PSC 608
CORE PSYCHIATRY & BEHAVIORAL SCIENCE CLERKSHIP

REQUIRED ROTATION (R2) SYLLABUS

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EFFECTIVE AUGUST 2, 2021 TO JULY 31, 2022

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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 changes will generally be instituted at the beginning of the school year, changes may also be implemented semester to semester.

Please be mindful of the need to read your syllabi before beginning your rotations.
# TABLE OF CONTENTS

## INTRODUCTION AND OVERVIEW

### GOALS AND OBJECTIVES

**GOALS**

**OBJECTIVES**

- History, Examination and Medical Interviewing
- Documentation and Communication
- Clinical Reasoning and Differential Diagnosis
- Assessment of Psychiatric Emergencies
- Psychopathology and Disease
- Cognitive Disorders
- Substance Abuse Disorders
- Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Personality Disorders

**DISEASE PREVENTION, MANAGEMENT AND THERAPEUTICS**

- Pharmacotherapy
- Non-Pharmacologic Somatic Therapies
- Psychotherapies
- Multidisciplinary Collaboration with Consultants
- Medical-Legal Issues in Psychiatry

**COMPETENCIES**

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

**COLLEGE PROGRAM OBJECTIVES**

**REFERENCES**

- Recommended Texts
- Recommended Websites

**ROTATION REQUIREMENTS**

**CORRECTIVE ACTION PROCESS**

**STUDENT EXPERIENCE LOG**

**Grading**
Corrective Action................................................................................................. 11
ONLINE MODULES AND ONLINE MODULES QUIZ................................................................. 12
  Grading .................................................................................................................. 13
  Corrective Action.................................................................................................. 14
DIAGNOSTICS DILEMMAS ................................................................................................. 15
  Grading .................................................................................................................. 15
  Corrective Action.................................................................................................. 15
PERFORMANCE BASED ASSESSMENT (PBA) – OBSERVED INTERVIEW ....................... 16
  General Information ........................................................................................... 16
  Performance-Based Assessment (PBA) Protocol ................................................... 17
  Grading .................................................................................................................. 17
  Corrective Action.................................................................................................. 18
WORKPLACE BASED ASSESSMENT (WBA) ....................................................................... 19
  Suicide Risk Evaluation ......................................................................................... 19
  Grading .................................................................................................................. 19
  Mental Status Exam ............................................................................................... 19
  Grading .................................................................................................................. 20
NBME EXAM INFORMATION................................................................................................ 21
  Exam Preparation .................................................................................................. 21
  Exam Administration ............................................................................................. 21
  Exam Scoring ....................................................................................................... 21
  Corrective Action.................................................................................................. 22
CLINICAL CLERKSHIP ROTATION EVALUATION ........................................................... 23
  Grading .................................................................................................................. 23
STUDENT EVALUATION OF THE ROTATION ..................................................................... 23
  Attending Evaluation of Student .......................................................................... 24
  Student Evaluation of Clerkship Rotation ............................................................ 24
  Unsatisfactory Clinical Performance .................................................................... 24
BASE HOSPITAL REQUIREMENTS .................................................................................... 24
STUDENT RESPONSIBILITIES AND EXPECTATIONS ............................................................ 25
MSU COLLEGE OF OSTEOPATHIC MEDICINE STANDARD POLICIES ............. 25
  ATTENDANCE POLICY ........................................................................................ 25
  POLICY FOR MEDICAL STUDENT SUPERVISION ........................................... 28
    Supervisors of the Medical Students in the Clinical Setting ................................ 28
    Level of Supervision/Responsibilities ............................................................... 28
  STATEMENT OF PROFESSIONALISM ................................................................ 29
  STUDENT RIGHTS AND RESPONSIBILITIES .................................................... 29
    MSU Email ......................................................................................................... 29
  FACULTY RESPONSIBILITES ............................................................................ 29
  COURSE GRADES ............................................................................................... 30
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:

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.

OBJECTIVES

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

History, Examination and Medical Interviewing

1. Elicit and accurately document a complete psychiatric history, including the identifying data, chief complaint, history of the present illness, past psychiatric history; medications (psychotropic and non-psychotropic), general medical history, review of systems, developmental history, substance abuse history, family history, and social history; use multiple sources of data.
2. Recognize physical signs and symptoms that accompany classic psychiatric disorders (e.g., tachycardia and hyperventilation in panic disorder) and psychiatric manifestations of medical illness; recognize the possible physical
effects of psychotropic drugs (i.e., medications and drugs of abuse).

3. Perform and accurately describe the components of the comprehensive Mental Status Examination (including general appearance and behavior, motor activity, speech, affect, mood, thought processes, thought content, perception, sensorium and cognition, abstraction, intellect, judgment, and insight with special attention paid to safety, including suicidality and homicidality, and screening for psychotic symptoms. For each category of the Mental Status Exam, list common abnormalities and their common causes, be able to perform common screening exams for common psychiatric disorders (e.g., CAGE, MMSE).

4. Demonstrate an effective repertoire of interviewing skills, which range from strategies for challenging interviews to sensitivity to the individual patient, including avoidance of stigmatization and awareness of cultural differences and health disparities.

5. Describe the clinical presentation of child, partner, and elder abuse and be able to recognize risk factors associated with each condition.

Documentation and Communication

1. Accurately document a complete psychiatric history and examination and record the components of a comprehensive mental status examination.

