

Psychiatric Care Clerkship IDPT 7040

Curriculum & Course OVERVIEW

The following information provides an overview of the 2019-2020 Academic year for the Psychiatric Care Clerkship Curriculum.

All course information will be found on the Psychiatric Care Clerkship CANVAS site. The CANVAS site includes the learning materials and requirements.

Note: *The sole purpose of this document is to provide an OVERVIEW of the Psychiatric Care Clerkship. Specific course and curriculum requirements are housed on the Psychiatric Care Clerkship CANVAS pages, which supersede any and all information included in this document.*

Psychiatric Care Clerkship Faculty & Staff Contact Information

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Disclaimer

This handbook/syllabus does not constitute a contract, either expressed or implied, with the University of Colorado School of Medicine and the University reserves the right at any time to change, delete or add to any of the provisions at its sole discretion. Furthermore, the provisions of this document are designed by the University to serve as guidelines rather than absolute rules, and exceptions may be made on the basis of particular circumstances.



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Welcome

Since our founding in 1923, our department has always been dedicated to the education of our medical students. We recognize that, no matter what specialty you ultimately enter, most of you will practice psychiatry one way or another. Our core psychiatry curriculum will provide you with the clinical understanding and tools for this reality. Our Psychiatry Care Clerkship provides supervised clinical experiences, didactics and reflective writing small groups in which to hone your skills, expand knowledge in psychiatry and thoughtfully consider difficult or challenging experiences. Psychiatry grows each year in the effective treatments that it offers patients, while it retains its essential interest in the individuality of their lives. You will become part of both the growth and the tradition of education in our field. We look forward to working with you.

Rationale and Expectations

After completing Basic Psychiatry in Phases I and II, students complete a 4-week Psychiatric Care Block in Phase III. We offer a diversity of experiences and a number of rotation sites, including UCH, CeDAR, Denver Health Medical Center, the Veterans Administration Medical Center, Children's Hospital Colorado, CDOC (Colorado Department of Corrections) and a program in Fort Collins. Students can select to work with children, adolescents, adults, and elderly patients on inpatient, outpatient and emergency settings. During this block, students also attend four weekly Reflective Writing small groups, providing a structured approach to help students to consider and grow from challenging clinical experiences. Students also attend four Wednesday afternoon didactic sessions, which focus on a broad range of clinically-relevant topic areas.

Core Clinical Conditions

http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree_programs/MDProgram/clinicalcore/psychiatriccare/Pages/Overview.aspx

MINIMUM CLINICAL EXPERIENCES - 100% compliance. Evaluate at least two patients for each of the following common problems using screens from the CU ASSESSMENT OF COMMON PSYCHIATRIC PROBLEMS. Track this activity electronically. Patients may have more than one problem e.g. bipolar illness, substance use disorder, schizophrenia and suicidal ideation. In other words, you may complete a number of screens with only one patient. Patients may have none of these things but the goal is for you to gain experience using these key screens.

1. Major depression
2. Bipolar illness
3. Schizophrenia
4. Suicidal thinking or actions
5. Anxiety or co-morbid anxiety such as panic, OCD, PTSD, GAD
6. An eating disorder
7. Substance use
8. A sleep disorder or co-morbid sleep disorder such as insomnia, obstructive sleep apnea, circadian rhythm disorder, restless legs, parasomnias, such as sleep walking or night terrors
9. A cognitive disorder, either delirium or dementia
10. ADHD



11. Somatic Symptom Disorder diagnosis does not require that somatic symptoms are medically unexplained. Somatic symptoms are either very distressing or result in significant disruption of functioning, as well as excessive and disproportionate thoughts, feelings and behaviors regarding those symptoms.

In addition to screening for the above eleven common psychiatric problems, you should be able to describe their:

- **basic biological mechanisms**
- **presentation and clinical course**
- **and, if available, treatment plans** based on the American Psychiatric Association or the Academy of Adolescent and Child Psychiatry practice guidelines.

Course Objectives

http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree_programs/MDProgram/administration/PreparationToTeach/MDGoals/IDPT7040PsychiatricCare.pdf

Note: For learning objectives specific to the Reflective Writing program and the Essentials of Psychiatry course, please see Appendix A.

Course format and timeline

The psychiatry clerkship is 4 weeks with Orientation the first Monday, 8-9 am and an initial training on the mental status exam first Monday 9-10:30 am, on the Anschutz Medical Campus. Once you leave your clerkship orientation, you will go to your assigned sites and will receive an orientation specific to your site. If you are at an AHEC site, you will attend the Monday, 8-10:30 am, orientation and training via video conferencing.

