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 28, 2018 – July 28, 2019.
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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
PSC 608 CORE Psychiatry

1. Collect 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-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:
   1. Relevant anatomy and physiology.
   2. Typical manifestations of somatic dysfunction.
   3. Relevant sympathetic and parasympathetic innervation and influence.
   4. Pain and pain behavior.
   5. Venous, lymphatic, and cerebrospinal fluid pathways.
   7. Supporting the body’s self-healing mechanisms.
   8. Psychosocial implications.
   9. 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:
   1. Address indications and contraindications for osteopathic manipulative treatment.
   2. Include rationale for osteopathic manipulative treatment in plan.
   3. Recognize the distinctive adaptation of technique necessary in this patient population.
   4. Be able to modify OMT techniques for hospitalized and post-surgical patients.
COLLEGE PROGRAM OBJECTIVES

In addition to the above course-specific goals and learning objectives, this clerkship rotation also facilitates student progress in attaining the College Program Objectives. Please refer to the complete list provided on the MSUCOM website.

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

1. Desire 2 Learn: https://d2l.msu.edu

Suggested Study Resources and Recommended Text


Recommended Websites

1. http://www.nbme.org
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.

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.

Use of Electronic Devices

Students are expected to be fully engaged in the clinical education experience. Using electronic devices while on clerkships, during the C3 Didactic sessions, or during other required 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, 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 clerkship required activity. Students may receive unprofessional behavior notation(s) for failure to use electronic devices appropriately.
Psychiatry Required Activities

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Submission Method</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Experience Log</td>
<td>Drop Box in D2L</td>
<td>5:00 p.m. the last Friday of the Clerkship</td>
</tr>
<tr>
<td>On-line Modules and On-Line Modules Quiz</td>
<td>Taken and submitted through D2L</td>
<td>Monday of Week 4 by 8 a.m. for honors, 5 pm Friday of Week 4 for passing</td>
</tr>
<tr>
<td>Performance Based Assessment (PBA) Observed Interview</td>
<td>Drop Box in D2L</td>
<td>5:00 p.m. the last Friday of the Clerkship</td>
</tr>
<tr>
<td>Clinical Clerkship Rotation Evaluation</td>
<td>Drop Box in D2L</td>
<td>5:00 p.m. the last Friday of the Clerkship</td>
</tr>
<tr>
<td>NBME Psychiatry Shelf Exam</td>
<td>NBME Secure Website</td>
<td>On the last Friday of the clerkship, students will be required to check in at testing location at least 15 minutes before the start time.</td>
</tr>
</tbody>
</table>

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 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.
# Student Experience Log

**Requirement: Complete Assignment by Deadline**

**DUE DATE:** Completed and Submitted to the D2L Dropbox by 5 pm the Last Friday 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 logs to assess their exposure to psychiatry diagnoses and procedures. **A student may only utilize a patient twice in total to meet the Diagnoses and/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.

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

*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.
A copy of the Student Experience Log can be found in the appendix and on D2L under the forms section in content.

**GRADING**

- **Pass:** Complete 100% of objectives presented in the log by 5 pm on the last Friday of the clerkship and submit it to the D2L dropbox.

- **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 Pass:** 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 Medical Student Education Committee for Psychiatry.

- **N:** Any student who receives an N grade in the Clerkship Program will be required to appear before the COSE Clerkship Performance Subcommittee (COSE).
Medical Student On-line Modules

Requirement: Complete Assignment by Deadline

DUE DATE: Honor’s Deadline 8 am last Monday of the Rotation, Pass 5 pm the last Friday

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 or from a member of the Association of Directors in Medical Student Education in Psychiatry (ADMSEP). Please see below for a complete list of the Module topics and a suggested viewing schedule. Upon completion of viewing the On-line modules students will be required to take the On-Line Modules quiz through D2L. Supplemental materials are available through D2L for some of the module topics.

