MSIII Psychiatry Clerkship – PSBS 9520
Williams Pavilion, Room 3440, 8:00 am – 5:00 pm
The University of Oklahoma College of Medicine
Department of Psychiatry and Behavioral Sciences

CLERKSHIP LEADERSHIP

Clerkship Director: Ruchi Aggarwal, MD
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Clerkship Assoc. Director: Michael Brand, PhD
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Clerkship Coordinator: Lori Nicholson
Title: Instructional Coordinator
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Welcome from the Clerkship Directors

Dr. Aggarwal, Dr. Brand and Lori Nicholson would like to welcome you to the six week psychiatry clerkship. For many physicians, the psychiatry clerkship is their only exposure to psychiatric training. However, as physicians, you will most definitely be confronted with suicidal, depressed, anxious, traumatized and psychologically distressed patients. How you manage these patients when out in practice will be the true test (grade) of your psychiatry clerkship. For this reason we have developed a clerkship that builds on the preclinical years and emphasizes acquiring and honing skills and competencies needed by all physicians. The clerkship is intended to be challenging but friendly. So, please read the syllabus; it will function as your guide for the clerkship. Lori will serve as your liaison between the clerkship directors. If you are absent for any reason, please let Lori know immediately. If you encounter any problems along the way, please do not hesitate to contact us. We anticipate this will be a challenging learning experience, but one that is fun and rewarding as well.

CLERKSHIP MATERIALS

Required: Copies of all required materials are available on the MedHub website at https://ouhsc.medhub.com/index.mh

Optional: 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
2. Select “Category” then “Book Collections” then “Psychiatry Online”

The direct link to Psychiatry Online is 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
DSM-V® Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
Dulcan's Textbook of Child and Adolescent Psychiatry; Dulcan, M; Editor

Other recommended texts:
Quick Reference to Diagnostic Criteria from DSM-V (2013), APA
Quick Reference to Diagnostic Criteria from DSM-IV-TR (2000), APA
Psychiatry for the House Officer (2007), Seventh Edition - Tomb

Other recommended preparation tools:
The NBME now offers practice shelf exams or “self-assessment services” in various disciplines, including Psychiatry. While it is optional, we recommend you make use of this resource as it will provide you with feedback and a way to gage how you are doing in order to better prepare for the end of clerkship NBME shelf examination. If you would like to utilize this resource, you will need to go to the following link: http://www.nbme.org/students/sas/MasterySeries.html. You will then need to register by following the link on the left side of this webpage labeled: “Login to NBME Self-Assessment Services.” The NBME does charge a $20 fee for this practice exam service.

OTHER USEFUL RESOURCES:
University of Oklahoma College of Medicine Student Handbook
http://hippocrates.ouhsc.edu/comdocs/2012%202013%20handbook%20final.pdf
University of Oklahoma Health Sciences Center Student Handbook
University of Oklahoma Health Sciences Center Faculty Handbook
http://www.ouhsc.edu/provost/documents/FacultyHandbookOUHSC.pdf
University of Oklahoma College of Medicine Policy
http://hippocrates.ouhsc.edu/policy/policy_index.cfm

Clinical skill/ screening questionnaires:
http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf - mental status exam tutorial.
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
    - 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-screen for multiple disorders.

**DSM 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:
   - 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.ocadvsac.org/UsefulLinks.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!**

### OVERVIEW OF THE DEPARTMENT

The leadership of the Department of Psychiatry and Behavioral Sciences include:

Britta Ostermeyer, MD, MBA, FAPA
The Paul and Ruth Jonas Chair
Professor and Chairman

Phebe Tucker, MD
Professor and Vice Chair of Education
Arnold and Bess Ungerman Endowed Chair in Psychiatry

The Department of Psychiatry and Behavioral Sciences at OU College of Medicine is a multi-disciplinary department consisting of 33 faculty, 42 administrative and support staff, 16 general and 5 child psychiatry residents, 10 postdoctoral psychology fellow, 9 psychology interns and of course many students. We are committed to providing outstanding care to meet the mental health needs of Oklahoma City and the surrounding communities.

The Adult Outpatient Mental Health Service is located in G. Rainey Williams Pavilion where patients with a wide range of mental health conditions are assessed and treated by a staff of multidisciplinary mental health professionals, including psychiatrists, psychologists, and social
workers. A variety of treatment modalities are utilized, including psychotherapy and pharmacological approaches.

