Michigan State University

College of Osteopathic Medicine
(MSUCOM)

Department of Psychiatry

Psychiatry Clerkship Syllabus
Required 3rd year Clerkship
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Introduction

Goals of the Psychiatry Clerkship

The MSU Psychiatry Clerkship is a four week required experience for third year College of Human Medicine and 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. CHM students may also participate in a formative PF-SIMS experience during their clerkship.

Our goal is to offer students from both colleges 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.

Clinical Skills

History, Examination and Medical Interviewing

1. Elicit and accurately document a complete psychiatric history, including the identifying data, chief complaint, history of the present illness, past psychiatric history; medications (psychotropic and non-psychotropic), general medical history, review of systems, developmental history, substance abuse history, family history, and social history; use multiple sources of data.
2. Recognize physical signs and symptoms that accompany classic psychiatric disorders (e.g., tachycardia and hyperventilation in panic disorder) and psychiatric manifestations of medical illness; recognize the possible physical effects of psychotropic drugs (i.e., medications and drugs of abuse).
3. Perform and accurately describe the components of the comprehensive Mental Status Examination (including general appearance and behavior, motor activity, speech, affect, mood, thought processes, thought content, perception, sensorium and cognition, abstraction, intellect, judgment, and insight with special attention paid to safety, including suicidality and homicidality, and screening for psychotic symptoms. For each category of the Mental Status Exam, list common abnormalities and their common
4. Demonstrate an effective repertoire of interviewing skills, which range from strategies for challenging interviews to sensitivity to the individual patient, including avoidance of stigmatization and awareness of cultural differences and health disparities.

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

Documentation and Communication

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

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

Clinical Reasoning and Differential Diagnosis

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

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

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

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

Assessment of Psychiatric Emergencies

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

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

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

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

5. Be able to evaluate need for psychiatric hospitalization and understand appropriate level of care.

Psychopathology and Disease

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

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

Substance Abuse Disorders

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

Psychotic Disorders

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

Mood Disorders

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

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

Personality Disorders

1. Recognize common, persistent maladaptive behaviors.
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 and cognitive behavioral therapy (CBT) for psychiatric illness.

Multidisciplinary Collaboration with Consultants

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

Medical-Legal Issues in Psychiatry

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

OPP Objectives for Clinical Clerkships: Psychiatry Specific Objectives:

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

In the Psychiatry Clerkship, students are required to:

- Attend assigned time at either or both inpatient and outpatient experiences and be assessed on his/her clinical skills as well as his/her interactions with a variety of individuals on the clerkship.
- Complete 100% of the objectives presented in the log.
- View required on-line modules and pass the cumulative quiz.
- Interview, evaluate and present on a patient with a mental disorder (PBA).
- Pass the NBME Psychiatry Clerkship Shelf Examination.

Procedure Requirements

Exposure to ECT during the rotation is required if available. If not clinically available, the student is required to watch two URL links on ECT available in our psychiatry modules.

Suggested Study Resources and Recommended Text


Recommended Websites:
1. [http://www.nbme.org](http://www.nbme.org)
2. [www.mghcme.org](http://www.mghcme.org)
3. [www.neiglobal.com](http://www.neiglobal.com)
Medical Student On-line Modules

The Psychiatry Clerkship has developed clerkship modules for each of the key areas covered during your rotation. Each module contains a brief lecture by one of our MSU Psychiatry Faculty. In addition, each module contains one or more URL links to video examples of the content discussed in lecture.

