BCC 7150
PSYCHIATRY

Florida State University
College of Medicine
Last Updated: 5/9/17
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Instructors

Education Director

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Clerkship Directors

<table>
<thead>
<tr>
<th>Campus</th>
<th>Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fort Pierce</td>
<td>Gerardo Olivera, MD</td>
</tr>
<tr>
<td>Daytona</td>
<td>Fariya Afridi, MD</td>
</tr>
<tr>
<td>Orlando</td>
<td>Herndon Harding, MD</td>
</tr>
<tr>
<td>Pensacola</td>
<td>Lawrence E. Mobley, MD</td>
</tr>
<tr>
<td>Sarasota</td>
<td>Matthew Thomas, MD</td>
</tr>
<tr>
<td>Tallahassee</td>
<td>Eileen Venable, MD</td>
</tr>
<tr>
<td>Marianna LIC</td>
<td>Steven Spence, MD</td>
</tr>
</tbody>
</table>
Course Overview

Description

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 at the six Regional Campuses 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 at the different campuses also 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. ECT may be an additional experience 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.) When appropriate, basic science correlations are also addressed.

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 may follow hospitalized psychiatric patients to 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. 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 with diverse cultures, religions, and belief systems perceive symptoms, diseases, and health care, and 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 or any other bias.

The core psychiatry curriculum will be delivered through an Internet-based, self-study format. A schedule of required readings that address essential content will be provided. In addition, Clerkship Directors at each regional campus will meet with students a minimum of once every week for 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.

The Education Director and Clerkship Director at each campus will regularly review Student Academics entries from student encounters to ensure that students are meeting clerkship objectives for diagnoses and procedures. Students must enter patient encounters in E*Value at least once a week so that this data will be available and current. The nature and number of the patients reported in Student Academics attests to the student becoming proficient in the core competencies.

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 Clinical Subject Exam in psychiatry. The best way to prepare for this examination is to complete the required readings and exercises devised by the Psychiatry Education Director and the regional campus Clerkship Directors.

Ethical issues will be discussed on a case-by-case basis as they present themselves in the clinical setting.

Course Components

Self - Study Readings

Specific readings that encompass the most salient features of psychiatry have been developed and are listed in the Required Texts and Reading section of this syllabus. These assignments are structured to maximize the student's understanding of the subject matter over the course of the six-week clerkship.
**Additional Self - Study**

Self-study is an essential part of the learning process. Students are responsible for identifying personal gaps in knowledge and for securing the resources needed to address such gaps. These resources include, but are not limited to, textbooks (electronic and hard copy), faculty, and the medical literature.

**Clerkship Clinical Experience**

This is an apprenticeship experience supervised by one or more psychiatric clerkship faculty. Students will follow the same work schedule as their faculty physicians, with the exception that students will attend Doctoring 3 (Wednesday afternoons) and the community-based Longitudinal Experience. Students are expected to perform psychiatric evaluations in their clinical settings and to complete procedure requirements.

**Call and Emergency Psychiatry**

The student 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, triage in outpatient facilities, etc. Psychiatry clerkship students are not required to be on-call overnight.

**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 a 24 hour period to perform wrap-up duties). Students will have at least one of every seven days completely free from educational activities or patient-care responsibilities.

**Required Diagnoses & Procedures**

A list of required diagnoses and mandatory procedures was developed for the third year psychiatry clerkship based upon the objectives of the clerkship and the mission of the FSUCOM.