2. Accurately document the daily progress of inpatients and the periodic progress of outpatients.

Clinical Reasoning and Differential Diagnosis

1. Use the DSM in identifying specific signs and symptoms that compose a syndrome or disorder.

2. Formulate a differential diagnosis and plan for assessment of common presenting signs and symptoms of psychiatric disorders.

3. Know the indications for, how to order, and the limitations of common medical tests for evaluating patients with psychiatric symptoms (e.g., laboratory, imaging etc.).

4. Demonstrate the ability to review and integrate the use of new clinical evidence.

Assessment of Psychiatric Emergencies

1. Identify and discuss risk factors for suicide across the lifespan.

2. Conduct clinical diagnostic and risk assessments of a patient with suicidal ideation or behavior and make recommendations for further evaluation and management.

3. Identify risk factors for violence and assaultiveness, understand symptoms of escalating violence and demonstrate safety precautions.

4. Discuss the differential diagnosis and assessment of a patient with potential or active suicidal or violent behavior and make recommendations for further evaluation and management.

5. Evaluate need for psychiatric hospitalization and understand appropriate level of care.
Psychopathology and Disease

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

Cognitive Disorders

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

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 regarding 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.

**COMPETENCIES**

The Osteopathic Core Competencies covered in this module include:

**Osteopathic Principles and Practices**

1. Approach the patient with recognition of the entire clinical context, including mind-body and psychosocial interrelationships.
2. Diagnose clinical conditions and plan patient care.
3. Perform or recommend OMT as a part of a treatment plan.
5. 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.

**Medical Knowledge**

1. Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation in the cognitive, behavioral and substance abuse areas.
2. Apply current best practices in osteopathic medicine.
3. Use appropriate physician interventions including scientific concepts to evaluate, diagnose and manage clinical patient presentation sand 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.

**Patient Care**

1. Gather accurate data related to the patient encounter.
2. Develop a differential diagnosis appropriate to the context of the patient setting and findings.
3. Form a patient-centered, interprofessional, evidence-based management plan.
4. Encourage mental health promotion and disease prevention.
5. Demonstrate accurate documentation, case presentation and team communication.
Interpersonal and Communication Skills

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

Professionalism

1. 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.
2. Demonstrate humanistic behavior including respect, compassion, probity, honesty, and trustworthiness.
3. Demonstrate responsiveness to the needs of patients and society that supersedes self-interest.
4. Demonstrate accountability to patients, society, and the profession, including the duty to act in response to the knowledge of professional behavior of others.
5. Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning.
6. 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.
7. Demonstrate awareness of and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.
8. 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.

Practice-Based Learning and Improvement

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

Systems Based Practice

1. 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.
2. The candidate must demonstrate understanding of how patient care and
professional practices affect other health care professions, health care organizations and society.

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.

**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 (https://com.msu.edu/) and in the Student Handbook.

**REFERENCES**

**Recommended Texts**


**Recommended Websites**

1. NBME: \[\text{http://www.nbme.org}\]
# ROTATION REQUIREMENTS

<table>
<thead>
<tr>
<th>REQUIREMENT</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>11:59 pm the last scheduled day of the clerkship.</td>
</tr>
<tr>
<td>On-line Modules and On-Line Modules Quiz</td>
<td>Viewed in their entirety, taken, and submitted through D2L.</td>
<td>5 pm the last Thursday of the rotation (see individual description for grading specifics)</td>
</tr>
<tr>
<td>Diagnostic Dilemmas: 6 unlabeled training videos with corresponding quiz.</td>
<td>Viewed in their entirety, taken, and submitted through D2L.</td>
<td>5 pm the last Thursday of the rotation (see individual description for grading specifics)</td>
</tr>
<tr>
<td>Performance Based Assessment (PBA): observed interview</td>
<td>Drop box in D2L</td>
<td>11:59 pm the last scheduled day of the clerkship</td>
</tr>
<tr>
<td>Workplace Based Assessments (WBA): Suicide Risk Evaluation</td>
<td>Drop Box in D2L</td>
<td>11:59 pm the last scheduled day of the clerkship</td>
</tr>
<tr>
<td>Workplace Based Assessments (WBA): Mental Status Exam</td>
<td>Drop Box in D2L</td>
<td>11:59 pm the last scheduled day of the clerkship</td>
</tr>
<tr>
<td>NBME Psychiatry Shelf Exam</td>
<td>NBME Secure Website</td>
<td>On the last Friday of the 4-week clerkship. Format of exam TBD by NBME (Virtual or in person)</td>
</tr>
<tr>
<td>Attending Evaluation of Clerkship Student</td>
<td>Can be accessed via the “Attending Evaluation” link in Kobiljak online schedule. Email completed evaluation to <a href="mailto:COM.Clerkship@msu.edu">COM.Clerkship@msu.edu</a></td>
<td>Last Day of Rotation</td>
</tr>
<tr>
<td>Student Evaluation of Clerkship Rotation</td>
<td>Can be accessed via the “Student Evaluation” link in Kobiljak online schedule.</td>
<td>Last Day of Rotation</td>
</tr>
</tbody>
</table>
CORRECTIVE ACTION PROCESS
If a student does not successfully complete the rotation requirements of the course, the student will receive an ET grade and be permitted to go through a ‘Corrective Action’ process.