The Children’s Mental Health Services in the Williams Pavilion is a training site offering individual and family consultation and a variety of treatment modalities including pharmacotherapy, play therapy, and individual and family therapy of several types. It also serves as the home base for consultation in the emergency room and inpatient units of The Children's Hospital at OU Medical Center, selected Oklahoma City public schools, and a diagnostic therapeutic nursery.

**CLERKSHIP DESCRIPTION**

**PSYCHIATRY CLERKSHIP OVERVIEW:**

A six-week combined inpatient and outpatient experience in any of several health facilities. The student works up patients with a wide range of psychopathology, and participates in a variety of activities, including group and individual therapy, crisis intervention, case formulations, medication checks, and didactic sessions.

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.

CLINICAL SITES:

This is a six-week clerkship combining inpatient and outpatient clinical experiences. The clerkship sites reflect the variety of settings in which psychiatrists work.

Inpatient Sites:
- Griffin Memorial Hospital (Norman)
- Integris Mental Health Center (Adult Unit) (Spencer, OK)
- Integris Southwest Medical Center (Geriatric Unit)
- Oklahoma County Crisis Intervention Center (OCCIC)
- Presbyterian Hospital Consultation and Liaison Services
- Veterans Administration Medical Center Consultation and Liaison Services
- Veterans Administration Medical Center, Ward 8

Outpatient/Selective Sites:
- Integris Mental Health Center (Child Unit) (Spencer, OK) (acute, residential and outpatient treatment programs)
- Integris Decisions Adult and Adolescent Mental Health Center
- North Rock Medication Clinic at Red Rock
- North Care Behavioral Health Sciences (community mental health)
- Positive Changes (partial hospitalization and intensive outpatient program)
- Veterans Administration Medical Center Outpatient Mental Health Clinic
- Veterans Administration Outpatient Primary Care Mental Health Center
- Veterans Administration Medical Center Outpatient Substance Abuse Clinic
- Williams Pavilion Outpatient Rotation

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 psychiatry 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 Psychiatry 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.
CLERKSHIP GOALS

Psychiatry Clerkship Competencies/Core Goals:

1. Conduct a quality evaluation of a psychiatric patient.
2. Develop accurate differential diagnoses for common psychiatric illnesses.
4. Safely manage a psychiatric emergency.
5. Prescribe safe and effective pharmacological treatments for routine psychiatric conditions.
6. Prescribe safe and effective biopsychosocial treatments for routine psychiatric conditions.
7. Effectively communicate psychiatric findings, recommendations, treatments and outcomes to patients and colleagues, both verbally and in writing.

CLERKSHIP LEARNING OBJECTIVES

LEARNING OBJECTIVES – DEPARTMENT OF PSYCHIATRY:

1. Students will demonstrate supervised patient 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-V), 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. Personality disorders
      7. Somatoform disorders
      8. Attention deficit-hyperactivity disorder
      9. Mental disorders of childhood/adolescence
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*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 practice-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 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. Students will:

a. Begin to utilize contributions from non-physician members of the mental health care team (psychologists, social workers, occupational therapists, psychiatric aides and technicians).

b. Demonstrate an understanding of community resources and different levels of psychiatric care (inpatient units, outpatient clinics, day hospitals, extended-care facilities, nursing homes, transitional living centers).

c. Become familiar with peer review and quality improvement, limitations on inpatient stays and outpatient therapies, cost-effective options.

Educational Program Objectives:

The Educational Program Objectives for the University Of Oklahoma College Of Medicine can be found online at:
ASSIGNMENT OF GRADES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Points (%)</th>
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</thead>
<tbody>
<tr>
<td><strong>Scored Components</strong></td>
<td></td>
</tr>
<tr>
<td>Clinical Performance</td>
<td>45%</td>
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<tr>
<td>Shelf Exam/Final Exam</td>
<td>45%</td>
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<tr>
<td>OSCE</td>
<td>10%</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>100%</td>
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<tr>
<td><strong>Other Components</strong></td>
<td></td>
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<tr>
<td>Participation/Attendance*</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Professionalism*</td>
<td>Pass/Fail</td>
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<tr>
<td>Clinical Skills Assignment*</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>Other Assignment(s)</td>
<td>Complete/Incomplete</td>
</tr>
<tr>
<td>Completion of course evaluation</td>
<td>Complete/Incomplete</td>
</tr>
<tr>
<td>Completion of patient logs</td>
<td>Complete/Incomplete</td>
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</tbody>
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*Participation/Attendance and Professionalism components (pass/fail) are ones that students must pass, regardless of final points or overall course percentage score, in order to pass the course. Requirements for earning a passing score for each required component are specified in the next section, “Required Activities”.

