

# Internal Medicine & Psychiatry Block Syllabus AY 2016-2017

## Contents

|  |    |
|--|----|
| Student Affairs & Miscellaneous Contact Information.....     | 4  |
| Internal Medicine Contact Information .....                  | 4  |
| Internal Medicine Contact Information .....                  | 5  |
| Internal Medicine Clerkship Contact Information.....         | 5  |
| Department of Internal Medicine Residents 2015-2016 .....    | 6  |
| Department of Internal Medicine Fellows 2015-2016.....       | 8  |
| Internal Medicine Faculty .....                              | 10 |
| Psychiatry Contact Information.....                          | 17 |
| Psychiatry Clerkship Contact Information.....                | 17 |
| Psychiatry Clerkship Locations and Contact Information ..... | 19 |
| Psychiatry Faculty .....                                     | 20 |
| Psychiatry Residents and Fellows:.....                       | 25 |
| Block Information.....                                       | 26 |
| INTEGRATED BLOCK GOALS: .....                                | 26 |
| Block Scheduling Information .....                           | 26 |
| Block Schedule by Group .....                                | 27 |
| Internal Medicine/Psychiatry Didactic Activities: .....      | 28 |
| Internal Medicine Clerkship.....                             | 35 |
| Clerkship Learning Objectives .....                          | 35 |
| Knowledge for Practice .....                                 | 35 |
| Patient Care (PC) .....                                      | 35 |
| Interpersonal and Communication Skills (ICS) .....           | 35 |
| Professionalism/Ethics (PROF) .....                          | 36 |
| Practice Base Learning and Improvements (PBL).....           | 36 |
| System Based Practice (SBP) .....                            | 36 |
| Interprofessional Collaboration (IC) .....                   | 37 |
| Personal and Professional Development (PPD) .....            | 37 |
| Clinical Expectations .....                                  | 38 |
| Internal Medicine Threads .....                              | 39 |
| Assignment Summary/ Portfolio Contents.....                  | 41 |
| Clerkship Components .....                                   | 43 |
| Rotations .....  | 43 |

|  |    |
|--|----|
| UMC Ward On-Call – Sample Weekly Schedule .....                | 44 |
| WBAMC Ward On-Call – Sample Weekly Schedule .....              | 45 |
| Providence Ward On-Call – Sample Weekly Schedule .....         | 46 |
| Selective - Sample Weekly Schedule .....                       | 47 |
| Midclerkship Evaluation.....                                   | 47 |
| End of Clerkship Evaluation/Requirements .....                 | 48 |
| Internal Medicine Clerkship Activities.....                    | 50 |
| Didactic Core Curriculum Topics and Learning Objectives .....  | 55 |
| Medicine Live Presentations .....                              | 55 |
| Video Lecture Series .....                                     | 58 |
| Appendix Internal Medicine .....                               | 63 |
| Figure 1: Observed H and P Form .....                          | 63 |
| Figure 2: Bedside Rounds Report.....                           | 64 |
| Bedside Rounds Report .....                                    | 64 |
| Figure 3: Rx Educational Prescription .....                    | 65 |
| Rx Educational Prescription.....                               | 65 |
| Figure 4: Internal Medicine Health Matrix .....                | 66 |
| Figure 5: Internal Medicine Clinical Clerkship Evaluation..... | 69 |
| Internal Medicine Clinical Clerkship Evaluation.....           | 69 |
| Figure 6: Mid-Clerkship Assessment .....                       | 71 |
| Figure 7: Internal Medicine Op Log .....                       | 72 |
| Figure 8: Sample Internal Medicine Didactic Schedule .....     | 74 |
| Psychiatry Clerkship .....                                     | 75 |
| Clerkship Learning Objectives .....                            | 76 |
| Knowledge for Practice (KP).....                               | 76 |
| Patient Care (PC) .....  | 77 |
| Interpersonal and Communication Skills (ICS).....              | 77 |
| Professionalism (PROF).....                                    | 78 |
| Practice-Based Learning and Improvement (PBL & I).....         | 78 |
| Systems-Based Practice (SBP) .....                             | 79 |
| Interprofessional Collaboration (IC) .....                     | 80 |
| Personal and Professional Development (PPD) .....              | 81 |
| Clinical Expectations .....                                    | 82 |
| Psychiatry Op-Log Requirements .....                           | 82 |

|  |     |
|--|-----|
| Procedures.....  | 83  |
| Integration Threads.....   | 84  |
| Geriatrics.....  | 84  |
| Basic Science.....   | 84  |
| Ethics and Professionalism.....  | 84  |
| Patient care-boundaries issues in Psychiatry Communication Skills..... | 84  |
| Psychiatry Clerkship Components.....                                   | 85  |
| Rotations.....   | 85  |
| Sample Psychiatry Clerkship Schedules.....                             | 85  |
| Longitudinal Selective in Psychiatry.....                              | 87  |
| Clerkship Assessments.....   | 91  |
| Outpatient Psychiatry Clerkship Assessment.....                        | 91  |
| Inpatient Psychiatry Clerkship Assessment.....                         | 93  |
| Mid-Clerkship Feedback.....  | 94  |
| Student Presentation Assessment.....                                   | 94  |
| End of Clerkship Assessment.....                                       | 96  |
| Student Responsibilities and Mandatory Clerkship Activities.....       | 98  |
| General Clerkship Requirements.....                                    | 99  |
| Attendance:.....   | 99  |
| Wednesday Afternoon Lecture Presentation.....                          | 100 |
| Mid-Clerkship Feedback.....  | 100 |
| Reading Materials.....   | 100 |
| Student Healthcare Matrix.....   | 104 |
| Healthcare Matrix Instructions:.....                                   | 105 |
| Psychiatry Clerkship Orientation.....                                  | 106 |
| Psychiatry Clerkship Didactic Activities.....                          | 106 |
| NBME in Psychiatry.....  | 115 |
| What Does it Take to Do Well on Psychiatry NBME?.....                  | 116 |

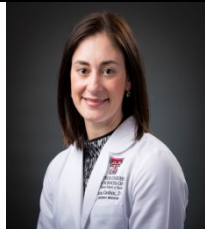


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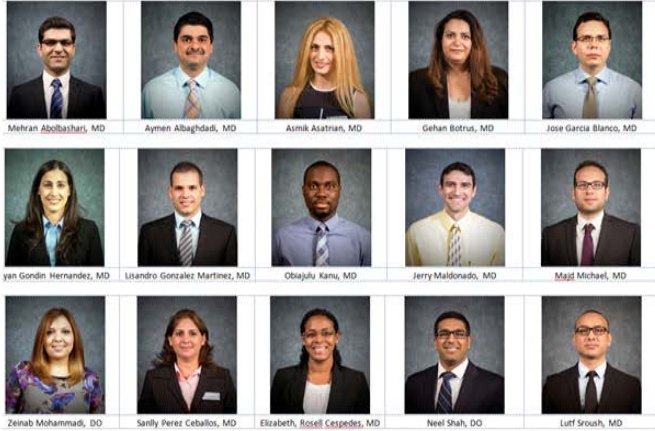
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**PGY 1s**



**PGY 2s**



**PGY 3s**

**Chief Residents**





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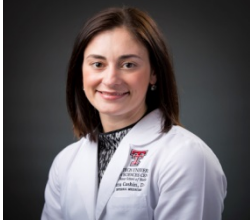
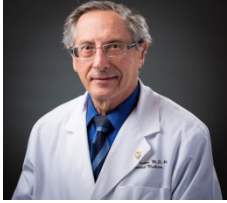

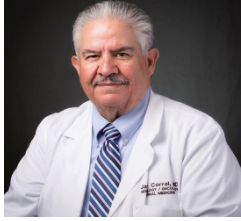

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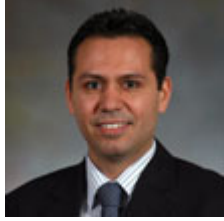






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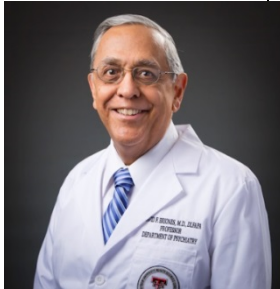

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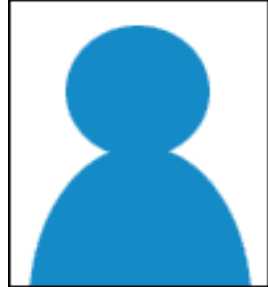
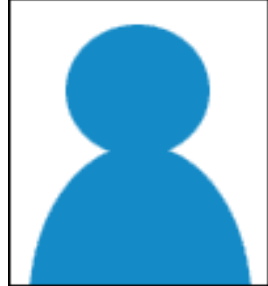
| <u>Psychiatry Clerkship Contact Information</u> |  |                    |  |   |   |
|---|--|--------------------|--|---|---|
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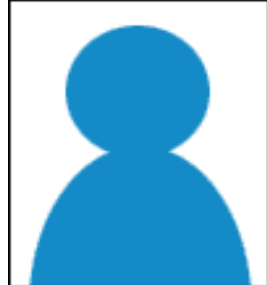

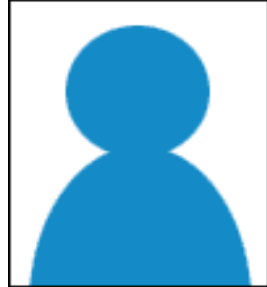
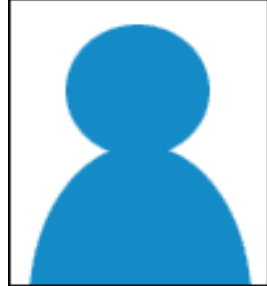
|     |  |                    |  |   |   |
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|-----|--|--------------------|--|---|---|

| <b>Psychiatry Clerkship Locations and Contact Information</b> |  |                     |                                     |                     |                |
|---|--|---------------------|-------------------------------------|---------------------|----------------|
| <b>Location</b>   | <b>Clerkship Rotations</b>                         | <b>Contact Name</b> | <b>Faculty</b>                      | <b>Address</b>      | <b>Phone</b>   |
| <b>El Paso Psychiatric Center (EPPC)</b>                      | Inpatient, Outpatient                              | Judy Sweetnam       | Ames Marquez, MD                    | 4615 Alameda        | (915) 532-2202 |
| <b>El Paso Behavioral Health (EPBH)</b>                       | Inpatient and Inpatient Longitudinal Selective     | Diana Ketterling    | Bachir Debba, MD; Nora Choubkha, MD | 1900 Denver         | (915) 544-4000 |
| <b>TTUHSC Child Psych Clinic</b>                              | Outpatient and Outpatient Longitudinal Selective   |                     | Shivani Mehta, MD                   | 800 N. Mesa         | (915) 215-6170 |
| <b>El Paso Sleep Center/Westside</b>                          | Outpatient and Sleep Center Longitudinal Selective | Lili Hernandez      | David Briones, MD; Gonzalo Diaz, MD | 4305 N. Mesa, Ste B | (915) 779-7378 |
| <b>El Paso Sleep Center/Eastside</b>                          | Sleep Center Longitudinal Selective                | Lili Hernandez      | Gonzalo Diaz, MD                    | 3030 Joe Battle     | (915) 779-7378 |
| <b>Child Guidance Center</b>                                  | Child Guidance Longitudinal Selective              | Sue Jacobson        | Cecilia DeVargas, MD                | 2701 E. Yandell     | (915) 562-1999 |
| <b>Texas Neurodiagnostics</b>                                 | Neurology Clinic Longitudinal Selective            | Maga                | Boris Kaim, MD                      | 2311 N. Mesa        | (915) 544-6400 |
| <b>Mentis</b>   | Mentis Longitudinal Selective                      | Johnny Dennis       | Zoraya Parrilla, MD                 | 4360 Doniphan       | (915) 351-4441 |
| <b>Family Services of El Paso</b>                             | Outpatient   |                     | Mohamed Ataalla, MD                 | 6040 Surety         | (915) 781-9930 |
| <b>Project Vida</b>   | Outpatient   |                     | Mohamed Ataalla, MD                 | 3607 Rivera Ave     | (915) 533-7057 |
| <b>Dr. Borrego</b>  | Outpatient   |                     | Ed J. Borrego, MD                   | 5736 N. Mesa        | (915) 842-9585 |






|                                    |  |                  |   |                  |                |
|------------------------------------|--|------------------|---|------------------|----------------|
| <b>El Paso Psychotherapy</b>       | Psychotherapy Longitudinal Selective   |                  | Rafael Aguirre                              | 905 Noble        | (915) 351-3988 |
| <b>UMC ER Zone C</b>               | Outpatient Adult C/L and Adult C/L Longitudinal Selective  |                  | Henry Weisman, MD and Silvina Tonarelli, MD | 4815 Alameda Ave | (915) 544-1200 |
| <b>El Paso Children's Hospital</b> | Child C/L (students meet in EPPC Basement, Medical Student Cubicle and are escorted to EPCH by Psych Fellow) | Psych CAD Fellow |   | 4845 Alameda Ave |                |
| <b>WBAMC (potential site)</b>      |  |                  |   |                  |                |




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## **Block Information**

The MS III PSYCHIATRY/INTERNAL MEDICINE BLOCK will be a 16 week block in which the student will have an opportunity to integrate teaching experiences between these two disciplines, learning and understanding the interface between medical conditions of patients evaluated in the Internal Medicine rotation and psychiatric conditions that commonly go together. The IM/Psych clerkship will be a full time clinical rotation.

### **Why Shared Topics Were Chosen**

The shared topics in Psychiatry/Internal Medicine were chosen where the overlap of the two specialties is the most obvious. This is to emphasize to the students that no matter which rotation they may be on, they will need to consider whether their patient has an apparent medical condition due to a psychiatric illness, or do they have a medical illness presenting as a psychiatric illness, or they have both a medical and psychiatric illness. Bio-psychosocial interviews will be stressed in psychiatry. A critical part of the biological sphere is considering any possible medical condition which could be contributing to the psychiatric presentation. The other important part which is stressed from the biological sphere is the medications for medical reasons that might contribute to the psychiatric presentation of a patient.

The overlap of these two specialties is particularly relevant when one considers that 50% or more of the patients in a medical clinic may have a diagnosable psychiatric illness. On the other hand, 10% of self-referred psychiatric patients are felt to have psychiatric symptoms due to a medical illness. These topics were chosen to stress this interface between these two specialties.

## **INTEGRATED BLOCK GOALS:**

- The student understands and is familiarized with the interface between psychiatric and medical conditions
- The student understands the basic evaluation and management of patients who have concomitant medical and psychiatric conditions in various treatment settings
- The student can demonstrate patient centered care in the co-management of medical and psychiatric conditions
- The student has understanding of psychiatric presentations of medical illness
- Through these teaching and learning experiences, students will be well prepared to do well on both the Internal Medicine and Psychiatry NBME shelf-exams.

## **Block Scheduling Information**

This block achieves the goals by weaving block (shared) activities with clerkship specific activities. Each of you will be assigned to one of five groups. These groups will be assigned to specific educational activities by three week intervals.

Within any week, there will be some events that all students in the rotation, regardless of where they are in the block schedule, will be expected to attend. These include the orientation to the block and Wednesday afternoon didactic sessions.

The following tables provide an overview of the block and general weekly schedule.

**Block Schedule by Group**

|            | <b>1<sup>st</sup> 3 weeks</b> | <b>2<sup>nd</sup> 3 weeks</b> | <b>3<sup>rd</sup> 3 weeks</b> | <b>4<sup>th</sup> 3 weeks</b> | <b>5<sup>th</sup> 3 weeks</b> |
|------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Group A,1  | Internal Medicine Wards       | Outpatient Psychiatry         | Internal Medicine Wards       | Inpatient Psychiatry          | Internal Medicine Selective   |
| Group B,2  | Outpatient Psychiatry         | Internal Medicine Wards       | Inpatient Psychiatry          | Internal Medicine Selective   | Internal Medicine Wards       |
| Group C,3  | Internal Medicine Wards       | Inpatient Psychiatry          | Internal Medicine Selective   | Internal Medicine Wards       | Outpatient Psychiatry         |
| Group D,4  | Inpatient Psychiatry          | Internal Medicine Selective   | Internal Medicine Wards       | Outpatient Psychiatry         | Internal Medicine Wards       |
| Group E, 5 | Internal Medicine Selective   | Internal Medicine Wards       | Outpatient Psychiatry         | Internal Medicine Wards       | Inpatient Psychiatry          |

**Internal Medicine/Psychiatry Didactic Activities:**

Psychiatric seminars that are shared with Internal Medicine:

This table provides you with the block activities by topic. In addition, the table provides the objectives for each activity, the faculty expected to provide the activity, a list of recommended readings for each week. You are responsible for both the activities in this table and the activities that are in your clerkship table. Students’ knowledge of the didactic topics will be assessed in any of the following ways: faculty observation, NBME, OSCE, and/or weekly tests.

| Topic Activity   | Objectives  | Faculty                                       |
|--|---|---|
| <p><b>Diabetes Mellitus</b></p>  | <ul style="list-style-type: none"> <li>• Define the criteria for the diagnosis of diabetes.</li> <li>• Apply to the following clinical presentation schemes to the evaluation of patients with these problems :                             <ol style="list-style-type: none"> <li>1. Diabetes and Obesity</li> <li>2. Diabetes/Hyperlipidemia</li> <li>3. Weight Gain/Obesity</li> </ol> </li> <li>• Discuss the questions to be addressed on the history, and describe the physical findings to look for on examinations of a patient with diabetes mellitus.</li> <li>• Recognize the medications used for treatment of diabetes and how they are given</li> <li>• Recognize how to screen for complications of diabetes mellitus and discuss the importance of this screening</li> <li>• Describe the common complications of diabetes mellitus and how they are treated</li> <li>• Describe the psychiatric manifestations of diabetes mellitus and hypoglycemia.</li> </ul> | <p>Tamis Bright, MD<br/>Henry Weisman, MD</p> |
| <p><b>Associated Readings: IM Essentials; Section 2; 60-64, Cecil Essentials of Medicine 9<sup>th</sup> Edition; Section x: chapter 66: pg 657-674</b></p> |   |   |

| Topic Activity  | Objectives   | Faculty   |
|---|--|---|
| <b>Thyroid and Adrenal Disorders</b>  | <ul style="list-style-type: none"> <li>Recognize the signs and symptoms of hypothyroidism and hyperthyroidism</li> <li>Review the appropriate work-up to diagnose the various adrenal disorders</li> <li>Identify the usual treatment of adrenal disorders</li> <li>Discuss the work-up and treatment of thyroid disorders.</li> </ul>   | Tamis Bright, MD<br>Henry Weisman, MD                           |
| <b>Associated readings: IM Essentials; section 2; 48-59, Cecil Essentials of Medicine 9<sup>th</sup> Edition; Section x: chapter 63-64 : pg 633-651</b> |  |   |
| Topic Activity  | Objectives   | Faculty   |
| <b>Review of Substance Abuse Scheme</b>   | <ul style="list-style-type: none"> <li>Review Scheme on Substance Abuse from Year II</li> </ul>  | Student supervised by:<br>Psychiatry Faculty or Senior Resident |
| <b>Psychiatry of Drug Abuse</b>   | <p>Brief review of Substance Abuse Scheme<br/>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>Describe the criteria for drug abuse/dependency and types of drug usage.</li> <li>Describe abuse/dependency of opioids including location of action, symptoms of intoxication and withdrawal.</li> <li>Describe sedative-hypnotic abuse/dependency.</li> <li>Describe hallucinogens intoxication and complications of usage.</li> <li>Describe stimulant intoxication, withdrawal, and complications of usage.</li> <li>Describe abuse of inhalants, nicotine and anabolic steroids.</li> </ul>  | Student supervised by:<br>Psychiatry Faculty                    |
| <b>Psychiatry of Alcohol</b>  | <p>Brief review of Substance Abuse Scheme.<br/>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>Discuss epidemiology of alcoholism and its comorbidities.</li> <li>Describe criteria for alcohol abuse and dependency.</li> <li>Describe the screening for alcoholism and diagnostic blood tests.</li> <li>Describe the subtypes of alcoholism, pathological intoxication, and alcohol psychotic disorder with hallucinations.</li> <li>Describe alcohol withdrawal, delirium tremens, and detoxification.</li> <li>Describe Fetal Alcohol Syndrome, Wernicke Encephalopathy and Korsakoff's Syndrome.</li> <li>Describe the medication and non-medication treatment for alcoholism.</li> </ul> | Student supervised by:<br>Psychiatry Faculty                    |
| <b>Associated Readings</b>  |  |   |



