

It is the sole responsibility of the student to check CANVAS for schedule updates on a daily basis!

Northeast Ohio Medical University

College of Medicine

Psychiatry Clerkship, PSYC 83005
5 Weeks / 5 Credit Hours
Course Syllabus
Academic Year – 2023 - 2024

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COURSE LEADERSHIP

Dr. Lori Pittinger is Clinical Experiential Director for the Psychiatry Clerkship. She is responsible for ensuring that implementation of the Psychiatry Clerkship curriculum is comparable across all teaching sites. Dr. Pittinger and the respective Clinical Site Directors can be reached by email for any student questions or concerns and will be available for face-to-face appointments via teleconference or in person. The Clerkship Site Directors and their institutions are also listed below. These are the institutions and residency training programs that have committed themselves to the Northeast Ohio Medical University College of Medicine for participation in the undergraduate training of the NEOMED students.

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BASIC COURSE INFORMATION

Course Description

The Northeast Ohio Medical University College of Medicine M3 Psychiatry Clerkship is a five-week clinical rotation. The core curriculum is designed to provide for the acquisition of clinical competence and basic knowledge in Psychiatry, the development of interpersonal skills and the promotion of attitudes commensurate with high standards of professionalism. A foundation for continued learning and self-improvement will be established, and an awareness of the role of systems within Psychiatry practice will be developed. The core competencies will serve as a framework for the educational experiences that include didactics, case conferences, self-directed learning assignments and patient care activities.

Course Enrollment Requirements

- Successful completion of M1 curriculum.
- Successful completion of M2 curriculum.

Trainings	Screenings	Immunizations
<ul style="list-style-type: none"> • BLS • OSHA • ACLS • HIPAA • Responsible Conduct of Research Human Subjects Research 	<ul style="list-style-type: none"> • Criminal Background Check • Toxicology Screen • TB Test 	<ul style="list-style-type: none"> • Hepatitis B, MMR, Tdap, Varicella (required upon matriculation) • Flu shot • COVID vaccination required at some sites and strongly encouraged at others.

CLERKSHIP OBJECTIVES

Clerkship educational program objectives are consistent across all seven Clerkships and are aligned with [NEOMED's College of Medicine Educational Program Objectives \(COM EPO\)](#). Throughout the Clerkships, students will continue to learn and refine skills, knowledge, attitudes, and professional behavior to move towards demonstrating entrustable behaviors. These competencies form the basis for the Student Performance Evaluation (SPE) that is used to assess student performance in all Clerkships.

By the end of the Clerkship, students will:

Clerkship Objectives	Alignment to COM EPOs
1. Gather hypothesis directed patient information with a focus on psychopathology and perform a comprehensive psychiatric assessment and mental status examination in an empathic manner for those presenting with psychiatric disorders.	1.1, 1.2
2. Develop and prioritize a differential diagnosis of psychiatric problems according to DSM-5 and recommended diagnostic testing for patients presenting with psychiatric symptoms such as altered mental status, agitation, depression, acute trauma, etc.	1.3
3. Generate an interdisciplinary assessment and management plan that includes pharmacotherapy, psychotherapy, social interventions, discharge planning, as well as reasoning for the treatment plan for those patients presenting with depression, substance abuse, suicidal ideation, trauma.	1.4
4. Apply medical knowledge of clinical disorders—to patient evaluations, specifically to those patients with psychosis, mood disorders, and neurocognitive disorders/	2.1

5. Apply knowledge of evidence-based medicine to answer patient care related questions.	3.1
6. Demonstrate empathetic, honest, and bi-directional communication with patients and families and develop expertise in the techniques of the psychiatric interview, including gathering a detailed developmental and relationship history, identifying psychosocial stressors, and recognizing the psychotic suicidal, or homicidal patient.	4.2
7. Demonstrate clear, effective, and thorough communication with the interprofessional health care team including psychologists, social workers, pharmacist, therapists, counselors, medical consultants, and family members in both written and verbal forms.	7.1
8. Fulfill one's professional obligations by displaying professional behavior and demonstrating a commitment to ethical principles (e.g., respecting patient autonomy and responding to patient needs that supersede self-interest).	5.1, 5.2, 5.3
9. Formulate individual learning goals based on personal strengths and limitations, respond appropriately to feedback and seek help when needed.	8.1
10. Identify and address potential barriers to communication with patients, families, and colleagues, including linguistic, educational, and cultural diversity, the psychosocial determinants of health, and patient/family preferences.	4.1

CLERKSHIP RESOURCES

Reading during the Clerkship should include both textbooks and journal literature. Students should read about specific problems encountered with their own patients, as well as subjects of general importance in psychiatry. Specific reading assignments from both text and the periodic literature may be required at the discretion of the Clerkship Site Director or other designees.

Primary Resources

1. Black, Donald and Andreasen, Nancy. Introductory Textbook of Psychiatry, 7th Edition. American Psychiatric Publishing, Inc. 2020.
 - o *This book was chosen because of its readability and clarity. It is an excellent introduction to psychiatry. Please use it as a supplement to your chosen methods of learning*

Online Resources

Association of Directors of Medical Student Education in Psychiatry (ADMSEP)
<http://www.admsep.org/csi-ecomules.php?c=ecomules-description&v=y>

Aquifer

Resource that provides essential knowledge and clinical reasoning skills for health profession students.

CANVAS

The online learning and collaboration system, CANVAS, will be used in M3 to post Clerkship educational materials including, but not limited to, course and Clerkship syllabi, Clerkship materials and core curriculum lecture videos. The web address for CANVAS is:

<https://neomed.instructure.com/>.

OASIS

It is the sole responsibility of the student to check for updates daily. Grades, CSEP submittal, and schedules will be accessible through OASIS. The web address for OASIS is

<https://neomed.oasisscheduling.com/>. Your Office 365 credentials are used to login to both systems.

Providers Clinical Support System (PCSS)

[Medications for Opioid Use Disorder \(MOUD\) - PCSS \(pcssnow.org\)](https://www.pcssnow.org)

uWorld

Resource that provides clinical and knowledge-based questions as a study option.

<https://lp.uworld.com>

CLERKSHIP STRUCTURE

Orientation

The Clerkship begins with orientation focusing on Clerkship goals and objectives, student responsibilities, schedules, and assessment methods. Students will be provided information on relevant hospital policies and procedures, personnel contact information, meal allowances (if applicable) and parking. The orientation will include instruction on the risks of infection, techniques for reducing the spread of infection and site-specific hospital protocol to be followed in the event of exposure to an infectious or environment hazard or other injury.

All students are required to watch the orientation videos prior to start of the Clerkship. Please refer to the Psychiatry folder on CANVAS.

First Day Reporting

First day reporting information varies by clinical site. Please see OASIS for first day reporting information.

Call and Work Hours

All 5-week Clerkships (Family Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery) will schedule **one half day of independent study time during the last week of the Clerkship**. This time can be used to make up missed clinical assignments from earlier in the Clerkship, complete enrichment activities, or as time to prepare for the upcoming subject exam.

