



Oregon Health and Science University  
School of Medicine

Clerkship Orientation Manual and General Information  
For Faculty

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Psychiatry Clerkship Director  
OHSU



# PSYCHIATRY MEDICAL STUDENT CLERKSHIP – PSYCHIATRY 720

OHSU requires a 5 week clerkship in Psychiatry for all 3<sup>rd</sup> year medical students. Psychiatry faculty are also involved in educational activities throughout the 4 year medical school curriculum.

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## **1. Psychiatry Clerkship Program Contact Information**

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Psychiatry Clerkship Director

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**Kim Taylor**

Medical Student Coordinator

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Mailing Address

Department of Psychiatry

UHN-80

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## **2. University Goals and Objectives**

### **Undergraduate Medical Education (UME) Program Objectives**

- A. PATIENT CARE AND PROCEDURE SKILLS** (Compassionate, appropriate, and effective care for the treatment of health problems and the promotion of health)
1. Obtain an accurate history, covering essential medical, personal, and socioeconomic considerations.
  2. Perform accurate physical and behavioral health examinations appropriate to patient presentation.
  3. Construct a prioritized differential diagnosis for common presenting complaints.
  4. Construct and present a clinical assessment and treatment plan.
  5. Explain and demonstrate the practice of informed consent in patient care.
  6. Demonstrate the use of information technology for the retrieval and application of biomedical information in clinical problem-solving and medical decision-making.
  7. Order, interpret and apply information from diagnostic imaging, laboratory tests and pathologic evaluations of common conditions.
  8. Demonstrate the ability to use the electronic health record in caring for patients.
  9. Demonstrate the ability to assess pain, and describe the indications and limitations of common pain management strategies.
  10. Identify and participate in the management of critical medical conditions.
  11. Perform and document common diagnostic and therapeutic procedures.

## **University Goals and Objectives (cont.)**

- B. MEDICAL KNOWLEDGE** (Knowledge of established and evolving biomedical, clinical, epidemiological, social and behavioral sciences, and the application of this knowledge to patient care)

### The Scientific Basis of Medicine

1. Identify the normal anatomy and histology of major tissues, organs and organ systems.
2. Explain the normal physiology of major tissues, organs and organ systems of the human body.
3. Explain the biochemical, molecular, and cellular mechanisms important for maintaining homeostasis.
4. Explain the principles of medical genetics and their application to clinical practice.

### Systems and Disease Processes

5. Explain the major cellular mechanisms of disease and explain how they alter the normal anatomic and histologic structures of major organs and organ systems.
6. Explain how disease alters the normal functions of the major organ systems of the body.
7. Explain the scientific basis of normal and abnormal human behavior.
8. Explain the basic principles of pharmacology.
9. Identify the clinical indications for commonly used therapeutic agents.
10. Identify the actions, interactions and toxicities of commonly used drugs.
11. Identify the risk factors for acquiring common diseases and prognostic factors for adverse outcomes.
12. Explain the normal physiologic and psychosocial characteristics, and the common pathologic processes, of human growth, development and aging.

### Evaluation of Clinical Information

13. Apply basic principles of clinical, laboratory, and imaging tests for clinical screening and diagnosis, and critically evaluate their limitations.
14. Discuss the importance of the scientific method in establishing causation of disease and evaluating therapeutic options.
15. Demonstrate the ability to critically evaluate and interpret scientific and medical literature and to apply findings to clinical situations.

## **University Goals and Objectives (cont.)**

### Health Promotion and Disease Prevention

16. Identify the social determinants of health and disease.

17. Explain and apply effective clinical approaches to prevention and early detection of common diseases.

## **University Goals and Objectives (cont.)**

**C. PRACTICE BASED LEARNING AND IMPROVEMENT** (Investigation and evaluation of one's own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care)

1. Continually self-assess one's strengths and areas for improvement, and pursue a plan for improvement.
2. Accept and incorporate into clinical practice the feedback received from patients and colleagues.
3. Formulate relevant questions and utilize appropriate resources to answer them.
4. Interpret and appropriately apply practice guidelines in the diagnosis, treatment and prevention of disease.
5. Explain the role of practice-based data analysis in improving care for individual patients.
6. Demonstrate skills necessary to support independent lifelong learning and ongoing professional development.



## **University Goals and Objectives (cont.)**

### **D. INTERPERSONAL AND COMMUNICATION SKILLS** (Effective information exchange and teaming with patients, their families, and other health professionals)

1. Demonstrate effective listening and speaking skills when communicating with patients and their families.
2. Assess health care literacy and adapt to the patients' comprehension while educating them about their medical conditions and treatments.
3. Develop mutually agreed upon goals for care with patients and families.
4. Demonstrate effective written and verbal communication skills with all members of the health care team.
5. Demonstrate respect for cultural and ethnic backgrounds of patients and their families and other members of the health care team.
6. Recognize and communicate effectively about pain and emotional distress with patients and their families.
7. Demonstrate effective attention and communication during transitions of care between members of the health care team.

## **University Goals and Objectives (cont.)**

**E. PROFESSIONALISM** (A commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population)

1. Explain the principles governing ethical decision-making, including those that arise at the beginning and end of life.
2. Explain the ethical principles governing research involving human subjects.
3. Demonstrate compassion, sensitivity and respect for patients.
4. Explain and uphold the legal and ethical principles of patient confidentiality and autonomy.
5. Demonstrate honesty and integrity in all interactions with patients, patients' families, and members of the health care team.
6. Identify and disclose conflicts of interest in the practice of medicine.
7. Explain how to identify and report disruptive or unprofessional behavior or distress in colleagues and self.
8. Demonstrate an understanding of medicolegal principles pertaining to standard of care and informed consent.
9. Demonstrate professional judgment in the use of electronic and social media.
10. Demonstrate accountability by completing academic and patient care responsibilities in a timely manner.
11. Demonstrate social responsibility and community service in the care of patients and communities.

## **University Goals and Objectives (cont.)**

**F. SYSTEMS BASED PRACTICE** (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)

1. Explain health care delivery systems and resource allocation and their potential effects on the health of patients and communities.
2. Explain the principles of organizational governance and how to best effect change within the health system.
3. Explain a systems approach to assuring patient safety, including methods to improve safety and reduce medical errors.
4. Demonstrate the ability to participate effectively as a member of interprofessional teams caring for patients.
5. Explain the role of quality measures and population-based data in improving patient care.
6. Explain the factors affecting variations in clinical practice and health care delivery.

### **3. PSYCHIATRY CLERKSHIP GOALS AND OBJECTIVES**

#### **Patient Care and Procedure Skills**

1. Conduct a thorough psychiatric diagnostic interview including mental status examination and cognitive examination in a manner that facilitates information gathering and formation of a therapeutic alliance
2. Demonstrate competency in performing physical and neurological examinations
3. Order and interpret relevant laboratory tests and diagnostic imaging. Apply this information in formulating a differential diagnosis and treatment plan.
4. Demonstrate the ability to appropriately utilize the medical record (both electronic and paper, as applicable) for both retrieval and documentation of information
5. Demonstrate the ability to synthesize clinical data and develop an appropriate differential diagnosis and treatment plan
6. Demonstrate appropriate use of psychotropic medications
7. Demonstrate the ability to evaluate and initiate management of suicidal, homicidal and agitated patients
8. Demonstrate the ability to obtain informed consent for psychotropic medications and describe how to approach situations in which informed consent cannot be obtained

#### **Medical Knowledge**

1. Identify the major classes of psychiatric diagnoses as per DSM-IV-TR and summarize the key diagnostic criteria for those diagnoses
2. List the components of the mental status exam including a screening cognitive evaluation
3. Describe diagnostic testing that may be indicated for patients with psychiatric disorders and describe appropriate use of those tests
4. Demonstrate knowledge of the key classes of psychotropic medications (see attached list), indications, contraindications, side effects and key drug interactions
5. List nonpharmacologic interventions employed in psychiatry and describe appropriate use of those interventions
6. Discuss the appropriate approaches for the evaluation and management of suicidal, homicidal and agitated patients

#### **Practice Based Learning and Improvement**

1. Request and utilize consultation and supervision in an appropriate manner
2. Recognize limitations of one's own knowledge and independently seek to improve one's knowledge and skills
3. Demonstrate ability to consider constructive feedback from colleagues, supervisors and patients and utilize that feedback in a manner that leads to improvement in knowledge, clinical skills, interpersonal communication and professionalism, as appropriate
4. Demonstrate skills in identifying and utilizing resources for improving one's knowledge and skills