WEEK #	Reflective Writing DUE Tuesdays	Essentials of Psych Quizzes Wks 1 & 4	RWGs Wednesdays 2-3 pm	Essentials of Psychiatry Wednesdays 3-5 pm	DOF's DUE Friday	Midpoint Eval DUE	Loggers Updated Fridays	Weekly Quizzes DUE Sunday	Complete online de-escalation modules	NBME Exam
1	X	X	X	X	X		X	X	X	
2	X		X	X	X	Friday	X	X		
3	X		X	X	X		X	X		
4	X	X	X	X			X			Friday

Attendance Policy

Refer to "Attendance & Absence Policies for Phases III & IV, ICC" in SOM White book at <http://www.ucdenver.edu/academics/colleges/medicalschoo/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf>

The ideal situation is that you will be here for all days and participate in all assigned tasks. Since most of psychiatry is based on your experiences rather than written work, it is hard to make up.

Scheduled Time Off (i.e. family events, physician appointments, etc.):

- Email Dr. Sakai, Dr. Nicole Zehnder & Sharon Campbell



- Let your attending physician/team know of your intended absence (email & receive acknowledgement)
- Make arrangements for any make-up with your attending physician

Unexpected Time Off (i.e. illness, family death, etc.):

- Email Dr. Sakai, Dr. Nicole Zehnder & Sharon Campbell
- Please **call** your attending or team leader as soon as you know
- Sharon will confirm the absence via email to your attending

If you are gone from the clerkship more than 2 full days and cannot make up the work, you may have to schedule time outside of your block schedule to make up your experiences.

Accommodations

Please let Sharon Campbell, Sharon.Campbell@ucdenver.edu, 303-724-7400, know the first day of the clerkship as a courtesy. You are responsible for setting this up as stated below.

To ensure disability-related concerns are properly addressed, students with disabilities who require assistance to participate in this class should contact the Office of Disability Resources and Services, Fitzsimons Building, room Q20-EG305, 13001 E 17th Place, Aurora, CO 80045, 303-724-5640 to request accommodation.

Any students with disabilities or other special needs, who need special accommodations in this course, are invited to share these concerns or requests with the instructor and contact the Disability Services Office, <http://www.ucdenver.edu/student-services/resources/disability-resources-services/Pages/disability-resources-services.aspx> as soon as possible.

First day reporting section

Please bring your choice of electronic device (laptop, phone, tablet, etc.) to all sessions. You will need to be logged into your Psychiatric Care Canvas site.

The first Monday of your block you will attend an 8-9 am Orientation and 9-10:30 am training on the mental status exam, on the Anschutz Medical Campus (Fitzsimons Building, 2nd floor, Education hallway). Once you leave your clerkship orientation, you will go to your assigned clinical site and will receive an orientation specific to your site. If you are at an AHEC site, you will attend the Monday, 8-10:30 am orientation and training via video conferencing.

Security, Student Safety, and Disaster Preparedness

Institutional emergency and disaster preparedness policies and plan are outlined in the “Emergency-Preparedness Quick-Reference Guide” for the Anschutz Medical Campus. The link is published in the Clinical Block Syllabus, posted on Canvas,

<http://www.ucdenver.edu/academics/CUOnline/OnlineCourses/Pages/CourseLogin.aspx>

and located next to emergency phones (e.g., ED1 and 2) as well as many of the student lounge areas, small group rooms, and lecture halls. Colorado Springs Branch students have similar policies and procedures provided by the branch.

Medical Student Policies and Procedures Manual “White Book”

(<http://www.ucdenver.edu/academics/colleges/medicalschooleducation/studentaffairs/studentresources/Documents/StudentHandbook.pdf>) publishes emergency information (section 4.1), “In an emergency, both the Office of Student Life (303-724-6407) and the Registrar’s Office (303-724-8053) will make reasonable efforts to contact a student or a student’s designated emergency contact.”

Emergency information is also found on the Student Life web site:

<http://www.ucdenver.edu/academics/colleges/medicalschooleducation/studentaffairs/emergencies/Pages/Emergencies.aspx>

Security, student safety, and disaster preparedness as well as relevant contact information for all core clinical sites will be provided to students at individual clerkship orientations and on the Canvas Phase III course location.

Recommended Resources

For those who wish to utilize a textbook, successful students in past years have utilized First Aid for the Psychiatry Clerkship (which has been updated for DSM-5). Students have also found self-assessment resources, such as Pre Test Psychiatry, 14th edition, helpful in preparation for the shelf exam. We have copies of both books, and also Case Files, which we check out to students during the rotation. Past students have also found Blueprints helpful (we do not have copies).

Assignments (with checkbox)

You may check off assignments as you complete them. All of this information is listed on Canvas in your weekly modules.