The following assignments are eligible for corrective action and will be due no later than 14 days after the last day of the rotation at 11:59pm:

1. The student will be required to verify if corrective action is allowed under each individual assignment.
2. The student will then be required to complete the individual corrective action for each individual assignment that may require it.

The student is responsible for contacting the Course Assistant (on the first page of this syllabus) if they believe missing assignments were reported in error or are unclear about the Corrective Action process.

Please note that while it is the responsibility of the student to ensure the Attending Evaluation of the Clerkship Student is completed, this requirement may extend beyond the corrective action date. Additionally, in the event of a COMAT failure on first attempt, the corrective action for the repeat COMAT may extend beyond 14 days.

As determined by the Instructor of Record, the student will receive an N grade for the course if all assignments and the Corrective Action process are not completed successfully within 14 days after the last day of rotation at 11:59pm (with the exception of the Attending Evaluation). Additionally, a letter of unprofessional behavior for late submission of assignments will be sent to the MSUCOM Spartan Community Clearinghouse.

If a student successfully completes the Corrective Action process, as determined by the Instructor of Record, the student will receive credit for the deficient academic grading requirement(s) and be eligible for a rotation grade change from ET to Pass (pending the Attending Evaluation of the Clerkship Student and COMAT score).
STUDENT EXPERIENCE LOG

Requirement: Complete Assignment by Deadline

DUE DATE: Completed and Submitted to the D2L Dropbox by 11:59 pm the Last Scheduled day 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>Maximum Requirements</th>
<th>Procedures/Treatment</th>
<th>Maximum 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></td>
<td></td>
<td>Supportive</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Electroconvulsive Therapy*</td>
<td>1</td>
</tr>
</tbody>
</table>

*May be met by viewing the online module(s) 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 on D2L under the forms section in content.

Grading

- **Pass:** Complete a minimum of 32 out of the 48 diagnoses and or treatments of the objectives presented in the log and submit it to the D2L Dropbox by 11:59 pm the last scheduled day of the clerkship.

- **ET:** Failure to complete all objectives by deadline, with an addendum being attached to the Clinical Clerkship Rotation Evaluation to discuss unprofessional behavior (i.e. late submission of assignments).

- **No grade:** 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 the minimum requirements noted above during 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.
ONLINE MODULES AND ONLINE MODULES QUIZ

Requirement: Complete Assignment by Deadline

DUE DATE: Honor’s Eligible deadline is 8 am the last Monday of the clerkship. Pass Deadline is 5 pm the last Thursday of the clerkship.

The Psychiatry Clerkship has developed clerkship modules for each of the key areas covered during your rotation. Each module contains a brief lecture or cases with associated questions by one of our MSU Psychiatry Faculty. Please see below for a complete list of the Module topics and a suggested viewing schedule. Upon completion of viewing the On-line modules in their entirety 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. The following are suggestions for properly recording completion of the modules.

1. Complete all modules on a laptop/desktop and not a phone/tablet.
2. Firefox, Chrome, or Edge are the best D2L supported browsers for on-line modules
3. Although there is no time limit per module, once you start a module, we encourage that you finish it in that sitting
4. After completion of each module—but before submission if applicable—ensure your module’s session time is at max and click the “>” in the upper right or lower left side of the D2L screen.

<table>
<thead>
<tr>
<th>Module Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Status Exam: via ADMSEP</td>
</tr>
<tr>
<td>By: Tran V, Royer E, Gih D, Love L</td>
</tr>
<tr>
<td>Risk Assessment: Suicide and Homicide</td>
</tr>
<tr>
<td>By: Deb Wagenaar, DO, MS</td>
</tr>
<tr>
<td>Psychotic Disorders</td>
</tr>
<tr>
<td>By: Kerry Pierce, MD</td>
</tr>
<tr>
<td>Mood Disorders</td>
</tr>
<tr>
<td>By: Brian Smith, MD</td>
</tr>
<tr>
<td>Psychopharmacology</td>
</tr>
<tr>
<td>By: Brian Smith, MD</td>
</tr>
</tbody>
</table>
Module Topic

Anxiety Disorders:

1. General Anxiety Disorders
   By: Aaron Plattner, MD

2. Obsessive Compulsive Disorders
   By: Aaron Plattner, MD

3. OCD
   By: Tran V, Royer E, Gih D, Love L - ADMSEP

4. Trauma/Stressor Disorders
   By: Jed Magen, DO, MS

Personality Disorders
By: Brian Smith, MD

Substance Related Disorders
By: Debra Hollander, MD, Brian Smith, MD, Callie Langenderfer, BS

Psychotherapy
By: Brian Smith, MD

Neurocognitive Disorders
By: Erin O'Connor, PhD

Mystery Module
By: Brian Smith, MD, Geraud Plantegenest, MA, Deborah Wagenaar, DO MS

Child Psychiatry
By: Brian Smith, MD

Cultural Psychiatry
By: Brian Smith, MD

Medical Student Mental Health
By: Brian Smith, MD

Electroconvulsive Therapy

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 Thursday of the clerkship.

- **No Grade**: 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 4- week clerkship.
Corrective Action

If the student is unable to complete all the minimum pass requirements by the Thursday due date, they will have till 5 pm on the last Friday to meet the pass standards before an “N” grade is given.
DIAGNOTICS DILEMMAS

**Requirement: Complete Assignment by Deadline**

**DUE DATE:** Honor’s Eligible deadline is 8 am the last Monday of the clerkship. Pass Deadline is 5 pm the last Thursday of the clerkship.

