

## **Florida State University College of Medicine Student Syllabus 2006 - 2007**

### **Third Year Clinical Clerkship in Psychiatry BCC 7150**

#### **Course Description**

The Psychiatry Clerkship is a six week clinical course 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. All major psychiatric diagnostic categories will be addressed including: affective disorders, anxiety disorders, psychotic disorders, alcohol and substance abuse disorders, geriatrics disorders, child and adolescent disorders, somatization disorders and personality disorders. (Though the focus is primarily on adults, there will be exposure to the care of adolescents and children when possible.) When appropriate, basic science correlations are also addressed.

The Psychiatry Clerkship will primarily be an outpatient learning experience. The student will be assigned to a preceptor with whom he or she will work the majority of the time. Inpatient psychiatric treatment programs, emergency departments, consultation/liason services, residential treatment programs, correctional facilities and a host of other community based programs where psychiatry is practiced offer supplementary learning experiences on the four campuses. In addition to treating patients in the outpatient setting, the student's remaining time will be scheduled as an educational experience in these areas.

In the outpatient setting, students will be provided opportunities to both observe and to participate directly in patient care under the supervision of the clerkship faculty psychiatrist. Students will also follow patients in the hospital setting to gain an appreciation for the range of severity of psychiatric illnesses and the variety of treatment options that are available to those with severe illness. Consultations done in a general hospital provide exposure to the treatment of co-existing psychiatric and medical illnesses. 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.

Patients of all ages, from diverse backgrounds and multiple ethnicities seen more than half of the time in an outpatient/ambulatory setting is the standard setup of the psychiatry clerkship. It is the fundamental contribution of the psychiatric clerkship to all of medicine to teach students effective interviewing skills and for them to become

competent in the diagnosis and treatment of common psychiatric illnesses as they present singularly or as a co-morbid condition to a medical/surgical disease.

The core psychiatry curriculum will be delivered through an Internet based self-study format. A schedule of required readings that address essential topics will be provided. In addition, Clerkship Directors at each regional campus will meet with students a minimum of once every two weeks for case presentations, discussion of required readings and to provide feedback on student performance. The Clerkship Director at each campus will review the Clinical Data Collection System (CDCS) encounters weekly to ensure that students are meeting the psychiatry clerkship objective for the minimum number and variety of diagnoses needed to be seen. It is very important that students record patient encounters and sync their PDA with the CDCS at least twice a week so that this data will be available and current.

As described elsewhere in this syllabus, the criteria for determining the final grade is based on clinical performance as assessed by the clerkship faculty member and the score obtained on the National Board of Medical Examiners shelf examination in psychiatry. The best way to prepare for this examination is to complete all of the required readings and exercises devised by the Psychiatry Education Director and done in consultation with the regional campus Clerkship Directors.

### Course Faculty

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<b>Orlando Campus</b>			<b>Herndon Harding, M.D.</b> <b>Clerkship Director</b>
	<b>Clerkship Faculty</b>		Luis Allen, M.D. Scott Farmer, M.D. Segundo Imbert, M.D. Carlos Ruiz, M.D.
<b>Pensacola Campus</b>			<b>Lawrence Mobley, M.D.</b> <b>Clerkship Director</b>
	<b>Clerkship Faculty</b>		Jacobo Cruz, M.D. Vincence Dillon, M.D. Henry Doenlen, M.D. Lawrence Gilgun, Ph.D. (Forensic Psychologist) Jordan Iserman, M.D. Raul Jimenez, M.D. Jose Montes, M.D. Terry Ptacek, M.D. (Addictionologist) Fidel Salib, M.D. Kevin Sanders, M.D. Venkata Sompalli, M.D.

			<b>FORT WALTON BEACH FACULTY</b> Steven Doheny, M.D. Eric Goldberg, D.O. Diana Melazzo, D.O.
<b>Sarasota Campus</b>			<b>John Kieffer, M.D.</b> <b>Clerkship Director</b>
	<b>Clerkship Faculty</b>		Darren Rothschild, M.D. Barbara Srur, M.D. Matthew Thomas, M.D.
<b>Tallahassee Campus</b>			<b>Eileen Venable, M.D.</b> <b>Clerkship Director</b>
	<b>Clerkship Faculty</b>		John Bailey, DO. Ellen Berkowitz, M.D. Peter Debelius-Enemark, M.D. Rafael Gomez, M.D. Akin Kolade, M.D. Michael Mitchell, M.D. Faisal Munasifi, M.D. Rasik Patel, M.D. Dennis Platt, M.D. Abolfazl Sadat-Mansouri, M.D. Mark Strickland, M.D. Thu Van Thai, M.D. Sara Tirumalasetty, M.D. Paul Zislis, M.D.
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## Course Objectives

