BCC 7150
Psychiatry Clerkship
2019-2020

Education Director
Lawrence E. Mobley, MD
Florida State University
Regional Medical School Campus - Pensacola
8880 University Parkway
Pensacola, FL 32514-4911
Phone: 850-494-5939 ext102 (Sandra Nevels)
Email: lawrence.mobley@med.fsu.edu

Campus	**Clerkship Director**
Daytona	Fariya Afridi, MD
Fort Pierce	Gerardo Olivera, MD
Orlando	Herndon Harding, MD
Pensacola	Lawrence E. Mobley, MD
Sarasota	Matthew Thomas, MD
Tallahassee	Eileen Venable, MD
Rural Program Site	**Clerkship Administrator**
Marianna	Steven Spence, MD
Thomasville	Calvin Reams, MD

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Overview

Description

Students will participate in this clerkship as either a 6-week block or through the Longitudinal Integrated Curriculum (LIC). The Psychiatry Clerkship is a required six-week clinical experience that provides third year students with a solid foundation in the fundamentals of the evaluation, diagnosis, treatment, and appropriate referral of patients with mental health disorders. The student will be assigned to one or more clerkship faculty. A variety of learning opportunities are offered in community-based settings and include inpatient and outpatient psychiatry treatment programs, emergency departments, consultations/liaison services, residential treatment programs, correctional facilities and others.

The goal of the required six-week Psychiatry Clerkship is to provide the student with an experience that emphasizes patient evaluation and treatment in multiple settings. Diverse opportunities provide an extensive array of complementary and enriching experiences. For example, students may be exposed to the treatment of coexisting psychiatric and medical illnesses through consultations done in a general hospital. They may likewise gain skills necessary to intervene and treat the most acutely ill patients in urgent care settings, such as the emergency room. The use of electroconvulsive therapy (ECT) may be an additional treatment modality offered on some campuses.

All major psychiatric diagnostic categories will be addressed including: affective disorders, anxiety disorders, psychotic disorders, alcohol and substance abuse disorders, geriatrics disorders, children and adolescent disorders, somatization disorders, oppositional defiant disorder, autism, pervasive developmental disorder, and personality disorders. Though the focus is primarily on adults, there will be exposure to the care of adolescents and children when possible. All major psychiatric diagnostic categories will be addressed including: affective disorders, anxiety disorders, psychotic disorders, alcohol and substance abuse disorders, geriatrics disorders, disorders arising in childhood and adolescence (such as oppositional defiant disorder, autism, pervasive developmental disorder, etc.), somatization disorders, and personality disorders. When appropriate, basic science correlations are also addressed.

Orientation and Syllabus Review

Students must review the Psychiatry Clerkship syllabus **prior** to their first clerkship day and first meeting with their Clerkship Director for a general orientation. A site-specific orientation will occur at the assigned clinical site prior to initiation of clinical activities. Students are responsible for communicating with Clerkship Faculty prior to the start date of the Clerkship.

Longitudinal Integrated Curriculum (LIC)

General information and policy regarding the Longitudinal Integrated Curriculum (LIC) in Marianna can be found on the syllabi page of the Office of Medical Education website.

Scheduled Hours/On-Call

The Psychiatry Clerkship is six weeks in duration and students will be assigned to one or more psychiatry faculty; they will follow the same work schedule as their faculty physicians. Students enrolled in the clerkship will work at least 4 full days per week with assigned Clerkship Faculty, as one day per week is allotted for participation in Doctoring 3 and Longitudinal Clerkship. **During off-cycle rotations during which Doctoring 3 is not scheduled, students will work 5 days per week with Clerkship Faculty.** Students enrolled in the LIC will participate on the schedule provided by the Clerkship Administrator at the Marianna rural training site.

Students are not required to be on-call overnight during the Psychiatry Clerkship, although many may have the opportunity to work in the urgent care or emergency setting. Possibilities include general hospital emergency rooms, direct admission centers for inpatient behavioral medicine centers and triage in outpatient facilities.