Students will be required to watch the 6 Training Title patient videos that are unlabeled regarding diagnosis. It is recommended that when you view these videos, you ask yourself the following questions for self-directed learning.

1. What diagnoses are in your differential?
2. Based on the available information, what is the most likely diagnosis?
3. What additional information from the patient interview might help determine the most likely diagnosis?
4. Which physical examination findings, laboratory test or diagnostic imaging results might help determine the most likely diagnosis?
5. What interventions (medication, therapy, etc.) are indicated for the most likely diagnosis?

After the student has viewed all 6 of the videos in their entirety, students will be required to pass a 10-question quiz.

**Grading**

- **Honors:** All 6 videos must be viewed in their entirety and students must pass the Diagnostic Dilemmas Quiz with a score of **80% or greater in two attempts** by 8:00 am the last Monday of the clerkship.

- **Pass:** All Required videos must be viewed in their entirety and students must pass the Diagnostic Dilemmas quiz with a score of **70% or greater in five attempts** by 5 pm the last Thursday of the clerkship.

- **No Grade:** Failure to complete all required videos and/or pass the Diagnostic Dilemmas quiz with a 70% in five attempts by 5 pm the last Friday of the 4-week clerkship

**Corrective Action**

**ET:** If the student is unable to complete all the minimum pass requirements by the Thursday due date, they will have till 5 pm on the last Friday to meet the pass standards before an “N” grade is given.
Performance Based Assessment (PBA) – Observed Interview

Requirement: Complete Assignment by Deadline

Due Date: Completed and submitted to the D2L Dropbox by 11:59 pm the last scheduled day of the Clerkship

***When necessary, the PBA requirement may be fulfilled through the use of a simulated patient, coordinated through the community clerkship director and/or the MSU Learning Assessment Center.***

General Information

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

a. Communication Skills: The ability to establish rapport, effectively communicate, interview the patient, and manage the session.

b. Data Collection Skills: The student should gather sufficient data in order to accomplish the following tasks:
   i. Make a diagnosis.
   ii. Determine the severity of illness and degree of impairment.
   iii. Establish contributing and precipitating biological and psychosocial factors, which might be contributing to the patient’s problem.
   iv. Obtain information that will help to guide treatment planning.
   v. Understand the patient as a unique person.
   vi. Make an assessment of the patient’s mental state.

c. Student Presentation and Case Discussion: The student should be able to organize and synthesize the information in order to present a concise oral case summary, mental status exam, complete DSM diagnosis, case formulation, assessment, and basic treatment plan.

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

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

Performance-Based Assessment (PBA) Protocol

1. **Advance Notice:** Students will be informed of this requirement and exercise during the clerkship orientation that is held in person or via the on-line version in D2L. All documentation pertaining to the PBA will be found in the syllabus that is uploaded on D2L. A copy of the grading form can be found in the forms folder under content in the D2L course.

2. **Patient Selection:** The patient chosen for this exercise should be unknown to the student, fairly verbal and have one or more of the following clinical problems: depressed mood, anxiety, suicidal ideation/behavior, mania, psychosis, and substance abuse/dependence.

3. **The Interview:** Typically, one faculty member will precept the session. The session may be videotaped. The student will be given exactly 30 minutes to interview the patient; the preceptor should indicate to the student when 5 minutes and 2 minutes remain. The student may take clinical notes during the interview. The student **may not**, however, use any reference notes to aid in conducting the interview. Upon completion of the interview, the student will be given up to 5 minutes to organize his/her presentation. Likewise, the preceptor may use this time to complete Parts I and II of the evaluation form and prepare his/her feedback.

4. **Oral Presentation:** The student will then make an oral presentation on the following:
   a. A brief case summary
   b. A mental status exam
   c. A differential diagnosis
   d. A treatment plan.

5. **Self-Assessment and Feedback:** Upon completion of the student’s oral presentation, the preceptor will first ask the student to assess his/her own performance. The preceptor will then in turn, give feedback to the student. Students should be aware that the preceptor will likely give constructive feedback even if performance is competent, for the goal is to improve the skill of even the most advanced student.

Grading

- **Pass:** A passing grade must be achieved in all three Competencies on either the first or second attempt.
  o Communication Skills: ≥ 9
  o Data Collection Skills: ≥ 15
  o Student Presentation and Case Discussion: ≥ 12
  o Overall score must be: ≥ 36

- **Honors:** Obtain an overall score of ≥ 55 on the first attempt. An appeal of your score will not be allowed to achieve honors and directly challenging the preceptor’s scoring of the PBA in an effort to gain more points might be interpreted as unprofessional behavior.
No Grade: Failure to pass the PBA on the second attempt.

Corrective Action

An unsatisfactory rating requires repeating the PBA. If the repeated interview is unsatisfactory, students will be given a No Grade and required to complete all 4 weeks of the course again. Students are only eligible for honors on the first attempt.
WORKPLACE BASED ASSESSMENT (WBA)

Requirement: Complete both the Suicide Risk Evaluation and the Mental Status Exam WBA Assignments by Deadline

DUE DATE: Completed and Submitted to the D2L Drop boxes by 11:59 pm the Last Scheduled day of the Clerkship

Suicide Risk Evaluation

The Workplace Based Assessment (WBA) is a formal method for a student to be observed and then receive feedback on evaluating a patient during a Suicide Risk Evaluation.

