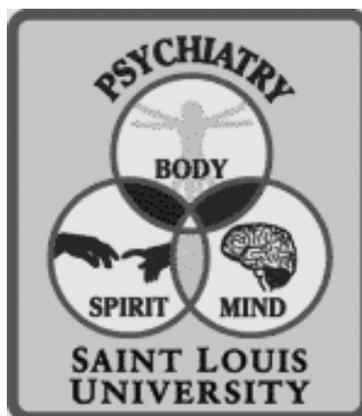


# PSYCHIATRY CLERKSHIP

**SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE  
PHASE 3 – MD PROGRAM**



**2012-13**



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**DEPARTMENT OF NEUROLOGY & PSYCHIATRY  
PSYCHIATRY CLERKSHIP  
SAINT LOUIS UNIVERSITY (SLU) SCHOOL OF MEDICINE**

**I. GENERAL OVERVIEW**

The Department of Neurology & Psychiatry supports a core clinical clerkship as part of the SLU School of Medicine Phase 3 curriculum. Twelve, 4--week rotations comprise the clerkship over the course of the academic year (July-June). Clinical, didactic, and supplemental learning experiences are supported within the clerkship by faculty members in the Division of Psychiatry. Anjan Bhattacharyya, MD, is the Clerkship Director for the Psychiatry division. Rebecca Grubb is the Clerkship Coordinator (977-4830, Room 118, Monteleone Hall, 1438 S. Grand Blvd.).

There are three fundamental components of the Psychiatry Clerkship:

- Primary clinical experiences
- Didactics (including student led case conferences)
- Supplemental learning experiences

For Psychiatry, these sites include:

- SLU Hospital Adult Inpatient Unit
- SLU Hospital Geriatric Inpatient Unit
- SLU Hospital Consultation-Liaison Service
- Jefferson Barracks VA Hospital

Students who have a preference may select the clinical sites in which they are most interested. Clinical experiences at non-VA sites may be 2 or 4 weeks in duration; VA experiences must be 4 weeks in duration. Students are given formative and summative feedback on their performance by faculty members (and residents) at the mid- and end-points of each primary clinical experience.

Students participate in didactic sessions in Psychiatry over the 4-week course of the clerkship (regardless of the clinical site to which they are assigned in a given week). These sessions (10 in Psychiatry) are designed to introduce students to the fundamentals and to help students develop skills in clinical problem solving and differential diagnosis through a case-based learning environment. Didactic experiences for Psychiatry will be on Thursday afternoons between the hours of 12:30-5:00. This is intended to minimize disruption to the learning experience at the primary clinical site. Psychiatry Grand Rounds are on Thursday morning at 8am. Psychiatry Grand Rounds occurs in the basement classroom of Monteleone Hall. When Grand Rounds is combined with the Neurology division, the event is held in the Schwitalla Hall location. Students are encouraged to attend Grand Rounds, but it is not a required part of the clerkship.

*Supplemental learning experiences* are experiences designed to supplement the primary clinical experiences and allow students access to a broader range of patients, diagnoses, and healthcare environments. Students participate in 2 supplemental experiences in Psychiatry during the 4-week clerkship. The experiences include forensic, outpatient, and community

clinics/activities in Psychiatry. Students are given feedback on their performance by members of the healthcare team at the conclusion of each supplemental learning experience.

At the conclusion of the clerkship, students must take the National Board of Medical Examiners (NBME) *subject examination* in Psychiatry. This examination is held on the final Friday of the clerkship.

Students are *evaluated* in Psychiatry using three different methods:

- Clinical performance evaluations
- Supplemental learning experience evaluations
- Student-led case conference (didactic) performance evaluation
- Scores on the NBME subject examination

*Clinical performance evaluations* are completed by faculty members (and, in some cases, resident physicians) at each primary clinical site relative to the objectives of the Psychiatry clerkship. The following areas are evaluated in Psychiatry:

- General medical knowledge
- History taking skills
- Patient rapport
- Differential diagnosis skills
- Diagnostic and therapeutic program planning
- Communication with colleagues – Oral presentations
- Selection, organization, and recording of clinical data
- Healthcare team rapport – Professionalism
- Patient care – Professionalism
- Motivation and attitude towards learning – Professionalism
- Overall clinical performance

The Psychiatry-specific area of evaluation is:

- Mental status examination skills

In Psychiatry, the clinical performance evaluations, supplemental learning experience evaluations, and NBME subject examination score (and case conference evaluations in Psychiatry) are weighted and combined to create a total score on which grades are based. The distributions of grades for Psychiatry conform to the established norms for the SLU School of Medicine Phase 3 curriculum: 25% Honors, 25% Near Honors, 50% Pass. Failure of the Psychiatry clerkship is determined on a case-by-case basis.