WEEK #	Reflective Writing DUE Tuesdays	Essentials of Psych Quizzes Wks 1 & 4	RWGs Wednesdays 2-3 pm	Essentials of Psychiatry Wednesdays 3-5 pm	DOF's DUE Friday	Midpoint Eval DUE	Loggers Updated Fridays	Weekly Quizzes DUE Sunday	Complete online de-escalation modules	NBME Exam
1										
2						Friday				
3										
4										Friday

Direct Observation & Mid-Point Review Feedback Forms

Direct Observation Form

- Students are required to have one direct observation form completed per week by a supervising physician during the first three weeks of the rotation.
- Completion of at least (3) direct feedback forms required for final grade in the block

*Mid-Point Review Form*

- All students are required to have a mid-clerkship review with the preceptor at their assigned site. Any student who wishes may also meet with the medical student clerkship director or associate director.
 - Students are required to fill out the front page of midpoint feedback form with their supervising physician.
 - Bring midpoint review form, completed Direct Observation forms and a copy of your logger, to the midpoint review meeting.
 - Complete the Student Self-Assessment portion prior to your mid-clerkship review.
-

Consultation Service

Consultation services are great places to learn psychiatry while fulfilling many of your screen requirements.

Students at DHMC attend the Consultation/Liaison Service there. Please contact Shelby Bryant, Shelby.Bryant@dhha.org, 303-602-6923.

VAMC students should call Dr. Mitzi Wasserstein, 720-857-5287, Mitzi.Wasserstein@va.gov for consultation details. This is the phone number for Eric Qualls, Administrative Officer. He can put you in touch with Dr. Wasserstein.

Students at UCH OPD do consults at the UCH C/L Service on Fridays and some Wednesdays.

Students at other locations may do consultations as arranged at their particular clerkship site.

Wednesday Afternoon Critical Reflections

Critical reflection is a skill which:

- sharpens clinical reasoning
- improves doctor-patient relationships
- increases empathic capacity
- helps identify ability and knowledge gaps, and promotes self-directed learning
- suggests alternative behaviors in clinical settings
- reduces clinical mistakes

The goal of critical reflection is **increased understanding of oneself within the context of multiple relationships and pressures that made you uncomfortable or personally challenged.**

Any of four relationships can affect clinical relationships/outcomes and are fruitful to examine:

- Clinician-patient relationship
- Clinician-self relationship (what the clinician brings to the table)
- Clinician-colleagues
- Clinician-social context (clinic or hospital policies, bed availability, attendings, types of illness e.g. psychiatric, substance induced, etc.)

Critical reflection – analyzing, questioning, and reframing experience—takes effort and a willingness to evaluate one's own actions, beliefs and values. For instance, reflective practitioners learn to consider

factors that influence the patient-doctor relationship and clinical outcomes such as race, gender, sexuality, prejudice, social class, religion, political persuasion and one's own experience of illness.

Most learning from critical reflection occurs not from transcribing the experience but by writing, dissecting, analyzing and rewriting. In other words, new insights can arise from the very act of writing.

Like any skill, some people have more inherent aptitude for reflection than others; everyone improves with practice. Remember the objective isn't beautiful writing, good storytelling or self-promotion but is purposeful thinking, critical analysis and professional development.

1. Each student will write one reflection/week, maximum 500 words, and send it to their group facilitator by Tuesday evening before the Wednesday Reflection Seminar.
 2. The first reflection is due the first Tuesday evening of the rotation. The four writing prompts are listed below (next page). Students can choose to write about any time during their medical training (not just about experiences on this block). Students may choose to write on a topic unrelated to the weekly prompt if there is another more pressing/relevant topic for that individual student.
 3. Wednesdays, 2:00-3:00, students meet in small-group reflective writing seminars and read, discuss, receive (and give) feedback on content and reflective ability demonstrated in written reflections.
 4. Following seminars, faculty may add written comments and return to students, prn.
 5. Students at AHECs will attend groups via electronic means.
 6. Reflections are required but not graded. Students will receive formative feedback about the depth of their reflections.
 7. If discussed electronically (Skype, Google, etc.) use a pseudonym.
-

Reflective Writing Prompts

Week 1: Focus on thoughts, feelings, concerns about working with patients who have psychiatric illness, working on locked wards, patients with psychosis or whatever else occurs to you about starting the psychiatry rotation.

Week 2: Think of a recent clinical interaction you had where you ended up having negative feelings about a patient. Write about those feelings and what you imagine the **patient's** experience of that interaction was.

Review the syllabus to hone your focus on critical elements of a reflection.
Reflection should be 500 words.

Week 3: Think of an interaction with a faculty member, resident, student or other that did not turn out the way you had wished. Consider not only what happened (a description of what happened) but by dissecting, analyzing and re-writing consider your internal experience, others' experience, underlying beliefs values, etc.

Review the syllabus to hone your focus on critical elements of a reflection.
Reflection should be 500 words.

Week 4: Think of an interaction where you felt unsettled or challenged; where culture, race, ethnicity, sex, gender, socioeconomic status or other such factors might have played a role. Consider not only

what happened (a description of what happened), but by dissecting, analyzing and re-writing consider your internal experience, the others' experience, your underlying beliefs values, etc. Review the syllabus to hone your focus on critical elements of a reflection. Reflection should be 500 words.