| <b>Scheme for Substance Abuse; Chapters 16, 17 &amp; 26 from House Officers Series Psychiatry. 7th ed. by David A. Tomb; Student generated study notes (handouts) on Psychiatry of Alcohol, Psychiatry of Drug Abuse</b> |   |                                 |
|--|---|---------------------------------|
| <b>Topic Activity</b>  | <b>Objectives</b>   | <b>Faculty</b>                  |
| <b>Conditions which Mimic Physical Disease</b>   | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Understand the frequency of undetected physical illness and the importance of a high suspicion index and good medical evaluation.</li> <li>• Describe conditions which manifest early in a person’s life, including Somatization Disorder, Conversion Disorder, Body Dysmorphic Disorder, and Hypochondriasis.</li> <li>• Describe the condition which usually manifests later in life (Pain Disorder)</li> <li>• Describe condition where there is a simulation of physical symptoms including Malingering and Factitious Disorder.</li> <li>• List the treatment for the various Somatoform Disorders.</li> <li>• Cases will be presented by Dr. Weisman in order to solidify the students’ learning.</li> </ul> | Henry Weisman, MD<br>IM Faculty |
| <b>Somatoform Disorder Cases</b>   | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe the basic concept of somatoform disease</li> <li>• Identify the different somatoform disorders when given a representative case</li> <li>• List and define the somatoform illnesses, factitious disorders and malingering</li> <li>• Further goals include the participant being able to define the concept of “symptom” and the levels of perception and understanding of symptoms</li> <li>• The participant should be able to define the concept of psychosomatic” illness in its various contexts.</li> </ul>   | Henry Weisman, MD<br>IM Faculty |
| <b>Associated Readings: Chapter 11 from House Officers Series Psychiatry. 7th ed. by David A. Tomb, DSM-IV-TR, Student generated study notes (handout)</b>   |   |                                 |

| <b>Topic Activity</b>                           | <b>Objectives</b>  | <b>Faculty</b>   |
|---|--|--|
| <b>Interprofessional Colloquium I: Delirium</b> | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• List the symptoms frequently seen in delirium</li> <li>• List common etiologies of delirium including medications</li> <li>• Treatment of delirium</li> </ul> | Laura Cashin, DO<br>Silvina Tonarelli, MD<br>Celeste Vinluan, PharmD |

|   |  |  |
|---|--|--|
| <p><b>Colloq II: Geriatrics</b></p>   | <p>Identify:</p> <ul style="list-style-type: none"> <li>• Physiological changes of aging</li> <li>• Geriatric Assessment</li> <li>• Polypharmacy</li> <li>• Falls and gait instability</li> <li>• Health care financing for the elderly</li> <li>• The student should be able to describe some of the psychiatric issues associated with the elderly.</li> </ul>   | <p>Ricardo Salazar, MD<br/>Paul Casner, MD<br/>Celeste Vinluan, PharmD</p> |
| <p><b>Neurocognitive disorders with focus on dementia</b></p>   | <p>Review of Dementia Scheme<br/>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe the early and late symptoms that might be present in a person with dementia.</li> <li>• Describe the physical findings, laboratory tests and psychological testing for people suspected of having dementia.</li> <li>• Contrast the major types of dementia including Alzheimer’s, Lewy Body and Vascular Dementias.</li> <li>• Describe Dementia due to General Medical Condition including Normal Pressure Hydrocephalus, Creutzfeldt-Jakob, Huntington’s chorea, Parkinson’s Disease, etc.</li> <li>• Describe treatment options for patients with dementia.</li> <li>• Describe Amnestic Syndrome due to a General Medical Condition and Substance-Induced Persisting Amnestic Disorder.</li> <li>• Describe Catatonic Disorder due to a General Medical Condition and</li> <li>• Personality Change due to a General Medical Condition</li> </ul> | <p>Silvina Tonarelli, MD</p>   |
| <p><b>Death disability and dying: Delivering bad news</b></p> <p><b>Standardized patients at ATACS</b></p>  | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Deliver bad news</li> <li>• List the stages of grief associated with dying and treatment options for people who are dying.</li> <li>• Contrast normal and abnormal grief and contrast with depression</li> <li>• Describe situations that might make a person more vulnerable to grief reactions</li> <li>• Describe the various treatment options for normal and abnormal grief</li> <li>• Identify the impact of individual culture in discussing grief and dying</li> </ul>  | <p>Psychiatry Faculty<br/>IM Faculty</p>                                   |
| <p><b>Associated Readings:</b><br/><b>Scheme on Dementias; Chapters 5, 6, and 10 from House Officers Series Psychiatry. 7th ed. by David A. Tomb; Student generated study notes (handout) on Dementia, Delirium, and Amnestic and other Cognitive Disorders; and Grief and the Dying patient.</b></p> |  |  |

| Topic Activity                   | Objectives  | Faculty                                   |
|----------------------------------|---|---|
| <b>Sleep Disorder Cases</b>      | The student should demonstrate the ability to: <ul style="list-style-type: none"> <li>• Contrast normal sleep architecture for both NREM and REM sleep.</li> <li>• Describe the Dysomnias including Primary Insomnia, Primary Hypersomnia, Narcolepsy, Breathing-Related Sleep Disorders, and Circadian-Rhythm Sleep Disorders</li> <li>• Describe the Parasomnias including Nightmare Disorder, Sleep Terror Disorder, and Sleepwalking Disorder</li> <li>• Describe the treatment of dyssomnias, including behavioral and pharmacotherapies and other specific interventions (continuous positive airway pressures, CPAP)</li> <li>• Describe other sleep disorders including Situational Insomnia, Conditioned Insomnia, Insomnia related to other mental disorders, Sleep Disorders due to a General Medical Condition and Substance Induced Sleep Disorder.</li> <li>• Cases will be presented to Dr. Briones to solidify the students' learning.</li> </ul> | David Briones, M.D<br>Aghaegbulam Uga, MD |
| <b>Associated readings</b>       | Associated readings:<br>Chapter 19 & 25 from House Officers Series Psychiatry. 7th ed. by David A. Tomb.<br>Student generated study notes (handout) on Sleep Disorders and Legal Issues.  |   |
| <b>Legal Issues</b>              | The student should demonstrate the ability to: <ul style="list-style-type: none"> <li>• To review the interface between medicine (particularly psychiatry) and the law.</li> <li>• To discuss the key points a physician needs to know about civil commitment.</li> <li>• To discuss the right to treatment and refuse treatment.</li> <li>• To discuss various mental competencies that physicians are often asked to assess.</li> <li>• To discuss the role of the physician in court, including the role of an expert witness.</li> </ul>  | Psychiatry Faculty<br>IM Faculty          |
| <b>Associated readings:</b> none |   |   |

| Topic Activity | Objectives | Faculty |
|----------------|------------|---------|
|----------------|------------|---------|

|  |  |  |
|--|--|--|
| <p><b>Psychiatric Presentation of Neurological Disease Clinical Vignettes</b></p>  | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe the psychiatric symptoms that result from various parts of the brain (frontal lobes, temporal lobes, parietal lobes, occipital lobes).</li> <li>• Describe the psychiatric presentation of various neurological diseases.</li> <li>• Describe symptoms and treatment for Tourette’s Disorder</li> </ul>  | <p>Silvina Tonarelli, MD<br/>Ricardo Salazar, MD</p> |
| <p><b>Psychiatric Presentations of Medical Disease Clinical Vignettes</b></p>  | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Discuss of the frequency of psychiatric disorders in medical patients and the frequency of medical conditions in psychiatric patients.</li> <li>• Describe conditions that might have psychiatric symptoms by various presentations including anxiety, depression and mixed psychotic-hysterical symptoms.</li> <li>• Describe psychiatric symptoms seen in cardiovascular disease, endocrine disorders, and infections.</li> <li>• Describe the psychiatric presentation of various other conditions including Acute Intermittent Porphyria, Wilson’s Disease,</li> <li>• Pellagra, SLE, Pernicious Anemia, Pancreatic Carcinoma, COPD, and Irritable Bowel Syndrome.</li> </ul> | <p>Aghaegbulam Uga, MD</p>                           |
| <p><b>Psychosomatic Disorders Clinical Vignettes</b></p>   | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe both a psychosomatic disorder and psychological factors affecting medical conditions.</li> <li>• Understand the importance of stress in production of both psychiatric and medical diseases.</li> <li>• List characteristics of Type A personality and understand the importance in cardiovascular diseases.</li> <li>• Describe the physiological mechanisms believed to be important in the production of psychosomatic disorders.</li> <li>• Describe various psychosomatic conditions by organ system.</li> </ul>  | <p>Aghaegbulam Uga, MD</p>                           |
| <p><b>Associated readings:</b><br/> <b>Chapters 11, 12, 14 and 15 from their House Officers Series Psychiatry. 7th ed. by David A. Tomb.</b><br/> <b>Student generated study notes (handout) on Psychiatric Symptoms of Non-Psychiatric Medications, Psychiatric Presentation of Medical Disease, Psychiatric Presentation of Neurological Disease, and Psychosomatic Disorders and Student generated study notes.</b></p> |  |  |

|                       |                   |                |
|-----------------------|-------------------|----------------|
| <b>Topic Activity</b> | <b>Objectives</b> | <b>Faculty</b> |
|-----------------------|-------------------|----------------|

|   |  |  |
|---|--|--|
| <b>Teaching Rounds with Internal Medicine and Matrix form</b> | <ul style="list-style-type: none"><li>• Provide the students with the opportunity to discuss the overlap of Psychiatric and Internal Medicine problems in teaching rounds.</li><li>• Participate in multidisciplinary rounds with social work, physical therapy, nutritional sciences and geriatrics</li></ul> | Laura Cashin, DO<br>Psychiatry Faculty<br>or<br>Aghaegbulam Uga,<br>MD<br><br>Multidisciplinary<br>faculty and staff |
|---|--|--|

## **Internal Medicine Clerkship**

### **Clerkship Learning Objectives**

#### **Knowledge for Practice**

*GOAL:* The student will develop basic competencies in evaluation and management of adult patients and build a core knowledge of common diseases seen in Internal Medicine. The learner will demonstrate the ability to acquire, critically interpret, and apply this knowledge in the care of patients.

*OBJECTIVES:*

- a) Evaluate a minimum of one real or simulated patient from each group of 10 diagnostic categories (table on page 38) for Internal Medicine disease processes, supported by revisiting the clinical presentation diagnostic schemes employed in years 1-2 (1.1).

#### **Patient Care (PC)**

*GOAL:* Students must be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health as indicated in the institutional goals and objectives.

**OBJECTIVES:**

- a) Demonstrate the ability to perform and accurately record a complete history and physical examination on hospitalized and ambulatory patients and develop diagnosis and management skills. (1.1, 1.2, 1.3)
- b) Demonstrate efficient use of diagnostic testing, including the understanding of basic procedures commonly performed on the internal medicine wards, and display the ability to provide information needed by the patient to provide informed consent for such procedures. (1.3, 1.8)
- c) Maintain adequate written records on the progress of illnesses of each assigned patient and communicate effectively, both orally and in writing, with patients and their families. (1.7, 4.1)

#### **Interpersonal and Communication Skills (ICS)**

*GOAL:* Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and professional associates.

**OBJECTIVES:**

- a) Communicate effectively with both colleagues and patients, including discussing with the patient (and family as appropriate) ongoing health care needs, using appropriate language, and avoiding jargon and medical terminology. (4.1, 4.2)

- b) Communicate effectively with patients and families who speak another language, with the support of trained interpreters as needed, maintaining professional and appropriate personal interaction. (4.1)

### **Professionalism/Ethics (PROF)**

*GOAL:* The student will demonstrate a commitment to meeting professional responsibilities and adherence to high ethical standards.

#### **OBJECTIVES:**

- a) Demonstrate sensitivity and compassion to the diverse factors affecting patients and their health care beliefs and needs, including age, gender, sexual orientation, religion, culture, income and ethnicity. (5.1)
- b) Show respect for each patient's unique needs and background and how these factors affect the patient's concerns, values and health care decisions. (5.1, 5.6)
- c) Demonstrate demeanor, speech, and appearance consistent with professional and community standards. (5.1)
- d) Display dedication to the highest ethical standards governing physician-patient relationships, including privacy, confidentiality, and the fiduciary role of the physician and health care systems. (5.1, 5.5)

### **Practice Base Learning and Improvements (PBL)**

*GOAL:* Student must be able to learn, investigate and evaluate his or her patient care practice, appraise and assimilate scientific evidence, and improve his or her patient care practices through continuous self-directed learning.

#### **OBJECTIVES:**

- a) Utilize varied methods of self-directed learning and information technology to acquire information in the basic and clinical sciences needed for patient care. (3.1)
- b) Demonstrate continuous efforts to improve clinical knowledge and skills through effective use of available learning resources and self-directed learning. (3.3,3.4)
- c) Accurately assess the limits of his or her own medical knowledge in relation to patients' problems, accept feedback from the faculty, and apply feedback to improve clinical practice. (3.3,3.4)

### **System Based Practice (SBP)**

*GOAL:* Students must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, and demonstrate the ability to effectively utilize system resources to provide care that is optimal.

#### **OBJECTIVES:**

- a) Describe the organization of the system for health care delivery and the professional, legal, and ethical expectations of physicians. (6.1, 6.2)
- b) Understand and utilize ancillary health services and sub-specialty consultants properly. (6.4)



### **Interprofessional Collaboration (IC)**

**GOAL:** Students must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, and demonstrate the ability to effectively utilize system resources to provide care that is optimal.

**OBJECTIVES:**

- a) Describe the organization of the system for health care delivery and the professional, legal, and ethical expectations of physicians. (6.1, 6.2)
- b) Understand and utilize ancillary health services and sub-specialty consultants properly. (6.4)

### **Personal and Professional Development (PPD)**

**GOAL:** Students must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, and demonstrate the ability to effectively utilize system resources to provide care that is optimal.

**OBJECTIVES:**

- a) Describe the organization of the system for health care delivery and the professional, legal, and ethical expectations of physicians. (6.1, 6.2)
- b) Understand and utilize ancillary health services and sub-specialty consultants properly. (6.4)

### Clinical Expectations

During this clerkship, students are expected to evaluate patients with at least one of the conditions or presentations from each of the ten diagnostic categories below:

| Diagnostic Category | PLFSOM Clinical Presentation Schemes   | <i>Conditions or Presentations</i>  |
|---------------------|--|---|
| Cardiovascular      | <ul style="list-style-type: none"> <li>• Chest discomfort</li> <li>• Abnormal heart sounds</li> <li>• Heart murmurs</li> <li>• Syncope (see also neurological category)</li> <li>• Palpitations</li> <li>• Abnormal blood pressure</li> </ul>  | Chest Pain (including CAD/MI)<br>Heart failure<br>Arrhythmia<br>Hypertension<br>Shock<br>Thromboembolism                      |
| Respiratory         | <ul style="list-style-type: none"> <li>• Dyspnea</li> <li>• Pleural abnormalities</li> <li>• Cough</li> <li>• Wheezing</li> <li>• Cyanosis</li> <li>• Hemoptysis</li> </ul>  | Cough<br>Dyspnea<br>COPD<br>Asthma<br>Pneumonia<br>Pulmonary embolus  |
| Renal/Genitourinary | <ul style="list-style-type: none"> <li>• Abnormalities of renal function</li> <li>• Disorders of serum Na<sup>+</sup></li> <li>• Intrinsic renal disease</li> <li>• Abnormalities of hydrogen ion concentration</li> <li>• Hypertension</li> <li>• Renal failure: Acute</li> <li>• Renal failure: Chronic</li> <li>• Male genitourinary disorders</li> </ul> | Dysuria<br>Acute kidney injury<br>Chronic kidney disease<br>Nephrolithiasis<br>Fluid, electrolyte and acid-base disorders     |
| Infectious Diseases | <ul style="list-style-type: none"> <li>• Abnormal temperature/Fever</li> </ul>   | HIV Infection/AIDS<br>Sepsis<br>UTI/Urosepsis<br>Cellulitis<br>Nosocomial infections  |
| Gastrointestinal    | <ul style="list-style-type: none"> <li>• Vomiting/Nausea</li> <li>• Diarrhea</li> <li>• Abdominal distention</li> <li>• Abdominal pain</li> <li>• Constipation</li> <li>• GI bleed</li> <li>• Liver function test abnormalities, Jaundice</li> </ul>   | Abdominal pain<br>Gastrointestinal bleed (upper or lower)<br>Liver disease<br>Pancreatitis<br>Ascites<br>Peptic ulcer disease |
| Endocrine           | <ul style="list-style-type: none"> <li>• Diabetes, Hyperlipidemia</li> <li>• Hypothalamus/Pituitary axis</li> <li>• Disorders of thyroid function</li> <li>• Weight gain, obesity</li> </ul>   | Diabetes Mellitus<br>Dyslipidemias<br>Obesity<br>Thyroid disease<br>Adrenal disease   |

|                           |   |   |
|---------------------------|---|---|
| Hematology/Oncology       | <ul style="list-style-type: none"> <li>• Abnormal hemoglobin</li> <li>• Abnormal white blood cells</li> <li>• Lymphadenopathy</li> <li>• Coagulation abnormalities</li> </ul>   | <p>Anemia<br/>Thrombocytopenia<br/>Coagulopathy<br/>Cancer</p>  |
| Rheumatology              | <ul style="list-style-type: none"> <li>• Joint pain</li> <li>• Numbness and pain</li> </ul>   | <p>Arthritis<br/>Vasculitis<br/>Lupus/SLE</p>   |
| Neurology                 | <ul style="list-style-type: none"> <li>• Syncope (see also cardiovascular category)</li> <li>• Seizures and epilepsy</li> <li>• Stroke and aphasia</li> <li>• Delirium, stupor, and coma</li> </ul>   | <p>Stroke/CVA<br/>Syncope/Dizziness<br/>Epilepsy<br/>Altered mental status</p>  |
| General Internal Medicine | <ul style="list-style-type: none"> <li>• Substance abuse, withdrawal</li> <li>• Mood disorders</li> <li>• Panic and anxiety</li> <li>• Numbness and pain</li> <li>• Skin rashes</li> <li>• Skin ulcers (benign and malignant)</li> <li>• Itching</li> <li>• Hair and nail disorders (alopecia)</li> </ul> | <p>Drug toxicity<br/>Fever<br/>Rash/Cutaneous eruption<br/>Psychiatric disease, e.g., major depression, bipolar disorder, anxiety disorder<br/>Substance abuse (alcohol, drug)<br/>Pain<br/>Testing/diagnostic evaluation</p> |

### **Integration Threads**

*Integration Threads represent topics that can arise in more than one clerkship or year of the curriculum. As such, they represent topics that may address horizontal integration (between more than one clinical specialty) or vertical integration (e.g. revisiting the basic science areas).*

|                           |                        |  |
|---------------------------|------------------------|--|
| X Geriatrics              | X Patient Safety       | X Communication skills                   |
| X Basic science           | -- Pain Management     | X Diagnostic Imaging                     |
| X Ethics                  | X Chronic Illness Care | -- Clinical Pathology                    |
| X Professionalism         | X Palliative Care      | X Clinical and/or Translational Research |
| X Evidence Based Medicine | X Quality Improvement  |  |

### **Internal Medicine Threads**

#### **GERIATRICS**

- Interprofessional Colloquium (IPC) Geriatrics
- In patient daily rounds discussions
- Morning report discussions

#### **ETHICS AND PROFESSIONALISM**

- In-patient bedside rounds discussions
- Morning report discussions led by Dr. Cashin/ Dr. Uga
- IM/Psych Seminars and
- Observed History and Physical

**EBM (EVIDENCE BASED MEDICINE)**

- Morning report case presentations with EBM assignment
- One on one student interaction with librarian
- OSCE

#### **PATIENT SAFETY**

- Live seminar by Dr. Francis
- Inpatient bedside rounds

#### **CHRONIC ILLNESS CARE**

- Geriatrics IPC, live didactic lectures and video topics in IM
- In-patient daily rounds
- Shared topic discussion (seminars on DM, combines IM/Psych seminars and Inter-professional Colloquium.)

#### **COMMUNICATION SKILLS**

- Discussed in orientation PowerPoint presentation given by Dr. Cashin
- In-patient bedside rounds
- Observed History and Physical
- OSCE

#### **CLINICAL/TRANSLATIONAL RESEARCH**

- Seminar by Sean Connery

### **Assignment Summary/ Portfolio Contents**

Documentation of each student's experience during the Internal Medicine component of the combined Internal Medicine and Psychiatry Clerkship is contained in an individually assigned student portfolio.

The portfolio is thus used to document student progression towards the learning objectives of the clerkship experiences.

Failure to turn in the following assignments prior to the end of the rotation or assigned due date will result in a "needs improvement" in the competency of professionalism.

#### **H&Ps - 14 minimum (Need minimum of 5 by Mid Rotation Evaluation)**

- Refer to sample H and P on Canvas
- Signed and reviewed by attending or senior resident
- 1-2 per call day (1 on short call; 2 on long call)
- submitted to clerkship coordinator

#### **Observed H&P - ONE with assigned attending, e-mail will be sent. Grade of <70% will require remediation.**

- submitted to clerkship coordinator
- see appendix Figure 1 on page 63 for the form. Full sized form located on Canvas.

#### **OPLog - 30 entries minimum to pass**

- 20 from inpatients and 10 from other categories in the ambulatory care setting
- 15 patients entered by Mid Rotation Evaluation (see midclerkship section below for more details)
- Conditions in red are mandatory
- 30 total patients entered on last day of Clerkship
- see appendix Figure 7 on page 72
- entered on CHAMPS
- The mandatory conditions in red highlighting found in the appendix must be entered by the eighth week of the students nine weeks spent on Internal Medicine. If this log is not complete at that time, additional learning activities will be assigned. This could include reading from Internal Medicine Case Files to be discussed with the clerkship director. The other possibility would be to have the student return in their fourth year for an additional two weeks to see the expected number of cases in all categories. It is expected that this latter possibility would be rarely necessary.