Student Workhour Policy and Documentation

The FSU College of Medicine adheres to the ACGME requirements regarding clinical work and education. This includes working no more than 80 hours per week and no more than 24 hours continuously, except an additional 4 hours may be added to the 24 to perform activities related to patient safety, such as transitions of care or education. Additional patient care responsibilities must not be assigned during this time. Students will have at least one out of every 7 days off, completely free from clinical and educational duties, when averaged over 4 weeks.

Students will use the Encounter Tracking System (ETS) to document by self-reporting their daily work hours. Students must enter daily work hours that includes both clinical experience (includes clinical care and documentation in medical record) and assigned educational activities (Doctoring 3, clerkship meetings). Failure to report work hours is considered a breach of professionalism.

Hours that **should not be included in self-reported work hours** include reading about patient conditions and procedures, self-directed study for clerkships/courses, work completed for assignments, learning modules and assigned reading.

Absences

Extended absences from the clerkship are not permitted. Any absence from the clerkship must be **pre-approved by the regional Campus Dean** prior to the beginning of the clerkship, using the student absence request form. Even with an excused absence, the student will complete the scheduled work as outlined.

The Clerkship Faculty, Clerkship Director and Education Director must be notified of any absence in advance by the student. In the case of illness or other unavoidable absence, follow the same procedure outlined above, and notify everyone as soon as possible. **Unapproved absences during the clerkship will result in a grade of "incomplete" until remediated, and may result in a grade of "fail" for the clerkship.**

Components

Psychiatric Self-Study

The core psychiatry curriculum will be delivered through an Internet-based, self-study format. A structured schedule of required readings that address essential content will be provided, and is designed to maximize student understanding of the content over the 6-week Clerkship. Students are expected to identify gaps in knowledge and augment learning with additional resources.

Required Ethics Module

The Ethics Module is a required self-study that addresses some of the more common professionalism, ethical and boundary issues encountered in psychiatry. Students must read the entire module (which is also linked on the Psychiatry homepage on Canvas) and be prepared to discuss with Clerkship Director and peers at one of the weekly educational meetings.

- **Submission Guideline:** Students MUST document their reading of the Ethics Module in the Encounter Tracking System (ETS) using the "**Educational Activity**" tab. In addition, students are to upload a one sentence Word Document attestation indicating that you have read and studied the Ethics Module to the **"Project Documents"** tab of the clerkship record in Student Academics.

Required Psychiatry Project

Student are required to complete a project during the Psychiatry Clerkship, and may choose from one (1) of the following four options.

- **Project *Selection* Guideline**: Students must have their project choice approved by their Clerkship Director.
- **Verification by Faculty**: If the chosen option for your project requires confirmation by faculty that it was performed satisfactorily, the faculty member should email this information to the education director

and the clerkship director. If the project requires confirmation by the clerkship director, an email should be sent to the education director.

Psychiatry Project Options – Choose One	Submission Guideline
1. Choose any psychiatric topic and create a 15-slide PowerPoint to be presented to your peers at clerkship rounds.	Students will submit their presentation project as a PDF to be uploaded into Student Academics by 5 PM local time on Friday of the final clerkship week.
2. Present and lead a thorough and detailed discussion of a relevant journal article to peers. Presentation should be 15-20 minutes in length. **Student presentations must be confirmed as complete by the Clerkship Director.**	Students will submit the presented journal article as a PDF to be uploaded into Student Academics by 5 PM local time on Friday of the final clerkship week.
3. Write a 3-page paper on a unique experience such as attending a legislative session, court hearing, etc. The paper must be double-spaced, with one-inch margins and 12 point font. Since the student is a candidate for a doctoral level degree, correct spelling, logical syntax and correct grammar is expected.	Students will submit their paper as a MS Word Document to be uploaded into Student Academics by 5 PM local time on Friday of the final clerkship week.
4. Assist in the presentation of a grand rounds or similar event to a group of healthcare professionals. It the students responsibility to collect a confirmation of satisfactory completion of this project from the supervising faculty.	Students will submit documentation from their supervising faculty of their satisfactory completion of this presentation an upload into Student Academics by 5 PM local time on Friday of the final clerkship week.