The goal is to ensure that clinical preceptors directly observe student’s clinical skills regarding Suicide Risk Evaluation, and that the assessments linked to these observations are based upon explicit educational objectives (e.g. what to specifically ask when interviewing a patient at possible risk for suicide).

The following are the 11 items that the Medical Student Education Committee deemed necessary for all students to ask during a Suicide Risk Assessment (some attendings may feel that additional items are necessary). Students must ask about at least 8 of the 11 items below in order to pass the assignment.

1. Suicidal thoughts
2. Active intent or plan to commit suicide
3. History of suicide attempt
4. Significant current life stressors
5. Feelings of hopelessness
6. Access to guns or other weapons
7. Command auditory hallucinations to kill self
8. Recent discharge from inpatient psychiatric unit
9. Family history of suicide attempt or completion
10. Substance use, especially alcohol or opioids
11. Severe chronic medical problems including pain

Grading

- Pass: Have eight (8) out of eleven (11) areas marked with a yes on the checklist form.
- No Grade: Failure to complete and submit the Suicide Risk Evaluation WBA checklist form within two weeks after the clerkship has ended.

Mental Status Exam

The Workplace Based Assessment (WBA) is a formal method for a student to present the psychiatric mental status examination to an attending or resident preceptor after interviewing or observing the interview of a patient.

The goal is to ensure that clinical preceptors directly observe student’s clinical skills regarding the mental status exam, and that the assessments linked to these observations are based upon explicit educational objectives and correlate to the grading requirements of the Performance Based Assessment (PBA) Assignment.

The following are six (6) areas of the Mental Status Exam that the Psychiatry Medical Education Committee deem necessary for all students to ask or observe during an interview of the patient.
Students should present the collected information in a standard order, utilize good descriptors, and with correct use of terms. Students must ask or observe at least five (5) of the six (6) areas at an adequate level or above in order to receive a passing grade.

1. Appearance, Behavior, and Attitude
2. Mood and Affect
3. Speech and Language
4. Thought content and process (form of thought)
5. Insight and judgment
6. Cognitive

Grading

- Pass: Have five (5) out of six (6) areas marked with a yes on the checklist form.
- No Grade: Failure to complete and submit the Mental Status Exam WBA checklist form within two weeks after the clerkship has ended.

Instructions for locating and submitting the WBA Forms:

Step 1 Log on to D2L at https://D2L.msu.edu
Step 2 Select PSC-608 Psychiatry & Behavioral Science Clerkship
Step 3 Click on “Content” at the top of the screen
Step 4 Click on “Forms”
Step 5 Complete assignments with an Attending or Resident
Step 6: Submit both forms to their WBA drop box found in Assignments under the Assessments tab in D2L.
NBME EXAM INFORMATION

Test Administration: Last Friday of the clerkship

Students will be given detailed instructions during the course on exam procedures.

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 4-week clerkship, starting no later than 10:30 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. These will help students in the basic format and timing of the NBME style of vignettes and questions. Information about these tests can be found at the below link.

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

Students will have to create an NBME login to purchase these exams if they so choose.

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

It is still to be determined if students will be completing the exams in person or via virtual proctoring with zoom. Information will be communicated to students once confirmed via the NBME and the formats allowed for this upcoming academic year.

Students must arrive to the exam location by the stated time in the instructions e-mail. The start time could be different depending on location and rotation. All Exams will start no later than 10:30 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: \(\geq 87\)
- Pass: \(\geq 70\)
- ET: \(\leq 69\)
- No Grade: Failure to pass on 2\textsuperscript{nd} attempt

**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 65 or below they will be required to meet with the local Clerkship Director or Instructor of Record 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.
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

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

➢ **Honors**: Students must receive all Meets Expectations or above in the subcategories and Meets or Exceeds Expectations in the overall category.

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

STUDENT EVALUATION OF THE ROTATION

Students are required to complete a Student Evaluation of the rotation at the completion of every rotation. Students must complete this by 11:59 pm the last day of the clerkship in order to be honor’s eligible in the rotation. A grade cannot be entered for the course until all requirements of the course have been met.
ROTATION EVALUATIONS

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

Students should actively 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.

Students should keep a copy of the evaluation and leave the original with the Medical Education Office at the clinical training site where that office will review, sign, and forward the completed form to the COM Clerkship Team. Any evidence of tampering or modification while in the possession of the student will be considered “unprofessional behavior” and will be referred to the MSUCOM Spartan Committee Clearinghouse for resolution, per MSUCOM’s Common Ground Framework for Professional Conduct or to the Committee on Student Evaluation (COSE).

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

Student Evaluation of Clerkship Rotation
Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing their online evaluation system at:

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

Unsatisfactory Clinical Performance
The Instructor of Record and/or the Assistant Dean for Clerkship Education will review/investigate a student’s performance on a rotation when a concern is raised by the supervisor(s), and when the Attending Evaluation of Clerkship Student contains any below expectation marks within the professionalism area, any unsatisfactory written comments, or a total of two or more below average marks on the evaluation.

Professionalism concerns, as well as accolades, will also be referred to the MSUCOM Spartan Committee Clearinghouse for resolution, per MSUCOM’s Common Ground Framework for Professional Conduct.