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

<table>
<thead>
<tr>
<th>Module and Lecture Topic</th>
<th>Suggested Viewing Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Status Exam</strong></td>
<td>Week 1</td>
</tr>
<tr>
<td>By: Deb Wagenaar, DO, MS</td>
<td></td>
</tr>
<tr>
<td><strong>Risk Assessment: Suicide and Homicide</strong></td>
<td>Week 1</td>
</tr>
<tr>
<td>By: Deb Wagenaar, DO, MS</td>
<td></td>
</tr>
<tr>
<td><strong>Psychotic Disorders</strong></td>
<td>Week 1</td>
</tr>
<tr>
<td>By: Alyse Ley DO</td>
<td></td>
</tr>
<tr>
<td><strong>Depressive Disorders</strong></td>
<td>Week 1</td>
</tr>
<tr>
<td>By: Bill Sanders, DO</td>
<td></td>
</tr>
<tr>
<td><strong>Psychopharmacology, Part 1 and Part 2</strong></td>
<td>Week 1</td>
</tr>
<tr>
<td>By: Brian Smith, MD</td>
<td></td>
</tr>
<tr>
<td><strong>Bipolar Disorder</strong></td>
<td>Week 2</td>
</tr>
<tr>
<td>By: Bill Sanders, DO</td>
<td></td>
</tr>
<tr>
<td><strong>Anxiety Disorders: Anxiety Disorders/Obsessive Compulsive and Trauma/Stressor Disorders</strong></td>
<td>Week 2</td>
</tr>
<tr>
<td>By: Jed Magen, DO, MS</td>
<td></td>
</tr>
<tr>
<td><strong>Personality Disorders</strong></td>
<td>Week 2</td>
</tr>
<tr>
<td>By: M. Klapheke</td>
<td></td>
</tr>
<tr>
<td><strong>Substance Related Disorders</strong></td>
<td>Week 2</td>
</tr>
<tr>
<td>By: Alyse Ley, DO</td>
<td></td>
</tr>
<tr>
<td><strong>Cultural Psychiatry</strong></td>
<td>Week 2</td>
</tr>
<tr>
<td>By: Brian Smith, MD</td>
<td></td>
</tr>
<tr>
<td><strong>Mystery Module</strong></td>
<td>Week 3</td>
</tr>
<tr>
<td>By: Brian Smith, MD, Geraud Plantegenest, MA, Deborah Wagenaar, DO MS</td>
<td></td>
</tr>
<tr>
<td><strong>Cognitive Behavioral Psychotherapy</strong></td>
<td>Week 3</td>
</tr>
<tr>
<td>By: Chris Giuliano, PhD</td>
<td></td>
</tr>
<tr>
<td><strong>Child Psychiatry</strong></td>
<td>Week 3</td>
</tr>
<tr>
<td>By Alyse Ley, DO</td>
<td></td>
</tr>
<tr>
<td>Module and Lecture Topic</td>
<td>Suggested Viewing Week</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Neurocognitive Disorders</td>
<td>Week 3</td>
</tr>
<tr>
<td>By: Deb Wagenaar, DO</td>
<td></td>
</tr>
<tr>
<td>Medical Student Mental Health</td>
<td>Week 3</td>
</tr>
<tr>
<td>By: Brian Smith, MD</td>
<td></td>
</tr>
<tr>
<td>Electroconvulsive Therapy</td>
<td>Week 3</td>
</tr>
</tbody>
</table>

**GRADING**

- **Honors:** All Required Modules must be viewed in their entirety and students must pass the On-Line Modules Quiz with a score of **80% or greater in two attempts** 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 **70% or greater in five attempts** by 5 pm the last Friday of the clerkship.

- **No Pass:** Failure to complete all required modules and/or pass the on-line modules quiz with a 70% in five attempts by 5 pm the last Friday of the clerkship.

**Corrective Action**

- **N:** Any student who receives an N grade in the Clerkship Program will be required to appear before the COSE Clerkship Performance Subcommittee (COSE).

**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](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

Requirement: Complete Assignment by Deadline

DUE DATE: Completed and Submitted to the D2L Dropbox by 5 pm the Last Friday of the Clerkship

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 the 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 Pass**: 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**: Any student who receives an N grade in the Clerkship Program will be required to appear before the COSE Clerkship Performance Subcommittee (COSE).
Clinical Clerkship Rotation Evaluation

A standardized Clinical Clerkship Rotation Evaluation is used in all MSU COM Clinical Rotations. The Clinical Clerkship Rotation Evaluation 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 until it has been turned into Student Services by the Psychiatry Department.

GRADING

This grading requirement is above the MSU COM standards for Unsatisfactory Clinical Performance that is listed below.