Required Comprehensive Psychiatric Write-up

Student must demonstrate proficiency in performing, writing and presenting a Comprehensive Psychiatric Examination Write-up to include a thorough risk assessment for suicidal and violent potential as well as assessing for cognitive impairment and substance abuse. Students will use the following template.

- **Submission Guideline:** Students MUST upload one write-up to the **Project Documents tab** in the clerkship record of Student Academics. One comprehensive write-up is required, but doing more than one is highly encouraged. Document every time you complete one in **ETS under Procedures.**

Comprehensive Psychiatric Write-up Template
1. Identifying Information
`Start the write-up/presentation with a clear statement about the patient which helps the listener/reader get a picture of the person, i.e. 54-year-old married, white female who is 8 months pregnant.
2. Chief Complaint
This is the patient's chief complaint and you should write down what the patient states is the reason for coming in to be evaluated. Do not use technical terminology unless the patient does - rather, put down exactly what the patient says usually in quotations, i.e. Patient's chief complaint is: "I feel depressed;" patient's chief complaint is: "I need a refill of medicine."
3. History of Present Illness

Write down an organized, chronological history of what brings the patient into the hospital now, including all significant symptomatology, precipitating factors, etc. If the patient is presenting to you with a six month history of depression which started when the patient's father died, start six months ago with the death of the father and report what has been going on since then, in chronological order, up until the current time of the interview. Include significant modifiers of the illness, including possible organic factors, drug, and alcohol abuse. List all pertinent positive and negative symptoms, which will help you to make an accurate DSM-V (differential) diagnosis.

4. Past Psychiatric History

Put in all contact the patient has had with therapists (i.e. psychiatrists, psychologists, social workers, and counselors), inpatient units, and other outpatient experiences. Be sure to include prior rehabilitation programs. If the patient has been on psychotropic medications in the past, list these by date, how long the patient took each one, at what dose, and the effect the medication had on the patient. List any ECT the patient might have had. Also list prior suicide attempts and methods as well as any known harm toward others that might have been issues in the past. Include a past history of substance or alcohol abuse.

5. Past Medical History

List in this area any current medical problems the patient has, and then any past medical, surgical or obstetric problems the patient has had, in chronological order. List the hospitalizations. List all medications (including doses) the patient is currently taking. List any allergies the patient has and what the specific reactions to the medications were.

6. Family History

A genogram is often useful here for clarity. List all illnesses that patient's family has had, including medical, psychiatric, and substance abuse history. Write down any psychotropic medications which have been beneficial in family members. Include suicide attempts or completed suicide in family members. Include whether the family members are currently living or are dead. Include patient's parents, siblings, and children.

7. Social History/Developmental History

List all substances the patient currently is taking; drugs, alcohol, cigarettes. List how much the patient uses of each, how often, for how many years and in what form (i.e. smoke, IV, etc.). Document when the last time used. List patient's educational history, work history, and what the patient currently does to support himself/herself. Are there any ongoing legal issues, felonies, warrants, etc.? Ask who the patient currently lives with. Ask about the patient's marital status, sexual orientation, sexual activity, children, etc.

8. Review of Systems

Put in this category any other information you might have received; i.e. the patient told you he is short of breath a lot, he has blurred vision. It is sometimes useful to ask a patient to tell you anything he considers important for you as the physician to know that you have not yet asked.

9. Mental Status Exam

The mental status exam is extremely important. The best mental status exams allow the person listening to the presentation to develop a snapshot of the patient being presented.