Wednesday Afternoon "Essentials of Psychiatry"

Students will meet with a senior resident each Wednesday from 3:00 – 5:00 pm in Room E2328 (students at AHEC sites will participate via electronic means). This seminar is divided into a series of four weekly sessions of 2 hours each. Each session has one to two main topics that will be addressed using a combination of didactic lectures and small group teaching activities. The major focus of the curriculum will be increasing and demonstrating medical knowledge of core psychiatric concepts. The sessions will cover 1) basics of Colorado involuntary treatment laws and common principals of psychiatric diagnoses, 2) common psychopharmacology, and 3) common questions for psychiatric consultation. While participation is mandatory for this seminar, the pre/post quizzes will NOT be used to calculate your final grade.

Weekly Quizzes

At the end of weeks 1-3 you will take a quiz on Canvas covering content areas from the Essentials of Psychiatry course. The quiz will be available to you on Canvas from 5:00 pm Wednesday through midnight Sunday. An average score of $\geq 70\%$ (across the 3 quizzes) is **required** to complete the course but is **not** part of your final grade. If a student forgets to complete a quiz on time, they may contact the course coordinator to have the quiz re-opened in CANVAS – but the maximum score that will be counted for that quiz toward the student's overall average is 70%. Students failing to achieve at least a 70% average across the three quizzes will complete an independent review of the material with the block director.

Online Verbal De-escalation Training Modules

During the 1st week of the block students: (1) view the five online training modules, and (2) certify in CANVAS that they have done so.

Examinations

NBME SHELF EXAMINATION

The shelf examination is a reading test and contains 110 questions which you have **2 hours and 45 minutes to complete**. You are not to discuss the contents of this examination with anyone. This is a difficult exam which requires **reading skills** as well as **content knowledge**. Students have found it useful to review exam contents on the NBME website and to utilize question banks especially the **PreTest** and **Blueprints** (Online and physical text). Previous students performing well on the shelf have often utilized PreTest, Blueprints, and **USMLE World psychiatry questions** and some have reviewed a textbook early in the block (see Recommended Resources section).

➤ **The final examination is proctored and will be held on the last day of the clerkship in a location TBA. You will have 2 hours and 45 minutes to complete the examination.**

- In order to receive your final grade, **upload all experiences for “Psychiatric Care” to the Student Logger site; three *Direct Observation Forms*, turn in midpoint evaluation; complete the online De-escalation module; turn in your textbook(s); complete your evaluation of the rotation, attending and resident(s) if applicable.**

Evaluations and Grading

- Blocks follow the UCSOM Phase III Student Assessment Policy.

We ask attendings to consider **all** of the following when providing your written evaluation.

- Please tell us how your student’s performance compares with students at this level of training.
- Areas for comment are **QUALITY OF:**
 - *Motivation and work ethic*
 - *Responsibility for patient care*
 - *Fund of knowledge*
 - *Interviewing skills including alliance building*
 - *Presentations, write-ups & notes*
 - *Assessments and differentials*
 - *Treatment plans*
 - *Work in team settings*
 - *Self-directed learning*
 - *Leadership*
 - *If appropriate, please include formative “below the line comments.” These are intended for the student’s reflection and improvement going forward. Any comments (including constructive comments) that should be included in the MSPE must be “above the line.”*
- Faculty and residents are also provided a narrative writing guide (see Appendix B).
- A Grading Committee will be used to determine final grades. We comply with university policies regarding normative grading (i.e., maximum percentage of students within a given year that can achieve grades of Honors and High Pass).
- Grades are determined by **block directors + grading committee** based on written evaluations of clinical performance, conversations with supervising physicians, exam scores, and professionalism.
- The Grading Committee completes a **final evaluation** that will include a **clinical grade, exam scores, and a composite of the written comments** from your assigned attending physician.
- If you would like additional attendings or residents to send us written evaluation of your work, please provide Sharon.campbell@ucdenver.edu their names so she can send them the evaluation forms.
- Block Coordinators “submit” your evaluations via Oasis. This gives you automatic access and the School of Medicine Grades Office receives the evaluations and grades via Oasis within 4 weeks of the completion of the block.

The following grades are possible: Honors (H), High Pass (HP), Pass (P) and Fail (F), as well as In Progress (IP), Incomplete (I) and Pass with Remediation (PR). All grades remain permanently on your transcript except IP and I, which are replaced with the appropriate grade after you have completed the course.

