

PSC 608

# **Core Psychiatry & Behavioral Science Clerkship**

## **CLERKSHIP REQUIRED ROTATION (R2) SYLLABUS**

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*At Michigan State University College of Osteopathic Medicine (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.***

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## **INTRODUCTION AND OVERVIEW**

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

During the four-week experience, core didactics are provided online consisting of learning modules, lectures, and faculty updates on key psychiatric topics. All students will be required to evaluate and treat patients with basic psychiatric disorders. Psychiatric clinical experiences will be provided in a variety of settings including inpatient, outpatient, consultation liaison, and community mental health offices. 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 COMAT Psychiatry 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 use 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 the 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 Use 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 anabolicsteroids.
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 relaxationtherapies.
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.
4. Communicate and document treatment details.



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 use 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 and population health, recognize the limits of personal medical knowledge, apply EBM guidelines during practice, apply ethical and medical jurisprudence principles of patient care, outline preventative strategies across the life cycle and describe the list risk factors for psychiatric disease.

#### 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.

9. Demonstrate honest, transparent business practices.

#### 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.
3. 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

### REQUIRED STUDY RESOURCES

#### Desire 2 Learn (D2L)

Please find online content for this course in D2L (<https://d2l.msu.edu/>). Once logged in with your MSU Net ID, your course will appear on the D2L landing page. If you do not see your course on the landing page, search for the course with the following criteria, and pin it to your homepage: **PSC 608**

If you encounter any issues accessing this D2L course, please email the CA (on the title page of this syllabus).

### SUGGESTED STUDY RESOURCES

#### Recommended Texts

1. Andreasen, NC and Black DW, *Introductory Textbook of Psychiatry*, Seventh Edition, 2021, Washington, DC: American Psychiatric Press, Inc. (Reading this textbook will better prepare you for the NBME Psychiatry Clerkship Shelf Examination).  
<http://ezproxy.msu.edu/login?url=https://psychiatryonline.org/doi/book/10.1176/appi.books.9781615373758>
2. *Diagnostic and Statistical Manual of Mental Disorders, Text Revision (DSM-5-TR)*, Fifth Edition, February 2022, Washington, DC: American Psychiatric Association.

<http://ezproxy.msu.edu/login?url=https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425787>

## ROTATION REQUIREMENTS

| REQUIREMENT   | SUBMISSION METHOD   | DUE DATE<br>Please refer to D2L for actual (month/day) due dates  |
|---|---|---|
| Patient Encounter Log   | Drop Box (Assignment) in D2L                                | 11:59 pm the last scheduled day of the rotation.  |
| On-line Modules and On-Line Modules Quiz                                  | Viewed in their entirety, taken, and submitted through D2L. | 8 am the last Monday of the rotation for Honor's Eligibility.<br><br>5 pm the last Thursday of the rotation to Pass |
| Diagnostic Dilemmas: 6 unlabeled training videos with corresponding quiz. | Viewed in their entirety, taken, and submitted through D2L. | 8 am the last Monday of the rotation for Honor's Eligibility<br><br>5 pm the last Thursday of the rotation to Pass  |
| Performance Based Assessment (PBA): observed interview                    | Drop Box (Assignment) in D2L                                | 11:59 pm the last scheduled day of the rotation   |
| Workplace Based Assessments (WBA): Suicide Risk Evaluation                | Drop Box (Assignment) in D2L                                | 11:59 pm the last scheduled day of the rotation   |
| Workplace Based Assessments (WBA): Mental Status Exam                     | Drop Box (Assignment) in D2L                                | 11:59 pm the last scheduled day of the rotation   |
| COMAT Psychiatry Exam   | NBOME Secure Website  | <b>On the <u>last Friday of the 4-week clerkship.</u> Scheduled through COM Clerkship</b>                           |

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| Attending Evaluation of the Student      | Students must select their attending physician as directed within the rotation description in Medtrics. At the start of the last week of the rotation, students will need to request an evaluation in Medtrics. By requesting an attending evaluation from their assigned attending physician, the attending physician will receive an automated email link connecting them to their assigned Attending Evaluation within Medtrics. Attendings will be able to electronically access and submit the forms on behalf of their students. | Last Day of the Rotation                         |
| Student Evaluation of Clerkship Rotation | Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing the Medtrics system: <a href="https://msucom.medtricslab.com/users/login/">https://msucom.medtricslab.com/users/login/</a> . By the last week of each rotation, students will receive an automated email link connecting them to their assigned evaluation. Students can also access pending evaluations on the 'Home' or 'Evaluations' tabs within their Medtrics accounts.   | Last Day of the Rotation                         |
| MSU COM Mid-Rotation Feedback Form       | Students are to download from FORMS area under content in the D2L course. Present to an Attending or Resident to fill out at the end of week 2 and reupload to a D2L drop box (Assignment).  | 11:59 pm the last scheduled day of the rotation. |

### PATIENT ENCOUNTER 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 Rotation**

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/treatments. **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.