#### **MKSAP – 7 sessions, see schedule for due dates. Electronic submission on Canvas**

- answers submitted on Canvas
- schedule can be found on Canvas

**Mid-Rotation Evaluation** - appointed date & time after 1<sup>st</sup> Ward Rotation

-assigned by coordinator

**ECG II and III Memos** – answers to pre-test for sessions II, III

-forms located on Canvas

-forms turned in to coordinator

**Bedside rounds 31 in 3 form**- 2 submitted following case presentation given at bedside rounds

-see appendix Figure 2 page 64

-see Canvas for schedule

-collected by bedside rounds faculty

**Educational prescription/ EBM worksheet**– Following the students first bedside rounds case presentation, an education prescription form will be completed and provided by bedside rounds faculty. Students will review the assignment with their assigned librarian and complete an EBM worksheet which will be presented to peers at an assigned date.

-see appendix Figure 3 page 65 for educational prescription

-EBM worksheet is not included in the syllabus and will be provided from the librarian

-see Canvas for schedule

-assigned librarians located on Canvas

-EBM worksheet collected by bedside rounds faculty

**Health matrix form** – Submitted following second bedside rounds presentation. Student will present and discuss patient at multi-disciplinary rounds with their team and complete a health matrix form.

-see appendix Figure 4 page 66

-form signed by intern or senior resident following multi-disciplinary rounds as evidence of your attendance

-submitted to coordinator

## Clerkship Components

### Rotations

The Internal Medicine component of this block consists of the following:

- Internal Medicine In-patient ward (6 weeks)
- Sub-specialty selective (3 week block)

### Selective

Available specialties are:

- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- Hematology/Oncology
- Nephrology
- Primary care
- Allergy-Immunology
- Infectious Diseases

The 3 week selective in Internal Medicine subspecialties can combine both ambulatory and inpatient experiences. The activities would vary according to the subspecialty. Each subspecialty would have a faculty or a coordinator as the contact person who would also manage the schedule and specifics of the rotations.

Examples of some activities in various subspecialties include:

| Subspecialty        | Activities   | Supervisor/Evaluator |
|---------------------|--|----------------------|
| Cardiology          | Clinics<br>Outpatient angiography<br>Diagnostic studies such as stress tests, ECGs and<br>Echocardiography | Faculty              |
| Dermatology         | Clinics  | Faculty              |
| Endocrinology       | Clinics/ Inpatient Consults  | Faculty              |
| Gastroenterology    | Clinics / Inpatient Consults<br>Endoscopies<br>Gastric emptying studies and gastric pacing                 | Faculty              |
| Hematology/Oncology | Clinics / Inpatient Consults   | Faculty              |
| Nephrology          | Clinics / Inpatient Consults<br>Outpatient dialysis unit rounds  | Faculty              |
| Primary care        | Clinics  | Faculty              |

## UMC Ward On-Call – Sample Weekly Schedule

| Day       | Activities   |
|-----------|--|
| Sunday    | 10:00 AM – 10:00 PM If team is on long call as scheduled<br>Free Day <b>IF</b> not on long call or post long day.  |
| Monday    | 7:30 AM – 8:30 AM: Resident (or MSIII) morning report.<br>9:00 AM – 12:00 PM Morning Rounds<br>12:00 – 1:00 Noon Conference  |
| Tuesday   | 7:30 AM – 8:30 AM: MS III (or Resident) morning report.<br>9:00 AM – 12:00 PM Morning Rounds<br>12:00PM -- 1:00PM: Residents as Teachers Presentation              |
| Wednesday | 7:30 AM – 8:30 AM: Resident (or MSIII) morning report.<br>9:00 AM – 12:00 PM Morning Rounds<br>12:00 – 1:00 Noon Conference<br>1:00 – 5:00 PM – IM/ Psych Didactic |
| Thursday  | 7:30 AM – 8:30 AM: MS III (or Resident) morning report.<br>9:00 AM – 12:00 PM Morning Rounds   |
| Friday    | 7:30 AM – 8:30 AM: Resident (or MSIII) morning report.<br>9:00 AM – 12:00 PM Morning Rounds<br>12:00 – 1:00 Noon Conference  |
| Saturday  | 10:00 AM – 10:00 PM If team is on long call as scheduled<br>Free Day <b>IF</b> not on long call or post long day.  |



## WBAMC Ward On-Call – Sample Weekly Schedule

- Students should not be scheduled for on-call or patient-care activities in excess of 80 hours per week.
- Students should not be scheduled for more than 16 continuous hours.
- Students should have at least one day off each week averaged over a one month period.
- Student not to have Wednesday off.

| <b>Day</b> | <b>Activities</b>  |
|------------|--|
| Sunday     | 9:00 AM – round with team  |
| Monday     | 7:45 AM – 9:00AM: Resident Morning Report<br>9:00 AM – 12:00 PM Morning Rounds<br>12:00 – 1:00 Noon Conference   |
| Tuesday    | 7:45 AM – 9:00 AM: Resident Morning Report<br>9:00 AM – 12:00 PM Morning Rounds<br>12:00 – 1:00 Noon Conference  |
| Wednesday  | 7:45 AM – 9:00 AM: Resident Morning Report<br>9:00 AM – 12:00 PM Morning Rounds<br>12:00 – 1:00 Noon Conference<br>1:00 – 5:00 PM – IM/ Psych Didactic |
| Thursday   | 7:45 AM – 9:00 AM: MS III (or Resident) morning report.<br>9:00 AM – 12:00 PM Morning Rounds<br>12:00 – 1:00 Noon Conference                           |
| Friday     | 7:45 AM – 9:00 AM: Resident morning report<br>9:00 AM – 12:00 PM Morning Rounds<br>12:00 – 1:00 Noon Conference  |
| Saturday   | 9:00 AM – round with team  |

### **Providence Ward On-Call – Sample Weekly Schedule**

- Students should not be scheduled for on-call or patient-care activities in excess of 80 hours per week.
- Students should not be scheduled for more than 16 continuous hours.
- Students should have at least one day off each week averaged over a one month period.
- Student not to have Wednesday off.

| <b>Day</b> | <b>Activities</b>  |
|------------|--|
| Sunday     | 7:00 AM – 8:30 AM: Review charts<br>9:00 AM – 12:00 PM Morning Rounds  |
| Monday     | 7:00 AM – 8:30 AM: Review charts<br>9:00 AM – 12:00 PM Morning Rounds  |
| Tuesday    | 7:30 AM – 8:30 AM: MS III (or Resident) morning report.<br>9:00 AM – 12:00 PM Morning Rounds                 |
| Wednesday  | 7:00 AM – 8:30 AM: Review charts<br>9:00 AM – 12:00 PM Morning Rounds<br>1:00 – 5:00 PM – IM/ Psych Didactic |
| Thursday   | 7:00 AM – 8:30 AM: Review charts<br>9:00 AM – 12:00 PM Morning Rounds  |
| Friday     | 7:00 AM – 8:30 AM: Review charts<br>9:00 AM – 12:00 PM Morning Rounds  |
| Saturday   | 7:00 AM – 8:30 AM: Review charts<br>9:00 AM – 12:00 PM Morning Rounds  |

### Selective - Sample Weekly Schedule

|                        | Monday  | Tuesday                           | Wednesday   | Thursday                          | Friday  |
|------------------------|---|-----------------------------------|---|-----------------------------------|---|
| <b>7:30 - 8:30 AM</b>  | Residents' morning report                         | Residents' morning report         | Residents' morning report                         | Residents' morning report         | Residents' morning report                         |
| <b>AM activities</b>   | Clinic or other clinical activity                 | Clinic or other clinical activity | Clinic or other clinical activity                 | Clinic or other clinical activity | Clinic or other clinical activity                 |
| <b>12:00 - 1:00 PM</b> | Noon Conference if cleared by supervising faculty |                                   | Noon Conference if cleared by supervising faculty |                                   | Noon Conference if cleared by supervising faculty |
| <b>PM activities</b>   | Clinic or other clinical activity                 | Clinic or other clinical activity | IM and Psychiatry Didactics                       | Clinic or other clinical activity | Clinic or other clinical activity                 |

### Midclerkship Evaluation

The midclerkship evaluation is a face to face one on one 15 minute session with the clerkship director. It is an opportunity for students to receive feedback to better improve their performance. It is also an opportunity for the students to voice any concerns regarding the clerkship.

The session will be scheduled after the first Internal Medicine ward rotation. Students will be notified regarding their assigned time by the clerkship coordinator in an email.

Items that should be included in the student's portfolio by this session include the following. Failure to have these minimal items completed by the session may lead to a "needs improvement" in the professionalism competency. See appendix figure 6 on page 71 or a sample midclerkship evaluation which will be completed by the clerkship director.

- At least 15 op-log entries (10 must be from inpatients and 7 from the highlighted red mandatory conditions/ diagnoses). See appendix figure 7 on page 72
- At least 5 of the 14 history and physical exams annotated and signed by faculty/ senior residents
- Up to date on assigned MKSAP assignments
- ECG II and III memos

## **End of Clerkship Evaluation/Requirements**

### End of Clerkship Evaluation

1. Knowledge for Practice
  - Grade -“Needs improvement, pass, honors”
  - Source:
    - 1.IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective
2. Patient Care and Procedural Skills
  - Grade – “Needs improvement, pass, honors”
  - Source
    - i. IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective
3. Interpersonal and Communication Skills
  - Grade – “Needs improvement, pass, honors”
  - Source
    - 1.IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective
4. Practice-based Learning and Improvement
  - Grade – “Needs improvement, pass, honors”
  - Source
    - 1.IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective
5. Systems-Based Practice
  - Grade – “Needs improvement, pass, honors”
  - Source
    - 1.IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective
6. Professionalism
  - Grade – “Needs improvement, pass, honors”
  - Source
    - 1.IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective
    - 2.Complete all of the clinical requirements as outlined in the syllabus, for example, medical student morning report, H&Ps and observed H&P.
    - 3.Adhere to all requirements of the clerkship, including
      1. Books turned in
      2. Duty hours reported
      3. Op log completion as outlined in the common clerkship requirements and syllabus
      4. Timeliness to activities
      5. Compliance with clinical setting rules
      6. EMR desktop cleared by end of rotation
      7. Proper appearance and dress
7. Interprofessional Collaboration
  - Grade – “Needs improvement, pass, honors”
  - Source
    - 1.IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective

8. Personal and Professional Development
  - Grade – “Needs improvement, pass, honors”
  - Source
    1. IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective
9. Boxes at the bottom for:
  - NBME score
  - OSCE
  - MSPE comments
  - General Comments (Optional and not for MSPE)
  - Final grade for Clerkship – Honors, Pass, Fail

## Internal Medicine Clerkship Activities

All activities are mandatory requirements unless otherwise specified. Unexcused absence will result in a “needs improvement” in the competency of professionalism.

| <b>Topic/Activity</b>                                    | <b>Objectives</b>   | <b>Responsible Faculty</b>  |
|--|---|---|
| <b><i>Orientation to Internal Medicine Clerkship</i></b> | <p>Identify Department of Internal Medicine key personnel involved in the clerkship training program.</p> <p>Describe the sequence of events involved in the case of an absence during the clerkship.</p> <p>Summarize the distinction between business and professional ethics.</p> <p>Describe the goals and objectives for the clerkship rotation to include the numbers and types of real or simulated patients each student is expected to evaluate.</p> <p>Describe the function of the diagnostic categories table.</p> <p>Maintain an up to date log book containing data on all patients evaluated by the student during the clerkship including their age, gender, location of visit, diagnoses or problems addressed at the time of the encounter, procedures (if any), and your level of participation.</p> <p>Describe the Mid-Rotation Evaluation process and identify the student’s responsibilities prior to the scheduled meeting with the Clerkship Director.</p> <p>Recognize common mistakes 3rd year medical students make and describe how to avoid them.</p> <p>Describe the medical student’s responsibilities as part of an inpatient ward team.</p> <p>Pursue an educational experience in which the patient is the central focus for learning clinical medicine.</p> | <p>IM Clerkship Director<br/>IM Clerkship Coordinator</p>                                   |
| <b><i>Information Access/PubMed/EBM</i></b>              | <p>This is a one on one session with the librarian and student following the students EBM assignment</p> <p>Identify an information requirement relevant to a current patient management problem</p> <p>Develop a focused clinical question to address the information requirement</p> <p>Perform a computerized literature search using Ovid, the National Library of Medicine PubMed, or similar database to find information, e.g., journal articles, literature reviews, etc., pertinent to the clinical question.</p> <p>Identify evidence on which to base an answer to the focused clinical question.</p> <p>Determine the validity of a study based on evidence hierarchies.</p> <p>Describe the MeSH hierarchy and explain its use</p> <ul style="list-style-type: none"> <li>• in searching,</li> </ul>   | <p>Lillian Carl<br/>Reference Librarian</p> <p>Milagros De Jesus<br/>Section Supervisor</p> |

| Topic/Activity   | Objectives   | Responsible Faculty  |
|--|--|--|
| <p>Suggested Reading:</p> <ol style="list-style-type: none"> <li>1. Self-Directed Learning. From Clinical Core Competencies. Listed in the “Core Medicine Clerkship Curriculum Guide” SGIM/CDIM. <a href="http://www.im.org">www.im.org</a> (Click on CDIM link).</li> </ol>   | <ul style="list-style-type: none"> <li>• the “mapping” of terms in PubMed,</li> <li>• and when to select sensitivity or specificity in searching.</li> </ul> <p>Develop a strategy to determine whether a proposed therapy is in keeping with current evidence-based guidance.</p> <p>Use current best evidence in making decisions about the care of individual patients.</p>   |  |
| <p><b><i>Inpatient Ward Rotation in Internal Medicine</i></b></p> <p>Observation and evaluation of patients with different clinical conditions in Internal Medicine Inpatient Wards to develop clinical competencies outlined in clerkship objectives</p> <p>Student is assigned to 1 of 5 ward teams at UMC, 1 of 3 teams at WBAMC, or a Hospitalist team at Providence where they become part of the team and get patients assigned for evaluation, f/u and management while pt is in the hospital.</p> <p>Student shares call with the team and spends time with them during call. Staying the night on a long call evening is optional provided the student does not exceed 80 hours in a work week and 16 continuous hours of work. Students will not stay the night on Tuesday evenings.</p> <p>Student obtains, writes and presents at least one patient evaluation to the team after each call.</p> <p>Student documents a minimum of 14 patient evaluations using the “Guidelines for History and Physical Examination Write-Ups”. These complete H &amp; P’s will be annotated by either the attending faculty or senior resident and the turned</p> | <p>Students to develop core competencies by observation and evaluation of patients with different clinical conditions (MK 3-4)</p> <p>Student to demonstrate interpersonal and communication skills by interaction with patients, ward, team and family of patient (ICS 1-3)</p> <p>Student demonstrates sensitivity and compassion to patients and shows respect to patient ideas and needs (PROF 2, 3, 5, 7)</p> <p>Student demonstrates continuous efforts to improve clinical knowledge and skills through use of available learning resources and self-directed learning (PBL 7)</p> <p>Student accepts feedback from faculty and residents and applies feedback to improve clinical practice (PBL 4)</p> <p>Student develops knowledge and understanding of the organization of health care delivery (SBL 1-2)</p> <p>Student to understand and utilize ancillary health and consultants properly (SBL 1, 2)</p> | <p>IM Faculty Assigned to Wards</p> <p>IM Clerkship Director</p> |

| Topic/Activity  | Objectives  | Responsible Faculty                                 |
|---|---|---|
| <p>in to the clerkship coordinator for filing in the student's clerkship portfolio.</p> <p>Student receives documented feedback from faculty and residents</p> <p>Student participates directly in the evaluation and management of patients assigned and participates actively during rounds</p> <p>Student gets to observe and perform under supervision basic diagnostic and therapeutic procedures commonly performed on the IM wards</p> | <p><b>Assessment:</b></p> <p>Evaluation of at least 14 H and Ps plus consultation notes by faculty and senior residents assigned by Clerkship Directors and turned in on a weekly basis to Clerkship Coordinator.</p> <p>Direct observation of interaction with patients and team by faculty and senior residents assigned by Clerkship Director or Clerkship Coordinator.</p> <p>Written clinical &amp; professional evaluation completed by faculty and senior residents assigned to the student.</p> <p>OPLog review, OSCE Clerkship Exam, NBME Exam</p> |   |
| <p><b>Resident's Morning Report - Residents Morning (during IM Wards)</b></p> <p>Report takes place Monday through Friday at 7:30AM. Students, residents, and faculty discuss different patients admitted to ward teams for discussion of clinical presentation and management.</p> <p>Students may present at Resident Morning Report if assigned by their ward team.</p>  | <p>Student will develop skills to demonstrate the ability to perform and present a complete history and physical exam. (PC 1-2-6)</p> <p>Student will participate in presentations and discussions of patients and discuss schemes reviewed during their MS 1 and MS 2 years to develop skills in communication with colleagues. (ICS 1-3)</p> <p>Students will develop knowledge and understand the organization of health care delivery system by discussion and observation of cases presented in morning report. (SBL 1, 2)</p>                         | <p>Varies per IM Ward On Call Schedule</p>          |
| <p><b>Assessment:</b> Direct observation of students by faculty and residents.</p> <p><b>Student's Morning Report "Student Bedside Rounds" (during IM Wards @ UMC)</b></p>  | <p>Student utilizes various methods of self-directed-learning and information technology to acquire information in the basic and clinical sciences needed for patient care (PBL 2, 3, 5)</p> <p>Student develops skills in evaluating physical findings and psychiatric evaluation, when appropriate. (PC 1, 2, 6)</p>  | <p>IM Clerkship Director<br/>Psychiatry Faculty</p> |



| Topic/Activity   | Objectives  | Responsible Faculty   |
|--|---|---|
| <p>Tuesday and Thursday of every week, students present patients during bedside rounds using a 31 things in 3 minutes worksheet. ( see page 64)</p> <p>Students are assigned a clinical question by Dr. Cashin and complete the EBM with the guidance and supervision of library personnel. Also complete a health matrix form following the presentation of their patient at multi-disciplinary rounds.</p> | <p>Conduct EBM search and present to the rest of the students. (PC 1.2)<br/>Complete a health matrix focusing on the multidisciplinary care of their patient. (PC 1.4, ICS 2, 3)</p>  | <p>Aghaegbulam Uga, M.D</p>   |
| <p><b>Assessment:</b> Direct observation, Faculty feedback, and EBM report.</p>  |   |   |
| <p><b>Noon Conference / Grand Rounds</b></p> <p>Student attends noon conference /grand rounds daily, Monday, Wednesday and Friday, 12—1 PM.</p> <p>Various faculty and residents from the school and the community come to give presentations on relevant topics for IM</p> <p>Journal Club presented by residents</p> <p>Quality Improvement discussion</p> <p>Tumor Board</p> <p>Board Review</p>          | <p>Student will develop medical knowledge and better understanding of common diseases seen in Internal Medicine. (MK 3, 4)</p> <p>Student will develop knowledge and understanding of the organization of health care delivery system. (SBL 1, 2)</p>   | <p>Varies</p>   |
| <p><b>Observed H and P Exercise (see appendix Figure 1 on page 63)</b></p> <p>Student is observed and evaluated by assigned faculty</p> <p>Student presents to faculty and receives feedback</p>   | <p>Student will develop skills to demonstrate the ability to perform and accurately record a complete history and physical examination (PC 1, 2, 6)</p> <p>Student communicates effectively with patient (ICS 1, 3)</p> <p>Student demonstrates demeanor, speech and appearance consistent with professional and community standards (PROF 2)</p> | <p>Faculty member assigned by Clerkship Director or Clerkship Coordinator</p> |
| <p><b>Assessment:</b> Observed H&amp;P Memo and form. Forms are graded and student remediation provided for performance &lt;70%</p>  |   |   |
| <p><b>Residents as Teachers Curriculum</b></p>   | <p>Students will become proficient in the basics of the following topics:</p>   | <p>Internal Medicine Interns and Residents</p>                                |

| Topic/Activity  | Objectives  | Responsible Faculty       |
|---|---|---------------------------|
| <p>This mandatory series for students on wards at UMC</p> <p>Students will be given an informal presentation and MKSAP questions on high yield topics on their NBME exam and frequently seen presentations in medicine.</p> | <p>HTN, HLP, low back pain, osteoporosis, cough, syncope, anemia, thrombocytopenia, stroke, COPD/ asthma, VTE, PFT interpretation, pleural effusion, DKA/ HHS, diarrhea, parenchymal lung disease (MK 1-6)</p>  |                           |
| <p><b>Assessment:</b> Direct observation, NBME grades</p>   |   |                           |
| <p><b>Optional MKSAP review</b></p>   |   |                           |
| <p>Students have the option to attend a faculty run informal question and answer session based on assigned questions from their MKSAP books. This will be held on alternating Wednesday afternoons from 1600-1700</p>       | <p>Learn test taking skills to optimize performance on the NBME</p>   | <p>Clerkship Director</p> |
| <p><b>Assessment:</b> NBME exam grades</p>  |   |                           |
| <p><b>Residents as teachers</b></p>   |   |                           |
| <p>One hour resident led review of high yield topics in IM. Once weekly at UMC. Required of students rotating on IM wards at UMC only. Optional for students on selectives.</p>   | <p>Understanding of the following 16 high yield topics in IM: Hypertension, hyperlipidemia, low back pain, osteoporosis, cough, syncope, anemia, thrombocytopenia, stroke, COPD/ asthma, venous thromboembolism, PFT interpretation, DKA/ HHS, diarrhea, parenchymal lung disease</p> | <p>IM Residents</p>       |
| <p><b>Assessment:</b> NBME exam grades, medical knowledge competency</p>  |   |                           |

## Didactic Core Curriculum Topics and Learning Objectives

### *Introduction*

During your third year 9-week Internal Medicine Clerkship you will develop basic competencies in the evaluation and management of adult patients and will build a core knowledge of common diseases seen in Internal Medicine. The Internal Medicine Core Curriculum is designed to complement learning experiences in wards, clinics, conferences, and at morning report by providing a structured review of the basic disease processes seen in Internal Medicine patients.

