

GOALS & OBJECTIVES

Psychiatry Clerkship Goals

The aim of the core psychiatry clerkship is to provide students an opportunity to care for people with mental illness and to prepare them to work with future patients in a variety of settings. By the end of the rotation, students should be able to:

1. Complete an initial psychiatric interview and mental status exam. (PCMC-1, PCMC-2)
2. Document their findings in a psychiatric history and physical including a comprehensive psychiatric assessment with differential diagnosis. (PCMC-3)
3. Present their new patients to their team in a standard format. (PCMC-3)
4. Provide care to patients on an ongoing basis that includes diagnostic testing, risk assessment, medication management, and psychotherapy. (PCMC-3, MKS-3a, MKS-3b)
5. Develop a working knowledge of major depressive disorder and the common treatment approaches, including particularly medications. (MKS-1e, MKS-3b, PCMC-3)
6. Become adept at recognizing the signs and symptoms of other major psychiatric conditions to facilitate future work with mental health professionals. (MKS-3a, PCMC-3)
7. Learn the fundamentals of psychopharmacology including classes of medications, mechanisms, indications, and common adverse effects. (MKS-1e)
8. Develop the consistent ability to assess risk of suicide in all patients and to provide safe treatment that follows the informed risk assessment. (MKS-3a, MKS-3b, PCMC-3)
9. Learn to engage with people with psychiatric disorders in a way that forwards their dignity and humanity. (ECIS-1, ECIS-3, PBMR-3)
10. Engage on the multi-disciplinary psychiatric team by learning each member's role and by becoming comfortable fulfilling the physician role in the patient's care. (SATBC-2a, SATBC-2b)

Phase 2 (All Clerkships) Common Objectives

Objective 1: Perform complete or directed psychiatric-focused histories and mental status examinations when appropriate, and document efficiently in the medical record (EPA 1, EPA 2, EPA 5) (PCMC-1; PCMC-2; PCMC-3; PCMC-5; ECIS-1; ECIS-2)

Expectations

It is expected that all students should demonstrate proficiency with taking psychiatric histories and completing mental status examinations on all patients the student is directly caring for during the clerkship. Faculty and residents will teach students how to interpret the interview and mental status exam in a way that allows for accurate and reliable diagnosis.

Assessment

The ability to complete a psychiatric H&P will be assessed in the clinical performance assessments from the clinical preceptors. Two H&Ps will be graded according to a rubric supplied at the beginning of the rotation. During the OSCE, two written mental status examinations are evaluated. Feedback will be incorporated into the final grade narrative.

Objective 2: Acquire and apply evidence-based knowledge about psychiatry-specific conditions and diseases. (EPA 2, EPA 3, EPA 7) (MKS-1b,1c,1d,1e,1f ; MKS-3a,3b; CLQI-3; PBMR-1; PBMR-1,2 ; PCMC-3)

Expectations

Students must learn all of the knowledge objectives. This list of required knowledge objectives aligns with the Key Diagnoses, Learning Goals and Milestones for Psychiatry in Undergraduate Medical Education from the Association of Directors of Medical Student Education in Psychiatry and is available on Canvas. Students will care for patients with a variety of psychiatric conditions. In addition, students will practice constructing clinical questions and answering them by retrieving and analyzing the pertinent medical literature.

Opportunities to achieve the objective

1. Students will actively participate in the evaluation and care of patients presenting with a variety of psychiatry-related concerns or needs.
2. Students will participate in structured didactics including orientation and case based seminars throughout the rotation.
3. Students will participate in a conference focused ethical issues in Psychiatry

Assessment

1. Students will document all relevant patient encounters in the online clerkship log.
2. If the student has not been actively involved with an actual patient in each of the assigned clerk log categories by the end of the last week of the clerkship, the student will fulfill the requirement by utilizing the online ADMSEP cases.
3. Students will demonstrate their acquisition of knowledge by successful completion and passage of the NBME Subject Examination in psychiatry (minimum score above the 10th percentile nationally).
4. Students will identify and submit a brief description of an ethical dilemma they encountered during their clerkship for in-person discussion.
5. Students may be assessed specifically on their ability to search and analyze the literature using CPA forms (EPA 7).