| Diagnosis/Disorder  | Maximum Requirements | Procedures/ Treatment            | Maximum Requirements |
|---|----------------------|----------------------------------|----------------------|
| <b>Anxiety Disorder</b><br>(i.e., panic disorder, generalized anxiety disorder, PTSD) | 3                    | First Generation Antipsychotics  | 2                    |
| <b>Cognitive Disorders</b><br>(i.e., Neurocognitive disorder, delirium)               | 2                    | Second Generation Antipsychotics | 6                    |

| Diagnosis/Disorder   | Maximum Requirements | Procedures/ Treatment         | Maximum Requirements |
|--|----------------------|-------------------------------|----------------------|
| <b>Psychotic Disorders</b><br>(i.e., schizophrenia, mood disorder w/ psychosis, drug induced psychotic disorder, psychosis secondary to Neurocognitive Disorder or delirium) | 4                    | Antidepressants               | 6                    |
| <b>Mood Disorders</b><br>(i.e., adjustment disorder with depressed mood, major depressive disorder, bipolar disorder, mood disorder secondary to general medical condition)  | 3                    | Anxiolytics                   | 6                    |
| <b>Substance Use Disorders</b> (i.e., alcohol, opioid, benzodiazepine, cocaine use disorder)   | 2                    | Mood Stabilizers              | 6                    |
| <b>Personality Disorder</b> (i.e., borderline)   | 2                    | Cognitive Behavioral Therapy* | 1                    |
|  |                      | Supportive Therapy+           | 4                    |
|  |                      | Electroconvulsive Therapy*    | 1                    |

\*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 Patient Experience Log can be found on D2L under the forms section in content or in the appendix.

### 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 day of the rotation.
- **NGR:** 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 rotation has ended.

### Corrective Action

- **NGR:** 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 rotation.**

The Psychiatry Clerkship has developed clerkship modules for each of the key areas covered during your rotation. Each module was developed by one of our MSU Psychiatry Faculty or a member of the Association of Directors in Medical Student Education in Psychiatry (ADMSEP), aside from the ECT video. They contain a mix of videos, text, and multiple-choice questions. Please see below for a complete list of the Module topics. Upon completion of viewing the On-line modules in their entirety students will be required to take the On-Line Modules quiz through D2L. Students are expected to complete viewing of these modules one at a time, devoting approximately 20 minutes or more to each module, aside from the short ECT video. Clicking on multiple modules links within a short period of time (total time for on-line modules task is approximately 6 or more hours) will not meet the requirement for completion of the on-line modules. 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. One at a time, approximately 20 minutes per module
4. Do not open multiple modules up at the same time in multiple windows.
5. 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.

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| <b>Module Topic</b>  |
| <b>Psychiatry Clerkship: Personal Safety and Wellness</b><br>By: Brian Smith, MD |
| <b>Mental Status Exam: via ADMSEP</b><br>By: Tran V, Royer E, Gih D, Love L      |
| <b>Risk Assessment: Suicide and Homicide</b><br>By: Deb Wagenaar, DO, MS         |
| <b>Psychotic Disorders</b><br>By: Kerry Pierce, MD                               |
| <b>Mood Disorders</b><br>By: Brian Smith, MD                                     |
| <b>Psychopharmacology</b><br>By: Brian Smith, MD                                 |

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| <p><b>Module Topic</b></p> <p><b>Anxiety Disorders:</b></p> <p>1. <b>General Anxiety Disorders</b><br/>By: Aaron Plattner, MD</p> <p>2. <b>OCD</b><br/>By: Tran V, Royer E, Gih D, Love L - ADMSEP</p> <p>3. <b>Trauma/Stressor Disorders</b><br/>By: Jed Magen, DO, MS</p> |
| <p><b>Personality Disorders</b><br/>By: Brian Smith, MD</p>   |
| <p><b>Substance Related Disorders</b><br/>By: Debra Hollander, MD, Brian Smith, MD, Callie Langenderfer, BS</p>   |
| <p><b>Psychotherapy</b><br/>By: Brian Smith, MD</p>   |
| <p><b>Neurocognitive Disorders</b><br/>By: Erin O'Connor, PhD</p>   |
| <p><b>Mystery Module</b><br/>By: Brian Smith, MD, Geraud Plantegenest, MA, Deborah Wagenaar, DO MS</p>  |
| <p><b>Child Psychiatry</b><br/>By: Brian Smith, MD</p>  |
| <p><b>Cultural Psychiatry</b><br/>By: Brian Smith, MD</p>   |
| <p><b>Medical Student Mental Health</b><br/>By: Brian Smith, MD</p>   |
| <p><b>Electroconvulsive Therapy</b></p>   |

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 rotation. The quiz must be taken after watching the modules in their entirety for it to count.
- **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 rotation. The quiz must be taken after watching the modules in their entirety for it to count.
- **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 rotation.

### Corrective Action

**NGR:** 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.

## DIAGNOSTIC 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 rotation.**

Students will be required to watch the 6 Training Title patient videos that are unlabeled regarding diagnosis. Please click on the corresponding links within D2L for each video--do not view videos directly from the video platform site. It is recommended that when you view these videos, you take notes including jotting down the training title # (you will need this later when taking the quiz) and 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, and prior to, students will be required to pass the 10-question Diagnostic Dilemmas quiz. Students may revisit the videos, if necessary, while taking the quiz. Students must click on each individual link within D2L for monitoring purposes. It should take 10 or more minutes total to view all videos before taking the 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 rotation. The quiz must be taken after watching the modules in their entirety for it to count.
- **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 rotation. The quiz must be taken after watching the modules in their entirety for it to count.
- **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 rotation.