- **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 Pass**: 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:** Any student who receives an N grade in the Clerkship Program will be required to appear before the COSE Clerkship Performance Subcommittee (COSE).

**Unsatisfactory Clinical Performance**

A designation given to any student who:

- Receives one (1) and/or two (2) N grades in any Clerkship course; and/or
- Receives two (2) or more overall “Below Expectations” ratings on any Clerkship rotation evaluation; and/or
- Displays indicators of marginal performance on any clerkship rotation.
- The student will be required to appear before the COSE Clerkship Performance Subcommittee.

- Any student failing to appear, when directed, without due cause, or fails to meet any Subcommittee requirement, will be suspended from the College.
Psychiatry Exam Information

Test Administration: Last Friday of the clerkship
Students must arrive at least 15 minutes before the exam start time.

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.
Students must arrive to the exam location by the stated time in the Welcome e-mail. The start time could be different depending on location and rotation. All Exams will start no later than 8:30 am on the exam date. Students will be required to have a photo I.D. for identification purposes and their APID number for logging in requirements.

EXAM SCORING

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

EXAM CORRECTIVE ACTION

- ET: Repeat the NBME exam and pass. In addition, students will need to fill out the Psychiatry Corrective Action form found in the appendix. If a student scores a 60 or below they will be required to meet with the local Clerkship Director or Lead Clerkship Director in person or via Zoom. The meeting will be to discuss plans for studying prior to the retake of the exam and to evaluate the plan laid out on the corrective action form.

- N: Any student who receives an N grade in the Clerkship Program will be required to appear before the COSE Clerkship Performance Subcommittee (COSE).
# Grading Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Honors Designation</th>
<th>Pass</th>
<th>Extended Grade</th>
<th>No Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Experience Log</strong></td>
<td>(Student must meet all below)</td>
<td>Complete and upload paper form to D2L dropbox <strong>by 5 pm the Last Friday</strong> of the Clerkship</td>
<td>Failure to complete and upload the form by 5 pm the Last Friday of the Clerkship</td>
<td>Failure to complete and submit the form within two weeks after the clerkship has ended</td>
</tr>
<tr>
<td><strong>Online Modules and Online Modules Quiz</strong></td>
<td>Meet the Pass Requirement</td>
<td>Watch all modules in their entirety and pass the quiz with an <strong>80% or greater in two attempts by 8 am the last Monday</strong> of the rotation.</td>
<td>Will stand as the conditional grade until all requirements of this rotation are met</td>
<td>Failure to complete the modules and/or pass the quiz with a <strong>70% or greater in five attempts by 5 pm the last Friday</strong> of the rotation</td>
</tr>
<tr>
<td><strong>Performance Based Assessment (PBA)</strong></td>
<td>Obtain an overall score ≥ 52 on the first attempt</td>
<td>Obtain an overall score ≥ 36 on the first or second attempt. Minimum passing scores for each section are <strong>Section 1: 9, Section 2: 15, Section 3: 12</strong></td>
<td>Will stand as the conditional grade until all requirements of this rotation are met</td>
<td>Failure to obtain a passing score in each section and overall in two attempts</td>
</tr>
<tr>
<td><strong>NBME Exam</strong></td>
<td>Score ≥ 85 on the first attempt</td>
<td>Score ≥ 67 in two attempts</td>
<td>Score ≤ 66 on the first attempt</td>
<td>Unable to score ≥ 67 in two attempts</td>
</tr>
<tr>
<td><strong>Clinical Clerkship Rotation Evaluation</strong></td>
<td>Students must receive all Meets Expectations or above in the subcategories and Meets or Exceeds Expectations in the overall category.</td>
<td>Students may receive up to 1 Below Expectations Mark in any subcategory with the overall categories at Meets Expectations.</td>
<td>Will stand as the conditional grade until all requirements of this rotation are met</td>
<td>Either apply: • Receiving more than 1 Below Expectations Mark in any subcategory • Any Overall Category Grade with a Below Expectations</td>
</tr>
</tbody>
</table>
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 Grieving a Clerkship Grade

Students wishing to grieve 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.
MSU College of Osteopathic Medicine Standard Policies

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

Clerkship Attendance Policy

In order to gain the knowledge and skills to successfully complete the MSUCOM clerkship program, consistent participation/attendance in program activities is essential. Any time off must not interfere with the quality of the rotation.

