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# AY2023-2024 Psychiatry Clerkship

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## Psychiatry Clerkship Description

The MSIII clerkship in Psychiatry is combined with Internal Medicine, Family Medicine, Emergency Medicine, and Neurology (Medicine and the Mind) to comprise a 24-week block. The Medicine and the Mind clerkship is a full-time clinical rotation.

The primary goals of this rotation are to help students:

- 1) Understand the interface between psychiatric and medical conditions.
- 2) Understand basic evaluation and management of patients who have concomitant medical and psychiatric conditions in various psychiatric and medical treatment settings.
- 3) Demonstrate patient centered care in the co-management of medical and psychiatric conditions.
- 4) Understand psychiatric presentations of medical illness as well as psychiatric effects of medications used in various medical conditions.
- 5) Understand and use the biopsychosocial model and treatment team approach to provide effective and holistic treatment in psychiatric and medical disorders. 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 (psychologists, pharmacists, 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 widespread interaction with other professional disciplines, this rotation will allow the student to observe and learn how the psychiatrist coordinates and leads the treatment team to provide effective care for the psychiatric patient.
- 6) Observe and learn how different systems (medical, psychiatric, community, hospital, government, legal, etc.) interact and affect how we provide psychiatric and medical care for patients.
- 7) Treat psychiatric patients and view them from the perspectives of all the different specialties in the block in order to provide a more holistic view of the patient regardless of the specialty the student chooses to pursue.
- 8) Build on their own development as a student doctor and as a future practicing physician. They will gain knowledge in recognizing their own limitations but, more importantly, they will learn techniques on 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.

We welcome you to the Medicine and the Mind block and hope that you have a great educational experience!

## Clerkship Objectives

Competency	Objectives
<p><b>Knowledge for Practice (KP)</b></p> <p><b>Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.</b></p>	<ol style="list-style-type: none"> <li>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&amp;I 3.1- 3.5):               <ul style="list-style-type: none"> <li>• Schizophrenia Spectrum and other psychotic disorders</li> <li>• Anxiety Disorders</li> <li>• Neurocognitive Disorders</li> <li>• Depressive Disorders</li> <li>• Bipolar and Related Disorders</li> <li>• Personality Disorders</li> <li>• Substance -Related and Addictive Disorders</li> <li>• Neurodevelopmental Disorders</li> <li>• Somatoform disorders</li> <li>• Other disorders/conditions</li> </ul> </li> <li>2. The student will be exposed to emergency psychiatry and will participate in risk assessments. The student should have knowledge about the following (PC 1.1-1.9; KP 2.4-2.5; PBL&amp;I 3.1- 3.5; SBP 6.2, 6.4, IC 7.2-7.4):               <ol style="list-style-type: none"> <li>a. Suicidal/homicidal patient</li> <li>b. Crisis intervention</li> <li>c. Treatment methods in emergency situations</li> </ol> </li> <li>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&amp;I 3.1- 3.5).</li> <li>4. The student will become proficient in conducting a complete psychiatric evaluation, mental status exam, biopsychosocial formulations, scales or instruments and laboratory methods used in psychiatry (PC 1.1-1.7; KP 2.3-2.6; PBL&amp;I 3.1- 3.5; Prof 5.1- 5.7; SBP 6.1-6.4; PPD 8.5)</li> <li>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)</li> <li>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)</li> </ol>

<p><b><i>Patient Care (PC)</i></b></p> <p><b>Provide patient-centered care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.</b></p>	<ol style="list-style-type: none"> <li>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; Prof 5.1-5.7)</li> <li>2. Based on a complete psychiatric evaluation, the student needs to develop and document a DSM multiaxial diagnosis, use scales or instruments, do 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&amp;I 3.1, 3.5; SBP 6.1-6.4; PPD 8.1, 8.4)</li> <li>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&amp;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)</li> <li>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&amp;I 3.2, 3.3, 3.4; ICS 4.1-4.4; Prof 5.1- 5.7)</li> </ol>
<p><b><i>Interpersonal and Communication Skills (ICS)</i></b></p> <p><b>Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.</b></p>	<ol style="list-style-type: none"> <li>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)</li> <li>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 dogmatic, fashion. (ICS 4.1, 4.3)</li> <li>3. The student will be expected to (ICS 4.1- 4.4; PC 1.8; KP 2.6; Prof 5.1, 5.6): <ol style="list-style-type: none"> <li>a. Listen to and understand patients and their families</li> <li>b. Communicate effectively with patients and their families, using verbal, nonverbal, and writing skills as appropriate.</li> <li>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.</li> <li>d. Transmit information to patients and families in a clear meaningful manner.</li> <li>e. Educate patients and their families about medical, psychological and behavioral issues.</li> <li>f. Appropriately utilize interpreters and communicate effectively with patients and families who speak another language.</li> <li>g. Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients.</li> </ol> </li> </ol>

