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

Northeast Ohio Medical University
College of Medicine

Psychiatry Clerkship, PSYC-83005
5 Credit Hours
Course Syllabus
AY 2020-21

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**COURSE DESCRIPTION**

**General 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 psychiatric 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 Type**
This course is solely a College of Medicine Course for M3 students taking place at medical facilities under the supervision of clinical site supervisors and their designated staff.

**Course Enrollment Requirements**
Successful completion of M1 and M2 years of study.

<table>
<thead>
<tr>
<th>Trainings</th>
<th>Screenings</th>
<th>Immunizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPPA</td>
<td>Criminal Background Check</td>
<td>Hepatitis B, MMR, Tdap, Varicella</td>
</tr>
<tr>
<td>BLS</td>
<td>Toxicology Screen</td>
<td>(required upon matriculation)</td>
</tr>
<tr>
<td>OSHA</td>
<td>TB Test</td>
<td>Flu shot</td>
</tr>
<tr>
<td>ACLS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsible Conduct of Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Subjects Research</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Call and Work Hours**
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.

**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 Experience
Students’ outpatient experience 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 and Substance Abuse.

All 5-week clerkships (FM, OBGYN, Pediatrics Surgery and Psychiatry) 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, enrichment activities chosen by the student, or time to prepare for the upcoming shelf exam.

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

COURSE ADMINISTRATION
Dr. Lori Pittinger is Clinical Experiential Director for the Psychiatry Clerkship and in collaboration with Dr. David Sperling, Senior Director of Clinical Experiential Learning, and Dr. Susan Nofziger, Director of M3 Clinical Experiences, provides oversight for the clerkship. In her role as Clinical Experiential Director, Dr. Pittinger is responsible for ensuring that implementation of the Psychiatry Clerkship curriculum is comparable across all teaching sites.

Lori Pittinger, M.D.
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David M. Sperling, M.D.
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330.325.6778

Susan Nofziger, M.D.
snofziger@neomed.edu
330.325.6582
Course Coordinator(s)

David Ruble, M.S.
druble@neomed.edu
330.325.6140

Hospital Sites and Clerkship Site Directors

The facilities for clinical instruction in the Psychiatry Clerkship are those 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.

Lori A. Pittinger, M.D.
Cleveland Clinic Akron General

Florence Kimbo, MD
Heartland Behavioral Healthcare

Lendita Haxhiu-Erhardt, M.D.
MetroHealth System
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 provided, 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.

First Day Reporting
First day reporting information varies by clinical site. Please see the AIMS M3 site for first day reporting information.

COURSE OBJECTIVES
Educational Program Objectives are consistent across all seven clerkships and are aligned with NEOMED’s overall program objectives. 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 that is used to assess student performance in all clerkships.

Students will:
1. Provide general psychiatric and preventative care for a diverse patient population in a variety of health care settings.
2. Demonstrate empathetic, honest and bi-directional communication with patients and families and develop expertise in the techniques of the psychiatric interview, including identifying psychosocial stressors and recognition of the suicidal or homicidal patient.
3. Gather patient information with respect to psychopathology and with utmost comfort to the patient in a hypothesis-directed manner. Students will also perform an accurate physical examination and mental status examination.
4. Demonstrate clear, effective and complete communication with the interdisciplinary healthcare team, including psychologists, therapists, counselors, primary care physicians and family members in both written and verbal forms.
5. Develop and prioritize a differential diagnosis of psychiatric problems according to DSM-5 and recommend further diagnostic testing.

6. Apply their medical knowledge of inpatient and outpatient psychiatric care to generate an interdisciplinary assessment and management plan which that outlines their reasoning for this plan and includes pharmacotherapy, psychotherapy, electroconvulsive therapy and social interventions.

7. Apply their knowledge of evidence-based medicine to answer patient care related questions.

8. Formulate individual learning goals based on personal strengths and limitations, respond appropriately to feedback and seek help when needed.

9. Display professional behavior and a commitment to ethical principles including respecting patient autonomy and demonstrating non-judgmental responsiveness to patient needs that supersedes self-interest.

Course Sequence and Links with College of Medicine Program Courses
This course immerses students in the clinic al setting after their first two foundational years of medical education. This course introduces students to multiple medical disciplines in the clinical and simulated setting which prepares them for selecting electives in their M4 year.