**Letter Grades:**

- **A**: Overall clerkship grade of 90-100 will be assigned a letter grade of “A”.
- **B**: Overall clerkship grade of 80-89 will be assigned a letter grade of “B”.
- **C**: Overall clerkship grade of 70-79 will be assigned a letter grade of “C”.
- **D**: Overall clerkship grade of 60-69 will be assigned a letter grade of “D”.
  A letter grade of “D” will also be assigned in the following situation:
  - Earning a fail in one component (components are noted with an “*”), regardless of final points or percentage. The component must be remediated to a passing score. If a component is failed twice, you will receive a letter grade of “F” for the clerkship.
- **F**: Overall clerkship grade of 59 or below will be assigned a letter grade of “F”.
  A letter grade of “F” will also be assigned in any of the following situations:
  - Earning a fail in two or more components (components are noted with an “*”), regardless of final points or overall course percentage score.
  - Failing the remediation of a component in which a letter grade of “D” was earned (see above)

**Letter Grade of “I”**: All requirements must be completed (whether graded or not) in order to earn a letter grade in the clerkship.

In accordance to University of Oklahoma Health Sciences Center, if you receive an incomplete, you must complete any missing assignments to receive a letter grade.
GRADES:

A total clerkship grade of 70% is required to pass the psychiatric clerkship. Students who earn a “D” will be required to complete remediation to the satisfaction of the clerkship director, Vice Chair of Education and departmental faculty members. The student review panel, consisting of the clerkship director, Vice Chair of Education (or his or her designee) and one additional faculty member will review the medical student’s grades and performance. The panel will meet with the student within two weeks of the release of grades and determine requirements for remediation, including a deadline for completion of the required remediation. It is the responsibility of the student to complete the remediation to the satisfaction of the review panel within the prescribed time frame.

The final grade for the psychiatry clerkship is based on the following distribution:
- 45% NBME Psychiatry Subject Exam
- 45% Clinical Evaluations (outpatient rotation, inpatient rotation and on call)
- 10% OCSE (5% based on the interview and 5% based on the clinical progress note)

Final grades are rounded at the tenth (i.e. 89.5 is rounded to 90 an A while 89.49 is rounded to 89.5 and remains a B)

REQUIRED ACTIVITIES

Clinical Performance:

- Clinical portion of the grade: The College of Medicine Clinical Clerkship Evaluation Form is used for the clinical portion of the grade. Each of your site supervisors and each of the residents you work with on call will fill out the Clinical Clerkship Evaluation Form on your performance. These evaluations will be combined to make up the clinical portion of the grade (45%).
- 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 area of Professionalism is free standing and must be passed in order to receive a passing grade on the course.

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

Attendance/Participation:

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 Herman Jones, PhD, Associate Dean for Student Affairs
- Notify the attending physician and resident at the rotation site
• Notify the Psychiatry Clerkship Course Coordinator, Lori Nicholson (Lori-Nicholson@ouhsc.edu)

The Associate Dean for Student Affairs will determine if an absence is excused or not, per College of Medicine Policy #306. **Absences of more than 2 days on your clerkship 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 or failure of the course, as discussed in the grading policies above.

• 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.

**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 4:30 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.
• Each student will receive an evaluation by the resident they work with while on call. The residents’ on call evaluations are part of the calculation of the students’ inpatient clinical evaluation.

*Evening Call Procedures*

4:00 p.m. page Resident on duty
4:15 p.m. call page Operator (if no response from Resident on duty)
4:30 p.m. call Clerkship Coordinator/Lori Nicholson (if no response from Resident on duty)

*Do not excuse yourself from call duties*

**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; 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 WP-3460.
• 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 Associate Dean for Student Affairs and 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.