<p><b>Professionalism (PROF)</b></p> <p><b>Demonstrate understanding of and behavior consistent with professional responsibilities and adherence to ethical principles</b></p>	<ol style="list-style-type: none"> <li>1. The student will demonstrate       <ol style="list-style-type: none"> <li>a. Respect, compassion and integrity (Prof 5.1).</li> <li>b. Responsiveness to the needs of patients and society that supersedes self-interest.</li> <li>c. Accountability to patients, society, and the profession (Prof 5.3).</li> <li>d. A commitment to excellence and ongoing professional development (Prof 5.7).</li> </ol> </li> <li>2. The student will demonstrate a commitment to ethical principles pertaining to the provision or withholding of clinical care (Prof 5.4).</li> <li>3. The importance of confidentiality of patient information and informed consent shall be stressed to the student. (Prof 5.2)</li> <li>4. 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).</li> <li>5. Plagiarism is unacceptable. All reference sources must be clearly annotated when a student presents scientific knowledge, in clinical notes or otherwise. (Prof 5.6)</li> <li>6. The student will participate in collegial and respectful discussions with team members, teachers and peers. (ICS 4.2)</li> <li>7. Students must check their schedules on a daily basis and are expected to arrive to all assigned duties on time. (Prof 5.7)</li> <li>8. Failure to attend scheduled duties without appropriate notification to the Program Coordinator and the appropriate preceptor is considered unprofessional behavior and will be addressed by the Clerkship Director and/or Assistant Clerkship Director. (Prof 5.7)</li> <li>9. The student will complete all assignments in a timely manner as outlined in the syllabus, and upload to the appropriate place as defined by clerkship directors/coordinator.</li> </ol>
<p><b>Practice-Based Learning and Improvement (PBL &amp; I)</b></p> <p><b>Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning.</b></p>	<ol style="list-style-type: none"> <li>1. The student will demonstrate a well-rounded knowledge of the delineated psychiatric disorders and the various treatment modalities. (PBL&amp;I 3.1)</li> <li>2. The student will recognize and accept his or her limitations in knowledge base and clinical skills (PBL&amp;I 3.1).</li> <li>3. The student will develop a mindset that accepts the absolute need for lifelong learning. (PBL&amp;I 3.1, 3.3)</li> <li>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&amp;I 3.5)</li> <li>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&amp;I 3.4).</li> </ol>

<p><b><i>Systems-Based Practice (SBP)</i></b></p> <p><b>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.</b></p>	<ol style="list-style-type: none"> <li>1. The student will be able to discuss how Internal Medicine, Family Medicine, Neurology, Emergency Medicine, and Psychiatry overlap and the importance of their interactions. One half-day per week will be designated for didactic sessions, many of which will be shared topics for all specialties. (6.1)</li> <li>2. The student will appreciate the impact of managed care through exposure to a variety of systems. Students will be exposed to a wide variety of systems that treat psychiatric patients, including inpatient care of the acute and chronically mentally ill, day hospital, and/or ambulatory clinics for higher functioning patients. This will allow for discussion of the level of care that has proven effectiveness but may be more cost effective. (6.2, 6.4)</li> <li>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. Students will participate in the treatment team of their supervising psychiatric physician. (6.1, 6.2)</li> <li>4. The student will be able to describe how the various modes of treatment delivered by the variety of mental health professions work together to meet the needs of a psychiatric patient. Students will participate in groups or individual therapy sessions with other mental health professionals. (6.2, 6.3)</li> <li>5. The student will demonstrate an appreciation of how the mental health 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 our culturally diverse population. (6.2, 6.4)</li> <li>6. The student will develop an understanding for the structures that may contribute to unequal access and care for vulnerable patients.</li> </ol>
<p><b><i>Interprofessional Collaboration (IC)</i></b></p> <p><b>Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.</b></p>	<ol style="list-style-type: none"> <li>1. 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)</li> <li>2. The student will engage in the care of patients on an interprofessional team consisting of residents, attending psychiatrists, psychologists, social workers, pharmacists, licensed professional counselors, mental health technicians, and nurses in a manner that optimizes the care the patients receive. (7.1)</li> <li>3. 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)</li> <li>4. 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)</li> <li>5. 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)</li> </ol>