### Corrective Action

**NGR:** 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 rotation**

\*\*\*When necessary, the PBA requirement may be fulfilled through the use of a simulated patient, coordinated through the Course Assistant, the clinical site, and the MSU Learning Assessment Center. Students will be notified directly if this affects them. \*\*\*

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 use/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 their 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 use/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 their presentation. Likewise, the preceptor may use this time to complete Parts I and II of the evaluation form and prepare their 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 their 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

- **Honors:** Obtain an overall score of  $\geq 54$  on the first attempt. An appeal of your score will not be allowed to achieve honors, aside from procedural errors, and directly challenging the preceptor's scoring of the PBA in an effort to gain more points might be interpreted as unprofessional behavior.
- **High Pass (HP):** Obtain an overall score of **50 - 53** on the first attempt.
- **Pass:** A passing grade must be achieved in all three Competencies on either the first or second attempt.
  - Communication Skills:  $\geq 9$
  - Data Collection Skills:  $\geq 15$
  - Student Presentation and Case Discussion:  $\geq 12$ 
    - Overall score must be:  $\geq 36$
- **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 rotation**

### 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 and/or the Mental Status Exam checklist form within two weeks after the rotation 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 and/or the Suicide Risk Evaluation WBA checklist form within two weeks after the rotation has ended.

### COMAT EXAM INFORMATION

#### **DUE DATE: The last Friday of the rotation**

All students are required to take the NBOME COMAT examination in Psychiatry on the last Friday of their CORE PSC 608 Clerkship.

For information on exam registration and administration, please visit the COM Clerkship Student Portal: <https://michiganstate.sharepoint.com/sites/StudentClerkship>

If a student requires an accommodation, a valid VISA from the Resource Center for Persons with Disabilities (RCPD) must be presented to the COM Clerkship Team at least seven days in advance of the COMAT examination date.

#### Grading

- **Honors:** ≥ 110 on the first attempt
- **High Pass:** ≥ 105 on the first attempt
- **Pass:** ≥ 83 on the first or second attempt
- **NGR:** ≤ 82 on the first attempt
- **No Grade:** ≤ 82 on the second attempt

### Corrective Action

**NGR:** Repeat the NBOME Psychiatry COMAT and pass. Failure to successfully pass on the second attempt will result in students retaking the whole PSC 608 rotation.

## CLINICAL CLERKSHIP ROTATION EVALUATION

A standardized Clinical Clerkship Rotation Evaluation (Attending Evaluation of Student) 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 individually for multiple Clinical Assessments and for Professional Assessment with overall grade categories of Below Expectations and Meets Expectations.

### Grading

- **Honors:** Students must receive all Meets Expectations or above in the subcategories and Meets or Exceeds Expectations in the overall category.
- **High Pass:** Students must receive all Meets Expectations or above in the subcategories and Meets or Exceeds Expectations in the overall category.
- **Pass:** Students may receive up to 1 Below Expectations Mark in any subcategory with the overall categories at Meets Expectations or Above 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.
- **No Grade:** Any one of the following conditions will result in a No Grade in the clerkship:
  - Receives two (2) or more "Below Expectations" within the subcategory sections.
  - Receives comments that indicate below expectations of performance
  - See Unsatisfactory Clinical Performance below

## 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 rotation in order to be honor's eligible or obtain a High Pass in the rotation. A grade cannot be entered for the course until all requirements of the course have been met.

## MID-ROTATION FEEDBACK

Students are required to complete the MSU COM Mid-Rotation Feedback Form. This will need to be completed by an Attending or Resident at the end of week 2 of the rotation. It should be dated no later than the 3<sup>rd</sup> Wednesday of the rotation. Students must upload the form to a D2L drop box by 11:59 pm on the last day of the rotation in order to be honor's eligible or obtain a High Pass 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

Attending Evaluation of the Student is completed electronically via Medtrics by the supervisor designated within the Medtrics rotation description. To initiate this evaluation, each student must select their attending physician as directed within the rotation description in Medtrics. Students will receive an email from Medtrics to select the attending 7 days prior to the end of the rotation. Should your rotation lack a rotation description or if you have any questions, please contact com.msu.edu. Upon selecting the attending physician directed within the Medtrics rotation description, the attending physician will receive an automated email link connecting them to their assigned Attending Evaluation within Medtrics.

Attendings will be able to electronically access and submit the Attending Evaluation of the Student. Attendings will access the electronic form within Medtrics by selecting the email link on a smart device. No login (username/password) will be required for attendings to access their pending evaluation(s) assigned to them. After the electronic form has been submitted by their attending, students can review the Attending Evaluation of the Student that were completed by visiting the 'Evaluations' module (in the 'About Me' tab) of their Medtrics profiles.

Students are encouraged to seek formative/verbal feedback on their performance at least weekly. Students are also encouraged to discuss the Attending Evaluation of the Student with the supervisor completing the evaluation.

Any evidence of tampering or modification while in the possession of the student will be considered "unprofessional behavior" and will be referred to the Committee on Student Evaluation (COSE).

Grades are held until all rotation requirements are received. Students are required to ensure their rotation requirements are completed correctly.

### Student Evaluation of Clerkship Rotation

Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing the Medtrics system: <https://msucom.medtricslab.com/users/login/>. By the last week of each rotation, students will receive an automated email link connecting them to their assigned evaluation for the respective rotation. Students can also access their pending evaluations on the 'Home' or 'Evaluations' tabs within their Medtrics accounts.

### Unsatisfactory Clinical Performance

The Instructor of Record will review/investigate a student's performance on a rotation when a concern is raised by the supervisor(s), and/or 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. After investigations, the Instructor of Record will determine a final grade for the student.

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.