**By the completion of the Clerkship, the student will be expected to master the following objectives:**

### SKILLS:

1. Based on the observations of clerkship faculty and/or the clerkship director, the student will demonstrate the ability to:
  - a. Perform a complete psychiatric examination that will include identifying data, history of present illness, a psychosocial history, past psychiatric history, past medical history, current medical problems, alcohol/substance abuse history and a mental status exam, summation and differential diagnosis. (This exam is posted on Blackboard.)
  - b. Perform a problem - focused exam. (Posted on Blackboard)
  - c. Perform a "mini - mental status" exam. (Posted on Blackboard)

- d. Do a risk assessment for suicide or potential to do harm to others and discuss an intervention plan.
  - e. Verbally present a case. The presentation will include present and past history, an assessment, a differential diagnosis, a provisional diagnosis and a treatment plan.
2. Based on review of the clerkship director and clerkship faculty, the student will demonstrate the ability to:
    - a. Dictate or write a case in a form satisfactory for a medical record.
    - b. Use technology to locate evidence based psychiatric information.
  3. Based on the observations of clerkship faculty and / or the clerkship director, and with some weight given to the surveys completed by 10 patients on each student, the student will demonstrate the ability to:
    - a. Keep boundaries, recognize transference issues and set limits with patients.
    - b. Verbally communicate in a manner understood by the patient and effective for gathering history.
  4. Using a PDA, computer or other technology that accesses current evidence based medical information, the student will research topics of relevance to the clerkship. The information discovered will be of sufficient clinical utility to be included in evaluating and diagnosing a patient, formulating a treatment plan or composing reports/presentations on psychiatric topics. Using the PDA to determine the compatibility of psychotropic medicines used in combination with other medications is a way to demonstrate mastery of this skill.

#### **KNOWLEDGE:**

1. Based on the observations of clerkship faculty and / or the clerkship director during patient rounds, case presentations and small group discussions, the student will demonstrate knowledge in the following core areas:
  - a. Mental illnesses to include major depression, dysthymic disorder, bipolar disorder, adjustment disorders, generalized anxiety disorder, panic disorder, social phobia, obsessive-compulsive disorder, substance and alcohol abuse, the three clusters (A, B, and C) of personality disorders with a particular focus on borderline personality disorder, schizophrenia/psychoses, dementia and deliriums, somatoform disorders, factitious disorders, malingering and sleep disorders.
  - b. Criteria A of the illnesses listed in the 4<sup>th</sup> Edition of the Diagnostic and Statistical Manual of Mental Disorders for the conditions listed above in 1 – a. Demonstrate and understanding of the use of DSM – IV.
  - c. Psychopharmacology to include the usage of anxiolytics, antidepressants (and ECT), antipsychotics, mood stabilizing agents, anticholinergics, acetylcholinesterase inhibitors and namentine, psychostimulants, beta blockers, and soporific agents in treating the mentally ill.
2. During discussions with faculty, the student will demonstrate an analysis of the role of the following in the comprehensive evaluation and management of a psychiatric patient:

- a. The co-morbidity of mental, neurological and medical illnesses.
- b. The use of laboratory tests and various types of scans (CT, PET, MRI, etc.) to evaluate for mental illness or for the ongoing monitoring of medications. (Lithium level, etc.)
3. The student will construct and present to faculty an organized treatment plan addressing the findings of the evaluation. In addition to recommending medications using the principles of psychopharmacology from 1 - c, this presentation will demonstrate to the faculty:
  - a. Recognition of the signs, symptoms and risk factors for suicide, homicide and withdrawal from drugs and alcohol.
  - b. The ability to assess for the need to be hospitalized versus treatment as an outpatient.
  - c. The ability to utilize the basic concepts of various psychotherapies and propose ways to incorporate them into a treatment plan. (Psychotherapies include but are not limited to psychoanalysis, cognitive behavioral therapy, behavioral therapy, supportive psychotherapy, and brief/time limited psychotherapy.)
4. For either incorporating into the treatment plan or using to assist in solidifying a difficult diagnosis, the student will demonstrate to the attending:
  - a. A conceptual understanding of the indications for psychological testing.
5. From the collection of information about the patient, the student will demonstrate to faculty:
  - a. Recognition of the signs of abuse in all ages.
  - b. The differing presentations of mental illness over the life span. (Child, adolescent, adult, elderly).