- General Appearance and Behavior: Start out the mental status exam by giving a verbal picture of the patient, what the patient is doing, wearing, and how the patient looks. (For example: 16 Year old BM wearing age appropriate dress of clean jeans, a t-shirt, and sneakers with the laces undone. He was sitting on the floor playing with a train set. He looked up and smiled when the interviewer approached. 16 y/o BM Ox3 is a lot less descriptive! Comment on unusual activity, tics, catatonia, psychomotor retardation, hyperactivity, agitation, etc. After the initial description you have probably already taken care of the general appearance, alertness, hygiene and grooming part of the general description, but if not, include some information here. Look for use of grooming that might be suggestive of a mood state or disorganization. Don't use diagnostic labels, just describe what you see.

• Speech: volume, rate, idiosyncratic symbols or other odd speech, tone (include any accent or stuttering).
• Motor Activity: rate (agitated, retarded), purposefulness, adventitious (non-voluntary).
• Mood: ask how they are feeling, usually put in quotes: "depressed," "sad," "great," etc... May want to perform a Beck, PHQ9 or Zung for depression or other available screens for anxiety, etc.
• Affect: observable emotion (euthymic, neutral, euphoric, dysphoric, flat), the range (full, constricted, blunted), whether it fits appropriate to stated mood or content, lability.
• Thought Process: organization of a person's thoughts (logical/linear, circumstantial, tangential, flight of ideas, loose associations or thought blocking).
• Thought Content: basic themes preoccupying the patient, sucidality, homicidality, paranoia, delusions, ideas of reference, obsessions, and compulsions. If there is suicidal or homicidal ideation, is there a plan, intent? (A thorough evaluation of the patient's thoughts of killing or harming himself or someone else should be included here. There are standard scales to measure this as well as intuitive questioning.)
• Perceptual Disturbances: hallucinations (auditory, visual, olfactory, tactile), illusions, de-realization/ depersonalization.
• Cognitive: level of alertness and orientation. Interpretation of proverbs: abstract or concrete; May want to perform full Folstein MMSE, MOCA or Mini-cog if concerned about dementia or delirium.
• Insight: into level of illness and/or need for treatment/hospitalization.
• Judgment/Impulse Control: best determined by history of patterns of behavior and current attitude.
10. Physical Exam
Many medical diseases masquerade as psychiatric, and vice versa (pancreatic CA, hypothyroidism, brain metastases). Perform a thorough physical exam including full neurological exam and document. This usually does not include a breast, pelvic, rectal, or genital exam on inpatients. NOTE: It is often that a psychiatrist does not perform a physical exam and depends on a consultant to assess medical issues. If you are given the opportunity to perform a physical, it is a valuable experience; if not, a thorough discussion of medical illnesses is still a part of a full psychiatric examination.
11. Problem List
This list will reflect the unique medical, psychiatric, social, legal, etc. problems you discover. It will then be used to complete the multiaxial assessment.
12. Differential Diagnosis
This will be based on DSM-V and as you list possible diagnoses, each should clearly reflect your clinical reason for listing it.
NOTE: The DSM-V no longer uses the multi-axial assessment. It still has value for students taking the psychiatry clerkship to help understand the interplay of comorbidity of psychiatric illnesses, substance abuse illnesses, developmental disorders, personality disorders, medical illnesses and the role psychosocial aspects of life play in all of it. **MULTI AXIAL ASSESSMENT:** Axis I Clinical Disorders-Other conditions that may be a focus of clinical attention Axis II Personality Disorders/Traits-Mental Retardation Axis III General Medical Conditions - influencing diagnosis, treatment, or prognosis of Axis I or II disorders Axis IV Psychosocial and Environmental Problems -i.e., problems with primary support group, problems related to the social environment, educational problems, occupational problems, housing problems, economic problems, problems with access to health care services, problems related to interaction with the legal system/crime, other.

13. Plan
Include biological (medications, labs, studies), psychological (individual therapy, group therapy, psychological testing), and social (housing, access to care, social services), interventions.