### CORRECTIVE ACTION

If a student does not successfully complete the rotation requirements of the course, the student will receive a NGR 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 title page of this syllabus) if they believe missing assignments were reported in error, or if they are unclear about the corrective action process.

While it is the responsibility of the student to ensure that the Attending Evaluation of Clerkship Student is completed, this requirement may extend beyond the corrective action deadline. Additionally, in the event of a failing score earned on the student's first attempt of a COMAT subject exam, the corrective action for the COMAT retake may extend beyond 14 days.

If a student **successfully completes** the corrective action process, as determined by the IOR, the student will receive credit for the deficient academic grading requirement(s) and be eligible for a change in rotation grade (from NGR to Pass, pending the Attending Evaluation of Clerkship Student and, if applicable, score on their COMAT retake).

As determined by the IOR, 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.

### BASE HOSPITAL REQUIREMENTS

Students are responsible for completing all additional requirements set by the hospital/clinical site at which they are completing a rotation. Students are not responsible for reporting to MSUCOM the results of any requirements that exist outside of those listed above.

## **STUDENT RESPONSIBILITIES AND EXPECTATIONS**

### Psychiatry Specific Absence Policy

Students at clinical sites not through their base hospital should also inform the CA for the course of absences as other required events/assignments may be scheduled and dates and times may not be listed in the syllabus or welcome email (i.e., PBA via the LAC).

### Clinical Site Expectations

Medical Students are expected to participate in clinical activities daily. Failure to show interest and participate in activities at a clinical site will result in a below expectations grade for professionalism on the attending evaluation.

The following are the minimum requirements for participation

1. Work the scheduled shift given by the site/hospital – no asking to leave early, typically 8 am – 5 pm
2. Attend clinical duties before and/or after didactic sessions including C3 Days. This is not a half day off
3. Attend group sessions if offered by your site
4. If a zoom session is scheduled participate from the clinical site, no traveling home or to the base hospital, so available to participate in rotational duties before and afterwards. (i.e., Noon meeting)

### 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.

### CLERKSHIP ATTENDANCE POLICY

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 vacation periods built into student schedules and should only request additional 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 those requirements according to the respective course syllabus.

Excused Absences

Students must obtain documented approval for any full- or partial-day absence on a rotation. **Excused absences** require the completion of the *Clerkship Program Excused Absence Request Form* by taking the following steps:

- Obtain appropriate signatures on the *Clerkship Program Excused Absence Request Form* at least 30 days prior to the date of the absence. An absence due to a sudden emergency is the exception to the 30-day advanced notice rule.
- Upload the completed *Clerkship Program Excused Absence Request Form* to the 'Excused Absences' folder (within the 'My Personal Documents' section) of a student's Medtrics profile.

**Unexcused absences** are full- or partial-day absences taken without the proper completion of the *Clerkship Program Excused Absence Request Form*, or any absences not covered 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). Unexcused absences may also have a negative impact on a student's rotation grade or evaluation.

**Students are not allowed to be absent from the first day of any rotation.**

- Due to the onboarding plans at most rotation sites, students must attend the first day of every rotation. Students must plan accordingly for personal days, interview days, COMLEX, etc.

**Maximum time off any rotation\***

| Length of Rotation | Maximum Number of Days Off |   |
|--------------------|----------------------------|---|
| <b>4 weeks</b>     | <b>2 days</b>              | Should an absence exceed these limits, the student is responsible for requesting additional days off from the Associate Dean for Clerkship Education via email ( <a href="mailto:COM.Clerkship@msu.edu">COM.Clerkship@msu.edu</a> ) prior to the absence. |
| <b>2 weeks</b>     | <b>0 days</b>              |   |

*\*Exception: 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 for interview purposes only. If interview absences exceed these totals, the student must submit a Clerkship Program Excused Absence Request Form (with appropriate signatures obtained from the rotation attending and rotation site) to the Associate Dean for Clerkship Education via email ([COM.Clerkship@msu.edu](mailto:COM.Clerkship@msu.edu)) prior to the absence.*

| Absence Type                                    | Qualifications  | Maximum Number of Days Off                              | Details  | Required Approval from Associate Dean for Clerkship Education |
|---|---|---|--|---|
| Personal Day                                    | May be used at the discretion of the student (example: illness, physician appt., conference time, etc.). <u>Total</u> days off any one rotation (including personal days off) cannot exceed 2 on any one 4-week rotation. | 5 total days per academic year (July-June)              | While personal days may be used at the discretion of the student, the <u>total</u> days off any one rotation (including personal days off) cannot exceed 2 on any one 4-week rotation, i.e., students cannot use all 5 days on one rotation. | No  |
| Jury Duty                                       | Court documentation must accompany the <i>Clerkship Program Absence Request Form</i>  | N/A   | Jury duty, when obligated, is not considered a personal day absence.   | Yes   |
| Hospital-organized community events             | Example: Special Olympic Physicals  | N/A   | These events would be considered part of the rotation and not a personal day absence.  | No  |
| Examination                                     | COMLEX USA Level 2<br>CE/USMLE Step 2<br>CK/Canadian MCCEE  | 1 day   |  | No  |
|   | COMAT/NBME shelf examinations   | Students have the time off to take the examination only | Students should be reporting to rotation before/after examination.   | No  |
| Prolonged Illness, Bereavement, Maternity Leave | Medical related absence or bereavement  | Determined on a case-by-case basis                      | Students must contact the Associate Dean for Clerkship Education directly ( <a href="mailto:enright4@msu.edu">enright4@msu.edu</a> ) to discuss time off rotations.  | Yes   |

**Clerkship Program Excused Absence Request Forms:** Once appropriate approval signatures are obtained, forms must be uploaded to the 'Excused Absences' folder within each student's Medtrics profile. Students should maintain a copy for their records.