<p><b>Personal and Professional Development (PPD)</b></p> <p><b>Demonstrate the qualities required to sustain lifelong personal and professional growth.</b></p>	<ol style="list-style-type: none"> <li>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)</li> <li>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)</li> <li>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)</li> <li>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)</li> <li>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)</li> </ol>
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## Clerkship Components

The Psychiatry Clerkship consists of the following:

<p><b>Inpatient Psychiatry: 3 weeks</b></p> <ul style="list-style-type: none"> <li>• Inpatient Psychiatry (1-2 weeks) <ul style="list-style-type: none"> <li>○ El Paso Psychiatric Center (EPPC),</li> <li>○ Rio Vista Behavioral health.</li> </ul> </li> <li>• One (1) call shift</li> <li>• Consultation/Liaison (C/L) (1-2 weeks) <ul style="list-style-type: none"> <li>○ Adult (UMC) and/or Child (EPCH)</li> </ul> </li> </ul>	<p><b>Outpatient Psychiatry: spans 9 weeks of block ambulatory time</b></p> <ul style="list-style-type: none"> <li>• Full or half-days at any Resident or Faculty Clinics <ul style="list-style-type: none"> <li>○ Alameda</li> <li>○ Mesa</li> <li>○ Transmountain</li> <li>○ Community</li> </ul> </li> </ul>
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## Integration Threads

<input checked="" type="checkbox"/> Geriatrics	<input checked="" type="checkbox"/> Patient Safety	<input checked="" type="checkbox"/> Communication Skills
<input checked="" type="checkbox"/> Basic Science	<input type="checkbox"/> Pain Management	<input checked="" type="checkbox"/> Diagnostic Imaging
<input checked="" type="checkbox"/> Ethics	<input checked="" type="checkbox"/> Chronic Illness Care	<input type="checkbox"/> Clinical Pathology
<input checked="" type="checkbox"/> Professionalism	<input type="checkbox"/> Palliative Care	<input type="checkbox"/> Clinical and/or Translational Research
<input checked="" type="checkbox"/> EBM	<input type="checkbox"/> Quality Improvement	

### Basic Science

- Psychiatry Seminar on Neurotransmitters
- Pharmacological treatment of common psychiatric disorders

### Geriatrics

- Seminars on Delirium, Dementia, and Depression in the elderly

### Ethics and Professionalism

- Discussion of Ethics and Professionalism in Psychiatry
- Boundary considerations

### Communication Skills in Psychiatry

- Psychiatry Seminar on Interview Techniques
- OSCE Practice seminar

## Student Responsibilities and Mandatory Clerkship Activities

<b>Outpatient Psychiatry</b>	<p><b>Outpatient Required Assignments:</b></p> <ul style="list-style-type: none"><li>• Three (3) Progress Notes</li><li>• Two (2) full/new outpatient evaluations</li><li>• One (1) Healthcare Matrix formulation. Refer to Elentra for more details and instructions.</li><li>• Three (3) outpatient scales/ screening instruments</li><li>• Oplong: minimum of 15 patients (please review other Oplong requirements in <i>Appendix C</i>)</li><li>• Three outpatient preceptor assessments of student performance. <b>A minimum of 1 assessment (of the total of 6 required in the block) should be obtained from faculty.</b></li><li>• All documentation due by the end of the clerkship</li><li>• <b>All assignments must be completed on provided forms found on Elentra, with signatures from resident/faculty – assignments printed from Cerner/Centricity will <u>NOT</u> be permitted.</b></li></ul> <p><b>Outpatient objectives:</b></p> <ul style="list-style-type: none"><li>• The student should recognize common psychiatric disorders seen in outpatient setting, including but not limited to (PC 1.1-1.7, 1; KP 2.3- 2.4; PBL&amp;I 3.1- 3.5):<ul style="list-style-type: none"><li>○ Schizophrenia Spectrum and other psychotic disorders</li><li>○ Anxiety Disorders</li><li>○ Neurocognitive Disorders</li><li>○ Depressive Disorders</li><li>○ Bipolar and Related Disorders</li><li>○ Personality Disorders</li><li>○ Neurodevelopmental Disorders</li><li>○ Somatoform disorders</li></ul></li><li>• 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&amp;I 3.1- 3.5; Prof 5.1- 5.7; SBP 6.1-6.4; PPD 8.5)</li><li>• The student will have exposure to emergency psychiatry and will be asked to participate in risk assessments. (PC 1.1-1.9; KP 2.1, 2.3, 2.5; PBL&amp;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)</li><li>• 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)</li><li>• The student will gain knowledge about scales and instruments used to evaluate mental health disorders. KP 2.3- 2.6;</li></ul>
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### Child Outpatient objectives:

- Understand how to gather psychiatric history in child and adolescent (1.1)
- Understand the main psychiatric conditions with Child and Adolescent. (2.1)
- Learn mental status exams and interview techniques. (1.1, 2.5)
- Establish professional relationships and effective communication with patients and their families (4.1)
- 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).
- Able to understand the importance of interprofessional treatment of mental health problems (7.2, 7.3)
- Have knowledge about different modalities of psychotherapies: individual, family and group (1.6)
- Able to understand the importance of tailor treatment in order to meet the individual needs of children and families. (1.2)

Students will be assigned to different rotations daily; A.M. and P.M. - such as clinic with faculty/residents. Students are required to participate in patient care, write progress notes, and use scales/instruments. They will collect histories, conduct mental status exams, and formulate diagnoses and treatment plans under the supervision of their resident or faculty preceptor.

### Inpatient and CL Psychiatry

#### Inpatient/CL Required Assignments:

- Three (3) Progress Notes
- Two (2) full/new outpatient evaluations
- One (1) Healthcare Matrix formulation. Refer to Elentra for more details and instructions.
- Three (3) outpatient scales/ screening instruments
- Opllog: minimum of 15 patients (please review other Opllog requirements in *Appendix C*)
- Three inpatient preceptor assessments of student performance. ***A minimum of 1 assessment (of the total of 6 required in the block) should be obtained from faculty.***
- All documentation due by the end of the clerkship
- **All assignments must be completed on provided forms found on Elentra, with signatures from resident/faculty – assignments printed from Cerner/Centricity will NOT be permitted.**

### **Inpatient Objectives:**

- The student should recognize common psychiatric disorders seen in inpatient settings, ranging from the chronically ill to psychiatric emergencies. The conditions the student will be asked to evaluate and help manage include, but are not limited to 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
- The student will be exposed to emergency psychiatry and will participate in risk assessments. The student will learn about (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):
  - Suicidal/homicidal patient; Crisis intervention; Treatment methods in emergency situations.
- The student will become proficient in conducting a complete psychiatric evaluation, mental status exam, biopsychosocial formulation, and lab 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)
- The student will work to become proficient in developing a treatment plan, including appropriate suggestions for pharmacotherapy and/or psychotherapies
- The student will gain knowledge about scales and instruments used to evaluate mental health disorders. (KP 2.3- 2.6)

### **Consult-Liaison Objectives**

- Demonstrate the ability to perform a psychiatric interview and a mental status examination (1.1)
- Identify the principle psychiatric issues facing medical and surgical patients. (1.3)
- Describe the questions necessary to conduct a suicide risk assessment. (2.5)
- Demonstrate the ability to recognize psychiatric emergencies among general medical patients (1.5)
- Demonstrate knowledge about medical-legal interventions (5.5)
- To understand cultural factors in patient care (2.5, 4.1)
- Understand the main therapeutic interventions (1.2, 1.6)

## Practicum

- Students will be scheduled to practicum on Friday afternoons. Attendance is mandatory and participation is required.
- Session format
  - **1-3 PM: Case discussions:** Each student will present an interesting case they have seen on rotations. They should highlight unique aspects of the case, ask the preceptor questions about the case, or teach peers something interesting they learned. Each student is expected to spend a minimum of 15 minutes discussing their case.
  - **3-5 PM: Didactic presentation:** Resident, fellow, or faculty preceptor will present on a preassigned psychiatric topic in an interactive small-group session. This session is meant to supplement regular didactic sessions and help fill any gaps students may feel exist in their understanding of psychiatric patients, disorders, and treatments, as well as aid in studying for NBME.
- At the end of the session, students will be asked to evaluate their preceptor and the session content. This feedback will remain confidential and anonymous, and will be used by clerkship leadership to help improve teaching among preceptors.
- Preceptors will also be asked for feedback on the session and if any students stood out in terms of excellent or poor performance. Feedback will remain confidential for review by clerkship leadership and may be used to provide feedback to students formally or informally; it may also be considered when grading.

## One weekday call at EPPC will be assigned:

- Monday, Tuesday, Wednesday, Thursday, or Friday 5:00pm - 9:00pm; **students may not stay later.**
- Please refer to ELENTRA for assigned day.
- Complete at least one psychiatric evaluation on a new patient who presented to the hospital. If a new patient is not available, an FULL inpatient assessment of an existing patient will suffice.
- Students will present their case to a Senior Resident at 7:30 am the Friday after their call assignment. Students will participate in standard educational activities after presenting their case to resident/fellow.

