ROCKY VISTA UNIVERSITY

COURSE SYLLABUS

GENERAL COURSE INFORMATION

Course # & Title:	PSY 3001 Psychiatry Required Clerkship
Course Credit Hours:	4 Credits
Contact Hours:	Clinical Course: 4 Credits = 150 hours to complete all activities
Semester(s) & Year:	Fall and Spring - 2024-2025
Grading Scale:	Honors/High Pass/Pass/Fail
Delivery Mode:	Clinical
Class Meeting Times/Locations:	Didactics – Tuesdays 4:00 pm to 6:00 pm via Zoom
	Clinicals – The Preceptor's schedule will determine the location and average workday, including office hours, hospital rounds, clinic or nursing home visits, and call schedule etc… RVU mandates a minimum of 35 hours to a maximum of 70 hours of clinical service per week to maintain patient safety and allows for didactics and self-learning.

FACULTY CONTACT INFORMATION

Student Inquiry Contact:	Dr. Spencer Hansen, MD, Clerkship Director
	In order to make an appointment or to contact someone with an urgent clerkship issue, please email cherkshipdirectorshelpline@rvu.edu
Additional Faculty:	Credentialed Preceptor Clinical Faculty

COURSE DETAILS

Course Description:

The Psychiatry Required Clerkship will provide clinical exposure to various aspects of mental health issues. Students will gain knowledge, experience, and competency in the diagnosis, classification, and treatment planning of psychiatric patients in the clinical setting. Students will also become competent in the skills of performing a psychiatric interview, developing a differential diagnosis, and identifying and managing psychiatric emergencies.

It is critical to note that the clinical clerkship experience is not intended to instruct the student on everything about Psychiatry nor provide the student with clinical experience in every aspect of the discipline. The Clerkship Director and the assigned Preceptors may provide educational guidance, but it is each student's responsibility to learn the subject content. Lifelong self-learning is the goal and is expected in this core clinical clerkship. In addition, students must show that adequate direct patient care experience has been achieved by demonstrating adequate patient log support of an average of at least 4 outpatients or 2+ inpatients per day.

Prerequisite: successful completion of all pre-clinical (Year 1 and Year 2) coursework, and post initial attempt on COMLEX Level 1 with passing score reported to clinical education.

*Note: For details of the course description see **Appendix A and Appendix B.**

Learning Outcome Information:

Course Learning Objectives/Outcomes and Observed Behaviors				
When Mapping, please use a competency-based progression of learning: I= Introduce; R= Reinforce; C= Competent				
Upon Successful completion of the course, the student will be able to:	ILOs	PLOs	Clinical Skills	Assessment Method
Apply clinical reasoning and judgment skills in the practice of medicine through observed behaviors of: 1. Gather a history and perform a physical examination, including structural, pertinent to the given history. 2. Create a differential diagnosis meaningful to the clinical situation. 3. Recommend and interpret common testing within the context of a given clinical situation. 4. Generate treatment plans relevant to the clinical situation. 5. Document encounters appropriately 6. Perform an oral presentation of a clinical encounter concisely. 7. Ask questions that lead to the acquisition of clinical knowledge that advances a patient's care which includes informatics and evidence-based medicine (EBM) 10. Ability to triage patients appropriately	1c, 2c, 4c, 5c	1c, 2c, 3c, 6c	1c, 2c, 3c, 4c, 5c, 6c, 7c, 10C	• Preceptor Assessment Questions 1-8, 10-12, 14, 17 • NBME Subject Exam • Didactics • Oral Presentation Questions 1-12
Demonstrate interpersonal communication and relationship skills with patients, care team members, and others through observed behaviors of: 8. Handoff and receive patients in the transition of care appropriately and with empathy. 9. Work collaboratively and respectfully with all care team members, patient families, and others. 10. Triage a patient to appropriate levels of care.	1c, 2c, 3c, 4c	4c, 5c	8c, 9c, 10c	• Preceptor Assessment Questions 7, 9, 13, 15 • Didactics Oral Presentation Questions 12, 15-17
Conduct patient and condition-appropriate physical exams and procedures with compassion and empathy through observed behaviors of: 11. Can articulate appropriately the requirements for a typical informed consent. 12. Perform procedures and physical exam skills, including OMT, recognized as necessary for an entry-level resident physician.	1c, 2c, 4c, 5c	1c, 3c, 4c, 6c	11c, 12c	• Preceptor Assessment Questions 2- 4, 10, 12, 15,
Evaluate systems-based practices to contribute to quality improvements through observed behaviors of: 13. Recognize system failures and can contribute to improvements.	1c, 2c, 5c	7c	13c	Preceptor Assessment Question 17
Act in a professional manner that meets the standards of the osteopathic profession through observed behaviors of: 14. Practice lifelong learning consistently (practice-based learning) 15. Self-reflect honestly, consistently, and openly with supervisors. 16. Consistently act to meet the Preceptor's expectations of a colleague in training. 17. Consistently exhibit a quiet, compassionate hand of tolerance towards others	1c, 2c, 3c, 4c	1c, 5c	14c, 15c, 16c, 17c.	• Preceptor Assessment Questions 9, 13, 15, 16 • Didactics • Oral Presentation Questions 17, 18