#### **ATTITUDES AND BEHAVIORS:**

1. In case presentations, patient write-ups and discussions with clerkship directors and preceptors, demonstrate the ability to remain objective and non-judgmental toward a patient, regardless of lifestyle and life choices. Empathy is a quality worth acquiring and diversity is rarely boring.
2. No matter the setting (inpatient wards, ambulatory care centers, hallways, waiting rooms) the importance of confidentiality of psychiatric information will be demonstrated in discussions and interactions with attendings, colleagues, nurses, office staff, etc.
3. During post evaluation discussions with attendings and / or intake personnel the student will be able to discuss the basic ethical issues in psychiatry such as involuntary treatment, the duty to warn about risks, reporting abuse (especially in children and elderly), and acceptable as well as unacceptable interactions with patients.
4. Explain to faculty when and why to refer to a psychiatrist a patient being seen in the primary care setting for a mental health condition. (This requires acknowledging a professional limitation at times, but demonstrates what is frequently in the best interest of the patient therapeutically. During case presentations and conferences, students will be able to discuss when this is an appropriate option.)
5. The student will demonstrate in case discussions with faculty and / or participation in multi - disciplinary treatment team meetings, the role these next three items play in

aftercare planning, compliance with treatment and maintaining a mentally ill person in the community:

- a. The biases in society, medicine in general, the law, and other arenas toward the mentally ill and how to be an advocate when necessary.
- b. The barriers to treatment placed by society, the system, the mentally ill person himself, third party payers, etc.
- c. The need to work with community resources available for all age groups and know to which organization to contact for this type of assistance. (Social Services, DCF, Council on Aging, etc.)

**Course Requirements for Required number of patients seen by diagnostic category.**

A list of diagnoses and minimum number of patient encounters was developed for the third year psychiatry clerkship. (\* See chart) Selection of the kinds of patients and the number and the level of the encounter with them took into consideration the objectives of both the clerkship and the FSUCOM. After reviewing the CDCS data, it was determined that adequate patient numbers exist at all clinical sites to meet the objectives of the clerkship.

\* The list is as follows:

Diagnosis	Total Number of Patients	Number of New Patients	Number of Follow - up Patients
Major Depression / Dysthymia	10	4	6
Bipolar Disorder	4	2	2
Generalized Anxiety Disorder / Anxiety Disorders (OCD)	6	3	3
Panic Disorder	2	1	1
Schizophrenia / Psychotic disorders	4	2	2
ADHD adult / child	1	0	1
Substance Disorders	3	1	2
Personality Disorders	2	0	2
Dementia	2	1	1

Appropriate exposure to various kinds of patients needed to meet clerkship objectives is assured by scheduling patients with specific presentations / conditions for student encounters by preceptors and by the clerkship director monitoring patient encounters on a weekly basis utilizing the CDCS electronic patient encounter system. If a targeted condition is not encountered by the student by the end of week 4, an alternative experience will be arranged.

For students not meeting the minimum numbers, any one of many plans may be implemented to ensure that students get the appropriate experience. These plans may include: reassigning the student to a different faculty, finding specific patients of another faculty for the student to see, seeing a standardized patient of that type, doing a computer (Dxr) or paper based case and / or reading on a patient of that type and discussing I with the attending or clerkship director. The clerkship director will assist with this if it becomes necessary.

### **Definition of level of care for a patient used in the CDCS:**

#### **INPATIENT**

A tag along, just observing rounds and not doing anything....**not counted**

Answering questions/Ask questions/offer minimal thoughts.....**minimal**

Involved in the discussion about treatment, write a soap note, writing orders, talking to the nurse/staff about the plan, taking some kind of responsibility for the patient care ...**moderate**

**Moderate** would be following your established patient alone prior to rounding with your attending and then participating on rounds.

Performing a substantial part of the initial exam ( some or all of the basic components: history of present illness, past psych history, psychosocial history, physical exam/past medical history/review of systems, family history, conclusions, differential diagnosis, treatment plan, etc.)... **maximal**

#### **OUTPATIENT**

Because most preceptor's offices do not have sufficient space for a great deal of independent patient evaluations, even if the student is just a "fly on the wall" but listening and observing an evaluation counts as a **minimal contact**

A **moderate contact** is achieved when the student participates in the evaluation by asking/answering questions, offering therapeutic suggestions concerning treatment, writing a note, prescription.....assuming some independent task about patient care, following an established patient alone and presenting.