## 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. They 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 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, but are not limited to, factors such as:

- 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 that 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.

### MSUCOM STUDENT HANDBOOK

The Student Handbook is published electronically by MSUCOM for students in the Doctor of Osteopathic Medicine program. This handbook does not supersede other Michigan State University or College of Osteopathic Medicine policies, regulations, agreements, or guidelines. The Handbook is updated annually during the summer semester, with changes effective when posted. Any subsequent changes are effective as of the date of issuance.

Students shall adhere to Michigan State University and College of Osteopathic Medicine policies, procedures, agreements, and guidelines. Violations of any regulation are subject to disciplinary action, up to and including program dismissal.

### COMMON GROUND FRAMEWORK FOR PROFESSIONAL CONDUCT

The Common Ground Framework provides the MSUCOM community with a reminder of the unity of mind, body, and spirit that underlines the field of osteopathic medicine. The framework is a set of guiding, foundational principles that underpin professional conduct and integrity and applies to all professionals at work within the shared college community, independent of their specific roles or responsibilities.

This framework is built around the acronym CORE, representing Collaboration, Opportunity, Responsibility, and Expertise. Each domain encompasses values and examples of how they are demonstrated.

- **Collaboration:** Working together with others
  - **Interactive:** Interact effectively and respectfully with people you encounter; demonstrate honesty, genuineness, humility, and compassion
  - **Dynamics and Communication:** Demonstrate respect, civility, and courtesy in communication; communicate effectively with diverse individuals and groups for a variety of purposes using available technologies; employ active listening
  - **Use of Feedback:** Identify sources of feedback; deliver and receive effective feedback for initiatives, evaluations and assessments, quality improvements, conflict resolution, and peer review
- **Opportunity:** Encouraging an environment of mutual support
  - **Shared Leadership:** Exhibit advocacy for self and others; accept situational leadership as needed; establish mutual support and respect; participate as a support for others regardless of title or position
  - **Problem-solving:** Recognize and define problems; analyze data; implement solutions; evaluate outcomes; include the perspectives of others

- Decision-making: Fulfill commitments; be accountable for actions and outcomes; discuss and contribute your perspective in group settings; listen to multiple viewpoints prior to making a decision
- **Responsibility:** Supporting a shared culture of accountability
  - Effective Use of Time and Resources: Invest time, energy, and material resources efficiently in order to provide effective services; demonstrate integrity and stewardship of resources
  - Critical Thinking Skills: Recognize and differentiate facts, illusions, and assumptions; question logically; identify gaps in information and knowledge
  - Mindfulness and Self-Care: Actively engage in surrounding circumstances and activities; self-assess, self-correct, and self-direct; identify sources of stress and develop effective coping behaviors
- **Expertise:** Having relevant skills or knowledge
  - Core of Knowledge: Develop core professional knowledge; apply the knowledge in clinical, academic, and administrative settings
  - Technical Skills: Show competency and proficiency in performing tasks that are integral to the scope and practice of your profession; identify needs and resources for learning; continually see new knowledge and understanding in your profession

### MEDICAL STUDENT RIGHTS AND RESPONSIBILITIES

The rights and responsibilities of students enrolled in MSUCOM are defined by the medical colleges of Michigan State University, including the College of Osteopathic Medicine, the College of Human Medicine, and the College of Veterinary Medicine. Students enrolled in the professional curricula of these colleges are identified as “medical students”. These colleges collectively define “Medical Student Rights and Responsibilities” (MSRR). This document addresses academic rights and responsibilities, governance, procedures for complaints, due process, and other topics. The current version is available on the MSU Spartan Life website at the address below: <http://splife.studentlife.msu.edu/medical-student-rights-and-responsibilities-mssr>

### 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.

## 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 syllabus. 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.

**HP/High Pass** – The grade of High Pass will be designated to students who have above average clinical, professional, and academic performance in certain core rotations but do not meet the criteria for Honors. Criteria for High Pass in a core rotation will be determined by the Instructor of Record and will be listed in the course syllabus. While High Pass designation will be awarded to students meeting the criteria in the syllabi of the above courses, High Pass is not an official MSU grade. The official MSUCOM transcript will reflect a grade as Pass with an additional notation that the student achieved High Pass in the course. The student's Medical Student Performance Evaluation will reflect each High Pass 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.

**NGR/No Grade Reported** – means that a final grade ('Pass' or 'No Grade') cannot be determined due to one or more missing course requirements. The NGR 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 'NGR' 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 it may be found on the Clerkship Medical Education page of the MSUCOM website [here](https://com.msu.edu/current-students/clerkship-medical-education) (<https://com.msu.edu/current-students/clerkship-medical-education>).

Contact Associate Dean for Clerkship Education, Dr. Susan Enright ([enright4@msu.edu](mailto:enright4@msu.edu)), if exposure incident occurs.

### 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](http://www.rcpd.msu.edu). Once a student's eligibility for (clinical and/or testing) accommodation(s) are determined, the student may be issued a **Verified Individualized Services and Accommodations** (VISA) form.