Patient Care

Students will participate in the care of patients with psychiatric illness. Though primarily there are two settings for patients to be examined and treated, inpatient and outpatient, students will usually have the chance to examine patients on general medical wards doing consults, in emergency/urgent care centers, substance abuse treatment facilities, residential facilities, correctional facilities, etc. Students are expected to perform psychiatric evaluations and to complete procedure requirements no matter the location. Students will be provided opportunities to both observe and to participate directly in patient care under the supervision of the clerkship faculty. Ethical issues will be discussed on a case-by-case basis as they present themselves during the course of patient care.

Following a hospitalized psychiatric patient helps gain an appreciation for the full range of psychiatric illnesses and the variety of treatment options that are available to those patients with severe illness. Learning the skills needed for interventions and treatments done in the most acutely ill patients will be achieved from time spent in emergency rooms and other urgent care areas. In the outpatient clinics, students are more likely to develop an appreciation for the ongoing maintenance of a stable patient. Delivery of care to all populations is taught (examples include children, adolescents, adults, elderly, culturally diverse groups, and other special needs populations like the developmentally disabled). There is also exposure to the diagnosis and treatment of substance use disorders and alcohol abuse and addiction.

Students will demonstrate an understanding of how patients from diverse cultures, practicing a variety of religions, and holding different belief systems perceive symptoms, diseases, and health care, particularly, mental health care. Due to our distributed model, students will see demographic influences on health care. Students must have self-awareness of any personal biases they may have regarding the delivery of health care in regards to gender, culture, race, sexual preference and beliefs or creeds that differ from their own.

Patient Log (ETS)

Students **are required to enter 25 patient encounters** using the Encounters Tracking System (ETS). This includes required diagnoses (problems) and screenings, as well as documentation of the comprehensive psychiatric write-up and completion of the ethics module (as described above).

A minimum of one from category of the problems and screenings is required, but students are encouraged to complete more. Problems and screenings will be conducted under the observation of the Clerkship Director or Clerkship Faculty, and the student will demonstrate proficiency in examining the nine (9) required problems and four (4) required screenings. All encounters must be documented fully in ETS as soon as possible after providing care to the patient.

Required **Problems (9)** **<u>Minimum</u> of 1 from each of these categories**	Required **Screenings (4)** **<u>Minimum</u> of 1 from each of these categories**	Required **Educational Activities (2) Minimum of 1 from each category**
1. Depressive Disorder (any disorder) 2. Bipolar Disorder 3. Anxiety Disorder (any disorder) 4. Post-Traumatic Stress Disorder 5. Schizophrenia or Psychotic Disorder (any disorder) 6. Attention Deficit Hyperactivity Disorder (Adult or Child) 7. Substance Disorder (any disorder) 8. Personality Disorder	1. Perform a depression assessment (PHQ9, Beck or Zung) 2. Perform a cognitive/dementia assessment (use Mini-Mental Status Exam, Mini-COG, Cognitive Assessment, MoCA) 3. Perform a substance abuse screen (Opiate Risk Tool (ORT), AUDIT, CAGE, DAST-10)	1. Comprehensive Psychiatric Write-up 2. Ethics Module

9. Dementia (any type)	4. Perform a suicide assessment using C-SSRS	

Level of participation in patient care is determined by the effort a student puts forth during the data-gathering phase, assessment and development of a treatment plan. Typically, the data-gathering phase includes history, physical examination and review of diagnostic tests available. The assessment phase includes creating a problem list, as well as developing a prioritized differential diagnosis for a problem. The treatment plan includes therapeutics, diagnostic evaluation, patient education and follow-up. The complexity of these components will vary, but for the purposes of choosing a level of participation, three basic tasks have been created. These include gathering history, performing a physical exam (full or focused/targeted), and developing assessment and plan of care. For "Level of Participation in Patient Care" the levels have been defined as follows. In psychiatry, the physical exam includes a mental status exam, psychiatric exam and functional exam. This can include evaluation for depression, anxiety and detailed observations on the patient's mood, affect, thought processes, cognitive functioning and mannerisms.