The Department of Neurology & Psychiatry is committed to the education of our students. Our emphasis on clinical knowledge, skills, and behaviors in a case-based learning environment is designed to provide students with an engaging, informative, and professional experience to further their development toward being effective, skilled, and concerned physicians.

## II. PSYCHIATRY-SPECIFIC OVERVIEW

Welcome to the Psychiatry Clerkship. The Division of Psychiatry is located in Monteleone Hall at 1438 S. Grand Blvd (just south of the main Medical School building, at Park and Grand).

The clinical and didactic training in the Psychiatry Clerkship will provide you with fundamental knowledge and skills in clinical psychiatry. We understand that most of you will not be choosing careers in psychiatry. As such, our approach emphasizes knowledge and skills that are applicable to the work of any physician who cares for patients. We emphasize recognition of symptoms of the most common psychiatric disorders, fundamental issues in the diagnosis and treatment of those disorders, and the importance of proper referral to mental health specialists when treating patients in a primary care site. We also provide a solid grounding in psychiatric psychopharmacology, as well as exposure to psychological and psychophysical treatment options in psychiatry (e.g., psychotherapy, electroconvulsive therapy, vagus nerve stimulation, biobehavioral approaches). It is important to us that you are exposed to a variety of patients with psychiatric disorders, whether actual patients in the clinic or patients presented in case conferences. Overall, we strive to make students aware of the pervasive interaction of psychosocial factors (e.g., community, race/ethnicity, socioeconomic status, education, age, gender, life stress, attitudes, beliefs, and personality), physical illness, and mental health, and the relevance of this interaction to patient care, patient health and healthcare outcomes, and physician-patient interactions.

In order to provide you with the best possible learning experience during your completion of the Psychiatry clerkship, the following requirements apply to all students (see later sections of the syllabus for details):

- Attendance and fulfillment of all clinical responsibilities at primary clinical site
- Completion of on-call experience
- Participation in all didactic experiences, including primary responsibility for presentation at one case conference over the 4 week block
- Participation in supplemental learning experiences
- Completion of FACTS form
- Completion of the NBME Psychiatry shelf examination at the conclusion of the 4-week Psychiatry Clerkship.

We hope that your experience on the Psychiatry Clerkship is a meaningful and informative learning experience. If you have questions or concerns, please contact Rebecca Grubb, Neurology & Psychiatry Clerkship Coordinator, or Anjan Bhattacharyya, MD, Clerkship Director, at 977-4830. Ms. Grubb is in Room 118, Monteleone Hall, 1438 S. Grand Blvd.

### III. MISSION, GOALS, OBJECTIVES, PATIENTS, & FEEDBACK FOR THE PSYCHIATRY CLERKSHIP

#### A. Mission & Goals

Through its provision to medical students of a comprehensive clinical and didactic experience in psychiatry, the Psychiatry Clerkship provides:

- A broad fund of psychiatric knowledge and clinical experiences in multiple domains (child, general/adult, geriatric) and settings (inpatient, outpatient, consultation/liaison)
  - Though some students may choose Psychiatry as a career path, the majority of students will ultimately pursue other specialties; as such, the Psychiatry clerkship emphasizes knowledge and skills that are transferable to all clinical work with patients and colleagues. An ongoing challenge in all medical specialties is effective interpersonal skills (independent of medical skills). In our teaching and clinical modeling, we stress interpersonal effectiveness and the forging of relationships with patients that promote a therapeutic alliance. Psychiatric disorders are common in all medical settings, and in some settings psychiatric co-morbidity is present in up to two-thirds of patients. Thus we emphasize the recognition of common psychiatric disorders, appropriate treatment options for these disorders, referral strategies for specialized mental health care, and recognition of psychosocial issues in patient care in ways that are germane to primary care medicine of all types.
- A solid grounding in psychiatric psychopharmacology, including all major types of psychiatric pharmaceuticals (e.g., antidepressants, antipsychotics, anxiolytics, mood stabilizers, stimulants, cognitive enhancers)
- A broad understanding of the nature and application of psychological and psychophysical treatment options for psychiatric disorders and associated psychosocial dysfunction (e.g., psychotherapies, biobehavioral treatments, electroconvulsive therapy, vagus nerve stimulation)
- An understanding of the biologic bases of psychiatric disorders
- Awareness of the pervasive interaction of psychosocial factors (community, race/ethnicity, socioeconomic status, education, age, gender, attitudes, beliefs, personality, etc.), physical illness, and mental health, and the relevance of this interaction to patient care, patient health and healthcare outcomes, and physician-patient relationships