Students are **required** to participate in group psychotherapy sessions with attending psychiatrist and therapist's approval whether it is virtual or in person as clinically indicated. 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 attend morning report at 8:00am sharp Monday-Friday while on inpatient service at EPPC. No cell phones, laptops, or other electronics are permitted during this activity.

Students are **required** to attend Psychiatry Grand Rounds on the first Friday of the month at noon. Virtual or in-person attendance is acceptable.

## Clerkship Locations

Psychiatry Clerkship Locations and Contact Information*						
Location	Rotations	Contact**	Faculty	Address	Phone	Notes
<b>El Paso Psychiatric Center (EPPC)</b>	Inpatient	Zulema Carrillo	Christopher Castaneda, MD Sobia Khurram, MD Ames Marquez, MD	4615 Alameda	(915) 532-2202	Pass front desk, scan yellow EPPC badge through the first set of double doors
<b>Child Guidance Center</b>	Child outpatient		Sarah Michael, MD	2211 E Missouri Ave 79903	(915) 562-1999	
<b>TCHAT/CPAN</b>	Child outpatient		Sarah Michael, MD			
<b>Mesa Clinic</b>	Child outpatient		Sarah Michael, MD Sarah Martin, MD			
<b>Rio Vista</b>	Inpatient		Mohamed Ataalla, MD	1390 Northwestern Dr., 79912	(915)209-4513	
<b>Transmountain Campus</b>	Outpatient	NA	Pamela Lopez, MD Aisha S. Shariq MD	2000 B Transmountain Road #B405	(915) 215-8506	
<b>UMC C/L</b>	Adult C/L		Peter Thompson, MD Silvina Tonarelli, MD Pamela Lopez, MD	4615 Alameda Ave	(915) 544-1200	Students meet in EPPC Basement room 135
<b>El Paso Children's Hospital</b>	Child C/L		Child Psychiatry Fellow(s) Sarah Michael, MD	4845 Alameda Ave		Students meet in EPPC Basement room 0119
<b>EPPC Adult Outpatient Clinic (EPPC Basement)</b>	Outpatient		Residents (PGY-3 or PGY-4) Peter Thompson, MD Silvina Tonarelli, MD Patricia Ortiz, MD	4615 Alameda	(915) 215-5850	
<b>Aliviane</b>	Outpatient	Alicia Saldana	Cecilia De Vargas, MD	7722 North Loop Dr	(915) 782-4000	
<b>Providence</b>	Outpatient		Shivani Mehta, MD Carla Alvarado, MD	1600 Montana	(915)252-0555	

\*Locations are subject to change during a block; students will be provided any new information as soon as possible.

\*\*Note: If no contact is listed, clerkship coordinator is the contact.

## General Clerkship Requirements

### Didactic Presentations

Topics will be assigned to each student; please refer to Elentra. Electronic copy of presentation is due to the Clerkship Coordinator and Directors by midnight the Wednesday before presentation date for review and feedback. Late submissions will affect professionalism grade.

### Feedback/Elentra Assessments

Students are responsible for requesting timely feedback (preceptor assessments) from any preceptor they had a meaningful working relationship with. This should be done at least every 1-2 weeks as appropriate. Students should strive to obtain assessments from six DIFFERENT preceptors. Assessments from the same preceptor may be accepted if more than ONE MONTH passed between rotations. ***By Mid-Clerkship Feedback, a minimum of 3 evaluations/assessments are expected. At the end of the Block, a minimum of 6 evaluations/assessments are expected, with at least one from a faculty preceptor.***

### Quizzes

Six (6) quizzes are assigned on the Canvas website that review common psychiatric disorders and topics to help prepare for NBME. Students are responsible for making sure they have access to this system and should forward any questions to the coordinator. A **minimum passing grade of 70%** is required on all quizzes. Number of attempts, scores, and time to complete quizzes are recorded and may be considered when assessing effort. Students should have at least 3 quizzes completed by mid-clerkship feedback (MCF), and all 6 by the end of the block. They should upload a screenshot of their quiz grades to Elentra for MCF **prior** to their meeting time.

### Grand Rounds

Psychiatry grand rounds are held **every first Friday of the month**. Attendance at grand rounds is MANDATORY for students on inpatient and CL, and is RECOMMENDED for everyone else in the Mind and Medicine block if able to attend.