Required Learning Resources:
1. [Diagnostic and Statistical Manual of Mental Disorders](#), Fifth Edition, Text Revision (DSM-5-TR)

Recommended Texts/Materials:
1. Ebert, M. H., Leckman, J. F. & Petrakis, I. (2019). *Current diagnosis & treatment: Psychiatry* (3rd ed.). New York, NY: McGraw-Hill.
2. Sadock, B. J., Sadock, V. A. & Ruiz, P. (2023). *Kaplan & Sadock's study guide and self-examination review of psychiatry* (10th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
3. Course Guide for Behavioral Medicine (Available in New Innovations.)

Please ask the library staff for assistance if the hyperlink is broken.

Assignments and Due Dates:
- Didactics – Weekly
- SMART Goals – Due Day 5 of the Clerkship.
- Oral presentation – Due the third week of the Clerkship.
- NBME subject exam – Due the fourth Friday of the Clerkship.
- SMART Goals Reflection – Due Day 5 following the Clerkship.
- Patient Logs – Due the Sunday following each week of the Clerkship however, it is recommended that students complete the logs daily.
- Preceptor Assessment – The preceptor submits the assessment following the completion of the clerkship.

Domain	Assessment	Percent of total grade	Exemplary	Exceeds Expectations	Meets Expectations	Below Expectations/ Needs Improvement
Professionalism **(0-20 course points)**	Preceptor Evaluation	5%	5	4	3	2
	Didactics	10%	10	9	5	2
	Oral Presentation	5%	5	4	3	1
Clinical Care Performance (0-40 course points)	Preceptor Evaluation	30%	30	27	21	2
	Oral Presentation	10%	10	9	5	2
Knowledge Application **(0-40 course points)** **Percentile grade x .40**	Subject Exam	40%	50th Percentile or higher	25th Percentile or higher	3rd Percentile or higher	0-2nd Percentile
			Minimum Passing Threshold (3rd percentile or higher)			Below Minimum Passing Threshold

	Honors	High Pass	1.2-40.0 points	0-1.1 points
Final Grades	**Honors**	**High Pass**	**Pass**	**Fail**
Course Points	80-100 Pts	70-79.9 Pts	38.2-69.9 Pts	0-38.1 Pts

Didactics

Consistent attendance and participation in didactic sessions are essential to gain knowledge and skills to successfully complete the core clerkship and to show professionalism in your professional identity. In addition, these didactics supplement the clinical curriculum and help students prepare for the subject exams at the end of each core rotation.

Didactics are held at the day and time listed in MyVista. Attendance is required unless approved by the Clerkship Director. Absences or partial attendance must be related to rotation requirements, illness or accident, or another emergency to be approved by the Clerkship Director. Requests for absences or partial attendance should be submitted before the didactic session or as soon as possible after the session when prior notification is not practicable. The Clerkship Director may assign make-up assessments for approved absences only. Didactics are intended to be interactive, and points will be awarded based on student engagement and participation in each session.

Didactic Professionalism Assessment Rubric	

Attendance
    • Points will be awarded for live didactic session attendance, and Clerkship Director approved absences only (upon successful completion of make-up assessments assigned by the Clerkship Director determined deadline)
       o 1 point is awarded per each full quarter of the session attended
	0-4 points per week

Quality engagement and meaningful participation
    • Participation in discussion throughout the session
       o 2 points = 4 or more relevant comments during the session
    • Participation in poll questions throughout the session
       o 2 points = At least 75% response rate to all polls offered during a session
    • On-time completion of the weekly quiz
       o 2 points
	0-6 points per week

Standardized Oral Presentation of Encounter

Students must complete one video standardized oral presentation of an encounter based on a patient listed in MyVista. Students will receive patient information the third or fourth week of the course. They will have 48 hours to submit their presentation. The presentation must be a maximum of four minutes and follow the rubric format in **Appendix C.** Instructions for submitting the video are listed in MyVista. The Clerkship Director must approve any late submission. If a student does not pass the oral presentation on the first try, one retry is allowed before the last day of the course with the maximum points of Meets Expectations awarded.

Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation (Preceptor Evaluation)

A Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation **(see Appendix D)** must be completed and submitted by the Preceptor of record for each clerkship for a grade for the course to be posted. The response to each question of the Assessment will be reviewed by the Clerkship Director, who will assign a final grade based on all Assessments received.