BASE HOSPITAL REQUIREMENTS
Students are responsible for completing all additional requirements set by the hospital/clinical site in which the student is completing the rotation. Students are not responsible for reporting results of requirements outside the ones listed above to the college.
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 base hospital or college, must always also be worn. 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 reflect Michigan State University and the College.

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.

MSU COLLEGE OF OSTEOPATHIC MEDICINE STANDARD POLICIES

The following are standard MSUCOM policies across all Clerkship rotations.

ATTENDANCE POLICY

OVERVIEW
Michigan State University College of Osteopathic Medicine (MSUCOM) requires student participation in clerkship rotations and clinical activities with consistent attendance to acquire the skills and knowledge that are necessary for successful program completion. Students are expected to take minimal time off outside of vacations already appearing in schedules and should only request time off in the rare events and circumstances outlined below.

Specific courses may have additional absence requirements from this general clerkship policy, and it is the student’s responsibility to adhere to these requirements according to the respective course syllabus.

GENERAL POLICY
• All absences from rotations must be excused absences obtained by completing the Clerkship Program Excused Absence Request Form.
Appropriate signatures must be obtained from both the attending physician and the student coordinator at the rotation site.

- MSUCOM Assistant Dean for Clerkship Education must approve absences for prolonged illnesses, bereavement, research presentations/conferences, or absences exceeding the maximum time off any one rotation.
- Once appropriate approval signatures are obtained, forms should be maintained for your records in the event they are requested or required at a later date.

- **Unexcused absences** are absences taken without the proper completion of the *Clerkship Program Excused Absence Request Form*, or absences outside of those listed in the Clerkship Attendance Policy. Unexcused absences are considered unprofessional and will result in a report to the Spartan Community Clearing House and/or the MSUCOM Committee on Student Evaluation (COSE).

<table>
<thead>
<tr>
<th>Length of rotation</th>
<th>Maximum number of days off</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 weeks</td>
<td>2 days</td>
</tr>
<tr>
<td>2 weeks</td>
<td>0 days</td>
</tr>
</tbody>
</table>

Should an absence exceed these limits, the student is responsible for requesting additional days from the Assistant Dean for Clerkship Education via email (com.clerkship@msu.edu) prior to the absence.

**Exception for residency interviews from October to January in Year 4 only**

A fourth-year student may be absent a total of 4 days on any 4-week rotation, or 2 days on any 2-week rotation during the months of October-January during Year 4 for interview purposes only. If interview absences exceed these totals, the student must request additional days off from the MSUCOM Instructor of Record (IOR) for the course/rotation by submitting a *Clerkship Program Excused Absence Request Form* to the Course Assistant (CA). Contact information for the IOR and CA are found on the first page of the respective MSUCOM course syllabus.
<table>
<thead>
<tr>
<th>Absence Type</th>
<th>Qualifications</th>
<th>Maximum number of days off</th>
<th>Details</th>
<th>Required Approval from Assistant Dean for Clerkship Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Day</td>
<td>Illness&lt;br&gt;Medical/Dental appointments&lt;br&gt;Wedding, family graduations (additional reasons must be discussed with the Asst Dean for Clerkship Education prior to request)</td>
<td>5 total days per year (individual events must comply with the max of 2 days off any 4-week rotation)</td>
<td>Vacations must be planned during allotted vacation time in schedule. Vacations are not acceptable personal day absences.</td>
<td>No</td>
</tr>
<tr>
<td>Jury Duty</td>
<td>Court documentation must accompany the Clerkship Program Absence Request Form.</td>
<td>N/A</td>
<td>Jury duty, when obligated, is not considered a personal day absence</td>
<td>Yes</td>
</tr>
<tr>
<td>Hospital-organized community events</td>
<td>Example: Special Olympic Physicals</td>
<td>N/A</td>
<td>These events would be considered part of the rotation and not a personal day absence.</td>
<td>No</td>
</tr>
<tr>
<td>Examination</td>
<td>COMLEX USA Level 2&lt;br&gt;CE/USMLE Step 2&lt;br&gt;CK/Canadian MCCEE</td>
<td>1 day</td>
<td>Students should be reporting to rotation before/after examination</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>COMAT/NBME shelf examinations</td>
<td>Time required to complete exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference/Research Presentation</td>
<td>Research presentation on core rotation</td>
<td>Travel and presentation time only</td>
<td>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. Required for request to Asst Dean for Clerkship Education; conference agenda, location, date of presentation, invitation, or confirmation of presentation by conference staff, proposed dates of absence.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Conference or research presentation while on an elective rotation</td>
<td>3 days on a 4-week elective rotation</td>
<td>Student must submit Clerkship Program Excused Absence Request Form and copy of conference agenda to the Assistant Dean for Clerkship Education to attend one (1) professional meeting on a 4-week rotation. Students cannot miss rotation days for a conference during a 2-week elective rotation.</td>
<td>Yes</td>
</tr>
<tr>
<td>Prolonged Illness, Bereavement, Maternity Leave</td>
<td>Medical related absence or bereavement</td>
<td>TBD</td>
<td>Students-contact the Assistant Dean for Clerkship Education to discuss time off rotations</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Clerkship Program Excused Absence Request Forms**: Once appropriate approval signatures are obtained; forms should be maintained for your records in the event they are requested or required at a later date.
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 student’s demonstrated ability
- The student’s 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 is 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.

STUDENT 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.

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.

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 to maintain a proper working relationship between trainer and trainee.