Course Schedule
Clerkship schedules will be made available to the students on the first day of each clerkship. For reporting instructions, refer to AIMS.

Lectures, Case Conference Series, Morning Report, and Grand Rounds
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 particular 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)
- Teaching rounds
- Small group discussions
- Conferences and lectures
- Project ECHO Exposure
- Practice-based Learning and Improvement (PBLI) Project
- Textbooks
- Reflective Practice
- ADMSEP cases
- Aquifer Addiction (CARE)

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, which may include oral quiz sessions covering the assigned topics and by selective
patient assignments appropriate to the curriculum plan.

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.

**Pathway Articulation**
Not applicable.

**Academic Integrated Management System (AIMS)**
The online learning and collaboration system, Academic Integrated Management System (AIMS), will be used in M3 to post clerkship educational materials including, but not limited to, course and clerkship syllabi, day one reporting instructions, clerkship materials and core curriculum lecture videos. The web address for AIMS is: [https://aims.neomed.edu/portal](https://aims.neomed.edu/portal). It is the sole responsibility of the student to check for updates on a daily basis.

A separate subpage has been created for each clerkship on the M3 Clerkships Site. Students are expected to refer to these materials to become knowledgeable of the requirements, details of preparation and scheduling of NEOMED activities for each clerkship.
## COURSE GRADE

### Final Grade Determination

<table>
<thead>
<tr>
<th>Assignment/Assessment</th>
<th>% of Final Grade</th>
<th>Grade Criteria*</th>
<th>Type of Feedback</th>
<th>Date Scheduled/Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Performance Evaluation</td>
<td>50%</td>
<td>Behavioral anchors for each rating in each competency element and the formula for final rating/grade</td>
<td>Rubric with Narrative Feedback</td>
<td>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.</td>
</tr>
<tr>
<td>Clinical Skills Experience Portfolio (CSEP)</td>
<td>0%</td>
<td>Satisfactory completion required</td>
<td>Checklist of required activities</td>
<td>Mid-course and end of rotation meeting with Site Director</td>
</tr>
<tr>
<td>National Board of Medical Examiners (NBME) subject exam</td>
<td>50%</td>
<td>-See Table below</td>
<td>Numerical score and Fail, Pass or Pass with Commendation</td>
<td>Last Friday of the course</td>
</tr>
</tbody>
</table>

### Total Course

N/A

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*A copy of Student Performance Evaluation with grading criteria as well as Competency Objectives are posted under Clerkship Overview on AIMS

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### National Board of Medical Examiners 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, virtually by NEOMED or at designated Prometric Center in Toledo and Columbus area the last day of each clerkship. For additional details, see academic policy titled “Administration of Examinations at Remote Sites” in the Compass. Reporting time and location for each examination administered on NEOMED’s campus is posted on AIMS.
Following is a summary of expected performance. 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. 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.

<table>
<thead>
<tr>
<th>Subject Examination</th>
<th>Failing Range</th>
<th>Passing Range</th>
<th>Pass with Commendation Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>≤ 60</td>
<td>61-79</td>
<td>≥ 80</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>≤ 58</td>
<td>59-79</td>
<td>≥ 80</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>≤ 66</td>
<td>67-81</td>
<td>≥ 82</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>≤ 58</td>
<td>59-82</td>
<td>≥ 83</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>≤ 68</td>
<td>69-85</td>
<td>≥ 86</td>
</tr>
<tr>
<td>Surgery</td>
<td>≤ 59</td>
<td>60-78</td>
<td>≥ 79</td>
</tr>
</tbody>
</table>

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 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:
- investigate and evaluate patient care practices,
- appraise and assimilate scientific evidence, and
- improve patient care practices

For each clerkship (except Emergency Medicine), students will be required to:
- Formulate a focused clinical question directly related to a current patient care situation
- Complete the PPICO for the clinical question
- Conduct a literature search to answer the question
- Evaluate the literature selection for relevance to the question, and reliability and validity of the article
- Make a formal presentation of the case, clinical question, search process and findings
- Upload the clinical question, in the form of a properly stated clinical question, and article citation, using a proper standard citation format, to the designated AIMS site

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

All items listed on the CSEP are required; i.e., students must document exposure to all of the listed experiences. Students are required to review their CSEP with the Clerkship Site Director at both the midpoint and the end of the clerkship. Instructions for accessing and entering data into CSEP in OASIS are under Clerkship Overview on AIMS.