#### B. Objectives

Consistent with the missions of the School of Medicine and the Division of Psychiatry, teaching and learning in the Psychiatry section of the Clerkship are guided by a series of objectives in the domains of knowledge, skills, and attitudes.

##### ***Knowledge objectives***

At the conclusion of the Psychiatry Clerkship, students will be able to:

- Discuss the interaction between the patient (genetic, biological, psychological) and the patient's environment (familial, social/community, cultural, spiritual), and the effect of this interaction on mental health and psychiatric health care outcomes

- Discuss the major patterns of psychiatric illness as described in DSM IV-TR, to include causes, pathophysiology and neuromechanisms, presenting signs and symptoms, diagnosis, treatment, and follow-up for primary categories of psychiatric disorder:
  - childhood disorders
  - delirium/dementia and other cognitive disorders
  - substance abuse disorders
  - schizophrenia and other psychotic disorders
  - mood disorders
  - anxiety disorders
  - personality disorders
- Articulate modalities and treatment goals of individual, family, and group psychotherapy
- Discuss the major medications used in psychiatry with respect to their pharmacology, contraindications, side effects, and interactions
- Articulate a medical work up and specify medication treatment of patients
- Interpret laboratory and diagnostic data in the evaluation and treatment of psychiatric disorders
- Articulate legal and forensic issues relevant to psychiatry (e.g., involuntary commitment, confidentiality, duty to warn/protect, competency, insanity defense)
- Identify family and social stressors that impact functioning of psychiatric patients and their families
- Recommend appropriate psychological and neuropsychological testing for psychiatric patients
- Evaluate somatic symptoms and medical illness in light of psychological, social/community, cultural, and spiritual factors

### ***Skills objectives***

At the conclusion of the Psychiatry Clerkship, students will be able to:

- Demonstrate appropriate physician-patient relationships in the context of psychiatric health care, with attention to both verbal and nonverbal communication
- Perform a complete history and physical with a psychiatric patient utilizing effective communication techniques
- Perform and summarize a complete mental status examination
- Orally present patient data in a complete and organized fashion
- Employ effective patient teaching methods to support optimal mental health and functioning, including the ability to identify and counsel patients regarding modifiable risk factors for preventing mental illness and promoting quality of life
- Formulate an appropriate differential diagnosis for a psychiatric patient
- Utilize computer databases to retrieve pertinent scientific literature useful in the diagnosis and treatment of patients
- Recognize the limits of his/her training in treating patients with psychiatric disorders, including making appropriate referrals
- Correctly utilize the PDR and other sources of information regarding psychiatric medications
- Perform a drug and alcohol use/abuse assessment
- Evaluate patient dangerousness to self and others and formulate an appropriate emergency care plan for patients whose level of suicidality constitutes a life-threatening condition, or whose level of homicidality constitutes a life-threatening condition to others
- Formulate a comprehensive psychiatric treatment plan

### **Attitude objectives**

At the conclusion of the Psychiatry Clerkship, students will be able to:

- Demonstrate respect for all patients, including those who appear uncooperative, unmotivated, and/or difficult to treat
- Demonstrate a willingness to acknowledge and accept professional limitations in themselves and other healthcare providers
- Effectively collaborate with other healthcare providers, families, and patients in the evaluation and treatment of psychiatric disorders
- Demonstrate an appreciation of how their own culture and values affect their perceptions, attitudes, beliefs, reactions, and professional behavior regarding psychiatric patients and their families
- Demonstrate an appreciation for the universal interplay between psychological, social, spiritual, cultural, and physical aspects of patient illness, recovery, quality of life, and emotional well-being

### **C. Patients**

All students completing the Psychiatry Clerkship will encounter or discuss (in case conferences) patients with the following diagnoses:

- Psychotic disorders (e.g., schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, brief psychotic disorder)
- Mood disorders (e.g., major depressive episode or disorder, dysthymic disorder, manic episode, bipolar disorder)
- Anxiety disorders (e.g., panic disorder, phobias, obsessive-compulsive disorder, posttraumatic stress disorder, acute stress disorder, generalized anxiety disorder)
- Substance-related disorders (alcohol or substance dependence/abuse/intoxication/withdrawal)
- Dementia and/or other cognitive disorders (e.g., Alzheimer's disease, vascular dementia, amnesic disorders, dementia due to medical conditions, delirium)
- Childhood disorders (e.g., ADD/ADHD, autism)

### **D. Clinical Observation of Skills**

In order to provide comprehensive feedback on clinical performance, students should have the opportunity to be observed by an attending physician or resident regarding the following:

- Performance of a history and physical examination, with special attention to verbal and nonverbal communication, with verbal summary
- Performance of a mental status examination, with verbal summary
- Communication of significant clinical information through verbal summary
- Formulation and writing of a differential diagnosis
- Use of the PDR and other sources of information (e.g., discussions with attendings and residents) regarding prescription of psychiatric medications, with verbal communication of medication options, contraindications, side effects, etc.
- Performance of a drug and alcohol use/abuse assessment
- Evaluation of patient dangerousness to self and others
- Interpretation of laboratory (e.g., blood tests) and diagnostic (e.g., neuroimaging) data in the evaluation and treatment process
- Formulation of a psychiatric treatment plan, including service options

#### IV. FACTS FORM INFORMATION FOR PSYCHIATRY

The FACTS form is a required evaluation component for all SLU School of Medicine clerkships. You will receive your FACTS form at clerkship orientation. In the Psychiatry Clerkship, the FACTS form contains three types of information that must be completed over the course of the clerkship experience:

- *Faculty Feedback* is to be given to the student by a faculty member and documented on the FACTS form at the mid-point and end of the Psychiatry section of the clerkship.
- As the student performs them with psychiatry patients, *Clinical Skills* are to be signed-off on by an attending physician or resident in the following areas:
  - History and physical examination (with verbal summary)
  - Mental status examination (with verbal summary)
  - Summary and communication of significant clinical information
  - Formulation and writing of differential diagnosis
  - Use of the PDR—in combination with attending/resident discussions—to articulate medication options, contraindications, side effects, etc.
  - Drug and alcohol abuse assessment
  - Evaluation of dangerousness to self and others
  - Interpretation of laboratory and/or diagnostic data
  - Formulation of a psychiatric treatment plan
- Completion of the on-call and weekend rounding requirements must be noted on the FACTS form.
- As the student encounters them, *Required Patient Encounters* (real or simulated) are to be noted regarding the following patient types/problems:
  - Anxiety disorders
  - Dementia and/or other cognitive disorders
  - Mood disorders
  - Psychotic disorders
  - Substance-related disorders

Please note that the student has overall responsibility for making sure that the FACTS form gets completed (e.g., presenting it to faculty and residents for feedback or sign-off on clinical skills). Regarding specific FACTS information, it is the responsibility of faculty to provide feedback to you at mid-clerkship and at the end of the clerkship; it is the responsibility of faculty and residents to sign-off on clinical skills; and it is the responsibility of the student to note patient encounters.

## V. PRIMARY CLINICAL SITES FOR PSYCHIATRY

Students learn clinical medicine and clinical skills in Psychiatry at their *primary clinical site*. For Psychiatry, these sites include:

- SLU Hospital Adult Inpatient Unit
- SLU Hospital Geriatric Inpatient Unit
- SLU Hospital Consultation-Liaison Service
- Jefferson Barracks VA Hospital Adult Service\*\*
- Jefferson Barracks VA Hospital Geriatric Service\*\*

\*\* Students assigned to the VA as their primary clinical site may work with residents, in addition to their primary attending supervisor. In order to receive accurate and complete evaluations they need to inform Rebecca Grubb, the clerkship coordinator, of which residents they worked with, so that these residents may be assigned a clinical evaluation to complete.

Students who have a preference may select the clinical sites in which they are most interested. Clinical experiences at non-VA sites may be 2 or 4 weeks in duration; VA experiences must be 4 weeks in duration.