Students must present their VISA forms to the Clerkship Team ([COM.Clerkship@msu.edu](mailto:COM.Clerkship@msu.edu)) at the start of the semester in which they intend to use their accommodations (for tests, projects, labs, etc.). Accommodation requests received after the semester onset will be honored whenever possible.

If modifications, updates, or extensions to an existing VISA form are made after the semester begins, it is the responsibility of the student to submit the newest version to the Clerkship Team if he/she intends to utilize the accommodation going forward.

## SUMMARY OF GRADING REQUIREMENTS

| Requirement                               | Submission Method  | Honors Designation  | High Pass   | Pass  | No Grade Reported   | No Pass  |
|---|--|---|---|---|---|--|
| Attending Evaluation of Clerkship Student | Attendings receive an automated email link connecting them to their assigned evaluation(s) within Medtrics, where they may access and submit the electronic form(s) directly | <ul style="list-style-type: none"> <li>Receives no "Below Expectations"</li> <li>Receives no comments indicating below expectations of performance</li> </ul> | <ul style="list-style-type: none"> <li>Receives no "Below Expectations"</li> <li>Receives no comments indicating below expectations of performance</li> </ul> | <ul style="list-style-type: none"> <li>Student may receive "Below Expectations" in up to one (1) subcategory</li> <li>Overall categories must receive "Meets Expectations" or "Exceeds Expectations"</li> </ul> | <ul style="list-style-type: none"> <li>Will be the conditional grade until all requirements of this rotation are met</li> </ul> | <ul style="list-style-type: none"> <li>Receives two (2) or more "Below Expectations" within the subcategory sections.</li> <li>Receives comments that indicate below expectations of performance</li> <li>See Unsatisfactory Clinical Performance above</li> </ul> |
| Student Evaluation of Clerkship Rotation  | Can be accessed and submitted electronically by students within the dashboard of their Medtrics profiles   | Completed 100% by 11:59 pm the last day of the rotation   | Completed 100% by 11:59 pm the last day of the rotation   | Completed 100% by 11:59 pm the last day of the rotation   | Will be the conditional grade until all requirements of this rotation are met   | Will be the conditional grade until all requirements of this rotation are met  |
| <b>MSU COM Mid-Rotation Feedback Form</b> | Drop Box in D2L  | Must be Submitted by 11:59 pm the last day of the clerkship, should be completed by end of week 2 and dated no later than Wednesday of Week 3.                | Must be Submitted by 11:59 pm the last day of the clerkship, should be completed by end of week 2 and dated no later than Wednesday of Week 3.                | Must be Submitted by 11:59 pm the last day of the rotation, should be completed by end of week 2 and dated no later than Wednesday of Week 3.   | Will be the conditional grade until all requirements of this rotation are met   | Failure to complete and submit within 14 days from the end of the rotation   |
| <b>Patient Encounter Log</b>              | Drop Box in D2L  | Meet the Pass Requirement   | Meet the Pass Requirement   | Complete and upload paper form to D2L drop box <b>by 11:59 pm the Last day</b> of the Rotation.   | Failure to complete and upload the form by <b>11:59 pm the Last day</b> of the rotation.  | Failure to complete and submit within 14 days from the end of the rotation   |



| Requirement  | Submission Method  | Honors Designation  | High Pass  | Pass   | No Grade Reported   | No Pass   |
|--|--|---|--|--|---|---|
| <b>Online Modules and Online Modules quiz</b>                    | Viewed in their entirety, quiz taken, and submitted through D2L. | First, watch all modules in their entirety then Pass the quiz with an <b>80% or greater in two attempts by 8 am the last Monday of the rotation.</b> Modules must be completed before the quiz.   | Meet the Pass Requirement                                | First, watch all modules in their entirety then pass the quiz with a <b>70% or greater in five attempts by 5 pm the last Thursday</b> of the rotation    | Will stand as the conditional grade until all requirements of this rotation are met     | Failure to complete the modules and/or pass the quiz with a 70% or greater by 5 pm on the Last Friday of the rotation |
| <b>Diagnostic Dilemmas and Diagnostic Dilemmas Quiz</b>          | Viewed in their entirety, quiz taken, and submitted through D2L. | First, watch all videos in their entirety and then Pass the quiz with an <b>80% or greater in two attempts by 8 am the last Monday of the rotation.</b> Videos must be completed before the quiz. | Meet the Pass Requirement                                | First, watch all videos in their entirety and then pass the quiz with a <b>70% or greater in five attempts by 5 pm the last Thursday</b> of the rotation | Will stand as the conditional grade until all requirements of this rotation are met     | Failure to watch the videos and/or pass the quiz with a 70% or greater by 5 pm on the Last Friday of the rotation     |
| <b>Performance Based Assessment (PBA)</b>                        | Drop Box in D2L  | Obtain an overall score $\geq$ 54 on the first attempt  | Obtain an overall score of 50 – 53 on the first attempt. | Obtain an overall score $\geq$ 36 on the first or second attempt. Minimum passing scores for each section are Section 1: 9, Section 2: 15, Section 3: 12 | Will stand as the conditional grade until all requirements of this rotation are met     | Failure to obtain a passing score in each section and overall, in two attempts  |
| <b>Workplace Based Assessment (WBA): Suicide Risk Evaluation</b> | Drop Box in D2L  | Meet the Pass Requirement.  | Meet the Pass Requirement                                | Complete with a minimum of 8 out 11 categories checked yes and upload paper form to D2L drop box <b>by 11:59 pm the Last day</b> of the Rotation.        | Failure to complete and upload the form by <b>11:59 pm the Last day</b> of the Rotation | Failure to complete and submit the form within 14 days after the rotation has ended                                   |