All students will be assigned to take call during the five-week rotation. Call will be under the supervision of the on-call psychiatry resident or faculty member. The Clerkship Coordinator will assign call schedules and provide information at orientation regarding student responsibilities, sleeping facilities and meal reimbursements. Students on call must be available, as required, at all times. In compliance with guidelines established by the Liaison Committee on Medical Education (LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents.

Inpatient Service

Student will be assigned to both inpatient services and to subspecialty experiences, as available. In this setting, the student will be exposed to a wealth of clinical material and gain experience with a wide spectrum of psychiatric disorders. While on the inpatient services, the student will spend time on secure units.

Outpatient Experiences

For those students who have an outpatient experience it will offer a brief and initial exposure to complex patients in general adult psychiatry who are seen in the outpatient setting.

Subspecialty Experiences

Students may also have the opportunity to spend time in selected subspecialty experiences that include Psychiatric Emergency Services, Consultation Liaison Psychiatry, Community Psychiatry, a forensic unit, Substance Abuse, and Child and Adolescent Psychiatry.

LEARNING ACTIVITIES

Students will have access to lectures, either live or virtual, and the opportunity to participate in case conferences, depending on the Clerkship site. Students at all sites are required to attend any lectures, conferences or Grand Rounds listed on their schedule for their site.

Instructional Methods/Learning Strategies

A variety of learning strategies will be used during the Clerkship to help students achieve their goals. Strategies include but are not limited to:

- Patient Encounters (inpatient, private office, clinics, hospice centers)
- Supervised H&Ps
- Teaching Rounds
- Small Group Discussions
- Conferences and Lectures
- Practice-Based Learning and Improvement (PBLI) Project
- Textbooks
- Reflective Practice
- ADMSEP Online Cases

Organized reading and study materials will be available to support learning about assigned subjects and psychiatric problems of assigned patients, and to prepare for comprehensive written examinations. This source material will include enumeration of concepts to be learned and specific details pertinent to these concepts. These materials will be supplemented by conferences and lectures.

Overview

Week	Topics	MAT Cases & Assignments	Assignments
Pre-work			<ul style="list-style-type: none"> • Psychiatry PowerPoint Presentation
1	<ul style="list-style-type: none"> • Psychiatric Assessment • Mental Status Exam • Substance Abuse Disorders 	<p><u>ADMSEP Modules</u></p> <ul style="list-style-type: none"> • 8: Capacity Evaluations • 10: The Psychiatric Interview • 11: Opioid Risk Reduction & Overdose Resuscitation <p><u>PCSS Modules & Check Your Understanding Sessions</u></p> <ul style="list-style-type: none"> • Overview: Opioid Use Disorder Treatment with Buprenorphine/Naloxone <ul style="list-style-type: none"> ○ history, legal precedent, rationale for, and benefits of OUD treatment • Neurobiology <ul style="list-style-type: none"> ○ opioid receptors, reward pathways, partial agonism, precipitated withdrawal, tolerance, intoxication, overdose, withdrawal • Pharmacology_ <ul style="list-style-type: none"> ○ safety, efficacy, mechanism of 	<ul style="list-style-type: none"> • Update CSEP • PCSS Modules Training • ADMSEP Cases • uWorld Questions • Develop & Submit Individualized Learning Goals (ILG)

		<p>action, FDA guidance, diversion, etc.</p> <ul style="list-style-type: none"> • Patient Evaluation <ul style="list-style-type: none"> ○ history, physical, labs, treatment agreement, etc. • Specialty Topics <ul style="list-style-type: none"> ○ co-occurring mental illness, pregnancy, adolescents, acute/chronic pain, HIV, renal failure, hepatic failure 	
2	<ul style="list-style-type: none"> • Mood Disorders • Anxiety Disorders 	<p><u>ADMSEP Modules</u></p> <ul style="list-style-type: none"> • 1: Social Anxiety Disorder • 2: Adjustment disorder • 3: Major Depressive Disorder • 5: Bipolar disorder • 13: Anxiety Disorders • 18: Geriatric Depression Part 1 • 19: Geriatric Depression Part 2 <p><u>PCSS Modules & Check Your Understanding Sessions</u></p> <ul style="list-style-type: none"> • MAT and Urine Drug Testing <ul style="list-style-type: none"> ○ goals of testing, screening, confirmation, common tests, norbuprenorphine • Evidence-Based Counseling <ul style="list-style-type: none"> ○ CBT, medical management, mutual support groups, motivational interviewing • Webinars 1-5: Guide to Rational Opioid Prescribing 	<ul style="list-style-type: none"> • Update CSEP • ADMSEP Cases • uWorld Questions • PCSS Modules Training
3	<ul style="list-style-type: none"> • Psychotic Disorders • Others 	<p>ADMSEP Modules</p> <ul style="list-style-type: none"> • 6: Somatic Symptom Disorder • 7: OCD • 12: Psychotic Disorders • 14: Personality Disorders 	<ul style="list-style-type: none"> • Update CSEP • AMDSEP Cases • uWorld Questions • Consider taking NBME clerkship subject examination (<i>No NEOMED voucher provided</i>)
4	<ul style="list-style-type: none"> • Diseases of the Nervous System (Neurocognitive Disorders) • Pediatrics 	<p><u>ADMSEP Modules</u></p> <ul style="list-style-type: none"> • 4: Insomnia • 9: Pediatric Anxiety Disorders • 15: Neurocognitive Disorders/Dementia • 16: Child and Adolescent Eating Disorders • 17: Childhood Post Traumatic Stress Disorder 	<ul style="list-style-type: none"> • Update CSEP • ADMSEP Cases • uWorld Questions

5		Complete any remaining requirements	<ul style="list-style-type: none"> • Complete CSEP • End of Clerkship Survey • Finalize Learning Goals
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Student-Specified Individual Learning Goals

The Liaison Committee on Medical Education (LCME), the accrediting body for medical schools, expects that the curriculum provides opportunities for self-directed learning experiences that involve medical students' self-assessment of learning needs and the independent identification, analysis, and synthesis of information relative to their learning needs. Therefore, at the beginning of each Clerkship rotation, each student will identify 2-3 learning goals, including a personal wellness goal. At the end of each Clerkship, students will reflect on their attainment of their self-identified goals. Students will submit their goals and a summary of the achievement of those goals via CANVAS, which will provide a cumulative record of their personal learning goals for the entire Clerkship year. Students also will be expected to make their site directors aware of their goals so that the Clerkship learning experience may be enhanced and/or feedback provided accordingly. Guidelines for writing SMART goals are provided on the CANVAS site.

Specifically, students must upload the initial goals for each Clerkship by 11:59 p.m., Sunday of the first week of each Clerkship. At the end of the Clerkship, and prior to the final assessment meeting, students must record their progress toward achievement of each goal and prepare to discuss the status with their site director. The progression will be submitted on CANVAS by the last Friday of the Clerkship at 5:00 pm.