This section of the syllabus provides an outline of these basic disease processes organized by diagnostic groups: cardiovascular, respiratory, renal, infectious diseases, gastrointestinal, endocrine, hematology/oncology, rheumatology, neurology, and general medicine. The diagnostic groups are further broken down into disease categories with assigned reading and classroom discussions of patient simulations. The learning objectives and reading assignments for each class are given in the following pages.

Learning objectives have three characteristics: performance, conditions, and criterion. In this syllabus, the **performance objectives** are given with each group of assigned readings and the corresponding classroom discussion. They tell what you should be able to do by the time you complete the clerkship. The **conditions** associated with each learning objective include completion of the assigned reading and participation in the classroom patient simulations. Finally, the **criterion of acceptable performance** is that you should have a level of proficiency for each learning objective compatible with what you need to be able to do as you begin your internship.

### Medicine Live Presentations

See appendix Figure 8 on page 74 for a sample lecture schedule

All presentations are mandatory requirements. Unexcused absence will result in a “needs improvement” in the competency of professionalism.

### **Cardiac Evaluation Video and ATACS Curriculum.....Mateo Porres M. D. and Laura Cashin, DO**

Students will be given an online pretest through Canvas prior to watching an online video. Students will be assigned a date to go to the ATACS for mannequin heart sound instruction and posttest evaluation.

#### Learning Objectives:

- Describe the chest wall anatomy and identify the key listening areas.
- Recognize the first and second sounds at the apex and base.
- Recognize the first heart sound
- Recognize physiological and paradoxical splitting of S2.
- Recognize third heart sounds
- Recognize fourth heart sounds
- Recognize mitral stenosis
- Recognize mitral regurgitation
- Recognize aortic stenosis
- Recognize aortic regurgitation
- Recognize mitral valve prolapse
- Recognize pulmonary hypertension

#### Suggested Readings:

- Cecil Essentials of Medicine 9<sup>th</sup> Edition; Section II; chapter 3: pp22-36



**EKG I, II, III..... Harry E. Davis, M.D.**

Learning Objectives:

- Given a discussion of a systematic approach to interpreting the electrocardiogram (ECG), a review of commonly encountered ECG findings, and practice with sample ECGs showing commonly encountered findings, students should be able to:
  - Describe the rate, rhythm, intervals, axis, hypertrophy, and infarct related findings.
  - Recognize normal variation in the 12-lead electrocardiogram.
  - Identify common abnormal electrocardiographic findings to include:
    - Early repolarization, e.g., WPW
    - Chamber enlargement, e.g., RAE, LAE, LVH, RVH
    - Bundle branch blocks/hemiblocks
    - Ischemic syndromes/acute infarction
    - ST-T wave changes
    - Arrhythmias such as atrial flutter, fibrillation, AV block, PVCs
    - Electrolyte abnormalities such as hyperkalemia, hypokalemia

Helpful References:

- *Rapid Interpretation of ECG's* by Dale Dubin, M.D., 6th Edition. Cover Publishing Co. 2000. This programmed text covers the basics in programmed text format. User-friendly and great for getting basic concepts. Available in the Medical Library. **Recommended for all students.**
- *12-Lead ECG's: A "Pocket Brain" for Easy Interpretation* by Ken Grauer, EG/EKG Press, Gainesville FL, 1998. Handy for a hand pocket reference. Order via Web site at [WWW.KG-ECGPRESS.COM](http://WWW.KG-ECGPRESS.COM), Fax to (352) 332-9154, or Mail Order to KG/ECG Press, P.O. Box 141258, Gainesville, FL 32614-1258.

**Chest X-Rays..... Noemi Brunner, M.D.**

Learning Objectives:

- Understand basic techniques of chest radiographs
- Describe normal anatomy on chest radiograph
- Learn standard sequence for interpretation of a chest radiograph.
- Recognize several common radiographic abnormalities of the chest.

Suggested Reading:

- Learning Radiology: Recognizing the Basics (Herring)
- <http://learningradiology.com/medstudents/medstudtoc.htm>

**Acid-Base Disturbances ..... Hasan Salameh, M. D., M.D.**

Learning Objectives:

- Define acidosis and alkalosis
- Describe the 4 primary acid-base disorders
- List the common causes of each disorder
- Diagnose and evaluate patients with these disorders
- Manage each disorder

Suggested Reading:

- IM Essentials; chapter 69: 281-294
- Cecil Essentials of Medicine 9<sup>th</sup> Edition; Section V: chapter 27: pp 299-313

**Patient Safety .....Maureen Francis, M.D.**

Learning Objectives

- Review general concepts of patient safety including Swiss cheese model of accident causation, human factors, systems engineering for reliability, and high frequency injury sources in the hospital and the clinic

- Personal reflection exercise in which students volunteer to discuss medical errors that they have experienced themselves or they have witnessed in their clinical experiences
- Discuss current local, national, and international efforts to improve patient safety

Suggested Reading:

- Hilfiker, D. (1984). Facing Our Mistakes. *New England Journal of Medicine* , 310, 118-122.
- Institute of Medicine. (1999). *To Err is Human: Building a Safer Health System*. National Academy of Sciences.
- Leape LL, B. T. (1991). The Nature of Adverse Events in Hospitalized Patients. Results of the Harvard Medical Practice Study II. *New England Journal of Medicine* , 324 (6), 377-84.

**Research .....Sean Connery**

Learning Objectives:

- Gain a working knowledge of contemporary practices in approval of drugs, devices, and biologics for use in clinical practice
- Explain how emerging basic scientific knowledge leads to medical advances, including understanding of the basis of disease and how translational research is required for the development of application to treatment.
- Explain the fundamental difference between an investigator initiated research and a clinical trial.
- Describe the role of review boards in conducting ethical research (i.e. IRB, IACUC, IBC, etc).
- Understand the essential role MDs play in the drug development and testing process.
- Identify basic clinical trial study designs and the importance and morality of placebo controlled studies.

Suggested Reading:

- Guide to Clinical Trials. Bert Spilker. Lippincott Williams & Wilkins; 1st edition (January 15, 1991)

**Cerner Program Training.....Roy Atchison RN, Laura Cashin, DO**

Learning Objectives:

- Write admission orders on a patient with common Internal Medicine diagnosis
- Write for laboratory studies
- Write for imaging studies
- Write for medication orders
- Write for communication orders
- Discharge a patient with common Internal Medicine diagnosis

**Video Lecture Series**

All videos are mandatory requirements. Failure to complete the videos by the assigned time will result in a “needs improvement” in the competency of professionalism.

Topics in Oncology.....Oncology Faculty

Learning Objectives:

- Describe the three levels of cancer prevention.
- List the types of cancer with demonstrated benefit screening tests.
- Define sensitivity and specificity of a screening test.
- Recognize the hereditary cancer syndromes for which genetic testing is available.
- Describe the criteria to be met for a cancer screening test to be assigned.
- Describe the medical and legal implications of genetic testing.
- Review the epidemiology, natural history, staging, clinical presentation, and treatment of solid tumors of the lung, head and neck, gastrointestinal tract, breast, kidney, ovary, uterus, and skin.

Suggested Reading:

- IM Essentials; Unit 9: 350-381

- Cecil Essentials of Medicine 9<sup>th</sup> Edition; Section IX; pp 478-576-622

**Topics in Nephrology.....Adeel Ahmad, MD**

Learning Objectives:

- Define and describe ARF and be able to distinguish the three major groups of etiologies of ARF: decreased renal perfusion (pre-renal), intrinsic renal disease (renal), and acute renal obstruction (post-renal)
- Distinguish major pathophysiologic etiologies of “pre-renal” ARF, including: hypovolemia, decreased cardiac output, systemic vasodilatation, and renal vasoconstriction
- Distinguish major pathophysiologic etiologies of intrinsic “renal” ARF, including: vascular lesions, Glomerular lesions, interstitial nephritis, intra-tubule deposition/obstruction, and acute tubular necrosis(ATN)
- Discuss natural history, initial evaluation and treatment, and complications of ARF
- Define and describe CRF and the most common etiologies for chronic kidney disease (CKD)
- Discuss the pathophysiology and clinical findings of CRF and uremia
- Diagnose CRF and evaluate patients with clinical and biochemical features of uremia
- Treat CRF and its complications

Suggested Reading:

- IM Essentials; Section 7: 277-309
- Cecil Essentials of Medicine 9<sup>th</sup> Edition; Section V: pp 282-370

**Topics in Rheumatology.....Kanchan Pema, MD**

Learning Objectives:

- Distinguish arthritis from periarticular diseases.
- Distinguish localized from systemic processes
- Recognize the clinical features that are helpful in evaluation of arthritis
- Interpret laboratory and radiographic studies that can provide confirmatory and sometimes diagnostic information
- Diagnose acute gout and septic arthritis
- Distinguish the epidemiology of gout and septic arthritis
- Recommend the appropriate treatment
- Describe the epidemiology, genetics and pathology in RA
- Recognize the clinical and laboratory characteristics of RA
- Select appropriate treatment for RA
- Describe the epidemiology and pathogenesis of the spondyloarthropathies
- Identify the common clinical features among the spondyloarthropathies
- Identify the specific clinical features of the spondyloarthropathies
- Detect the radiographic features seen in spondyloarthropathies
- Select the appropriate treatment for spondyloarthropathies

Suggested Reading:

- IM Essentials; Section 11: 417-457Cecil Essentials of Medicine 9<sup>th</sup> Edition; Section XIV; pp 776-816
- Cecil

**Topics in Gastroenterology.....Laura Cashin, DO/ Pratik Naik, MD**

Learning objectives:

- Evaluate a patient with abdominal pain
- Diagnose and treat a patient with dyspepsia
- Diagnose and treat a patient with gastroesophageal reflux disease
- Diagnose and treat a patient with peptic ulcer disease
- Evaluate abnormal liver chemistry tests
- Diagnose and make a differential diagnosis for a patient with hepatitis
- Diagnose and treat cirrhosis
- Diagnose and treat acute pancreatitis



- Evaluate a patient with diarrhea
- Diagnose and treat a patient with inflammatory bowel disease
- Evaluate a patient with gastrointestinal bleedings

Suggested reading:

- IM Essentials; Section 3: 73-116
- Cecil Essentials of Medicine 9<sup>th</sup> Edition; Section VI; pp 372-437

**Topics in Infectious Diseases.....Dr Laura Cashin, DO**

Learning objectives:

- Work up a patient with a fever
- Diagnose and treat sepsis
- Diagnose and treat common upper respiratory syndromes
- Diagnose and treat urinary tract infections
- Diagnose HIV infection
- Diagnose, treat and prevent health care associated infections
- Diagnose and treat tuberculosis
- Diagnose and treat infective endocarditis
- Diagnose and treat osteomyelitis

Suggested reading:

- IM Essentials; Section 6: 253-274
- Cecil Essentials of Medicine 9<sup>th</sup> Edition; Section XV; pp 822-957

**Topics in Cardiology.....Jennifer Douchee, MD**

Learning objectives:

- Evaluate and make a differential diagnosis for patients with chest pain
- Identify chronic stable angina
- Diagnose and treat acute coronary syndrome
- Identify and treat conduction blocks and bradyarrhythmias
- Identify and treat tachyarrhythmias
- Diagnose and treat congestive heart failure
- Diagnose and treat valvular heart disease
- Diagnose and treat vascular disease

Suggested reading:

- IM Essentials; Section 1: 2-42
- Cecil Essentials of Medicine 9<sup>th</sup> Edition; Section II: chapter 3-12 ; pp 22-180

## **Attendance**

Students are expected to be present and ready to participate in patient care at their rotation sites at the assigned time.

In the event of absence:

- Student needs to notify the attending physician or resident at the rotation site
- Student needs to notify the IM Clerkship Coordination early in the morning by e-mail or phone.

The student may be required to make up absent time at the discretion of Clerkship Director. Failure to meet the make-up time/assignment may result as an incomplete for the course.

## Appendix Internal Medicine

**Figure 1: Observed H and P Form**

| WARDS OBSERVED H & P   |  |                           |  |        |  |
|--|--|---------------------------|--|--------|--|
| <b>NAME:</b> _____   |  |                           | <b>Date:</b> _____   |        |  |
| <b>RATING SCALE</b>  |  |                           |  |        |  |
| 0 = Not done, but should have been   |  |                           |  | Score: |  |
| 1 = Done incorrectly or incompletely   |  |                           |  |        |  |
| 2 = Done with assistance or direction - knowledge incomplete                         |  |                           |  |        |  |
| 3 = done with minimal assistance, or complete and accurate, but room for improvement |  |                           |  |        |  |
| 4 = Done skillfully and completely without assistance                                |  |                           |  |        |  |
| N/A = not applicable   |  |                           |  |        |  |
| Professionalism  | Information Gathering  | Physical Examination      | Information Sharing  |        |  |
| Introduces self  | Uses open-ended questions  | Washes hands              | Clearly explains diagnosis                                   |        |  |
| Verifies patient ID  | Progresses with specific questions   | Preserves patient modesty | Correctly explains management plan                           |        |  |
| Professional appearance  | Logical sequence   | Minimizes discomfort      | Allows patient/ family to ask questions                      |        |  |
| Good eye contact   | Does not ask presumptive/leading questions                                       | General exam              | Checks patient/ family's understanding of diagnosis and plan |        |  |
| Comments:  | Asks appropriate ROS questions   | Neck exam                 | Comments:  |        |  |
|  | Obtains appropriate PMHx/ PSHx   | Eye exam                  |  |        |  |
|  | Obtains all precription and over the counter meds including doses and frequencys | Ears, nose and oropharynx |  |        |  |
|  | Obtains appropriate family history   | Lung exam                 |  |        |  |
|  | Obtains appropriate social history   | Cardiac exam              |  |        |  |
|  | Comments:  | Abdominal exam            |  |        |  |
|  |  | Skin exam                 |  |        |  |
|  |  | Musculoskeletal exam      |  |        |  |
|  |  | GU exam                   |  |        |  |
|  |  | Rectal exam               |  |        |  |
|  |  | Breast exam               |  |        |  |
|  |  | Neurological exam         |  |        |  |
|  |  | Psychiatric exam          |  |        |  |
|  |  | Comments                  |  |        |  |
|  |  |                           |  |        |  |
|  |  |                           |  |        |  |
|  |  |                           |  |        |  |
|  |  |                           |  |        |  |
|  |  |                           |  |        |  |
| <b>Presentation:</b> _____   |  |                           | <b>Topic:</b> _____  |        |  |
| Comments:  |  |                           |  |        |  |

## Figure 2: Bedside Rounds Report

### Bedside Rounds Report

A Bedside Patient Presentation That Includes an Educational Prescription  
“31 THINGS IN 3 MINUTES”

1. The patient’s surname.
  2. The patient’s age.
  3. When the patient was admitted.
  4. The illness or symptom(s) that led to admission. For each symptom, mention:
    5. Where in the body it is located.
    6. Its quality.
    7. Its quantity, intensity and degree of impairment.
    8. Its chronology: when it began, constant/episodic, progressive.
    9. Its setting: under what circumstances did/does it occur.
    10. Any aggravating or alleviating factors.
    11. Any associated symptoms.
  12. Whether a similar problem had occurred previously. If so:
    13. How it was investigated.
    14. What the patient was told about its cause.
    15. How the patient been treated for it.
  16. Pertinent past history of other conditions that are of diagnostic, prognostic or pragmatic significance and would affect the evaluation or treatment of the present illness.
  17. And how those other conditions have been treated.
  18. Family history, if pertinent to present illness or hospital care.
  19. Social history, if pertinent to present illness or hospital care.
  20. The condition on admission:
    - a. Acutely and/or chronically ill
    - b. Severity of complaints
    - c. Requesting what sort of help
  21. The pertinent physical findings on admission
- And, after leaving the bedside and moving to a private location, finish with:
22. The pertinent diagnostic test results
  23. Your concise, one-sentence problem synthesis statement
  24. What you think is the most likely diagnosis (“leading hypothesis”)
  25. What few other diagnoses you’re pursuing (“active alternatives”)
  26. The further diagnostic studies you plan to confirm the leading hypothesis or exclude active alternatives
  27. Your estimate of the patient’s prognosis
  28. Your plans for treatment and counseling
  29. How you will monitor the treatment in follow-up
  30. Your contingency plans if the patient doesn’t respond to initial treatment
  31. The educational prescription you would like to write for yourself in order to better understand the patient’s disorder (background knowledge), or how to care for the patient (foreground knowledge) in order to become a better clinician.

## Figure 3: Rx Educational Prescription

### **R<sub>x</sub> Educational Prescription**

*This comes from Question #31 in your "31 Things in 3 Minutes" worksheet  
TAKE THIS TO THE LIBRARIAN FOR YOUR EBM SEARCH SESSION*

Patient's Name: \_\_\_\_\_ Learner: \_\_\_\_\_

Date: \_\_\_\_\_

---

#### 3-part Clinical Question

Target Disorder:

Intervention (+/- comparison):

Outcome:

Date and place to be filled: Please schedule this today at the:

**Delia Montes-Gallo Library of the Health Sciences, TTUHSC, El Paso**

**HSC Building:**

**Milagros de Jesus Gonzalez, Reference Librarian**

**Corina Bustillos, Unit Assistant Director**

**Medical Education Building:**

**Lillian G. Carl, MSLS, Reference Librarian**

**Please bring the EBM worksheet (given to you by the librarian) with you when you present the results of your search. It will be placed in your student portfolio to document the search. Thanks.**

---

**Presentations will cover:**

1. search strategy;
2. search results;
3. the validity of this evidence;
4. the importance of this valid evidence;
5. can this valid, important evidence be applied to your patient  
your evaluation of this process

Figure 4: Internal Medicine Health Matrix

TTUHSC-El Paso-Department of Internal Medicine  
**STUDENT HEALTHCARE MATRIX**

|  | SAFE<br>1 | TIMEL<br>Y <sup>2</sup> | EFFECTIV<br>E <sup>3</sup> | EFFICIEN<br>T <sup>4</sup> | EQUITABL<br>E <sup>5</sup> | PATIENT<br>CENTERE<br>D <sup>6</sup> |
|--|-----------|-------------------------|----------------------------|----------------------------|----------------------------|--------------------------------------|
| I. PATIENT CARE (Overall Assessment)                     |           |                         |                            |                            |                            |                                      |
| II. a. MEDICAL KNOWLEDGE <sup>8</sup> (What must I know) |           |                         |                            |                            |                            |                                      |

Bingham JW, Quinn DC, et al. Journal of Quality and Patient Safety. February 2005

|   | SAFE<br>1 | TIMEL<br>Y <sup>2</sup> | EFFECTIV<br>E <sup>3</sup> | EFFICIEN<br>T <sup>4</sup> | EQUITABL<br>E <sup>5</sup> | PATIENT<br>CENTERE<br>D <sup>6</sup> |
|---|-----------|-------------------------|----------------------------|----------------------------|----------------------------|--------------------------------------|
| II. b. INTERPERSONAL AND COMMUNICATION SKILLS |           |                         |                            |                            |                            |                                      |
| II c. PROFESSIONALISM (How must I act)        |           |                         |                            |                            |                            |                                      |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Bingham JW, Quinn DC, et al. Journal of Quality and Patient Safety. February 2005

|  | SAFE<br>1 | TIMELY<br>2 | EFFECTIV<br>E <sup>3</sup> | EFFICIEN<br>T <sup>4</sup> | EQUITABL<br>E <sup>5</sup> | PATIENT<br>CENTERE<br>D <sup>6</sup> |
|--|-----------|-------------|----------------------------|----------------------------|----------------------------|--------------------------------------|
| II. d SYSTEM<br>BASED<br>PRACTICE <sup>11</sup><br>(On whom do I<br>depend and who<br>depends on me) |           |             |                            |                            |                            |                                      |
| II c. PRACTICE-<br>BASED<br>LEARNING AND<br>IMPROVEMENT<br><sup>12</sup><br>(How must we<br>improve) |           |             |                            |                            |                            |                                      |

Bingham JW, Quinn DC, et al. Journal of Quality and Patient Safety. February 2005

**HEALTHCARE MATRIX INSTRUCTIONS:**

1. Safe: Avoiding injuries to patients from the care that is intended to help them.
2. Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
3. Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).
4. Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
5. Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status.

6. Patient-Centered: Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.
7. Patient care: that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
8. Medical knowledge: about established and evolving biomedical, clinical, and cognate sciences (e.g. epidemiological and social-behavioral) and the application of this knowledge to patient care.
9. Interpersonal and communication skills: that result in effective information exchange and teaming with patients, their families and other health professionals.
10. Professionalism: as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
11. System base practice: as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
12. Practice-based learning and improvement: that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care.



