COLLEGE OF MEDICINE

MSIII PSYCHIATRY CLERKSHIP SYLLABUS

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(Syllabus found at https://ouhsc.medhub.com)
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I. PSYCHIATRY CLERKSHIP OVERVIEW

Psychiatry is a medical specialty that deals with the diagnosis, treatment and prevention of mental, emotional and behavioral disorders. This is an exciting time in psychiatry as knowledge in the fields of genetics and neuroscience expands our understanding of the nature and cause of psychiatric illnesses and symptoms – and our ability to treat these illnesses is advancing.

One in five people suffer from emotional problems causing sufficient distress to justify seeking professional help. Symptoms range from relatively mild feelings of depression and anxiety to severe, life-threatening distress and dysfunction. Unfortunately, many people with psychiatric illnesses do not seek the professional help that they need. This may be due to lack of understanding of the treatability of psychiatric illness; to external pressure from friends or family to “just get over it;” or to shame of being perceived as “crazy.” While attitudes are changing, patients with psychiatric disorders still face significant social stigma and discrimination.

Most people with psychiatric illness are more similar to, than different from, other patients. They have families and jobs. They have other medical problems. They respond well to treatment and they get better. On the psychiatry clerkship – especially on inpatient rotations – students are likely to see patients who are more impaired by their illness and have more chronic disability than patients seen in a typical outpatient psychiatric practice. This is similar to other third year rotations where acuity is high. While this helps students to quickly develop skill in diagnosis and treatment of a wide range of illnesses, it is not representative of the “typical” person who has a psychiatric illness.

All physicians, regardless of their specialties, treat patients with psychiatric disorders, whether directly or indirectly. Many patients with uncomplicated psychiatric illnesses are managed by primary care physicians with consultation from a psychiatric colleague as needed. In all fields of medicine, patients experience emotional crises; patient with psychiatric disorders have other medical problems and are treated by specialists in all fields. All physicians need familiarity with psychopharmacologic agents (whether they prescribe them or prescribed by another physician) as well as familiarity with their major untoward effects. They must be able to recognize psychiatric presentations of general medical conditions, manage psychiatric emergencies, and make appropriate referrals for psychiatric care.

Students on their psychiatry clerkship often are bewildered by what they perceive as lack of answers in psychiatry. This seeming ambiguity reflects the complexity of the brain and human behavior as well as the relative recent focus on these areas as compared to other fields of medicine. There are no blood tests and very little imaging to assist in the diagnosis of psychiatric disorders. Rather, psychiatrists rely on observations of patient behavior and thought process as well as patient report of their symptoms to make a diagnosis and develop a treatment plan. Students sometimes feel as if that they lack the expertise to participate and ask questions about their patient’s private lives. In addition to helping students gain competence in diagnosis and treatment of psychiatric illness, the psychiatry clerkship provides an opportunity to increase mastery of interviewing skills.
II. CLINICAL SITES

This is a six-week clerkship combining inpatient and outpatient clinical experiences. All students will be assigned for 3 weeks each to an inpatient and an outpatient site. The clerkship sites reflect the variety of settings in which psychiatrists work.

Inpatient Sites:
- Cedar Ridge Hospital/Acute Children’s Unit
- Griffin Memorial Hospital (Norman)
- Integris Mental Health Services for Children (Spencer, OK) *
- Presbyterian Hospital Consultation and Liaison Services
- Veterans Administration Medical Center Consultation and Liaison Services
- Veterans Administration Medical Center, Ward 8

Outpatient Sites:
- Integris Baptist Transplant Institute
- Integris Decisions Day Program (outpatient day treatment program)
- North Rock Medication Clinic at Red Rock
- Oklahoma County Crisis Intervention Center
- Veterans Administration Medical Center Outpatient Mental Health Clinic with 2 afternoons per week at Department of Psychiatry Children’s Clinic*
- Veterans Administration Outpatient Primary Care Mental Health Center
- Veterans Administration Medical Center Outpatient Substance Abuse Clinic
- Veterans Administration Medical Center Post Traumatic Stress Disorder Clinic
- William’s Pavilion Outpatient Rotation

* Students with a strong interest in working with children and adolescents will be given preference for these sites
III. STUDENT RESPONSIBILITIES

Attendance: Students are expected to be present and ready to participate in patient care at their rotation sites at the assigned times. Excessive tardiness or frequent requests to leave early may result in a lower rating on the Professionalism component of the clinical evaluation.