PSYCHIATRY CSEP

1. Agitated patient
2. Alcohol/substance abuse
3. Altered mental status
4. Anxiety disorders
5. Bipolar disorder
6. Delirium
7. Dementia
8. Depression
9. Sleep disorders
10. Personality disorders
11. Psychotic disorders
12. Suicidal ideation
13. Trauma history

PHYSICAL EXAM

14. Assessment for cognition-Mini mental status exam (MMSE) or similar (PS)
15. Mental status examination (PS)

ADDITIONAL CLINICAL ACTIVITIES

16. Complete two supervised H and Ps before end of Week Two
17. Submit case history by end of Week Two (see outline in syllabus)
18. Submit case history by end of clerkship (see outline in syllabus)

ADDITIONAL LEARNING ACTIVITIES

19. Clarify and submit rotation personal goals by end of Week One.
20. Review progress on personal goals midway through clerkship and submit progress by end of clerkship.
21. Complete mid-course feedback session with site director
22. Complete 14 required ADMSEP modules.
23. Review two articles and one clinical case prior to mental health and primary care conference.
24. Complete PBLI presentation.
25. Active participation in care of at least 10 patients.
26. Complete assigned Aquifer CARE modules

Student-Specified Individual Learning Goals

The Liaison Committee on Medical Education (LCME), the accrediting body for medical schools, expects that the curriculum provide 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 3-5 learning goals, as appropriate. 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 a link on AIMS, 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.

Specifically, students must upload the initial goals for each clerkship by 5:00 p.m., Friday of the first week of each clerkship. This will give students sufficient time to become oriented to and familiar with the expectations of the 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. Guidelines for writing SMART goals are provided on the AIMS site.

**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

**Formative and Mid-course Feedback**
The Psychiatry Clerkship places emphasis on providing students with continuous feedback on their knowledge, skills and attitudes. Your Student Performance Evaluation will reflect the feedback provided to you throughout the rotation. Mid-rotation communication will be scheduled around the middle of 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,
- plan activities for the week to match your learning objectives, and
- address any problems or concerns.

An end-of-rotation meeting will be scheduled to:

- discuss your performance since mid-rotation,
- review your Clinical Skills Experience Portfolio,
- review clerkship objectives and your initial learning plan to assess if and how all objectives were met
- review your feedback forms.

**Narrative Feedback**
Summative feedback will be provided on the Student Performance Evaluation by Site Directors.
**Course Remediation**

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

**Remediation Process:** Remediation forms must be signed by the Director of M3 Clinical Experiences. It is the responsibility of the Director of M3 Clinical Experiences in conjunction with the specialty Clinical Experiential Director to oversee and guide the remediation process to assure consistency with the policy.

**Remedial Actions**

Failed NBME subject exam only:
- For the first failed NBME exam only, initial clerkship grade of “incomplete” will appear on your official transcript.
- One initial failed subject examination will not trigger a CAPP referral, even in the context of aggregate performance concerns. Student must retake subject examination (refer to NBME and Remediation Schedule for specifics). You will receive a remediation contract via e-mail.
- The dates of administration for subject examination retakes have been predetermined so that students do not retake an examination at the same time as they are participating in another clerkship.
- After successful retake of the subject exam, the highest overall grade for the clerkship will be “Pass”. A passing grade will replace the “incomplete” grade on the transcript.
- If the student fails the retake exam, the “incomplete” will be replaced with a “fail” that will remain visible on the official transcript. This would be considered a failed remediation that would then trigger a CAPP review.
- Any subsequent subject exam failure that results in a clerkship grade of “fail” will remain visible on the official transcript.

Failed Practice-Based Learning and Improvement (PBLI) project only:
- Student must repeat project with new topic in same specialty discipline as the failed project.
- Project remediation must occur within next clerkship cycle of same discipline.
- Student must contact the Course Director to schedule remediation presentation.
- The Course Director will notify student’s present Clerkship Site Director of need for student to be excused from the current clerkship/elective for up to ½ day, the time of which must be made-up.