The **maximum or comprehensive** contact is made by performing a substantial part of the initial exam ( some or all of the basic components: history of present illness, past psych history, psychosocial history, physical exam/past medical history/review of systems, family history, conclusions, differential diagnosis, treatment plan, etc.)

## Required Reading

Weekly required readings are link directly to the Medical Library and can be accessed remotely using EZ-Proxy.

Here are some of the resources used. The textbook by Kaplan & Sadock is the source for the required readings.\* The others listed are valuable tools for further study of psychiatry. Books 2 through 4 on the list are available in the regional campus libraries and are accessible on the electronic library.

1. Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 2003\*
2. DSM IV TR, 4<sup>th</sup> Edition, 2000
3. Comprehensive Textbook of Psychiatry, 8<sup>th</sup> edition, 2005, Kaplan and Sadock
4. Practice Guidelines for the Treatment of Psychiatric Disorders 2004, American Psychiatric Association
5. Other pertinent articles, chapters and PowerPoints contributed by staff, students and from other sources will be placed on Blackboard.

### Weekly Topics:

Assignments will be broken down into six modules, one per week. The modules are listed on Blackboard and, by opening them, the links to the reading can be accessed. . Here is a break down of the topics.

#### Week 1

- The complete mental status exam and the brief mental status exam should be learned this week.
- The topic is Affective Disorders. The student should learn the DSM IV diagnostic criteria for the affective disorders, as well as evaluation and treatment of it.
- There are links to special topics relating to depression that deal with pharmacology, geriatrics, etc.

#### Week 2

- Anxiety Disorders and Stress Disorders are the subjects of week two. DSM IV diagnostic criteria, evaluation and treatment are to be learned.

#### Week 3

- Schizophrenia and Psychotic Disorders are the topics of week three. DSM IV diagnostic criteria as well as evaluation and treatment, particularly pharmacological treatment, should be learned.

#### Week 4



- Delirium, Dementia, Substance Induced Disorders, Alcohol and Substance Abuse / Dependence are the topics of week four. Again, the DSM IV diagnostic criteria should be learned. This module also contains information on drugs of abuse, etc.

#### Week 5

- The topics for week five are Personality Disorders and Somatization Disorders. It is important to have a working knowledge of the DSM IV diagnostic criteria for personality disorders in general and to know features of the specific ones that make them unique.
- This section also contains information on malingering, factitious disorder, conversion disorder and hypochondriasis. These are frequent topics on the NBME exam.

#### Week 6

- Psychotherapies and Disorders of Adolescent and Children are the topics of week six. Of particular relevance are cognitive behavioral therapy, psychoanalysis, ADHD, oppositional-defiant disorder and pervasive developmental disorders.
- This week also contains a link to the USMLE review site as a prep for the exam which will be taken on the last day of the rotation.

### **Teaching and Learning Methods**

#### **Course Components**

**Self - Study Readings:** A set of very specific readings to maximize the student's understanding and efficiency in learning the most salient features of psychiatry has been developed. Reading assignments are broken up into weekly blocks. (See weekly readings section above).

**Self - Study Modules:** The majority of the student learning that takes place outside the clinical experience will be in the form of self study. Each module takes about 10 minutes to complete. Modules consist of fill in the blank readings, and one board style question to complete. The self study modules are related to the content areas to be studied during the week. Students will be responsible for identifying personal gaps in knowledge and attempt to find the information through use of resources such as the textbooks, Internet sites, electronic textbooks and faculty.

**Clerkship Clinical Experience:** This is an apprenticeship experience with one or two psychiatric clerkship faculty. Students are expected to perform psychiatric examinations of varying degrees of complexity (and history and physicals when possible) on patients primarily in the outpatient setting and also participate to the fullest level possible on inpatient rounds. The student works the hours that his / her doctor works. Wednesday afternoons will be reserved for the Doctoring 3 course. One half - day every week, the student will spend in his or her community - based longitudinal clinical experience.

**Clerkship Directors Meetings:** Campus clerkship directors will meet with students at least once every other week. These sessions will center on case presentations by students followed by a discussion of the differential diagnosis, rational treatment approaches and follow - up care of the patient. Additionally, the clerkship director will check on the student's progress on reading / performing the weekly assignments. Special topics of relevance will be discussed and suggestions for learning the uncovered topics / diagnoses will be made in an effort to augment the clinical experience and / or readings.

These sessions will also include monitoring of the CDCS and giving the student any necessary feedback on his / her performance.