Data Waiver Training

Providers Clinical Support System (PCSS) is a national training and clinical mentoring project developed in response to the prescription opioid misuse epidemic and the availability of pharmacotherapies to treat opioid use disorder. An overview of Medications for Opioid Use Disorder (MOUD – previously known as Medication Assisted Treatment or MAT) is located here <https://pcssnow.org/medications-for-opioid-use-disorder/>

Each student must complete the 8-hour Data Waiver training through the Providers Clinical Support System (PCSS) and receive a **Certificate of Completion no later than the end of the third (3) week of rotation**. Assignment details are located in Canvas.

Association of Directors of Medical Student Education in Psychiatry (ADMSEP) Modules

All students are required to complete the online ADMSEP modules. See CANVAS for instructions on how to access the modules. <http://www.admsep.org/csi-emodules.php?c=emodules-description&v=y>

ADMSEP Modules	
Module	Module Name
1	Social Anxiety Disorder
2	Adjustment Disorder
3	Major Depressive Disorder
4	Insomnia
5	Bipolar Disorder
6	Somatic Symptom Disorder
7	OCD
8	Capacity Evaluations
9	Pediatric Anxiety Disorders
10	The Psychiatric Interview
11	Opioid Risk Reduction & Overdose Resuscitation
12	Psychotic Disorders

13	Anxiety Disorders
14	Personality Disorders
15	Neurocognitive Disorders/Dementia
16	Child and Adolescent Eating Disorders
17	Childhood Post Traumatic Stress Disorder
18	Geriatric Depression Part 1
19	Geriatric Depression Part 2

Clinical Skill Experience Portfolio (CSEP)

The Psychiatry Clinical Skills Experience Portfolio (CSEP) is an electronic checklist of clinical experiences developed for the Clerkship and designed for students to use to track their progress in developing knowledge and skill in the following areas:

- Diagnoses/Symptoms/Clinical Scenarios
- Physical Examinations
- Procedures/Technical Skills
- Additional Clinical Activities
- Additional Learning Activities

The CSEP list represents the minimum number and type of experiences required in the Clerkship. The expectation is that you will participate in a broader array of clinical experiences that become available to you during your rotation. A list of supplemental or alternative activities is also available as an [Appendix](#) and in CANVAS in the unlikely event that a student is not exposed to a particular experience.

Students are required to:

1. update the CSEP in OASIS on a weekly basis,
2. review their CSEP progression and completion of items with the Clerkship Site Director at the midpoint,
3. review the CSEP progress and completion of items with the Clerkship Site Director at the end of the Clerkship.

Psychiatry Clerkships Clinical Skills Experience Portfolio (CSEP)		
Diagnosis		
• Agitated Patient	• Alcohol/Substance Abuse	• Altered Mental Status
• Anxiety Disorders	• Bipolar Disorder	• Depression
• Personality Disorders	• Psychotic Disorders	• Suicidal Ideation
• Trauma History		
Physical Examination		
• Assessment for Cognition- Mini Mental Status Examination (MMSE) or Similar	• Mental Status Examination	
Additional Clinical Activities		
• Complete and hand in one full psychiatric assessment (Appendix A) by the end of week 2	• Complete and hand in second full psychiatric assessment (using feedback received from the first	• Conduct one observed initial psychiatric patient interview by end of week 2

	assessment), by the last day of the Clerkship	
Additional Learning Activities		
• Actively participate in care of at least 25 patients		
• Complete required ADMSEP modules		
• Complete assigned Medical Student Data Waiver Training		
• Complete mid-course feedback session with site director		
• Complete PBLI presentation		
• Develop and submit personal rotation goals by end of week one		
• Review progress on personal goals midway and submit progress by end of Clerkship		
• Review two articles and one clinical case prior to mental health and primary care conference		

Formative and Mid-course Feedback

The Psychiatry Clerkship places emphasis on providing students with continuous feedback on their knowledge, skills, and attitudes. Your final grade report form will reflect the feedback provided to you throughout the rotation. Mid-rotation and end-of-rotation communication will be scheduled during the Clerkship for you to:

- discuss your performance based on the assessment forms completed by faculty during the week of the rotation and a self-assessment of your performance,
- review clinical progress via your Clinical Skills Experience Portfolio (CSEP),
- plan activities for the week to match your learning objectives and individual learning goals, and
- address any problems or concerns.

uWorld

You are required to complete UWorld questions throughout the Clerkship. See CANVAS for specific assigned questions and due dates. www.uworld.com

uWorld Question Topics

- Week 1 – Psychiatric Assessment; Mental Status Exam; Substance Abuse Disorders
- Week 2 – Mood Disorders; Anxiety Disorders
- Week 3 – Psychotic Disorders
- Week 4 – Disease of the Nervous System (Neurocognitive Disorders); Pediatrics

Practice-Based Learning and Improvement (PBLI) Project

Students are required to complete a self-directed Practice-based Learning and Improvement (PBLI) Project specific to each Clerkship (except in Emergency Medicine). PBLI is important because physicians should monitor the quality of their own work, improve their work and keep up with developments in medicine. PBLI is based on the belief that physicians should be leaders in making change rather than reacting to changes made by others and the belief that positive changes in one's own practice behavior can have positive effects on large systems. Specific examples include: increasing preventive care, improving chronic disease management and enhancing patient safety.

The goals of the project are to:

1. investigate and evaluate patient care practices,
2. appraise and assimilate scientific evidence, and
3. improve patient care practices

For each Clerkship (except Emergency Medicine), students will be required to:

1. formulate a focused clinical question directly related to a current patient care situation

2. complete the PPICO for the clinical question
3. conduct a literature search to answer the question
4. evaluate the literature selection for relevance to the question, and reliability and validity of the article
5. make a formal presentation of the case, clinical question, search process and findings based on the requirements of your site.
6. discuss your PBLI question/topic with one of your inpatient attendings.
 - Prepare your PBLI presentation and present to that attending, and any residents, students, or other learners present in your treatment team.

Failed Practice-Based Learning and Improvement (PBLI) project:

- Students may be asked to repeat project with new topic in same specialty discipline as the failed project.
- Students must contact the Course Director to discuss the remediation process.

The net effect of the several avenues instruction is to provide a framework designed to help the student acquire the knowledge of selected subjects in Psychiatry, to appreciate the pathophysiologic mechanisms involved, to use the scientific method of problem solving, to develop proficiency in selected basic skills and to develop a professional attitude of responsibility and empathy toward patients. A significant advantage of this overall approach is early development of the capabilities and habits which will support each medical student in a life-long study of medicine.

Psychiatry National Board of Medical Examiners (NBME) Practice Subject Examination

For the Psychiatry Clerkship, students are strongly encouraged to purchase and complete one practice subject examination prior to their mid-Clerkship meeting with their site directors. Prepare to share the results during the meeting. Psychiatry Practice Exam is part of Clinical Science Mastery Series and can be purchased by logging into NBME Self-Assessment Services <https://www.nbme.org/taking-assessment/self-assessments>. We strongly recommend taking the second practice test at least one week prior to the subject examination for self-assessment purposes and insight into how to focus study in the final week (or more) of the Clerkship.

Consider using [study tips](#) for NBME subject exams put together by NEOMED students in the Class of 2018.