Failed competency or “Below Expectations” rating in five or more individual items or “Below Expectations” in professionalism items on Student Performance Evaluation.
- Student must repeat clerkship in its entirety including the subject exam. The highest grade for a repeated clerkship is “Pass”.
- Repetition of clerkship will be scheduled by the College of Medicine /and Enrollment Services.
- Exception: Failure of Practice-Based Learning and Improvement Core Competency due only to failure of project only. In this case, remediation is as described above.

*Exception: Aggregate professionalism or performance concerns may result in referral to the
Committee on Academic and Professional Progress (CAPP) rather than remediation.

Standards set forth by CAPP will supersede the Course Director’s intention to allow the student to remediate (i.e., a student who rises to the level of meeting with CAPP must first meet with this committee before being permitted to proceed with remediation plans).

**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 subject exams
- Failure of any remediation
- Failure of a repeated clerkship

**COURSE TEXTBOOKS AND INSTRUCTIONAL RESOURCES**

**Required Textbooks and 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. Specific weekly reading assignments are outlined in Appendix B.

The required textbook for the clerkship is:

**ADMSEP Modules**
All students are required to complete 14 online ADMSEP modules

**Aquifer Addiction (CARE) Modules**
Students are required to complete cases 1-9.

**Aquifer Registration and Log-in Instructions**
Following are the instructions to gain access to the cases for first time users*:

1. Go to: https://www.meduapp.com/users/sign_in
2. Enter your institutional e-mail under “Need to Register?” option
Need to Register?

Enter your institutional email

Register

3. Click “Register” button.
4. An email will be sent to you. Follow the instructions in the email to set up your account.

*You only need to register once with Aquifer to access Family Medicine, Internal Medicine, Pediatrics and Surgery (WISE-MD) modules. Separate registration is not required.

Additional Recommended Resources
MedEd Portal Psychiatry Resources:
https://www.mededportal.org/search/?t=42&t=42.48&t=42.48.212&q=

COURSE POLICIES & PROCEDURES
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, 2020-2021, for further details.

1. Attendance and Time Off Clerkships
Attendance guidelines for all sessions are set forth in NEOMED’s policy Attendance at Instructional Sessions (available at: https://www.neomed.edu/3349-ac-418-attendance-at-instructional-sessions/).

<table>
<thead>
<tr>
<th>Reason for Absence</th>
<th>Person(s) to Notify</th>
<th>When to Notify</th>
<th>Required Forms and Documentation</th>
</tr>
</thead>
</table>
| Emergency (e.g., flat tire, emergent health problem) | • Clinical Site - Clerkship/Elective Site Director and Coordinator*  
• Rootstown courses – Course Director and Curriculum Coordinator | As soon as circumstances allow | Submit absense notification form available at https://www.neomed.edu/studentservices/forms/ after you have discussed make-up plans with course/clerkship/elective site director. |
<table>
<thead>
<tr>
<th>Personal Illness</th>
<th>Clinical Site - Clerkship/Elective Site Director and Coordinator*</th>
<th>ASAP when you realize you are sick and will not be able to attend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rootstown courses – Course Director and Curriculum Coordinator</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health care appointment for yourself or to accompany a family member</th>
<th>Clinical Site - Clerkship/Elective Site Director and Coordinator*</th>
<th>With as much lead time as possible, preferably BEFORE clerkship/elective begins</th>
</tr>
</thead>
<tbody>
<tr>
<td>You do NOT need to state the reason for or type of health care appointment.</td>
<td>Rootstown courses – Course Director and Curriculum Coordinator</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Presentation at Conference or fulfill a professional obligation.</th>
<th>College of Medicine using College of Medicine Professional Conference/Obligation Request Form</th>
<th>At least six (6) weeks in advance of conference/professional obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>College of Medicine Professional Conference/Obligation Request Form</td>
<td>College of Medicine Professional Conference/Obligation Request Form</td>
</tr>
<tr>
<td></td>
<td>along with evidence of acceptance to present at a professional conference or fulfill a professional obligation.</td>
<td>⇒ THE PROCESS DOES NOT END once you have submitted the above form.  <strong>DO NOT MAKE TRAVEL PLANS.</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. The COM will send written confirmation to let you know your request was received. Follow-up instructions will be provided.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Check with course director/clinical site director to determine if you can be excused from the curriculum;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. if excused, submit an absence notification form (<a href="https://www.neomed.edu/studentservices/forms/">https://www.neomed.edu/studentservices/forms/</a>) after discussing make-up plans with course/clerkship/elective director.</td>
</tr>
</tbody>
</table>
| Religious Holiday Observation | College of Medicine. Submit “Request for religious holiday observation” form ([College of Medicine](https://www.neomed.edu)) | By July 1 – 5:00 pm  
- Holidays falling between July 2 and December 31 | Submit “Request for religious holiday observation” form ([College of Medicine](https://www.neomed.edu))  
⇒ THE PROCESS DOES NOT END here.  
1. The COM will send written confirmation to let you know your request was received and date(s) verified. Follow-up instructions will be provided.  
2. Check with course director/clinical site director to determine if you can be excused from the curriculum; if excused, submit an absence notification form ([https://www.neomed.edu/studentservices/forms/](https://www.neomed.edu/studentservices/forms/)) after discussing make-up plans with course/clerkship/elective director. |
|---|---|---|---|