Students who do not meet expectations on the Assessment must meet with the Clerkship Director to mitigate the identified problems during the clerkship. Unsuccessful mitigation will result in failure of the course. The failed clerkship course will be remediated at a clinical

training site assigned by the Department of Clinical Education. Successful remediation will result in a course grade of Px. Unsuccessful remediation will result in a second course failure and referral to SPC.

Subject Exams
The subject examination is a key component of the core clinical clerkship course grade and is administered toward the end of the clerkship. Students must score in the 3rd percentile or higher to meet the minimum passing threshold.

Any requests to take an exam at any time other than the originally scheduled time (initial attempt) or any requests to delay a confirmed retake exam attempt, must seek an excused absence request by completing the Clinical Education Excused Absence Request Form in iNet. The absence is not excused until approved by the Clerkship Director. Examples of situations which would generally be approved for an excused absence from the exam include significant mental or physical illness (documentation from the treating licensed healthcare provider may be required), emergency or presentation at a professional conference (if eligible). If a student believes that the basis for their excused absence request is eligible for consideration for ADA accommodation, the student should follow the procedure outlined in the Disabilities and Academic Accommodations section of this handbook. *Students receiving an excused absence from an NBME Subject Exam due to illness will be required to take the missed exam during the next exam date that they do not have a regularly scheduled NBME Subject Exam.*

Should a student not meet the minimum passing threshold on their first attempt at the subject exam, they must communicate with their Clerkship Director and a Student Affairs Educational Learning Specialist to create a year-long study plan to prepare for retaking the subject exam and continuing with rotations promptly. Once this criterion has been met, the student must receive approval from the Clerkship Director to retake the subject exam. Once approval has been received, the student will work with the Clinical Data Coordinator to schedule the second exam attempt. If the student must take the subject exam twice to gain the minimum threshold, they will be awarded the maximum score of the 3rd percentile (minimum passing threshold) for grading purposes.

Should a student not meet the minimum passing threshold on their first attempt at the subject exam in two or more different clerkships, they must meet with the appropriate Clerkship Directors and an Educational Learning Specialist and enroll in the Medical Knowledge Application course. In addition, the student's year-long study plan will be revised and presented to the Clinical Competency Team for its added recommendation.

Should a student not meet the minimum passing threshold within two attempts of the subject exam, the student has failed the course. At that time, the student will meet with the Clerkship Director to determine remediation of the course.

SMART Goals
SMART goals are an ideal way for students to communicate their learning needs to their Preceptor. Students develop four SMART goals, review them with their Preceptor, and submit them in My Vista by Day 5 of the clinical component of the course. The Clerkship Director may approve a late submission for extenuating circumstances. The SMART Goal portion of the clerkship is graded as Complete or Incomplete. A grade of Complete will be achieved if the goals are professional, represent skills necessary to expand the scope of knowledge, address skills acknowledged to be weak in the self-assessment, and are completed on time. In addition, students may wish to inform the Preceptor of their future career choice so they may modify aspects of their assessments of their patient care activities to enhance their skills development. Failure to submit the SMART Goals on time will result in the student not being eligible to receive a grade of Honors for the course.

SMART Goals Reflection
Students reflect on progress towards their established SMART Goals by completing the reflection in My Vista by five days following the end of the clerkship. The SMART Goal reflection portion of the clerkship is graded as Complete or Incomplete. A grade of Complete will be achieved if the reflection addresses each goal and is completed on time. Failure to submit the SMART Goals Reflection on time will result in the student not being eligible to receive a grade of Honors for the course.

Patient Logs
Students must show that adequate direct patient care experience has been achieved by demonstrating adequate patient log support of an average of at least four outpatients or two inpatients per day. Students will log each virtual or direct patient care encounter and essential skills performed into New Innovations. The log will include the patient's age, diagnosis, procedures performed with Preceptor, and whether the patient encounter was conducted via direct patient care or telehealth. The logs will serve multiple purposes, including as a contact tracer if needed, documented proof of quality and quantity of patient experiences, and in preparation of students for residency portfolio recordkeeping. The patient logs portion of the clerkship is graded as Complete or Incomplete. A grade of Complete will be achieved if the student achieves and logs the minimum number of patient encounters, and patient logs are complete and are submitted to New Innovations by the Sunday following each week of the clerkship. Failure to submit the patient logs on time may result in the student not being eligible to receive a grade of Honors for the course.

To fulfill the minimum expectations needed to complete the course, students should submit in New Innovations:
- Outpatient – 80+ logs, or
- Inpatient – 40+ logs, or
- Combination of Outpatient and Inpatient – 60+ logs

NOTE: Students are responsible for notifying their Clinical Coordinator or Regional Director if they think they cannot fulfill the course's patient contact requirements. If students cannot meet the minimum requirements for patient contact, they may be required to complete additional days of clerkship with the same or a new Preceptor.

Final Grade Calculation:

The Course Director awards final grades for the course as:
- Honors
- High Pass
- Pass
- Fail
- Px – Pass with Remediation
- WIP – Work in Progress

Students must submit and receive at least a Met Expectations assessment on all assignments to receive a grade of Pass or Honors in the course.