<table>
<thead>
<tr>
<th>Folder Topic</th>
<th>Lecture</th>
<th>Interactive materials</th>
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<tr>
<td>Mental Status Exam</td>
<td>Mental Status Exam</td>
<td>Mental Status Exam <a href="http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf">http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf</a></td>
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<td>Risk Assessment</td>
<td>Suicide/Homicide</td>
<td></td>
</tr>
<tr>
<td>Psychotic Disorders</td>
<td>Psychotic Disorders</td>
<td>What’s it like to experience Schizophrenic symptoms? <a href="http://www.youtube.com/watch?v=qb8wQiwVa2g">http://www.youtube.com/watch?v=qb8wQiwVa2g</a></td>
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<td>Depressive Disorders</td>
<td>Depression and Self-Harm <a href="http://flexiblelearning.auckland.ac.nz/4Psych/14_6.html">http://flexiblelearning.auckland.ac.nz/4Psych/14_6.html</a></td>
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<tr>
<td>Psychopharmacology</td>
<td>Psychopharmacology</td>
<td></td>
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<tr>
<td>Cognitive Behavioral Psychotherapy</td>
<td>Cognitive Behavioral Therapy</td>
<td>Modifying Automatic Thoughts <a href="http://www.youtube.com/watch?v=a0YyCyGlS8Re">http://www.youtube.com/watch?v=a0YyCyGlS8Re</a></td>
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<td>Personality Disorders</td>
<td></td>
<td>Self-Learning Module: Personality Disorders (M. Klapheke) <a href="http://www.admsep.org/SLM-Personality-Disorders-April-2012/csi-Personality-Disorders.php">http://www.admsep.org/SLM-Personality-Disorders-April-2012/csi-Personality-Disorders.php</a></td>
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<tr>
<td>Addiction</td>
<td>Addiction</td>
<td>Substance Abuse Disorder <a href="http://flexiblelearning.auckland.ac.nz/4Psych/14_2.html">http://flexiblelearning.auckland.ac.nz/4Psych/14_2.html</a></td>
</tr>
<tr>
<td>Dementia and Delirium</td>
<td>Dementia and Delirium</td>
<td>A Case Study of Dementia: Self-Learning Module (M. Klapheke) <a href="http://www.admsep.org/Dementia-April-2012/csi-Dementia.php">http://www.admsep.org/Dementia-April-2012/csi-Dementia.php</a></td>
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<tr>
<td>Electroconvulsive Therapy</td>
<td>ECT</td>
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</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.youtube.com/watch?v=zjY113Relzb">http://www.youtube.com/watch?v=zjY113Relzb</a></td>
</tr>
</tbody>
</table>

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

Week 1  Mental Status Exam, Risk Assessment, Psychotic Disorders, Depressive Disorders
Week 2  Bipolar Disorders, Anxiety Disorders, Psychopharmacology, Cognitive Behavioral Psychotherapy
Week 3  Personality Disorders, Addiction, Dementia and Delirium
Week 4  Electroconvulsive Therapy

**Grading:** After completing all of the modules and viewing the interactive materials and lectures, the student will take an online quiz on ANGEL. Students must receive a score of 70% on the online module quiz in order to pass the clerkship. The quiz must be completed prior to the last day of the clerkship in order to receive credit for the experience. Verification of lecture viewing will be done to assure students have seen each lecture.
Remediation: The Community Clerkship Director will be contacted and a remedial assignment will be arranged.

Instruction for logging on to Angel to complete the on-line modules and quiz:

Step 1 Log on to Angel at https://angel.msu.edu
Step 2 Select PSC-608 Psychiatry & Behav Sci Clkshp for your community
Step 3 Click on “Lessons” at the top of the screen
Step 4 Click on “On-Line Modules”
Step 5 View modules each week as recommended above
Step 6 After viewing all modules, complete the quiz
Step 7 The Department of Psychiatry Student Medical Education Office will monitor the student’s completion of each of the modules and quiz and will notify Community Clerkship Directors if students have not satisfactorily completed the assignment.

Student Attire and Etiquette

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

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

Student Responsibilities Regarding Patient Supervision

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

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

a) Appropriate informed consent must be obtained and documented. No procedure should be attempted by the medical student unless s/he is given permission to do so by a physician responsible for the patient.

b) If a student does not feel capable, then s/he must not undertake performance of the procedure without further instruction and direct supervision.

c) If the student is not known by the patient, the student should properly identify her/himself to the patient.
d) If the medical student is not successful in the performance of a procedure within the reasonable amount of time or without undue discomfort to the patient, the medical student must withdraw and notify the supervising physician.

e) It is the responsibility of the medical student to cease and desist from the performance of any procedure at the direction of any nurse responsible for that patient, if that nurse has reasonable cause to ask the student to cease and desist. The supervising physician should be notified promptly of any such action.