Objective 3: Demonstrate effective interpersonal communications skills with patients and as a member of the healthcare team (EPA 6, EPA 9) (ECIS-1; ECIS-3; ECIS-4; PCMC-6; SATBC-2a-2b)

Expectations

Students will:

- Establish rapport with patients.
- Work cooperatively with others.
- Establish sufficient visibility and rapport with residents, fellows, and attendings to be fairly evaluated.
- Communicate in a way patients understand by avoiding medical jargon and checking back for understanding.
- Contribute information effectively to the team in a clear and timely manner.

Assessment

Students will be assessed specifically on these interpersonal skills through the use of the CPA forms (communication domains and EPA 9). Feedback will be reflected in the Final Grade Narrative.

Objective 4: Demonstrate professional characteristics as a caregiver and a member of the healthcare team
(EPA 9) (PBM-3; PBM-5; PBM-6; PBM-7; SATBC-2a-2b; CLQI-1a-1b; CLQI-2)

Expectations

Faculty and residents will model appropriate behavior.

Students will:

- Demonstrate dependability, truthfulness, and integrity.
- Participate actively in learning opportunities and work assignments.
- Acknowledge and demonstrate awareness of their own limitations.
- Take initiative for their own learning and patient care.
- Remain open to feedback and demonstrate the ability to implement it.
- Treat all patients with dignity, respect, and compassion.
- Protect patient confidentiality.
- Maintain appropriate boundaries with patients at all times.
- Students participating in patient care activities are expected to present a professional image in both conduct and attire, including the following:
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 - Clean white coat
- Professional conduct also includes the following:
 - Charting is to be completed in a timely manner
 - Do not remove hard copies of medical records from the hospital
 - Do not discuss patients in public places
 - Do not argue diagnoses or management plans in front of patients or in the medical record
 - Arrive for rounds and clinics on time and prepared

Assessment

Students will be assessed specifically on these professionalism skills on the Clinical Performance Assessment (EPA 9 and Professionalism Domains). Feedback will be incorporated into the Final Grade Narrative where appropriate.

Objective 5: Advocate on behalf of patients. (CES-1, CES-2, SATBC-1)

Expectations

Students will:

- Identify social barriers to care and link patients to resources to attempt to overcome them.
- Recognize structural factors that impact patient presentations.
- Effectively call on system resources to provide care that is of optimal value.

Assessment

Students will be assessed specifically on these skills through the use of the CPA forms. This will be reflected in the Final Grade Narrative.

Psychiatry Clerkship Objectives

PATIENT-CENTERED MEDICAL CARE

- Efficiently obtain an appropriate psychiatric history in a sensitive manner from the patient. PCMC-1, ECIS-1 (CPA, EPA, DO, OSCE)
- Efficiently obtain appropriate information about patient safety PCMC -1, ECIS-1 (CPA, DO, OSCE)
- Conduct suicide risk assessments, taking into account modifiable risk factors like access to firearms and other lethal means and acute symptoms of psychiatric illness PCMC –3 (CPA, OSCE)
- Independently perform a mental status examination. PCMC-2 (CPA, DO, OSCE)
- Efficiently report findings of history, physical exam, studies, and prior records in all settings. ECIS-2, PCMC-3 (CPA, HP)
- Interpret history and physical exam findings to generate appropriate differential diagnosis. PCMC-3 (CPA, OSCE, EPA, NBME)
- Formulate a patient care plan based on the most likely diagnoses. Include necessary diagnostic tests, therapeutic treatment, and patient education. PCMC-3, PCMC-6 (CPA, EPA, OSCE, NBME)
- Recognize criteria for admission and discharge from the hospital. PCMC-3 (CPA, OSCE)
- Provide ongoing care for patients as indicated. PCMC-2 (CPA)

MEDICAL KNOWLEDGE AND SCHOLARSHIP, CONTINUOUS LEARNING AND QUALITY IMPROVEMENT

Describe the common causes, and/or the relevant differential diagnosis, and/or a logical diagnostic plan and/or the appropriate initial management for each of the following conditions and/or symptoms: MKS-1b, 1d, 1e, PCMC-3 (CPA, OSCE, NBME, MC, CL).