* information for course/clerkship site directors and coordinators can be found on AIMS.

2. **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. [https://www.neomed.edu/3349-ac-409-curriculum-contact-hours/](https://www.neomed.edu/3349-ac-409-curriculum-contact-hours/)

3. **Clinical Supervision & Safety**
In accordance with LCME requirements, 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. [https://www.neomed.edu/3349-ac-408-clinical-supervision/](https://www.neomed.edu/3349-ac-408-clinical-supervision/)
- Follow OSHA guidelines
- Follow appropriate patient safety procedures (handwashing, mask, gloves as appropriate)
- Follow safety guidelines as directed by the clinical site
- Recognize a potentially aggressive patient
  - history of aggression, mental health issue, drug or alcohol withdrawal, physical sign of anger or agitation
- If you are in doubt, err on the side of caution
  - take a chaperone (fellow student or nurse, security)
- Defusing the situation
  - listen, speak softly, acknowledge the concern, keep space between you and the patient, have an exit

4. **Grade Dispute**
Grade Dispute guidelines are set forth in NEOMED’s College of Medicine policy Grade Dispute (available at: [https://www.neomed.edu/3349-ac-405-grade-dispute/](https://www.neomed.edu/3349-ac-405-grade-dispute/)). 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 Student Performance Evaluation, as well as notify, in writing M3-M4GradeDispute@neomed.edu regarding the intent. Please refer to the policy for additional details on grade disputes.

5. Mistreatment
Any issues or concerns regarding the clerkship, house staff, personnel, patient availability, etc., should be addressed to the Clerkship Site Director. Issues or concerns should be addressed as quickly as possible to foster early resolution. Every student has the right to learn in a professional atmosphere. Any issues or concerns regarding the course, course faculty and staff, etc., should be addressed to the Course Director or the Director of M3 Clinical Experiences. Concerns regarding misconduct also may be reported confidentially or anonymously using the Inappropriate Behavior Reporting Form found at https://www.neomed.edu/studentservices/forms/. Students who feel they have been harassed or discriminated against should discuss the matter with their faculty advisor, the Director of Student Wellness and Counseling, or the Chief Student Affairs Officer.

6. Professionalism
Academic Misconduct: NEOMED students sign and are held to the “Expectations of Student Conduct and Professional Behavior” and must abide by all student policies contained within The Compass. Included within these expectations are policies regarding students’ academic conduct. NEOMED students are expected to comply with the following academic standards and to report any violations to the Office of Student Affairs. Failure to do so may result in referral and review by either CAPP or the Student Conduct Council.

In accordance with the NEOMED policy on proper attire as stated in the Compass, students are required to dress appropriately and professionally for all clinical activities. The hospitals and their academic departments reserve the right to determine appropriate attire for their sites and may impose additional requirements.

7. Shadowing
No shadowing is permitted during M3 clerkships.
Appendices
Appendix A. Outline for Patient Workup

Chief Complaint:
In the words of the patient.