Success in Clinical Rotations

As a third-year medical student, success in clinical rotations requires a combination of knowledge, skills, and attitude. First, it is crucial to prioritize your time and energy effectively. This means being punctual, prepared, and organized for each clinical day. Building a good rapport with patients and healthcare teams is equally important. Communicate effectively, listen actively, and show empathy and respect to everyone you interact with. Also, be initiative-taking in your learning by seeking feedback, asking questions, and reading up on cases and topics in your free time. We suggest reading around 2 hours or more per day to successfully pass your subject exam and impress your Preceptor. Continuously review and refine your clinical skills, such as history-taking, physical examination, and presentation skills. Lastly, maintain a positive attitude and approach with every rotation with enthusiasm and a willingness to learn, regardless of specialty or subject. With these habits and skills, you will find success.

Quality Points

OMSIII Class rank for each student will be reported as quintile and be based on student performance during OMS III year. All rankings will be reported by quintile unless specifically required by residency programs, military requirements, scholarships, or otherwise.
- To calculate quality points for the course, multiply the total points earned in the course by the credit hours earned. Example: 79 points x 4 credits = 316 quality points for the course.
- For grades of Px - Multiply the total points earned in the course by .70 and then by the credit hours earned. Example: (79 points x .70) x 4 credits = 221.2 quality points for the course.

Course Policies:

Please refer to the RVU Student Handbook and COM Student Handbook and Catalog for policies including, but not limited to:
- Email and MyVista Utilization
- Academic Integrity
- Academic Accommodations Process
- Health and Technical Standards
- OPP and PCM Laboratory Policies
- Biosafety, Universal Precautions, and Bloodborne Pathogens
- Academic Grievances Policy (Grading Disputes)
- Attendance Policy
- Excused Absences
- Course Adjustment Policy
- Holidays

Please note course syllabi are subject to change as necessary at the discretion of the Clerkship Director.

Specific Course Policies

Absences

Clinical Education
The focus of the clinical experience in OMS III and OMS IV is patient care and interaction. Therefore, one hundred percent attendance is vital to ensure continuity of care. However, it is understood that certain situations may arise that will result in an absence from required daily participation. In such instances, the following policies will be observed, and the Absence Request on iNet must be completed and approved:

- Absences for any reason must be approved by both the Preceptor and Clinical Dean.
- Preplanned absences - Submit the Clinical Education Excused Absence Request form in iNet for preplanned absences as soon as event dates and details are known.
- Emergency absences - Submit the Clinical Education Excused Absence Request form on iNet on the same day as any emergency absence.

Didactics and Simulations
- Attendance is required unless approved by the Clerkship Director.
- Absences or partial attendance must be related to rotation requirements, illness or accident, or another emergency to be approved by the Clerkship Director.
- Requests for absences or partial attendance should be submitted before the didactic/simulation session or as soon as possible after the session when prior notification is not practicable.

Hours of Duty
To provide educational continuity and patient care experience, RVU requires at least 140 clinical contact hours in Psychiatry. The Preceptor's schedule will determine the average workday, including office hours, hospital rounds, clinic or nursing home visits, and call schedule. RVU recommends a maximum of 70 hours of service per week to maintain patient safety and allows for didactics and self-learning. Students shall be assigned activities on or related to their current service clerkship only. A physician licensed to practice medicine in that state will supervise any duties assigned to students. Whether students receive a holiday off is determined by the assigned Preceptor. RVUCOM does not exempt students from working on holidays. Students are excused from clinical clerkship on the day of their subject exam. The clerkship will end at 5:00 p.m. on the last calendar day of the clerkship.

Professional Conduct Policy
RVUCOM holds in high regard professional behaviors and attitudes including integrity, collegiality, compassion, diversity, service, innovation, and a commitment to excellence. Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education, the term "teacher" is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical coordinators, clinical preceptors, and ancillary support staff, as well as others from who students learn.

Students are expected to always adhere to the highest level of professional conduct. Students will always treat *all* employees of Rocky Vista University and those in clinical training sites with respect and courtesy. Students will demonstrate ethically responsible behavior; act honestly and with integrity to patients, their representatives, faculty/preceptors, and coworkers. Students will preserve confidentiality and not discuss patients publicly or with unauthorized persons. No documents with patient-identifying information will leave the clinical setting. Compliance with all institutional regulations, including state and federal HIPAA laws, is expected.

The Preceptor has the authority to dismiss a student from the clerkship for violations of the student's duties and responsibilities as delineated in this manual, a threat to public health or safety, or as deemed appropriate for the continued operation of the clinical site. Any such action will result in evaluation by the Senior Associate Dean of Clinical Education or designee for review and possible disciplinary action. In addition, any problems or concerns affecting students not adequately resolved at the clinical training site should be referred to the appropriate Dean of Clinical Education. Students should read and comply with the Student Supervision Policy in the Clinical Education Manual.