Figure 5: Internal Medicine Clinical Clerkship Evaluation

**Internal Medicine Clinical Clerkship Evaluation**

| <b>Knowledge For Practice</b>   | <b>Scale</b>                         |
|---|--------------------------------------|
| Can compare and contrast normal variation and pathological states commonly encountered in Internal Medicine.                                    | Needs Improvement, Pass, Honors, N/A |
| Demonstrates knowledge of current peer-reviewed literature in relation to patient management.   |                                      |
| <b>Patient Care and Procedural Skills</b>   |                                      |
| Completes an appropriate history.   |                                      |
| Addresses patient's agenda.   |                                      |
| Exam is appropriate in scope and is linked to the history.  |                                      |
| Identifies pertinent physical findings.   |                                      |
| Accurately interprets commonly used laboratory results.   |                                      |
| Identifies bio-psychosocial issues relevant to patient treatment.   |                                      |
| Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings.          |                                      |
| Identifies serious conditions that require timely and specific interventions.   |                                      |
| Develops a treatment plan appropriate to the patient and based on up-to-date scientific evidence.   |                                      |
| Appropriately documents findings.   |                                      |
| <b>Interpersonal and Communication Skills</b>   |                                      |
| Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds.                            |                                      |
| Presentations to faculty or resident are organized.   |                                      |
| <b>Practice-Based Learning and Improvement</b>  |                                      |
| Takes the initiative in increasing clinical knowledge and skills.   |                                      |
| Accepts and incorporates feedback into practice.  |                                      |
| Demonstrates sophistication in the use of digital resources for patient care, self-education, and the education of patients and their families. |                                      |
| <b>System-Based Practice</b>  |                                      |
| Can Identify medical care systems and resources to benefit patient health.  |                                      |
| Demonstrates knowledge of best practices regarding transitions of care between providers and settings.  |                                      |
| <b>Professionalism</b>  |                                      |
| Is reliable and demonstrates accountability to patients and fellow members of the health care team  |                                      |
| Acknowledges mistakes   |                                      |
| Demonstrates compassion and respect for all people  |                                      |
| Demonstrates honesty in all professional matters  |                                      |

|   |  |
|---|--|
| Protects patient confidentiality  |  |
| Dress and grooming appropriate for the setting  |  |
| <b>Interprofessional Collaboration</b>  |  |
| Works professionally with other health care personnel including nurses, technicians, and ancillary service personnel  |  |
| Is an important, contributing member of the assigned team   |  |
| Responds appropriately to circumstances involving conflict with other health care professionals or team members   |  |
| <b>Personal and Professional Development</b>  |  |
| <p>Recognizes when to take responsibility and when to seek assistance</p> <p>Demonstrate flexibility in adjusting to change.</p> <p>Demonstrates the ability to employ self-initiated learning strategies when approaching new challenges, problems, or unfamiliar situations.</p> <p><b>What are the student's 2-3 strongest performance areas (comments required):</b></p><br><br><p><b>Please discuss what the student can do to most improve his/her performance (comments required).</b></p> |  |

## Figure 6: Mid-Clerkship Assessment

# Mid-Clerkship Assessment

---

Faculty/Resident: \_\_\_\_\_

Student: \_\_\_\_\_

Planned date of discussion: \_\_\_\_\_

Actual date of discussion: \_\_\_\_\_

Review of evaluations to date with student:

### Professionalism

Professionalism:

### Overall/Summary

Areas that would yield the greatest improvement in the student's skills:

Strongest skill areas:

### Mid-Clerkship Assessment

#### *Required clerkship-specific activities*

Please indicated how the clerk is performing on activities specific to the block's clerkships (examples: quizzes, presentations, documented H&P, paper charts, etc.):

#### *OpLog*

Discuss student's oplog documentation and any areas where the student does not appear on track. Identify date when student should come back to see you if s/he has not yet met the requirements.

Synopsis of discussion with student:

## Figure 7: Internal Medicine Op Log

Students must see patients from all of the 13 conditions or presentations in red. Students will document interactions with 17 additional patients (30 total). Students must see patients with at least one condition or presentation from each diagnostic category. They will submit 30 op-logs total (13 mandatory + 17). 20 of the total submissions must be from patients seen in the inpatient setting and 10 of the total submissions must be from patients seen in the outpatient setting.

| Diagnostic Category | PLFSOM Clinical Presentation Schemes   | Conditions or Presentations  |
|---------------------|--|--|
| Cardiovascular      | <ul style="list-style-type: none"> <li>• Chest discomfort</li> <li>• Abnormal heart sounds</li> <li>• Heart murmurs</li> <li>• Syncope (see also neurological category)</li> <li>• Palpitations</li> <li>• Abnormal blood pressure</li> </ul>  | <p><b>Chest Pain (including CAD/MI)</b><br/>Heart failure<br/>Arrhythmia<br/><b>Hypertension</b><br/>Shock<br/>Thromboembolism</p>               |
| Respiratory         | <ul style="list-style-type: none"> <li>• Dyspnea</li> <li>• Pleural abnormalities</li> <li>• Cough</li> <li>• Wheezing</li> <li>• Cyanosis</li> <li>• Hemoptysis</li> </ul>  | <p>Cough<br/>Dyspnea<br/>COPD<br/>Asthma<br/><b>Pneumonia</b><br/>Pulmonary embolus</p>  |
| Renal/Genitourinary | <ul style="list-style-type: none"> <li>• Abnormalities of renal function</li> <li>• Disorders of serum Na<sup>+</sup></li> <li>• Intrinsic renal disease</li> <li>• Abnormalities of hydrogen ion concentration</li> <li>• Hypertension</li> <li>• Renal failure: Acute</li> <li>• Renal failure: Chronic</li> <li>• Male genitourinary disorders</li> </ul> | <p>Dysuria<br/><b>Acute kidney injury</b><br/>Chronic kidney disease<br/>Nephrolithiasis<br/>Fluid, electrolyte and acid-base disorders</p>      |
| Infectious Diseases | <ul style="list-style-type: none"> <li>• Abnormal temperature/Fever</li> </ul>   | <p>HIV Infection/AIDS<br/>Sepsis<br/><b>UTI/Urosepsis</b><br/>Cellulitis<br/>Nosocomial infections</p>   |
| Gastrointestinal    | <ul style="list-style-type: none"> <li>• Vomiting/Nausea</li> <li>• Diarrhea</li> <li>• Abdominal distention</li> <li>• Abdominal pain</li> <li>• Constipation</li> <li>• GI bleed</li> <li>• Liver function test abnormalities, Jaundice</li> </ul>   | <p>Abdominal pain<br/><b>Gastrointestinal bleed (upper or lower)</b><br/>Liver disease<br/>Pancreatitis<br/>Ascites<br/>Peptic ulcer disease</p> |
| Endocrine           | <ul style="list-style-type: none"> <li>• Diabetes, Hyperlipidemia</li> <li>• Hypothalamus/Pituitary axis</li> <li>• Disorders of thyroid function</li> <li>• Weight gain, obesity</li> </ul>   | <p><b>Diabetes Mellitus</b><br/>Dyslipidemias<br/>Obesity<br/><b>Thyroid disease</b><br/>Adrenal disease</p>                                     |

|                           |   |   |
|---------------------------|---|---|
| Hematology/Oncology       | <ul style="list-style-type: none"> <li>• Abnormal hemoglobin</li> <li>• Abnormal white blood cells</li> <li>• Lymphadenopathy</li> <li>• Coagulation abnormalities</li> </ul>   | <p>Anemia<br/>                 Thrombocytopenia<br/>                 Coagulopathy<br/>                 Cancer</p>   |
| Rheumatology              | <ul style="list-style-type: none"> <li>• Joint pain</li> <li>• Numbness and pain</li> </ul>   | <p>Arthritis<br/>                 Vasculitis<br/>                 Lupus/SLE</p>   |
| Neurology                 | <ul style="list-style-type: none"> <li>• Syncope (see also cardiovascular category)</li> <li>• Seizures and epilepsy</li> <li>• Stroke and aphasia</li> <li>• Delirium, stupor, and coma</li> </ul>   | <p>Stroke/CVA<br/>                 Syncope/Dizziness<br/>                 Epilepsy<br/>                 Altered mental status</p>   |
| General Internal Medicine | <ul style="list-style-type: none"> <li>• Substance abuse, withdrawal</li> <li>• Mood disorders</li> <li>• Panic and anxiety</li> <li>• Numbness and pain</li> <li>• Skin rashes</li> <li>• Skin ulcers (benign and malignant)</li> <li>• Itching</li> <li>• Hair and nail disorders (alopecia)</li> </ul> | <p>Drug toxicity<br/>                 Fever<br/>                 Rash/Cutaneous eruption<br/>                 Psychiatric disease, e.g., major depression, bipolar disorder, anxiety disorder<br/>                 Substance abuse (alcohol, drug)<br/>                 Pain<br/>                 Testing/diagnostic evaluation</p> |

Figure 8: Sample Internal Medicine Didactic Schedule

| Date       | Time   | Room    | Dept.      | Presenter  | Topic  |
|------------|--------|---------|------------|--|--|
| 06/22/2016 | 1-2 PM | AEC 212 | IM         | Noemi Brunner, MD  | Chest X-Rays                                       |
| 06/22/2016 | 2-3PM  | AEC 212 | IM         | Harry Davis, MD  | ECG1   |
| 06/22/2016 | 3-4 PM | AEC 212 | IM         | Harry Davis, MD  | ECG2   |
| 06/22/2016 | 4-5 PM | AEC 212 | IM         | Laura Cashin, DO   | MSKAP NBME Prep (1)                                |
| 07/06/2016 | 1-2 PM | ATACS   | IM         | Cardiac Auscultation   | Mateo Porres, MD                                   |
| 07/06/2016 | 2-3PM  | ATACS   | IM         | Cardiac Auscultation   | Mateo Porres, MD                                   |
| 07/06/2016 | 3-4 PM | ATACS   | IM         | Cardiac Auscultation   | Mateo Porres, MD                                   |
| 07/06/2016 | 4-5 PM | ATACS   | IM         | Cardiac Auscultation   | Mateo Porres, MD                                   |
| 09/28/2016 | 1-2 PM | AEC 212 | IM & Psych | Tamis Bright, MD<br>Henry Weisman, MD  | Thyroid/ Adrenal                                   |
| 07/20/2016 | 2-3 PM | AEC 212 | IM         | Hasan Salameh, MD  | Acid-Base  |
| 07/20/2016 | 3-4 PM | AEC 212 | IM         | Harry Davis, MD  | ECG 3  |
| 07/20/2016 | 4-5PM  | AEC212  | IM         | Laura Cashin, DO   | MSKAP NBME Prep (2)                                |
| 08/03/2016 | 1-2 PM | UMC     | IM         | Cerner Training  | Roy <u>Atchinson</u> , RN                          |
| 08/03/2016 | 2-3 PM | UMC     | IM         | Cerner Training  | Roy <u>Atchinson</u> , RN                          |
| 08/03/2016 | 3-4PM  | UMC     | IM         | Cerner Training  | Roy <u>Atchinson</u> , RN                          |
| 08/03/2016 | 4-5PM  | UMC     | IM         | Cerner Training  | Roy <u>Atchinson</u> , RN                          |
| 08/17/2016 | 1-3 PM | AEC 212 | IM & Psych | Paul Casner, MD<br>Ricardo Salazar, MD<br>Celeste Vinluan,<br>Pharm D          | IM & Psych " <u>Interprofessional Colloquium</u> " |
| 08/17/2016 | 3-4 PM | AEC 212 | IM         | Laura Cashin, DO   | MKSAP NBME Prep (3)                                |
| 08/31/2016 | 1-3PM  | AEC 212 | IM & Psych | Tamis Bright, MD<br>Henry Weisman, MD  | Diabetes   |
| 08/31/2016 | 3-4 PM | AEC 212 | IM         | Maureen Francis,<br>MD   | Patient Safety                                     |
| 08/31/2016 | 4-5 PM | AEC 212 | IM         | Harry Davis, MD  | MKSAP NBME Prep (4)                                |
| 09/14/2016 | 1-3 PM | AEC 212 | IM & Psych | Laura Cashin, DO<br>Silvina Tonarelli, MD<br>Celeste Vinluan,<br><u>PharmD</u> | IM & Psych " <u>Interprofessional Colloquium</u> " |
| 09/14/2016 | 2-3PM  | AEC 212 | IM         | Sean Connery   | Research   |
| 09/14/2016 | 3-4 PM | AEC 212 | IM         | Laura Cashin, DO   | MKSAP NBME Prep (5)                                |

## **Psychiatry Clerkship**

The MSIII clerkship in Psychiatry is combined with Internal Medicine to comprise a 16-week block. The clerkship in IM/Psych is a full-time clinical rotation. The primary goals of this rotation are to provide:

- 1) Students who understand the interface between psychiatric and medical conditions.
- 2) Students who understand basic evaluation and management of patient who have concomitant medical and psychiatric conditions in various treatment settings.
- 3) Students who can demonstrate patient centered care in the co-management of medical and psychiatric conditions.
- 4) Students who have an understanding of psychiatric presentations of medical illness as well as psychiatric presentations of medications used in medical conditions.
- 5) Students who are prepared to succeed in both psychiatry and medicine NBME exams.
- 6) Students exposed to educational experiences which facilitates continued learning about psychiatric disorders seen in both traditional psychiatric settings, but also in medical settings. This experience will enhance not only the understanding of psychiatric disorders, but also the ability to provide high quality care to patients in either a psychiatric setting or in a medical setting.
- 7) Students who learn about treatment team approach to the treatment of patients and the use of bio-psychosocial model. The scope of psychiatry and medicine has expanded enormously in recent years. New concepts and hypotheses that deal with the interaction of the biological, psychological, and social spheres that contribute to the development of a medical/psychiatric illness have evolved. This in turn has brought psychiatry in particular and medicine in general in increasing contact with other professional disciplines (psychology, social workers, licensed professional counselors, nurse practitioners and physician assistants) and has encouraged health care providers to adopt broader perspectives as they attempt to understand the variety of factors that influence health and illness. Because of this wide spread interaction with other professional disciplines, this rotation will allow the student to observe and learn how the psychiatric physician coordinates and leads the treatment team to provide effective care for the psychiatric patient.
- 8) Students with an opportunity not only to view patients from the bio-psychosocial perspective, but also the interaction with other medical specialties. In an effort to integrate Psychiatry and Internal Medicine, there will be faculty from both specialties participating in either Psychiatry seminars or Internal Medicine seminars. (See the next page for a sample listing of these seminars). In addition, a Psychiatry faculty member will be making teaching rounds once a week while the students are on Internal Medicine. We welcome you to the IM/Psych clerkship and hope that you have a great educational experience.

## **Clerkship Learning Objectives**

### **Knowledge for Practice (KP)**

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

#### ***Objectives:***

1. The student should recognize common psychiatric disorders seen in a variety of settings, ranging from the chronically, mentally ill to ambulatory patients. The conditions the student will be asked to evaluate and help manage include the following (PC 1.1-1.7, 1; KP 2.3- 2.4; PBL&I 3.1- 3.5):
  - Schizophrenia Spectrum and other psychotic disorders
  - Anxiety Disorders
  - Neurocognitive Disorders
  - Depressive Disorders
  - Bipolar and Related Disorders
  - Personality Disorders
  - Substance -Related and Addictive Disorders
  - Neurodevelopmental Disorders
  - Somatoform disorders
  - Other disorders/conditions
2. The student will have exposure to emergency psychiatry and will be asked to participate in risk assessments. The student should have knowledge about the following (PC 1.1-1.9; KP 2.4-2.5; PBL&I 3.1- 3.5; SBP 6.2, 6.4, IC 7.2-7.4):
  - a. Suicidal/homicidal patient
  - b. Crisis intervention
  - c. Treatment methods in emergency situations
3. The student should be able to recognize common psychiatric disorders seen in children and adolescent patients, including conditions not previously listed such as neurodevelopmental disorders and disruptive mood dysregulation disorder (PC 1.1-1.7; KP 2.3-2.4; PBL&I 3.1-3.5).
4. The student will work to become proficient in doing a complete psychiatric evaluation, mental status exam, biopsychosocial formulations, and laboratory methods used in psychiatry (PC 1.1-1.7; KP 2.3- 2.6; PBL&I 3.1- 3.5; Prof 5.1- 5.7; SBP 6.1-6.4; PPD 8.5)
5. The student will work to become proficient in developing a treatment plan, including appropriate suggestions for pharmacotherapy and/or psychotherapies (PC 1.2, 1.5, 1.6; KP 2.2, 2.4)
6. The student will also have exposure to forensic psychiatry and psychiatric syndromes associated with medical illnesses. (PC 1.3, 1.5; KP 2.1, 2.2, 2.5; IC 7.2)



### **Patient Care (PC)**

Provide patient-centered care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

#### ***Objectives:***

1. The student will work to become proficient in doing a complete psychiatric evaluation, including a present and past psychiatric history, developmental history, family history, educational history, sociocultural history, substance abuse history, medical history, and a mental status exam. (PC 1.1-1.7; KP 2.3- 2.6; ICS 4.3, 4.5; Prof 5.1-5.7)
2. Based on a complete psychiatric evaluation, the student needs to develop and document a DSM multiaxial diagnosis, an evaluation plan for appropriate laboratory and medical examination, and a treatment plan derived from the biopsychosocial formulation. (PC 1.2, 1.3, 1.5; KP 2.3-2.6; PBL&I 3.1, 3.5; SBP 6.1-6.4; PPD 8.1, 8.4)
3. The student will need to assess and document the patient's potential for self-harm, harm to others, and appropriate interventions. (PC 1.1-1.9; KP 2.1, 2.3, 2.5; PBL&I 3.2; ICS 4.1, 4.2, 4.3; Prof 5.1-5.6; SBP 6.2; IC 7.2, 7.4; PPD 8.1, 8.2, 8.3)
4. The student will learn to do appropriate follow-up evaluations on inpatients and outpatients, and document these evaluations and treatment suggestions in a timely fashion. (PC 1.1-1.9; KP 2.1- 2.3; PBL&I 3.2, 3.3, 3.4; ICS 4.1-4.4; Prof 5.1- 5.7)

### **Interpersonal and Communication Skills (ICS)**

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.

#### ***Objectives:***

1. The student will develop the interpersonal skills which will facilitate an effective therapeutic relationship with culturally diverse patients, and their families. (ICS 4.1, 4.2, 4.3)
2. The student will demonstrate interpersonal skills that reflect an underlying attitude of respect for others, the desire to gain understanding of another's position and reasoning, a belief in the intrinsic worth of all human beings, the wish to build collaboration, and the desire to share information in a consultative, rather than a dogmatic, fashion. (ICS 4.1, 4.3)
3. The student will be expected to (ICS 4.1- 4.4; PC 1.8; KP 2.6; Prof 5.1, 5.6):
  - a. Listen to and understand patients and their families
  - b. Communicate effectively with patients and their families, using verbal, nonverbal, and writing skills as appropriate.
  - c. Foster a therapeutic alliance with their patients, as indicated by the patient's feelings of trust, openness, rapport, and comfort in the relationship with the student.
  - d. Transmit information to patients and families in a clear meaningful manner.

- e. Educate patients and their families about medical, psychological and behavioral issues.
- f. Appropriately utilize interpreters and communicate effectively with patients and families who speak another language.
- g. Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients.

### **Professionalism (PROF)**

Demonstrate understanding of and behavior consistent with professional responsibilities and adherence to ethical principles.

#### ***Objectives:***

1. The student will demonstrate
  - a. Respect, compassion and integrity (Prof 5.1).
  - b. Responsiveness to the needs of patients and society that supersedes self-interest.
  - c. Accountability to patients, society, and the profession (Prof 5.3).
  - d. A commitment to excellence and ongoing professional development (Prof 5.7).
2. The student will demonstrate a commitment to ethical principles pertaining to the provision or withholding of clinical care (Prof 5.2).
3. The student will attend a discussion seminar on the ethics in psychiatry.
4. The importance of confidentiality of patient information and informed consent shall be stressed to the student. (Prof 5.2)
5. It is expected the student will demonstrate sensitivity and responsiveness to the patient's culture, age, gender and disabilities (Prof 5.1, 5.6; ICS 4.1, 4.3).
6. Plagiarism is unacceptable. All reference sources must be clearly annotated when a student presents scientific knowledge.
7. The student will be expected to participate in collegial and respectful discussions with team members, teachers and peers. (ICS 4.2)
8. Students must check their schedules on a daily basis and are expected to show up to all assigned duties on time.
9. Failure to attend scheduled duties without appropriate notification to the Clerkship Coordinator and the appropriate attending is considered unprofessional behavior and will be addressed by the Clerkship Director and/or the Assistant Clerkship Director.

### **Practice-Based Learning and Improvement (PBL & I)**

Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

#### ***Objectives:***

1. The student will demonstrate a well-rounded knowledge of the delineated psychiatric disorders and the various treatment modalities.
2. The student will recognize and accept his or her limitations in knowledge base and clinical skills (PBL&I 3.1).
3. The student will develop a mindset that accepts the absolute need for lifelong learning.
4. The students will maintain a log of the cases they have seen so the clerkship director can be certain the student is getting the necessary exposure to a variety of psychiatric conditions. This is essential to develop the necessary clinical skills and knowledge base in psychiatry. The student will also have appropriate supervision while developing their caseload. (PBL&I 3.5)
5. The students will demonstrate the ability to review and critically assess the scientific literature in order to promote a higher quality of care (PBL&I 3.4).