History of Present Illness (Onset, Duration, Course)

- Why present now/precipitants/stressors? ________________________________
- When it started? ________________________________
- How long it lasts/frequency? ________________________________
- What is it like? Impact on life? ________________________________

Current Stressors

For episodic illnesses, describe first episode

- Onset: ________________________________
- Participants: ________________________________
- Duration: ________________________________
- Rx response: ________________________________
### Psychiatric Review of Systems:

<table>
<thead>
<tr>
<th>Depression (“Sigecaps”)</th>
<th>General Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low mood for &lt; 2 weeks</td>
<td>Excess worry</td>
</tr>
<tr>
<td>Sleep</td>
<td>Restless/edgy</td>
</tr>
<tr>
<td>Interest</td>
<td>Easily fatigued</td>
</tr>
<tr>
<td>Guilt/worthlessness</td>
<td>Muscle tension</td>
</tr>
<tr>
<td>Energy</td>
<td>Loss of sleep</td>
</tr>
<tr>
<td>Concentration</td>
<td>Organizing/praying</td>
</tr>
<tr>
<td>Appetite/weight gain</td>
<td></td>
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<tr>
<td>Psychomotor slowing</td>
<td></td>
</tr>
<tr>
<td>Suicide:</td>
<td></td>
</tr>
<tr>
<td>• hopelessness</td>
<td></td>
</tr>
<tr>
<td>• plan</td>
<td></td>
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<tr>
<td>• access</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Phobia</th>
<th>Specific Phobias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Situations:</td>
<td></td>
</tr>
<tr>
<td>• fear of embarrassment</td>
<td>Heights</td>
</tr>
<tr>
<td>• fear of humiliation</td>
<td>Crowds</td>
</tr>
<tr>
<td>• fear of criticism</td>
<td>Animals</td>
</tr>
<tr>
<td>Body Dysmorphic Disorder</td>
<td>Eating Disorder</td>
</tr>
<tr>
<td>Excess concern with appearance or certain part of body</td>
<td>Binging/purging/restriction/amenorrhea</td>
</tr>
<tr>
<td>Avoidance behavior</td>
<td>Perception of body image or weight</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obsessive/Compulsive Disorder</th>
<th>Borderline Personality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrusive/persistent thoughts</td>
<td>Fear of abandonment/rejection</td>
</tr>
<tr>
<td>Recognized as excessive/irrational</td>
<td>Unstable relationships</td>
</tr>
<tr>
<td>Repetitive behaviors:</td>
<td>Chronic emptiness</td>
</tr>
<tr>
<td>• washing/cleaning</td>
<td>Low self-esteem</td>
</tr>
<tr>
<td>• counting/checking</td>
<td>Intense anger/outbursts</td>
</tr>
<tr>
<td></td>
<td>Self-damaging behavior</td>
</tr>
<tr>
<td>Labile mood and impulsivity</td>
<td>Psychosis</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>Mania (&quot;Giddiness&quot;)</strong></td>
<td></td>
</tr>
<tr>
<td>Grandiose</td>
<td>Hallucinations/illusions</td>
</tr>
<tr>
<td>Increased activity: Goal directed/high risk</td>
<td>Delusions</td>
</tr>
<tr>
<td>Decreased judgment</td>
<td>Self-reference:</td>
</tr>
<tr>
<td>Distractible</td>
<td>- people watching you</td>
</tr>
<tr>
<td>Irritability</td>
<td>- people talking about you</td>
</tr>
<tr>
<td>Need less sleep</td>
<td>- message from media</td>
</tr>
<tr>
<td>Elevated mood</td>
<td>Thought blocking/insertion</td>
</tr>
<tr>
<td>Speedy talking</td>
<td>Disorganization:</td>
</tr>
<tr>
<td>Speedy thoughts</td>
<td>- speech</td>
</tr>
<tr>
<td></td>
<td>- behavior</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder</td>
<td>Antisocial Personality</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Experienced/witnessed event</td>
<td>Forensic history:</td>
</tr>
<tr>
<td>Persistent re-experiencing</td>
<td>• arrests</td>
</tr>
<tr>
<td>Dreams/flashbacks</td>
<td>• imprisonment</td>
</tr>
<tr>
<td>Avoidance behavior</td>
<td>Aggressiveness/violence</td>
</tr>
<tr>
<td>Hyper-arousal:</td>
<td>Lack of empathy/remorse</td>
</tr>
<tr>
<td>• increased vigilance/concentration</td>
<td></td>
</tr>
<tr>
<td>• increased startle</td>
<td>Lack of concern for safety:</td>
</tr>
<tr>
<td></td>
<td>• self</td>
</tr>
<tr>
<td></td>
<td>• others</td>
</tr>
<tr>
<td></td>
<td>Childhood conduct disorder</td>
</tr>
</tbody>
</table>