## **PSYCHIATRY CLERKSHIP GOALS AND OBJECTIVES (cont.)**

### **Interpersonal and Communication Skills**

1. Demonstrate appropriate respect, empathy and responsiveness to psychiatric patients
2. Demonstrate an ability to adapt interviewing skills for special situations – i.e. – patients who may be disorganized, hostile, paranoid, cognitively-impaired, etc.
3. Demonstrate ability to conduct a thorough psychiatric interview including HPI, past medical and psychiatric history, family history and thorough mental status exam
4. Demonstrate ability to communicate effectively with patients, colleagues, the multidisciplinary team and family members both orally and in writing (as appropriate)

### **Professionalism**

1. Demonstrate compassion and respect for patients, families and colleagues.
2. Demonstrate honesty and integrity in interactions with patients, families and colleagues
3. Be able to solicit and utilize constructive criticism
4. Understand and respect the roles of other health care professionals
5. Conduct oneself with high ethical and professional standards at all times
6. Demonstrate comfort and understanding in caring for psychiatrically ill patients. Be able to work well with different kinds of patients
7. Understand and be able to explain principles of ethics as they apply to medical and psychiatric care of patients
8. Identify and appropriately disclose any conflicts of interest in patient care

### **System Based Practice**

1. Demonstrate ability to work effectively as part of a multidisciplinary team with other health care professionals
2. Demonstrate skills in communicating with others in the healthcare system to assist patients in meeting their needs ; examples include assisting patients with referral to the appropriate outpatient setting and communicating with providers in that setting
3. Demonstrate skills in consultation with referring providers – emergency room, outpatient providers, other programs -- to complete patient database
4. Describe components of the healthcare system the patient is part of, including resources and limitations of that system and barriers to accessing treatment. Describe how those barriers could be effectively removed or modified so the patient can more effectively receive appropriate treatment
5. Describe at least one method of improving patient safety and reducing medical errors in the practice of psychiatry

## **4. STRUCTURE OF THE PSYCHIATRY 720 CLERKSHIP**

### 1. Outline of course

- a. 5 week rotation
- b. Orientation , computer training, other training as per each site
- c. Mixture of clinical experiences as per local course director and faculty
- d. Wednesday afternoon didactics – generally about 12 – 3PM may go longer – various general topics – reinforcement by additional teaching is appreciated. Some didactics may be on Thursday. For Eugene and Bend – Didactics are on video and may be completed at any time. Salem students come to Portland for Wednesday didactics and should watch the videos or read appropriate chapters for the Thursday sessions.
- e. Other lectures/seminars per staff at each site
- f. Call – Portland – as outlined; per Eugene/Bend/Salem faculty - not required if felt not to be educational for the students. Call at Portland sites is designed to give students exposure to emergency psychiatry and consultation psychiatry for inpatient ward students. Consultation team students get exposure to the inpatient ward on call. Weekends/holidays – local faculty determine whether it is appropriate for students to come in or not. Note: it is not assumed that students are “off” for any holidays that occur during the clerkships (such as MLK day, President’s Day, 4<sup>th</sup> of July, Labor Day, Columbus Day or Veterans Day – other holidays fall outside of the scheduled clerkships).
- g. Palliative care curriculum – includes readings and one didactic – students should complete these readings and watch the didactic
- h. Students should do complete workups, present cases, generate differentials, learn to do assessments and plans

### 2. Educational objectives

- a. We have a detailed list; main goal is to learn essentials of common psychopathology – psychotic disorders, mood disorders, anxiety disorders, cognitive disorders, substance use disorders, personality disorders
- b. Learn to do complete history and physical exam including psychiatric history, do complete Mental Status Exam, generate differential diagnosis and plan; assess dangerousness; assess and treat alcohol/drug withdrawal
- c. Learn to interview psychiatric patients
- d. Complete an informal presentation on a topic of their choice –OPTIONAL per each site

### 3. Teaching expectations

- a. Faculty should observe students interview, listen to case presentations, review write-ups, review differential diagnoses and treatment plans as much as practical.
- b. Informal/formal presentations on various topics
- c. Students should also observe faculty
- d. Increasing level of responsibility is appropriate
- e. Students enjoy autonomy but also want closer observation and supervision

### 4. Grading

- a. Exams – 40%
  - i. NBME shelf exam – 20%
  - ii. Video exam – Patient interview and write up of mental status, differential diagnosis, patient evaluation, treatment, etc. – 20%

## **STRUCTURE OF THE PSYCHIATRY 720 CLERKSHIP (cont.)**

- b. Clinical – 50% final grade is given by faculty – please note on evaluation if you were the student’s PRIMARY ATTENDING – otherwise it is difficult to assign a final clinical grade if 3 attendings give different grades to the student. PLEASE SUBMIT DETAILED NARRATIVE COMMENTS AS WELL. 10% of clinical grade per resident – if one is present; if there are special circumstances to consider with this please let course director know.
- c. Expected grade distribution
  - i. Honors – 15-20% - student should have excellent interviewing skills for their level, do excellent case presentations and have excellent notes; they should “go the extra mile” in caring for patients; Knowledge base and clinical skills should be far above average. Excellent rapport with patients and staff and professionalism are assumed
  - ii. Near Honors – 40-50 % - many students will fall in this group. Interviewing skills, case presentations and notes should be average or above; Patient care, rapport and effort should be above average; professionalism is assumed; knowledge base and skills should be above average
  - iii. Satisfactory - ~30% - These students are responsible and certainly do the expected work but skill, notes and case presentations are acceptable but not better than average. Patient care is satisfactory, knowledge base and skills are acceptable to average. Student may work hard but quality of work may fall short of better than average
  - iv. Marginal – if student does not put in acceptable effort; does not acquire adequate knowledge base, can’t workup a patient without significant help, needs help despite significant effort. Students who work hard may fall in this area; others may just not put in the effort.
  - v. Fail – could be many reasons

PLEASE ALERT COURSE DIRECTOR AS EARLY AS POSSIBLE IN THE ROTATION IF A STUDENT MAY RECEIVE LESS THAN SATISFACTORY – we will want to try to give them feedback about this early.

### 5. Feedback to students

- a. Major criticism is lack of detailed and constructive feedback both good and bad. Students want to know what they are doing well and where improvement is needed. They are frustrated when told they are doing “fine” and frequently don’t understand the final grade
- b. Meeting with students individually at midterm and final grading is desirable to discuss grades and would be ideal. They may argue but we encourage you to give the grade you feel is appropriate. Exams rarely increase the grade but it can happen – exams may decrease the grade

## **STRUCTURE OF THE PSYCHIATRY 720 CLERKSHIP (cont.)**

### 6. Other details

- a. Syllabus usually distributed 2-3 weeks in advance
- b. Students arrive per your instructions
- c. Sites – OHSU ward, VA ward, OHSU and VA consult services, Bend, Eugene, Salem - hopefully will add C/L experience at Legacy this year as well
- d. LOGs – required by LCME to ensure we are meeting our educational objectives.
- e. Time off – limited to 2 days per year (sick leave, conferences, etc) – not 2 days per rotation. Students must complete a “time off form” and submit it to Kim Taylor and the Dean’s Office
  - i. Sick leave – inform faculty, any local administrators and Kim Taylor (med student coordinator) – if more than 2 days – inform course director
  - ii. Other leave – must be approved by course director 6 weeks in advance – generally only given if student is participating in a substantial way in a conference – giving a presentation or is an officer/representative to the organization – limited to 2 days per year. Shorter advance notice and other reasons – must be approved by course director.
  - iii. Occasional time off for a doctor’s appt., etc – if only an hour or two – no special approval needed – they should clear it with the attending
- f. Dress – should look professional and conform with local hospital standards. Ties for men are up to you. White coats are optional – up to you as well.
- g. Administrative questions – try Kim Taylor first – [taylorki@ohsu.edu](mailto:taylorki@ohsu.edu) or 503-494-1114 – she is our Medical Student Education Coordinator and is very helpful.
- h. Other questions – Marian Fireman or Jim Boehnlein



## **5. DIDACTIC TOPICS**

### LECTURE SERIES

1. Review of the mental status exam –usually at orientation
2. Delirium
3. Brief introduction to psychopharmacology – at orientation
4. Geriatric psychiatry
5. Anxiety and somatoform disorders
6. Introduction to psychotherapy
7. Psychotherapy
8. Schizophrenia – 2 lectures – one focused on neurobiology and one is more clinically oriented
9. Mood disorders – 2 lectures – one on bipolar disorder; one on depression
10. Substance Abuse
11. Personality disorders
12. Psychopharmacology

## 6. SAMPLE SYLLABUS



To: Medical Students, Faculty, Staff  
From: Kim Taylor, Medical Student Coordinator/Education Coordinator, 503-494-1114,  
Marian Fireman, M.D., Clerkship Director, 503-494-6250,  
Subject: **Psychiatry Clerkship: July 2 – August 3, 2012**

### **\*PLEASE NOTE:**

Any students rotating at the VA who have not completed VA paperwork & fingerprinting need to do so prior to the beginning of the rotation. You may not be able to take this rotation if the above are not completed prior to the first day of the rotation. Students assigned to the VA need to go to the computer help desk in the VA library (Building 101 – 2<sup>nd</sup> floor) for VA computer log-ins and passwords prior to the start of the clerkship. Students assigned to the VA must attend CPRS (computer) training at orientation.

