

# Psychiatry Faculty/Resident Card

## Clerkship Experiential Director:

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## Student Expectations

- Observed (by 2nd wk.) performing **initial psychiatric patient interview**
- Submission of:
  - One written **psychiatric assessment** (Appendix A) by end of 3rd wk.
  - Second written **psychiatric assessment** by the last day of clerkship
- Completion of **ADMSEP** modules
- Other disease and patient specific requirements that student will log:

*Complaints* – agitated patient, alcohol/substance abuse, altered mental status, anxiety disorders, bipolar disorder, delirium, dementia, depression, personality disorders, psychotic disorders, sleep disorders, suicidal ideation, trauma history

*Exam* – Assessment for cognition – Mini Mental Status Examination (MMSE) or similar, Mental Status Examination

## Assessing Student Performance

- **Review learning goals** selected by student
- **Let student perform history and physical exam**
  - Observe at least one part of history or exam
- **Have student develop own prioritized differential diagnosis**
  - Ask student to commit to their own assessment before helping
- **Provide feedback on student communication** with patients, families, and health care team
- **Ask student to apply knowledge** and use EBM to answer questions
- Provide frequent verbal feedback and coaching
  - **What should the student Keep, Start, and Stop doing?**
- Describe student skills, actions, and behaviors
  - Use the clerkship's evaluation form as a guide
  - Try to comment on most domains or behavioral anchors
- **Contact school or clerkship leadership early with concerns** about a student's performance so we can help.

**NEOMED Clinical Faculty Website** (Clerkship syllabi & resources):

<https://www.neomed.edu/medicine/clinical-faculty/lets-get-ready-to-teach/>

# Guidelines for Providing Narrative Feedback

## 1. Use language that describes student progression Dr. Pangaro's<sup>1</sup>

Reporter-Interpreter-Manager-Educator language

### Reporter/Data Collector

Gather history, describe exam findings,  
document subjective/objective parts of notes

### Interpreter

Offer independent assessment, offer differential, identify problems, prioritize,  
presentations become more concise – able to identify pertinent positive/negative

### Manager

Offer independent plan, able to prioritize actions, adapt plan as situation  
changes, able to independently carry out plan

### Educator

Ability to teach and share evidence from textbook and primary literature  
(attending level)

2. Descriptions from multiple supervising physicians (on evaluation forms) using RIME-type language are essential to author great grade paragraphs. Provide specifics.

Anatomy of a Grade Paragraph – typically one sentence for each:

- **Professional behaviors** – *hard-working? reliable?*
  - **Relationships with team and teamwork** – *worked well with others?*
  - **Rapport with patients/family** – *caring, advocated well for patients?*
  - **Patient care skills**
    - 1 – History taking – *complete, appropriately focused?*
    - 2 – Physical examination skills – *complete? accurate? findings?*
    - 3 – Assessment, synthesis, differential diagnosis – *offered? accurate?*
    - 4 – Management & plan – *how complete? how independent?*
  - **Written notes** & other documentation skills – *complete? clear?*
  - Case presentation skills – *complete, clear, concise?*
  - **Application of knowledge and/or critical appraisal/use of literature**
3. In general, avoid nonspecific superlatives (*This is the best student ever!*) and predictions (*This student will make a great chief resident.*)

<sup>1</sup>Pangaro, L. (1999). A new vocabulary and other innovations for improving descriptive in-training evaluations. *Academic Medicine*, 74(11), 1203-1207. Retrieved from [https://www.uab.edu/medicine/dom/images/RIME\\_Pangaro.pdf](https://www.uab.edu/medicine/dom/images/RIME_Pangaro.pdf)



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