**Call and Emergency Psychiatry:**

A component of this course is exposure to emergency psychiatric evaluations and interventions. This will be achieved in a variety of ways depending on the resources and facilities available to the four campuses. Four times during the clerkship, the student will be under the supervision of a psychiatrist or experienced psychiatric screener in a setting that specifically deals with urgent or emergency patient care. This will include emergency rooms of general hospitals, intake offices of inpatient behavioral medicine centers, outpatient facilities that do triage and referral for emergency care, etc. Each of these will be separate from the regular daily schedule of the course and will last approximately four hours. If this is achieved by doing a night call, it will end at 11:00 p.m.

The student will round with an attending two weekend days during the six week clerkship. These rounds will begin at the time designated by the attending and last until noon.

**Student Work Hours:**

Students will adhere to the ACGME rules regarding the workweek, which include working no more than 80 hours per week, no more than 24 hours continuously, except an additional 6 hours may be added to the 24 to perform wrap-up duties, and have at least one of every 7 days completely off from educational activities.

**EXAMINATION AND GRADING POLICY**

**For 3<sup>rd</sup> year clerkships in academic year 2006-2007**

The following methods are used to assess student progress through the third and fourth years:

- Performance on the NBME subject examinations or on the FSU COM internal clerkship-specific examinations to assess knowledge acquisition following required clerkships;

- Ratings of student professionalism and clinical skills as recorded by clerkship faculty, residents and clerkship director using standardized FSU COM assessment forms following required clerkships and electives.
- Performance on Objective Structured Clinical Examinations (OSCE) to assess key clinical skills, including clinical reasoning (These assessments are not part of individual clerkship grades, but assess achievement of FSU COM competencies.)
- Performance on the USMLE Step 2 examinations—both CK and CS exams. (These assessments are not part of individual clerkship grades, but are standardized exams to assess both knowledge acquisition and clinical skills development.)

All students are expected to achieve the stated competencies/objectives of each clerkship. Third year students who do not meet these clerkship competencies/objectives are required to remediate identified deficiencies before being advanced to the fourth year curriculum. Fourth year students who do not achieve the stated clerkship competencies/objectives will be required to remediate deficiencies before being permitted to graduate. All students will be provided frequent opportunities to assess their performance in non-graded exercises and to identify areas of strength and weakness prior to graded examinations.

**Clerkship Grading:**

It is the responsibility of the Education Director in the appropriate discipline to review the appropriate assessments and assign the student's grade in all required clerkships.

**Elective Grading:**

It is the responsibility of the Regional Campus Dean to approve or revise the grade proposed by the elective supervisor at the end of each approved elective .

**Grading Standards for Required Clerkships:**

FSU COM has adopted the following Honors/Pass/ Fail grading system and a uniform policy governing the assignment of grades to students completing the required clerkships. Grades are based on student performance on the NBME shelf examination, or, in the case of the geriatrics or emergency medicine clerkship, an internal FSU content exam, clerkship faculty assessments of the student performance, the clerkship director's summary, compliance with data entry requirements into the CDCS system, clerkship-specific papers or projects (when required) and in some clerkships, patient and staff evaluations (see specific syllabi for details).

A student may be assigned an “Honors” grade if he meets either of the “Honors Criteria” below:

Honors Criteria 1:

- 1) A student must receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; AND
- 2) A student must receive “Consistently excellent and exemplary performance” ratings in at least 12 of the 17 remaining subcategories and have no “Needs considerable improvement, showed little growth or progress” or “Very problematic, area of grave concern” ratings on the assessment form; AND
- 3) A student must achieve a score on the NBME specialty shelf examination that is at least 1.0 SD above the national mean for shelf exam scores by students completing clerkships of comparable length at a similar time in the academic year (note: all NBME shelf exam scores taken by fourth year students shall be referenced to scores by students in the fourth quarter of third year); OR
- 4) A student must achieve a pre-determined honors-level score on the internal clerkship-specific exam.

Or

Honors Criteria 2:

- 1) A student must receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; AND
- 2) A student must receive “Consistently excellent and exemplary performance” ratings in at least 15 of the 17 remaining subcategories and have no “Needs considerable improvement, showed little growth or progress” or “Very problematic, area of grave concern” ratings on the assessment form; AND
- 3) A student must achieve an NBME score in at least the 70<sup>th</sup> percentile when compared with shelf exam scores by students completing clerkships of comparable length at a similar time in the academic year (note: all NBME shelf exam scores taken by fourth year students shall be referenced to scores by students in the fourth quarter of third year); OR
- 4) A student must achieve a pre-determined alternate pathway honors-level score on the internal clerkship-specific exam.