**Panic Attacks**

- Trembling
- Palpitations
- Nausea/chills
- Choking/chest pain
- Sweating
- Fear:
  - dying
  - going crazy
- Anticipatory anxiety
- Avoidance
- Agoraphobia

**Current Psych Meds**
Psychiatric History

Previous Psychiatric Treatment/Counseling/Suicide Attempts/Violence


Previous Diagnosis


Medications/Treatment


Family Psychiatric History

Psychiatric Diagnosis/Visits/Counseling/Suicide Attempts


Substance Use


Suicide Attempts


**Medical History**

**Previous Illnesses and Treatment**

________________________________________________________________________

________________________________________________________________________

**Surgeries/Hospitalizations**

________________________________________________________________________

________________________________________________________________________

**Head Injury (+/-LOC) and Workup/Imaging or History of Seizures?**

________________________________________________________________________

________________________________________________________________________

**Medications**

________________________________________________________________________

________________________________________________________________________

**PCP**

________________________________________________________________________

________________________________________________________________________
Review of Systems

Central Nervous

Head & Neck

Cardiovascular

Respiratory

Gastrointestinal

Genitourinary

Musculoskeletal
Dermatologic

Social History

Place of Birth

As a Child (family structure, parents’ occupations, relationship with parents, siblings, friends, abuse, trauma)

As a Teen (friends, relationships, school activities, sex, trouble, relationship with parents, trauma)

As an Adult (work, finances, education, relationships, family, goals for future, trends in functioning, military history, spirituality, trauma)

Legal History

Substance Abuse History
Mental Status Examination

Appearance


Behavior


Eye Contact


Psychomotor Activity


Speech


Emotion: Mood and Affect


Thought Process and Thought Content


27
Perception

Concentration and Memory

Insight and Judgment

Suicidal/Homicidal thoughts/plans/intent

Folstein Mini Mental Status Examination

☐ Orientation (10)

☐ Time
  • year
  • season
  • month
  • date
  • day

☐ Place
  • floor
  • building
  • city
  • province
  • country

☐ Immediate Recall (3)
☐ Attention (5)
☐ Delay Recall (3)
☐ Naming (2)
☐ Repetition (1)
☐ 3-stage command (3)
☐ Reading (1)
☐ Copying (1)
☐ Writing (1)
**Case Formulation**

Begin with summative paragraph describing your conceptualization of the case (How are you making sense of the story.) Then use biopsychosocial model and the 4 Ps to complete the picture of the case.

The chart below just gives you a simplified graphic of the 4 Ps biopsychosocial model; it’s not meant to be something you fill out. Instead use a narrative format to cover the areas.

<table>
<thead>
<tr>
<th></th>
<th>Bio</th>
<th>Psycho</th>
<th>Social</th>
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</thead>
<tbody>
<tr>
<td>Predisposing</td>
<td></td>
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<tr>
<td>Precipitating</td>
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<td></td>
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<tr>
<td>Perpetuating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective</td>
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</table>

**Case Summation**

_________________________________________________________________________
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**DSM V Diagnosis**
Plan

Admit or Not to Admit (to what area, with what expectations for milieu therapy, any consults and rationale for all recommendations)

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Treatment

(Remember all dimensions: Biological, Psychological, Social. Include acute treatment changes/recommendations along with rationale for each and also include recommendations for any outpatient follow up.)

