



# WINDSOR UNIVERSITY SCHOOL OF MEDICINE

## PSYCHIATRY



**THIS INSTITUTION IS POSITIONED AS AN AFFORDABLE INTERNATIONAL ENVIRONMENT FOR CULTURALLY DIVERSE STUDENTS TO GAIN CORE COMPETENCIES REQUIRED FOR GRADUATE AND POST GRADUATE TRAINING.**

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**Appendix B: The logbook of manual skills and procedures Pg. 62;**

**Optional manual skills and observed procedures (Pg.86)**

**Appendix C: Rotation evaluation form Pg. 66**

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**Appendix K: OSCE Marking Rubrics Pg. 102**

## LINKS FOR EVALUATION FORMS

**Midcore Evaluation:** <http://www.questionpro.com/t/ALT4jZS0fQ>

**Final Preceptor Evaluation:** <http://www.questionpro.com/t/ALT4jZS0fc>

**Student Evaluation of Clinical Preceptor:** <http://www.questionpro.com/t/ALT4jZSwFo>

**Student Evaluation of Clinical Rotation:** <http://www.questionpro.com/t/ALT4jZSymF>

## INTRODUCTION

The mission of the core clerkship in psychiatry is to provide students a clinical experience that will prepare them to understand, evaluate and treat the entire spectrum of mental disorders in a context defined by an attitude that displays professionalism, compassion and cultural sensitivity. The clerkship builds on a foundation of medical knowledge, by adding clinical and communication skills to enable the student to understand behavioral problems using the biopsychosocial-cultural model and to construct viable treatment plans. After completion of the six-week core clerkship during the third year, students will demonstrate sufficient strength in three domains – medical knowledge, clinical skills and professional behavior – required to evaluate and participate in providing care for people with mental disorders, in a multidisciplinary setting. Additionally, students are expected to take from the psychiatric clerkship an appreciation of the multi-factorial aspects of health and illness in general, and the relationship between biological, psychological, psychosocial, cultural and medical aspects of health and illness that will enhance proficiency in clinical situations with all patients. Finally, the clerkship offers students the opportunity to decide if a career in psychiatry is right for them and to offer guidance on succeeding in residency training and in professional development.

Educational objectives are met by engaging in a combination of didactic study and supervised clinical experience. The specifics of the clinical experience are described more fully below. Essentially, students are assigned to one or more interdisciplinary clinical teams during their clerkship and will learn to perform a psychiatric evaluation, to construct a diagnosis and to formulate a treatment plan by participating in these activities along with other members of the team and under the direction of their preceptors.

Didactic study will include multiple activities, including classroom activities such as lectures, seminars, and student presentations, as well as self-directed learning activities such as reading and working from the Department's web-based curriculum. The web-based curriculum includes an introduction and orientation to the clerkship and requirements of the clerkship; a review of the mission, goals, educational objectives and study topics described in this manual; study material and links to useful websites for further study; quizzes and practice tests; a description of the mid-core assessment, the oral exam and the written exam.

## SPECIFIC LEARNING OBJECTIVES FOR PSYCHIATRY -

### Educational Objectives

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At the completion of this core clerkship, the student will be able to:

### Medical Knowledge

1. Identify and define a broad spectrum of psychopathology, taking into account multiple factors including age, phase of life, sex, ethnicity, culture and co-morbidities.
2. Construct a formulation and comprehensive differential diagnosis using the Biopsychosocial-cultural model; include a consideration of the direct impact of physical problems and substance abuse as well as of secondary psychological effects of these.
3. Demonstrate knowledge of the major indications for, use and side effects of commonly prescribed psychiatric medications as well as behavioral side effects of commonly prescribed medications and substances of abuse.
4. Demonstrate knowledge of when and how to make a referral to a psychiatrist.
5. Demonstrate knowledge of bioethical issues arising in psychiatry such as privacy, Confidentiality and professional boundaries.