**COURSE GRADES**

**H/Honors** – A grade of honors will be designated to students demonstrating outstanding clinical, professional, and academic performance in certain core rotations. Criteria for achieving honors in a core rotation will be determined by the Instructor of Record and will be listed in the course syllabi. While Honors designation will be awarded to students meeting the criteria in the syllabi of the above courses, 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 by the department according to the student’s didactic and clinical performance.

**ET/Extended Grade** – means that a final grade (‘Pass’ or ‘No Grade’) cannot be determined due to one or more missing course requirements. The ET grade will be changed to a final grade once all the completed course requirements have been submitted to and processed by MSUCOM (either to the department or Clerkship Team). An ‘ET’ grade will NOT remain on a student’s transcript.

**N/No Grade** – means that no credit is granted, and that the student did not achieve a level of performance judged to be satisfactory by the department according to the student’s didactic and clinical performance.

**N Grade Policy**

Students who fail this rotation will have to repeat the entire rotation and fulfill all (clinical and academic) requirements.

**STUDENT EXPOSURE PROCEDURE**

A form has been developed by the University Physician to report incidents of exposure, e.g. needle sticks, mucous membrane exposure, tuberculosis exposure, etc., and may be found on the Clerkship Medical Education page of the MSUCOM website [here](https://com.msu.edu/current-students/clerkship-medical-education).

Contact Assistant Dean for Clerkship Education, Dr. Susan Enright, if exposure incident occurs: enright4@msu.edu.
STUDENT VISA
Michigan State University is committed to providing equal opportunity for participation in all programs, services, and activities. Requests for accommodations by persons with disabilities may be made by contacting the Resource Center for Persons with Disabilities (RCPD) at 517-884-RCPD, or on the web at www.rcpd.msu.edu Once a student’s eligibility for (clinical and/or testing) accommodation has been determined, the student may be issued a Verified Individualized Services and Accommodations (VISA) form. Students must present this VISA form to the Clerkship Team (COM.Clerkship@msu.edu), A-332 East Fee Hall, at the start of the semester in which they intend to use their accommodations (for tests, projects, labs, etc.). Accommodation requests received after this date will be honored whenever possible.

If updates or modifications to an existing VISA form are made after the semester begins, it is the responsibility of the student to submit an updated version to the Clerkship Team if he or she intends to use the new accommodation going forward.
# STUDENT EXPERIENCE LOG (SEL)

## College of Osteopathic Medicine
### MICHIGAN STATE UNIVERSITY

## Student Experience Log
### PSC 608 Psychiatry

### Mid Rotation Evaluation

<table>
<thead>
<tr>
<th>Date of Evaluation:</th>
<th>Attending Signature:</th>
</tr>
</thead>
</table>

**Attending Printed Name:**

**Areas of Strength:**

**Areas of Improvement:**

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 Criteria. One may only utilize a patient twice in total to meet the Diagnoses and/or Procedure Requirements. Examples: DD under Anxiety disorder and Mood Disorders, or DD under Mood Stabilizers and Antidepressants, or DD under Mood Disorders and Mood Stabilizers.

### Skills/Treatment requirements

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

(*) May be met by viewing an 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:

- ...

- ...

- ...

- ...

- ...

- ...