ALL students rotating at the VA MUST verify that they can access the VA system and CPRS prior to the start of the rotation. If you have rotated at the VA previously OR previously signed onto the VA system (even one time) -- you MUST make sure your account is active. If you have signed into the VA system in the past but have not signed in during the last 90 days your account has likely been inactivated and it can take up to several weeks to re-activate. Please check to make sure you have access and if you do not -- contact the VA computer help desk for assistance (it is best to go in person). If they cannot help you - contact Mark Ellicott in the VA Education Office for assistance. Please do this ASAP. If you do not have computer access on the first day of the rotation you may need to drop psychiatry and complete it at another time.

### **As soon as you receive the syllabus:**

#### **VA & VA C/L Students-**

go to VA computer help desk in VA Library (2<sup>nd</sup> floor, building 101) to reactivate/activate VA computer codes.

#### **All Students –**

go to Sakai and print a copy of the "Survival Kit" for the first day (link to material on first page under "Getting Started")

### **Important Information:**

1. PLEASE REVIEW AND COMPLETE THE CHECK OFF -- If you leave things until the last week you may not be able to complete everything. The items on the card should be addressed throughout the rotation.
2. PLEASE CHECK AND REVIEW THE FOLLOWING:
  1. Call schedules – All changes must be approved - NO changes after **JULY 5TH!**
  2. INTERVIEWING, ROUNDING AND AMBULATORY CLINIC SCHEDULES --NO changes allowed –  
Please make sure you attend the activities on the proper days!
3. YOU MUST COMPLETE EVERYTHING ON THE CHECK OFF CARD and hand it in PRIOR to the final exam (along with the interviewing seminar form and feedback cards).
4. PLEASE READ the document pertaining to the interviewing seminar PRIOR to the first session.

## **SAMPLE SYLLABUS (cont.)**

**Monday, July 2 at 7:45 a.m.**

**ORIENTATION** (*all students except those assigned to Bend and Eugene*):

Students meet in VA Building 100, 7<sup>th</sup> floor, room 7D-153. **Please bring this information to orientation.** Keys will be distributed after orientation.

**Keys:** If you are assigned to the OHSU Ward (1NW) or OHSU C/L Service, –please bring a \$20.00 deposit for the 1NW key to orientation.

Access to 1NW (Inpatient Unit, OHSU) requires a card key. Card keys are issued by the Public Safety Office and require a photo ID and a signed form. The "Access" form is in the packet given to you on orientation day. Keys to OHSU's P&A Room can be picked up from the Medical Student Education Coordinator's Office. (Multnomah Pavilion, room 2508), **and require a \$20.00 refundable deposit.** Also, a key is required to gain access to the call room lockers and can be picked up from the Medical Student Education Coordinator's Office. (**Requires a \$20.00 refundable deposit**) **ALL METAL KEYS MUST BE RETURNED.** Students rotating at the VAMC on 5C or the VA C/L service should contact their attending for information about keys.

**Monday, July 2:**

**OHSU & OHSU C/L students-**

**Directly after orientation:** go to parking office and turn in access form in packet

**11:00am:** Begin clinical assignments on ward (OHSU Psychiatric Inpatient Unit –1NW & OHSU C/L Service).

**VA & VA C/L Students-**

**11:00am:** Begin clinical assignments on VA ward (Portland VA Hospital VA5C & VA C/L Service)

**The clinical assignments are as follows:**

**OHSU Psychiatric Inpatient Unit INW**

X  
X  
X  
X

**Portland Veterans Hospital VA5C**

***(Please note: All students assigned to VA rotations attend VA computer training at orientation-- if student does not attend they cannot do the rotation)***

X  
X  
X  
X

## **SAMPLE SYLLABUS (cont.)**

### **C/L Service-OHSU**

X

X

### **C/L Service-VAMC**

X

### **Bend- St. Charles Medical Center**

X

### **Eugene- Sacred Heart**

X

### **Salem- Salem Hospital**

X

### **Attendance**

Regular attendance at all rotation activities is required. A Request for Leave Form must be filled out and submitted for any leave including illness. Permission to miss any days must be approved by the Clerkship Director and cleared by your Ward Attending.

### **Computer etiquette**

Please make sure to “log off” shared workstations after use. If you do not log off, the computer is locked and must be shut down in order for someone else to do their work

## **SAMPLE SYLLABUS (cont.)**

### **Commitment Procedures (Optional)**

The legal procedure by which a disturbed patient is involuntarily placed in treatment while his civil liberties are protected is essential to the understanding of psychiatric practice.

You are expected to have an understanding of Oregon's civil commitment statute. To assist your conceptualization of the process and philosophical dilemmas involved, you may want to attend at least one commitment hearing in Probate Court.

If interested, students should be at the Multnomah County Court House Rm. 218, and report to the civil commitment officer at 9:00 am. Since it occasionally happens that commitment hearings are canceled, students are advised to call ahead of time to make sure the hearings are being held. The hours to call are: 8:30-11am and 1-3:30pm. Dial 503.988.3207 after the prompt press 2, and after that prompt press 8.

**Patient Procedure Log** Students are required to maintain a patient procedure log during the rotation. An electronic copy and signed hard copy are due at the end of the rotation. Copies of the log are available on the OHSU School of Medicine website or the PSY 720 Sakai website.

**Mid-Rotation Evaluation (green form)**: Attendings will review your performance with your midway through your clerkship. Please give your blank midterm evaluation form to your attending. This evaluation should be completed prior to **July 18, 2012**. If the review has not taken place by this date, please contact the Clerkship Coordinator or Clerkship Director and they will follow up with the attendings. Students should hand the completed form into the clerkship coordinator on **July 19, 2012** in **Multnomah Pavilion room 2508**. This form **must** be submitted to the Medical Student Education Coordinator, Multnomah Pavilion room 2508 in order to receive a grade for the clerkship. If you have misplaced the form given at orientation and need a new copy, please print it from the PSY 720 Sakai website.

**Eugene and Bend students** should turn this and all paperwork into Irene (Eugene) and Tracey (Bend).

### **Call Schedule:**

- 1) Each medical student will take call with the ward residents five times over the course of the Five week rotation. Medical students rotating at the PVAMC will take call at the VA, medical students rotating at OHSU will take call at the University. Call in Bend and Eugene is determined by staff at those sites.

**SAMPLE SYLLABUS (cont.)**

| Call is distributed as follows ( <b>no exceptions</b> ):                                      |                                  |
|---|----------------------------------|
| Mondays through Thursdays   | each student is on call 2 times  |
| Fridays   | each student is on call one time |
| Saturdays, Sundays & holidays   | each student is on call 2 times  |
| Ideally, the bulk of the call should be with your resident — this may not always be possible. |                                  |

*Please note:* Ward residents are on call Weekdays from 4:30 PM to 8 PM. The night float resident covers from 8 PM — 8AM. Please check in with the night float resident after the ward resident leaves and plan to work with that resident after 8 PM.

In general, call trades are discouraged – any requests must be approved in advance by the clerkship director – **no changes after July 5<sup>th</sup>**. In general, no more than 2 students should be on call on any day - if there are insufficient days to accommodate this - occasionally 3 students may need to be on call on a weekend day. At least one student should be on call each day of the rotation (including weekends). There is no call the night before the final exam.