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Outline for the Mental Status Examination

**Mental Status Exam:**

**Level of Arousal** (alert, drowsy, obtunded, etc)

**Appearance** *(casually groomed and dressed; disheveled; unkempt)*

**Behavior** *(friendly and cooperative; hostile; guarded)*

**Eye contact** *(good, fair, poor, occasional)*

**Psychomotor abnormalities** *(agitated, retarded, WNL)*

**Mood** *(euphoric, euthymic, dysphoric, depressed, anxious)*

**Affect** *(full, flat, blunted, restricted)*

**Speech** *(normal-rate, volume and articulation?)*

**Thought process** *(organized; tangential; loose associations; flight of ideas, disorganized)*

**Thought content** *(largest part of mental status exam-what is on your patient’s mind)-delusions, preoccupations, obsessions, worries, suicidality, homicidality, cognitive distortions, examples below:

- List pertinent positives, then pertinent negatives *(Example: patient preoccupied with interpersonal difficulty)*

  **Anhedonic + Anxiety + Paranoid** *(Cognitive distortions noted. Patient denied: SI, HI and hallucinations)*
Cognitive Exam

Memory (assessment of immediate, recent and remote)

Concentration (evaluated via world and serial 7s, ability to participate in interview)

Knowledge/intelligence (evaluated by presidents, governor of Ohio, vocabulary)

Abstraction

Similarities

Reality Testing

Potential to act out

Judgment

Insight
Appendix B. Reading Assignments for the Psychiatry Clerkship
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 may be made as part of the individual clerkship sites. The required textbook for the Psychiatry Clerkship is: Black, DW and Andreasen, NC. Introductory Textbook of Psychiatry. 6th Edition. American Psychiatric Publishing, Inc. July 2014. This book was chosen because of its readability and clarity. It is an excellent introduction to psychiatry. The reading assignments for the clerkship are:

Week 1

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
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<tbody>
<tr>
<td>1</td>
<td>Diagnosis and Classification</td>
</tr>
<tr>
<td>2</td>
<td>Interviewing and Assessment</td>
</tr>
<tr>
<td>3</td>
<td>The Neurobiology and Genetics of Mental Illness</td>
</tr>
<tr>
<td>18</td>
<td>Psychiatric Emergencies</td>
</tr>
<tr>
<td>21</td>
<td>Psychopharmacology and Electroconvulsive Therapy</td>
</tr>
</tbody>
</table>

Week 2

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Schizophrenia and Other Psychotic Disorders</td>
</tr>
<tr>
<td>6</td>
<td>Mood Disorders</td>
</tr>
<tr>
<td>7</td>
<td>Anxiety Disorders</td>
</tr>
<tr>
<td>8</td>
<td>Obsessive-compulsive and Related Disorders</td>
</tr>
<tr>
<td>9</td>
<td>Trauma- and Stressor-Related Disorders</td>
</tr>
</tbody>
</table>

Week 3

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
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<tbody>
<tr>
<td>15</td>
<td>Substance-related and Addictive Disorders</td>
</tr>
<tr>
<td>16</td>
<td>Neurocognitive Disorders</td>
</tr>
<tr>
<td>Chapter</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>10</td>
<td>Somatic Symptom Disorders and Dissociative Disorders</td>
</tr>
<tr>
<td>11</td>
<td>Feeding and Eating Disorders</td>
</tr>
<tr>
<td>12</td>
<td>Sleep-Wake Disorders</td>
</tr>
<tr>
<td>14</td>
<td>Disruptive, Impulse-control, and Conduct Disorders</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Neurodevelopmental (child) Disorders</td>
</tr>
<tr>
<td>13</td>
<td>Sexual Dysfunction, Gender Dysphoria, and Paraphilias</td>
</tr>
<tr>
<td>19</td>
<td>Legal Issues</td>
</tr>
<tr>
<td>20</td>
<td>Behavioral, Cognitive and Psychodynamic Treatments</td>
</tr>
</tbody>
</table>
Appendix C. Mental Health and Primary Care Conference

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

Learner Objectives

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

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

Article Link:

Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes
Diabetes Care, Volume 27, Number 2, February 2004

http://care.diabetesjournals.org/content/27/2/596.full.pdf (last accessed March 8, 2017)

Article Link:

Primary Care Issues in Patients with Mental Illness
American Family Physician Volume 78, Number 3, August 1, 2008

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”
- Weight = 120 lbs.
- Waist circumference = 30”
- BMI = 20.01
- BP = 120/70
- FBS = 90
- LDL = 110
- HDL = 40
- TG = 125

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.