In the event of an absence:
- Notify the attending physician and resident at the rotation site
- Notify the Psychiatry Clerkship Course Coordinator, Elizabeth Hayes (Elizabeth-Hayes@ouhsc.edu)

Absences of more than 2 days on your clerkship rotation or total absences > 3 days during the rotation must be reviewed by the course director. The student may be required to make up absent time at the discretion of their attending psychiatrist or course director. Failure to meet the make-up time/assignment may result as an incomplete for the course.

Work hours: Student work hours, including evening call, comply with the Student Work Hours Policy (Student Affairs Policy 321). This states, in part, that work hours for medical students will be within ACGME duty hour guidelines. Educational and clinical responsibilities will not exceed 80 hours per week with one day in seven free, averaged over a four-week period, and they will have a ten-hour time period provided between all daily duty periods and after in-house call.

Effectiveness of duty hours policies will be determined through students’ reporting policy violations on final clinical course evaluations. Students may also report violations of duty hours’ policies to course directors, clinical department chairs, the medical student ombudsman, or the associate deans. The Curriculum Coordinating Committee will provide corrective guidance for repeated violations by a clerkship.

Evening call: Overnight is not required for the psychiatry clerkship. A minimum of three (3) to four (4) evenings on call are required. The schedule is distributed during orientation and provides information on where to report.
- Call is Monday – Friday from 4:00 p.m. to 9:00 p.m.
- Students must remain on campus during call.
- Make-up call will be available during the last week of the rotation if students are unable to attend their schedule evening call.

Clinical Activities: Students will participate in all off-site clinical activities that do not conflict with the didactic schedule. While specific responsibilities will vary according to rotation site, the expectation is that students will participate in or observe treatment provided at their site (e.g., group therapy, attending consultations, occupational therapy evaluation, interviews and interactions with patient’s family). Examples of the type of activities expected include:
- Participate on diagnostic evaluation of assigned patients
- Written work-ups of assigned patients, including physical examinations
- Daily progress notes on assigned patients

*Evening Call Procedures*
3:30 pm page Resident on duty
4:00 pm call page operator
4:15 pm call clerkship coordinator (Elizabeth Hayes)
*Do not excuse yourself from call duties*
- Development of treatment plans and related written assessments that are part of the general care of patients

All patients with whom you have an active role are to be recorded in the “Online Clinical Experience and Procedures Tracking System.”

- Link is [https://ouhsc.medhub.com](https://ouhsc.medhub.com)
- **At least 14 patients** must be logged. Diagnoses/problems required for satisfactory completion of the clerkship (as noted above) are Addictions, Anxiety Disorders, Bipolar Disorder, Depression, Emergency Care, Mental Condition due to General Medical Condition, and Psychotic Disorders.

**Failure to log in patient contacts by the end of the course will lower the Professionalism Component of the student evaluation.**

**Your submission into Medhub of your recorded patients indicates that all entries accurately reflect patients you saw and your level of involvement.**

**Completed patient evaluations:** Students are to prepare at least one written mental status examination to be given to the site supervisor at each rotation site (total of 2 written evaluations on patients during the clerkship). This will be used by your supervisor when evaluating psychiatric/medical knowledge. The evaluation should be entered into MedHub. Please protect patient confidentiality when copying this report.