**There is no substitution of weekend call for weekday call. Please plan in advance to avoid being “short” on call days. Track your call schedule and submit form to Education Coordinator on or before last day of clerkship.**

| CALL                          |  |
|-------------------------------|--|
| Monday thru Thursday          | starts at 4:30PM – you are on call until 8PM with the ward or consult resident – after 8PM you are on call with the night float resident at OHSU – please contact that person at 8PM.<br>VA students – may go home at 8PM<br>OHSU students – on call until midnight with the night float resident  |
| Friday                        | call starts at 4PM - you will be with the same resident all night – they may ask you to be present after midnight if they wish for any matters.  |
| Saturday, Sunday and Holidays | Saturday call is 8am to MIDNIGHT. On Saturday you are with the same resident all day and night – they may ask you to be present after midnight for any matters. Sunday call is 8am until 8pm at the VA and 8am until midnight at OHSU. OHSU student should check with the night float resident at 8pm for instructions.<br>Holidays – those days treated by ward staff as holidays count as weekend days on the call schedule and you should plan to come in at 8am if you are on call and be on call until midnight that day. |

## **SAMPLE SYLLABUS (cont.)**

Call rooms are available – there is one for psychiatry and there is also extra space in a common area. Psychiatry call room locker keys are available in the Medical Student Education Coordinator's Office. (Multnomah Pavilion, room 2508), **and require a \$20.00 refundable deposit.**

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### **Didactic Sessions:**

Didactic sessions take place every Wednesday, 12:00-1:15 PM, 1:30-2:45 PM and 3:00-4:15 PM in the Outpatient Clinic, OPC 6318. You are required to attend all sessions. *See Course Calendar for any changes in the schedule.* If these times conflict with your ½ day ambulatory elective, please report to your elective after the session. (**Eugene and Bend students:** *most didactics will be viewed via the internet, however there are a few teleconference lectures, please see the didactic schedule included in the syllabus for more information.*)

***\*\*Didactic sessions take place in a patient care area. As guests in this area, it is extremely important to be quiet as we get feedback from physicians, staff, and patients regarding loud disruptions and excessive noise. Refrain from conversing while in the halls as it interferes with therapy sessions and patient care. Please make sure you leave the room as you found it. Make sure to clean up any food items or other trash you may have brought with you into the didactic session area and return any moved furniture to the original location.\*\****

## **ATTENDANCE IS REQUIRED AT ALL DIDACTIC SESSIONS**

### **Department of Psychiatry Grand Rounds:**

Grand Rounds will be held on Tuesdays in UHS 8B60 from 12:00-1:00 PM. More information is provided at: [www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/psychiatry/grand-rounds/index.cfm](http://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/psychiatry/grand-rounds/index.cfm)

### **Interview Seminar:**

The interview seminar is meant to provide students with the opportunity to develop their interviewing skills under faculty and peer supervision. The interviews usually take place every Thursday from 1:00 PM to 2:30/3:00 PM at OHSU and from 3:00 PM to 4:30/5:00 PM the VAMC. **Students assigned to OHSU will meet in Multnomah Pavilion room 1316, and those assigned to the VAMC will meet on 5C, room 165.** At times the interview seminar may change due to availability of faculty or meeting space. Please check the schedule for the actual date, time and location of your interview seminar.

**Please read the document pertaining to the interviewing seminar prior to the first session.**

## **SAMPLE SYLLABUS (cont.)**

**IF YOUR PRECEPTOR NEEDS TO MISS OR CANCEL A SESSION PLEASE NOTIFY THE EDUCATION COORDINATOR OR THE COURSE DIRECTOR ASAP- THE COURSE DIRECTOR WILL ATTEMPT TO SUBSTITUTE FOR THAT SESSION.**

**\*\*\*\*Please do not call the didactic speakers or interviewing seminar leaders and cancel their sessions. Occasionally, these people will cancel — we apologize in advance.**

### **Final Exam: August 3, 2012**

**Time:**

**8:00 AM - 10:45AM\* – Exam part 1**

**11:30 AM – 3:00 PM\* – Exam part 2**

**Location:**

**OPC 6<sup>th</sup> Floor – OPC 6318**

\*Exam times subject to change

\*Students assigned to Eugene and Bend should contact Irene

(Eugene) and

Tracey (Bend) for exam details.

### **TEXTBOOK – THE FOLLOWING ARE RECOMMENDED – YOU MAY USE ANY BOOK YOU WISH**

Introductory Textbook of Psychiatry, 4th Edition, by Andreasen and Black  
(In OHSU Bookstore)

Psychiatry On-line - an excellent resource with electronic textbooks and links to various journals and other resources: [www.psychiatryonline.com.liboff.ohsu.edu/index.aspx](http://www.psychiatryonline.com.liboff.ohsu.edu/index.aspx)

### **SUGGESTED REFERENCE MATERIAL**

DSM-IV-TR, American Psychiatric Association, 2000.

### **GRADING**

**Your clinical grade is worth 60% of your final grade, the exams are worth a total of 40%.**

**At the end of the clerkship, your final grade will be submitted to Dean's Office and they will release your grade to you.**



## **SAMPLE SYLLABUS (cont.)**

### **\*MEETINGS WITH COURSE DIRECTOR\***

**Orientation:** 7/2/12 at 7:45AM

**Final Exam Review:** 7/26/12 at 12:45 PM

### **Contact information:**

**Marian Fireman, M.D.**

**[firemanm@ohsu.edu](mailto:firemanm@ohsu.edu)**

**503-494-6250 (office)**

**503-301-4191 (pager)**

**503-528-4482 (cell)**

### **Misplace a form?**

Copies of all required forms and readings can be found at the PSY 720 Sakai website

### **Need copies of clerkship materials?**

Copies of all available materials can be found on Sakai and the department web site

### **\*IMPORTANT INFORMATION\***

#### **All Non-Urgent Requests/Concerns:**

Please contact the Education Coordinator via email ([taylorlorki@ohsu.edu](mailto:taylorlorki@ohsu.edu)) or by phone (4-1114). All messages, in most cases, will be returned the next business day.

#### **All Urgent Requests/Situations:**

Please contact Dr. Fireman by pager, office phone, or cell using the contact info above.

#### **Out Sick?/Family Emergency:**

Please contact both your ward attending and supervising resident. Please contact the Education Coordinator via email ([taylorlorki@ohsu.edu](mailto:taylorlorki@ohsu.edu)) or by phone (4-1114). Per Dean's Office instruction, a Request for Time Off form must be submitted to the clerkship director within 24 hours. Clerkship director can require this time to be made up if it exceeds two days.

## **SAMPLE SYLLABUS (cont.)**

### **OHSU Professional Standards**

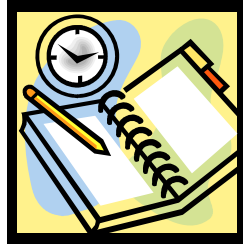
OHSU students are expected to conduct themselves in accordance with the high ethical standards expected of health professionals. Because students, after graduation, may be licensed to practice health or related professional and may be required to assume responsibility for the life and welfare of other human beings, every student is expected to demonstrate a level of competence and patterns of behavior which are consistent with these professional responsibilities and which are deserving of the public's trust. The University and School has the right to sever, at any time, the connection with any student considered unfit for a career in the health or related professions. If not otherwise provided by a school of applicable program, allegations of prohibited conduct shall follow procedures described below.

#### **Misconduct:**

In addition to conduct proscribed by a school, prohibited conduct can include but is not limited to:

- A. Submitting material in assignments, examinations or other academic work, which is based upon sources, prohibited by the instructor, or the furnishing of materials to another person for purposes of aiding another person to cheat;
  
- B. Submitting material in assignments, examinations and other academic work which is not the work of the student in question and where there is no indicating in writing that the work is not that of the student.
  
- C. Knowingly producing false evidence of false statement, making charges in bad faith against any other person, or making false statements about one's own behavior related to education of professional matters;
  
- D. Falsification or misuse of university records, permits or documents.