Following review of this data, it was determined that there are adequate patient numbers at all clinical sites to meet the objectives of the clerkship. Regardless of the setting in which they are seen, students are exposed to a variety of diagnoses, and this was felt to be the most important goal of the clerkship. (See “12 Steps to Pass Psychiatry 2017-18” posted on Blackboard for details on grading and due dates).
### Required and Recommended Diagnoses

<table>
<thead>
<tr>
<th>Required Diagnosis</th>
<th>E*Value/Student Academics Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Depressive Disorder (any disorder)</td>
<td>□ Depression</td>
</tr>
<tr>
<td>1</td>
<td>□ Dysthymia</td>
</tr>
<tr>
<td>1</td>
<td>□ Major Depression</td>
</tr>
<tr>
<td>2 Bipolar Disorder</td>
<td>Bipolar disorder</td>
</tr>
<tr>
<td>3 Anxiety Disorder (any disorder)</td>
<td>□ Anxiety Disorder</td>
</tr>
<tr>
<td>3</td>
<td>□ Anxiety disorder, generalized</td>
</tr>
<tr>
<td>3</td>
<td>□ Anxiety Disorder, Other Tool (ORT)</td>
</tr>
<tr>
<td>4 Post-Traumatic Stress Disorder</td>
<td>PTSD</td>
</tr>
<tr>
<td>5 Schizophrenia or any Psychotic disorders</td>
<td>□ Psychosis, Other</td>
</tr>
<tr>
<td>5</td>
<td>□ Psychotic disorder</td>
</tr>
<tr>
<td>5</td>
<td>□ Schizoaffective disorders</td>
</tr>
<tr>
<td>5</td>
<td>□ Schizophrenia</td>
</tr>
<tr>
<td>6 ADHD (in an adult or child)</td>
<td>ADHD</td>
</tr>
<tr>
<td>7 Substance Disorders (any disorder)</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>8 Personality Disorders (any disorder)</td>
<td>Personality disorder</td>
</tr>
<tr>
<td>9 Dementia (any type of dementia)</td>
<td>□ Dementia, Alzheimer’s</td>
</tr>
<tr>
<td>9</td>
<td>□ Dementia, other</td>
</tr>
<tr>
<td>9</td>
<td>□ Dementia, Vascular</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommended Diagnosis</th>
<th>E*Value/Student Academics Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obsessive Compulsive Disorder</td>
<td>OCD</td>
</tr>
<tr>
<td>Adjustment Disorder</td>
<td>Adjustment Disorder</td>
</tr>
<tr>
<td>Eating Disorder (any disorder)</td>
<td>Eating disorder</td>
</tr>
</tbody>
</table>

The Clerkship Directors will assure that all students examine 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 through the Student Academics electronic patient encounter system on a regular basis. Students must enter the patient encounters in E*Value regularly. 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.

**Required Procedures:**

The student, under the observation of the Clerkship Director or Clerkship Faculty, will demonstrate a proficiency in performing these four procedures. Additionally, the procedures will be entered in E*Value and reported thru Student Academics. The minimum number required is one (1) and there is no maximum number. The clinical setting may be either inpatient or outpatient.

<table>
<thead>
<tr>
<th>Required Procedures</th>
<th>E*Value/Student Academics Descriptions</th>
</tr>
</thead>
</table>
| 1. Perform a cognitive/dementia assessment using the Mini-mental Status Exam, Mini-COG Exam or the MOCHA. | • Cognitive Assessment – MOCA  
• Mini-COG  
• Mini-Mental Status Exam |
| 2. Perform a depression assessment using one of these three tools: PHQ9, the Beck or the Zung. | • Depression Screening Tool – Beck  
• Depression Screening Tool - PHQ9  
• Depression Screening Tool - Zung |
| 3. Perform a substance abuse screen using one of these tools: AUDIT, CAGE, DAST-10 or the Opiate Risk Tool (ORT) | • Screening for Substance Abuse  
• Substance Abuse Screening Tool CAGE  
• Substance Abuse Screening Tool Opiate Risk Tool (ORT) |
| 4. 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. The template for the write-up is available on Blackboard under Clerkship Requirements >Assessment Tools. FOLLOW THE TEMPLATE! | • Psychiatric Exam, Comprehensive Write Up |

**Recommended Procedures, not required but important to learn**

- ADL
- Behavior Change Plan
Required Self Study Module on Ethics

This section, found under "Assignments" on the Blackboard Site, is a required self-study section. It addresses some of the more common professionalism, ethical and boundary issues encountered in psychiatry. The student should read it and is encouraged to discuss it with classmates, preceptors or in the meetings with the Clerkship Director. Completion of the module should be documented by writing a note under Project Documents attesting that you have completed it.