- Minimal: perform one of the aforementioned tasks (either history or physical)
- Moderate: perform two of the aforementioned tasks (both history AND physical)
- Full: perform all three tasks

The Clerkship Director will assure that all students examine patients with the required diagnoses, have the opportunity to perform the required procedures and meet the course objectives. The Education Director and the Clerkship Directors directly monitor student data on a regular basis. If a targeted condition is not encountered by the student by the end of week 3, an alternative experience can be arranged by the Clerkship Director, Clerkship Faculty or Education Director. For the student unable to see patients with the required diagnoses and/or perform mandatory procedures, an educational plan may be implemented to address this shortfall. Possibilities include, but are not limited to: reassigning the student to a different faculty member, identifying specific patients for the student to see, having the student see a standardized patient, assigning the student to a computer (DXR) or paper based case, or assigning the student to read about a patient with the target diagnoses and discuss these patients with faculty. The Clerkship Director will assist with this if necessary, along with the Education Director.

Meetings and Lectures

Students will participate in required weekly educational meetings conducted by the Clerkship Director or Clerkship Administrator. These weekly meetings will include case presentations, discussion of required readings and to provide feedback on student performance. These small groups also emphasize the course goals and objectives, demonstrate an understanding of the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5), and emphasize psychopharmacology, mandatory procedures and diagnosis. Clerkship Directors will also provide reviews of the patient encounter log and progress on clerkship assignments.

End of Clerkship Exam

Students will take a web-based NBME Clinical Subject Examination in Psychiatry at the end of the clerkship. LIC students will take the same examination in accordance with the LIC calendar. A practice exam may be purchased through NBME's self-assessment website.

Learning Resources

Readings

The required textbooks are DSM 5 and the *Introductory Textbook of Psychiatry* by Black and Andreasen. It's highly recommended that DSM 5 Made Easy be used to augment learning. These texts can be accessed online through the FSU COM library on the Psychiatry and Behavioral Sciences Subject Guide, along with multiple other resources that can be used to enhance learning and understanding of psychiatry. In addition, when an interesting or novel patient is seen, students are expected to read about the condition has while details are fresh in your memory.

The required text, *Introductory Textbook of Psychiatry*, is divided into easy to read sections. Each section is designed to help the student master the clerkship content and understand the essentials of psychiatry practice. The student is encouraged to read the entire text.

Part I: Background	Chapter 1	Diagnosis And Classification
	Chapter 2	Interviewing And Assessment
	Chapter 1	Learning to Use DSM-5
	Chapter 3	The Neurobiology And Genetics Of Mental Illness
Part II: Psychiatry Disorders	Chapter 4	Neurodevelopmental (Child) Disorders
	Chapter 5	Schizophrenia Spectrum And Other Psychotic Disorders
	Chapter 6	Mood Disorders
	Chapter 7	Anxiety Disorders
	Chapter 8	Obsessive-Compulsive And Related Disorders
	Chapter 9	Trauma- And Stressor-Related Disorders
	Chapter 10	Somatic Symptom Disorders And Dissociative Disorders
	Chapter 11	Feeding And Eating Disorders
	Chapter 12	Sleep-Wake Disorders
	Chapter 13	Sexual Dysfunction, Gender Dysphoria, And Paraphilias
	Chapter 14	Disruptive, Impulse-Control, And Conduct Disorders
	Chapter 15	Substance-Related And Addictive Disorders
	Chapter 16	Neurocognitive Disorders
	Chapter 17	Personality Disorders
Part III: Special Topics	Chapter 18	Psychiatric Emergencies
	Chapter 19	Legal Issues
	Chapter 20	Behavioral, Cognitive, And Psychodynamic Treatments
	Chapter 21	Psychopharmacology And Electroconvulsive Therapy

Electronic Resources

Videos of Psychiatric Symptoms are available on the Psychiatry and Behavioral Sciences Subject Guide on the Other Resources tab within the "multimedia" section. Viewing these clips will help students understand symptoms.