## **SAMPLE SYLLABUS (cont.)**



## **SCHEDULE:**

*(Wednesday Didactic sessions are held in the Outpatient Clinic/Sam Jackson Hall (OPC/SJH).  
Thursday sessions are often held in Multnomah Pavilion)*

### **Lecturer Conflict of Interest Disclosure (also available on Sakai):**

The following lecturers do not have any relationship(s) to disclose: Beahrs, Buboltz, D'Souza Fireman, Fritz, Ganzini, Hoffman, Johnson, L. Lloyd, Tacker, and Turner

### **Rotation Homework Assignment:**

All students - please watch the following required didactic lectures and review the associated materials on the PSY 720 Sakai website before the end of the rotation:

| Website            | DIDACTIC<br>Please review video and materials on PSY 720 Sakai<br>"Community Mental Health Issues"  |
|--------------------|---|
| Wednesday, July 4: | No Didactics scheduled  |
| Thursday, July 5:  | DIDACTIC<br>11:30-12:45 PM, <b>Multnomah Pavilion room 1309</b><br>"Psychopharmacology"<br>Marian Fireman, M.D.<br><br>1:00-2:30 PM Interview Seminar,<br>OHSU students meet in Multnomah Pavilion room 1316<br>OHSU Interview Seminar Faculty Supervisor: Marcia Freed,<br>M.D.<br><b><u>Please read the document pertaining to the interviewing seminar prior to the first session.</u></b><br><br>3:00-4:30 PM Interview Seminar,<br>VAMC students meet on 5C room 134 |

## **SAMPLE SYLLABUS (cont.)**

VAMC Interview Seminar Faculty Supervisor: Landy Sparr,  
M.D.

**Please read the document pertaining to the interviewing  
seminar prior to the first session.**

**Wednesday, July 11:**

DIDACTIC

**12:00-1:15 PM**, OPC/SJH 6318

"Schizophrenia"

Bill Hoffman, M.D.

DIDACTIC

**1:30-2:45 PM**, OPC/SJH 6318

"Palliative Care"

Melissa Buboltz, M.D.

**Thursday, July 12:**

**1:00-2:30 PM** Interview Seminar,  
OHSU students meet in Multnomah Pavilion room 1316  
OHSU Interview Seminar Faculty Supervisor: Marcia Freed,  
M.D.

**3:00-4:30 PM** Interview Seminar,  
VAMC students meet on 5C room 134  
VAMC Interview Seminar Faculty Supervisor: Landy Sparr,  
M.D.

## **DUE THIS WEEK: MID-ROTATION EVALUATION**

**Wednesday, July 18:**

DIDACTIC

**12:00-1:15 PM**, OPC/SJH 6318

"Depression"

Katherine Tacker, M.D.

DIDACTIC

**1:30-2:45 PM**, OPC/SJH 6318

"Mood Disorders - bipolar"

David Mansoor, M.D.

DIDACTIC

**3:00-4:30 PM**, OPC/SJH 6318

"Psychotherapy"

John Beahrs, M.D.

## **SAMPLE SYLLABUS (cont.)**

**Thursday, July 19:**

DIDACTIC

**11:30-12:45 PM, Multnomah Pavilion room 1309**

“Child Psychiatry”

*read articles/vignettes on Sakai*

Child Psychiatry Fellow

**1:00-2:30 PM** Interview Seminar,

OHSU students meet in Multnomah Pavilion room 1316

OHSU Interview Seminar Faculty Supervisor: Marcia Freed, M.D.

**3:00-4:30 PM** Interview Seminar,

VAMC students meet on 5C room 134

VAMC Interview Seminar Faculty Supervisor: Landy Sparr, M.D.

**Wednesday, July 25:**

DIDACTIC

**12:00-1:15 PM, OPC/SJH 6318**

"Anxiety"

Katherine Tacker, M.D.

DIDACTIC

**1:30-2:45 PM, OPC/SJH 6318**

"Personality Disorders"

Steve Fritz, M.D.

DIDACTIC

**3:00-4:15 PM, OPC/SJH 6318**

"Introduction to Psychotherapy"

*read articles on Sakai*

Jim Boehnlein, M.D.

**Thursday, July 26:**

DIDACTIC

**11:30-12:45 PM, Multnomah Pavilion room 1309**

"Substance Abuse"

Marian Fireman, M.D.

**12:45-12:55 PM, Multnomah Pavilion room 1309**

Final Exam Review

Marian Fireman, M.D.

**1:00-2:30 PM** Interview Seminar,

OHSU students meet in Multnomah Pavilion room 1316

## **SAMPLE SYLLABUS (cont.)**

OHSU Interview Seminar Faculty Supervisor: Marcia Freed, M.D.

**3:00-4:30 PM** Interview Seminar,  
VAMC students meet on 5C room 134  
VAMC Interview Seminar Faculty Supervisor: Landy Sparr, M.D.

### **Wednesday, August 1:**

DIDACTIC  
**12:00-1:15 PM**, OPC/SJH 6318  
“Geriatric Psychiatry”  
Linda Ganzini, M.D.

DIDACTIC  
**1:30-2:45 PM**, OPC/SJH 6318  
"Somatoform Disorders"  
Lucy Lloyd, M.D. / Jonathan Lloyd, M.D.

DIDACTIC  
**3:00-4:15 PM**, OPC/SJH 6318  
“Psychosis”  
Neisha D’Souza, M.D / Daniel Towns, MD

### **Thursday, August 2:**

**1:00-2:30 PM** Interview Seminar,  
OHSU students meet in Multnomah Pavilion room 1316  
OHSU Interview Seminar Faculty Supervisor: Marcia Freed, M.D.

**3:00-4:30 PM** Interview Seminar,  
VAMC students meet on 5C room 134  
VAMC Interview Seminar Faculty Supervisor: Landy Sparr, M.D.

**Last day on wards** (Portland Veterans Hospital VA5C & C/L Service VAMC, OHSU Psychiatric Inpatient Unit –1NW, C/L service OHSU, St. Charles, Sacred Heart, Salem)

### **Friday, August 3:**

#### **All Rotation Paperwork Due:**

The following is due via email to [taylorlorki@ohsu.edu](mailto:taylorlorki@ohsu.edu) by **7:00am** on the last Friday of the rotation (no exceptions):

- 1.) Electronic copy of completed patient log

## **SAMPLE SYLLABUS (cont.)**

*(VA Students Only)* The VA keys must be returned to VA staff **before Part 1** of the final exam scheduled for **8:00 am** on the last day of the rotation, no exceptions.

The following items are due at **Part 1** of the final exam scheduled for **8:00 am** on the last day of the rotation, no exceptions:

- 1.) Blue call sheet form
- 2.) Green midterm feedback form
- 3.) Paper copy of completed electronic patient log  
*(this must have your actual signature on page 2 of the form –  
print copy of log submitted electronically and sign)*
- 4.) Interview Seminar Form
- 5.) Check off card & Feedback cards
- 6.) 1NW key (*OHSU 1NW & OHSU C/L students only*)
- 7.) Call room locker key (*if applicable*)



**SAMPLE SYLLABUS (cont.)**

**Final Exam: August 3, 2012**

**Time:**

**8:00 AM - 10:45AM\*\* – Exam part 1**

**11:30 AM – 3:00 PM\*\* – Exam part 2**

**Location:**

**Outpatient Clinic /Sam Jackson Hall 6<sup>th</sup> Floor – OPC/SJH 6318**

*\*\*Exam times subject to change*

**Students assigned to OHSU INW & OHSU C/L service:**

*Turn in keys at Part 1 of the Final Exam scheduled at 8:00am.*

**Students assigned to 5CVA & VA C/L service:**

*Turn in VA keys to designated VA Staff before Part 1 of the Final Exam scheduled at 8:00am.*

**Rotation Paperwork:**

*Turn in paperwork at Part 1 of the Final Exam scheduled at 8:00am.*

**All Students with call room locker keys:**

*Turn in keys at Part 1 of the Final Exam scheduled at 8:00am.*

**Students assigned to Salem**

*Will take exams in Portland at OHSU in above location*

**Students assigned to Eugene and Bend**

*Please contact Irene (Eugene) and Tracey (Bend) for exam details.*

**Misplace a form?**

Copies of all required forms and readings can be found at the PSY 720 Sakai website

**Need copies of clerkship materials?**

Copies of all available materials can be found on Sakai and the department web site



## **7. ORIENTATION OUTLINE**

### **I. INFORMATIONAL ITEMS**

Welcome to the Psychiatry Rotation – below is an outline of important information covered in Orientation. For Bend and Eugene students – please also review the document on interviewing and the mental status exam before the beginning of the rotation.

**ORIENTATION** – this pertains to **ALL SITES** – so read carefully for your specific site – please call or email if you have questions!