A student may receive a “Pass” grade if they meet the “Pass Criteria” below:

Pass Criteria:

- 1) A student must receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; AND
- 2) A student must receive “Consistently good, performance improved with experience” ratings in at least 15 of the 17 remaining subcategories on the assessment form and have no more than 2 “Needs considerable improvement, showed little growth or progress” in the remaining 17 subcategories; AND
- 3) A student must achieve a score on the NBME specialty shelf examination that is at or above the 10<sup>th</sup> percentile for shelf exam scores by students completing clerkships of comparable length at a similar time in the academic year (note: all NBME shelf exam scores taken by fourth year students shall be referenced to scores by students in the fourth quarter of third year); OR,
- 4) A student must achieve a score above a predetermined minimum passing score on the internal clerkship-specific exam.

A student is at risk for a grade of “Fail” if they achieve any of the “Fail Criteria” below:

Fail Criteria:

- 1) A student does **not** receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; OR
- 2) A student receives one or more “Very problematic, area of grave concern” ratings in any of the remaining 17 subcategories on the rating form; OR
- 3) A student receives a “Needs considerable improvement, showed little growth or progress” rating in 3 or more of the remaining subcategories; OR
- 4) A student achieves a score below the 10<sup>th</sup> percentile of students completing clerkship of comparable length at a similar time in the academic year on the retake of his/her NBME specialty subject exam. (note: all NBME shelf exam scores taken by fourth year students shall be referenced to scores by students in the fourth quarter of third year); OR
- 5) He/she does not achieve a score above a predetermined minimum passing score on the retake of the internal clerkship-specific exam.

**Students who fail the initial post-clerkship NBME subject exam or fail to achieve a minimum passing score on the internal clerkship-specific exam:**

Students who fail the initial post-clerkship NBME subject exam or fail to achieve a minimum passing score on the initial internal clerkship-specific exam will receive an initial clerkship grade of “IR”. They will be given one additional opportunity to re-take the

examination to achieve a passing score. If a passing score is achieved on the re-take examination, the “IR” grade will be changed to a grade of “Pass.” (A student who fails the initial exam cannot achieve an “honors” grade regardless of the score on the re-take exam.) This re-take examination must be completed prior to the beginning of the student’s fourth year curriculum, or in the case of a fourth year student, prior to graduation.

If a third year student does not pass the re-take examination, the student must repeat the entire clerkship prior to being promoted to his/her fourth year, at the discretion of the Student E and P Committee. If a fourth-year student does not pass the re-take examination, the student must repeat the entire clerkship prior to being allowed to graduate.

**Students who fail to meet CDCS requirements for required clerkships:**

Data from the CDCS system is used to assess and direct individual educational objectives for each student. This makes accurate and timely data entry into the CDCS system imperative for clerkship students. Failure to comply with the CDCS data-entry standards established for the clerkship may result in a lowering of the student’s clerkship grade, and in cases of blatant noncompliance, may result in a student’s failing the clerkship due to concerns of professionalism.

**Students who receive poor evaluations by patients or staff:**

Patient and staff evaluations are important pieces of information about student performance, and are required to be collected during all third-year required clerkships. While this information is used for formative feedback in all clerkships, in some clerkships, this information may be used in grade determinations. The clerkship syllabus will clearly indicate how these patient and staff evaluations are to be used. Consistently low evaluations by either patients or staff may result in a lowering of the student’s clerkship grade, and in extreme cases, may result in a student’s failing the clerkship due to concerns about professionalism. Consistently high evaluations by patients or staff may also result in elevating the student’s grade from a “pass” to an “honors” grade for students in certain students who fall just below the “honors” cutoffs.

**Impact of Clerkship grades on the student’s overall FSU COM grade point average:**

Clerkship grades are translated to numerical equivalents by the FSU COM Office of Student Affairs and the FSU Registrar in order to calculate the student’s grade point average (GPA). The numerical equivalents used for this calculation are:

“Honors”	=	4.0 “quality points”
“Pass”	=	3.0 “quality points”
“Fail”	=	0.0 “quality points”

**For psychiatry the following methods will be used to assess student progress:**

- NBME subject exam to assess knowledge acquisition.
- Clinical evaluations will be performed by the preceptors, residents and clerkship director using a standardized FSU COM clerkship evaluation form. Clerkship directors at each site will submit a summative evaluation which will then be forwarded to the Education Director for review and final grading.