**Shelf Exams/Final Exams:**

- 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 45% of the final grade.
- Final exams, including shelf exams, are comprehensive. All relevant content for the final exam may not be covered during didactics, clinical experiences, or other clerkship experiences. However, any content, whether specifically covered or not, is subject to examination.
- Please review the College of Medicine Policy 306 for absences:
  - [http://hippocrates.ouhsc.edu/policy/policy_view.cfm?number=306.0](http://hippocrates.ouhsc.edu/policy/policy_view.cfm?number=306.0)

- A laptop computer meeting minimum College specifications is required for online exams. It is your responsibility to ensure that your laptop is capable of connecting to the OUHSC wireless network and is in working condition.
- During exams, no backpacks, cellphones or devices other than your laptop are permitted in the exam area.

**Assignments:**

- You will be required to complete the “Clinical Skills Evaluation” assignment during your clerkship. All instructions and forms for this assignment are given to you at the beginning of your clerkship rotation and will be reviewed with you on the first day. Copies are also available on Medhub.
- This assignment essentially consists of two clinical skills evaluation forms. The first Clinical Skills Evaluation form must be turned in prior to the mid-course feedback review (see “Mid-Point Feedback” below) and serves to ensure that you receive timely feedback from your preceptors/attendings. The second Clinical Skills Evaluation form must be turned in prior to the end of the clerkship.
- This assignment directly addresses some of the core competencies that we believe you should attain after completion of your rotation with us in Psychiatry. Please do not hesitate to contact the course medical director regarding any questions about this assignment or your ability to achieve the competencies.

**OSCE:**

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. See Appendix B for further details on the OSCE.
Professionalism:

- See above attendance requirements. See also professional dress code requirements below.
- Students must be aware of and follow all applicable professionalism policies, both for the OU College of Medicine and the OU Health Sciences Center. Failure to comply may result in failure of this component.
- As indicated above, you must pass this component in order to receive a passing grade in the clerkship.
- 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. When you are doing physical exams, ask to have another caregiver in the room.
- Students are expected to maintain professional boundaries with patients at all times. Non-clinical interactions are prohibited.

Course Evaluations:

- End-of-Course evaluations must be completed prior to the start of the following rotation to receive a “Complete” for this assignment. If you do not complete this assignment, you will receive an incomplete for the course.
- Clerkship evaluations will be conducted using MedHub. You will receive an email with a link to complete a course survey.
- We read the results and value your input regarding the clerkship. We use your feedback to help maintain clerkship strengths and refine areas of improvement. Please evaluate the clerkship thoughtfully and constructively.

Patient Logs:

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). Lori Nicholson 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.

Failure to log in patient contacts by the end of the course may lower the Professionalism Component of the Clinical Performance grade.
Your submission into Medhub of your recorded patients indicates that all entries accurately reflect patients you saw and your level of involvement.

**REMEDICATION**

**Letter Grade of “F”:**
If you receive a letter grade of “F”, you must repeat the entire course in accordance with College of Medicine policies.

**Letter Grades of “D”:**
If you receive a letter grade of “D”, you must remediate the component (whether scored or unscored) in accordance with College of Medicine policies.

**CLERKSHIP SCHEDULE**

See MedHub (https://ouhsc.medhub.com/index.mh) for the clerkship schedule. Please note that dates, topics, and assignments are subject to change. In the event of a change, you will be notified.

**MID-POINT FEEDBACK**

Students are responsible for having their site supervisor complete a mid course clinical skills evaluation with/for them during each of the three week clinical rotations (see clinical skills evaluation form and “Assignments” portion under “Required Components” above). This mid-course clinical skills evaluation ensures students receive formative feedback from their site supervisors. The first clinical skills evaluation is turned into the clerkship coordinator prior to the mid-course feedback. All required forms will be provided to you at the beginning of your clerkship rotation and copies are also available on the MedHub website.

**CLERKSHIP AND COLLEGE OF MEDICINE POLICIES AND REQUIREMENTS**

**Absences:**
You must follow all applicable absence policies, including the College of Medicine policy 306:
- [http://hippocrates.ouhsc.edu/policy/policy_view.cfm?number=306.0](http://hippocrates.ouhsc.edu/policy/policy_view.cfm?number=306.0)

**Academic Appeals:**
If you wish to appeal your final grade, you must request an appeal in writing in accordance with the OUHSC Academic Appeals Policy:
- [http://hippocrates.ouhsc.edu/policy/policy_view.cfm?number=412.0](http://hippocrates.ouhsc.edu/policy/policy_view.cfm?number=412.0)

The Psychiatry Clerkship adheres to the above Academic Appeals Policy. 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.