Clinical site responsibilities for students *may* include any of the following:

- Attend morning team meeting and rounding
- Daily patient contacts
- Gather and summarize clinical and collateral information
- Use computerized clinical data systems
- Schedule aftercare appointments
- Attend family meetings
- Review of research literature

**Weekend Rounding Requirement:** Each student is required to round on an inpatient service on one weekend day during the rotation. This requirement may be completed on either the SLU Hospital Adult Psychiatry service (4West) or the SLU Hospital Geriatric Psychiatry Service (2West). Students rotating on one of these 2 services are encouraged to complete this requirement during their time on the service. Students rotating on other services, including Consultation-Liaison and the VA, may choose to do this at any time consistent with the following guidelines: one student will attend rounds on 2West on each weekend day; no more than 2 students will attend rounds on each weekend day on 4West. Students will be asked to sign up for the rounding requirement at the start of the rotation.

**On-Call Requirement:** Each student is required to complete 2 on-call experiences during the rotation: one weeknight call and one weekend call. During these experiences they will accompany the on-call resident and see patients along with them during the designated time. Students will sign up for specific dates at the start of the rotation, with the only restriction being that no more than one student may sign up for each available date. Please note:

- Weekday calls: Start at 4:30pm and end at 9:00pm on any day Monday-Friday
- Weekend calls: Students are encouraged to combine this with their weekend rounding days. In this case the call experience starts at 1pm and ends at 6pm on that day. If this is done on

a separate day from the weekend rounds, the student is expected to work with the on-call resident from 8am to 6pm.

For students assigned to the *Jefferson Barracks VA*, directions from SLU School of Medicine are:

- I-44 East to I-55 South
- I-55 South to I-255 East
- I-255 East to Koch Road exit (if you cross the Mississippi, you have gone too far)
- Left on Koch Road
- Right into VA Medical Center
- South Parking Lot, Building 51
- Building 51: enter and turn R, turn L at 2<sup>nd</sup> hallway (Inpatient Ward sign), to Conference Room (#1A176)
- 1 Jefferson Barracks Drive, Saint Louis, MO 63125-4101; 314-652-4100 or (800) 228-5459

Please go to <http://www1.va.gov/directory/guide/facility.asp?ID=5362> (for maps and additional information)

## VI. SUPPLEMENTAL LEARNING EXPERIENCES IN PSYCHIATRY

In order to expand student opportunities to experience a variety of psychiatric disorders, students must complete 2 Psychiatry supplemental learning experiences *during the 4-week Psychiatry Clerkship*. Students should be aware that there is limited availability for some experiences. *Students must inform the attending and/or residents at their primary clinical site when they will be off-site to participate in these activities.*

### **Supplemental Learning Experiences:**

Students must complete 2 supplemental learning experiences from among the following opportunities (subject to availability and scheduling):

- Outpatient psychiatry clinic of the Family Mental Health Collaborative of St. Louis County  
  
Clinic times vary and are subject to change, pending scheduling for faculty and residents. Up-to-date information, sign-up sheets, and directions are available from Rebecca Grubb, Clerkship Coordinator, at the start of the clerkship.
- Outpatient psychiatry clinic of Community Alternatives Community Mental Health clinic of Saint Louis University  
  
Clinic times vary and are subject to change, pending scheduling for faculty and residents. Up-to-date information, sign-up sheets, and directions are available from Rebecca Grubb, Clerkship Coordinator, at the start of the clerkship.
- Outpatient psychiatry clinic of the Student Health and Counseling Services Center of Saint Louis University  
  
Clinic times vary and are subject to change, pending scheduling for faculty and residents. Up-to-date information, sign-up sheets, and directions are available from the Clerkship Coordinator at the start of the clerkship.
- Psychiatry services for inmates incarcerated at the Buzz Westfall Justice Center of St. Louis County  
  
Clinic times vary and are subject to change, pending scheduling for faculty and residents. Up-to-date information, sign-up sheets, and directions are available from the Clerkship Coordinator at the start of the clerkship.
- TouchPoint Autism Services (tour and information)  
  
Usually on Monday or Tuesday morning, subject to change, pending interest and availability. Sign-up sheets and directions are available from the Clerkship Coordinator.
- Electroconvulsive therapy (ECT) at Saint Louis University Hospital  
  
Usually at 8am, Mon-Fri, and 9am, Wed (subject to change); at SLU Hospital, 3<sup>rd</sup> floor Post-Anesthesia Care Unit (PACU). Interested students should contact a medical student who is assigned to either the SLU Adult Inpatient Psychiatry Unit or the SLU Geriatric Inpatient Psychiatry Unit for information on when ECTs are scheduled for a

given week. Often, ECT observation is best accommodated through the Gero team. For students rotating on 2West–Geriatric Psychiatry, ECT will *not* count as a supplemental learning experience, as this is a core part of the Geriatric Psychiatry service.