### Clinical Skills

1. Conduct a diagnostic psychiatric interview demonstrating empathy and an ability to form a therapeutic alliance, to elicit valid and reliable information, including in potentially sensitive areas such as sexual history.
2. Organize and present a full psychiatric history and mental status examination, including differential diagnosis and treatment plan.
3. Evaluate and participate in the management of psychiatric emergencies, including the assessment of suicidality, dangerousness, intoxication and withdrawal syndromes.
4. Communicate with patients and families, as well as with other health care providers, in an empathic, informative and professional manner.

### Professional Behavior

1. Demonstrate cultural competency and sensitivity to differences in all aspects such as race, ethnicity, immigration status, sex, sexual orientation and socioeconomic status.
2. Demonstrate compassion towards patients and their families, even when presented with significantly disturbed behavior and verbalization.

3. Demonstrate awareness of one's own limits and seek supervision.
4. Demonstrated behavior consistent with the setting and maintenance of professional boundaries.
  - i. Describe the process used to specify the number and kind of patients and the clinical settings needed to meet the clerkship objectives.
5. The patient conditions and procedural skills expected of students are based on the learning objectives and competencies described above and other information pertaining to list of cases found on page number 55-5 The patient conditions and procedural skills expected of students are based on the learning objectives and competencies described above and also other information pertaining to list of cases found on page number 33-36 in the appendix on Clinical curriculum manual.

## PSYCHIATRIC CORE TOPICS:

The following list of study topics is intended as a guide for the student to supplement the basic curriculum of lectures. It is not intended to be an exhaustive or exclusive list.

### Week 1 Lecture Topics: Evaluation and assessment

1. Suicidal Patient
2. Substance abuse and related complications
3. Control and prevent self-harm in Overdosed and mentally altered patients
4. Biopsychosocial-cultural model
5. Psychiatric interview; collateral sources of information
6. Mental status exam
7. Capacity and competency with regard to medical decision making
8. Indications for and interpretation of relevant laboratory testing, e.g. Substance screening, endocrinological tests, and consultations with other physicians
9. Medical and neurologic assessment
10. Indications for and use of results of psychological and/or neuropsychological testing

**Quiz 1:** Evaluation and assessment (End of Week 1)

### Week 2 Lecture Topics: Psychopathology

1. Psychopathology of major disorders, including substance use disorders
2. Classification systems and differential diagnosis
3. Psychotic and Schizophrenias
4. Mood disorders
5. Post-traumatic Stress Disorders
6. Fibromyalgia and Chronic Pain

**Quiz 2:** Psychopathology (End of Week 2)

### Week 3 Lecture Topics: Management

1. Psychopharmacology
2. Psychotherapeutic approaches
3. ECT
4. Interdisciplinary treatment team
5. Psychiatric emergencies, including assessment of suicidal and dangerousness
6. Intoxication/withdrawal syndromes.
7. Civil commitment and treatment refusal
8. Management and assessment of psychiatric disorders in medical/surgical patients

**Quiz 3:** Management (End of Week 3)

### Week 4 Lecture Topics: Communication

1. Communication in layman's language and patient/family education
2. Empathy, rapport, therapeutic alliance
3. Communication with the interdisciplinary treatment team
4. Communicating with Patients and guardian(s)

**Quiz 4:** Communication (End of Week 4)

### **Week 5 Lecture Topics: Professional behavior**

1. The impact of culture and self-awareness
2. Professional ethics, informed consent, confidentiality and privacy
3. Professional boundaries

**Quiz 5:** Professional behavior (End of Week 5)

## PRECEPTOR'S "TEACHING SCHEDULE TEMPLATE":

Preceptor's name: \_\_\_\_\_

	Morning Rounds	Out-Patient Clinics	Private Office (schedule 2-3 students per day OBSERVATION ONLY)	Hospital Ground Rounds and CME rounds	Didactic Teaching (Core Topics 5-6 hours /week)	Preceptor or Resident On-call Schedule (2-3 students/call)	Help Schedule (2 hours Per week)	Other
Mon								
Tues								
Wed								
Thurs.								
Fri								