COURSE GRADING AND ASSESSMENT

Grading Assignment Table

Assignment/ Assessment	Grade Criteria	Type of Feedback	Date Scheduled/Due
Clinical Performance			
Student Performance Evaluation (SPE)	<ul style="list-style-type: none"> Behavioral anchors for each rating in each competency and formula for final rating/grade 	<ul style="list-style-type: none"> Rubric with Narrative Feedback 	<ul style="list-style-type: none"> Feedback is recorded throughout the Clerkship via student evaluation forms. The Clinical Grade will be generated at the conclusion of the course by the Clerkship Site Director submitted to for final review and grade assignment to the Clinical Experience Director. Documentation of fulfillment of professional responsibilities (met/not met) is completed by Course Coordinator(s). <i>Items include: onboarding, CSEP completion, UWorld question completion, Aquifer cases, attendance, as well as other related administrative items. Failure to meet these responsibilities in a timely manner will result in a "Below Expectations" on the SPE.</i>
Clinical Skills Experience Portfolio (CSEP)	<ul style="list-style-type: none"> Satisfactory completion required 	<ul style="list-style-type: none"> Checklist of required activities 	<ul style="list-style-type: none"> Mid-course and end-of-rotation meeting with Site Director.
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> Satisfactory completion required 	<ul style="list-style-type: none"> Checklist of required items 	<ul style="list-style-type: none"> Completion by the last Friday of the course.
Examination(s)			
National Board of Medical Examiners (NBME) Subject	<ul style="list-style-type: none"> See Table below 	<ul style="list-style-type: none"> Numerical score and Fail, Pass, or Pass with Commendation 	<ul style="list-style-type: none"> Last day of the course.

National Board of Medical Examiners (NBME) Subject Examination

The National Board of Medical Examiners (NBME) Subject Examination is the final written examination for each Clerkship except Emergency Medicine. It will be administered at the NEOMED Rootstown Campus on the last day of each Clerkship. Reporting time and location for each examination administered on NEOMED's campus is posted on the Outlook Calendar. Below is a summary of expected performance measurements. The Subject Examination score is an equated percent correct score that represents mastery of the content domain assessed by the examination. Cut lines are based on the most

recent recommendations of the National Board of Medical Examiners (NBME). Hofstee Compromise recommended passing score is used for minimum passing score. Minimum Pass with Commendation score is set at the 70th percentile nationally within Hofstee Compromise range of acceptable minimum honors scores. [NBME content examples](#) for each Clerkship can be accessed through this [link](#).

Subject Examination	Failing Range	Passing Range	Pass with Commendation
Family Medicine Clerkship	≤ 60	61-79	≥ 80
Internal Medicine Clerkship	≤ 58	59-79	≥ 80
Obstetrics/Gynecology Clerkship	≤ 63	64-81	≥ 82
Pediatrics Clerkship	≤ 61	62-82	≥ 83
Psychiatry Clerkship	≤ 70	71-85	≥ 86
Surgery Clerkship	≤ 59	60-78	≥ 79

Final Clerkship Grade Categories

Evaluation of student performance is expressed as one of the following permanent grades: Honors, High Pass, Pass or Fail. Extended Time or Incomplete are temporary grades assigned by the Clerkship Site Director, which indicate work in the course is incomplete. This grade may be the result of excused absences or academic deficiencies identified in a Clerkship or NBME assessment. If the Incomplete is not completed within the stated time frame (not to exceed one calendar year), the “Incomplete” will become a Fail grade. Students can view assessment data on OASIS. ***Please refer to [COM Grade Categories Policy](#) for further detail.**

Final Clerkship Grade Category	Clinical Performance Grade	National Board of Medical Examiners (NBME) Grade
Honors (H) <ul style="list-style-type: none"> only applicable to Clerkships that require a NBME subject exam 	<i>Pass with Commendations</i> <ul style="list-style-type: none"> provided there are no individual ratings of “below expectations” for any of the individual objectives 	<i>Pass with Commendations</i>
High Pass (HP)	<i>Pass with Commendations</i> <ul style="list-style-type: none"> provided there are no individual ratings of “below expectations” for any of the individual objectives 	<i>Pass the NBME subject exam on first attempt</i>
	<i>Pass</i> <ul style="list-style-type: none"> provided there are no individual ratings of “below expectations” for any of the individual objectives 	<i>Pass with Commendations</i>
Pass (P)	<i>Pass</i>	<i>Pass</i>
	<i>Pass</i>	<i>NBME subject exam not required</i>
Fail (F)	<i>Fail</i>	<i>Pass</i>
	<i>Pass</i>	<i>Fail</i>
	<i>Fail</i>	<i>NBME subject exam not required</i>
Incomplete (I)	<ul style="list-style-type: none"> Temporary grade indicating that work in the course is incomplete. 	

or Extended Time (EX)	This grade may be the result of excused absences or academic deficiencies identified in a Clerkship or NBME assessment.
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Grade Dispute

Grade Dispute guidelines are set forth in NEOMED’s [College of Medicine Grade Dispute Policy](#). A Grade Dispute is a formal request to change a Final Grade based on: 1) arithmetic, procedural or clerical error, 2) arbitrariness and capriciousness or 3) prejudice. Only Final Grades may be disputed. If a student disagrees with his/her Final Grade for a Clerkship, the student must first discuss the matter with the Clerkship Site Director assigning the grade **within five (5) working days** of posting of the Final Grade Report Form, as well as notify, in writing M3-M4GradeDispute@neomed.edu regarding the intent. Please refer to the policy for additional details on grade disputes.

Course Remediation

Guidelines specified in the *Compass* will be followed. Remediation is a privilege. Students are not guaranteed the opportunity to remediate. Student professionalism, for example, or lack thereof, may be factored into the decision to offer remediation.

“Below Expectations” rating in four or more individual items on the Student Performance Evaluation Form (SPEF):

- Student must repeat clerkship in its entirety including the NBME Subject Examination. The highest grade for a repeated Clerkship is “Pass”.
- Repetition of Clerkship will be scheduled by the College of Medicine and Enrollment Services.
- Exception: Aggregate professionalism or performance concerns may result in referral to the Committee on Academic and Professional Progress (CAPP) rather than remediation.

Committee on Academic and Professional Progress (CAPP) Standards for Unsatisfactory Performance and Academic Action:

CAPP standards in the *Compass* are not limited to but include the following for referral to CAPP:

- Aggregate performance and/or professionalism concerns.
- Failure of multiple NBME Subject Examinations.
- Failure of any remediation.
- Failure of a repeated Clerkship.

COURSE POLICIES & PROCEDURE

Students are responsible for:

- Knowing where they are supposed to be at all times.
- Asking for guidance if unsure (not knowing expectations is not acceptable).
- Performing according to the articulated guidelines – study them, know them and perform.
- Owning their education.
- Defining their learning agenda each day.
- Following all Hospital Institutional Policies as instructed

Students should refer to the NEOMED Policy Portal for a full list of Clerkship Course Policies (<https://www.neomed.edu/policies/>) and the NEOMED Compass, 2023-2024, for further details.