Clerkship Attendance

Attendance at all scheduled Psychiatry Clerkship activities is mandatory. If a student is unable to be present for scheduled clerkship activities because of extenuating circumstances, the student is required to complete a COM Excused Absence Request form. In all cases except for emergencies and sudden illness, requests for scheduled absences are to be submitted at least 30 days prior to the date(s) of absence. Absences are not approved until the form is signed by the community clerkship director. Once approved, the student is required to notify their preceptor. Failure to complete this form and obtain required signatures will result in an unexcused absence from the clerkship. Unexcused absences are considered unprofessional behaviors and will be noted as a mark of unprofessionalism on the student’s performance evaluation. Unprofessional behavior may lead to failure of the clerkship. Should a student miss more than 2.5 (excused or unexcused) days from the 4 week clerkship, the student may be subject to repeating the clerkship. Absences must be made up by the student unless the absence is a mandatory university activity. Makeup experience will be determined by the clerkship director but could include additional clinical days or written assignments. If a student has an emergency absence, at the time of the absence the student must notify the community clerkship assistant as well as their preceptor. The absence request form must be submitted to the clerkship director upon the students return to the clerkship. NOTE: Students cannot be absent the first or last calendar day of the Psychiatry Clerkship rotation – requests to be absent will be denied for these days.

Psychiatry Clerkship Orientation

All Psychiatry Clerkships begin with a clerkship orientation. In person attendance at orientation is mandatory for students based in Flint, Kalamazoo, Lansing and Traverse City. Students based in Bay City, Coldwater, Detroit, Grand Rapids and Jackson are required to do a mandatory on-line orientation. This should be completed prior to the first day of the clerkship. Bay City, Coldwater, Detroit, Grand Rapids and Jackson students will report on the first day, as directed by your hospital schedules. Any absence from in person attendance or non-compliance of the on-line orientation prior to the first day will be considered unprofessional behavior and will result in a mark of unprofessionalism in the student’s clinical performance evaluation. Unprofessional behavior may lead to failure of the clerkship.

Scheduling COMLEX Exams

The student must take every measure to schedule COMLEX exams when they are not on the Psychiatry Clerkship. Students are asked to check their calendars to confirm there are no conflicts. If, however, the scheduling of COMLEX exams cannot be avoided during the Psychiatry Clerkship, the student must contact the clerkship director prior to scheduling the exam. The Psychiatry Clerkship is an intense full rotation and attendance at all clerkship activities is mandatory. If approval is granted, the student may still not be absent more than 2.5 excused days from the 4-week clerkship.

MSU EMAIL

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

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

Each student’s clinical performance will be assessed on his/her clinical skills as well as his/her interactions with a variety of individuals on the clerkship. Any information (either in writing or orally) provided by individuals who have interacted with the student on the clerkship (e.g., staff, nurses, residents, patients or their families, etc) may be used in the final clerkship performance evaluation.

The preceptors will evaluate the student’s performance based on four categories, 1) Interactions with Patients, 2) Data Collection and Assessment, 3) Professional Behavior, and 4) Learning and Knowledge. *(A sample evaluation form can be found at the end of this document).*

**Grading:** Performance will be rated using the following guidelines for each of the four categories listed above:

- Rating of 7 – 9 = “Superior”
- Rating of 4-6 = “At Expected Level”
- Rating Less than 4 = “ Unsatisfactory” *(a score below 4 in any area will be investigated and, if substantiated, the student will fail).*

**Honors Eligibility:** Student must have an overall rating of 7.0 or higher. *(Limited to MSU community approved clerkships).*

**Remediation:** Remediation will be specified by the Clerkship Director and reviewed by the Director of Medical Student Education. If a student has passed all other components of the clerkship, remediation will be limited to the clinical portion of the clerkship.
**Logs:** The log is one form of evaluation in the Psychiatry Clerkship used to assess expected knowledge and skills. Medical students complete their logs to assess their exposure to psychiatry diagnoses and procedures. Each student is expected to complete 100% of the objectives as presented in the log.

<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., dementia, delirium)</td>
<td>2</td>
<td>Second Generation Antipsychotics</td>
<td>6</td>
</tr>
<tr>
<td>Psychotic Disorders (i.e. schizophrenia, mood disorder with psychosis, drug induced psychotic disorder, psychosis secondary to dementia or delirium)</td>
<td>4</td>
<td>Antidepressants</td>
<td>6</td>
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<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>
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<tr>
<td>Substance Use Disorders (i.e., alcohol, opioid, benzodiazepine, cocaine abuse or dependence)</td>
<td>2</td>
<td>Mood Stabilizers</td>
<td>6</td>
</tr>
<tr>
<td>Personality Disorder (i.e. borderline)</td>
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<td>Cognitive Behavioral Therapy*</td>
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<tr>
<td></td>
<td></td>
<td>Supportive Therapy+</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 video.