- Catatonia
- Clang Associations
- Command Hallucinations
- Derailment
- Flat Affect
- Grandiose Delusions 1
- Grandiose Delusions 2

- Grand Delusions 3
- Mania
- Pressured Speech

The Psychiatry and Behavioral Sciences Subject Guide contains multiple question and answer books on the topic of psychiatry, and they should be used only after you read the required text. These are valuable for testing knowledge of psychiatry, but are inadequate as the primary method of learning psychiatry.

Institutional Resources

The COM Charlotte Edwards Maguire Medical Library is primarily a digital library that is available 24/7 through secure Internet access. Library resources that support this course are available under "Subject Guides" under the *Resources by subject* from the main menu on the library website. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection may be borrowed through interlibrary loan.

Evaluation and Grading

Mid-Clerkship Feedback

The mid-clerkship evaluation is completed at the mid-point of the Clerkship by the Clerkship Director and will provide feedback to the student on progress in the clerkship. This will include progress toward achievement of clerkship objectives, competencies, assignments and required encounters.

Encounter data are monitored by the Clerkship Directors to assure that students are meeting clerkship requirements. If it becomes apparent that a student is not encountering the expected patient conditions, efforts will be made to specifically select the needed patients needed to be seen. If these opportunities for specific patient encounters do not occur, the student will be exposed to the conditions/diseases secondarily through reading assignments, completion of online modules or discussions with the Clerkship Director.

Evaluation

An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship. A final summative report will be completed by the Clerkship Director at the end of the clerkship. The Education Director will review all components of the clerkship and include an assessment of each in the final grade summary.

Clerkship Specific Grading

The standardized clerkship policy can be found on the Office of Medical Education website.

1. If any remediation is required, the student is no longer eligible for honors, and will be assigned an initial grade of IR (Incomplete Remediation) until remediation has been completed
2. Any breach in professionalism renders a student ineligible for honors
3. Completion of ALL required problems, screenings and educational activities (pass/fail)
4. Completion and documentation of Ethics Module (pass/fail)
5. Active participation in weekly clerkship director meetings (pass/fail)
6. Submission of psychiatry project by end of the clerkship (pass/fail)
7. Submission of Comprehensive Psychiatric Write-up (pass/fail)
8. Clinical performance must be exemplary to be considered for honors
9. NBME must be at 75th percentile or higher to be eligible for honors consideration and must be at the 10th percentile to pass the clerkship

Policies

Student Mistreatment Policy

If you feel you are being mistreated, please refer to the Student Mistreatment Policy in the FSUCOM Student Handbook and report the incident as soon as possible.

College of Medicine Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See FSUCOM Student Handbook for details of attendance policy, notice of absences and remediation. Students must use the absence request form that is located on Student Academics.

Academic Honor Policy

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "...be honest and truthful and...[to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at http://fda.fsu.edu/academic-resources/academic-integrity-and-grievances/academic-honor-policy.

Americans with Disabilities Act

Students with disabilities needing academic accommodation should: (1) register with and provide documentation to the Student Disability Resource Center; and (2) bring a letter to the instructor indicating the need for accommodation and what type.

Please note that instructors are not allowed to provide classroom accommodation to a student until appropriate verification from the Student Disability Resource Center has been provided. This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center
874 Traditions Way
108 Student Services Building
Florida State University
Tallahassee, FL 32306-4167
(850) 644-9566 (voice)
(850) 644-8504 (TDD)
sdrc@admin.fsu.edu
http://www.disabilitycenter.fsu.edu/

College of Medicine Student Disability Resources

Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's Director of Student Counseling Services and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

Competencies

The following table outlines the **Psychiatry** clerkship competencies and assessment method for each, intended to be used as a guide for student learning.