Attendance and Time Off Clerkship

[Attendance guidelines](#) for all sessions are set forth in NEOMED’s policy Attendance at Instructional Sessions

- Absences must be discussed with your site director and an Absence Notification Form must be

submitted to NEOMED after a make-up plan is discussed.

- Request to present at a [professional conference](#) or fulfill a professional obligation should be completed online at least 6 weeks in advance.
- [Religious Holiday Observation](#) requests should be submitted for the first half of the year by July 1st and by November 1st for those holidays falling after January.

Blood Borne Pathogen Policy

If the Exposure Incident occurs at a clinical site, first notify the clinical director or preceptor and then report to the Employee Health clinic, designated medical department or facility for that institution, for treatment and/or evaluation according to the site guidelines.

Curriculum Contact Hours

In compliance with guidelines established by the Liaison Committee on Medical Education (LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents.

Clinical Supervision and Safety

Students should be appropriately supervised in learning situations that involve patient care and the activities supervised should be within the scope of practice of the supervising health care professional.

- Follow OSHA guidelines and appropriate patient safety procedures (handwashing, mask, gloves) as directed by the clinical site.
- If you are in doubt, err on the side of caution by taking a chaperone (fellow student, attending, nurse or security).

Mistreatment

Any issues or concerns regarding the Clerkship, house staff, personnel, patient availability, etc., should be addressed to the Clerkship Experiential Director (CED). Any issues or concerns regarding the course, course faculty and staff, etc., should be addressed to the CED and Associate Dean of Experiential Education.

- Issues or concerns should be addressed as quickly as possible to foster early resolution.
- Concerns regarding misconduct also may be reported confidentially or anonymously using the [Inappropriate Behavior Reporting Form](#).
- Students who feel they have been harassed or discriminated against should discuss the matter with their Associate Dean of Experiential Education, the Director of Student Wellness and Counseling, or the Chief Student Affairs Officer.

Professionalism

NEOMED students sign and are held to the Honor Code [Expectations of Student Conduct and Professional Behavior](#) and must abide by all student policies contained within *The Compass*. Failure to do so may result in referral and review by either CAPP or the Student Conduct Council.

- Hospitals and their academic departments reserve the right to determine appropriate attire for their sites and may impose additional requirements.

Subject Examination and Illness Protocol

Updated 2.10.22

1. If significantly ill the day of an M3 NBME Subject Examination and unable to take your examination, please reach out to the people below to notify them that you are unable to come. Notification of illness must be completed by 8:00 am the day of the examination. You do not need to wait for a reply although we will be reaching out to contact you.

- a. The Associate Dean of Educational Experience who is acting in the position of M3 course director, Dr. Nofziger, snofziger@neomed.edu
 - b. The M3 Coordinator Team through the M3 Clerkships email: m3clerkships@neomed.edu
 - c. The assessments team assessments@neomed.edu
2. If ill during the week of an examination, please reach out to the following people to notify them that you are ill and discuss a plan going forward. We will work with an assessments team that week if necessary.
 - a. The Associate Dean of Educational Experience who is acting in the position of M3 course director, Dr. Nofziger, snofziger@neomed.edu
 - b. The M3 Coordinator Team through the M3 Clerkships email: m3clerkships@neomed.edu

We do not offer subject examinations during weekends or during your subsequent Clerkship. Students that do not take their examination at the originally scheduled time will need to reschedule the examination during designated breaks in your schedule. These time periods include winter break, the elective period, and after your final Clerkship is complete. All retake/remediation examinations are on the Rootstown Campus unless they fall during winter break when the campus is closed.

Safety/Clinical Supervision

1. The availability of emergency care. All NEOMED students are required to have health insurance coverage. Students who are approved for electives at an international site are also required to purchase international health insurance before the elective experience will be approved. When students participate in electives outside of a NEOMED-affiliated site, NEOMED may be asked by the site to enter into an affiliation agreement with the site to address the obligations of the student, the site, and NEOMED. NEOMED reviews all affiliation agreements to ensure that they contain a provision that requires the site to agree to provide emergency care to any NEOMED student participating in an elective at the site.
2. The possibility of natural disasters, political instability, and exposure to disease. Information about natural disasters, political instability and exposure to disease is considered when approving any domestic or international elective experience. For international electives, NEOMED relies heavily on information provided by International SOS and the U.S. State Department (travel.state.gov) to guide the acceptability of and ensure the safety of students who seek electives at an international location. Students who seek to travel to a country with a U.S. Department of State-issued travel warning require approval from the International Experience Committee. Students who seek to travel to a country not under a travel warning require approval from the Office of Global Engagement (OGE). The OGE is integrally involved in clearing students to travel to a location and providing guidance about safe travel to and from the location. The decision to permit a student to travel to an area that has a U.S. Department of State-issued travel warning is student-specific and considers the student's international travel experience, particular travel history to that country/locale, and personal resources in that country/locale. The Director receives routine travel notices, and he monitors the notices for sites at which NEOMED students are rotating. The OGE also provides all NEOMED students who are traveling with a copy of the report as well as a copy of the NEOMED access card for International SOS so that the student can access up-to-date reports while on travel status. Finally, students must enroll with U.S. STEP (Smart Traveler Enrollment Program) and provide proof of enrollment to the OGE. Enrollment in STEP provides an alert to the embassy or consulate in the area in which the student will be traveling, providing information such as the name of the student, the dates of travel and where

the student will be staying so that the student can be located easily in case there would be a need for evacuation.

3. Students in the clinical setting must be supervised by a health care professional, including physicians and non-physicians, who is acting within his/her scope of practice. Students who are entrusted to be in a clinical situation without direct supervision must be assured ready access to an appropriate in-house supervisor, i.e., an attending physician or resident. Off-site or telephone supervision is not acceptable.

Students may report concerns regarding inappropriate supervision and/or inappropriate delegation of tasks in several ways including, but not limited to, the course director, the site director, College of Medicine deans, and using the end-of-course evaluation form.

[Student Accessibility Services](#)

If you have a documented disability and wish to register with the University Student Accessibility Services Committee, you may do so by completing the Disability Registration and Accommodation Request form (linked above).