1. In the event a student needs to be absent from any rotation for the reasons listed below and permissible by the rotation syllabus, students may request time off.
2. Any absence (unless emergent) must be approved in advance (at least 30 days) of absence by the medical education department (student coordinator/director or DME), utilizing the Clerkship Program Excused Absence Request Form. Students must notify rotation team and medical education of emergent/illness absences on day of absence.
3. A student may not be absent more than 2 days on any one 4 week rotation (no time off allowed for rotations of 2 weeks or less) for the reasons below (exception Interview absences or Conference absences as below).
4. Any additional time off any one rotation must be approved by the MSUCOM Instructor of Record for the course the absence will occur.

Absence due to interviews:

For the purpose of interviewing only, a student may be absent 4 days on a 4 week rotation (2 days on a 2 week rotation) during the months of September to January in the OMS year 4. Interview invitations must accompany the Clerkship Program Excused Absence Request Form.

Absence due to examinations:

<table>
<thead>
<tr>
<th>Examination</th>
<th>Maximum Time Off (includes travel time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMLEX USA Level 2 CE/USMLE Step 2 CK/Canadian MCCEE</td>
<td>1 day</td>
</tr>
<tr>
<td>MSUCOM COMLEX PE Simulation at MSU</td>
<td>1 day for each scheduled simulation</td>
</tr>
<tr>
<td>COMLEX USA Level 2 PE/USMLE Step 2 CS(Canadian Students Only)</td>
<td>2 days</td>
</tr>
</tbody>
</table>
### Personal Day Absence:

Students are allowed 5 personal days per academic year in OMS 3 and OMS 4. These days are not carried over from third year to fourth year. These are to be used for illness, physician appointments, and special events (weddings, graduations, special anniversary events) and must not exceed 2 days on any 4 week (#3 above). Prolonged illness and bereavement will be handled on a case by case basis between MSUCOM Director of Clerkship and the base hospital/medical education department. Students must notify rotation team and medical education of emergent/illness absences on day of absence.

Hospital organized community events that might lead to periodic absence from rotations – student participation is encouraged and if base hospital approved, would be considered part of the rotation and not a personal day absence.

Jury duty – when obligated, student participation is not considered a personal day. Court excuses must accompany any absence. If absence is prolonged, this will be handled on a case-by-case basis between the base hospital/medical education and MSUCOM.

### Conference Absence:

While on required/core rotations, no excused absences for any professional meeting will be allowed unless the student is presenting research in which they have participated.

a. Appropriate paperwork with proof of presentation and copy of conference agenda must accompany the form.

b. Time off in this situation will be for travel and presentation only.

While on selective/elective rotations: A student may submit a request for an excused absence to attend one (1) professional meeting, time not to exceed 3 days off rotation. The meeting agenda must accompany the Clerkship Program Excused Absence Request Form.

Personal vacations/family reunions, etc. are not part of this policy. Vacations can be scheduled periodically, provided all curriculum requirements will be met, with the assistance of your Student Support Advocate. Vacations will not be permitted on any core rotation or elective rotation.
Policy for Medical Student Supervision

Supervisors of the Medical Students in the Clinical Setting

The MSUCOM curriculum includes required clinical experiences in a variety of clinical learning environments. The role of the student is to participate in patient care in ways that are appropriate for the student’s level of training and experience and to the clinical situation. The student’s clinical activities will be under the supervision of licensed physicians. This supervising physician may delegate the supervision of the medical student to a resident, fellow, or other qualified healthcare provider, however, the supervising physician retains full responsibility for the supervision of the medical students assigned to the clinical rotation and must ensure his/her designee(s) are prepared for their roles for supervision of medical students.

The physician supervisor and his/her designee(s) must be members in good standing in their facilities and must have a license appropriate to his/her specialty of practice and be supervising the medical student within that scope of practice as delineated by the credentialing body of the facility.

Level of Supervision/Responsibilities

Clinical supervision is designed to foster progressive responsibility as a student progresses through the curriculum, with the supervising physicians providing the medical student the opportunity to demonstrate progressive involvement in patient care. MSUCOM students will be expected to follow clinical policies of the facility regarding medical records and clinical care.

Medical student participation in patient history/physical exam, critical data analysis, management, and procedures will include factors, but not limited to:

- The students demonstrated ability
- The students level of education and experience
- The learning objectives of the clinical experience

First and second year medical students will be directly supervised at all times (supervising physician or designee present or immediately available.