Psychiatric Emergencies

- Identify the clinical and demographic factors associated with a statistically increased risk of suicide. [MKS-1f]
- Identify health disparities for LGBTQ patients with respect to suicide risk. [CES-1; MKS-1f]
- Describe the relationship between access to firearms and suicide risk. [MKS-1f]
- Conduct a clinical assessment and recommend management for a patient exhibiting suicidal ideation or behaviors. [PCMC-3]
- Describe classes, indications, and associated risks of medications used for management of acutely psychotic, agitated, and combative patients. [MKS-1e]
- Conduct an evaluation of decision-making capacity in a medical patient. [PCMC-3]
- Discuss the indications for psychiatric hospitalization (both voluntary and involuntary). [MKS-3b]

Delirium and Dementia

- Discuss the epidemiology, clinical features, differential diagnosis, and evaluation of delirium. [MKS-1f, 1d, 3a]
- Describe the behavioral and pharmacologic treatments of delirium. [MKS-1e, 3b]
- Describe the epidemiology, clinical features, differential diagnosis, and evaluation of a patient with dementia. [MKS-1f, 1d, 3a]

Substance-Related Disorders

- Obtain a thorough history of a patient's substance use through empathic, nonjudgmental, and systematic interviewing. [PCMC-1, ECIS-1]
- List the characteristic clinical features of substance use disorders. [MKS-1d]
- List the psychiatric, medical, and psychosocial complications of alcohol use disorder. [MKS-1c]
- Identify the clinical features of intoxication with, and withdrawal from: cocaine, amphetamines, hallucinogens, cannabis, phencyclidine, barbiturates, opiates, caffeine, nicotine, benzodiazepines, and alcohol. [MKS-1d]
- Describe psychosocial treatments for substance use disorders. [MKS-1e, 3b]

Schizophrenia and other Psychotic Disorders

- Develop a differential diagnosis for a person presenting with psychosis. [MKS-1d, 3a]
- Summarize the epidemiology, clinical features, course, and complications of schizophrenia. [MKS-1f, 1d, 3a]
- Outline the pharmacologic and psychosocial treatments of schizophrenia. [MKS-1e, 3b]
- List the features that differentiate the primary psychotic disorders from each other and from psychotic mood disorders. [MKS-1d]

Mood Disorders

- Develop a differential diagnosis for a person presenting with depression. [MKS-1d, 3a]
- Summarize the epidemiology, clinical features, course, and complications of major depressive disorder, persistent depressive disorder, bipolar disorder type I, bipolar disorder type II, and cyclothymia. [MKS-1f, 1d, 3a]
- Outline the recommended acute and maintenance treatments for major depressive disorder, bipolar disorders, dysthymia, and cyclothymia. [MKS-1e, 3b]

Anxiety Disorders

- Summarize the epidemiology, clinical features, course, and psychiatric comorbidity of panic disorder, social phobia, generalized anxiety disorder, and obsessive-compulsive disorder. [MKS-1f, 1d, 3a]
- List the common general medical and substance-induced causes of anxiety and assess for these causes in evaluating a person with an anxiety disorder. [MKS-1b, 1d, 3a, PCMC-1,2]
- Outline psychotherapeutic and pharmacologic treatments for the major anxiety disorders. [MKS-1e, 3b]