APPENDICIES

Appendix A: Outline for Patient Workup

Outline for Patient Workup

Chief Complaint	
<i>In the words of the patient.</i>	
History of Present Illness	
<i>Onset, Duration, Course</i>	
1. Why present now/precipitants/stressors?	
2. When it started?	
3. How long it lasts/frequency?	
4. What is it like? Impact on life?	
<i>Current Stressors</i>	
For Episodic Illnesses	
<i>Describe first episode.</i>	
Onset	
Participants	
Duration	
Rx Response	
Psychiatric Review of Systems	
<i>Depression "Sigecaps"</i>	<i>General Anxiety</i>
<input type="checkbox"/> Low mood for <2 weeks	<input type="checkbox"/> Excess worry
<input type="checkbox"/> Sleep	<input type="checkbox"/> Restless/Edgy
<input type="checkbox"/> Interest	<input type="checkbox"/> Easily Fatigued
<input type="checkbox"/> Guilt/Worthlessness	<input type="checkbox"/> Muscle Tension
<input type="checkbox"/> Energy Concentration	<input type="checkbox"/> Loss of Sleep
<input type="checkbox"/> Appetite/Weight Gain	<input type="checkbox"/> Organizing
<input type="checkbox"/> Psychomotor Slowing	<input type="checkbox"/> Praying
<input type="checkbox"/> Suicide: <input type="checkbox"/> Hopelessness <input type="checkbox"/> Plan <input type="checkbox"/> Access	
<i>Social Phobia</i>	<i>Specific Phobias</i>
<input type="checkbox"/> Performance Situations: <input type="checkbox"/> Fear of Embarrassment <input type="checkbox"/> Fear of Humiliation <input type="checkbox"/> Fear of Criticism	<input type="checkbox"/> Heights <input type="checkbox"/> Crowds <input type="checkbox"/> Animals

Body Dysmorphic Disorder	Eating Disorder
<input type="checkbox"/> Excess concern with appearance or certain part of the body. <input type="checkbox"/> Avoidance Behaviors	<input type="checkbox"/> Binging <input type="checkbox"/> Purging <input type="checkbox"/> Restriction <input type="checkbox"/> Amenorrhea <input type="checkbox"/> Perception of body image or weight
Obsessive/Compulsive Disorder	Borderline Personality
<input type="checkbox"/> Intrusive/persistent thoughts <input type="checkbox"/> Recognized as excessive <input type="checkbox"/> Irrational <input type="checkbox"/> Repetitive behaviors: <input type="checkbox"/> Washing/cleaning <input type="checkbox"/> Counting/checking	<input type="checkbox"/> Fear of abandonment/rejection <input type="checkbox"/> Unstable relationships <input type="checkbox"/> Chronic emptiness <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Intense anger/outbursts <input type="checkbox"/> Self-damaging behavior <input type="checkbox"/> Labile mood <input type="checkbox"/> Impulsivity
Mania "Giddiness"	Psychosis
<input type="checkbox"/> Grandiose <input type="checkbox"/> Increased activity: Goal directed/high risk <input type="checkbox"/> Decreased judgement <input type="checkbox"/> Desirable <input type="checkbox"/> Irritability <input type="checkbox"/> Need less sleep <input type="checkbox"/> Elevated Mood <input type="checkbox"/> Speedy Talking <input type="checkbox"/> Speedy Thoughts	<input type="checkbox"/> Hallucinations/illusions <input type="checkbox"/> Delusions <input type="checkbox"/> Self-reference <input type="checkbox"/> People watching you <input type="checkbox"/> People talking about you <input type="checkbox"/> Message from media <input type="checkbox"/> Through blocking/insertion <input type="checkbox"/> Disorganization <input type="checkbox"/> Speech <input type="checkbox"/> Behavior
Post-Traumatic Stress Disorder	Antisocial Personality
<input type="checkbox"/> Experienced/witnessed event <input type="checkbox"/> Persistent re-experiencing <input type="checkbox"/> Dreams/flashbacks <input type="checkbox"/> Avoidance behavior <input type="checkbox"/> Hyper-arousal <input type="checkbox"/> Increased vigilance/concentration <input type="checkbox"/> Increased startle	<input type="checkbox"/> Forensic history <input type="checkbox"/> Arrests <input type="checkbox"/> Imprisonment <input type="checkbox"/> Aggressiveness/violence <input type="checkbox"/> Lack of empathy/remorse <input type="checkbox"/> Lack of concern for safety <input type="checkbox"/> Self <input type="checkbox"/> Others <input type="checkbox"/> Childhood conduct disorder
Panic Attacks	
<input type="checkbox"/> Trembling palpitations <input type="checkbox"/> Nausea/chills <input type="checkbox"/> Choking/chest pains <input type="checkbox"/> Sweating <input type="checkbox"/> Fear <input type="checkbox"/> Dying <input type="checkbox"/> Going crazy <input type="checkbox"/> Anticipatory anxiety <input type="checkbox"/> Avoidance <input type="checkbox"/> Agoraphobia	

<i>Current Psych Medications</i>
Psychiatric History
<i>Previous Psychiatric Treatment/Counseling/Suicide Attempts/Violence</i>
<i>Previous Diagnosis</i>
<i>Medications/Treatments</i>
Family Psychiatric History
<i>Psychiatric Diagnosis/Visits/Counseling/Suicide Attempts</i>
<i>Substance Abuse</i>
<i>Suicide Attempts</i>
Medical History
<i>Previous Illness and Treatment</i>
<i>Surgeries/Hospitalizations</i>
<i>Head Injury (+/- LOC) and Workup/Imaging or History of Seizures?</i>
<i>Medications</i>
<i>PCP</i>
Review of Systems
<i>Central Nervous</i>
<i>Head & Neck</i>
<i>Cardiovascular</i>
<i>Respiratory</i>
<i>Gastrointestinal</i>
<i>Genitourinary</i>
<i>Musculoskeletal</i>
<i>Dermatologic</i>
Social History
<i>Place of Birth</i>
<i>As A Child</i> Family structure, parent’s occupation, relationship with parents, siblings, friends, abuse, trauma
<i>As A Teen</i> Friends, relationships, school activities, sex, trouble, relationships with parents, trauma

<i>As An Adult</i> Work, finances, education, relationships, family, goals for future, trends in functioning, military history, spirituality, trauma		
Legal History		
Substance Abuse History		
Mental Status Examination		
<i>Level of Arousal</i>		
<i>Appearance</i>		
<i>Behavior</i>		
<i>Eye Contact</i>		
<i>Psychomotor Activity</i>		
<i>Speech</i>		
<i>Emotion: Mood and Affect</i>		
<i>Thought Process and Thought Content</i>		
<i>Perception</i>		
<i>Concentration and Memory</i>		
<i>Insight and Judgment</i>		
<i>Suicidal/Homicidal Thought/Plans/Intent</i>		
Folstein Mini Mental Status Examination		
<i>Orientation (10)</i>		
<u>Time</u>	<u>Place</u>	<u>Immediate Recall (3)</u>
<ul style="list-style-type: none"> • Year • Season • Month • Date • Day 	<ul style="list-style-type: none"> • Floor • Building • City • Province • Country 	<ul style="list-style-type: none"> • Attention (5) • Delay Recall (3) • Naming (2) • Repetition (1) • 3-State Command (3) • Reading (1) • Copying (1) • Writing (1)
Labs		

Case Formulation			
<p>Begin with summative paragraph describing your conceptualization of the case. (How are you making sense of the story.) Then use biopsychosocial model and the four (4) Ps to complete the picture of the case.</p> <p>The chart below just gives you a simplified graphic of the four Ps biopsychosocial model; it's not meant to be something you fill out. Instead use a narrative format to cover the areas.</p>			
	<u>Bio</u>	<u>Psycho</u>	<u>Social</u>
Predisposing			
Precipitating			
Perpetuating			
Protective			
Case Summation			
DSM V Diagnosis			
Plan			
<i>Admit or Not To Admit</i>			
To what area, with what expectations for milieu therapy, any consults or rationale for all recommendations.			
Treatment			
<i>Remember all dimensions: Biological, Psychological, Social.</i>			
Include acute treatment changes/recommendations along with rationale for each and include recommendations for any outpatient follow up.			