#### 1. Locations

- a. 1NW – OHSU Ward – 1<sup>st</sup> floor Multnomah Pavilion
- b. 5C – 5<sup>th</sup> floor of VA hospital
- c. Consult services - OHSU and VA
- d. Salem
- e. Bend
- f. Eugene

#### 2. Before reporting to wards:

- a. OHSU students – see Public Safety for ID updates and get keys from Kim
- b. VA students – go to VA library to update computer access codes – **SHOULD BE COMPLETED 3 WEEKS PRIOR TO THE BEGINNING OF THE ROTATION**
- c. Everyone at all sites should have appropriate paperwork completed and computer training to work at those places
- d. OHSU C/L student – also need to go to Public Safety and get OHSU key from Kim
- e. Make sure Kim has ambulatory elective choices – Portland students
- f. Bend, Salem and Eugene students – per staff in those locations – check with Tracy (Bend), Candace (Salem) or Chris (Eugene) for any special instructions

#### 3. Required didactics and other meetings (except Bend and Eugene students)

- a. Wednesday/Thursday lectures – 12-3 in general on Wednesday but check syllabus – keep area clean and neat and voices low because of patient care in the area
- b. Thursday – interview seminar for everyone else on respective wards
- c. Ambulatory clinics – per schedule
- d. Special didactics – 1NW and 5C – per attendings
- e. Grand Rounds
- f. Meetings with course director – Orientation; midterm and final exam review (generally on same day);
- g. For Bend and Eugene students (Salem students come to Portland for didactics on Wednesdays and should watch the video/read the appropriate chapter(s) for Thursday lectures

## **ORIENTATION OUTLINE (cont.)**

- i. Didactics are available on DVD and/or streaming video
  - ii. Lecture outlines and slides will be emailed to your course coordinators – if they don't have them – please email Kim (taylorki@ohsu.edu) and we will get them to you
  - iii. You may watch the didactics in any order that you wish – you may wish to supplement with the relevant chapters in the textbook
  
4. Textbook – any textbook preferred by the students– Andreasen – used in 2<sup>nd</sup> year – latest edition; DSM-IV-TR – available on ward (see syllabus for details)
  
5. Call – outlined in detail in the syllabus – everyone is on call 3 weekdays (1 is a Friday) and 2 weekend days. Call for Bend and Eugene sites is up to your attending in those sites – so you can ignore the parameters below.
  - a. Weekdays until Midnight at OHSU and 8PM at the VA; Fridays until midnight at both sites– no exceptions – responsible for any new patients admitted prior to 11PM. At OHSU always contact night float resident at 8PM Sunday through Thursday.
  - b. Weekends/Holidays – 8am – Midnight on Saturday and 8am – 8PM Sundays and Holidays at the VA; 8AM to Midnight at OHSU all nights.. Please arrive on time for call.
  - c. Everyone should come in on weekends at 8am for rounds
  - d. All call schedules are made up in advance – you may trade but do not “empty” any days;
    - i. No call the night prior to the final
    - ii. Holidays count as weekend days and someone should be on call
    - iii. No more than 2 students on call any weekday or weekend day
    - iv. Everyone should have 3 weekdays (including one Friday) and 2 weekend days
    - v. Please send copy to course director if you make changes
    - vi. No call 2 days/2nights in a row – MUST be within parameters for 80 hour work week – so you cannot take the bulk of your call in one week or over a single weekend.
  
6. Document objectives electronically using Patient Procedure Log (and on paper per Dean's office request).
  - a. For diagnoses – if you care for a patient, observe a significant part of patient's workup, patient is on your team or you are involved in care – document that you saw the patient and your involvement; diagnoses are grouped by categories and examples given of diagnoses in that category – if you are confused – please ask; patients seen in clinic, on call, at interview seminar, etc DO COUNT – even if your clinic, interview seminar or call is not at the same site as your primary rotation – please enter these patients.
  - b. Ask your resident/attending to observe an interview, listen to a case

## **ORIENTATION OUTLINE (cont.)**

presentation, etc. to help complete the objectives

c. ASK to see patients to fulfill other objectives – workups, managing withdrawal, assessing dangerousness, etc.

7. Time off – need to know ASAP if there are any requests – see Dean’s office

guidelines; this must be approved by the course director. Permission from your attending and/or resident is insufficient.

8. Emergencies, extended illnesses – please let Dr. Fireman and Kim know asap

9. Isolated sick days – notify your attending/resident and Kim

10. Let your attending/resident know your schedule

11. Occasional meetings, appointments of an hour or so – do not need special permission – please schedule at times when they do not conflict with didactics, ward activities, etc.

12. Goals, objectives, reading – see packet

13. Commitment hearings – optional – may be worthwhile if you have a patient going to a hearing – see information in syllabus about where and when – be sure to call to make sure the hearing is actually occurring. For Bend and Eugene – ask your attending if this would or would not be worthwhile and for locations.

14. GRADING

a. 60% clinical

b. 20% NBME Shelf exam

c. 20% Video final exam

d. Please note that your final grade cannot be more than “one grade” higher than your lowest component grade (except if your lowest grade is the Shelf exam – since cutoffs for S, NH, H are not set for that exam). If your clinical grade is honors and

you fail the video final, for example, your final grade will be Marginal.

Rarely does anyone fail the final.

Passing on the Shelf exam is 60 (3<sup>rd</sup> percentile); passing on the Video exam is 65.

15. PLEASE READ THE SYLLABUS AND KEEP IT – FOR SCHEDULES, ETC

16. Dress code – please be neat and professional – White coats are optional

17. Safety issues – be aware if a patient is paranoid, hostile or threatening; use common sense; don’t enter locked or unlocked seclusion rooms alone; if a

## **ORIENTATION OUTLINE (cont.)**

patient makes you uncomfortable, be sure to interview them where you can be seen and the patient and you both have easy routes to leave the room. If there is an emergency – let the people who know what to do handle matters.

18. If you are having problems or you have other questions – please contact one of us for assistance

19. Final exam – everyone except Bend and Eugene students will take the exam at OHSU at the time and location in the syllabus. Bend and Eugene students will take the exam in those locations – your local coordinators will administer the exam to you. If any Bend or Eugene students need to take the final exam in Portland we MUST know 4 weeks in advance to order the Shelf exam and there are still no guarantees that we can honor the request.

**II. Patient interview and discussion of the interview, patient mental status exam, diagnosis, etc.**

**III. Review of survival kit and/or short didactics on one of more of the following:**

- a. Delirium
- b. Mental status exam
- c. Introduction to basic psychopharmacology
- d. Review of palliative care curriculum content

**IV. Review of VA computer system – logging onto the network and orientation to the medical record**

## **8. Important Websites**

OHSU School of Medicine 3<sup>rd</sup> year curriculum:

<http://www.ohsu.edu/xd/education/schools/school-of-medicine/academic-programs/md-program/curriculum/year-three.cfm>

OHSU Department of Psychiatry – Psychiatry 720 website:

<http://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/psychiatry/training/medical-student-information/psy-720.cfm>

For entering evaluations:

[www.e-value.net](http://www.e-value.net)

More course materials (most are on the Department website – but there are a few extras and more links here; it is best viewed using Mozilla Firefox – not Internet Explorer):

<https://sakai.ohsu.edu>

## **9. E\*Value**

### **What is E\*Value?**

E\*Value is a web-based system that allow medical students and faculty to evaluate student and faculty performance and assess the overall clerkship.

### **Open Your Browser (<http://www.e-value.net>) To Log In**

You will receive an email from E\*Value with your login information by the end of this week. If you do not receive an email from E\*Value, please contact Kim Taylor – [taylorki@ohsu.edu](mailto:taylorki@ohsu.edu) or 503-494-1114.

Type in your login name and password, then click the “log in” button. If you do not have your login name or password, click on Forget your login information?

E\*Value will send your login name and password to the e-mail address entered, provided it matches one within E\*Value.

### **Changing Your Password**

It is strongly recommended that you change your password the first time you enter E\*Value and frequently thereafter. To change your password and/or login name, click on the "Password Change" menu button on the left side of your screen. Passwords should be at least 6 characters in length and no more than 10, and can be made up of a combination of numbers and letters. Passwords are not case sensitive.

### **During Each Clerkship**

You will receive an email from E\*Value indicating an evaluation has been assigned to you. The email will contain a direct link to your evaluation. Alternately, you may logon to the system anytime to access your evaluations.

### **Saving an Evaluation**

If you are unable to complete your evaluation, or wish to wait to submit it, you may click the “Save for Later” button at the bottom of the evaluation form. E\*Value will let you know that you have saved your answers.

### **Completing an Evaluation**

Click on the “Pending” option in the “Evaluations” submenu on the left side of your screen. You will be shown the list of evaluations you have for each activity during specific time periods. Evaluations not yet completed will have an “Edit Evaluation” link.