## PSYCHIATRIC CORE ROTATION PROCEDURES TO BE OBSERVED BY STUDENT DURING THIS CORE ROTATION:

### Psychiatry

1. EEG set up
2. Hypnosis
3. Restrain and Confinement
4. Individual therapy
5. Group Therapy
6. Substance abuse rehabilitation
7. Behavioral Therapy
8. Acupuncture
9. Suicide intervention/prevention
10. Naloxone IV treatment for Overdose Management
11. Stress Management
12. Gastric Pumping for Over Dose

## BASIC PSYCHIATRIC ROTATION PROCEDURES A STUDENT MUST BE SUPERVISED AND PERFORMED DURING THIS CORE ROTATION:

1. Observe and taking a detailed History and Mental assessment on a mentally altered patient
2. Participate in a Group therapy
3. Observe an Individual therapy
4. On-call for a Psychiatric Suicide response

## EVALUATIONS AND GRADINGS

### A. The Formative Mid-core Evaluation

All clerkship directors must arrange for formative mid-core evaluations with all students. These consist of individualized face-to-face meetings with each student and completion of the mid-core evaluation form (Appendix D). This form is not part of students' permanent record and can be kept on file at the hospital with a copy to the Associate Dean of Clinical Sciences. The purpose of this evaluation is to provide students with informal, qualitative feedback early enough in the clerkship to allow time for remediation of deficiencies. This meeting also gives the clinical preceptors an opportunity to help students recognize their strengths. The mid-core evaluation also gives medical students the opportunity to measure their progress in learning.