Conflicts Of Interest & Student Confidentiality In The Clinical Setting Policy
Rocky Vista University College of Osteopathic Medicine (RVUCOM) is committed to ensuring the prevention of any type of conflicts of interest for students regarding academic advancement and the protection of student confidentiality in the clinical setting.
Students seeking healthcare should not be placed in a position in which they could potentially interact with any faculty or staff that have authority over their educational pursuits. Authority over a student's educational pursuits is defined by any person who determines final grades, ongoing status of academic standing, and academic advancement within the college. This may include deans, directors, or any faculty involved in grading or determining student academic promotion. Any of the health professionals providing health services to a

student must be and will be recused from any academic assessment or promotion of the student if professional services have been rendered.

Further, RVUCOM students participating in any clinical training experience will not be involved in the medical care of other students unless expressed permission is individually obtained from the student patient. Patient confidentiality will be guaranteed for all RVUCOM students in all clinical settings.

Student Supervision Policy
OMS III and OMS IV Students
1. May participate in care and management of the patient, including participation in history taking, physical examination, and critical data analysis, under the supervision (direct or indirect supervision with direct supervision immediately available) of a credentialed RVU clinical faculty physician (full-time, part-time, or credentialed preceptor) or another qualified medical care professional to whom that supervision has been assigned.
2. May assist in procedures under **direct supervision**, when the attending physician agrees that the student has achieved the required level of competence and permission is granted by the patient.
3. May perform the procedures listed below **under indirect supervision with direct supervision immediately available** once a medical student has been observed successfully performing the procedure by a faculty or qualified resident.
   - Blood collection: arterial, venous, or capillary
   - Injections: intramuscular, subcutaneous, intradermal, intravenous
   - Insert peripheral intravenous catheter.
   - EKG
   - Foley catheter insertion (male and female)
   - Nasogastric tube insertion
   - Local anesthesia
   - Suture simple laceration
   - Suture or staple removal
   - Ventilation (ambu-bag)
4. May document the following in the patient's permanent medical record: history & physical notes, progress notes, procedure notes, operative notes, or discharge summaries provided that the note is **clearly** identified as a student note for educational purposes only.
   o All student charting in the medical record must be clearly indicated as a Medical Student Note. The supervising physician will remain directly responsible for all student documented notes and comply with CMS guidelines for student documentation in the medical record.
5. May, under supervision (direct or indirect supervision with direct supervision immediately available), in consultation with the RVU clinical faculty physician or designee, develop a patient management plan.
6. May **not** give any independent orders, written or verbal. Orders may be given only at the direction of the clinical faculty physician of record.

Course Schedule:

Week	Date	Lecture Topics *	Assessments & Assignments Due
1	Day 1	Orientation	Discuss SMART goals with preceptor.
		Patient Care	Maintain Patient Logs and formative feedback with preceptor.
1	Day 2	Didactics – Defining/Assessing/Measuring mental health	Didactic attendance and quality engagement per rubric Week 1 Quiz
		Patient Care	Maintain Patient Logs and formative feedback with preceptor.
1	Day 3	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
1	Day 4	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
1	Day 5	SMART Goals	Submit 4 SMART goals to MyVista
		Patient Care	Maintain Patient Logs and formative feedback with preceptor.
1	Day 6	Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.

Week	Date	Lecture Topics *	Assessments & Assignments Due
1	Day 7	Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
2	Day 1	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
2	Day 2	Didactics - Suicide risk assessment; Motivational Interviewing	Didactic attendance and quality engagement per rubric Week 2 Quiz
		Patient Care	Maintain Patient Logs and formative feedback with preceptor.
2	Day 3	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
2	Day 4	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
2	Day 5	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
2	Day 6	Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
2	Day 7	Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
3	Day 1	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
3 3	Day 2	Didactics - Addiction Medicine/Psychiatry and CALM training	Didactic attendance and quality engagement per rubric Week 3 Quiz
		Patient Care	Maintain Patient Logs and formative feedback with preceptor.
3	Day 3	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
3	Day 4	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
3	Day 5	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
3	Day 6	Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
3	Day 7	Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
4	Day 1	Patient Care	Maintain Patient Logs and formative feedback with preceptor.
4	Day 2	Didactics - Diagnosis and Differential Building	Didactic attendance and quality engagement per rubric Week 4 Quiz
		Patient Care	Maintain Patient Logs and formative feedback with preceptor.
4	Day 3	Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
4	Day 4	Exit Interview	Review of Preceptor Assessment with the Preceptor
		Patient Care	Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule.
4	Day 5	Psychiatric Knowledge	NBME Subject Exam
5	Day 5	SMART Goal Reflection	Submit the SMART Goal Reflection
		Patient Care	Ensure that all patient logs are submitted to New Innovations

STUDENT SUCCESS & SUPPORT RESOURCES

DISCLAIMER

All assignments, scheduling, curriculum delivery method, course parameters, and assessments within this course are subject to change.