In **Psychiatry** your grade is composed in the following way:

- **Clinical performance.** The Grading Committee reviews assessments of performance – primarily from your attending - and assigns a clinical grade of H, HP, P, or F. **We ask attendings not to suggest grades.**
- **Completion** of psychiatric screens, Direct Observation Forms, reflective writings, attendance of reflective writing groups, attendance of *Essentials of Psychiatry*, midpoint evaluation completion, completing of the online de-escalation training modules, and attendance at your clinical sites are required to pass. None of the above are graded, but all are requirements and leaving required sessions early without prior approval, arriving late to clinic, not completing assignments on time, etc. will impact professionalism scores.
- **In May 2020 we will re-evaluate grade distribution. At that point some grades may be raised. None are lowered.**
- To pass the course, students must achieve a score of 68 on the shelf exam. If you score **below 68 on the shelf but receive a robust clinical evaluation**, you will have the opportunity to take a make-up shelf examination. If you fail the shelf and your clinical evaluation is marginal, you will have to repeat the rotation

Grade calculations:

A clinical grade of P is assigned a numerical score of 75, HP 85 and H 95. This composes 75% of your numerical score.

Your shelf score composes 20% of your numerical score.

Professionalism 5%

We calculate the following:

Clinical grade (75%) + shelf score (20%) + professionalism (5%) = overall score.

Overall scores of 80-89 qualify for consideration for HP.

Overall scores of 90+ qualify for consideration for Honors. Note that the school of medicine also requires that students receive a clinical grade of Honors to receive an overall Honors grade.

Hazard Exposure/Needle stick

Posted on Canvas for Psychiatric Care Course as well as delineated below.

At ALL clinical sites (exceptions below), if you experience a needle stick, sharp injury, blood/other body fluid exposure or any other hazardous exposure, immediately follow these steps:

1. **Wash** needlesticks/cuts with soap and water
2. **Flush** splashes to the nose, mouth, or skin with water
3. **Irrigate** eyes with clean water, saline, or sterile irrigants
4. **Report** the incident to your supervisor
5. Go to the nearest **Emergency Room**
6. Questions: Call UCH ID Clinic 720-848-0191

Exceptions:

University of Colorado Hospital, 8-4pm, Monday-Friday, go to the Infectious Disease Clinic, 7th Floor. Phone: 720-848-0191. **Use Emergency Room after hours.**

Denver Health Medical Center, 8-3:30pm, Monday-Friday, go to Occupational Health and Safety Center, 6th and Bannock, 4th floor. Phone: 303-436-7155. **Use Emergency Room after hours.**

Children's Hospital of Colorado, 7-4:30pm, Monday-Friday, go to Occupational Health Services, B260. Phone: 720-777-6577. **Use Emergency Room after hours.**

Veteran's Affairs, 8-4pm, Monday-Friday, go to Occupational Health 1055 Clermont St. Phone: 720-777-2330. **Use Emergency Room after hours.**

Memorial Hospital Colorado Springs, 7:30-5pm, Monday-Friday, go to Occupational Health 175 S. Union Blvd Ste. 315. Phone: 719-365-6840. **Use Emergency Room after hours.**

Next Steps:

1. The University of Colorado provides workers' compensation coverage for students who have a needlestick, sharps injury, blood/other body fluid exposure or any other hazardous exposure.
2. University Risk Management is responsible for payment. Send bills to: University Risk Management, 1800 Grant Street, Ste. 700 Denver, CO 80203.
3. File a claim **within 4 days** with University Risk Management at www.cu.edu/risk/incident-procedure.
4. For follow-up on exposure, go to one of the Designated Medical Providers listed online.
5. Questions? Call University Risk Management 303-860-5682 or 888-812-9601.

How to pick preceptor

Site choices are emailed to the students approximately 6-8 weeks prior to the start of their Psychiatric Care Clerkship. They are asked to list their preferences, #1-5; one site being an AHEC (unless given permission to stay local by the Dean of Student Affairs). Assignments are emailed to the students 4-6 weeks prior to beginning the clerkship. Specifics regarding how sites are assigned is in your site request email.

Logger

In order to ensure that students are seeing all of the required conditions and adhering to duty hour restrictions during Phase III, the following requirements of students and clerkship directors are in place:

Logger Requirements

- Update the Logger at least once weekly, including duty hours for the week.
- Required to log screening for each required clinical condition twice during the block.
- Log honestly, including truthfully reporting duty hours and patients seen.
- Provide the logger to the clerkship director or their designee at the midpoint and end of a block, or at the end of the block for blocks less than 4 weeks in length.
- Provide the logger to the clerkship director or their designee at the midpoint and end of a block, or at the end of the block for blocks less than 4 weeks in length.

Duty Hour Requirements

In addition to your clinical responsibilities, students are required to complete Phase III Foundations of Doctoring course requirements and occasional activities mandated by the Dean of Student Affairs. The CUSOM has developed a medical student “duty hours” policy based on the policy requirements for residents.

<http://www.ucdenver.edu/academics/colleges/medicalschooleducation/graduatemedicaleducation/GMEDocuments/Documents/4.Policies%20and%20Procedures/Clinical%20and%20Educational%20Work%20Policy.pdf>

The CUSOM duty hour policy for medical students applies to all clinical sites providing education to medical students.

During Phase III required clerkships, students are required weekly to indicate whether they have complied with duty hour policy and if unable to comply, to provide the reason(s) for non-compliance. Students should contact the clinical block or clerkship director when they are approaching duty hour limits, and discuss with block directors about how to proceed including possible schedule adjustment at the clinical site.