Third and fourth year medical students will be supervised at a level appropriate to the clinical situation and student’s level of experience. For some tasks, indirect supervision may be appropriate for some students. Direct supervision would be appropriate for advanced procedures.

 Supervising physicians will provide medical students with timely and specific feedback on performance. The supervising physician will complete a mid-rotation evaluative discussion with the medical student. Supervising physicians will complete a summative evaluation and are encouraged to contact the course/clerkship director with any gaps in student performance.

Medical students with any concern regarding clinical, administrative, and educational
or safety issues during his/her rotation will be encouraged to contact the supervising
physician or clerkship/course director

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

- **H-Honors** – While Honors designation will be awarded to students meeting the criteria in the syllabi, Honors is not an official MSU grade. The official MSUCOM transcript will reflect a grade as Pass with an additional notation that the student achieved Honors in the course. The students Medical Student Performance Evaluation will reflect each Honors grade.

- **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.

“N” Grade Policy

Any student who receives an N grade in the Clerkship Program will be required to appear before the COSE Clerkship Performance Subcommittee (COSE).

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 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.

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.

Student Evaluation of Rotation

Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing the evaluation system at:

http://hit-filemakerwb.hc.msu.edu/Clerkship/login_student.html
EXPOSURE INCIDENTS PROTOCOL

You must notify your attending and the DME Office of your base institution of the incident. A form has been developed by the University to report exposure incidents. These forms should be on file in your DME's office. While on rotations that occur outside of the base hospital system notify your attending immediately of any exposure, and follow the MSU procedure for evaluation and treatment. The form can be accessed at www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf. Please make yourself familiar with the procedure and the form.
**Student Experience Log**

**PSC 608 Psychiatry**

Students are required to complete the student experience logs, and submit them via D2L dropbox by 5pm on the last Friday of the rotation.

A student may only utilize a patient twice in total to meet the Diagnoses and/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.

### Skills/Treatment requirements

<table>
<thead>
<tr>
<th>Skills/Treatment requirements</th>
<th>Requirements</th>
<th>Minimum Requirements</th>
<th>Enter Patient Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Generation Antipsychotics</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Second Generation Antipsychotics</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Antidepressants</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Anxiolytics</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Mood Stabilizers</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Cognitive Behavioral Therapy *</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Supportive Therapy +</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Electroconvulsive Therapy *</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

(*) May be met by viewing on-line 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.

### Wellness

An active process of becoming aware of and making choices toward a healthy and fulfilling life.

Have you set one personal wellness goal you would like to accomplish during this rotation?

- Yes
- No

Did you accomplish this goal by the end of the rotation?

- Not at all
- Somewhat
- Completely accomplished goal or exceeded

Osteopathic Principles and Practices (OPP)- briefly describe how you used OPP on one patient during this rotation:

I participated in interprofessional collaboration (collaboration on patient care with healthcare workers of different professional backgrounds) on this rotation:

- Yes
- No

Comments:

Attending Signature:_________________________________  (Verifying Content of Logs)
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**

<table>
<thead>
<tr>
<th>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.</th>
<th>Poor</th>
<th>Fair</th>
<th>Acceptable</th>
<th>Very Good</th>
<th>Excellent</th>
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<th>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.</th>
<th>Poor</th>
<th>Fair</th>
<th>Acceptable</th>
<th>Very Good</th>
<th>Excellent</th>
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| C Opening/Session Management/Closure:  
- **Opening:** Introduces self, uses patient’s name, discusses the purpose, time frame, etc.  
- **Session Management:** 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.  
- **Closure:** 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. | Poor | Fair | Acceptable | Very Good | Excellent |
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**PART II DATA COLLECTION SKILLS**