### Expected Throughout the Clerkship

- Attendance at all required educational activities, including didactics, morning report, call, clinical rotations, and grand rounds.
- White coats and badges are to be worn AT ALL TIMES while on psychiatry rotations.
- Appropriate cell phone and laptop/tablet use – no texting, emailing, etc. when expected to be attentive to faculty/presenter/patient.
- Update Op-Log on a weekly basis
- Enter duty hours daily
- **All assignments must be completed on provided forms found on Elentra, with signatures from resident/faculty – assignments printed from Cerner/Centricity will not be permitted**

## Assignment Summary/ Portfolio Contents

Documentation of each student's experience during the Psychiatry component of the combined clerkship block is contained in an individually assigned student portfolio in Elentra (Elentra folder). Students should upload assignments in a **professional manner** to their portfolio weekly. Scanned documents should be legible and appear professional. Assignments should be in PDF format and files should be named as directed.

File name format and examples:     **Assignment type – inpatient/outpatient - #**  
Full Evaluation Outpatient 1  
Progress note Inpatient 2  
Matrix inpatient 1  
Scale outpatient 4

The portfolio is used to document student progression toward the learning objectives of the clerkship and its contents are used for mid-clerkship review and final clerkship assessment.

It is the student's responsibility to alert the clerkship coordinator if they are having difficulty accessing or otherwise using their Elentra folder, or if they have any questions on how to upload assignments in a professional manner.

***Any student who fails to upload assignments on time (before MCF and End-of-Block) or who uploads assignments in an unprofessional manner, as determined by the clerkship director or assistant clerkship director who grades the student, will be subject to disqualification from receiving Honors in the professionalism competency and may result in a Needs Improvement grade in professionalism.***

### Summary of assignment requirements

Inpatient	Outpatient	TOTAL
2 Initial Full Psychiatric Evaluations	2 Initial Full Psychiatric Evaluations	<b>4 Initial Full Psychiatric Evaluations</b>
3 progress notes	3 progress notes	<b>6 progress notes</b>
3 scales	3 scales	<b>6 scales</b>
1 Health Care Matrix	1 Health Care Matrix	<b>2 Health Care Matrices</b>
3 preceptor assessments	3 preceptor assessments	<b>6 preceptor assessments</b>
3 formative tests	3 formative tests	<b>6 formative tests</b>
15 OpLog entries	15 OpLog entries	<b>30 OpLog entries**</b>
		<b>1 PowerPoint presentation</b>
<b>* All requirements need to be reviewed, signed, and dated by preceptors</b>		
<b>** Review the required diagnostic categories</b>		

## Missed Events – In Addition to Common Clerkship Policies

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

In the event of absence:

- Student must notify the attending physician or resident (preceptor) at the rotation site
- Student must notify the Psychiatry Clerkship Program Coordinator before the shift begins by e-mail or phone.
- Per Common Clerkship Policies, students must also notify [PLFELPClerkshipAbsence@ttuhsc.edu](mailto:PLFELPClerkshipAbsence@ttuhsc.edu).

Absences of more than 2 days on the clerkship rotation must be reviewed by the Clerkship Director or Assistant Clerkship Director. The student may be required to make-up time at the discretion of Clerkship Director or Assistant Clerkship Director. Failure to meet the make-up time/assignment may result in an incomplete for the course.

## Reading Materials

The reading assignments will be tied into the weekly topics of Psychiatry didactics. Reading assignments are from Introductory Textbook of Psychiatry, Sixth Edition by Donald W. Black and Nancy C. Andreasen, and other sources as directed.

## Op Log Expectations

**Please see Appendix C for a complete list of required patient encounters for the Psychiatry Clerkship.**

Students should monitor their OpLog dashboard to ensure they are on track to complete the requirement. If a required encounter is not seen during the rotation, an alternate assignment is required. Students are responsible for informing the Clerkship Director or Coordinator that you have not completed a required patient encounter in time for an alternative experience to be arranged. Progress will be reviewed at the Mid-Clerkship meeting. After Mid-clerkship evaluations, it is the student's responsibility to inform the Coordinator when and how (clinical encounter or alternate experience) the requirements were satisfied.

## Psychiatry Assessment

### Mid-Clerkship Feedback (MCF)

Clerkship leadership will schedule MCF approximately halfway through the psychiatry portion of the student's rotation, as best allowed by scheduling and director availability. Students are **REQUIRED** to upload all assignments completed up to that point to Elentra for review and feedback, as directed by the clerkship coordinator, including Canvas quiz grades and Oplog dashboard. Students should aim to have at least half of their assignments completed (signed by preceptor, dated) and uploaded to Elentra by MCF.