Each clerkship objective/competency is mapped to the FSU COM Educational Program Objectives (EPOs) and ACGME Core Entrustable Professional Activities (EPAs). To view the complete table and for an overview of the curricular map for the clinical years at the Florida State University College of Medicine, please visit the syllabi page of the Office of Medical Education website.

Clerkship Competency	Assessment						
Psychiatry	NBME	Observation by faculty	Observation by clerkship director	Online module	Oral presentation	Patient documentation	Project
Perform a cognitive/dementia assessment using one of these instruments: Mini-Mental Status Exam, Mini-Cog or MOCHA.		x	x				x
Perform a full case oral presentation to include a differential diagnosis and treatment plan.		x	x		x		x
Perform a problem focused exam.		x	x				
Perform and document a complete psychiatric examination.		x	x				x
Perform a suicide/safety risk assessment and discuss an intervention plan.		x	x		x	x	
Perform a depression screen using one of these instruments: Beck, PHQ9 or Zung.		x	x		x		x
Perform a substance abuse screen using one of these instruments: AUDIT, CAGE, DAST-10 or Opiate Risk Tool.		x	x				x
Demonstrate ability to discuss the appropriate use and interpretation of psychological and neuro-psychological testing.		x	x		x		x
Demonstrate ability to discuss the appropriate use and interpretation of laboratory studies.		x	x				
Demonstrate ability to discuss the appropriate use and interpretation of radiographic and electro-physiologic studies.		x	x		x		x
Demonstrate ability to utilize electronic resources to identify and incorporate evidence-based data.		x	x			x	x
Identify the need for inpatient hospitalization.		x	x		x		x
Distinguish between and apply the basic psychotherapeutic modalities when developing a comprehensive treatment plan.		x	x				x
Construct and present an organized treatment plan including pharmacologic interventions when indicated.		x	x		x		x
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation regarding the development of aftercare plans and systemic and community obstacles.		x	x		x		x
Demonstrate knowledge of pharmacology of anxiolytics, acetylcholinesterase inhibitors, antidepressants, ECT, antipsychotics, beta blockers, and anticholinergics.	x	x	x				
Demonstrate understanding of co-morbid mental, neurological, and mental illness during case discussions.		x	x		x		x
Demonstrate knowledge and use of the Diagnostic and Statistical Manual of Mental Disorders, 5th edition.	x	x	x				
Recognize signs, symptoms, and risk factors for suicide, homicide, violence, and substance intoxication and withdrawal.		x	x		x	x	x

Demonstrate knowledge of mental illnesses; to include mood, anxiety, substance abuse, psychotic, somatoform, factitious, sleep, and cognitive disorders.	x	x	x				
Recognize the impact of age and development on the presentation of mental illnesses.	x	x	x		x		x
Recognize abuse in special populations and across the lifespan.		x	x				
Access and research evidence-based medicine for evaluation and treatment planning.		x	x				x
Communicate effectively with patients, families, and staff in a manner helpful and appropriate to the setting.		x	x				
Dictate or write a case in a form satisfactory for the medical record.		x	x				x
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation by recognizing the need for referrals to other medical and mental health specialists.		x	x		x		x
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation regarding involuntary hospitalization, psychiatric assessments, and indications for treatment.		x	x		x		x
Identify and incorporate relevant referrals for specific demographic groups to appropriate agencies and organizations.		x	x				
Maintain confidentiality of psychiatric information, regardless of setting.		x	x				
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation regarding the duty to warn.		x	x		x		x
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation regarding biases against the mentally ill and referral for patient and family advocacy.		x	x				
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation regarding financial and institutional barriers to care.		x	x				
Understand and discuss ethical issues in psychiatry.		x	x	x			
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation regarding the reporting of abuse.		x	x	x			
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation regarding boundary limits and violations in the doctor-patient relationship.		x	x	x			
Maintain appropriate professional boundaries, recognize transference, countertransference, and set limits with patients.		x	x				