+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.

**Grading:** Each area in the log must be verified by a clinical educator in order to receive a pass grade. For COM students, faculty/preceptor verification of patient encounters and procedures is done via the worksheet on the back of this form (see below) for each encounter.

**Remediation:** If the student is unable to complete all of the objectives in the logbook during the course of the clerkship, the community clerkship director will review deficiencies with the student. Suggestions will be made to meet requirements. If remediation is not adequately completed, an ET grade will be issued for COM students.
# Diagnosis/Disorder Work Sheet

Enter Patient Initials

<table>
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<tr>
<th>Disorder</th>
<th>Count</th>
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<td>Substance Use Disorders (2)</td>
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# Procedures/Treatment Work Sheet

Enter Patient Initials

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<td>Anxiolytics (6)</td>
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<tr>
<td>Mood Stabilizers (6)</td>
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<tr>
<td>Cognitive Behavioral Therapy (1*)</td>
<td></td>
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<tr>
<td>Supportive Therapy (4+)</td>
<td></td>
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<tr>
<td>Electroconvulsive Therapy (ECT) (1*)</td>
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</tbody>
</table>

*May be met by viewing video*

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*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.*
Performance-Based Assessment (PBA) – Observed Interview

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

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

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 (sample evaluation form can be found at the end of this document).**

**Grading:** A passing grade must be achieved in all three competencies. Maximum score for Part I Communication Skills is 9. The minimum score to pass is 6. Maximum score for Part II Data Collection Skills is 15. The minimum score to pass is 10. Maximum score for Part III Presentation and Case Discussion is 12. The minimum score to pass is 8. The student must pass all three parts. Total score to qualify for a pass is 24 of 36 possible points.

**Honors:** To qualify for honors, the student must receive a passing grade in all areas on the first attempt.

**Remediation:** An unsatisfactory rating requires repeating the PBA.
Performance-Based Assessment (PBA) Protocol

1. **Advance Notice:** Students will be informed of this requirement and exercise during the clerkship orientation. They will be given a copy of this Protocol, the General Information sheet, and the Evaluation form.

2. **Patient Selection:** The patient chosen for this exercise should be unfamiliar 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. Due to the time limitation, the very complex/diagnostically difficult patient should be avoided.

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 preceptor will then ask the student to make an oral presentation of the following: a) a brief case summary, b) a mental status exam, c) a differential diagnosis, d) a formulation, and e) 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.

6. **Upgrading an “Inadequate” Part III Score:** If the preceptor marked any of the student’s Part III subsections A-E as “inadequate,” the preceptor should ask the student questions to test his/her knowledge of that area. For example, if the student neglected to present the results of the cognitive exam, the preceptor should ask the student to do so; if the student’s response is satisfactory, the preceptor may upgrade the student’s section III-G score from “Inadequate” to “Adequate with query.”

7. **Final Score:** The student must have a passing score for each part (I-Communication Skills, II-Data Collection, and III-Presentation and Case Discussion) in order to successfully pass the exercise. If two faculty members precept the session, they should meet and come to a consensus score.

8. **Failure/Retest:** If a student fails to pass the exercise, a recommendation for remedial work will be made, and the student will be retested. The retest will follow the same format as the initial session; except that either 1) two faculty members will precept the session or 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.
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 100 multiple-choice questions that is returned to the NBME for scoring.

After instructions are given, students are given 2 hours and 30 minutes to complete the exam. Exam scores will be provided the next business week following the end of the clerkship.

In the welcome letter email, students are notified of the date, time and location of the final exam. This information is reiterated verbally during clerkship orientation. Any room or scheduling changes will be communicated to students in writing as they occur. All final written exams will be administered in all communities on the last day of the clerkship, starting no later than 9:30 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.

The examination will start on time and begin with the reading of directions for the examination, and admission to the exam will not be allowed during the reading of directions. Students 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.