**Grades will be based on these components:**

1. NBME shelf exam in Psychiatry – given on the last morning of the rotation.
2. Clinical evaluations by clerkship faculty and clerkship directors, with a final summary given by the Education Director of the Psychiatry Curriculum.

Students must pass all components to pass the course. The final grade for each student will be based upon the same Honors, Pass, and Fail scale shared by each of the clerkships.

**Remediation:**

Remediation of this course for any student receiving a failing grade will be planned and implemented by a decision from the Evaluation and Promotion Committee, in collaboration with the Education Director for Psychiatry.

**Course Evaluation**

Each student will be given the opportunity to provide constructive feed-back to the clerkship faculty and directors using the on - line evaluation system. Numerical ratings and student comments will be sought at the end of the clerkship. Thoughtful student feed-back is vital to improving the quality of the clerkship learning experience.

**Resource Needs**

The physical resources necessary for this course are in place. At each of the regional campuses the student learning areas are complete with computers, textbooks, and access to videoconference equipment. Affiliation agreements with participating hospitals permitting FSU medical students to have access to hospital based psychiatric patients are in place. An extensive clinical faculty of high caliber has been recruited and is in place, and additional members continue to be recruited as needed.

**Knowledge Based Resources Supporting Course**

Befitting a 21st century medical school, students will have complete access to electronic versions of the literature and textbooks, personal computers, and personal digital assistants. Hard copies of the required and suggested readings are available at each FSU Student Regional Campus. A daily electronic log of their patients will be kept by the students and transmitted weekly to the Clerkship Director, who will insure that appropriate numbers of patients are being seen, and that the patient mix reflects common psychiatric disorders, age and race.

**Example of Psychiatry Clerkship**

**Student Template**

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00am to 9:00am	Morning Rounds	Morning Rounds	Continuity Preceptor	Morning Rounds	Morning Rounds	Morning Rounds	
9:00am to 12:00pm	Outpatient Clinic	Outpatient Clinic	Continuity Preceptor	Outpatient Clinic	Outpatient Clinic	Morning Rounds	
12:00pm to 1:00pm	Lunch	Lunch	Lunch	Lunch	Lunch		
1:00pm to 3:00pm	Outpatient Clinic	Outpatient Clinic	Doctoring 3	Clerkship Director	Outpatient Clinic		
3:00pm to 5:00pm	Outpatient Clinic	Outpatient Clinic	Doctoring 3	Clerkship Seminar	Outpatient Clinic		
5:00pm to 7:00am	Independent learning time	On CALL	Independent learning time	Independent learning time	Independent learning time		

**FSU COM ATTENDANCE POLICY (4/17/06)**

**COM Philosophy**

**We believe that:**

Professionalism is a major component of our medical curriculum. We believe students should conduct themselves appropriately in the various educational activities of the curriculum. This conduct includes coming to educational activities on-time, using the laptop computers only for course work during the educational activity, and not disrupting the class if late. The faculty should also demonstrate professionalism, by starting and ending all scheduled educational activities on time and providing a course schedule with clearly explained course policies in the course syllabus. Any changes in the schedule should be given to the students in a timely manner.



Students will be accountable and personally responsible for attending all educational activities (small groups, labs, clinical experiences, examinations, lectures, computer sessions, etc.).

Unexcused absences reflect negatively on the goals and objectives of the medical curriculum and demonstrate unprofessional behavior by the respective student.

We owe it to our state legislature and the citizens of the State of Florida to provide a quality educational program that meets the needs of our students in preparing them for the M.D. degree.

### **Attendance Policy**

Students are expected to attend all scheduled activities. Students are expected to be on time. Being on time is defined as being *ready to start* at the assigned time. If a student has an emergency that prevents her/him from attending a scheduled activity, s/he is to call and notify the Office of Student Affairs (Year 1/2) or the Regional Campus Dean (Year 3/4) and request that they inform the supervisors/professors/clerkship faculty/education director for that activity. If at all possible, the student should also call and at a minimum, leave a message with one of the course/clerkship directors. *It is important that students realize that their absence or tardiness negatively impacts a number of other people.* Attendance, including tardiness, is part of the student's evaluation for professionalism. Negative evaluations may result in decreased grades and in severe cases, referral to the Student Evaluation and Promotion Committee.