**Successful completion of an OSCE:** Students will conduct a focused interview of a standardized patient portraying a psychiatric disorder during an Objective Structured Clinical Examination (OSCE). The exercise follows guidelines for USMLE and will prepare them for USMLE Step 2-CS. Minimum passing level is 70% average for scores of your interview and soap note and requires the student to demonstrate the ability to:

- develop a differential diagnosis using medical information
- communicate preliminary diagnostic and treatment information to the patient
- write a focused medical note

**Students who fail the OSCE will receive an incomplete grade for the course and must remediate the OSCE during the next clerkship rotation.**

**Attendance at all required educational activities:**

- Didactic seminars: Attendance at these sessions is mandatory. They are not intended to repeat all material discussed in the preclinical curriculum (HB I & II); rather the focus is on clinical relevance of the material to build on the foundation of basic sciences.
  - Sessions are held on Thursday afternoons in WP3460
  - Students will receive a schedule the first day of the rotation.
  - An attendance sheet will be made available at the beginning of each didactic presentation for each student to sign

**The Course Director must approve any absence or it will be unexcused and the student will be expected to write a comprehensive paper on the subject(s) that were given during the absence.**

- Departmental Teaching Conference is held each month on the 2nd Thursday, 12:00 to 1:00 (Sept - May) in BSEB, Room 320, (3rd fl; south end). Failure to attend may affect the student’s evaluation. Students are excluded from Faculty Development Seminars.
- Rotation specific Teaching Activities: Attend seminars and conferences available at rotation sites. A list of these will be provided at the beginning of the rotation by each clinical site.
If a difficulty arises during your clerkship, you are expected to seek guidance from your attending or the course director in a timely manner.

Residents As Teachers (RAT):

In addition to interaction with Department of Psychiatry Faculty, Medical Students on a daily basis work closely with Residents. As a result, an important part of Medical Students’ educational experience occurs with Residents As Teachers (RAT). It is important for Medical Students to develop close, productive, working relationships with Psychiatric Residents. To the extent possible, the Department of Psychiatry attempts to develop a group learning approach which combines the talents and experiences of Faculty, Residents and Medical Students. Residents are a primary vehicle for educating, mentoring and evaluating Medical Students’, knowledge, skills and attitudes. Early in the Psychiatric Clerkship curriculum, time is provided for Medical Student and Resident introductions; be sure and ask your questions and use Residents as a resource for your education.

IV. GRADES

The final grade for the psychiatry clerkship is based on the following range as compiled from clinical evaluations (50%) and the NBME (shelf exam) sub-test for psychiatry written examination (50%).

A = 90 – 100%
B = 80 – 89%
C = 70 – 79%
D = 60 – 69%
F = Below 60%

NOTE: Percentages are NOT rounded

Clinical portion of the grade: The College of Medicine Clinical Clerkship Evaluation Form is used for the clinical portion of the grade. On this evaluation, each category carries equal weight in calculating the grade:

- Patient care
- Medical knowledge
- Evidence-based learning
- Interpersonal and Communication Skills
- Professionalism
- Systems-based practice

* The areas of Interpersonal and Communication Skills or Professionalism are free standing. This means that failure in one of these areas precludes further grade formulation and will result in a failure for the entire rotation regardless of other grades obtained on the Clerkship.

Academic Appeals: The Psychiatry Clerkship adheres to the College of Medicine’s Academic Appeals Policy (Student Affairs Policy 412). This states, in part, that a student may appeal an academic evaluation if the student has reason to believe that the evaluation was based on a mathematical error, capricious evaluation by faculty, or by arbitrary actions of the faculty. The student must appeal directly to the course director. If unsuccessful in resolving the appeal, the student must consult with the departmental chair. If still unsuccessful, the student can request a hearing before an Academic Appeals Board.

ALL EVALUATIONS COMPLETED BY SITE SUPERVISORS ARE FINAL AND WILL NOT BE CHANGED AFTER THEY ARE RECEIVED IN THE EDUCATION OFFICE.

Exam portion of the grade: The National Board of Medical Examiners sub-test for psychiatry is used for the written examination. The exam is on the final Friday of the rotation and is scheduled for 2 hours and 30
minutes. The exam score is converted to a percentage using a standard ratio. This exam accounts for 50% of the final grade.

**OSCE requirement**: While a passing score on the OSCE (70%) is required to pass the clerkship, the score does not count toward the final grade.