**Academic Misconduct:**
Clerkship faculty has a no tolerance policy for academic misconduct. The University policies regarding academic misconduct will be strictly enforced. Compliance with misconduct regulations put forth in the Academic Misconduct Code is mandatory.
Please consult the Faculty Handbook 4.18 & Appendix C for discussion of academic misconduct:

- [http://www.ouhsc.edu/provost/documents/FacultyHandbookOUHSC.pdf](http://www.ouhsc.edu/provost/documents/FacultyHandbookOUHSC.pdf)

**Copyright Policy:**
All materials related and associated with this course are owned by the University of Oklahoma and/or faculty of the University of Oklahoma. These materials are intended for the use by the students of the University solely for educational purposes and may not be published or distributed to any third party outside the University except with written permission of the copyright owner of the material, either the University and/or faculty. These materials include but are not limited to course syllabus, handouts, illustrations and animations, powerpoint presentations, exams, quizzes, case studies, and audio and video recordings of the lectures.

Students who distribute course material to third parties outside the University who violate this policy are subject to [the Academic Misconduct Code] and prosecution under U.S. copyright laws.

**HIPAA:**
You are required to comply with the OUHSC HIPAA policies and procedures and training. Please see the official HIPAA information:

- [http://ouhsc.edu/hipaa](http://ouhsc.edu/hipaa)

**Inclement Weather:**
If campus is closed due to weather, you will not be expected to come in. However, if you are already performing clinical duties on campus, you will be expected to stay as it is likely unsafe on the road. If severe weather or campus closures are expected, you will be expected to contact your rotation supervisor. Please check email frequently for updates from your Clerkship Director(s). Please consult College of Medicine policy 325:

- [http://hippocrates.ouhsc.edu/policy/policy_view.cfm?number=325.0](http://hippocrates.ouhsc.edu/policy/policy_view.cfm?number=325.0)

**Medical Student Mistreatment:**
The College of Medicine policy on the mistreatment of medical students can be found online at

- [http://hippocrates.ouhsc.edu/policy/policy_view.cfm?number=417.0](http://hippocrates.ouhsc.edu/policy/policy_view.cfm?number=417.0)

**Post Exposure Treatment for Blood-Borne Pathogens or Needle-Sticks:**
The procedure or treatment for blood-borne pathogen exposure of needle-sticks can be found in the student handbook at


**Professional Dress Code Requirements:**
Professional appearance and demeanor are a demonstration of respect for the patient and the profession, and of self-respect. You must maintain at all times professional appearance and demeanor. If you report for clinical duty in dress deemed inappropriate by the faculty or department/clinic director, you may be instructed to return home to make necessary changes.

- Scrubs are appropriate when required by individual departments.
- You are required to wear a College of Medicine picture ID tag during all worked hours.
- Most clinics and faculty will require you to wear the short white coats that are standard attire for College of Medicine students. White coats should be kept clean and neat in appearance. Unacceptable articles of clothing include but are not limited to:
  - Jeans or leather pants
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- Shorts/skorts
- T-shirts or sweatshirts
- Jogging or nylon suits, sweatpants
- Halter tops or midriff baring tops
- Sundresses and spaghetti straps are not acceptable unless covered by a jacket.
- Sheer or low-cut blouses
- Flip-flops
- Undergarments must be worn, but should not be visible.
- Excessive fragrances or smell of smoke
- Athletic shoes (except when worn with scrubs)
- Mini-skirts (skirts should be no shorter than approximately 2 inches above the knee and appropriateness may be determined at the discretion of the attending, clinic director, or clerkship director.)
- Visibility of tattoos should be kept to a minimum and covered, if possible.
- Hair should be clean and neat. Extreme hairstyles and hair colors (those not found in nature) should not be worn. Shaved eyebrows and unprofessional hair decorations are not appropriate. You should be cleanly shaven and any beards/mustaches must be kept neatly groomed and clean at all times.
- Visible piercings should be professional in appearance. Eyebrow, lip or tongue piercings and earlobe expanding ear rings are not appropriate.