| Requirement   | Submission Method    | Honors Designation         | High Pass                  | Pass  | No Grade Reported   | No Pass   |
|---|----------------------|----------------------------|----------------------------|---|---|---|
| <b>Workplace Based Assessment (WBA): Mental Status Exam</b> | Drop Box in D2L      | Meet the Pass Requirement. | Meet the Pass Requirement  | Complete with a minimum of 5 out of 6 categories checked yes and upload paper form to D2L drop box <b>by 11:59 pm the Last day</b> of the rotation. | Failure to complete and upload the form by <b><u>11:59 pm the Last day</u></b> of the Rotation. | Failure to complete and submit the form within 14 days after the rotation has ended |
| <b>NBOME COMAT EXAM</b>                                     | NBOME Secure Website | ≥ 110 on the first attempt | ≥ 105 on the first attempt | ≥ 83 on the first or second attempt   | Score ≤ 82 on the first attempt   | Unable to score ≥ 83 on the first or second attempt                                 |

# APPENDIX

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

Student \_\_\_\_\_ Community \_\_\_\_\_

Examiner \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS:** In preparation for the PBA students may not have clinical knowledge of the patient they are to interview. Students are not allowed to review either an electronic health record or paper chart prior to the interview. The student will be given 30 minutes to interview a patient who presents with one or more of the following clinical problems: depressed mood, anxiety, suicidal ideation/behavior, mania, psychosis, and substance abuse/dependence. The student may take clinical notes during the interview. Upon completion of the interview, the student will be given up to 5 minutes to organize his/her presentation. The student will give an oral presentation of the following: a brief case summary, a mental status exam, DSM diagnosis, a formulation and a treatment plan. Presentation is to be completed in approximately 25 minutes. Although it is important that the student also learn about the patient as a person, it is not expected that the student will obtain an extensive developmental/ personal and social history, given the time constraints. The total maximum time for this exercise is 60 minutes.

| PART I COMMUNICATION SKILLS    |  | Poor | Fair | Acceptable | Very Good | Excellent |
|--------------------------------|--|------|------|------------|-----------|-----------|
| A                              | <b>Rapport:</b> Attempts to put patient at ease. Good eye contact appears interested. Pleasant, caring, appropriately supportive and empathetic. Displays acceptance and respect. Professional appearance, verbal and non-verbal behavior.   | 1    | 2    | 3          | 4         | 5         |
| B                              | <b>Communication/Interview Skills:</b> Speaks clearly, avoids medical jargon, and speaks at a level appropriate for patient. Lets patient tell his/her story, avoids unnecessary interruption. Good facilitative skills, use of open-ended and directive questions. Clarifies ambiguous information, picks up on patient cues.   | 1    | 2    | 3          | 4         | 5         |
| C                              | <b>Opening/Session Management/Closure:</b> <ul style="list-style-type: none"> <li>• <b>Opening:</b> Introduces self, uses patient's name, discusses the purpose, time frame, etc.</li> <li>• <b>Session Management:</b> 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.</li> <li>• <b>Closure:</b> 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.</li> </ul> | 1    | 2    | 3          | 4         | 5         |
| <b>Total Part I</b>            |  |      |      |            |           | /15       |
| PART II DATA COLLECTION SKILLS |  | Poor | Fair | Acceptable | Very Good | Excellent |
| A                              | <b>Data to Make a Diagnosis:</b><br><u>Symptoms:</u> Adequately characterizes the presenting complaint and explores other relevant symptoms. <ul style="list-style-type: none"> <li>• Depression profile</li> <li>• Anxiety profile</li> <li>• Mania profile</li> <li>• Psychosis profile</li> </ul> <u>Course Parameters:</u> Onset/duration, daily, diurnal variation, seasonal variation.<br><u>Relevant Past History:</u> Psychiatric, substance use, medical, family.   | 1    | 2    | 3          | 4         | 5         |
| B                              | <b>Risk Assessment:</b> Presence of current suicidal ideation, history of attempts, access to weapons, presence of current homicidal ideation, history of attempts, legal history, substance abuse.  | 1    | 2    | 3          | 4         | 5         |
| C                              | <b>Data to Guide Treatment Planning:</b> <ul style="list-style-type: none"> <li>• <u>Medication Tried:</u> Names, dose, duration, benefit, side effects.</li> <li>• <u>Psychotherapy:</u> With whom, type, # sessions/duration, focus, helpful.</li> <li>• <u>Other:</u> Compliance history, self-help.</li> </ul>   | 1    | 2    | 3          | 4         | 5         |
| D                              | <b>Data to Help Understand the Patient as a Person:</b> <ul style="list-style-type: none"> <li>• <u>Current:</u> Age, marital/partner status, sexual orientation/identity, # of children, living arrangement, work, interests, supports, coping skills.</li> <li>• <u>Relevant Background</u></li> </ul>   | 1    | 2    | 3          | 4         | 5         |
| E                              | <b>Cognitive Mental Status Exam:</b> <u>Relevant</u> and <u>technically correct</u> use of: orientation, attention/concentration, memory, thought content, thought process, language, abstraction, judgment.   | 1    | 2    | 3          | 4         | 5         |
| <b>TOTAL PART II</b>           |  |      |      |            |           | /25       |

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

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

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

Uncomplicated      1      2      3      4      5      Very Complex

Please rate the difficulty of the interview.