### **Procedure for Notification of Absence**

#### **Year Three and Four Required Clerkships**

If the student requests an absence in advance, the "Advance Request for Absence from Educational Activity/activities form should be completed, signed by the student and given to the Regional Campus Dean. Requests for excused absences from a required clerkship should be rare and made only in situations that cannot be rescheduled to occur during a scheduled time off or during an elective. An excused absence from a required clerkship may be allowed when it is determined by the Regional Campus Dean that the student has no alternative (see Fourth Year Scheduling Policies).

The Regional Campus Dean, after consultation with the Education Director and the Clerkship Director, will make the final decision regarding the student's request and give the student the implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.). Final decisions regarding implications for the student's grade shall rest with the Education Director. The Clerkship Director will notify the clerkship faculty member of the decision. The form will be filed in the Office of Student Affairs at the regional campus.

If the absence occurs due to an unforeseen emergency, the student should contact the Clerkship Director and the Regional Campus Dean immediately to report the absence including the reason for the absence. The Regional Campus Dean, after consultation with the Education Director and the Clerkship Director will make the final decision regarding implications of the student's absence. The implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.) will be given to the student by the Regional Campus Dean. Final decisions regarding implications for the student's grade shall rest with

the Education Director. The Clerkship Director will notify the clerkship faculty member of the decision. The form will be filed in the Office of Student Affairs

#### **Year 4 Electives**

If the student requests an absence in advance, the "Advance Request for Absence from Educational Activity/activities form should be completed, signed by the student and given to the Regional Campus Dean. The Regional Campus Dean, after consultation with the Elective Director, will make the final decision regarding the student's request and give the student the implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.). Final decisions regarding implications for the student's grade shall rest with the Regional Campus Dean, who will notify the Elective Director of the decision. The form will be filed in the Office of Student Affairs.

If the absence occurs due to an unforeseen emergency, the student should contact the Regional Campus Dean immediately to report the absence including the reason for the absence. The Regional Campus Dean, after consultation with the Elective Director, will make the final decision regarding implications of the student's absence. The implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.) will be given to the student by the Regional Campus Dean. Final decisions regarding implications for the student's grade shall rest with the Regional Campus dean, who will notify the Elective Director of the decision. The form will be filed in the Office of Student Affairs

#### **Remediation Policy for Absences from Examinations, Quizzes, Small Group Sessions, Preceptor visits, and Clerkship Call**

The remediation policies for absences from examinations, quizzes, small group sessions, and clerkship call are:

1. **POLICY ON MISSED EXAMINATIONS:** Students are required to take major in-term and final examinations. Based on Curriculum Committee policy, a student can only be excused from an examination by a course/education director decision based on the personal situation of the student. The Course/Education Director will determine the time of the exam make-up session. Also, according to the Curriculum Committee decision and the existence of the FSU COM honor code, the student will be given the same examination given to the other students.
2. **POLICY ON MISSED QUIZZES:** Students are required to take scheduled and unscheduled quizzes in the courses/clerkships. A student can only be excused from a quiz by a Course/Education Director decision based on the personal situation of the student. The student must make arrangements with the Course/Education Director to make up a missed quiz. Also, according to the curriculum committee decision and the existence of the FSU COM honor code, the student will be given the same quiz given to the other students.
3. **POLICY ON MISSED SMALL GROUP SESSIONS, PRECEPTOR VISITS AND CLERKSHIP CALL:** The student should contact the Course Director, small group leader, Clerkship Director or Education director for instructions on remediation of the missed session and material covered.

### **Remediation Policy for Students Who Fail a Course**

Remediation of courses / clerkships will be planned and implemented by a combined decision of the Evaluation and Promotion Committee in collaboration with the course / education director.

### **Unexcused Absences**

Course work missed as a result of an unexcused absence cannot be made up and the consequences of this will reflect in the final grade.

### **Academic Honor Code**

Students are expected to uphold the Academic Honor Code published in the Florida State University Bulletin and the Student Handbook: The Academic Honor System of the Florida State University is based on the premise that each student has the responsibility

1. to uphold the highest standards of academic integrity in the student's own work,
2. to refuse to tolerate violations of academic integrity in the University community, and
3. to foster a high sense of integrity and social responsibility on the part of the University community.

### **Students with Disabilities (ADA Statement)**

Students with disabilities needing academic accommodations should:

1. Register with and provide documentation to the student disability Resource Center (SDRC);
2. Bring a letter to the instructor from the SDRC indicating you need academic accommodations. This should be done within the first week of class. Specific arrangements should be settled with the instructor 5 working days prior to each exam for which accommodations are being requested.

Updated: June 13, 2006