### **Completion Deadline**

All evaluations assigned to you **must be completed within one week of the end of the clerkship.**

## **E\*Value (cont.)**

### **Suspending an Evaluation**

If an evaluation was incorrectly assigned to you, you may click the “Suspend” link next to the evaluation of interest. Enter a reason for suspending the evaluation. This reason will be sent to Kim Taylor who will then determine if the evaluation should be deleted or re-activated for you to complete.

### **Submitting an Evaluation**

Once you have successfully submitted your evaluation, E\*Value will give you a message indicating your successful submission. **Once submitted, evaluations may no longer be edited. If you make an error – contact Kim Taylor who can re-set the form for you.**

### **Viewing your Submitted Evaluation**

Click on the “Completed” button in the “Evaluations” submenu on the left side of your screen. Click on the link next to the evaluation in the column titled “Evaluation Type”. The single evaluation will then appear.

### **Where can I get Help?**

A user manual and tutorials are available in E\*Value by clicking the “Help” link once logged into the system.

### **Questions?**

If you have questions regarding the evaluations assigned to you (i.e. an evaluation is about a student you didn’t work with), please contact your coordinator, Kim Taylor.

## **10. INFORMATION FROM THE MEDICAL STUDENT HANDBOOK**

1. CLERKSHIP EXPECTATIONS
2. CLERKSHIP EVALUATION
3. PROFESSIONAL DRESS
4. ATTENDANCE
5. DUTY HOURS

### **Clerkship Expectations**

The overall objective of the third year is to integrate all that you have learned into the basic skills needed to be a successful physician. Physicians are lifelong learners who must always reach for the next level. In order to reach that goal, the clerkship directors are providing you with a list of expectations to assist you during the core clerkship year.

1. You are expected to be present and participate fully in all activities involved in the clerkship, including orientation, seminars, and the final exam.
2. You are expected to make decisions, defend them, and understand the consequences of a poor decision.
3. You are expected to give 100% effort while on a clerkship and you should expect the same from your classmates.
4. You are expected to be respectful of your classmates, residents, faculty and other staff at all times. Do not undermine your colleagues.
5. You are expected to be current with all your patients and you are encouraged to do advanced reading on those patients. You should feel free to bring relevant articles to the team.
6. You should expect the residents and attendings to provide constructive criticism, so that you can improve throughout the clerkship. A formal midterm feedback session is required at week 3 of the rotation and week 5 of the Medicine rotation.
7. You are expected to be present daily unless you are ill or have a family emergency. You must seek approval for this time off by contacting the clerkship director for permission. There are no scheduled holidays during required third year clerkships.
8. You will be assigned to specific sites and team by the Clerkship Director.
9. You should expect that you will receive your final evaluation within 6 weeks of completing your rotation.
10. You are expected to submit your procedural logs electronically on the last day of the clerkship.



## INFORMATION FROM THE MEDICAL STUDENT HANDBOOK (cont.)

11. You are expected to complete your course evaluation for the clerkship within one week of the end of the clerkship.
12. Remember that patient is the focus of the patient care experience, not you.

### Clerkship Principles of Evaluation

1. The process must include evaluation of students, faculty, curricular content, and curricular methodology.
2. All required rotations must submit a final grade and comments to the Dean's Office no later than 6 weeks after the completion of a clerkship.
3. Accountability to the standards for distribution of feedback must be monitored.
4. Midterm formative feedback of students must be completed in week 3 of a 5 week rotation and week 5 of a 10 week rotation.
5. The midterm formative feedback form will be common for all 3<sup>rd</sup> year required clerkships and be in a checklist format.
6. A common set of skills and attitudes pertaining to professionalism will be assessed by each clerkship director for 3<sup>rd</sup> and 4<sup>th</sup> year required clerkships. If a student receives an overall evaluation of below expectation, they will be required to remediate. The clerkship director will recommend a remediation plan that is submitted to the Student Progress Board for implementation. A clerkship director can also determine use professionalism as part of overall final assessment.
7. The class grade distribution expectation will be 20-25% Honors, 40-45% Near Honors, 30-35% Satisfactory. The grade distribution will be reviewed annually by the clerkship directors.
8. The students must be evaluated based on the instructional objectives that have been developed by each clerkship director.
9. Evaluation of students must include direct monitoring by faculty of patient care skills, including history taking, physical examination, and procedural skills, appropriate for each clerkship.
10. Summative feedback must be obtained regarding student performance, faculty teaching effectiveness, and effectiveness of educational methodology at the end of each rotation.
11. The ACGME Core Competencies should serve as a guide to general areas of evaluation of students.
  - a. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
  - b. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
  - c. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

## **INFORMATION FROM THE MEDICAL STUDENT HANDBOOK (cont.)**

d. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.

e. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

f. **Systems-Based 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.

Approved by Clinical Sciences Subcommittee May 17, 2004  
Approved by the Curriculum Committee on June 10, 2004

### **Professional Dress**

When you encounter patients either in the classroom or in a medical setting you are expected to adhere to a professional dress status. Your patients come from very diverse backgrounds that need to be respected. Professional dress consists of clean white coat (optional on Psychiatry) and an official OHSU nametag identifying you as a medical student. Both male and female students are expected to be neat and well groomed at all times. Students should not wear shorts, jeans, tennis shoes, cargo pants, or Capri pants. Men should wear ties. Women should wear blouses or dresses that have appropriate necklines and do not expose the midriff. Stockings or leggings are expected if the dress is above the knees. Student should minimize facial piercing and minimize wearing jewelry. Shoes with closed toes are considered safer in a clinical setting since contaminants and needles are often dropped.

You should adhere to hospital policy regarding appropriate protocols for when to wear scrubs.

### **Attendance Policy Regarding Clinical Clerkships**

Students are expected to attend all activities involved in a required clinical clerkship. If a student is granted an approved absence that exceeds two days, then the student is expected to make up the time as outlined by the clerkship director. For absences that can be anticipated, approval must be obtained at least 6 weeks prior to the start of the clerkship. A student requesting time off must notify the clerkship director and attending physician by using the Request for Time Off Form. Finalized Request for Time Off forms will be submitted to the Dean's Office for tracking.

There are three categories regarding absences from a clerkship:

1. Student or immediate family illness or emergency. Student should contact the clerkship director or designee immediately and request time off. Student should submit the Request for Time Off form to the clerkship director within 24 hours. Clerkship director can require this time to be made up if it exceeds two days.

## **INFORMATION FROM THE MEDICAL STUDENT HANDBOOK (cont.)**

2. Request to attend/or present at a professional conference. This category also includes interviewing or taking the USMLE exams. These events are known well in advance and the student should submit a Request for Time Off form to the clerkship director at least 6 weeks prior to the start of the clerkship to seek approval. Students are permitted to have a total of 2 days during the third year and 2 days off during the 4<sup>th</sup> year to pursue these kinds of events. If the request conflicts with required activities in the clerkship (e.g. exams, etc) the request can be denied. Clerkship director can require this time to be made up if it exceeds two days.

3. Request for Time Off for non urgent personal reasons such as weddings, reunions, etc. are usually not approved by the clerkship director but can be reviewed if you submit a Request for Time Off form. The clerkship director requires all this time to be made up.

### **Steps for Requesting Time Off**

1. A student submits to the Clerkship Director the Request for Time Off form at least 6 weeks prior to the start of that clerkship.
2. Clerkship Director will review the request to determine if this time off will compromise the clinical service or the academic experience for this student.
3. Clerkship Director reviews the request and will approve with conditions or deny.
4. Clerkship Director forwards the final decision and the Request for Time Off form to the Dean's Office where the attendance records will be maintained for all clerkships.

If a student has a sudden illness and must be out for a day then the student will seek approval per telephone with the clerkship director and submit the Request for Time Off form upon their return.

Approved by Clerkship Directors  
May 9, 2005

## **OHSU Clerkship Duty Hours Policy**

The goals of medical students and the faculty of the School of Medicine are the same: to participate in an educational experience that prepares students to enter residency training and become physicians, while maintaining wellness. During their medical training, students contribute in meaningful ways to patient care. It also is important for students and physicians to develop a healthy balance between work hours and personal time. The student's family and personal obligations are important and need to be balanced with their education.

Duty hour rules for graduate medical programs, often referred to as the "80-hour work week", were developed for residents. Similar rules were not developed at the national level for medical students. There are obvious differences in terms of goals and responsibilities between residents and students. Nonetheless, the School's Curriculum Committee, through the Clinical Sciences Subcommittee, developed the following guidelines.