### **Systems-Based Practice (SBP)**

Demonstrate an awareness of and responsiveness to the larger context and system of health care as well as the ability to call on other resources in the system to provide optimal care.

The students of Paul L. Foster School of Medicine have the unique opportunity to observe and learn different systems interacting to provide for the care of patients. The students, in a combined block with Internal Medicine and Psychiatry, will have models of this interaction throughout their learning experience in their third year. The students will also be exposed to how healthcare professionals, (psychiatrists, psychologists, social workers, licensed professional counselors and nurses) interact in psychiatry to provide for the optimal treatment of a patient (SBP 6.1).

#### ***Objectives:***

1. The student will be able to discuss how Internal Medicine and Psychiatry overlap and the importance of their interactions. Internal Medicine and Psychiatry will have one half day designated for didactic sessions. Many of these will be shared topics to both specialties. (i.e. dementia, delirium, grief and dying, psychosomatic disorders, somatoform disorders, sleep disorders, and psychiatric symptoms of medical and neurological illnesses).
2. The student will appreciate the impact of managed care through exposure to a variety of systems. Efforts will be made to have the students exposed to a wide variety of systems that treat psychiatric patients. This will be inpatient experience for the chronically mentally ill, day hospital and ambulatory clinics for less severely ill patients. This will allow for discussion of the level of care that has proven effectiveness but may be more cost effective.
3. The student will understand how various mental health professionals interact to meet the emotional needs of a patient through their exposure to treatment teams. Part of the requirement in our day hospital setting and inpatient hospital experience is to have students participate in the treatment team of their supervising psychiatric physician.
4. The student will be able to describe how the various modes of treatment delivered by the variety of mental health professions dovetail to meet the needs of a psychiatric patient. Part of

the students' experience will also be participation in groups or individual therapy sessions with other mental health professionals besides psychiatrists.

5. The student will demonstrate an appreciation of how the mental system has developed to accommodate the cultural diversity found in El Paso. El Paso offers a unique experience to understand how the various systems have been developed to meet the needs of diverse cultures. Most of the hospital/day hospital programs available in El Paso are bicultural and have access to bilingual mental health professionals. This unique experience will allow our students to fully appreciate culturally diverse systems and how they meet the needs of our culturally diverse population.

### **Interprofessional Collaboration (IC)**

Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.

The students of Paul L. Foster School of Medicine have the unique opportunity to engage in the care of patients in an interprofessional team consisting of residents, attending psychiatrists, psychologists, social workers, licensed professional counselors, mental health technicians and nurses in a manner that optimizes the care the patients receive.

#### ***Objectives***

- a) The student will understand the roles of each member of the interprofessional team and utilize their contributions to the care of the patient. (7.1)
- b) The student will define their own role in the team with guidance from the upper level resident and will work with the others in the team to provide safe and effective care of the patient. (7.2)
- c) The student will demonstrate the ability to function as a team member by completing their tasks assigned in a timely manner and at times will be expected to take a leadership role in regards to coordinating tasks for others in the team. (7.3)
- d) The student will learn to recognize and respond appropriately to any conflict that arises between involved healthcare professionals in the team and comport themselves in a professional and courteous manner with the guidance of the upper level resident and/or attending. (7.4)

### **Personal and Professional Development (PPD)**

Demonstrate the qualities required to sustain lifelong personal and professional growth.

The students of Paul L. Foster School of Medicine have the opportunity to build on their own development as a student doctor and as a future practicing physician with their interactions with the treatment team. They will gain knowledge in recognizing their own limitations but more importantly learn techniques in how to increase their knowledge base in medicine and in the care of patients overall that will extend into their residency training and on to their professional careers.

#### **Objectives:**

1. The student will take responsibility for the care and treatment of their patients but also recognize when to seek assistance from the other members of the treatment team in regards to the best care for their patient. (8.1)
2. The student will demonstrate healthy coping mechanisms when challenged with stressful situations in the care of their patients or when overwhelmed with the responsibilities of being a mental health care provider. They will maintain professionalism and empathy for those that are under their care as well as to the other members of the team. These skills will be demonstrated by their supervisors and will be open for discussion with them. (8.2)
3. The student will master the ability to adapt to changing and difficult situations in the care of patients and in dealing with system-based practice medicine by showing flexibility and accomplishing tasks overall. (8.3)
4. The student will show the ability to utilize or suggest using all known available resources when confronted with ambiguous or uncertain situations that arise in the care of their patient and demonstrate mature and strong coping mechanisms in the process. (8.4)
5. The students with initiative will show enthusiasm and interest in learning by selecting topics that interest them or that would help the treatment team in their care of the patient during their clinical experiences and research those topics. After their exploration of the topic via critically appraised scientific articles, textbooks, and other resources, the goal of presenting to the treatment team would be in order. (8.5)

## Clinical Expectations

### **Psychiatry Op-Log Requirements**

Students are expected to log each patient that they see throughout the Psychiatry Clerkship. The LCME guidelines are that each student should see a minimum number of cases from diagnostic categories. The Clerkship Director and/or the Assistant Clerkship Director will review each student's Op-Log during Mid-Clerkship Feedback. (At least 15 patients must be entered in Op-Log by Mid-Clerkship Feedback). This will help monitor the types of patients that the student has seen and identify deficiencies which would need to be addressed by the clerkship director or coordinator. It is the student's responsibility to alert the clerkship director if a required category of psychopathology diagnoses have not been seen by the clerk by his midterm evaluation. The clerkship director will provide the student with simulated cases, case histories or notify an attending to provide an appropriate case.

Students are encouraged to stay current with their online log and enter the cases seen daily. The clerkship coordinator will be monitoring the log weekly to make certain that each student is entering the appropriate number of patient encounters. **By the end of rotation at least 30 cases need to be entered and all diagnoses in red (below) must be documented.**

Satisfactory completion of the Op-Log should be completed with at least the minimum number of patients by the Friday of the 14<sup>th</sup> week. If this log is not complete at that time, additional learning activities will be assigned. This could include reading from Case Files to be discussed with the clerkship director. The other possibility would be to have the student return in their fourth year for an additional two weeks to see the expected number of cases in all categories. It is expected that this latter possibility would be rarely necessary.

| <b>Diagnostic Category</b>                           | <b>Diagnosis (items in red font are mandatory)</b>   |
|--|--|
| Depressive Disorders                                 | <b>MDD (single or recurrent)</b><br>Mild<br>Moderate<br>Severe<br>w or w/o psychosis<br>Persistent Depressive Disorder<br>(Dysthymia) Other Specified Depressive Disorder<br>2° to GMC/Substance-Induced |
| Bipolar and Related Disorders                        | <b>Bipolar I or Bipolar II</b><br>Cyclothymic Disorder 2° to GMC or Substance-Induced  |
| Schizophrenia Spectrum and Other Psychotic Disorders | <b>SCZ, SCZ-affective</b><br>(depressed or bipolar type)<br>Brief Psychotic Disorder   |

|  |   |
|--|---|
|  | Schizophreniform Disorder<br>Delusional Disorder<br>2° to GMC/Substance Induced<br>Other Specified Schizophrenia Spectrum and<br>Other Psychotic Disorder   |
| Anxiety Disorders                                  | Panic Disorder<br>Agoraphobia<br>Specific Phobia<br>Social Anxiety Disorder (Social Phobia)<br>Generalized Anxiety Disorder<br>Substance/Medication-Induced Anxiety Disorder<br>Separation Anxiety Disorder   |
| Substance-Related and Addictive Disorders          | Alcohol-Related Disorders<br>Caffeine-Related Disorders<br>Cannabis-Related Disorders<br>Hallucinogen-Related Disorders<br>Inhalant-Related Disorders<br>Opioid-Related Disorders<br>Sedative-, Hypnotic-, or Anxiolytic-Related<br>Disorders<br>Stimulant-Related Disorders<br>Tobacco-Related Disorders |
| Neurodevelopmental Disorders                       | Intellectual Disabilities<br>Attention-Deficit/Hyperactivity Disorder<br>Learning Disorders   |
| Neurocognitive Disorders                           | Dementia or Delirium  |
| Risk Assessment /Danger to self or others          | SI<br>HI<br>Risk for harm   |
| Personality Disorders                              | Cluster A Personality Disorders or<br>Cluster B Personality Disorders or<br>Cluster C Personality Disorders   |
| Disruptive, Impulse-Control, and Conduct Disorders | Oppositional Defiant Disorder or<br>Intermittent Explosive Disorder or<br>Conduct Disorder - subtypes   |

### Procedures

- The students will have the opportunity to observe Electroconvulsive Therapy when there are patients requiring this treatment modality. There is only one psychiatrist (Dr. Arthur



Ramirez) who does ECT, and when he has a case, the students will be notified so they can observe.

- The students will be given the opportunity to experience hypnosis and will have a discussion of history and applications.
- The students will have a discussion of biofeedback and have an opportunity to try galvanic skin resistance (GSR) feedback equipment.
- The students will practice performing the Mental Status Exam and the Mini Mental State Exam.

### Integration Threads

|                          |                               |   |
|--------------------------|-------------------------------|---|
| <u>X</u> Geriatrics      | ___ Patient Safety            | <u>X</u> Communication Skills                 |
| <u>X</u> Basic Science   | ___ Pain Management           | ___ Diagnostic Imaging                        |
| <u>X</u> Ethics          | <u>X</u> Chronic Illness Care | ___ Clinical Pathology                        |
| <u>X</u> Professionalism | ___ Palliative Care           | ___ Clinical and/or<br>Translational Research |
| ___ EBM                  | ___ Quality<br>Improvement    |   |

#### **Geriatrics**

- Psychiatry Seminars on Delirium, Dementia, Grief and the Dying Patient

#### **Basic Science**

- Psychiatry Seminar on Neurotransmitters
- Discussion of Genetics in Psychiatry

#### **Ethics and Professionalism**

- Discussion of Ethics and Professionalism in Psychiatry

#### **Patient care-boundaries issues in Psychiatry Communication Skills**

- Psychiatry Seminar on Interview Techniques with Faculty
- OSCE Practice seminar



## Psychiatry Clerkship Components

### Rotations

The Psychiatry Clerkship consists of the following:

- Inpatient Psychiatry: 3 weeks
  - Inpatient Psychiatry will take place at either El Paso Behavioral Health (EPBH) or El Paso Psychiatric Center (EPPC).
- Outpatient Psychiatry: 3 weeks
  - Outpatient Psychiatry consists of half-days of any or all of the following:
    - Adult C/L
    - Child C/L
    - Resident and Faculty Clinic, at either the Alameda Clinic or the Mesa Clinic (see page 19 for address/contact information)
- Longitudinal Selective: 12 half-days out of the 16 week block (students do not attend their Longitudinal Selective during one three-week rotation of Internal Medicine Wards). Please see page 87 for more information.

### Sample Psychiatry Clerkship Schedules

Student schedules are entered into Scheduler 15: <https://ilios.ttuhscc.edu/PLFSOMScheduler>. Students are expected to check their online schedules at least once each day. Students must contact the Clerkship Coordinator if anything unusual is on their schedule.

#### *Sample Outpatient Schedule:*

|               | Mon                    | Tues      | Wed            | Thurs           | Fri                    | Sat          |
|---------------|------------------------|-----------|----------------|-----------------|------------------------|--------------|
| <b>7:30AM</b> | Student Morning Report |           |                |                 | Student Morning Report |              |
| <b>AM</b>     | Resident Clinic        | Child C/L | Faculty Clinic | Adult C/L       | Resident Clinic        |              |
| <b>PM</b>     | Adult C/L              | L/S       | Didactics      | Resident Clinic | Community Faculty      | Weekend Call |

Please note: the above schedule is to give students an idea of what their Outpatient Psychiatry rotation looks like. Individual schedules subject to change based on faculty/resident clinic and Longitudinal Selective (L/S) schedules.

**Sample Inpatient Schedule:**

|               | <b>Mon</b>                      | <b>Tues</b>           | <b>Wed</b>            | <b>Thurs</b>                    | <b>Fri</b>             |
|---------------|---------------------------------|-----------------------|-----------------------|---------------------------------|------------------------|
| <b>7:30AM</b> |                                 |                       |                       |                                 | Student Morning Report |
| <b>AM</b>     | Morning Report & Court Hearings | Morning Report-Rounds | Morning Report-Rounds | Morning Report & Court Hearings | Morning Report-Rounds  |
| <b>PM</b>     | Rounds                          | L/S                   | Didactics             | Rounds<br>Weeknight Call        | Rounds                 |

Please note: the above schedule is to give students an idea of what their Inpatient Psychiatry rotation looks like. Individual schedules subject to change based on Longitudinal Selective (L/S) and call schedules.

### Longitudinal Selective in Psychiatry

The Longitudinal Selective in Psychiatry is designed to give students an opportunity to experience a specific component of psychiatry in greater depth. Students will be assigned to one of the following longitudinal selectives depending on students' preference and availability of the selective. Students attend their selective once each week for twelve weeks of the Block.

| Name of Selective                        | Location/Contact   | Description  |
|--|--|--|
| <p><b>Adult Consultation Liaison</b></p> | <p>UMC ER Zone C<br/>4815 Alameda Ave<br/>(915) 544-1200</p> <p>Faculty:</p> <ul style="list-style-type: none"> <li>• Dr. Weisman</li> <li>• Dr. Tonarelli</li> <li>• Dr. Uga</li> <li>• Dr. Gonzalez</li> <li>• Mrs. Leony-Carrete Amelia</li> </ul> <p>(Or contact Psychiatry Residents)</p> | <p>Objectives:<br/>At the end of the course, students should be able to:</p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to perform a psychiatric interview and a mental status examination</li> <li>• Identify the principle psychiatric issues facing medical and surgical patients.</li> <li>• Describe the questions necessary to conduct an assessment of suicidality.</li> <li>• Demonstrate the ability to recognize psychiatric emergencies among general medical patients</li> <li>• Demonstrate knowledge about medical-legal interventions</li> <li>• To understand cultural factors in patient care</li> <li>• Understand the main therapeutic interventions</li> </ul> |
| <p><b>Child Clinic</b></p>               | <p>800 N. Mesa<br/>(915) 215-6170</p> <p>Faculty:</p> <ul style="list-style-type: none"> <li>• Dr. Devargas</li> <li>• Dr. Mansourkhani</li> <li>• Dr. Mehta</li> <li>• Dr. Martin</li> <li>• Dr. Alvarado</li> </ul>  | <p>Objectives:<br/>Students will:</p> <ul style="list-style-type: none"> <li>• Be exposed to gathering of a psychiatric history in child and adolescent</li> <li>• Learn some of the main psychiatric conditions with Child and Adolescent.</li> <li>• Learn mental status exams and interview techniques.                             <ul style="list-style-type: none"> <li>○ Establish professional relationships and effective communication with patients and their families</li> </ul> </li> </ul>   |

| Name of Selective             | Location/Contact   | Description  |
|-------------------------------|--|--|
|                               | <ul style="list-style-type: none"> <li>Child Fellow</li> </ul>   |  |
| <b>Sleep Center:</b>          | <p>Westside Location:</p> <ul style="list-style-type: none"> <li>4305 N. Mesa St # B</li> </ul> <p>Eastside Location:</p> <ul style="list-style-type: none"> <li>3030 Joe Battle</li> </ul> <p>(915) 779-7378 – this number works for both locations</p> <p>Faculty:</p> <ul style="list-style-type: none"> <li>Dr. David Briones</li> <li>Dr. Gonzalo Diaz</li> </ul> | <p>El Paso Sleep Center is affiliated with the Paul L. Foster School of Medicine, Texas Tech University Health Science Center. The center is also fully-accredited by the American Academy of Sleep Medicine.</p> <p>At the end of the course, students should be able to:</p> <ul style="list-style-type: none"> <li>Be exposed to a variety of sleep disorders and be able to take a sleep history</li> <li>Perform a sleep physical examination, and basic interpretation of polysomnography</li> <li>Be able to classify the major sleep disorders: narcolepsy, OSA, and insomnia</li> <li>Be familiar with a treatment plan for outpatient management of sleep disorders utilizing techniques such as sleep hygiene, behavior modifications, and psychopharmacological agents.</li> </ul> |
| <b>Child Guidance Center:</b> | <p>2701 E. Yandell Dr.<br/>(915) 562-1999</p> <p>Faculty:</p> <ul style="list-style-type: none"> <li>Dr. Cecilia DeVargas</li> </ul>   | <p>Provides outpatient mental health services for adults, children, and families. There is a team of Licensed Professional Counselors, Psychiatrist, and Licensed Clinical Social Workers that provide a range of mental health services including psychiatric evaluations, individual, family and group therapy. Treatment services are tailored to meet the individual needs of children and families. (<a href="http://elpasochildguidancecenter.org/wordpress/">http://elpasochildguidancecenter.org/wordpress/</a>)</p>   |
| <b>Neurology Clinic</b>       | <p>2311 N. Mesa St. Suite F.<br/>(915) 544-6400</p> <p>Faculty:</p> <ul style="list-style-type: none"> <li>Dr. Boris Kaim</li> </ul>   | <p>Dr. Kaim Boris specializes in Neurology, Psychiatry, and Sleep Medicine in his private clinic</p>   |

| Name of Selective                            | Location/Contact   | Description  |
|--|--|--|
| <b>Psychiatric Emergency Service:</b>        | El Paso Psychiatric Center-INTAKE, 1 <sup>st</sup> floor Rear.<br><br>(915) 532-2202   | Persons with mental health problems may be considered for services at EPPC if their needs cannot be or are not met by community in home, day program or residential service providers. An application for admission, determination of mental health problems, court commitment for services, level of need and level of care protocols and copies of Letters of guardianship, as applicable. (Jorge Molina, Texas Department of State Health Services).<br><a href="http://www.dshs.state.tx.us/mhhospitals/EIPasoPC/EPPC_Admissions.shtm">http://www.dshs.state.tx.us/mhhospitals/EIPasoPC/EPPC_Admissions.shtm</a> |
| <b>Inpatient/ Outpatient with Dr. Rivera</b> | El Paso Behavioral Health<br><br>(915) 544-4000<br><br>Faculty:<br><ul style="list-style-type: none"><li>• Dr. Cynthia Rivera</li></ul>              | See patients with Dr. Rivera, especially in the women’s division.  |
| <b>Mentis:</b>                               | 4360 Doniphan Drive<br>El Paso, TX. 79922<br>(915) 351-4441<br><br>Faculty:<br><ul style="list-style-type: none"><li>• Dr. Zoraya Parrilla</li></ul> | Provides Neuro Rehabilitation. As stated on the website ( <a href="http://www.mentisneuro.com/">http://www.mentisneuro.com/</a> ), provides post-acute Neuro-rehabilitation to persons who have sustained an acquired brain injury or who are significantly challenged by neurological conditions that restrict mobility, social interaction, communication, employability and re-entry into their homes and communities.  |
| <b>Psychotherapy:</b>                        | 905 Noble St.<br><br>(915) 351-3988<br><br>Faculty:<br><ul style="list-style-type: none"><li>• Mr. Rafael Aguirre</li></ul>                          | Objectives: See patients with Mr. Rafael Aguirre in his private clinic or See psychotherapy patients with a TTUHSC Psychiatry Resident.<br><ul style="list-style-type: none"><li>• Refine interview techniques and strategies</li><li>• Refine process of obtaining family history from a bio-psychosocial viewpoint</li><li>• Become familiar with the individual, marital, and family therapy process.</li></ul>   |

| Name of Selective       | Location/Contact  | Description  |
|-------------------------|---|--|
| <b>Outpatient</b>       | 4615 Alameda Ave. (EPPC Basement)   | See patients with assigned resident or faculty. Have the opportunity to complete learning instruments such as the MOCA, depression scale, Anxiety scale, and more.   |
| <b>Geriatrics</b>       | Outpatient Clinic Texas Tech<br>Dr. Salazar Ricardo   | Objectives: <ul style="list-style-type: none"> <li>• To perform comprehensive assessments of geriatric patients</li> <li>• To perform continuity follow-up care of elderly patients</li> <li>• To understand the differences in pharmacotherapy in the elderly.</li> <li>• To be able to understand the bio-psychosocial aspects of treatment planning in geriatric patients.</li> </ul> |
| <b>Project Vida</b>     | 3607 Rivera Avenue<br>(915) 533-7057<br>Faculty: <ul style="list-style-type: none"> <li>• Dr. Mohamed H. Ataalla</li> </ul> | Objectives<br>TBA  |
| <b>Mood Disorders</b>   | 4615 Alameda Ave. (EPPC Basement)   | Objectives<br>TBA  |
| <b>Memory Disorders</b> | 4615 Alameda Ave (EPPC Basement)<br>Faculty: <ul style="list-style-type: none"> <li>• Dr. Ricardo Salazar</li> </ul>        | Objectives<br>TBA  |

### Clerkship Assessments

Students are expected to have a minimum of four assessments (3 from outpatient and 1 from inpatient) by faculty and/or residents by the end of the Clerkship. Below are examples of each assessment used in the Psychiatry Clerkship.