Appendix A: Patient Care Course Design

The Psychiatry Required Clerkship is designed to be completed in four weeks at one or more clinical venues consisting of direct patient care (care delivered live at the bedside or in another clinical area). It may also include a virtual telehealth/ telemedicine patient care component. The didactic portion of the course is conducted online and via synchronous virtual presentations. The clinical venue component allows students to develop and apply **key clinical skills (EPAs)** through their discharge of patient care activities observed and assessed by their Preceptor. Performing these skills consistently and accurately is universally recognized as a requisite for a resident physician to be entrusted at an entry level into Graduate Medical Education. These Key Clinical skills are grouped into specific skill sets that students must perform as sets. These include *Clinical Reasoning and Judgement Skills; Interpersonal Communications and Relationship Skills; Physical Exam and Procedural Skills; Systems-based Practice Thinking Skills;* and *Professional Behavior* to demonstrate the competence necessary to practice as an Osteopathic Resident Physician. Thus, recognizing which aspects of patient care pertain to and enhance student-applied learning in these skill sets is vital to a successful clinical curriculum. Each patient care experience will be tracked via a patient log and documented as either direct patient care or virtual telehealth patient care. Telehealth patient care delivery models, which can replace, or augment limited direct patient care opportunities whenever direct patient care activity is halted or curtailed, have been reviewed and approved for their service, educational, and assessment value. Telehealth rotations can position students to learn and contribute to patient care in all areas of patient care participation except physical exams and procedures. Some aspects of physical exams and procedures can be discussed and practiced virtually or as self-teaching, but assessing these skills should include face-to-face checkoffs. Skills needing face-to-face checkoff are listed in Appendix B.

Key Clinical Skills

Clinical Reasoning and Judgement skills
1. Gather a history and perform a physical examination, including structural, pertinent to the given history.
2. Create a differential diagnosis meaningful to the clinical situation.
3. Recommend and interpret common testing within the context of a given clinical situation.
4. Generate treatment plans relevant to the clinical situation.
5. Document encounters appropriately
6. Perform an oral presentation of a clinical encounter concisely.
7. Ask questions that lead to the acquisition of clinical knowledge that advances a patient's care which. includes informatics and evidence-based medicine (EBM)
10. Ability to triage patients appropriately

Interpersonal Communications and Relationships skills
8. Handoff and receive patients in the transition of care appropriately and with empathy.
9. Work collaboratively and respectfully with all care team members, patient families, and others.
10. Triage a patient to appropriate levels of care.

Physical Exam and Procedural Skills
11. Can articulate appropriately the requirements for a typical informed consent.
12. Perform procedures and physical exam skills, including OMT, recognized as necessary for an entry-level resident physician.

Systems-based Practice thinking skills.
13. Recognize system failures and can contribute to improvements.

Professional Behavior
14. Practice lifelong learning consistently (practice-based learning)
15. Self-reflect honestly, consistently, and openly with supervisors.
16. Consistently act to meet the Preceptor's expectations of a colleague in training.
17. Consistently exhibit a quiet, compassionate hand of tolerance towards others.

RVU has identified the following patterns of student training within its community-based preceptor network to enhance training opportunities and properly focus assessments:

Student Assessment Organized by Clinical Venue and Patient Care Activity			
Patient Care Activity	**Clinical Skillsets Practiced and Assessed**	**Where and How Assessed by Preceptor**	**Preceptor and Student Engagement Strategies by Venue**

Preceptor and student setting care plan objectives together	• Clinical Reasoning and Judgement Skills • Interpersonal Communications and Relationship Skills • Professional Behavior	• Bedside • Chart rounds • Team rounds • Verbal live feedback • Written formal evaluation	• Student with Preceptor, patient live or telehealth. • Student, Preceptor, and patient virtually, if the usual dialog between student and Preceptor that occurs outside of a patient room still occurs.
Daily H&P and oral presentations and procedures, including OMT	• Clinical Reasoning and Judgement Skills • Interpersonal Communications and Relationship Skills • Physical Exam and Procedural Skills • System-based Practice Thinking Skills • Professional Behavior	• Bedside • Chart rounds • Team rounds • Verbal live feedback • Written formal evaluation	• Student with Preceptor and patient live. • Student, Preceptor, and patient engage in the usual execution of H&P, and the usual dialog between student and Preceptor occurs both at and away from the bedside regardless of whether the visit is live or via telehealth.
End-of-day or rounds review of cases; student performance	• Clinical Reasoning and Judgement Skills • Interpersonal Communications and Relationship Skills • System-based Practice Thinking Skills • Professional Behavior	• Student one-to-one interaction with Preceptor, the team • Verbal live feedback • Written formal evaluation	• Student with Preceptor, patient live or telehealth. • Student, Preceptor, and patient virtual, if the usual dialog between student and Preceptor that occurs outside of a patient room still occurs.
End-of-rotation summative evaluation	• Review of student performance in all skillsets	• Student one-to-one interaction with Preceptor, the team • Written formal evaluation	• Student with Preceptor and patient live. • Student, Preceptor, and patient virtual, for all except Physical Exam and Procedures

Appendix B: Key Clinical Skills Expected for this Course.