Level of Care Definitions Used for Encounter Entry

Inpatient

- A “tag-along,” with the student just observing and not doing anything: not counted.
- If the student asks or answers questions/offers or gives limited or little input into patient care: minimal.
- If the student is involved in the discussion about treatment, writes a soap note, writes orders, talks to the nurse/staff about the plan, and takes some kind of responsibility for the patient’s care: moderate.
- Rounding on your established patient prior to rounding with your attending, and then participating in patient care based on your observations: moderate.
- Performing a substantial part of the 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 physician offices do not have sufficient space for students to perform independent patient evaluations, seeing a patient with the preceptor--even if the student is just a “fly on the wall” but listening and observing--is counted as a minimal contact.
• A **moderate contact** is when the student participates in the evaluation by asking/answering questions, offering therapeutic suggestions, writing a note/prescription, assuming some independent task about patient care or following an established patient independently and presenting the patient to the attending/preceptor.

• A **maximum (or comprehensive)** contact is achieved by performing a substantial part of the exam. (This means some or all of the following are done on your own: 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 Texts and Reading assignments:**

The required textbooks are **DSM 5** and the **Introductory Textbook of Psychiatry** by Black and Andreasen. Additionally it is highly recommended that **DSM 5 Made Easy** be used to augment learning. The three of these can be accessed online through the FSU COM library on the [Psychiatry Resource Page](#), along with multiple other resources that can be used to enhance learning and understanding of psychiatry.

The required text 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.

There are multiple question and answer books on the topic of psychiatry. **ONLY AFTER YOU READ THE TEXT SHOULD YOU USE THE QUESTION AND ANSWER STUDY GUIDES.** These are valuable for testing knowledge of psychiatry, but are inadequate as the primary method of learning psychiatry. Also, when an interesting or novel patient is seen, be sure to read about the condition he or she has while details are fresh in your memory. (See also “Suggested Material and Additional Resources.” of this document)

**Videos of Psychiatric Symptoms**

On the [CoM Library Psychiatry & Behavioral Sciences: Other Resource Page](#) are videos of Psychiatric Symptoms. Viewing these clips will help the student understand these symptoms:

<table>
<thead>
<tr>
<th>Catatonia</th>
<th>Clang Associations</th>
<th>Command Hallucinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derailment</td>
<td>Flat Affect</td>
<td>Grandiose Delusions 1</td>
</tr>
<tr>
<td>Grandiose Delusions 2</td>
<td>Grand Delusions 3</td>
<td>Mania</td>
</tr>
<tr>
<td>Pressured Speech</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Here is a list of the broad general categories a student should study while taking this course. It parallels the required text and these are live links to the chapters in the required text.