- Students will not work more than 80 hours per week when averaged over four weeks.
- Students will have a minimum of one day in seven off, when averaged over four weeks.
- Students will not work more than 24 consecutive hours of scheduled participation during one period of time and no more than 4 additional hours to accomplish an effective transition of patient care.
- Students should have 8 hours free of duty between work shifts.
- After a 24-hour shift, students should have 14 hours free of duty.
- No more than every 3rd night on call. Duty hour activities include patient care and all required educational activities. Studying, reading, and academic preparation do not count towards the work hour maximums. Travel time to rotations does not count as work hours.

Clerkship Directors or their Designee will:

- Review the student logger data at the midpoint and end of a block, or end of the block for blocks less than 4 weeks in length, to ensure students are on track to see all required clinical conditions.
- Review aggregate data twice yearly to ensure that all required clinical conditions are seen by all students and to ensure that alternate methods are used minimally to achieve this.

Students not completing their requirements will face the following consequences:

- Dishonest Logging of Patient Encounters or Duty Hours will be deemed a violation of the Student Honor Code and be referred to the Student Honor Council for further discussion.
- Students will not receive a grade until a completed logger has been turned in at the end of the block.

Please refer to the video presentation from ICC 7001 for instructions on how to successfully use the logger if you run into technical issues.



Professionalism - Student Expectations of Professionalism

Academic Honesty Statement

Students are expected to adhere to the Honor Code of the University of Colorado School of Medicine which states that students must not lie, cheat, steal, take unfair advantage of others, nor tolerate students who engage in these behaviors. Please check the website for information on the Medical Student Honor Code.

<http://www.ucdenver.edu/academics/colleges/medicalschooleducation/studentaffairs/AcademicLife/HonorCouncil/Pages/default.aspx>

Students are also expected to:

- Contact the appropriate block faculty and student life for all voluntary and involuntary absences.
- Check email and Canvas regularly for communication about block activities and updates. Respond within 24 hours to all block emails requiring individual student response.
- Attend all block conferences and required events and arrive on time to these events.
- Complete all required coursework and evaluation.
- Use smart phones and electronic tables with discretion
- Wear professional dress.

Reporting Issues of Professionalism of Others:

The Office of Professional Excellence exists to provide faculty, residents, fellows and students a resource on campus to obtain a fair and equitable treatment for all matters. Under appropriate circumstances, the office can serve as an advocate for fair and equitable treatment for faculty, residents, fellows, and students and can facilitate safe reporting of mistreatment or abuse.

The Office is available to help faculty, residents, fellows, and students with all issues and concerns and provides consultations, short-term coaching, counseling, referrals, alternative dispute resolution and facilitation. The Office can also assist faculty, students, and staff members in preparation for various meetings and conversations.

The services of the Office of Professional Excellence are provided free of charge.

Contact the office by emailing Abigail Lara, MD at ABIGAIL.LARA@UCDENVER.EDU , Jeff Druck, MD at JEFFREY.DRUCK@UCDENVER.EDU or Josette Harris at JOSETTE.HARRIS@UCDENVER.EDU. You can also report by phone at 303-724-4PRO (4776) or through the website at <http://www.ucdenver.edu/about/departments/Professionalism/Pages/default.aspx> . Offsite and onsite visits are by appointment only. Fitzsimons Building, 8th floor, room 8000C.

Mistreatment

If a student feels that he or she has been subject to mistreatment in the learning or clinical environment, there are a variety of options for reporting. We recognize that students may differ in how they want to address this issue, and we seek to provide a wide array of reporting options.

Please check the website for information and reporting in regards to mistreatment vs. suboptimal learning.

<http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Professionalism/Pages/DefinitionsExamples.aspx>

The **Office of Equity** is a resource on campus responsible for responding in order to stop, investigate, remedy and prevent concerns related to protected characteristic discrimination, harassment and sexual misconduct. For more information about this office and these policies please visit their website at www.equity.ucdenver.edu. If you have experienced, witnessed or know of any allegation of protected class discrimination, harassment or sexual misconduct, or are an employee in need of reasonable accommodations under the Americans with Disabilities Act (ADA), please contact the Office of Equity at equity@ucdenver.edu or via phone at 303-315-2567.

Please note: Responsible Employees: Any employee who has the authority to: (1) hire, promote, discipline, evaluate, grade, formally advise or direct faculty, staff or students; (2) has the authority to take action to redress sexual misconduct; and/or (3) is required to report allegations or incidents (including third party reports) of sexual misconduct, or discrimination, to the Office of Equity.

Communication

Email: Email is the preferred method of communication to and from the Coordinator, using the university email addresses. This will be an appropriate method of communication to and from the Director and Associate Directors as well (see contacts). Please check your emails for possible important changes in your schedule or reminders. Please respond to questions presented via email within a 24-hour period. The Coordinator will respond to your questions within 24 hours.