V. **ADDITIONAL IMPORTANT INFORMATION**

- The dress code for rotation sites is professional and meeting the specific standards of your rotation site.
- Some clinical rotations may require that you participate on the weekends. This will be up to the residents and attending at each site. Let us know if you are asked to do a great deal of scut work—that is not why you are here. The only exception may be while on call.
- If you have a problem first discuss it with your resident, ward supervisor, and/or attending. If unable to resolve, then contact the course coordinator who will refer you to the course director.
- **CONFIDENTIALITY**—Utmost importance in psychiatry. Remember not to discuss patients with spouse, friends, or significant others as they may know who you are talking about.
- Often separation is a problem with psychiatric patients given the nature of their problems. Remember, you are not the patient. Minimize information about yourself. Talk with your residents and attending if you find yourself bringing the patients’ problems home with you too much. Make sure that you are not referred to as ‘doctor’. You are to introduce yourself as a 3rd year medical student. When you are doing physical exams, ask to have another caregiver in the room.

VI. **RECOMMENDED TEXTS**

Students are expected to read in depth about their patient’s specific problems and apply what they have read to their patients’ cases. Bird Library provides online access to many excellent textbooks through Psychiatry Online.

To access Psychiatry Online,

1. Go to the Bird Library E-Resources homepage at [http://library.ouhsc.edu/ER_Home.cfm](http://library.ouhsc.edu/ER_Home.cfm)
2. Select “Category” then “Book Collections” then “Psychiatry Online”

The direct link to Psychiatry Online is [http://www.psychiatryonline.com/](http://www.psychiatryonline.com/)

   - This usually works if you are already logged on through an on-campus computer

The following texts included as part of Psychiatry Online may be particularly useful:

**Textbook of Psychiatry, 5th Ed**: Hales, R; Yudofsky, S; Gabbard, G; Editors

**Textbook of Psychopharmacology, 4th Ed**: Schatzberg, A; Nemeroff, C; Editors;

**Dulcan’s Textbook of Child and Adolescent Psychiatry**: Dulcan, M, Editor

**DSM-IV-TR® Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, TR**

Other recommended texts:


**Psychiatry for the House Officer** (2007), Seventh Edition - Tomb

VII. Other Useful Resources

Clinical skill / screening questionnaires:
http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf - mental status exam tutorial. Excellent!
https://ouhsc.medhub.com – mental status exam helpful guides
http://www.dbsalliance.org/pdfs/MDQ.pdf - Mood Disorder Questionnaire (Bipolar Disorder)
http://www.pdhealth.mil/guidelines/downloads/appendix1.pdf - Brief Patient Health Questionnaire (Depression)
  – Mini-International Neuropsychiatric Interview: Brief screening tool for psychiatric illness
  – http://www.musc.edu/psychiatry/research/cns/upadhyareferences/Sheehan_1998.pdf - link to article discussing development of this tool
http://www.specialtybehavioralhealth.com/pdfs-cognitive-behavioral-therapy
  – This is group practice in California; excellent resources about cognitive behavioral therapy (with worksheets) and online (and printable) self-screens for multiple disorders.

DSM-IV-TR criteria; information about various disorders:
  – National Institute of Mental Health (part of NIH); useful for finding information for patient!
  – Many other links to useful (and some not so useful) sites.
http://www.niaaa.nih.gov/
  – National Institute on Alcohol Abuse and Alcoholism; excellent site; lots of information/links – see, for example: http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/guide.htm
  – Adolescent Substance Abuse Knowledge Base; LOTS of information about addictions in teens!
http://www.abess.com/glossary.html
  – Glossary of psychiatric terms; quite comprehensive (probably too comprehensive); but might be helpful

Oklahoma information and resources:
http://www.ocadvs.org/UsefullLinks.htm - Oklahoma Coalition Against Domestic Violence and Sexual Assault; provides links to other sites
http://www.oag.state.ok.us/oagweb.nsf/VServices!OpenPage - Oklahoma Office of the Attorney General Victim Services site; LOTS of information and resources!
VIII. PSYCHIATRIC EVALUATION OUTLINE

Chief complaint/Identification

History of Present Illness (include psychiatric ROS)

Past Psychiatric History

Family Psychiatric History

Past Medical History

Allergies/Medications

Social History

- Family of origin/childhood
- Relationships (marital status; lives with; children; sexuality; etc)
- Education – highest level attained; “how did you do in school?” “did you graduate?” why or who not?
- Employment
- Military history; type of discharge
- Current life experience; what brings meaning?