1. **DIAGNOSIS AND CLASSIFICATION**
2. **INTERVIEWING AND ASSESSMENT**
3. **UNDERSTANDING AND USING DSM 5**
4. **THE NEUROBIOLOGY AND GENETICS OF MENTAL ILLNESS**
5. **NEURODEVELOPMENTAL (CHILD) DISORDERS**
6. **SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS**
7. **MOOD DISORDERS**
8. **ANXIETY DISORDERS**
9. **OBSESSIVE-COMPULSIVE AND RELATED DISORDERS**
10. **TRAUMA- AND STRESSOR-RELATED DISORDERS**
11. **SOMATIC SYMPTOM DISORDERS AND DISSOCIATIVE DISORDERS**
12. **FEEDING AND EATING DISORDERS**
13. **SLEEP-WAKE DISORDERS**
14. **SEXUAL DYSFUNCTION, GENDER DYSPHORIA, AND PARAPHILIAS**
15. **DISRUPTIVE, IMPULSE-CONTROL, AND CONDUCT DISORDERS**
16. **SUBSTANCE-RELATED AND ADDICTIVE DISORDERS**
17. **NEUROCOGNITIVE DISORDERS**
18. **PERSONALITY DISORDERS**
19. **PSYCHIATRIC EMERGENCIES**
20. **LEGAL ISSUES**
21. **BEHAVIORAL, COGNITIVE, AND PSYCHODYNAMIC TREATMENTS**
22. **PSYCHOPHARMACOLOGY AND ELECTROCONVULSIVE THERAPY**
**Mandatory Project:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Student must complete <strong>one (1) of the following projects</strong> after clearing it with their clerkship director.</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Pick any psychiatric topic and create a 15 slide PowerPoint presentation.</td>
</tr>
<tr>
<td>2.</td>
<td>Present and lead a thorough and detailed discussion of a relevant journal article to peers and confirmed as done by the clerkship director. Should be 15 to 20 minutes in length.</td>
</tr>
<tr>
<td>3.</td>
<td>Write a 3 page essay on a unique experience such as attending a legislative session, court hearing, etc. (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 are expected.</td>
</tr>
<tr>
<td>4.</td>
<td>Assist in the presentation of a grand rounds or similar event to a group of healthcare professionals. (Satisfactory completion of this project must be documented by supervising</td>
</tr>
</tbody>
</table>

**Project delivery instructions, regardless of which project is chosen:**

- Must upload the project to **Student Academics by 5 p.m. local time on Friday of the final clerkship week.** PPT files need to be saved as PDF files before submission to Student Academics. If the project requires documentation by faculty that it was performed, the faculty member should email this information to the education director and the campus clerkship director. If the project requires documentation by the campus clerkship director that it was performed, the clerkship director should email this information to the education director.
- Your PowerPoint/journal club/essay should be presented at your preceptor's office or during a weekly session with your clerkship director to your peers.
These clerkship objectives reflect the knowledge, skills, and attitudes of the overall COM. They are consistent with the FSUCOM six competency domains.

By the completion of the clerkship, student will be able to:

**Skills**

Based on the observation of the clerkship faculty and/or the clerkship director, the student will demonstrate the skills and ability to:

1. Perform a cognitive/dementia assessment (using one of these instruments: Mini-Mental Status Exam, Mini-Cog or MOCHA.) Required procedure
2. Perform a suicide / safety risk assessment and discuss an intervention plan
3. Perform a depression screen (using one of these instruments: Beck, PHQ9 or Zung.) Required procedure
4. Perform a substance abuse screen (using one of these instruments: AUDIT, CAGE, DAST-10 or Opiate Risk Tool.) Required Procedure
5. Perform a full case oral presentation to include a differential diagnosis and treatment plan.
6. Perform a problem focused exam
7. Dictate or write a case in a form satisfactory for the medical record
8. Utilize electronic resources to identify and incorporate evidence based data
9. Access and research Evidence-Based Medicine for evaluation and treatment planning
10. Maintain appropriate professional boundaries, recognize transference, Countertransference, and set limits with patients
11. Communicate effectively with patients, families, and staff in a manner helpful and appropriate to the setting
12. Perform and document a complete psychiatric examination (Skills 1-4 will be included in the text and the write-up. It should follow the template found on Blackboard. The finished document will be uploaded to Student Academics by the sixth Wednesday of the clerkship. The education director will grade the assignment.) (Required procedure)
Knowledge (Medical Knowledge and Practice-Based Learning)

Based on the observation of the clerkship faculty and/or the clerkship director, the student will demonstrate knowledge in these core areas:

1. Mental illnesses including mood, anxiety, substance abuse, psychotic, somatoform, factitious, sleep, and cognitive disorders