- Outpatient child psychiatry, private practice

Subject to availability, students participate in outpatient psychiatric services for children in a private practice setting. Details are available from the Clerkship Coordinator.

Please Note: the following applies for each of the supplemental experiences completed:

*At the conclusion of the experience, students must obtain a completed evaluation card on their performance from the attending physician, resident, or other senior member of the healthcare team at the site. Evaluation cards are available from the Clerkship Coordinator.*

*Students are also encouraged to seek out and inquire about psychiatry learning experiences that are of particular interest to them. For example, it may be possible for a student to observe a psychiatric competency legal hearing (Dr. Felthous), participate in community psychiatry with the homeless (Dr. Marcu), visit a nursing home with a geriatric psychiatrist (Dr. Grossberg or Dr. Manepalli), or discuss an outpatient psychotherapy patient (Dr. Klein).*

## VII. PSYCHIATRY CASE CONFERENCES (DIDACTICS)

Students participate in didactic sessions in Psychiatry over the 4 weeks of the Clerkship (regardless of the clinical site to which they are assigned in a given week). Most didactic sessions are in the form of clinical case conferences. Of the 10 didactic sessions in the Psychiatry Clerkship, 8 are student-led case conferences (the remaining 2 are psychopharmacology didactics). Students are *required* to attend all didactics/case conferences, which are held on Thursday afternoons during the Clerkship. The schedule will be distributed at Orientation.

The case conferences in Psychiatry are structured as student-led, small group presentations and discussions. *Each student is required to co-lead one of the case conferences (students must sign up to do this at the beginning of the rotation).*

Each case conference will have 2-3 students assigned as co-leaders and a faculty member assigned as a facilitator. Each conference will be based around a paper case that will be provided to the students at the start of the rotation.

Expectations of the case conference leaders:

1. Review the case ahead of time and research the content area
2. Meet with the assigned faculty prior to the case conference to discuss the important aspects of the case and the key issues to cover regarding the content area
3. Prepare teaching materials that may include either a Powerpoint presentation or a brief handout
4. Co-lead the group of students in a discussion of the case, elucidating the key information regarding the content area

Expectations of the assigned faculty:

1. Meet with the case conference leaders prior to the conference, as described above
2. Recommend appropriate resources to the students
3. Attend and assist in the facilitation of the conference by ensuring the involvement of all students and helping guide the discussion when necessary
4. In some cases, lead a brief discussion of psychopharmacology related to the content area or provide a series of NBME examination-style questions during the conference
5. Complete an evaluation of the conference leaders based on their fulfillment of the above expectations, knowledge of the content area, ability to engage the other students, and the quality of any teaching materials used
6. Faculty will not be expected to be the content expert for the conference topic, and their primary role will not be to lecture to the students; faculty may clarify specific content brought up by the student leaders or address questions regarding the clinical practice aspects of the case

These case conferences introduce students to the fundamentals of the discipline and facilitate student clinical problem solving, pattern recognition skills, and diagnostic acumen through a case-based learning environment.

In addition, archived Psychiatry lectures are also available on Moodle (computer accessed) as part of the SLU School of Medicine information technology resources. There are specific lectures on a variety of topics in psychiatry that may be used to supplement the required didactic experience. *Students are not required to view the archived lectures.* Details on accessing and viewing the archived lectures will be provided at Orientation.

## VIII. STUDENT PERFORMANCE EVALUATION IN PSYCHIATRY

Students receive one grade for Psychiatry at the conclusion of the 4-week Neurology & Psychiatry Clerkship.