*Any student who fails to upload an acceptable amount of assignments or who uploads assignments in an unprofessional manner, as determined by the clerkship director or assistant clerkship director who conducts the MCF, will be subject to disqualification from receiving Honors in the professionalism competency and may result in a Needs Improvement grade in professionalism.*

### Grading policy – In Addition to Common Clerkship Policies

#### Final Clerkship Assessment

- Covers eight competencies based on Educational Program Goals and Objectives using input from the sources identified below, as well as NBME and OSCE performance, MSPE comments, and notes to the student.
- Grades in each competency are: Needs Improvement; Pass; or, Honors.
- Clerkship grades are: Fail; Pass; or, Honors.
- Students **must** Honor a minimum of 4 competencies (1 **must** be Knowledge for Practice) to honor the clerkship.

#### Sources considered for competency grading

<b>1. Knowledge for Practice</b>	<ul style="list-style-type: none"><li>• Preceptor assessments</li><li>• Full Evaluations and progress notes, including biopsychosocial formulations, assessments, and treatment plans</li><li>• Scales</li><li>• Didactic presentation</li><li>• Healthcare matrices</li><li>• OpLog completion and range of pathology</li><li>• Quiz grades</li><li>• NBME performance (<b>Note: Honors performance on NBME is necessary to honor this competency</b>)</li></ul>
<b>2. Patient Care and Procedural Skills</b>	<ul style="list-style-type: none"><li>• Preceptor assessments</li><li>• Full Evaluations and progress notes, including biopsychosocial formulations, assessments, and treatment plans</li></ul>



	<ul style="list-style-type: none"> <li>• Scales</li> <li>• Healthcare Matrices</li> <li>• Interactions with patients and their families</li> </ul>
<b>3. Interpersonal and Communication Skills</b>	<ul style="list-style-type: none"> <li>• Preceptor assessments</li> <li>• Full Evaluations and progress notes, including biopsychosocial formulations, assessments, and treatment plans</li> <li>• Scales</li> <li>• Didactic presentation</li> <li>• Student Morning Report</li> <li>• Practicum performance</li> <li>• Healthcare Matrices</li> <li>• Interactions with treatment teams, preceptors, staff, patients and their families</li> </ul>
<b>4. Practice-Based Learning &amp; Improvement</b>	<ul style="list-style-type: none"> <li>• Preceptor assessments</li> <li>• Full Evaluations and progress notes, including biopsychosocial formulations, assessments, and treatment plans</li> <li>• Healthcare Matrices</li> <li>• Didactic presentation</li> <li>• OpLog completion and range of pathology</li> <li>• Practicum performance</li> <li>• Receptiveness to feedback</li> <li>• Effort and initiative to learn and participate in patient care</li> </ul>
<b>5. Systems-Based Practice</b>	<ul style="list-style-type: none"> <li>• Preceptor assessments</li> <li>• Full Evaluations and progress notes, including biopsychosocial formulations, assessments, and treatment plans</li> <li>• Healthcare Matrices</li> <li>• Didactic presentation</li> </ul>
<b>6. Professionalism</b>	<ul style="list-style-type: none"> <li>• Preceptor assessments</li> <li>• Full Evaluations and progress notes, including biopsychosocial formulations, assessments, and treatment plans</li> <li>• Healthcare Matrices</li> <li>• Clinical and academic performance</li> <li>• Interactions with preceptors, staff, patients and their families</li> <li>• Attitude, eagerness to learn, receptiveness to feedback</li> <li>• Flexibility, handling conflict and adversity, problem solving</li> </ul>

	<ul style="list-style-type: none"> <li>• Effort and initiative to learn and participate in patient care</li> <li>• Attendance and timeliness</li> <li>• Proper appearance and dress</li> <li>• Checkout process complete</li> </ul>
<b>7. Interprofessional Collaboration</b>	<ul style="list-style-type: none"> <li>• Preceptor assessments</li> <li>• Interactions with treatment teams, preceptors, staff</li> <li>• Full Evaluations and progress notes, including biopsychosocial formulations, assessments, and treatment plans</li> <li>• Healthcare matrices</li> <li>• Effort and initiative to help treatment team with patient care</li> <li>• Flexibility and response to conflict and adversity</li> </ul>
<b>8. Personal and Professional Development</b>	<ul style="list-style-type: none"> <li>• Preceptor assessments</li> <li>• Didactic presentation</li> <li>• Healthcare matrices</li> <li>• Practicum performance</li> <li>• Receptiveness to feedback</li> <li>• Flexibility and response to conflict and adversity</li> <li>• Effort and initiative to learn</li> </ul>