Any unexcused absence from the scheduled NBME shelf exam or make-up exam will result in an automatic “N” grade for the clerkship. Additionally, students with an unexcused absence for a scheduled NBME shelf exam or make-up exam will be required to pay any additional fees associated with ordering another NBME exam. Once a makeup examination date is scheduled, it cannot be revised by the student.

**Grading:** A score of 62 is required to pass. A score of less than 62 is a failure and an ET grade will be issued.

**Honors:** A score of 80 is required to be eligible for honors.

**Remediation:** If a student receives less than 62 on the NBME examination, a remediation examination will be scheduled. A score of 62 on the remediation exam is required to earn a Pass grade. If the remediation examination is failed the student will receive an “N” grade and will be required to repeat the entire four-week psychiatry clerkship.

*Please note: All students must be available until 5:00 pm on the last Friday of the clerkship.*
Grading Criteria

The Psychiatry Clerkship grades are assigned in accordance with established College policy. Upon completion of the scheduled clerkship the student will be assigned a grade of Pass (P), No Pass (N), Extension (ET), or No Grade Reported (NGR).

1. **Pass (P) Grade**

   The Pass grade (P) is given when the student has met or exceeded all of the criteria of the course.

2. **No Pass (N) Grade**

   The No Pass (N) grade is given when the student fails to meet all the criteria of the course.

3. **Extended (ET) Marker**

   The University-approved Extended (ET) marker is given to students only in courses specifically approved by the University Committee on Curriculum. Approval requires specification of the time period within which work must be completed. Courses that involve field experience or thesis work and courses in which work normally extends beyond one semester are the types of courses normally considered.

4. **No Grade Reported (NGR) Marker**

   The No Grade Reported (NGR) marker: The NGR (No Grade Reported) marker is automatically recorded by the University records system when student grades are not reported within five days of the end of the course. As soon as grades are submitted and recorded by the department, the NGR marker is erased and does not appear in the updated student record or on printed transcripts. Because the process of compiling the Final Clerkship Evaluation typically takes 3-4 weeks after the end of the clerkship, most students will receive a temporary NGR marker until their Final Clerkship Evaluation is prepared and final grade reported.

*Please note: It is the student’s responsibility to see that all clerkship requirements are completed by the last day of the clerkship. Should a student need to remediate any clerkship requirement, remediation must be done or arranged within four months after the clerkship rotation ends or the student could receive an N grade and have to repeat the clerkship rotation.*
Criteria for Passing the Psychiatry Clerkship

- Successful completion of all portions of the clerkship.
- Satisfactory numerical ratings between 4.0 – 6.0 on the Clinical Performance Evaluation (CPE).
- Completes 100% of objectives presented in the log in a timely manner.
- Completion of all on-line modules and quiz.
- Successful completion of the Performance-Based Assessment (PBA).
- Receives a score of 62 or better on the NBME shelf examination.

Criteria for Honoring the Psychiatry Clerkship

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

- Successful completion of all portions of the clerkship as outlined above plus:
- Attain an average numerical rating of 7.0 or above on the Clinical Performance Evaluation (CPE).
- Pass the Performance-Based Assessment (PBA) on the first attempt.
- Receive a score of 80 or better on the NBME shelf examination.

Procedure for Appealing a Clerkship Grade

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

a. The student meets with the appropriate Community Clerkship Director to discuss his or her concerns. If the dispute is resolved to the student’s satisfaction, no further action is required.

b. If the issue is not resolved with the Community Clerkship Director, the student meets with the Lead Clerkship Director from the Psychiatry Department on the East Lansing campus. If the dispute is resolved to the student’s satisfaction, no further action is required.

c. If the issue remains unresolved, the student meets with the Department Chair. The Chair may hold a department administrative meeting with the student to seek resolution; this is not a formal hearing process.

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

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

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.
Statement of Professionalism

Preamble
The goal of the College of Osteopathic Medicine (COM) should be to create individual professionals; physicians who can access and examine critically, a reliable and extensive fund of knowledge and apply it consistently to maximize the clinical benefit of patients. COM students are expected to demonstrate academic professionalism and honesty, and to maintain the highest standards of integrity according to a code of honor that embodies a spirit of mutual trust and intellectual honesty. Michigan State University’s Medical Student Rights and Responsibilities (MSRR) document has established that medical students have certain rights and responsibilities, and affirmed that students are a party to the social trust shared by all in the university community. COM supports the policies and procedures described in this MSRR document.