Easy                      1      2      3      4      5      Very Difficult

COMMENTS:

## Patient Encounter Logs

The log is one form of evaluation in the Psychiatry Clerkship used to assess expected knowledge and skills. Medical students complete their logs to assess their exposure to psychiatry diagnoses and procedures. **For each patient a student can log up to 2 separate diagnoses or procedures as applicable.** Examples: DS under Anxiety disorder and Mood Disorders, or DS under Mood Stabilizers and Antidepressants, or DS under Mood Disorders and Mood Stabilizers.

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

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

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

Student Name: \_\_\_\_\_

**Patient Encounter Log**

**Diagnosis/Disorder Requirements**

Enter Patient Initials

|                              |       |       |       |       |
|------------------------------|-------|-------|-------|-------|
| Anxiety Disorders (3)        | _____ | _____ | _____ |       |
| Neurocognitive Disorders (2) | _____ | _____ |       |       |
| Psychotic Disorders (4)      | _____ | _____ | _____ | _____ |
| Mood Disorders (3)           | _____ | _____ | _____ |       |
| Substance Use Disorders (2)  | _____ | _____ |       |       |
| Personality Disorders (2)    | _____ | _____ |       |       |

**Procedures/Treatment Requirements**

Enter Patient Initials

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

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

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

\_\_\_\_\_  
Director/Preceptor Signature

\_\_\_\_\_  
Date

Michigan State University  
Psychiatry Clerkship  
PSC 608  
Workplace Based Assessment: Mental Status Exam

The Workplace Based Assessment (WBA) is a formal method for a student to present aspects of 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 students' 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.

**Required Topics**

**Students must ask or observe the following areas of the Mental Status Exam during a patient interview. Did they present their findings to you at an adequate level or above?**

|  | Yes                      | OR | No                       |
|--|--------------------------|----|--------------------------|
| 1. Appearance, Behavior, and Attitude            | <input type="checkbox"/> |    | <input type="checkbox"/> |
| 2. Mood and Affect                               | <input type="checkbox"/> |    | <input type="checkbox"/> |
| 3. Speech and Language                           | <input type="checkbox"/> |    | <input type="checkbox"/> |
| 4. Thought content and process (form of thought) | <input type="checkbox"/> |    | <input type="checkbox"/> |
| 5. Insight and judgment                          | <input type="checkbox"/> |    | <input type="checkbox"/> |
| 6. Cognitive                                     | <input type="checkbox"/> |    | <input type="checkbox"/> |

Student Name:

Attending or Resident Signature:

Michigan State University  
Psychiatry Clerkship  
PSC 608  
Workplace Based Assessment: 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 students' clinical skills regarding the 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 eleven (11) items that Psychiatry Medical Student Education Committee deemed necessary for all students to ask during a Suicide Risk Evaluation (some attendings may feel that additional items are necessary). Students must ask about a minimum of eight (8) of the eleven (11) items below in order to pass the assignment.

| Required Topics                                     | Did Student ask the patient about the following? |    |                          |
|---|--|----|--------------------------|
|   | Yes  | OR | No                       |
| 1. Suicidal Thoughts                                | <input type="checkbox"/>                         |    | <input type="checkbox"/> |
| 2. Active intent or plan to commit Suicide          | <input type="checkbox"/>                         |    | <input type="checkbox"/> |
| 3. History of suicide attempt                       | <input type="checkbox"/>                         |    | <input type="checkbox"/> |
| 4. Significant current life stressors               | <input type="checkbox"/>                         |    | <input type="checkbox"/> |
| 5. Feelings of hopelessness                         | <input type="checkbox"/>                         |    | <input type="checkbox"/> |
| 6. Access to guns or other weapons                  | <input type="checkbox"/>                         |    | <input type="checkbox"/> |
| 7. Command auditory hallucinations to kill self     | <input type="checkbox"/>                         |    | <input type="checkbox"/> |
| 8. Recent discharge from inpatient psychiatric unit | <input type="checkbox"/>                         |    | <input type="checkbox"/> |
| 9. Family history of suicide attempt or completion  | <input type="checkbox"/>                         |    | <input type="checkbox"/> |
| 10. Substance use, especially alcohol or opioids    | <input type="checkbox"/>                         |    | <input type="checkbox"/> |
| 11. Severe chronic medical problems including pain  | <input type="checkbox"/>                         |    | <input type="checkbox"/> |

Student Name:

Attending or Resident Signature:





### MID-ROTATION FEEDBACK FORM

Student Name: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

Date of review with student: \_\_\_\_\_

1. This assessment is based on:

- My own observations and interactions with the student
- Feedback received from other faculty and/or resident supervisors

2. Professionalism expectations are listed below. Please check any areas where the student may be having difficulty:

- On time for all activities of the rotation
- Present and prepared for all activities of the rotations (except for excused absences)
- Respectful and courteous to patients, staff, peers, attending's
- A great team player (helpful, reliable, proactive)
- Accepting of feedback and made necessary changes because of the feedback
- Engaged in learning
- Honest and trustworthy
- Student is aware of limitations and appropriately seeks assistance when needed
- A good patient advocate
- Outstanding work ethic

Please summarize areas of difficulties:

3. The student is progressing satisfactorily for their level of training:

- Yes                       No

If no, please summarize areas needing improvement below:

4. Overall comments on student performance not mentioned above:

| Strengths: | Areas for Improvement: |
|------------|------------------------|
|            |                        |