Sample Outline for Mental Status Examination

Mental Status Examination	
<i>Level of Arousal</i>	Alert, drowsy, obtunded, etc.
<i>Appearance</i>	Casually groomed and dressed; disheveled; unkempt
<i>Behavior</i>	Friendly and cooperative; hostile, guarded
<i>Eye Contact</i>	Good; Fair; Poor; Occasional
<i>Psychomotor Activity</i>	Agitated; Retarded; WNL
<i>Speech</i>	Rate, volume, and articulation
<i>Emotion: Mood and Affect</i>	

<i>Thought Process and Thought Content</i>
<ul style="list-style-type: none"> • Process: Organized; tangential; loose associations; flight of ideas, disorganized • Content: Largest part of mental status exam – What is on your patient’s mind? – Delusions, preoccupations, obsessions, worries, suicidality, homicidality, cognitive distortions, examples include: <ul style="list-style-type: none"> • List pertinent positives, then pertinent negatives (ex: patient preoccupied with interpersonal difficulty) • Anhedonic + Anxiety + Paranoid (Cognitive disorders noted. Patient denied. SI, HI and hallucinations)
Cognitive Examination
<i>Concentration and Memory</i>
<ul style="list-style-type: none"> • Memory: (assessment of immediate, recent and remote) • Concentration: (evaluated via world and serial 7s, ability to participate in interview)
<i>Knowledge/Intelligence</i>
(Evaluated by presidents, governor of Ohio, vocabulary) <ul style="list-style-type: none"> • Abstraction • Similarities • Reality Testing • Potential to act out Judgment • Insight

Appendix B: Interdisciplinary Case Conference

Drs. Erik Messamore and Erica Stovsky and Chris Paxos, PharmD

Learning Objectives

By the end of this session, the student will be able to:

1. describe the conditions that lead to premature mortality in patients with serious mental illness.
2. explain the rationale for using various classes of medications to treat serious mental illness.
3. outline the adverse metabolic effects of these medications.
4. explain the importance of primary care to people with serious mental illness.

Article Link

- Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes Care, Volume 27, Number 2, February 2004 -
<http://care.diabetesjournals.org/content/27/2/596.full.pdf> (last accessed March 8, 2017)
- Primary Care Issues in Patients with Mental Illness
American Family Physician Volume 78, Number 3, August 1, 2008
<http://www.aafp.org/afp/2008/0801/p355.pdf> (last accessed March 8, 2017)

Psychiatry Case

Mary Jones is a 32-year-old African American female diagnosed with schizophrenia at age 25. She has been hospitalized on numerous occasions, and in spite of treatment, she has persistent negative symptoms including apathy, social withdrawal and emotional blunting. She has some odd mannerisms and appears distracted as she enters the exam room. Mary has not worked since she was first diagnosed with mental illness. She receives SSI (\$537 monthly) and lives alone in a subsidized apartment near downtown Akron. Recently, her mother, who was her main support system, has been placed in a nursing home following a stroke. Mary's father has diabetes mellitus, type 2 which led to end stage renal disease. He receives hemodialysis. Mary has two older sisters who are busy with their teenage children and trying to adjust to their mother's illness. Mary is a poor historian. She is accompanied by her mental health case manager who answers many of your questions. This is the first time Mary has seen a primary care provider for several years. You note her appearance is disheveled, skin is dry, and several cavities are evident on examination. Her case manager reports that Mary smokes about 30 cigarettes daily. It is not believed that she has a history of or currently uses/abuses alcohol or other drugs. She is generally cooperative with the exam, but her verbal and motor responses are slow. The reason for this visit is a follow up to a hospitalization for pneumonia and dehydration and to establish her with a primary care clinician (i.e., a "primary care home"). At the time of her first visit to the clinic her physical exam and laboratory findings are as follows:

- | | |
|-----------------------------|-------------|
| • Height = 65" | • FBS = 90 |
| • Weight = 120 lbs. | • LDL = 110 |
| • Waist circumference = 30" | • HDL = 40 |
| • BMI = 20.01 | • TG = 125 |
| • BP = 120/70 | |

Because of her incomplete response to earlier trials of several antipsychotics, she was started on clozapine (Clozaril®), and the dose has been slowly titrated to 300 mg. BID over the next twelve months. She has had an excellent response to clozapine. She is no longer apathetic and is much more communicative. Her volunteer job at the local library evolved into a part time paid position. She is able to use public transportation and visits her mother weekly in the nursing home. Her sisters have noticed a significant difference in her behavior, and the three of them are having lunch together once per month. She joined a nearby church and

is attending services regularly. She takes great pride in her job and is very pleased with the additional freedom her earned income has provided. However, she is unhappy about her considerable weight gain. She continues to smoke but has cut down to one pack per day (20 cigarettes) and worries that she will gain even more weight if she cuts down more on her smoking. While she is considerably more active since starting the clozapine, she does not do any regular exercise. She eats mostly fast food and frozen, pre-prepared food.

Her physical exam and laboratory findings at the end of twelve months of treatment are as follows:

- Height = 65"
- Weight = 162 lbs.
- Waist circumference = 37"
- BMI = 27.01
- BP = 140/90
- FBS = 142
- LDL = 175
- HDL = 32
- TG = 275

She presents to her appointment with a request to change her antipsychotic medication because she does not want to be fat.

Appendix C: CSEP

Psychiatry CSEP	
Supplemental Activity Listing	
Diagnosis	
Agitated Patient	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 09: 55-year-old female with upper abdominal pain and vomiting <p>MedEdPortal</p> <ul style="list-style-type: none"> Standardized Patient Case: John/Joan Mariot, Acute Mania (November 15, 2021)
Alcohol/Substance Abuse	<p><u>Text Resources</u></p> <p>Introductory Textbook of Psychiatry</p> <ul style="list-style-type: none"> Chapter 15: Substance-Related and Addictive Disorders <p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 11: 45-year-old male with abnormal liver chemistries Internal Medicine 26: 58-year-old male with altered mental status and experiencing homelessness Internal Medicine 36: 49-year-old male with ascites <p>MedEdPortal</p> <ul style="list-style-type: none"> The Clinical Assessment of Substance Use Disorders (March 22, 2012) Alcohol Use Disorder: An Interprofessional Case-Based Exercise (September 24, 2014) Geriatric Psychiatry: Substance Abuse and Aging (November 5, 2012) Patient-Centered Learning: The Connor Johnson Case - Substance Abuse in a Physician (April 10, 2012)
Altered Mental Status	<p><u>Text Resources</u></p> <p>Introductory Textbook of Psychiatry</p> <ul style="list-style-type: none"> Chapter 2: Interviewing and Assessment <p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 29: 72-year-old male with dementia Internal Medicine 25: 75-year-old female with altered mental status <p>MedEdPortal</p> <ul style="list-style-type: none"> Internal Medicine Clerkship Team-Based Learning Series: Altered Mental Status Module (April 5, 2012)
Anxiety Disorders	<p><u>Text Resources</u></p> <p>Introductory Textbook of Psychiatry</p> <ul style="list-style-type: none"> Chapter 7: Anxiety Disorders <p><u>Online Resources</u></p> <p>ADMSEP</p>