Canvas: All materials for the Psychiatric Care Clerkship are on Canvas. On the “Home/Welcome” page is a direct link to “Modules”. Modules will break down the course by week. All information distributed throughout your clerkship is always at your fingertips on Canvas.

- Announcements will go out regularly as reminders for turning in assignments, updating loggers, etc.
- If you cannot find something you are seeking, please contact Sharon Campbell.

Laptop and Mobile Device Usage: Laptop usage is acceptable except during patient interactions. Cell phones may be used for interactions with your team/physicians, but please use discretion and personal calls should be made outside of work hours.

Library-supplied online databases and collections. The Health Sciences Library provides free online access to DSM-5, other psychiatric texts and practice guidelines.

(Psychiatry Online: <https://www.psychiatryonline.org/>)

Board Vitals an online question bank is also freely available through the Health Sciences Center library - http://marketing.statref.com/lp/uc_denver_boardvitals.html)

Attire

See “Professionalism” section.



Hospital responsibilities

You will receive site-specific information prior to beginning the clerkship at your assigned site. All sites/experiences will be very different from one another.

FAQs of general information and resources

Please refer to *Table of Contents*. If you do not find what is needed, please email Sharon.campbell@ucdenver.edu.

Course Calendar

You may refer to Canvas for all of your assignments. Announcements are regularly sent to remind you of quizzes and assignments.

Appendix A:

Reflective Writing Learning Objectives

- Utilize constructive feedback.
- Present, discuss, receive (and give) feedback on content and reflective ability demonstrated in reflective writing.
- Develop the capacity for critical reflection.

Essentials of Psychiatry Learning Objectives

- By the end of the Mental Status Exam session, students will define common elements of mental status exams.
- By the end of the Mental Status Exam session, students will explore common challenges in documenting mental status exams.
- By the end of the Mental Status Exam session, students will practice documentation of specific components of mental status exams including affect and associations.
- By the end of the Session 2, students will define components of Colorado Mental Health Law including mental health holds, short term certifications, involuntary medication administration
- By the end of the Session 2, students will distinguish emergent and non-emergent states, conditions and situations in the context of legal obligations and limitations of physicians.
- By the end of the Session 2, students will delineate specific time frames, purposes and limitations of involuntary commitments and involuntary treatment of individuals with mental health problems in Colorado.
- By the end of the Session 2, students will contrast legal and ethical implications from Colorado state Mental Health Laws.
- By the end of the Session 2, students will differentiate applications of mental health law, capacity and competency.
- By the end of the Session 3, students will identify common themes and principals in psychiatric diagnoses including symptom screens, time frames and exclusion criteria.
- By the end of the Session 3, students will define criteria for specific mood disorders, psychotic disorders and disorders with both mood and psychotic symptoms using DSM-5.
- By the end of the Session 3, students will practice approach to distinguishing between mood and psychotic disorders.
- By the end of the Session 3, students will describe incidence and prevalence of common mood and psychotic disorders including major depressive disorder, bipolar I disorder, bipolar II disorder and schizophrenia.
- By the end of the Session 4, students will list common typical (first generation) antipsychotics and atypical (second generation) antipsychotics.
- By the end of the Session 4, students will contrast relative ratios of common side effects for typical and atypical antipsychotics.
- By the end of the Session 4, students will explore clozapine including efficacy compared to other antipsychotic, indications for use, impact on suicide completion for individuals living with chronic schizophrenia, process for prescribing in the U.S., indicated lab work-up and special considerations for side effects.
- By the end of Session 5, students will be able to list common SSRIs used in the U.S.



- By the end of Session 5, students will be able to describe SSRIs including FDA indications, target symptoms, risks, possible benefits, common side effects, serious side effects, common dosing strategies (adult and pediatric) and limitations.
- By the end of Session 5, students will be able to list diagnosis without FDA indications that are also commonly treated with SSRIs.
- By the end of Session 5, students will be able to delineate step-wise approach to using SSRIs in primary care setting including when to refer to specialty level of care.
- By the end of Session 5, students will be able to explain to patients the concerns described by the Black Box warning for possible increase in suicidal ideation with use of SSRIs.
- By the end of Session 6, students will be able to define the criteria for diagnosis of ADHD in pediatric and adult populations.
- By the end of Session 6, students will be able to describe impact of brain development on common themes of progression of ADHD symptoms over the life span.
- By the end of Session 6, students will be able to differentiate 3 types of ADHD from each other and from other diagnoses that can affect concentration and behaviors.
- By the end of Session 6, students will be able to list commonly co-morbid diagnoses including oppositional defiant disorder, substance use disorders, depressive disorders, learning disorders and anxiety.
- By the end of Session 6, students will be able to and, apply screening tools including the Vanderbilt to support diagnosis of ADHD in children and teens.
- By the end of Session 6, students will be able to describe stimulant use as primary recommended treatment for ADHD including target symptoms, risks, possible benefits, common side effects, serious side effects, common dosing strategies and limitations.
- By the end of Session 6, students will be able to delineate step-wise approach to using stimulants for ADHD in any outpatient care setting including when a referral to psychiatry is indicated.
- By the end of Session 6, students will be able to contrast pros and cons of consistent stimulant use for children and teens with ADHD vs “stimulant holidays” including possible impacts on development and relationships.
- By the end of Session 7, students will be able to define sub-types of delirium.
- By the end of Session 7, students will be able to identify steps for diagnosis, prevention and treatment of delirium.
- By the end of Session 7, students will be able to recognize multiple risk factors for delirium including medications, polypharmacy, acute medical conditions, chronic medical problems, age, context, etc.
- By the end of Session 7, students will be able to describe and recommend delirium precautions in the context of modifiable risk factors.
- By the end of Session 7, students will be able to discuss evidence base for limited use of low dose antipsychotics in delirium.