#### Outpatient Psychiatry Clerkship Assessment

|   |  |
|---|--|
| <b>Knowledge For Practice</b>   | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Can compare and contrast normal variation and pathological states commonly encountered in Psychiatry.   |  |
| Demonstrates knowledge of current peer-reviewed literature in relation to patient management.   |  |
| <b>Patient Care and Procedural Skills</b>   | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Completes an appropriate history.   |  |
| Addresses patient's agenda.   |  |
| Exam is appropriate in scope and is linked to the history.  |  |
| Identifies pertinent physical findings.   |  |
| Accurately interprets commonly used laboratory results.   |  |
| Identifies bio-psychosocial issues relevant to patient treatment.   |  |
| Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings.          |  |
| Identifies serious conditions that require timely and specific interventions.   |  |
| Develops a treatment plan appropriate to the patient and based on up-to-date scientific evidence.   |  |
| Appropriately documents findings.   |  |
| Participate in counselling and educating patients and their families to empower them to participate in their care                               |  |
| <b>Interpersonal and Communication Skills</b>   | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds.                            |  |
| Presentations to faculty or resident are organized.   |  |
| <b>Practice-Based Learning and Improvement</b>  | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Takes the initiative in increasing clinical knowledge and skills.   |  |
| Accepts and incorporates feedback into practice.  |  |
| Demonstrates sophistication in the use of digital resources for patient care, self-education, and the education of patients and their families. |  |

|  |  |
|--|--|
| <b>System-Based Practice</b>   | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Effectively utilizes medical care systems and resources to benefit patient health.   |  |
| Demonstrates knowledge of best practices regarding transitions of care between providers and settings.                                     |  |
| <b>Professionalism</b>   | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Is reliable and demonstrates accountability to patients and fellow members of the health care team   |  |
| Acknowledges mistakes  |  |
| Demonstrates compassion and respect for all people   |  |
| Demonstrates honesty in all professional matters   |  |
| Protects patient confidentiality   |  |
| Dress and grooming appropriate for the setting   |  |
| <b>Interprofessional Collaboration</b>   | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Works professionally with other health care personnel including nurses, technicians, and ancillary service personnel                       |  |
| Is an important, contributing member of the assigned team  |  |
| Responds appropriately to circumstances involving conflict with other health care professionals or team members                            |  |
| <b>Personal and Professional Development</b>   | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Recognizes when to take responsibility and when to seek assistance   |  |
| Demonstrate flexibility in adjusting to change.  |  |
| Demonstrates the ability to employ self-initiated learning strategies when approaching new challenges, problems, or unfamiliar situations. |  |
| <b>What are the student's 2-3 strongest performance areas (comments required)</b>  |  |
| <b>Please discuss what the student can do to most improve his/her performance (comments required).</b>                                     |  |



### Inpatient Psychiatry Clerkship Assessment

|  |  |
|--|--|
| <b>Knowledge For Practice</b>  | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Can compare and contrast normal variation and pathological states commonly encountered in Psychiatry.                                  |  |
| Demonstrates knowledge of current peer-reviewed literature in relation to patient management.  |  |
| <b>Patient Care and Procedural Skills</b>  | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Completes an appropriate history.  |  |
| Addresses patient's agenda.  |  |
| Identifies bio-psychosocial issues relevant to patient treatment.  |  |
| Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings. |  |
| Identifies serious conditions that require timely and specific interventions.  |  |
| Develops a treatment plan appropriate to the patient and based on up-to-date scientific evidence.                                      |  |
| Participate in counselling and educating patients and their families to empower them to participate in their care                      |  |
| <b>Interpersonal and Communication Skills</b>  | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds.                   |  |
| Presentations to faculty or resident are organized.  |  |
| <b>Practice-Based Learning and Improvement</b>   | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Takes the initiative in increasing clinical knowledge and skills.  |  |
| Accepts and incorporates feedback into practice.   |  |
| <b>System-Based Practice</b>   | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Effectively utilizes medical care systems and resources to benefit patient health.   |  |
| <b>Comments related to System-Based Practice (If none, please enter NA):</b>   |  |
| <b>Professionalism</b>   | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Is reliable and demonstrates accountability to patients and fellow members of the health care team                                     |  |

|  |  |
|--|--|
| Demonstrates compassion and respect for all people   |  |
| Demonstrates honesty in all professional matters   |  |
| Protects patient confidentiality   |  |
| <b>Interprofessional Collaboration</b>   | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Works professionally with other health care personnel including nurses, technicians, and ancillary service personnel                       |  |
| Is an important, contributing member of the assigned team  |  |
| Responds appropriately to circumstances involving conflict with other health care professionals or team members                            |  |
| <b>Personal and Professional Development</b>   | <b>Scale:</b> Needs Improvement, Pass, Honors, N/A |
| Recognizes when to take responsibility and when to seek assistance   |  |
| Demonstrates the ability to employ self-initiated learning strategies when approaching new challenges, problems, or unfamiliar situations. |  |
| <b>What are the student's 2-3 strongest performance areas (comments required):</b>   |  |
| <b>Please discuss what the student can do to most improve his/her performance (comments required).</b>                                     |  |

### Mid-Clerkship Feedback

Each student will meet with the Clerkship Director and/or Assistant Clerkship Director halfway through their Psychiatry Clerkship to discuss their progress in the Clerkship thus far. For more information, please see page 99

|  |  |
|--|--|
| Professionalism:   |  |
| Planned date of discussion:  |  |
| Actual date of discussion:   |  |
| Review of evaluations to date with student:  |  |
| Synopsis of discussion with student:   |  |
| Areas that would yield the greatest improvement in the student's skills:   |  |
| Strongest skill area:  |  |
| Required clerkship-specific activities – Please indicate how the clerk is performing on activities specific to the block's clerkships (examples: quizzes, presentations, documented H&P, paper chart(s):   |  |
| Op-Log – Discuss student's Op-Log documentation and any areas where the student does not appear on track. Identify date when student should come back to see you if s/he has not yet met the requirements. |  |

### Student Presentation Assessment

Each student is expected to give a short (10-15 minute) presentation on an assigned topic during Wednesday afternoon didactics. The faculty or senior resident attending the presentation will use this form to assess the student's presentation.

PowerPoint Presentation created by: \_\_\_\_\_

Circle the degree to which you disagree or agree with each statement below using the scale from 1 (strongly disagree) to 7 (strongly agree).

1. This PowerPoint presentation accomplished its intended purpose.
2. The overall design (look and feel) of this PowerPoint's slides was appealing.
3. The PowerPoint slides adhered to guidelines for good presentation design.
4. The oral presentation of these slides was well-delivered.
5. This presentation shows that the presenter made a significant effort to produce it (given the previous experience the creator had with PowerPoint).
6. Write at least one suggestion for improving this presentation on the other side of this form.

### End of Clerkship Assessment

|  |   |
|--|---|
| <b>Knowledge for Practice</b>                    | Grade: Needs Improvement; Pass; Honors  |
|  | Source(s): <ul style="list-style-type: none"> <li>• Inpatient and Outpatient Psychiatry Clerkship Evaluations</li> <li>• Inpatient and Outpatient Progress Notes</li> <li>• Comprehensive Psychiatric Evaluation</li> <li>• Case reviews: lectures and inpatient rotation</li> </ul>  |
|  | Comments – meant to justify the score in this competency. Could be taken from the weekly assessments.   |
| <b>Patient Care and Procedural Skills</b>        | Grade: Needs Improvement; Pass; Honors  |
|  | Source(s): <ul style="list-style-type: none"> <li>• Inpatient and Outpatient Psychiatry Clerkship Evaluations</li> <li>• Op-log Completion and assessment of range of pathology</li> <li>• Inpatient and Outpatient progress notes</li> <li>• Comprehensive Psychiatry Evaluation</li> <li>• Screening Instruments (MOCA, MDQ, etc.)</li> </ul>   |
|  | Comments – meant to justify grade in this competency  |
| <b>Interpersonal and Communication Skills</b>    | Grade: Needs Improvement; Pass; Honors  |
|  | Source(s): <ul style="list-style-type: none"> <li>• Inpatient and Outpatient Psychiatry Clerkship Evaluations</li> <li>• Required Lecture presentation</li> <li>• Required Practicum presentation to peers and faculty</li> <li>• Student Morning Report</li> <li>• Student Psychiatric Evaluation</li> </ul>   |
|  | Comments – meant to justify grade in this competency  |
| <b>Practice-Based Learning &amp; Improvement</b> | Grade: Needs Improvement; Pass; Honors  |
|  | Source(s): <ul style="list-style-type: none"> <li>• Inpatient and Outpatient Psychiatry Clerkship Evaluations</li> <li>• Matrix Sheets</li> <li>• Required Lecture/Practicum presentations to peers and faculty</li> <li>• Comprehensive Assessment Forms</li> <li>• Discussion of student learning techniques at mid-rotation review</li> <li>• Case reviews: lectures and inpatient rotation</li> </ul> |
|  | Comments – meant to justify grade in this competency  |

|  |   |
|--|---|
| <b>Systems-Based Practice</b>  | Grade: Needs Improvement; Pass; Honors  |
|  | Source(s): <ul style="list-style-type: none"> <li>• PMAB Training with EPPC</li> <li>• Lecture presentation</li> <li>• Inpatient case load</li> <li>• Inpatient and Outpatient Progress Notes</li> <li>• Matrix Sheets</li> </ul>   |
|  | Comments – meant to justify grade in this competency  |
| <b>Professionalism</b>   | Grade: Needs Improvement; Pass; Honors  |
|  | Source(s): <ul style="list-style-type: none"> <li>• Books and badges turned in</li> <li>• Duty hours reported</li> <li>• Timeliness to activities</li> <li>• Compliance with clinical setting rules</li> <li>• EMR desktop cleared by end of rotation</li> <li>• Proper appearance and dress</li> </ul> |
|  | Comments – meant to justify grade in this competency  |
| <b>Interprofessional Collaboration</b>   | Grade: Needs Improvement; Pass; Honors  |
|  | Source(s): <ul style="list-style-type: none"> <li>• Inpatient and Outpatient Psychiatry Clerkship Evaluations</li> <li>• Case presentations with teams</li> <li>• Progress notes</li> <li>• Inpatient Activity Form</li> <li>• Completion of a Student Psychiatric Evaluation during call</li> </ul>    |
|  | Comments – meant to justify grade in this competency  |
| <b>Personal and Professional Development</b>   | Grade: Needs Improvement; Pass; Honors  |
|  | Source(s): <ul style="list-style-type: none"> <li>• Inpatient and Outpatient Psychiatry Clerkship Evaluations</li> <li>• Discussion of student learning techniques at mid rotation review</li> </ul>  |
|  | Comments – meant to justify grade in this competency  |
| <ul style="list-style-type: none"> <li>• NBME score and percentile</li> <li>• OSCE</li> <li>• MSPE comments</li> <li>• General Comments (Optional and not for MSPE)</li> <li>• Final Grade for Clerkship – Honors, Pass, Fail</li> </ul> |   |

| <b>Student Responsibilities and Mandatory Clerkship Activities</b> |  |
|--|--|
| <b>Outpatient Psychiatry</b>                                       | 6-8 Progress Notes (due the Monday after the Outpatient Rotation)  |
|  | Two Matrix Sheets on any patient/cases during outpatient rotation; please see page 105 for instructions. Please refer to CANVAS for more details and instructions. (Due Monday after Outpatient Rotation)  |
|  | Students will be assigned to different rotations daily, A.M. and P.M. such as C/L, Forensics, Child C/L, PES and clinic with faculty/residents. It is essential to write a progress note or psychiatric evaluation.  |
|  | Mandatory attendance at Practicum with senior resident; please refer to Scheduler 15 ( <a href="https://ilios.ttuhsoc.edu/PLFSOMScheduler">https://ilios.ttuhsoc.edu/PLFSOMScheduler</a> ) for assigned date and refer to CANVAS for assigned topic, references, and assignment details.   |
|  | One weekend call will be assigned: <ul style="list-style-type: none"> <li>• Friday 5-10pm or Saturday 8am-2pm or 4-10pm</li> <li>• Please refer to Scheduler 15 (<a href="https://ilios.ttuhsoc.edu/PLFSOMScheduler">https://ilios.ttuhsoc.edu/PLFSOMScheduler</a>) for assigned day.</li> <li>• Complete at least one psychiatric evaluation on a new patient who presented to the hospital, if no patients during call, use a patient seen during regular outpatient rotation. <ul style="list-style-type: none"> <li>○ When a student is scheduled for call, they will present a case/patient to a Child and Adolescent fellow the following Monday at 7:30am. Furthermore, all students on Outpatient Psychiatry are expected to attend Student Morning Report each Monday and Friday at 7:30am. (Except for first Monday of Outpatient Rotation). Students are expected to participate in standard educational activities after presenting their case post-call to fellow.</li> </ul> </li> </ul> |
| <b>Inpatient Psychiatry</b>  | Minimum of 4 Progress Notes (due the Monday after the Inpatient Rotation)  |
|  | Two Matrix Sheets on any patient/cases during inpatient rotation; please see page 105 for instructions. Please refer to CANVAS for more details and instructions. (Due Monday after Inpatient Rotation)  |
|  | Students are required to participate in treatment teams of the attending physician. This will allow students to learn to coordinate the care of their patient with other mental health professionals.  |
|  | Students are required to participate in group psychotherapy sessions with attending psychiatrist and therapist's approval.   |
|  | One weekday call will be assigned: <ul style="list-style-type: none"> <li>• Tue., Wed, or Thu. 5-10 pm</li> <li>• Please refer to Scheduler 15 (<a href="https://ilios.ttuhsoc.edu/PLFSOMScheduler">https://ilios.ttuhsoc.edu/PLFSOMScheduler</a>) for assigned day.</li> </ul>  |

|   |   |
|---|---|
|   | <ul style="list-style-type: none"> <li>• Complete at least one psychiatric evaluation on a new patient who presented to the hospital, if not any patient will do.             <ul style="list-style-type: none"> <li>○ Student will present their case to a Child and Adolescent fellow at 7:30am the Friday after their call assignment. Students are expected to participate in standard educational activities after presenting their case post-call to fellow.</li> </ul> </li> </ul>   |
| <p><b>Expected throughout Clerkship</b></p> | <ul style="list-style-type: none"> <li>• Attendance at all required educational activities, including didactics, morning report, call, and Longitudinal Selective.</li> <li>• Appropriate cell phone and laptop/tablet use – no texting, emailing, etc. when expected to be attentive to faculty/presenter.</li> <li>• Update Op-Log on at least a weekly basis</li> <li>• Enter duty hours daily</li> <li>• Students are assigned 6 formative exams on CANVAS; at least 3 must be complete by Mid-Clerkship Feedback.</li> </ul> |

### General Clerkship Requirements

Students are responsible for formulating and implementing appropriate diagnostic and therapeutic plans for assigned patients, in conjunction with faculty or resident supervisors.

**Attendance:** Students are expected to be present and ready to participate in patient care at their rotation sites at the assigned time. Excessive tardiness or frequent request to leave early may result in a lower rating on professionalism competency.

In the event of absence:

- Student needs to notify the attending physician or resident at the rotation site
- Student needs to notify the Psychiatry Clerkship Coordinator Loretta Arredondo ([loretta.h.arredondo@ttuhsc.edu](mailto:loretta.h.arredondo@ttuhsc.edu); 915-215-4642) before the shift begins by e-mail or phone.
- Per Common Clerkship Policies, students must also notify [plfabsence@ttuhsc.edu](mailto:plfabsence@ttuhsc.edu)

If a student requests time off for anything other than illness, the following assignments will be given:

- 1 day: an extra matrix on a complex patient
- 2 days: an extra matrix on a complex patient AND a presentation of a patient case to the Clerkship Assistant Director with a discussion of relevant literature pertaining to the patient’s case.
- Absences of more than 2 days on the clerkship rotation must be reviewed by the Assistant Clerkship Director. The student may be required to make up absent time at the discretion of Clerkship Director or

|  |
|--|
| Assistant Clerkship Director. Failure to meet the make-up time/assignment may result as an incomplete for the course.  |
| <p style="text-align: center;"><b>Wednesday Afternoon Lecture Presentation</b></p> <p>Topics will be assigned to each student at Clerkship Orientation. Send a copy of presentation to Clerkship Coordinator. The faculty or resident attending the presentation will use the <a href="#">Student Presentation Assessment</a> to grade the presentation. Presentations should be about 10-15 minutes in length.</p>  |
| Students are responsible for asking faculty or residents for feedback (assessments) in each rotation, including the longitudinal selective rotation. By Mid-Clerkship Feedback, a minimum of 2 evaluations are expected. At the end of the Block, a minimum of 4 evaluations are expected.   |
| Students must update Op-Log on at least a weekly basis with all patients seen. This includes patients on IM with Psychiatry diagnoses such as substance abuse, depression, anxiety, etc. It can include medical case while seen in Psychiatry. Please see page <a href="#">82</a> for the Psychiatry Clerkship Op-Log expectations.  |
| <p><b>Mid-Clerkship Feedback</b></p> <p>This is a meeting with the Clerkship Director and/or Assistant Clerkship Director. Individual appointments will be made and sent to students. During Mid-Clerkship Feedback, the following will be reviewed with the student:</p> <ul style="list-style-type: none"><li>○ Patient entries in Op Log (<b>minimum of 15 patients</b>)</li><li>○ Progress/Case Notes</li><li>○ Student Psychiatric Evaluation</li><li>○ Clinical Performance</li><li>○ Range of psychopathology</li><li>○ Any difficulties encountered in the Clerkship so far</li><li>○ Weekly assessments completed by attending doctors or residents (<b>minimum of 2</b>)</li><li>○ Formative exam results (<b>minimum of 3 complete</b>)</li><li>○ Recommendations for increased readings</li><li>○ Professionalism/Countertransference</li><li>○ Bio-psychosocial formulation skills</li><li>○ Instruments used (MOCA, MMSE, other scales)</li><li>○ Constructive feedback for rotation</li></ul> |

### **Reading Materials**



The reading assignments will be tied into the weekly topics of the Psychiatry/IM seminars. There will be reading assignments from Dr. Blunk's study notes, schemes from 1<sup>st</sup> and 2<sup>nd</sup> year, and from House Officers Series Psychiatry 7th ed. by David A. Tomb.

I. Dr. Blunk's Study notes

- A. Psychiatry History
- B. Mental Status Exam
- C. Bio-psychosocial Interviewing
- D. Sexual History
- E. Classification in Psychiatry
- F. Ethics in Psychiatry
- G. Child and Adolescent Psychopathology
- H. Overview of Psychotherapy
- I. Personality Disorders
- J. Defense Mechanisms
- K. Psychotherapies

II. Schemes from years 1 and 2 (included with study notes)

- A. These schemes will be used as a tool during Wednesday didactic lectures.
- B. Mood Disorders
- C. Anxiety Disorders
- D. Psychotic Patient/Disordered Thought
- E. Substance Abuse/Drug Addiction/Withdrawal
- F. Neurocognitive Disorders
- G. Sleep Disorders

III. House Officers Series Psychiatry. 7th ed. by David A. Tomb assignments

- A. Recommended reading from House Officers Series Psychiatry. 7th ed. by David A. Tomb that also has study notes done by Dr. Blunk.
  - 1. Psychiatric Classification (Chapter 1, pages 1-3)
  - 2. Assessment (Chapter 2, pages 4-19)
  - 3. Personality Disorders (Chapter 20, pages 195-201)
  - 4. The Psychotherapies (Chapter 22, pages 207-214)

- B. Required reading from House Officers Series Psychiatry. 7th ed. by David A. Tomb that also will be assigned to students to prepare lectures and practicum.
1. Mood Disorders (chapter 4, pages 40-55)
  2. Dissociative Disorders (Chapter 9, pages 93-97)
  3. Antidepressants (chapter 23, pages 234-249)
  4. Mood Stabilizing Medications (chapter 23, pages 227-234)
  5. ECT and Psychosurgery (Chapter 23, pages 254-258)
  6. Psychotic Disorders (Chapter 3, pages 20-39)
  7. Antipsychotic Medications (Chapter 23, pages 215-226)
  8. Psychiatric Symptoms of Non-Psychiatric Medications (Chapter 13, pages 126-130)
  9. Mental Retardation (Chapter 21, pages 203-206)
  10. Psychiatry of Drug Abuse (Chapter 17, pages 154-175)
  11. Impulse Control Disorders (Chapter 26, pages 274-278)
  12. Anxiety Disorders (Chapter 8, pages 81-92)
  13. Hypnotic and Anti-anxiety Drugs (Chapter 23, pages 249-253)
  14. Suicide and Assaultive Behaviors (Chapter 7, pages 72-80)
  15. Sleep Disorders (Chapter 19, pages 186-194)
  16. Delirium and Amnestic and Other Cognitive Disorders (Chapter 5, pages 56-61)
  17. The Elderly Patient (Chapter 24, pages 260-266)
  18. Dementia (Chapter 6, pages 62-71)
  19. Grief and the Dying Patient (Chapter 10, pages 98-104)
  20. Psychotropic Medication Use During Pregnancy (Chapter 23, pages 253-254)
  21. Psychosomatic Disorders (Chapter 12, pages 227-234)
  22. Psychosexual Disorders (Chapter 18, pages 176-184)
  23. Psychiatric Presentation of Medical Disease (Chapter 14, pages 131-136)
  24. Psychiatric Presentation of Neurological Disease (Chapter 15, pages 137-141)
  25. Legal Issues in Psychiatry (Chapter 25, pages 267-273)
  26. Conditions Which Mimic Physical Disease (Chapter 11, pages 105-115)
  27. Psychiatry of Alcohol (Chapter 16 pages 142-152)

Desk Reference to the Diagnostic Criteria from DSM-5- American Psychiatric Association

**Student Healthcare Matrix**

A total of four matrices are required: two from Inpatient Psychiatry and two from Outpatient Psychiatry. Please refer to CANVAS for more details and instructions.

|  | SAFE <sup>1</sup> | TIMELY <sup>2</sup> | EFFECTIVE <sup>3</sup> | EFFICIENT <sup>4</sup> | EQUITABLE <sup>5</sup> | PATIENT CENTERED <sup>6</sup> |
|--|-------------------|---------------------|------------------------|------------------------|------------------------|-------------------------------|
| PATIENT CARE <sup>7</sup><br>(Overall Assessment)                                  |                   |                     |                        |                        |                        |                               |
| MEDICAL KNOWLEDGE <sup>8</sup><br>(What must I know)                               |                   |                     |                        |                        |                        |                               |
| INTERPERSONAL AND COMMUNICATION SKILLS <sup>9</sup>                                |                   |                     |                        |                        |                        |                               |
| PROFESSIONALISM <sup>10</sup><br>(How must I act)                                  |                   |                     |                        |                        |                        |                               |
| SYSTEM BASED PRACTICE <sup>11</sup><br>(On whom do I depend and who depends on me) |                   |                     |                        |                        |                        |                               |
| PRACTICE-BASED LEARNING AND IMPROVEMENT <sup>12</sup>                              |                   |                     |                        |                        |                        |                               |

|                       |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|
| (How must we improve) |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|

Bingham JW, Quinn DC, et al. Journal of Quality and Patient Safety. February 2005

**Healthcare Matrix Instructions:**

1. Safe: Avoiding injuries to patients from the care that is intended to help them.
2. Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
3. Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).
4. Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
5. Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status.
6. Patient-Centered: Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.
7. Patient care: that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
8. Medical knowledge: about established and evolving biomedical, clinical, and cognate sciences (e.g. epidemiological and social-behavioral) and the application of this knowledge to patient care.
9. Interpersonal and communication skills: that result in effective information exchange and teaming with patients, their families and other health professionals.
10. Professionalism: as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
11. System base practice: as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
12. Practice-based learning and improvement: that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care.