COM recognizes that a code of professional behavior cannot encompass all potential issues of conduct that may arise, and that judgments regarding professional behavior are subjective thereby making it impossible to specify all behaviors deemed to be unprofessional. Students are expected to hold themselves and their peers to professional standards of behavior throughout their course of study. Included among these standards are five fundamental values of academic integrity including honesty, trust, fairness, respect and personal accountability. Codes of professional conduct as outlined in the MSRR document should be provided to COM students at the time of their enrollment in medical school and these principles should be reinforced throughout the curriculum. Students shall also be bound by the precepts of professional behavior contained within the AOA code of ethics and the institutions where they complete medical rotations.

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 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. The faculty should establish with the students when unauthorized or inappropriate use of computers, calculators and other forms of technology in course work, assignments or examinations is considered to be academic dishonesty. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course. Encouragement of group work varies greatly between disciplines, and instructors shall convey to their students the acceptable level of group work. Faculty and college/university administrators share the responsibility for developing a classroom and testing environment that discourages academic dishonesty.

Department Regulations Regarding Unprofessionalism
If a student is involved in one unprofessional incident during the four-week Psychiatry Clerkship rotation, the Director of Psychiatric Medical Education (DME) will be immediately notified by the Clerkship Director. If the incident is considered valid, the student will be notified immediately by the local Clerkship Director. The student will be told that they are receiving an unprofessional behavior citation that will be noted on the student’s clinical performance evaluation, a part of the student’s permanent file. The local clerkship director will explain the reasons for the unprofessional behavior citation and immediately work with the student to improve any behaviors considered unprofessional. Should a student receive more than one unprofessional behavior citation, the DME and Clerkship Director will discuss immediately. If the citations are appropriate, the student will be notified immediately that the student will receive an N grade for the entire rotation. Students who receive an N grade must successfully repeat the entire clerkship including all clerkship clinical work, assignments and exams in order to pass the rotation.
INSTRUCTIONS: Based on your interactions and observations, please evaluate the student’s performance in the four categories below. Expected behaviors include but are not limited to those listed for each area. **Behaviors listed would be expected of our students;** thus the majority of students should be rated between 4 and 6. **PLEASE CIRCLE NUMBER TO INDICATE YOUR RATING.** Comments on all ratings are strongly encouraged. If an item is not relevant to your contact with this student, mark N/A.

**INTERACTIONS WITH PATIENTS**
- Is respectful of patients and their needs
- Establishes cooperative working relationships appropriate to patient age and cultural background
- Assesses patient understanding
- Informs patient clearly without jargon
- Listens effectively
- Adheres to all aspects of the Osteopathic Tenants (holistic medicine, health promotion, comprehensive treatment)

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>AT Expected Level of Performance</th>
<th>Superior</th>
<th>Not Assessed</th>
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**DATA COLLECTION AND ASSESSMENT**
- An accurate and appropriate history and physical examination
- Creates relevant master problem list, including psychosocial problems
- Organizes and synthesizes available data
- Generates an appropriate assessment, including differential diagnosis
- Writes timely and appropriate chart notes
- Incorporates patient assessment into routine verbal and written work
- Appropriately monitors therapeutic plans
- Applies fund of knowledge to clinical situations

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**PROFESSIONAL BEHAVIOR**
- Cooperates and works effectively with other health care professionals
- Accepts responsibility for own actions/decisions
- Is punctual, available and reliable
- Demonstrates honesty and trustworthiness

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<thead>
<tr>
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**LEARNING/KNOWLEDGE**
- Takes initiative and acquires new information on assigned cases
- Seeks advice/input from other health professionals
- Accepts and incorporates constructive feedback
- Communicates and applies knowledge learned about patients

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PLEASE ADD ANY COMMENTS THAT FURTHER DESCRIBES THIS STUDENT’S PERFORMANCE (please use back of form if needed):

__________________________________________________________

Signature of Evaluator ___________________________ Date ____________

I spent approximately _______ hours interacting directly with this student.