Procedural Skill/ Physical Exam	Direct Patient Care	Telehealth
Complete Mental Status Exam	Performance and assessment of ability to complete	Is knowledgeable on proper indications for procedure
Motivational Interviewing	Performance and assessment of ability to complete	Performance and assessment of ability to complete
Cognitive Behavioral Therapy	Performance and assessment of ability to complete	Performance and assessment of ability to complete
Gun safety screening and counseling	Performance and assessment of ability to complete	Performance and assessment of ability to complete

Appendix C: Standardized Oral Presentation of Encounter Rubric

If the presentation is greater than 4 minutes, the presentation will receive a grade of zero for the exercise.

HISTORY

1. Chief complaint noted either before HPI or as part of introductory sentence

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
No Chief complaint noted		**Chief complaint mentioned**		Chief complaint clear and accurate to the situation

2. HPI starts with clear patient introduction including patient's age, sex, pertinent active medical problems and reason for admission

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
No introductory sentence		**Intro included cc most pertinent information**		Intro painted a clear picture of patient

3. HPI is organized so that chronology of important events is clear

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
The sequence of events was unclear		**The sequence of major events is clear**		The sequence of all events is clear

4. The PMH, FH, SH, and ROS include only elements related to active medical problems

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Information has no clear connection to the active medical problems		**Information adequately describes the patient's active medical problems**		Information completely and concisely describes all active problems

PHYSICAL EXAM AND DIAGNOSTIC STUDY RESULTS

5. Begins with a general statement:

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
General statement poor or missing		**Mostly clear general statement**		Succinct general statement creating clear picture of patient

6. Presents all vital signs (and growth parameters if patient is a child if applicable):

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Vitals inappropriately incomplete		**VS & growth parameters mostly complete**		All vitals signs/growth parameters given

7. Includes a targeted physical exam stating the positive and negative findings that distinguish the diagnoses under consideration and any other abnormal findings

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target

Either too much or too little information given		**Most important information is given**		All important elements of PE given

8. Organizes lab data and results of other diagnostic tests to distinguish between possible diagnoses

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Irrelevant test results are presented or significant results omitted		**Most relevant results are reported with either minor omissions or a few extra results included**		All results relevant to the possible diagnoses are presented

SUMMARY STATEMENT

9. Begins assessment with a summary statement that synthesizes the critical elements of the patient's history, physical exam and diagnostic studies into one sentence

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
No summary statement or restatement of story without synthesis		**Most pertinent information synthesized; may repeat some unnecessary information**		Summary statement concisely synthesizes all key information

ASSESSMENT AND PLAN

10. Includes a prioritized problem list (by systems only if appropriate) including all active problems

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
No problem list or poorly organized list or used systems when inappropriate		**Most important problems included and prioritized on problem list; systems if appropriate**		Complete problem list appropriately prioritized; systems if appropriate

11. Provides an appropriate differential diagnosis for each problem

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
No differential diagnoses are given		**A dx with several possibilities is given for major problems**		Extensive dx for all problems given

12. States the diagnostic/therapeutic plan that targets each problem; each item in the plan relates to something listed on the prob list

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Patient plan is not described or is unrelated to the problem list		**Plan for the patient addresses most important issues, may omit active but lower priority problems**		Patient plan is complete and relates directly to the problem list; all active issues are included

CLINICAL REASONING/SYNTHESIS OF INFORMATION

After hearing the entire presentation:

13. The presentation included the pertinent positives and negatives from the H&P to support the differential diagnosis and plan

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Key positives and negatives were not included		**Key pertinent positives and negatives were presented at some point in the presentation**		Most pertinent positives and negatives were included at logical points

14. At the end of the presentation I had a clear picture of this patient's situation and what needed to be done next

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Much ambiguity remained		**The picture was clear for the major issue(s)**		The picture was complete and all issues were clear

GENERAL ASPECTS

15. Overall organization:

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Poorly organized and hard to follow		**Mostly well-organized**		Very well organized

16. Speaking style:

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Difficult to understand		**Mostly understandable and engaging**		Understandable and engaging speaking style

17. Maintains a professional composure:

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Did not communicate all pertinent information concisely using a professional demeanor.		**Mostly communicated all pertinent information concisely using a professional demeanor.**		Communicated all pertinent information concisely using a professional demeanor.