| A Data to Make a Diagnosis:  
Symptoms: Adequately characterizes the presenting complaint and explores other relevant symptoms.  
- Depression profile  
- Anxiety profile  
- Mania profile  
- Psychosis profile  
Course Parameters: Onset/duration, daily, diurnal variation, seasonal variation.  
Relevant Past History: Psychiatric, substance use, medical, family. | Poor | Fair | Acceptable | Very Good | Excellent |
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<tr>
<th>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.</th>
<th>Poor</th>
<th>Fair</th>
<th>Acceptable</th>
<th>Very Good</th>
<th>Excellent</th>
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| C Data to Guide Treatment Planning:  
- Medication Tried: Names, dose, duration, benefit, side effects.  
- Psychotherapy: With whom, type, # sessions/duration, focus, helpful.  
- Other: Compliance history, self-help. | Poor | Fair | Acceptable | Very Good | Excellent |
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| D Data to Help Understand the Patient as a Person:  
- Current: Age, marital/partner status, sexual orientation/identity, # of children, living arrangement, work, interests, supports, coping skills.  
- Relevant Background | Poor | Fair | Acceptable | Very Good | Excellent |
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<tr>
<th>E Cognitive Mental Status Exam: Relevant and technically correct use of: orientation, attention/concentration, memory, thought content, thought process, language, abstraction, judgment.</th>
<th>Poor</th>
<th>Fair</th>
<th>Acceptable</th>
<th>Very Good</th>
<th>Excellent</th>
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**TOTAL PART II /25**
PART III  STUDENT PRESENTATION AND CASE DISCUSSION

A  Case Presentation: Concise, chronological, well-organized summary. Included all pertinent information, good description.

B  Mental Status Exam Presentation:
Presented in standard order, all areas included, good descriptors, correct use of terms.
- Appearance, behavior, and attitude: General description, distinguishing features, dress, hygiene, grooming, general motor activity, abnormal movements, eye contact, cooperation.
- Mood and affect: Observed affects, able to describe mood, lability, intensity, appropriate for thought content.
- Speech and language: Articulation, fluency, grammar use, pace and volume.
- Thought content and process (form of thought): Hallucinations, delusions, coherence, goal directed/circumstantiality, organization, loosening of associations, flight of ideas, racing thoughts, blocking, tangentially, suicidal homicidal ideation.
- Insight and judgment: Awareness of illness, role of stressors, own role, functional judgment or hypothetical scenario.
- Cognitive: Orientation, attention/concentration, memory, calculations, language function, abstractions.

C  Diagnoses: all relevant diagnoses, conclusions fit the data, differential diagnostic considerations addressed.

D  Treatment Plans:
- Goals of Treatment: 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.
- Modalities: Medication, other biological treatments, individual therapy/focus, couples/family therapy, group therapy.
- Aftercare Plans: Medication, psychotherapy/counseling, change in living/work environment.

TOTAL PART III

PERFORMANCE-BASED ASSESSMENT SCORING SUMMARY

<table>
<thead>
<tr>
<th>Part</th>
<th>Description</th>
<th>Total Possible</th>
<th>Passing Score</th>
<th>Student Score</th>
<th>Pass?</th>
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</thead>
<tbody>
<tr>
<td>I</td>
<td>COMMUNICATION SKILLS</td>
<td>15</td>
<td>9</td>
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</tr>
<tr>
<td>II</td>
<td>DATA COLLECTION SKILLS</td>
<td>25</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>PRESENTATION AND CASE DISCUSSION</td>
<td>20</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td><em><strong>The student must pass all three parts</strong></em></td>
<td>60</td>
<td>36</td>
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</table>

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:
Psychiatry Clerkship Corrective Action Plan

This corrective Action Plan is to be completed within 2 weeks of being notified of failure of any component of the clerkship. It must be signed by the student, the appropriate Community Clerkship Director and/or the Instructor of Record and the Psychiatry Clerkship Administrator.

Student Name: ___________________________ Clerkship Dates: ________________________

Clinical Site: ___________________________ Base Hospital: ___________________________

Component(s) of the clerkship requiring remediation:

What time period will the remediation occur?

Is the student planning on using a tutor and/or other formal academic support within the College of Osteopathic Medicine? YES: _____ NO: _____

If a tutor or academic support is being utilized, indicate the name of the person (or TBD):

Give specific activities that the student will engage in during this corrective action period (i.e., self-studying, meeting/discussion(s) with the Community Clerkship Director/Instructor of Record). If doing self-study students must include a list of specific strategies to improve performance.

If retaking the web based exam, indicate the date for the exam below. Please note that it requires a minimum of 3 weeks’ notice to the Psychiatry Clerkship Administrator to order an exam.

_________________________________________  Date

Signature of Student

_________________________________________  Date

Community Clerkship Director/IOR

_________________________________________  Date

Psychiatry Clerkship Administrator