### B. The Summative Final Evaluation

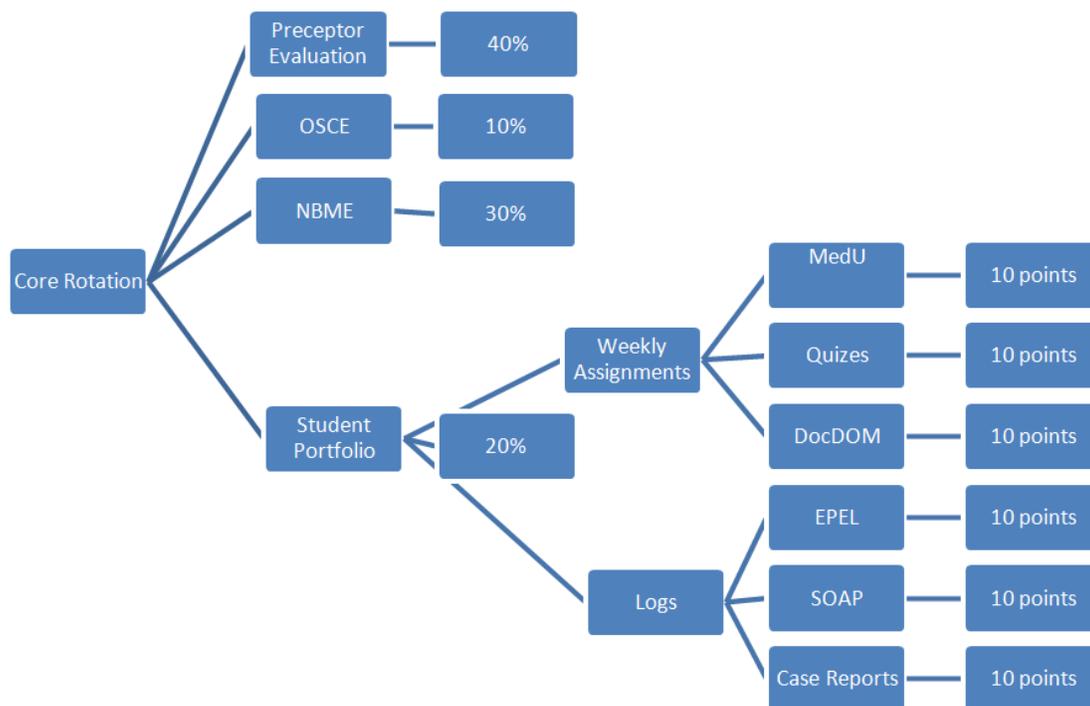
#### Grading Policy for the Clerkships

The Clinical preceptor completes a final evaluation form for each student in a core clerkship. The form requires narrative comments, grades in individual components and a final summative grade (Appendix C). The narrative comments summarize the student's clinical performance, professional behavior including attendance, rapport with patients and staff and the extent to which the students developed the required competencies for that core. This narrative section offers the faculty the opportunity to provide additional evaluative information beyond the letter grade. Students should make every effort to review these comments as soon as possible after completion of a rotation. The opinions of the physicians who have worked with a student are critical for self-improvement on the part of the student. Constructive criticisms can help a student develop into a more competent physician. Students should attempt to review these comments at the hospital, either from the clerkship director or from the medical education office. Alternatively, students can request a copy of the evaluation form from their clinical student coordinator in the Office of Clinical Studies.

The final grade in the clerkship represents a quantitative average of four components:

- 1) **40%: End of Clerkship Preceptor Evaluation of Student**
- 2) **30%: Core Rotation/ NBME Exam Score**
- 3) **10%: OSCE /Oral Examination.**
- 4) **20%: Student Portfolio**

**Refer to Diagram below for further breakdown of student portfolio:**



**The final grade calculation= Cumulative of above 4 > 65 % to pass.**

#### **Grading:**

**Honors:** If you get an A in all 4 areas of evaluation.

**In progress:** Failure of one area but pass all other areas of evaluation.

**Failure:** Fail two or more areas of evaluation.

#### **Re-mediation**

##### **In progress:**

- **Clinical evaluation:** successfully repeat 4 weeks of rotation

- **Clinical Log:** successfully complete all logs

- **OSCE/Oral:** successfully repeat the OSCE

- **Written Exam:** successfully pass exam, up to three attempts

The final grade will be calculated using the new data and will be downgraded one letter grade unless that grade is a "C".

**Failure:** The student must repeat the entire clerkship.

#### **Clinical Performance:**

**(40% Preceptor Evaluation, 10% weekly quiz, and 10% Patient Log and 10% MedU and Doccom)**

The teaching physicians who work with the student during the rotation evaluate the student's clinical performance in six core competency areas, medical knowledge, clinical skills, professional behavior, Interpersonal and Communication Skills, Proactive based learning and systems-based learning. The more

feedback the evaluator gets from different members of the medical staff that instructed the student, the more objective grades can be. The faculty evaluates the extent to which the student has developed the competencies required for that rotation. The following general goals form the basis of all evaluations. A more comprehensive list of competencies appears in Outcome Objectives of Medical education above.

A mid-core meeting with each student is required in order to discuss the student's performance. Students must print a copy of their Electronic Patient Encounter Log and procedural experience log and present it at the mid-core meeting for review by the Clinical Preceptor. The Clinical Preceptor discusses the log and the student's performance. This discussion should include encouragement if the student is doing well or a warning with constructive criticism if the student is doing poorly. The mid-core evaluation is formative and requires documentation on the WUSM Mid-core evaluation form (see Appendix D).

### **End of Clerkship Examinations for all Locations: (Virtual Patient or Actor Patient)**

#### **a. OSCE(s), Oral Examination**

Each department has a form for the end-of-clerkship oral exam (appendix J)) in conjunction with required document check list (refer to for on page 14 of this document). The end of clerkship oral exam should last at least 20 minutes and requires a one-on-one format involving the student and clinical faculty member. It is used to evaluate independent study and patient log documentation but is primarily a Step 2 CS-type exam.