### Psychiatry Clerkship Orientation

| Topic/Activity/<br>Associated Readings   | Associated Clinical<br>Presentation   | Objectives  | Responsible<br>Faculty   |
|--|---|---|--|
| Orientation by Clerkship<br>Director, Assistant<br>Director, and Coordinator             |   | Issue books, badges and schedules and discuss clerkship activities  | Dr. Briones,<br>Dr. Tonarelli,<br>and <b>Clerkship<br/>Coordinator</b> |
| Bio-psychosocial<br>Interviewing<br><b>Required Readings:</b><br>Dr. Blunk's Study Notes | Discussion of how to<br>develop bio-psychosocial<br>formulations and<br>treatment plan. | The student should demonstrate the ability to: <ul style="list-style-type: none"> <li>• Discuss the biological, psychological, and social spheres.</li> <li>• Describe what components of each sphere are.</li> <li>• Develop a bio-psychosocial formulation and treatment plan.</li> <li>• Read the example of a bio-psychosocial formulation / treatment plan available in the study notes taken from the DVD case.</li> </ul>  | Dr. Briones  |
| Classification in Psychiatry<br><b>Required Readings:</b><br>Dr. Blunk's Study Notes     | Overview of DSM-IV-TR   | The student should demonstrate the ability to: <ul style="list-style-type: none"> <li>• Use the Diagnostic and Statistical Manual of Mental Disorders – IV-TR that is used in Psychiatry.</li> <li>• Understand the atheoretical nature of the DSM-IV-TR and purpose for this construction.</li> <li>• Have understanding of the multiaxial system used with the DSM-IV-TR.</li> </ul>  | Dr. Briones  |
| Neurotransmitters/<br>Psychopharmacology<br><b>Required Readings:</b><br>None            | Clinical Vignettes  | The student should demonstrate the ability to: <ul style="list-style-type: none"> <li>• Identify the major neurotransmitter groups responsible for producing psychiatric symptoms</li> <li>• Describe the psychiatric diagnoses associated with symptom constellations</li> <li>• Describe the brain regions which may contribute to the production of psychiatric symptoms</li> <li>• Classify the major groups of psychotropic drugs by indications and neurotransmitters affected</li> <li>• Describe side effects of common psychotropic medications and their pathophysiology</li> </ul> | Dr. Weisman  |

### Psychiatry Clerkship Didactic Activities

Psychiatry didactics will take place every Wednesday afternoon alternating with Internal Medicine. Throughout the clerkship students will be assessed by faculty observation, weekly quizzes, and vignettes.

| Topic/Activity/<br>Associated Readings  | Associated Clinical<br>Presentation          | Objectives  | Responsible<br>Faculty |
|---|--|---|------------------------|
| Psychiatric History<br>(2 <sup>nd</sup> week)<br><b>Required Readings:</b><br>Dr. Blunk's Study Notes   | None   | The student should demonstrate the ability to: <ul style="list-style-type: none"> <li>• Describe the difference between a psychiatric history and a medical history</li> <li>• Describe what components are included in the history of present illness</li> <li>• Describe how to screen for depression, bipolar disorder, psychotic disorders, substance abuse, and anxiety disorders.</li> <li>• Describe what needs to be included in the developmental history, family history, past psychiatric history and personal history.</li> </ul> | Dr. Aguirre            |
| Mental Status Exam<br>(2 <sup>nd</sup> week)<br><b>Required Readings:</b><br>Dr. Blunk's Study Notes  | None   | The student should demonstrate the ability to: <ul style="list-style-type: none"> <li>• Discuss the importance of doing a good mental status exam.</li> <li>• Describe the components of the mental status exam.</li> <li>• Describe terminology associated with the eight components of the mental status exam.</li> <li>• Describe how to adequately assess sensorium and cognition.</li> </ul>   | Dr. Aguirre            |
| Discussion of Mental<br>Status Exam and Mini-<br>Mental State Exam<br>(MMSE). Also the MOCA<br>(Montreal Cognitive<br>Assessment)<br>(2 <sup>nd</sup> week)<br><b>Required Readings:</b><br>Dr. Blunk's Study Notes | Student will practice<br>MMSE on each other. | The student should demonstrate the ability to: <ul style="list-style-type: none"> <li>• Describe the difference and the purpose of each of these.</li> <li>• Describe the eight components of the Mental Status Exam.</li> <li>• Students will learn how to do the Mini Mental State Exam by practicing on each other.</li> </ul>   | Dr. Tonarelli          |

|  |                           |   |  |
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| <p>Child &amp; Adolescent Psychopathology (4<sup>th</sup> week)<br/><b>Required Readings:</b><br/>Dr. Blunk's Study Notes</p>  | <p>Clinical Vignettes</p> | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe factors which contribute to emotional disorders in children/adolescents.</li> <li>• Provide definitions of childhood maltreatment, epidemiology and sequelae.</li> <li>• Describe conditions primarily seen in childhood including tic disorders, disruptive behavior disorders, pervasive developmental disorders, attention deficit disorders, learning disorders, developmental coordination disorder, feeding and eating disorders of infancy or early childhood, selective mutism, reactive attachment disorder, stereotypic movement disorder, and elimination disorders.</li> <li>• Describe how the presentation of mood disorders, schizophrenia and anxiety disorders differs in childhood.</li> <li>• Describe most common methods of completed suicide, gender and ethnic differences in child and adolescent suicide.</li> </ul> | <p>Psych Faculty/Child Fellow</p>          |
| <p>Mental Retardation (4<sup>th</sup> week)<br/><b>Required Readings:</b><br/>House Officers Series Psychiatry, Seventh Edition by David A. Tomb Ch. 21, pgs. 203-206</p>                        | <p>None</p>               | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Discuss the epidemiology of Mental Retardation.</li> <li>• Describe the classification of Mental Retardation (mild, moderate, severe, and profound).</li> <li>• Discuss various causes of MR.</li> <li>• Discuss of treatments of MR.</li> </ul>   | <p>Student Supervised by Psych Faculty</p> |
| <p>Psychotropic Medication Use in Pregnancy (4<sup>th</sup> week)<br/><b>Required Readings:</b><br/>House Officers Series Psychiatry, Seventh Edition by David A. Tomb, Ch. 23, pgs. 253-254</p> | <p>None</p>               | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe situations where the benefit to the mother and fetus outweighs the risk to the fetus</li> <li>• Describe medications that have a definite risk to the fetus.</li> </ul>   | <p>Student supervised by Psych Faculty</p> |



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| <p>Impulse Control Disorders<br/>(4<sup>th</sup> week)<br/><b>Required Readings:</b><br/>House Officers Series<br/>Psychiatry, Seventh<br/>Edition by David A.<br/>Tomb, Ch. 26, pgs. 274-<br/>278</p> | <p>Case Vignettes</p> | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe the features that they have in common and the overlap with other psychiatric conditions.</li> <li>• Describe Kleptomania, Pyromania, Pathological Gambling, Trichotillomania, and Intermittent Explosive Disorder.</li> </ul>   | <p>Student supervised by Psych Faculty</p> |
| <p>Mood Disorders<br/>(6<sup>th</sup> week)<br/><b>Required Readings:</b><br/>House Officers Series<br/>Psychiatry, Seventh<br/>Edition by David A. Tomb<br/>Ch. 4, pgs. 40-54</p>                     | <p>None</p>           | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe epidemiology and classification of the mood disorders.</li> <li>• Describe normal mood and learn classification for bereavement versus adjustment disorders or abnormal mood disorders.</li> <li>• Describe clinical presentation of mood disorders</li> <li>• Describe mood disorder due to general medical condition or substance induced mood disorder.</li> <li>• Describe the various psychobiologic theories.</li> <li>• Solidify the students' learning; case will be presented by Dr. Briones.</li> </ul>     | <p>Student supervised by Psych Faculty</p> |
| <p>Review of Scheme for<br/>Mood Disorders<br/>(6<sup>th</sup> week)</p>   | <p>None</p>           | <p>Brief Review Scheme on Mood Disorders from Year II</p>   | <p>Student supervised by Psych Faculty</p> |
| <p>Antidepressants<br/>(6<sup>th</sup> week)<br/><b>Required Readings:</b><br/>House Officers Series<br/>Psychiatry, Seventh<br/>Edition by David A.<br/>Tomb, Ch. 23, pgs. 234-<br/>249</p>           | <p>None</p>           | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe the various classes of antidepressants</li> <li>• Describe the indications for the antidepressants</li> <li>• Describe the black box warning for suicidal ideation in children and adolescents</li> <li>• Describe mechanism of action, pharmacokinetics, drug interactions, and side effects of various antidepressants.</li> <li>• Describe how to choose an antidepressant for a particular situation.</li> <li>• Describe treatment resistance and how to augment antidepressants to improve response.</li> </ul> | <p>Student supervised by Psych Faculty</p> |

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| <p>Mood Stabilizing Medications<br/>(6<sup>th</sup> week)<br/><b>Required Readings:</b><br/>House Officers Series Psychiatry, Seventh Edition by David A. Tomb<br/>Ch. 23, pgs. 227 – 234</p> | <p>None</p> | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe the various mood stabilizing medications.</li> <li>• Describe the indications, mechanism of action and side effects of mood stabilizing medications.</li> <li>• Describe other indications for use of mood stabilizing medications.</li> <li>• Discussion of off label medications that might have benefit in bipolar disorders.</li> </ul>   | <p>Student supervised by Psych Faculty</p> |
| <p>Suicide and Assaultive Behaviors<br/>(6<sup>th</sup> week)<br/><b>Required Readings:</b><br/>House Officers Series Psychiatry, Seventh Edition by David A. Tomb<br/>Ch. 7, pgs. 72-80</p>  | <p>None</p> | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe epidemiology of suicides, months with peaks in suicide, where United States ranks world-wide, countries with highest suicide risks, and states with highest and lowest risks.</li> <li>• Describe ways of identifying the potentially suicidal patients including what symptom correlates most highly with completed suicide.</li> <li>• Describe how to assess suicide risk including population risk factors and individual risk factors.</li> <li>• Describe treatment principles for the suicidal patient.</li> <li>• Describe how to assess the potentially violent patient.</li> <li>• Describe mental disorders associated with violent behaviors and recognizable patterns of violence.</li> <li>• Describe the management of the violent patient.</li> </ul> | <p>Student supervised by Psych Faculty</p> |
| <p>ECT &amp; Psychosurgery<br/>(6<sup>th</sup> week)<br/><b>Required Readings:</b><br/>House Officers Series Psychiatry, Seventh Edition by David A. Tomb, Ch. 23, pgs. 254-258</p>           | <p>None</p> | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe indications where ECT might be useful.</li> <li>• Describe contraindications to ECT</li> <li>• Describe techniques of administration and treatment principals</li> <li>• Describe complications of ECT</li> <li>• Describe where psychosurgery may be useful and other non-medication treatment modalities (other than psychotherapy).</li> </ul>   | <p>Student supervised by Psych Faculty</p> |

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| <p>Psychotic Disorders<br/>(8<sup>th</sup> week)<br/><b>Required Readings:</b><br/>House Officers Series<br/>Psychiatry, Seventh<br/>Edition by David A.<br/>Tomb, Ch. 3, pgs. 20-38</p>          | <p>None</p> | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe the differential diagnosis of psychotic disorders and situations which might raise concerns for medical etiologies.</li> <li>• Describe the clinical presentation, classification, prognosis, biology and guidelines of schizophrenia.</li> <li>• Describe the spectrum of psychiatric disorders from Brief Psychotic Disorder to Schizophreniform Disorder to Schizophrenia and be able to differentiate each condition.</li> <li>• Describe Schizoaffective Disorder and how to differentiate it from Schizophrenia or Mood Disorders with psychotic symptoms.</li> <li>• Describe Delusional Disorder, Shared Psychotic Disorder, Psychotic Disorder due to a General Medical Condition, and Substance Induced Psychotic Disorder.</li> </ul> | <p>Student supervised by Psych Faculty</p> |
| <p>Review of Scheme for Psychosis<br/>(8<sup>th</sup> week)</p>   | <p>None</p> | <p>Brief Review Scheme from Year II</p>  | <p>Student supervised by Psych Faculty</p> |
| <p>Antipsychotic Medications<br/>(8<sup>th</sup> week)<br/><b>Required Readings:</b><br/>House Officers Series<br/>Psychiatry, Seventh<br/>Edition by David A.<br/>Tomb, Ch. 23, pgs. 215-226</p> | <p>None</p> | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe indications for usage in both typical and atypical antipsychotics.</li> <li>• Describe mechanisms of action of both the typical and atypical antipsychotics.</li> <li>• Describe drawbacks (potential side effects) of antipsychotics, including anticholinergic symptoms, acute dystonic reactions, Parkinson-like symptoms, akathisia, tardive dyskinesia and neuroleptic malignant syndrome.</li> <li>• Describe treatment of extrapyramidal symptoms and neuroleptic malignant syndrome.</li> <li>• Describe treatment principles with both typical and atypical antipsychotics.</li> <li>• Describe advantages and disadvantages to the use of atypical antipsychotic medications.</li> </ul>   | <p>Student supervised by Psych Faculty</p> |

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| <p>Hypnotic and Antianxiety Drugs<br/>(8<sup>th</sup> week)<br/><b>Required Readings:</b><br/>House Officers Series Psychiatry, Seventh Edition by David A. Tomb, Ch. 23, pgs. 249-253</p> | <p>None</p> | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe the available medications and indications for use.</li> <li>• Describe the side effects including the hazards of long-term usage.</li> <li>• Describe the treatment principles with antianxiety medication.</li> <li>• Describe non-habit forming options for sleep and anxiety</li> </ul>   | <p>Student supervised by Psych Faculty</p> |
| <p>Anxiety Disorders<br/>(8<sup>th</sup> week)<br/><b>Required Readings:</b><br/>House Officers Series Psychiatry, Seventh Edition by David A. Tomb, Ch. 8, pgs. 81-91</p>                 | <p>None</p> | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Describe anxiety and how it is felt is mediated in the brain.</li> <li>• Describe Adjustment Disorder with Anxiety and how to differentiate from more chronic anxiety seen in Generalized Anxiety Disorder.</li> <li>• Describe Panic Disorder with and without agoraphobia.</li> <li>• Describe Phobic Disorders</li> <li>• Describe Acute Stress Disorder and Post Traumatic Stress Disorder</li> <li>• Describe Obsessive-Compulsive Disorder and its treatment.</li> <li>• Describe of Anxiety Disorder due to General Medical Condition and Substance Induced Anxiety Disorder.</li> </ul> | <p>Student supervised by Psych Faculty</p> |
| <p>Review of scheme for Anxiety Disorder<br/>(8<sup>th</sup> week)</p>   | <p>None</p> | <p>Brief Review of Scheme on Anxiety Disorders from Year II</p>  | <p>Student supervised by Psych Faculty</p> |

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| Review of Scheme for Dementia (10 <sup>th</sup> week)  | None           | Brief Review Scheme from Year II  | Student supervised by Psych Faculty/IM Faculty |
| Review of Scheme for Substance Abuse (10 <sup>th</sup> week)   | None           | Brief Review Scheme on Substance Abuse from Year II   | Student supervised by Psych Faculty/IM Faculty |
| Psychiatric Symptoms of Non-Psychiatric Medications (12 <sup>th</sup> week)<br><b>Required Readings:</b><br>House Officers Series Psychiatry, Seventh Edition by David A. Tomb, Ch. 13, pgs. 126-130 | Case Vignettes | The student should demonstrate the ability to: <ul style="list-style-type: none"> <li>• Describe the psychiatric symptoms of various classes of medications.</li> <li>• Be aware that medications can cause patients to experience uncomfortable psychiatric symptoms.</li> </ul> | Student supervised by Dr. Briones              |

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| Mood Disorder Cases<br>(12 <sup>th</sup> week)                                     | Several Cases | Cases will be presented to Dr. Briones to solidify the students' learning.   | Dr. Briones |
| Narrative Medicine<br>(15 <sup>th</sup> week)<br><b>Required Readings:</b><br>None | None          | <p>The student should demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>• Understand the importance of taking care of them when dealing with painful situations or decisions with patients.</li> <li>• Learn ways to express feelings rather than repressing them where they can later cause physical or emotional problems.</li> <li>• Express concerns over difficult ethical decisions, professional issues, or problems with faculty, residents or other students.</li> </ul> | Dr. Weisman |

### **NBME in Psychiatry**

- The NBME typically has 100 questions of which 80 are rather lengthy case presentations. It has been helpful to read the last couple of sentences first to see what the question is asking. Then go back and read the whole question. This saves time with re-reading questions and hence avoids running out of time on the NBME.
- Some students will go first to the last 20 questions that are usually shorter (like Pretest) before starting the longer questions. Because if you get bogged down on the longer questions, some students never make it to the last 20 questions.
- The NBME in psychiatry will frequently switch the emphasis on particular topics from test to test. However, they have a tendency to emphasize certain topics which include:
  - Child-Adolescent Psychopathology. Approximately 80% of the time they will have 15-20 questions over this topic.
  - They also will often emphasize the interface between Psychiatry and Internal Medicine. Approximately 60% of the time there will be 15-20 questions that fall into this category.
  - They will almost invariably ask 3-5 questions on intellectual developmental disorder). They like to ask questions that require the student to know which diagnostic category the patient falls in that they are describing.
    - It is Brief Psychotic Disorder vs. Schizophreniform Disorder vs. Schizophrenia.
    - It is Bereavement vs. Adjustment Disorder vs. Major Depression or an Anxiety Disorder.
- Because the NBME has a tendency to place emphasis on certain topics, it is highly recommended that the student participate in Psych Faculty's Friday afternoon review of PRITE questions which will cover these topics (Child & Adolescent Psychopathology, Consultation – Liaison, Emergency Psychiatry, Geriatric Psychiatry and Substance Abuse questions.)
- The NBME usually does not ask questions about specific psychotropic medications, but will ask what would be the class of medication most appropriate for a particular patient. However, this could change depending on the whim of the NBME. However, for Step 2, they like to ask questions about specific medications. Therefore, it is recommended that you spend time to learn the psychotropic medications because it is easier to review before Step 2 than to learn for the first time.

### **What Does it Take to Do Well on Psychiatry NBME?**

The students who typically have excelled on the Psychiatry NBME have taken the following approach in their preparation:

- They have stayed current on the reading assignments and have done well on the weekly tests over their reading assignments.
- When they see a patient with a certain diagnosis they look up the diagnosis in the DSM-IV-TR. It helps to remember the diagnostic criteria once the student has seen an actual patient.
- During the first few weeks of the rotation, they read First Aid: Psychiatry to get a good overview of psychiatry.
- Once the student has completed the First Aid: Psychiatry, these students will often read Case Files: Psychiatry.
- During the last 4-5 weeks, these students will do as many study questions as possible from Lange, Pretest, and USMLE World and attend the sessions with Psych Faculty, who goes over questions from the Psychiatry Residents In-Training Examination (PRITE).
- The last week before the NBME these students will often re-read First Aid-Psychiatry.
- The reading assignments are spread out to allow for adequate preparation for the NBME. However, if you wait for the last couple of weeks to prepare, there will be simply too much information that will overwhelm the student with two NBME's.