	<ul style="list-style-type: none"> • Module 13: Anxiety Disorders <p><u>Video Resources</u> Bates' Visual Guide</p> <ul style="list-style-type: none"> • OSCE Video: Shortness of Breath <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Family Medicine 09: 50-year-old female with palpitations <p>MedEdPortal</p> <ul style="list-style-type: none"> • Anxiety, Dissociative, and Somatoform Disorders: Team-Based Learning Modules (November 30, 2009) • I Am So Upset About Everything! An Interactive Web-Based Case (March 30, 2013)
Bipolar Disorder	<p><u>Text Resources</u> Introductory Textbook of Psychiatry</p> <ul style="list-style-type: none"> • Chapter 6: Mood Disorders <p><u>Online Resources</u> ADMSEP</p> <ul style="list-style-type: none"> • Module 5: Bipolar Disorder <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Internal Medicine 05: 55-year-old male with fatigue <p>MedEdPortal</p> <ul style="list-style-type: none"> • Denise: A Virtual Patient (July 16, 2015) • Denise/Dennis Jones the Standardized Patient with a Mood Disorder (March 11, 2015)
Depression	<p><u>Text Resources</u> Introductory Textbook of Psychiatry</p> <ul style="list-style-type: none"> • Chapter 6: Mood Disorders <p>CANVAS Case</p> <ul style="list-style-type: none"> • Depression <p><u>Online Resources</u> Aquifer Cases</p> <ul style="list-style-type: none"> • Family Medicine 03: 65-year-old female with insomnia • Internal Medicine 5: 55-year-old male with fatigue <p>MedEdPortal</p> <ul style="list-style-type: none"> • Interprofessional Team-Based Learning Module: Dementia, Depression, and Delirium (March 30, 2015) • Recognizing and Managing Geriatric Depression: A Two-Part Self-Learning Module Set (February 6, 2017) • Adolescent Depression: An Interactive Case-Based Session for Medical Students (November 10, 2016) • Scott Green: Depression after a Heart Attack (March 2, 2015) • Depression in the LGBT Patient: A Standardized Patient Encounter (April 10, 2014)
Personality Disorders	<p><u>Text Resources</u> Introductory Textbook of Psychiatry</p> <ul style="list-style-type: none"> • Chapter 17: Personality Disorders <p><u>Online Resources</u></p>

	<p>ADMSEP</p> <ul style="list-style-type: none"> Module 14: Personality Disorders <p>MedEdPortal</p> <ul style="list-style-type: none"> Psychiatry: Personality Disorder - Team-based learning module (January 24, 2005)
Psychotic Disorders	<p><u>Text Resources</u></p> <p>Introductory Textbook of Psychiatry</p> <ul style="list-style-type: none"> Chapter 6: Mood Disorders <p><u>Online Resources</u></p> <p>ADMSEP</p> <ul style="list-style-type: none"> Module 12: Psychotic Disorders <p>MedEdPortal</p> <ul style="list-style-type: none"> Psychiatry Clerkship Self-Assessment: Psychosis, Dementia and Child & Adolescent Practice Vignettes (June 18, 2010)
Suicidal Ideation	<p><u>Online Resources</u></p> <p>Aquifer Cases:</p> <ul style="list-style-type: none"> Internal Medicine 05: 55-year-old male with fatigue <p>MedEdPortal</p> <ul style="list-style-type: none"> Online Adolescent Suicide Risk Assessment (March 15, 2013) Suicide Risk Assessment Team-Based Learning (TBL) Module (January 27, 2012) Denise: A Virtual Patient (July 16, 2015) Denise/Dennis Jones the Standardized Patient with a Mood Disorder (March 11, 2015)
Trauma History	<p><u>Text Resources</u></p> <p>Introductory Textbook of Psychiatry</p> <ul style="list-style-type: none"> Chapter 9: Trauma- and Stressor-Related Disorders <p><u>Online Resources</u></p> <p>MedEdPortal</p> <ul style="list-style-type: none"> Post-Traumatic Stress Disorder: A Self-Directed Learning Module (January 28, 2013) Childhood Post-Traumatic Stress Disorder: A Self-Directed Learning Module (August 13, 2014)
Physical Examination	
Assessment for Cognition-Mini Mental Status Exam (MMSE) or Similar	<p><u>Text Resources</u></p> <p>Bates' Guide</p> <ul style="list-style-type: none"> Chapter 9: Cognition, Behavior, and Mental Status Chapter 27: Older Adult <p>Introductory Textbook of Psychiatry</p> <ul style="list-style-type: none"> Chapter 2: Interviewing and Assessment <p><u>Online Resources</u></p> <p>MedEdPortal</p> <ul style="list-style-type: none"> Interactive Dementia Screening (February 25, 2009)
Mental Status Examination	<p><u>Text Resources</u></p> <p>Introductory Textbook of Psychiatry</p>

	<ul style="list-style-type: none"> • Chapter 2: Interviewing and Assessment <p>Bates' Guide</p> <ul style="list-style-type: none"> • Chapter 9: Cognition, Behavior, and Mental Status • Chapter 27: Older Adult <p><u>Online Resources</u></p> <p>MedEdPortal</p> <ul style="list-style-type: none"> • The Psychiatric Interview: A Self-Directed Learning Module (October 23, 2013) • Role-Play to Teach the Mental Status Exam (February 15, 2011) • Standardized Patient Case: A Troubled Soldier (June 27, 2011)
Additional Clinical Activities	
<ul style="list-style-type: none"> • Complete and hand in one full psychiatric assessment (Appendix A) by the end of week 2. 	
<ul style="list-style-type: none"> • Complete and hand in second full psychiatric assessment (using feedback received from the first assessment), by the last day of the clerkship. 	
<ul style="list-style-type: none"> • Conduct one observed initial psychiatric patient interview by end of week 2. 	
Additional Learning Activities	
<ul style="list-style-type: none"> • Actively participate in care of at least 25 patients. 	
<ul style="list-style-type: none"> • Complete required ADMSEP modules. 	
<ul style="list-style-type: none"> • Complete assigned Medical Student Data Waiver Training. 	
<ul style="list-style-type: none"> • Complete mid-course feedback session with site director. 	
<ul style="list-style-type: none"> • Complete PBLI presentation. 	
<ul style="list-style-type: none"> • Develop and submit personal rotation goals by end of week one. 	
<ul style="list-style-type: none"> • Review progress on personal goals midway and submit progress by end of Clerkship. 	
<ul style="list-style-type: none"> • Review two articles and one clinical case prior to mental health and primary care conference. 	