Professionalism Policy:
The Student Professional Behavior in an Academic Program Policy is the policy outlining the expectation of a student’s ethical and professional conduct in both academic and non-academic settings. Upon being accepted to OUHSC programs, the student is to comply with all regulations set forth by the University, the OUHSC, the respective College and the Program.

- Please consult the Health Science Center Faculty Handbook (Appendix C):
  [http://www.ouhsc.edu/provost/documents/FacultyHandbookOUHSC.pdf](http://www.ouhsc.edu/provost/documents/FacultyHandbookOUHSC.pdf)
- Please consult the University of Oklahoma College of Medicine Policy (319.0):
  [http://hippocrates.ouhsc.edu/policy/policy_view.cfm?number=319.0](http://hippocrates.ouhsc.edu/policy/policy_view.cfm?number=319.0)

Reasonable Accommodation for Students and Student Disability Statement:
The University of Oklahoma is committed to providing reasonable accommodation for all students with disabilities. Students with disabilities who require accommodations must initiate their request through the Disability Resource Center at: www.ou.edu/drc.

The University of Oklahoma is committed to the goal of achieving equal educational opportunity and full participation for students with disabilities. Consistent with the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, as amended, the University of Oklahoma ensures that no “qualified individual with a disability” will be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination solely on the basis of disability under any program or activity offered by The University of Oklahoma.

Accommodations on the basis of disability are available by contacting the Disability Resource Center (DRC) by email, drc@ou.edu, or by calling (405) 325-3852 Voice or (405) 325-4173 TDD. Students requesting disability-related services or accommodations are required to submit appropriate documentation to substantiate the disability. DRC staff will review the documentation and send an e-mail to the student’s university e-mail account that explains the eligibility determination. Students can expect to receive an initial response within 15 University business days of the Center’s receipt of the documentation. Students with disabilities will then schedule an appointment for an initial intake procedure with the Disability Resource Center.
staff. During this appointment DRC staff and the student will engage in an interactive process and discuss any history of accommodation, strengths and limitations, and review policies/procedures.

Information on policies and registration with DRC may be found on the DRC website at:

- www.ou.edu/drc

The University’s Reasonable Accommodations Policy can be found online at:

- http://www.ouhsc.edu/admissions/handbook/Reasonable_Accommodation.htm

**Registration and Withdrawal:**

Deadlines for registration and withdrawal can be found at

- http://www.ouhsc.edu/admissions/.

**Sexual Harassment:**

The College of Medicine policy on sexual harassment can be found in Appendix H of the Faculty Handbook at:


**Student Work Hours Policy:**

Student duty hours policy can be found at

- http://hippocrates.ouhsc.edu/policy/policy_view.cfm?number=321.0

**Syllabus Changes:**

This syllabus will serve as a guide for the activities and policies of this clerkship. The clerkship director(s) reserve the right to amend the syllabus as necessary and will provide notice of any changes.

**Teacher/Learner Relationship:**

In order to achieve an environment of mutual respect between teachers and learners, each party must uphold certain responsibilities. These responsibilities are described in the College of Medicine Policy 416: *Guidelines for the Teacher-Learner Relationship*.

- http://hippocrates.ouhsc.edu/policy/policy_view.cfm?number=416.0

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**APPENDIX**

**APPENDIX A: PSYCHIATRIC H & P OUTLINE**

**Chief complaint/Identification**

**History of Present Illness** (include psychiatric ROS)

**Past Psychiatric History**

**Family 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**

• **Legal history** (DUI? Drug charges? Domestic violence? Child custody?)

• **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

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**

*Cognitive/General Intellectual functioning*
Memory (Immediate/Recent/Remote)

Insight and judgment

Diagnostic Formulation

- Problem list (include differential diagnoses)

Therapeutic Formulation

Prognosis

Treatment Plan

APPENDIX B: OSCE TIPS

For the OSCE, you will have 30 minutes to interview 1 standardized patient portraying a psychiatric disorder. You will have 15 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 a part of it, but it’s not as important as the above!

For the note, the following guidelines may be helpful.

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

   *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 – e.g., 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 it says “in order of likelihood” in the instructions. Besides what you consider to be most likely, what 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?*