For the Psychiatry clerkship, students are evaluated using four differentially-weighted methods:

- Clinical performance evaluations (35%): 0-3.5 points
- NBME subject examination score (35%): 0-3.5 points
- Didactic performance evaluation (20%): 0-2.0 points
- Supplemental learning experience evaluations (10%): 0-1.0 points

Total Points = 0-10

### A. Clinical Performance Evaluations

For clinical performance evaluations, a faculty member (and, in some cases, resident physicians\*\*) *at each primary clinical site* evaluates the student (using a standardized evaluation form) relative to the objectives of the Psychiatry clerkship:

- General medical knowledge
- History taking skills
- Mental status examination skills
- Patient rapport
- Differential diagnosis skills
- Diagnostic and therapeutic program planning
- Communication with colleagues – Oral presentations
- Selection, organization, and recording of clinical data
- Healthcare team rapport – Professionalism
- Patient care – Professionalism
- Motivation and attitude towards learning – Professionalism
- Overall clinical performance

\*\* Students assigned to the VA as their primary clinical site should inform Rebecca Grubb, the clerkship coordinator, as to which residents they worked with, so that these residents may be assigned a clinical evaluation to complete.

Evaluators *must* also include narrative comments on the clinical performance evaluation form that describe students' strengths and challenges. Portions of this narrative may be used to characterize a student's performance on the Dean's letter for residency applications (but narrative information is not factored into grading).

Clinical performance evaluation ratings are made on a 0-5 scale. The mean rating across evaluations is used as the basis for assigning clinical performance evaluation points:

- > 4.1 = 3.5 points
- > 3.7 and ≤ 4.1 = 2.5 points
- ≥ 1.5 and ≤ 3.7 = 1.5 points
- < 1.5 = 0 points

## B. NBME Subject Examination

Points for the NBME subject examination in psychiatry are based on the national percentile rank for the student's exam score:

- > 75<sup>th</sup> percentile = 3.5 points
- > 50<sup>th</sup> percentile and ≤ 75<sup>th</sup> percentile = 2.5 points
- ≥ 5<sup>th</sup> percentile and ≤ 50<sup>th</sup> percentile = 1.5 points
- < 5<sup>th</sup> percentile = 0 points

*Please remember that NBME subject exam scores are differentially weighted by the NBME as a function of the quartile of the academic year in which the student takes the exam. As such, any student who is off-schedule is expected to notify Rebecca Grubb, Clerkship Coordinator, of this fact. This ensures use of the correct norms in the calculation of your national percentile rank for the examination.*

## C. Student-Led Case Conference Performance Evaluation

Student performance in preparing for and leading the interactive case conference will be evaluated by the faculty member with whom the student worked. This will be on a 1-5 scale, with points assigned as follows:

- 5 = 2 points
- 4 = 1.5 points
- 3 = 1 point
- 2 = 0.5 points
- 1 = 0 points

## D. Supplemental Learning Experiences

Supplemental learning experience evaluations are based on a 0-2 scale. The mean rating across evaluations is used to assign points for this component:

- 1.5 or 2 = 1.0 point
- 1 = 0.5 points
- < 1 = 0 points

## E. Total Points Earned and Assignment of Grades

Points for the clinical performance evaluation, NBME subject examination, case conference evaluation, and supplemental learning experience evaluations are summed (0-10 scale) and grades are assigned as follows:

- > 7.5 points = Honors (25% of students generally score in this range)
- ≥ 6.5 and ≤ 7.5 points = Near Honors (25% of students generally score in this range)
- < 6.5 points = Pass (50% of students generally score in this range)

*Unless:*

The student earns 0 points for either the clinical performance evaluation component, the NBME subject examination component, or the case conference component. Zero points for *any* of these 3 components will result in an overall score of 0 and the assignment of the symbol D in lieu of a Psychiatry section grade. Students receiving a D are required to complete some form of remediation, including re-taking of the subject examination where applicable.

Based on the formulas presented above, the distribution of grades for the Psychiatry conforms to the established norms for the SLU School of Medicine Phase 3 curriculum: 25% Honors, 25% Near Honors, 50% Pass. Failure of the Psychiatry clerkship is determined on a case-by-case basis.

Consistent with the requirements of the School of Medicine, grades will be posted within 6 weeks of the final day of the 4-week Psychiatry Clerkship. Please do not call Rebecca Grubb regarding grades until after final grades are issued and entered into the OASIS system. After that time, you may view your Clerkship file in Ms. Grubb's office and ask any questions that you may have.

***The following policy change was approved by the Curriculum Management Committee on May 18, 2011.***

#### **Years 3 and 4**

Students are graded on a five-tier system: Honors (H), Near Honors (NH), Pass (P), Fail (F), Incomplete (I).