Trauma- and Stressor-Related Disorders

- Summarize the epidemiology, clinical features, course, and psychiatric comorbidity of posttraumatic stress disorder (PTSD), acute stress disorder, and adjustment disorders. [MKS-1f, 1d, 3a]
- Outline psychotherapeutic and pharmacologic treatments for PTSD. [MKS-1e, 3b]
- Describe the principles of trauma-informed care. [PCMC-1; ECIS-1; MSK-1e]
- Explain how to assess patients for interpersonal violence and other traumas that increase the risk of psychiatric symptoms [PCMC-1]

Somatic Symptom and Related Disorders

- List the clinical characteristics of somatic symptom disorder, illness anxiety disorder, and functional neurological symptom disorder. [MKS-1d]
- List the characteristic features of factitious disorder and malingering and compare these with the other somatic symptom disorders. [MKS-1d]
- Discuss the frequency and importance of physical symptoms as manifestations of psychological distress. [MKS-1d]
- Discuss difficulties physicians may have in treating patients with somatic diagnoses. [PASC-1]

Personality Disorders

- Explain how the DSM-5 defines personality traits and disorders and identify features common to all personality disorders. [MKS-1b,1d]
- List the three descriptive groupings (clusters) of personality disorders and describe the typical traits of each personality disorder. [MKS-1b,1d]
- Discuss the management of patients with personality disorders. [MKS-1e, 3b,PCMC-3]

Psychopharmacology

- Summarize the indications, basic mechanisms of action, common side effects, drug interactions, and toxicities of the following classes of psychotropic medications: antidepressants (including SSRIs, SNRIs, atypical antidepressants, TCAs, MAO-Is); mood stabilizers (including lithium, divalproex, carbamazepine, lamotrigine); antipsychotics (typical and atypical); benzodiazepines; stimulants. [MKS-1e]
- Recognize the typical signs and symptoms of common psychopharmacologic emergencies and discuss treatment strategies. [MKS-1e, 1d]
- Describe tests and labs used to monitor for weight gain and associated metabolic syndrome risk in patients taking atypical antipsychotics [MKS-1e]

Electroconvulsive Therapy

- Summarize the indications and contraindications for ECT, as well as the clinical situations in which it may be a treatment of choice. [MKS-1e, 3b]

Psychotherapies

- State the principles of and common indications for the major forms of psychotherapy (including psychodynamic psychotherapy, supportive psychotherapy, cognitive therapy, behavioral therapy, group therapy, couples and family therapy, and dialectical behavior therapy). [MKS-1e, 3b]
- Define and begin to recognize transference and countertransference. [PASC-1]

Child and Adolescent Psychiatry

- Compare and contrast the process of psychiatric evaluation of children and adolescents at varying developmental stages with that of adults. [PCMC-1, MKS-1c]
- Generate a differential diagnosis of cognitive and school-related problems in children, including learning disabilities, intellectual disability, and autism spectrum disorder. [MKS-1c,1d,3a]
- Summarize the epidemiology, clinical features, co-morbidity, course of illness, and treatment of attention-deficit hyperactivity disorder, oppositional defiant disorder, and conduct disorder. [MKS-1f, 1d, 3a]
- Generate a differential diagnosis of anxiety symptoms in youth. [MKS-1d, 3a]
- Compare and contrast the clinical features of mood disorders in children with that of adults. [MKS-1c,1d]
- Describe basic clinical features of tic disorders and common comorbidities. [MKS-1d]
- Describe the basic clinical features of eating disorders in youth. [MKS-1d, 1c]
- Discuss the epidemiology and clinical features of suicide risk in youth. [MKS-1d, 1c, 1f]
- Identify the empirically supported treatments for the major psychiatric disorders in youth (e.g. ADHD, mood disorders and anxiety disorders). [MKS-1e, 3b]
- Describe the process for mandated reporting of abuse and/or neglect of youth. [CES-1, 2]
- Identify the short- and long-term psychiatric sequelae of childhood sexual abuse. [MKS-1c]