RETURN this form to the student OR Fax: 517-884-6860, OR mail it directly no later than 2 weeks after the clerkship ends to:
Karen Cummings, Department of Psychiatry, Michigan State University, 965 Fee Road, Room A233B, East Lansing, MI 48824-1316
Michigan State University  
Psychiatry Clerkship  

Performance-Based Assessment (PBA): Patient Interview and Assessment Skills

Student_________________________ Community_________________________ Date_________________________

INSTRUCTIONS: 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, 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. 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.

PART I  COMMUNICATION SKILLS

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.  
   Excellent: 3  Competent: 2  Needs Work: 1  Inadequate: 0

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.  
   Excellent: 3  Competent: 2  Needs Work: 1  Inadequate: 0

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, thanks the patient. No sense of loose ends. Finishes smoothly.  
   Excellent: 3  Competent: 2  Needs Work: 1  Inadequate: 0

TOTAL PART I

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  
   Excellent: 3  Competent: 2  Needs Work: 1  Inadequate: 0
   Course Parameters: Onset/duration, daily, diurnal variation, seasonal variation. Relevant Past History: Psychiatric, substance use, medical, family history.

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.  
   Excellent: 3  Competent: 2  Needs Work: 1  Inadequate: 0

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.  
   Excellent: 3  Competent: 2  Needs Work: 1  Inadequate: 0

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  
   Excellent: 3  Competent: 2  Needs Work: 1  Inadequate: 0

E. Cognitive Mental Status Exam: Relevant and technically correct use of: orientation, attention/concentration, memory, thought content, thought process, language, abstraction, judgment.  
   Excellent: 3  Competent: 2  Needs Work: 1  Inadequate: 0
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:
   - 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.

PERFORMANCE-BASED ASSESSMENT SCORING SUMMARY

<table>
<thead>
<tr>
<th>PART I</th>
<th>COMMUNICATION SKILLS</th>
<th>Total Possible</th>
<th>Passing Score</th>
<th>Student Score</th>
<th>Pass?</th>
</tr>
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<tbody>
<tr>
<td>PART II</td>
<td>DATA COLLECTION SKILLS</td>
<td>15</td>
<td>10</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>PART III</td>
<td>PRESENTATION AND CASE DISCUSSION</td>
<td>12</td>
<td>8</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td><em><strong>The student must pass all three parts</strong></em></td>
<td>36</td>
<td>24</td>
<td>*</td>
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</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:
Michigan State University  
Psychiatry Clerkship  
College of Osteopathic Medicine (COM)  
Absence Request Form

Attendance at all scheduled Psychiatry Clerkship activities is mandatory. If a student is unable to be present for scheduled clerkship activities because of extenuating circumstances, the student is required to complete a COM Excused Absence Request form. In all cases except for emergencies and sudden illness, requests for scheduled absences are to be submitted at least 30 days prior to the date(s) of absence. Absences are not approved until the form is signed by the community clerkship director. Once approved, the student is required to notify their preceptor. Failure to complete this form and obtain required signatures will result in an unexcused absence from the clerkship. Unexcused absences are considered unprofessional behaviors and will be noted as a mark of unprofessionalism on the student’s performance evaluation. Unprofessional behavior may lead to failure of the clerkship. Should a student miss more than 2.5 (excused or unexcused) days from the 4 week clerkship, the student may be subject to repeating the clerkship. Absences must be made up by the student unless the absence is a mandatory university activity. Makeup experience will be determined by the clerkship director but could include additional clinical days or written assignments. If a student has an emergency absence, at the time of the absence the student must notify the community clerkship assistant as well as their preceptor. The absence request form must be submitted to the clerkship director upon the students return to the clerkship.

NOTE: Students cannot be absent the first or last calendar day of the Psychiatry Clerkship rotation – requests to be absent will be denied for these days.

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<tr>
<th>Student Name:</th>
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<td>Dates requesting to be absent:</td>
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<td>Reason for absence (please be specific):</td>
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<td>Student Signature: ____________________________ Date: __________</td>
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| Clerkship Directors/Coordinators: State below the remediation plan as discussed and agreed upon with the student. | |
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<tr>
<td>Clerkship Director: ____________________________ Date: <strong>/</strong>/__</td>
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<td>Psychiatry Clerkship Office: ____________________________ Date: <strong>/</strong>/__</td>
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