18. In evaluating the presentation, do you trust the student doctor is acting in the patients' best interest?

1 - BELOW what is expected of an incoming 3rd year student	2 - Expected of an incoming 3rd year student	3 - Not yet performing at the level of an incoming 4th year student	4 - Targeted for an incoming 4th year student	5 - Designated as the graduation target
Does not considers and incorporates all aspects of the unique patient		**Partially considers and incorporates all aspects of the unique patient characteristics**		Fully considers and incorporates all aspects of the unique patient

characteristics into their overall care plan.		**into their overall care plan.**		characteristics into their overall care plan.

Additional Comments:

Appendix D: Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation (Preceptor Evaluation)

1* Obtains an appropriate history.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

2* Performs an appropriate physical examination.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

3* Formulates an appropriate differential diagnosis.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

4* Recommends and interprets common diagnostic and screening tests.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

5* Recommends an appropriate treatment or management plan.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

6* Documents an acceptable clinical encounter note.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

7* Provides an organized oral presentation of the clinical case.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

8* Demonstrates the ability to access appropriate resources to gather medical information and evidence as needed.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

9* Participates and collaborates as a respectful and helpful member of an interprofessional team.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

10* Recognizes a patient requiring urgent or emergent care and provides appropriate recommendations when able to discuss with preceptor.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

11* Performs general procedures of a physician.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

12* Approaches patient care with a whole person approach (body, mind, and spirit) as part of managing patient's medical issues.
- ○ Student Doctor does not use a whole person approach with patient care.
- ○ Student Doctor uses a whole person approach with constant prompting.
- ○ Student Doctor uses a whole person approach with minimal prompting.
- ○ Student Doctor uses a whole person approach without prompting.

13* Demonstrates high level of professionalism expected of a medical student.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

14* Demonstrates appropriate medical knowledge in their current year of education.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

15* Demonstrates excellent interpersonal and communication skills (phone calls, emails, conversations).

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

16* Demonstrates self-directed learning on a regular basis.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

17* Contributes to a patient care culture of quality and safety.

Below Expectations/Need Improvement	Meets Expectations	Exceeds Expectations	Exemplary

18* Based on the Student Doctor's performance during this clerkship:

○ This individual demonstrates knowledge and abilities BELOW what is expected of an incoming third year student. ○ This individual demonstrates knowledge and abilities expected of an incoming third year student.

○ This individual is advancing and demonstrates additional knowledge and abilities but is not yet performing at the level of an incoming fourth year student.

○ This individual continues to advance and demonstrates additional knowledge and abilities, consistently including the majority of those targeted for an incoming fourth year student.

○ This individual has advanced so that he or she now substantially demonstrates the knowledge and skills targeted for medical school. This level is designated as the graduation target.

○ This individual has advanced beyond performance targets set for medical school and is demonstrating 'aspirational' goals which might describe the performance of a resident. This is an honors designation that only applies to the top 10% of graduating medical students.

19* Looking at the Student Doctor's global performance, which of the four categories best reflects how your student interacted with you?

○ Reporter - Reporters can accurately and reliably gather clinical information on each of their patients. Reporters can communicate clearly (both verbally and in writing) the clinical information they have obtained. Reporters can distinguish important information from unimportant information and are able to focus data collection and presentation on central issues.

○ Interpreter - Interpreters can identify problems independently and prioritize problems, including new problems, as they arise. Interpreters can develop a differential diagnosis independently and make a case for and against each of the important diagnoses under consideration for a patient's central problem(s).

○ Manager - Managers can develop and defend a diagnostic and a therapeutic plan for each of their patients' central problem(s). Managers can utilize their growing clinical judgment to decide when action needs to be taken. Managers can analyze the risk/benefit balance of specific diagnostic and therapeutic measures based on an individual patient's circumstances.

○ Educator - Educators have mastered the fundamental skills described above. Educators have the insight to define important questions to research in more depth, the drive to seek out the evidence behind clinical practice, and the skills to scrutinize the quality of this evidence. Educators take a share in educating the rest of the team.

20* Did the Student Doctor attend the rotation as expected (35+ hours per week)?

- ○ Yes
- ○ No
- ○ Unknown

21* Did the Student Doctor share and discuss their Clerkship SMART goals with you?

- ○ Yes
- ○ No
- ○ Unknown
- ○ Not applicable for Elective Clerkships

22 **Additional feedback for growth and improvement. Please include feedback that provides evidence of the student's strengths and weaknesses (consider skills listed in the syllabus) and give examples of achievement or deficiencies.**

23 **Comments from you or your team in this section are your opportunity to communicate with the Dean on this student's readiness for residency. If your assessment is submitted prior to September 1st of the student's graduation year, then your comments will be added to the student's MSPE/Dean's Letter. If your assessment is submitted after September 1st of the student's graduation year, then your comments will help inform the Dean of the student's eligibility for special awards recognition for graduation.**