COMMUNICATION AND INTERPERSONAL SKILLS

- Communicate effectively with patients and families by using non-medical jargon and checking for understanding. ECIS-1, ECIS-3 (CPA, OSCE)

- Provide culturally-sensitive patient education at an appropriate health literacy level. ECIS-3, CES-1 (CPA)
- Communicate patient information accurately and efficiently to all health care team members in a timely manner. ECIS-3 (CPA)
- Deliver clear, organized, and properly-timed oral presentations. ECIS-3 (CPA, EPA, MC)
- Write concise, accurate admission and progress notes that do not copy material from the documentation of others in the EHR with up-to-date information including current patient assessments, appropriate mental status examinations, and problem-based plans. ECIS- 2, PCMC-3, PCMC-5 (CPA)

PROFESSIONAL BEHAVIOR AND MORAL REASONING, PERSONAL AWARENESS & SELF-CARE

- Consistently take initiative for their own learning and patient care. PBMR-5,7 (CPA, MC)
- Demonstrate respect, compassion, accountability, dependability, and integrity when interacting with patients, families, and members of the health care team. PBMR-3, PBMR-5, SATBC-2a (CPA, MC)
- Adhere to standards regarding punctuality and professional boundaries. PBMR-3,5 (CPA, MC)
- Participate as members of a multidisciplinary health care team and effectively communicate with members of the team as well as demonstrate respect for, and appreciation of, the contributions of others participating in patient care. [SATBC-2a, SATBC-2b] (CPA, MC)
- Participate in one ethics conference and be able to participate in a discussion of ethical principles as they apply to psychiatry.) [PBMR-1] (CPA, MC, ES)
- Demonstrate the ability to acquire and apply scientific knowledge to clinical problem solving.) [CLQI-3, PCMC-3, ECIS-2, ECIS-3] (CPA, MC, HP)
- Demonstrate professional behavior by attending required didactic sessions on time and completing electronic clerklog and all other assignments by their assigned due dates. [PBMR-5] (CPA, MC, CL, ES)
- Maintain professional demeanor and develop professional relationships with peers, faculty and staff. [PBMR-3] (CPA, MC)
- Demonstrate comfort, concern, and responsibility in the care of psychiatrically ill people. [PBMR-3, PBMR-5] (CPA, MC)
- Respect the privacy and maintain the confidentiality of patients and families. [PBMR-6] (CPA, MC)
- Solicit, utilize, and provide constructive criticism. [CLQI-1a, CLQI-1b] (CPA, MC)

SYSTEM AWARENESS AND TEAM-BASED CARE

- Work as an effective member of the healthcare team. SATBC-2a, 2b (CPA, MC)
- Interact effectively with clerical staff, nurses, physician assistants, nurse practitioners, and physicians in a cooperative manner to effectively and efficiently provide patient care. SATBC-2a, 2b (CPA)
- Collaborate effectively to help the healthcare team achieve its goals. SATBC-2a, 2b (CPA, EPA)
- Implement provided feedback. CLQI-1a (CPA, MC)

COMMUNITY ENGAGEMENT AND SERVICE

- Identify a patient's psychiatric needs and assess barriers in accessing care. CES-1, SATBC-1 (CPA)
- Appropriately utilize community resources and multidisciplinary consultants including social work and

occupational therapy. CES-2, SATBC-1 (CPA, OSCE)

- Assess and reflect on ethical challenges when caring for psychiatric patients. PBMR-1,2 (ES)
- Demonstrate awareness of community and social factors that influence medical decision-making. CES-1, PBMR-2 (CPA, ES)

Assessment Type

CPA	Clinical Performance Assessment
NBME	Shelf Exam
EPA	EPA-Based Mobile Observation
OSCE	Observed Simulated Clinical Encounter
ES	Ethics Session
CL	Clerklog
MC	Mid-Clerkship Feedback Form
SR	Student Report
HP	Submitted History and Physical Write Up