### Sample Competency Grading Rubric (Sample factors considered in grading)

Competency	Honor	Pass	Needs Improvement
<b>Medical Knowledge</b>	MS <b>exceeds</b> in the ability to: <ul style="list-style-type: none"> <li>• Describe in detail main psychiatric disorders</li> <li>• Apply knowledge to patient care in detail</li> </ul>	MS <b>has</b> the ability to: <ul style="list-style-type: none"> <li>• Describe main psychiatric disorders</li> <li>• Apply knowledge to patient care</li> </ul>	MS has <b>difficulties</b> in: <ul style="list-style-type: none"> <li>• Knowledge about main psychiatric disorders</li> <li>• Applying knowledge to patient care</li> </ul>
<b>Patient care</b>	MS <b>exceeds</b> in the ability to: <ul style="list-style-type: none"> <li>• Collect an accurate history</li> <li>• Assess mental status</li> <li>• Obtain collateral and review records</li> <li>• Narrowing a differential to 2-3 most likely</li> <li>• Formulate a detailed biopsychosocial treatment plan</li> </ul>	MS <b>has</b> the ability to: <ul style="list-style-type: none"> <li>• Collect an accurate history</li> <li>• Asses mental status</li> <li>• Narrow the differential</li> <li>• Formulate a basic biopsychosocial treatment plan</li> </ul>	MS has <b>difficulties</b> in: <ul style="list-style-type: none"> <li>• Collecting history from a patient or family interview</li> <li>• Assessing mental status</li> <li>• Narrowing the differential</li> <li>• Formulate a basic biopsychosocial treatment plan</li> </ul>

<b>Interpersonal Skills and Communication</b>	<b>MS exceeds</b> in the ability to: <ul style="list-style-type: none"> <li>• Document accurate medical information</li> <li>• Present patients in a thorough and concise manner</li> <li>• Easily develop rapport with the team, patients, and families</li> </ul>	<b>MS has</b> the ability to: <ul style="list-style-type: none"> <li>• Document medical information</li> <li>• Present patients</li> <li>• Develop rapport with team, patient, and families</li> </ul>	<b>MS has difficulties:</b> <ul style="list-style-type: none"> <li>• Working with the team, patients and families</li> <li>• Peer and team conflicts are evident</li> <li>• Difficulty transmitting information</li> </ul>
<b>Professionalism</b>	<b>MS exceeds</b> in the ability to: <ul style="list-style-type: none"> <li>• Have appropriate communication and body language</li> <li>• Be reliable</li> <li>• Take initiative in patient care</li> <li>• Always be punctual</li> <li>• Behave professionally</li> </ul>	<b>MS showed</b> the ability to: <ul style="list-style-type: none"> <li>• Have appropriate communication and body language</li> <li>• Be reliable and punctual</li> <li>• Behave professionally</li> </ul>	<b>MS had difficulties:</b> <ul style="list-style-type: none"> <li>• Inappropriate jargon or body language</li> <li>• Frequently tardy or absent</li> <li>• Unreliable</li> <li>• Unprofessional dress</li> <li>• Unprofessional use of phone during rounds or interviews</li> </ul>
<b>Practice-Based Learning and Improvement</b>	<b>MS exceeds</b> in the ability to: <ul style="list-style-type: none"> <li>• Participate in self-directed learning</li> <li>• Show evidence of reading with critical interpretation</li> <li>• Eagerly collaborate</li> <li>• Contribute to the team and accept feedback in a very positive way</li> <li>• Apply scales or instruments</li> </ul>	<b>MS has</b> the ability to: <ul style="list-style-type: none"> <li>• Participate in self-directed learning</li> <li>• Contribute to the team in acceptable way</li> <li>• Accept feedback</li> <li>• To do scales or instruments</li> </ul>	<b>MS has difficulties in:</b> <ul style="list-style-type: none"> <li>• Accepting feedback</li> <li>• Being self-directed in learning</li> <li>• Showing interest in learning</li> <li>• Completing scales or instruments</li> </ul>
<b>Systems-Based Practice</b>	<b>MS exceeds</b> in the ability to: <ul style="list-style-type: none"> <li>• Respect the hierarchy of the team</li> <li>• Effectively use thorough understanding of health care resources</li> <li>• Advocate for patients</li> <li>• Be an excellent team member</li> <li>• Accurately formulate a biopsychosocial diagnosis and treatment plan</li> </ul>	<b>MS has</b> the ability to: <ul style="list-style-type: none"> <li>• Respect the hierarchy of the team</li> <li>• Use and understand health care resources</li> <li>• Advocate for patients</li> <li>• Be a good team member</li> </ul>	<b>MS has difficulties in:</b> <ul style="list-style-type: none"> <li>• Functioning in a team</li> <li>• Recognizing and using health care resources</li> <li>• Advocating for patients</li> </ul>