Mental Status Exam

- Appearance and Behavior / Motor
  
  General description

  Motor

  Expressive mannerisms/compulsions

  Attitude/relatedness to examiner

- Sensorium

  Level of consciousness

  Orientation – person, place, time and situation
Memory - Immediate / Recent / Remote

Attention and concentration

- Mood and Affect (range, appropriateness)
- Thought Process

  Production of thought (normal/thought blocking/paucity/etc)
  Continuity of thought (linear/tangential/circumstantial/disorganized)

- Thought Content

  Reality testing/delusions/overvalued ideas/self-referential thinking/etc
  Perceptual Disturbances (AVH)
  Topics and issues/preoccupations/observed obsessive thoughts

  **Safety issues: SI, HI**

- General intellect /cognitive functioning
- Insight and judgment

Diagnostic Formulation

- Multiaxial formulation (include differential diagnoses)
- Problem list

Therapeutic Formulation

Prognosis
IX. OSCE GUIDELINES

For the OSCE, you will have 15 minutes to interview 1 standardized patient portraying a psychiatric disorder. You will have 10 minutes to write a note. Any time you do not use in the interview will be available to you for writing the note.

When you interview the patient, do not forget to address the following:

SAFETY

- Is this patient at risk of harming self or others?
- Does the patient have a plan? Access? Intent? History of suicide attempt?
- Does the patient require inpatient level of care? Why or why not?

SUBSTANCE USE/ADDICTIONS

- Is the patient’s presentation due to substance use? Did you ask?

PERCEPTUAL ABNORMALITIES

- Is the patient experiencing hallucinations? Did you ask?

If you have time, do a MMSE, or parts of it, but it’s not as important as the above!

For the note, students usually spend too much time on the history; they often run out of time for the differential diagnosis and diagnostic workup/treatment plan.

1. HISTORY: include significant positives and negatives from history of present illness, past medical history, review of systems, social history and family history.

   - Identifying information
   - Chief complaint and why seeking treatment now
   - Describe nature, duration, severity of symptoms
   - Addictions? Safety issues?
   - New or returning symptoms? Past treatment if applicable – did it help?
   - Family history of these or other psychiatric symptoms?
   - Any significant family/social factors that are contributing to today’s presentation?
2. **MENTAL STATUS EXAM**: consider writing the MSE before writing the history so you don’t run out of time.

   *Make sure you have reviewed the components of the MSE!* Know what goes in MSE as compared to what goes in history. MSE is what you observe or the patient reports to you. It can get a little fuzzy at times – eg, the pt tells you the voices are telling him to kill himself (part of the history, but it also belongs in MSE under thought content/perceptual abnormality), but if you notice the patient is responding to internal stimuli, that is clearly an observation that belongs in MSE and NOT history.

3. **Differential Diagnosis**: “In order of likelihood, list no more than 5 differential diagnoses for this patient’s current problems.”

   This is an important skill. Note that is says “in order of likelihood” in the instructions. Besides what consider to be most likely, else causes this presentation? This is a brief interview; there will be much you won’t have a chance to ask. But given what you were able to learn about this patient’s symptoms and history and current interactions, what else might it be other than what you think it is. Remember, psychiatric symptoms aren’t always due to a primary psychiatric illness.

4. **Diagnostic Workup**: immediate plans for no more than 5 diagnostic studies.

   *What do you want to do now?*

   *What else do you want to know and how will you find out?*

   *Does the patient need to be admitted?*

   *If you start medications, what labs or other precautions are needed?*

   *Why this medication rather than that medication*
LEARNING OBJECTIVES – DEPARTMENT OF PSYCHIATRY

1. Students will demonstrate supervised care of psychiatric patients that is compassionate and effective in promoting mental and physical health. Clerkship students will demonstrate:
   a. The ability to obtain, record and present a Mental Status Examination and Psychiatric History (including cognitive evaluation)
   b. Effective, compassionate interviewing and communication skills
   c. The ability to integrate medical history, physical examination and diagnostic studies to formulate a differential diagnosis and treatment plan for psychiatric patients