The following grade system is used for the official School of Medicine academic transcript. For students having completed the course:

Honors (H): Shows noteworthy performance, which differentiates the outstanding student from most other members of the class or rotation. Up to 25% of students may earn the grade of Honors (H) in a course or rotation.

Near Honors (NH): This grade is used to communicate an excellent, but not Honors quality performance. Up to 25% of students may earn the grade of Near Honors (NH) in a course or rotation.

Pass (P): Students who earn the grade of Pass (P) have successfully met the course requirements and do not exhibit special strengths or deficiencies.

Fail (F): The grade of Fail (F) designates a student performance that does not meet minimum standards for the course (see Determination of Failing and Deferred Performance Levels). A failing performance requires remediation as jointly determined by the course director and the Committee on Student Progress and Program Planning. Remediation is recommended by the course director and may, but does not necessarily require, course repetition. All Fs are permanent and appear on the student's transcript. When an F grade is successfully remediated in the same academic year the grade will appear on the transcript as F/P. Additionally, the Committee on Student Progress and Program Planning may recommend changes in grade remediation requirements for students having academic problems in multiple courses.

Incomplete (I): Required course work has not been completed (e.g., due to excused absence or an illness), or has not been *satisfactorily* completed (e.g., due to unexcused absence or marginal performance on examinations and other course requirements). Failure of the NBME Subject Examination taken in the seven required clerkships will result in the automatic assignment of an Incomplete (I). The CSPPP will be notified of circumstances attendant to the assignment of the Incomplete. Students who receive an Incomplete due to excused absence or illness, for example, may earn a grade of Honors, Near Honors, Pass, or Fail on satisfactory completion of their coursework. Students who receive an Incomplete due to unexcused absence or marginal performance on examinations, for example, may earn a grade of Pass or Fail on satisfactory completion of their coursework. Any course for which work is not completed will permanently show an Incomplete (I) on the student transcript.

There are a few courses in Year 4 that are graded on a three-tier system: Pass (P), Fail (F), Incomplete (I).

For students who withdraw before completing the course:

Withdrawal (W): Withdrew from a course prior to determination of passing or failing status.

## **IX. PSYCHIATRY FACULTY**

Please see the Department of Neurology & Psychiatry website for information on all department faculty: <http://neuroandpsych.slu.edu/>

Students may also contact the Clerkship Coordinator, Rebecca Grubb, at 977-4830 for information about faculty. All SLU faculty are also on the SLU email distribution list.

Information regarding Veterans Administration (VA) faculty may be obtained from the VA medical student education coordinator, Deloris Hale, at 652-4100 (x64788).

## X. PSYCHIATRY – GENERAL POLICIES

- Students are *required* to obtain the mini DSM-IV (Diagnostic and Statistical Manual of Mental Disorders). For those interested, a supplementary book—*not* required—is *Psychiatry for Medical Students*, 3<sup>rd</sup> ed. (Robert J. Waldinger, author). ]
- Students are required to be present at their primary clinical site(s), case conferences (didactics), and supplemental learning experiences at the designated days/times.
- Students are responsible for ensuring that the FACTS form is completed and returned to Rebecca Grubb, Clerkship Coordinator.
- Students are responsible for obtaining completed evaluation cards following their supplemental learning experiences and submitting these evaluation cards to the Clerkship Coordinator.
- Students are responsible for providing an appropriate means by which Clerkship personnel and primary clinical site personnel can contact the student at any time during the Clerkship.
- Official holidays are observed in accordance with the SLU School of Medicine Calendar and, if applicable, the Veterans Administration calendar.
- Students must immediately notify the Clerkship Coordinator of any planned, unavoidable absences from the Clerkship. *Advance notification must be made, and advance approval must be given by the Clerkship Director*, if the student knows that he or she will be absent for any part of the Psychiatry section of the Clerkship.
  - In the event of unplanned absences (e.g., illness, bereavement), students are expected to contact the Clerkship Coordinator, the attending physician (or other suitable personnel) at the primary clinical site, and (if applicable) the appropriate person involved with a supplemental learning experience.
  - Unreported absences may result in failure of the Clerkship, as this is considered a serious breach of professional responsibility.

During the 4 weeks of clinical service in Psychiatry, **absences in excess of 3 days, for any reason, will require making up the lost time.** This is consistent with the requirements of the School of Medicine. Extended absences may require remediation of the entire Clerkship.