The first part of the exam requires the examiner to review the portfolio, which each student brings to the exam. This portfolio consists of the patient log and the web-based exams. The examiner first confirms that the student has completed all assignments and has shown a commitment to documentation in the log. The portfolio can be used to evaluate the extent to which the student has studied actively and independently.

After the review of the patient log, the exam should proceed as a Step 2 CS OSCE exam, this has two parts:

**1. The integrated clinical encounter (ICE).** This is the "classic" exam. The examiner would choose a case, from the student's log for example, and ask the student to "integrate the history, physical findings, lab results, imaging studies, etc. into a reasonable discussion of pathophysiology, differential diagnosis, further work-up and management, etc."

**2. Communication skills and interpersonal relationship (CS/IR).** This is new and may require some creativity and play-acting on the part of the examiner. Departments could develop a list of "challenging" questions involving ethical issues, e.g., end-of-life decisions, informed consent, delivering bad news, etc. Evaluations here may be difficult and subjective. One way to look at this would be for examiners to ask themselves "If this was an interview, would I take this student into my residency program?" If the answer is negative, we would like to know, in order to remediate the student. The exam form should have a section for such comments. These students may be at high risk for a Step 2 CS failure and/or for not getting a residency because of their lack of interviewing skills. To a certain extent, this can be a formative as well as a summative exam.

## b. NBME Exam

The NBME Clinical Subject (Shelf) Exam must be taken by all students toward the end of the core rotation and determines 30% of the final grade during 3<sup>rd</sup> year Core Rotations but 50% after 4<sup>th</sup> year (end of Clinical Rotation). Scheduling for this exam is done by Dean's office. Hospitals should excuse students for the entire day in order to take these exams. While the oral exam is based on the student's clinical experience during the rotation, the shelf exam is not. Instead the shelf exam tests students' understanding of the subject as, for example, it might be presented in a concise textbook. Students must sit the shelf exam before starting their next rotation.

## c. Examination Policies and Procedures

- All students must attend the Oral Exam as scheduled. No excuses are permitted unless approved by the Clinical Preceptor or AHD.
- All students must attend the NBME exam as scheduled. With rare exception and only after approval by the Dean, a student can take a separate WINDSOR written exam.
- Students who are too ill to take the exam as scheduled should refer to the "Medical Excuse" policy in the Student Manual.
- If for any reason a student misses an oral exam, a make-up exam must be scheduled within 2 weeks with the Clinical Preceptor or AHD.
- If for any reason a student misses an NBME exam, a make-up exam must be scheduled within 2 weeks by contacting Dean's office.

## READING

The most recent editions of the following text books are recommended:

- Synopsis of Psychiatry, Kaplan and Kaplan, Lippincott, Williams & Wilkins
- Introductory Textbook of Psychiatry, Andreason and Black, APPI
- Students are encouraged to seek additional reading, including journals such as the American Journal of Psychiatry, The British Journal of Psychiatry, as well as web-based resources and recommendations from their preceptors.

# Windsor University School of Medicine

## Clinical Documentation Checklist

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Total Weeks: \_\_\_\_\_

S. No	Clinical Documentation/ Skills	Required	Completed	Student Initials
1.	Electronic Patient Encounter Logs (EPEL)	12		
2.	SOAP Notes	4		
3.	Case Reports	2		
4.	MedU Cases	6/12		
5.	DocCom Modules	2		
6.	Mid-core evaluation	1		
7.	Preceptor Evaluation	1		
8.	Core Examination (NBME Shelf)	1		
9.	Procedure Logs	1		
10	OSCE Skills	1		
11	Feedback Interview	1		
12	Student Evaluation of Rotation	1		
13	Student Evaluation of Preceptor	1		

Note: It is student's responsibility to complete the above requirements in its entirety with integrity and honesty. Students should get them evaluated by his attending, and submit the same to the clinical department. Failure to do so will result in receiving poor grade in the specific clinical rotation on the transcript.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attending/Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_