2. Students will gain evidence-based medical knowledge using a comprehensive biopsychosocial model in evaluating psychiatric patients. Knowledge will be demonstrated and assessed through patient write-ups, verbal presentations, OSCE’s and written examinations. Clerkship students will demonstrate:
   a. Basic knowledge base for diagnosis (DSM-IV-TR), differential diagnosis, classification and treatment planning of common mental disorders:
      1. Substance use disorders*
      2. Mood* and anxiety* disorders
      3. Mental disorders due to general medical conditions/substances*
      4. Cognitive disorders
      5. Psychotic disorders*
      6. Axis 2 disorders
      7. Somatoform disorders
      8. Attention deficit-hyperactivity disorder
      9. Mental disorders of childhood/adolescence
         *Denotes required patient diagnosis/problem students must encounter
   b. Knowledge of basic psychopharmacology
   c. An understanding of psychiatric emergency screening and evaluation* (including suicide and violence assessment)
   d. An awareness of psychotherapy (including basic types, indications, case formulation, developmental issues, indications)
   e. An understanding of uses of other evidence-based biological treatments (ECT, Vagal Nerve Stimulation)
   f. An awareness of issues related to psychiatric practice (patient referral, levels of care, managed care, stigma, forensic issues)
   g. Skills promoting lifelong learning to stay current with scientific advances in pathophysiology and treatments of mental disorders

3. Students will incorporate experience-based learning and improvement in care of psychiatric patients. Sources for scientific knowledge will include the medical literature, textbooks, and expert consensus guidelines. Knowledge will serve to improve quality of care and reduce medical errors.
4. Clerkship students will develop **interpersonal and communication skills** with patients, families, the health care team and managed care entities. Communication will show cultural sensitivity and will safeguard privacy and confidentiality of psychiatric patients.

5. Students will develop **professionalism** in patient care, respecting ethical principles of autonomy, beneficence, non-malfeasance and justice. They will demonstrate ethical principles vital to mental health care: compassion, respect for psychiatric patients’ dignity and rights for privacy, honesty, altruism, and collaborative care with other health professionals.

6. Students will demonstrate an ability to work within **systems-based practice** relevant to psychiatric care.
   a. They will begin to utilize contributions from non-physician members of the mental health care team (psychologists, social workers, occupational therapists, psychiatric aides and technicians).
   b. They will understand community resources and different levels of psychiatric care (inpatient units, outpatient clinics, day hospitals, extended-care facilities, nursing homes, transitional living centers).
   c. They will become familiar with peer review and quality improvement, limitations on inpatient stays and outpatient therapies, cost-effective options.

7. Students will successfully complete an Objective Structured Clinical Examination (OSCE). This will involve students conducting a focused interview of a standardized patient with a mental disorder, developing a differential diagnosis, communicating preliminary diagnostic and treatment to the patient, and writing a focused medical note. The exercise will objectively assess students’ clinical skills and prepare them for USMLE Step 2CS.

8. Students will document their clinical experiences and procedures on the Online Clinical Experiences and Procedures Tracking System, consistent with ED-2 (quantified criteria for patient contacts and clinical skills). A total of 14 diagnoses must be logged in. Minimal patient diagnoses/problems encountered are:
   - Addictions
   - Anxiety disorder
   - Bipolar
   - Depression
   - Emergency Care
   - Mental condition due to a general medical condition
   - Psychotic Disorder

   All cases must be entered in the Clinical Experience and Procedures Tracking System through [https://ouhsc.medhub.com](https://ouhsc.medhub.com). Elizabeth Hayes will review this log at midpoint and at the end of the rotation through Medhub. Involvement with a minimum of 2 patients in each category at the level of a live interview, assessment, observation of patients or through Medhub. Also, a minimum of 2 Mental Status Exams need to be completed, two patients from the above diagnostic categories (1 patient per 3 weeks). For the diagnostic categories not seen, please view those categories through patient vignettes linked through Medhub and write your MSE using your patient vignettes.

