitude:</u> General description, distinguishing features, dress, hygiene, grooming, general motor activity, abnormal movements, eye contact, cooperation. <u>Mood and affect:</u> Observed affects, able to describe mood, lability, intensity, appropriate for thought content. <u>Speech and language:</u> Articulation, fluency, grammar use, pace and volume. <u>Thought content and process (form of thought):</u> Hallucinations, delusions, coherence, goal directed/circumstantiality, organization, loosening of associations, flight of ideas, racing thoughts, blocking, tangentially, suicidal homicidal ideation. <u>Insight and judgment:</u> Awareness of illness, role of stressors, own role, functional judgment or hypothetical scenario. <u>Cognitive:</u> Orientation, attention/concentration, memory, calculations, language function, abstractions. 	1	2	3	4	5
C	Diagnoses: all relevant diagnoses, conclusions fit the data, differential diagnostic considerations addressed.	1	2	3	4	5
D	Treatment Plans: <ul style="list-style-type: none"> <u>Goals of Treatment:</u> Crisis stabilization, symptom resolution/reduction, address substance use, active medical problems, stressors, patient education, psychological/behavioral change, change in family/support system, change in living/work environment. <u>Modalities:</u> Medication, other biological treatments, individual therapy/focus, couples/family therapy, group therapy. <u>Aftercare Plans:</u> Medication, psychotherapy/counseling, change in living/work environment. 	1	2	3	4	5
TOTAL PART III						/20

PERFORMANCE-BASED ASSESSMENT SCORING SUMMARY		Total Possible	Passing Score	Student Score	Pass?
PART I	COMMUNICATION SKILLS	15	9		
PART II	DATA COLLECTION SKILLS	25	15		
PART III	PRESENTATION AND CASE DISCUSSION	20	12		
TOTAL	***The student must pass all three parts***	60	36		*

Please rate the complexity of the patient's presentation by circling the appropriate number. Consider the presence and complexity of the patient including organic factors.

Uncomplicated 1 2 3 4 5 Very Complex

Please rate the difficulty of the interview.

Easy 1 2 3 4 5 Very Difficult

COMMENTS:

Block III

Absence Request for Required and Elective Clerkships

This form must be completed for **ALL** absences from clerkship activities. Requests for scheduled time off are to be submitted at least 30 days prior to the date(s) of absence whenever possible. Requests for scheduled time off arising less than 30 days prior to the date(s) of absence should be submitted as soon as possible. For unforeseen absences due to illness or family emergency, this form must be submitted no later than two days following the absence.

Scheduled absences are not approved until signed by both the Clerkship Director and the Community Administrator. Failure to complete this form and obtain required signatures will result in an unexcused absence from the clerkship, resulting in an unprofessional behavior mark.

For completion by Student:

Student Name: _____

Clerkship: _____

List date(s)/time(s) requested for scheduled absence:
OR
List date(s)/time(s) for unscheduled absences due to emergency/illness: _____

Reason for absence (please be specific): _____

Student Signature: _____ Date: _____

Reviewed by Community Administrator: _____ Date: __/__/__

For completion by Clerkship Director:

Do you approve the absence(s) listed above as excused: Yes No

If yes, please specify the remediation required for this absence and discuss with the student (a remediation plan is required for all absences).

Approved by Clerkship Director: _____ Date: __/__/__

Final Approved by Community Administrator: _____ Date: __/__/__

For Community Administrator use only: Copy to Student and Clerkship Director on __/__/__