**Comments:**

**Attending Signature:** (Verifying Content of Logs)
# SUMMARY OF GRADING REQUIREMENTS

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Submission Method</th>
<th>Honors Designation</th>
<th>Pass</th>
<th>Extended Grade</th>
<th>No Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Experience Log</td>
<td>Drop Box in D2L</td>
<td>Meet the Pass Requirement</td>
<td>Complete and upload paper form to D2L drop box <strong>by 11:59 pm the Last scheduled day</strong> of the Clerkship</td>
<td>Failure to complete and upload the form <strong>by 11:59 pm the Last scheduled day</strong> of the Clerkship</td>
<td>Failure to complete and submit the form within two weeks after the clerkship has ended</td>
</tr>
<tr>
<td>Online Modules and Online Modules Quiz</td>
<td>Viewed in their entirety, taken, and submitted through D2L.</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 of the rotation.</strong></td>
<td>Watch all modules in their entirety and pass the quiz with a <strong>70% or greater in five attempts by 5 pm the last Thursday of the rotation.</strong></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 70% or greater by 5 pm on the Last Friday of the clerkship</td>
</tr>
<tr>
<td>Diagnostic Dilemmas and Diagnostic Dilemmas Quiz</td>
<td>Viewed in their entirety, taken, and submitted through D2L.</td>
<td>Watch all videos in their entirety and Pass the quiz with an <strong>80% or greater in two attempts by 8 am the last Monday of the rotation.</strong></td>
<td>Watch all videos in their entirety and pass the quiz with a <strong>70% or greater in five attempts by 5 pm the last Thursday of the rotation.</strong></td>
<td>Will stand as the conditional grade until all requirements of this rotation are met</td>
<td>Failure to watch the videos and/or pass the quiz with a 70% or greater by 5 pm on the Last Friday of the clerkship</td>
</tr>
<tr>
<td>Requirement</td>
<td>Submission Method</td>
<td>Honors Designation</td>
<td>Pass</td>
<td>Extended Grade</td>
<td>No Grade</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
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<td>----------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Performance Based Assessment (PBA)</td>
<td>Drop Box in D2L</td>
<td>Obtain an overall score ≥ 55 on the first attempt</td>
<td>Obtain an overall score ≥ 36 on the first or second attempt. Minimum passing scores for each section are Section 1: 9, Section 2: 15, Section 3: 12</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>Workplace Based Assessment (WBA): Suicide Risk Evaluation</td>
<td>Drop Box in D2L</td>
<td>Individual Assignment does not have honor’s eligible component.</td>
<td>Complete with a minimum of 8 out 11 categories checked yes and upload paper form to D2L drop box by 11:59 pm the Last scheduled day of the Clerkship</td>
<td>Failure to complete and upload the form by 11:59 pm the Last scheduled day of the Clerkship</td>
<td>Failure to complete and submit the form within two weeks after the clerkship has ended</td>
</tr>
<tr>
<td>Workplace Based Assessment (WBA): Mental Status Exam</td>
<td>Drop Box in D2L</td>
<td>Individual Assignment does not have honor’s eligible component.</td>
<td>Complete with a minimum of 5 out 6 categories checked yes and upload paper form to D2L drop box by 11:59 pm the Last scheduled day of the Clerkship</td>
<td>Failure to complete and upload the form by 11:59 pm the Last scheduled day of the Clerkship</td>
<td>Failure to complete and submit the form within two weeks after the clerkship has ended</td>
</tr>
<tr>
<td>Requirement</td>
<td>Submission Method</td>
<td>Honors Designation</td>
<td>Pass</td>
<td>Extended Grade</td>
<td>No Grade</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>NBME Shelf Exam</td>
<td>NBME Secure Website</td>
<td><strong>STUDENT MUST MEET ALL REQUIREMENTS BELOW TO OBTAIN AN OVERALL HONORS IN THE COURSE</strong></td>
<td><strong>STUDENT MUST MEET ALL REQUIREMENTS BELOW TO OBTAIN AN OVERALL PASS</strong></td>
<td><strong>ANY ITEM(S) BELOW COULD RESULT IN A NO GRADE FOR THE COURSE</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Score ≥ 87 on the first attempt</td>
<td>Score ≥ 70 in two attempts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Clerkship Rotation</td>
<td>Drop Box in D2L preferred or via the Clerkship Office</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>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Evaluation of the Rotation</td>
<td>Submitted through Kobiljak</td>
<td>Students must complete and submit by 11:59 pm the last scheduled day of the clerkship</td>
<td>Must be completed for a grade to be received in the course per MSU COM Policy</td>
<td>Will stand as the conditional grade until all requirements of this rotation are met</td>
<td>N/A</td>
</tr>
</tbody>
</table>
**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></th>
<th>Poor</th>
<th>Fair</th>
<th>Acceptable</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> 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.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

| **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 |

<table>
<thead>
<tr>
<th><strong>C</strong> Opening/Session Management/Closure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Opening:</strong> Introduces self, uses patient’s name, discusses the purpose, time frame, etc.</td>
</tr>
<tr>
<td>• <strong>Session Management:</strong> 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.</td>
</tr>
<tr>
<td>• <strong>Closure:</strong> 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.</td>
</tr>
</tbody>
</table>

### PART II DATA COLLECTION SKILLS

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Fair</th>
<th>Acceptable</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> Data to Make a Diagnosis:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms: Adequately characterizes the presenting complaint and explores other relevant symptoms.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Depression profile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Anxiety profile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Mania profile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Psychosis profile</td>
<td></td>
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</tr>
<tr>
<td><strong>Course Parameters:</strong> Onset/duration, daily, diurnal variation, seasonal variation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Relevant Past History:</strong> Psychiatric, substance use, medical, family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

| **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 |

<table>
<thead>
<tr>
<th><strong>C</strong> Data to Guide Treatment Planning:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medication Tried: Names, dose, duration, benefit, side effects.</td>
</tr>
<tr>
<td>• Psychotherapy: With whom, type, # sessions/duration, focus, helpful.</td>
</tr>
<tr>
<td>• Other: Compliance history, self-help.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>D</strong> Data to Help Understand the Patient as a Person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Current:</strong> Age, marital/partner status, sexual orientation/identity, # of children, living arrangement, work, interests, supports, coping skills.</td>
</tr>
<tr>
<td>• <strong>Relevant Background</strong></td>
</tr>
</tbody>
</table>
Cognitive Mental Status Exam: Relevant and technically correct use of: orientation, attention/concentration, memory, thought content, thought process, language, abstraction, judgment.

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 /20

PERFORMANCE-BASED ASSESSMENT SCORING SUMMARY

<table>
<thead>
<tr>
<th>Part</th>
<th>Communication Skills</th>
<th>Data Collection Skills</th>
<th>Presentation and Case Discussion</th>
<th>Total Possible</th>
<th>Passing Score</th>
<th>Student Score</th>
<th>Pass?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART I</td>
<td>15</td>
<td>9</td>
<td>12</td>
<td>20</td>
<td><strong>The student must pass all three parts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PART II</td>
<td>25</td>
<td>15</td>
<td>12</td>
<td>60</td>
<td>*</td>
<td></td>
<td></td>
</tr>
</tbody>
</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.

__________________________________________________________________________
Signature of Student

__________________________________________________________________________
Community Clerkship Director/IOR

__________________________________________________________________________
Psychiatry Clerkship Administrator

__________________________________________________________________________
Signature of Student

__________________________________________________________________________
Community Clerkship Director/IOR

__________________________________________________________________________
Psychiatry Clerkship Administrator