2. Demonstrate knowledge of the use of the Diagnostic and Statistical Manual of Mental Disorders, 5th edition

3. Pharmacology of anxiolytics, acetylcholinesterase inhibitors, antidepressants, ECT, antipsychotics, beta blockers, and anticholinergics

4. During case discussions, demonstrate and understanding of co-morbid mental, neurological, and mental illness

5. Discuss appropriate use and interpretation of laboratory studies

6. Discuss appropriate use and interpretation of radiographic and electro-physiologic studies

7. Discuss appropriate use and interpretation of psychological and neuro-psychological testing

8. Construct and present an organized treatment plan including pharmacologic interventions when indicated

9. Recognize signs, symptoms, and risk factors for suicide, homicide, violence, and substance intoxication and withdrawal

10. Identify the need for inpatient hospitalization

11. Distinguish between and apply basic, psychotherapeutic modalities when developing a comprehensive treatment plan

12. Recognize the impact of age and development on the presentation of mental illnesses

13. Recognize abuse in special populations and across the lifespan
Attitudes and Behaviors (Professionalism)

Based on the observations of the clerkship director, clerkship faculty and education director, the student will consistently demonstrate professionalism and objectivity in clinical settings, staff meetings and in written documentation in the following areas:

1. Regardless of setting, students will maintain confidentiality of psychiatric information
2. Understand and discuss ethical issues in psychiatry
3. Involuntary hospitalization, psychiatric assessments, and indications for treatment
4. Duty to warn
5. Reporting abuse
6. Boundary limits and violations in the doctor-patient relationship
7. Recognizing the need for referrals to other medical and mental health specialists
8. Development of aftercare plans and systemic and community obstacle
9. Biases against the mentally ill and referral for patient and family advocacy
10. Financial and institutional barriers to care
11. Identify and incorporate relevant referrals for specific demographic groups to appropriate agencies and organizations
Americans with Disabilities Act

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.

The Office of Student Counseling Services
Medical Science Research Building, G146
Phone: (850) 645-8256
Fax: (850) 645-9452

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
Voice: (850) 644-9566
TDD: (850) 644-8504
sdrc@admin.fsu.edu

Academic Honor Code

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/Academics/Academic-Honor-Policy)
**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.

**Library Policy**

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.

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**Required Materials**

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

A daily electronic log of their patients will be kept by the students and entered into E*Value which will then be reported in the Student Academics portal. The Clerkship Director and Education Director will insure that appropriate patients are being seen, and that the patient mix reflects common psychiatric disorders, age and race.

There is a mechanism in place for student midpoint performance feedback. There is a mechanism in place for an end of rotation debriefing conducted by the Clerkship Director.

**Required Texts**

[Introductory Textbook of Psychiatry](#)  
[Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM-5)](#)
Suggested Materials and Additional Resources

1. DSM-5 Made Easy, 2014, by Morrison
5. Current Diagnosis and Treatment in Psychiatry, 2nd Edition by Ebert, Loosen, Leckman, Nurcombe; McGraw Hill.
6. Other pertinent articles, chapters and PowerPoint contributed by staff, students and from other sources are on Blackboard.
7. NBME Clinical Science Mastery Series
   The National Board of Medical Examiners (NBME) expanded its self-assessment services to include the new Clinical Science Mastery Series. Built to the same content specifications as the NBME clinical science subject examinations, this web-based series provides self-assessments for US and international medical students who want to assess their knowledge of the clinical sciences covered during a clerkship or medical education course. For a fee of $20.00 each, you can purchase self-assessments through the Self-Assessment Interactive Website.

Grading

All students: All mandatory diagnoses and procedures must be recorded in E*Value by 5:00 p.m. on the last Friday of the rotation and psychiatric write-ups and projects must be submitted to the Education Director and the Clerkship Director by 5 p.m. of the last Friday of the rotation to be a candidate for Honors.

The 12 Steps to Pass Psychiatry, found in the Blackboard site, gives grading specifics and all due dates.

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