Appendix B:

Grading Guide for Psychiatry Attendings and Residents: Your narrative input is **weighted above all else** when grading medical students. When composing your narrative, please consider your student's improvement over the block. The grading committee emphasizes a student's progress, rather than their initial performance. Specific examples of end-of-block performance are critical. Help the committee understand how this student compares to other students you have recently supervised. Help us assess students developmentally by remembering where a student is in the curriculum; expect students early in their clinical training to perform differently than students later in their clinical training. CU Medical Students are generally highly capable, but some students will perform at a level different than their training. Here is a list of **key domains** helpful to the committee in assessing student proficiency. While commenting on these domains, please also note the student's **leadership and professional skills** and proficiency in **self-directed learning**. Below are examples of language that you can use to describe increasing levels of proficiency for each domain:

Motivation, work ethic, responsibility for patient care, and work as part of a team:

- Arrives on time, carries the expected number of patients, reviews charts prior to rounds, follows through on key tasks, adequate communication with team members
- Far exceeds expectations, carries more patients than expected, follows through on all tasks, anticipates team needs, organized and excellent communication with team members

Please also note if you would be willing to entrust this student independently to collaborate as a member of an inter-professional team.

Fund of knowledge:

- Has gaps in medical knowledge necessary to fully understand common illnesses encountered during this rotation
- Adequate understanding of psychiatric diagnoses, understands common disorders and good fund of knowledge regarding commonly tested shelf content, asks appropriate questions to further areas where knowledge is lacking or incomplete
- Nuanced understanding of psychiatric diagnoses, including less common disorders, demonstrates a breadth of knowledge about interventions, excellent understanding of the literature on basic neuroscience as well as treatment modalities

Please also note if you would be willing to entrust this student to independently form clinical questions and retrieve evidence to advance patient care.

Interviewing skills and alliance building:

- History taking demonstrates inconsistent, incomplete or inadequate data collection during history taking
- Can complete an initial interview, assess essential domains, collects accurate information, with adequate alliance building
- Nuanced interviewing style, adjusts the patient presentation and incorporates patient cues, conversational in nature but complete/guided, excellent alliance building even with challenging patients, adjusts complexity/phrasing of questions based on patient presentation/understanding, appropriately shifts from open to closed questions

Please also note if you would be willing to entrust this student to independently gather a history and perform a physical or mental status examination.

Write ups/Notes:

- Notes contain all relevant information, coverage and completeness are adequate, organization and writing style are adequate
- Notes show higher level of clinical reasoning and synthesis of data collected, superior organization and highly professional writing style

Please also note if you would be willing to entrust this student to independently document a clinical encounter in the patient record.

Presentations:

- Oral presentations are generally disorganized or incomplete and may be inaccurate
- Oral presentations are organized, accurate and complete with occasional extraneous material; more



senior team members occasionally need to ask for clarifying information

- Oral presentations are organized, accurate, complete, concise, include prioritization and analysis of medical issues; more senior team members can rely on them to contain any and all relevant material necessary to determine plan of care; can adapt presentation to situation/time constraints, different attending/resident expectations

Please also note if you would be willing to entrust this student to independently provide an oral presentation of the clinical encounter.

Assessments/differentials and treatment planning:

- Is unable to derive a rudimentary differential diagnosis and assessment on their own; is completely dependent on more senior members of the team for development of a management plan
- Able to complete basic differentials and knows initial treatment for disorders, has a working knowledge of phenomenology, suggestions for treatment planning are sometimes incorporated into the care of patients
- Nuanced and complete differentials, able to explain information that helps to rule in/out diagnoses, excellent knowledge about pharmacologic and psychotherapeutic interventions, excellent awareness of patient-provider dynamics

Please also note if you would be willing to entrust this student to independently (1) prioritize a differential diagnosis following a clinical encounter, (2) recommend and interpret common diagnostic and screening tests, and (3) recognize a patient requiring urgent or emergent care and initiate evaluation and management.