**Failure to log in patient contacts by the end of the course may lower the Professionalism Component of the student evaluation, to be decided upon by the course director.**
XI. LEARNING OBJECTIVES – COLLEGE OF MEDICINE

Medical education should foster alignment of the goals and content of medical education with evolving society needs, practice patterns, and scientific developments. The Faculty of the University of Oklahoma College of Medicine ensures that its graduates will have demonstrated altruism, knowledge, skill, and dedication. To that end, students will be evaluated subjectively and objectively to address six program objectives and associated competencies.

1. Students will provide supervised **patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Students will demonstrate:

i. The ability to obtain, record, and present an accurate medical history.
ii. The ability to perform, record, and present a thorough physical examination including organ system specific examinations as indicated by patient presentation, and a mental status examination.
iii. The essentials of formulating a problem list and differential diagnosis.
iv. The essentials of formulating and implementing a management plan.
v. The ability to perform routine technical procedures safely and effectively.
vii. The ability to reason deductively in solving clinical problems.
viii. The ability to empathically apply the principles of pain management and address the amelioration of physical and psychological suffering.
ix. The ability to communicate effectively, both orally and in writing.
x. Awareness of health promotion and disease prevention.

2. Students will gain **medical knowledge** about established and evolving biomedical, clinical, epidemiological and social-behavioral sciences and the application of this knowledge to patient care.

Students will demonstrate:

i. Knowledge of the normal structure and function of the body (as an intact organism) and of each of its major organ systems.
ii. Knowledge of the molecular, biochemical, and cellular mechanisms that is important in maintaining the body’s homeostasis.
iii. Knowledge of the various causes and pathogenesis of maladies, emphasizing the common and important clinical, laboratory, radiologic, and pathologic manifestations.
iv. Knowledge of the pathology and pathophysiology of the body and its major organ systems that are seen in various diseases and conditions.
v. Understanding of the power of the scientific method in establishing the causation of disease and efficacy of traditional and non-traditional therapies.
vi. The skills of lifelong learning including the need to stay abreast of relevant scientific advances.
3. Students will incorporate **experience-based learning and improvement** that involves investigation and evaluation of patient care, appraisal and assimilation of scientific evidence and improvements in patient care.

**Students will demonstrate**

i. The ability to retrieve, effectively evaluate, and use medical literature to provide evidence based practice.
ii. The ability to assess patient care and its efficacy.
iii. The ability to use information and medical evidence to improve quality of practice and recognize medical errors.

4. Students will develop **interpersonal and communication skills** that result in effective information exchange and team building with patients, their families, and other health professionals.

**Students will demonstrate**

i. The ability to establish and sustain a therapeutic, confidential, and ethically sound relationship with patients and families.
ii. The ability to explain biomedical information management and explain treatment choices to patients, other health care professionals and families of various educational and social backgrounds.
iii. Knowledge of various cultures and belief systems and the ability to better communicate with patients of diverse backgrounds and provide culturally sensitive health care.
iv. The ability to work effectively with others as a member of a health care team or other professional group.
v. Techniques to protect the privacy and confidentiality of the patient and the health care environment.

5. Students will develop **professionalism** as manifested through a commitment to carrying out professional responsibilities with adherence to ethical principles, and sensitivity to a diverse patient population.

**Students will demonstrate:**

i. An understanding and ability to apply the principles of autonomy, beneficence, non-malfeasance, and justice to ethical decision making.
ii. Compassionate treatment of patients, and respect for their privacy, confidentiality, and dignity.
iii. Honesty and integrity in all interactions with patients’ families, colleagues, and others with whom physicians must interact in their professional lives.
iv. An understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate with others in caring for individual patients and in promoting the health of defined populations.
v. A commitment to the values of altruism and advocacy for the best interests of the community at large.
vi. The capacity to recognize and not exceed the limitations in one’s knowledge and clinical skills, and demonstrate a commitment to continuously improve and grow.
vii. A commitment to support competent and ethical practice in one’s self and colleagues.

6. Students will begin to experience **systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Students will demonstrate:

i. Appropriate utilization of the contributions made by nonphysician members of the health care team.
ii. Understanding of the role of community resources for patient care such as extended-care facilities, skilled nursing facilities, hospice organizations and others.
iii. Understanding of the principles of peer review and quality improvement.