- The student should work no more than 80 hours per week on the clinical hospital services and/or in clinics, including required clerkship lectures, conferences and exams.
- The student should have at least one full day off per week, averaged over a month.
- No matter how many hours the student has worked, he or she should always check out with their supervising resident or attending before leaving for the day.

## **INFORMATION FROM THE MEDICAL STUDENT HANDBOOK (cont.)**

- If a student is on a rotation without overnight call responsibilities, the student should feel free to come in early or stay late for the benefit of patient care or the student's education. Students are expected to be at all required educational activities (including lectures, conferences, exams, etc).

Approved by the Clinical Sciences Subcommittee May 10, 2010

Edited by the Curriculum Committee, May 14<sup>th</sup>

Edits approved by Clerkship Committee May 17<sup>th</sup>.

## **11. Video Exam Summary and Questions**

1. 30% -- Write a **complete** mental status exam for the patient on the video. Please include comments on the patient's cognition
2. 50% --Generate a comprehensive differential diagnosis for the patient on the video – to include Axis I, Axis II and Axis III. Please remember that there is no “correct” answer to this question – so be thorough but consider the presentation of the patient. Do not just say deferred for Axis II – please discuss any likely possibilities. Please include any inactive diagnoses as well.
  - a. In addition to listing your differential on Axes I, II and III –please discuss your differential in detail (what in the patient's presentation does and does not support each diagnosis).
3. 20% - answer the following:
  - a. Please outline what additional information or workup you would want to obtain in order to clarify this patient's diagnosis
  - b. Choose a likely diagnosis - Assuming medications were indicated – what medications would you order and why? What are the side effects of the medications you would order? Would non-pharmacologic therapies play a role in this patient's treatment – if so, which ones?
  - c. How would you assess whether the patient is ready for discharge? What setting would you discharge the patient to?
  - d. What is this patient's long term prognosis and why?

|       |           |
|-------|-----------|
| Name: | Location: |
|-------|-----------|

### Patient Procedure Log - Psychiatry Clerkship (PSYC 720)

Note: Please enter all patients that meet one or more objectives - numbers in parentheses are for use by the clerkship coordinator

**YOUR CLERKSHIP GRADE IS NOT RELATED TO THE NUMBER OF CLERKSHIP OBJECTIVES YOU**

#### MEET

| Patient:  | Total | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|
| Anxiety Disorders (Obsessive compulsive disorder, Generalized anxiety disorder, etc.) (2)   | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Bipolar disorder (1)  | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Cognitive disorders (Delirium, Dementia, etc.) (1)  | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Depressive Disorder (Major depression, Dysthymia disorder, etc.) (2)  | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Assess dangerousness of psychiatric patients (2)  | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Personality disorders (1)   | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Post-traumatic stress disorder (1)  | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Psychotic disorder (Schizoaffective disorder, Schizophrenia, etc) (2)   | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Assess at least one patient with intoxication/withdrawal syndromes- document history, mental status, and physical exam finding (1)  | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Demonstrate ability to formulate a comprehensive discharge plan addressing the patient's medical, psychiatric, psychosocial (housing, finances, etc) and rehabilitation needs (1)   | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Demonstrate ability to use different classes of psychotropic medication (antidepressants, antipsychotics, mood stabilizers, antianxiety medications) for specific patients (4)  | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Formulate detoxification plan (1)   | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Perform complete admission history, mental status exam, physician exam and document findings. Discuss in detail (in admission notes) the differential diagnosis for these patients and how that differential will be clarified. Outline appropriate initial plan. (5) | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Perform complete oral case presentations to attending and/or resident (2)   | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |
| Perform supervised patient interview (1)  | 0     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |

**Sign Here:**

# OHSU School of Medicine Midterm Formative Feedback

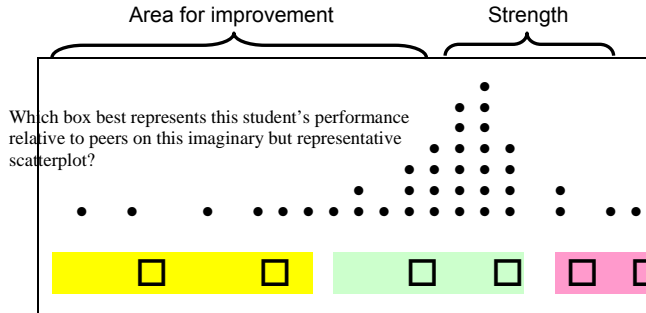
Student \_\_\_\_\_ Course \_\_\_\_\_ Evaluator \_\_\_\_\_  
 Dates of rotation: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Midterm feedback was reviewed with student : \_\_\_/\_\_\_/\_\_\_

For evaluations submitted in non-electronic form:

Student signature \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

This required mid-term evaluation will not be applied to calculated final grade, although specific areas of improvement may be considered by evaluator in subsequent evaluations. The primary purpose of this evaluation is to provide the student with formative feedback. Please submit signed evaluation in hard copy form to the medical student so they can turn it in to the clerkship director at the midterm meeting.

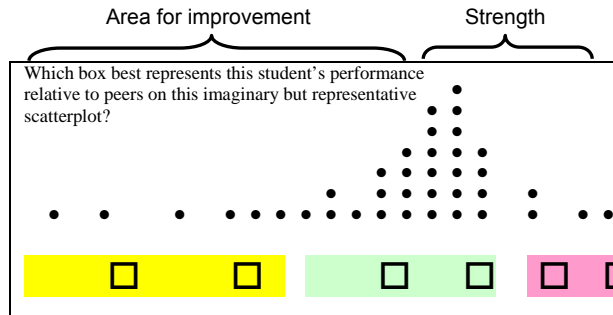
## Knowledge, Reasoning, and Problem Solving (Pathophysiology, reasoning, methods)



### Strategies for improvement

- Dedicate additional attention to selection of pertinent positive and negative findings
- Expand upon reasoning within differential diagnoses
- Increase independent learning through books, journals, or on-line resources
- Formally or informally share learning with team
- (other, or comments)

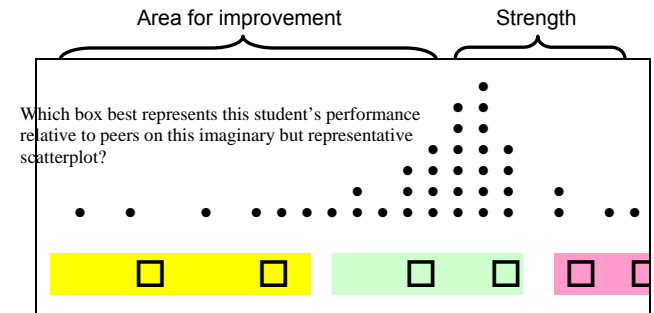
## Clinical Skills (History/ phys. exam/ mental status exam, procedures, presentations, communication)



### Strategies for improvement

- Collect initial information and updates about assigned patients in a more timely or more comprehensive manner
- Physical examination or mental status examination should incorporate assessments that are uniquely relevant to clinical case, in addition to universal elements
- Tailor the length and detail of oral presentations to listener's level of need
- Make additional efforts to prioritize problems by acuity or importance
- Expand endeavor to educate the patient while obtaining clinical information
- (other, or comments)

## Attitudes and Behavior (Humanism, professionalism, collegiality)



### Strategies for improvement

- Increase communication with team about personal schedule or activities, or personal goals for rotation
- Improve promptness for rounds or meetings
- Anticipate team needs/ increase service role within team
- Demonstrate more visible enthusiasm for learning
- Increase communication and rapport with non-MD staff
- More obviously vocalize or demonstrate compassion for patients
- Balance personal learning or performance opportunities with the needs of other learners
- (other, or comments)

One useful means of evaluating clinical skills for students of medicine is to identify at what level they process and utilize clinical information (known to medical educators as the “RIME” rating sequence.) For the student’s own feedback, please select the role that they demonstrate in the RIME sequence that is most representative of their skills:  **Reporter**  **Interpreter**  **Manager**  **Educator**



# Sample Grading Sheet from E\*Value

|                      |                         |                      |              |
|----------------------|-------------------------|----------------------|--------------|
| Activity:            | VA-MSPsy-IP             | Subject:             | MS3          |
| Site:                | VAMC                    | Subject              | 02/07/2011 - |
| Period:              | 1011 MS3 Rotation 6     | Participation Dates: | 03/11/2011   |
| Time Period:         | 02/07/2011 - 03/11/2011 |                      |              |
| Request Date:        | 03/09/2011              |                      |              |
| Evaluation Type:     | Medical Student         |                      |              |
| Evaluator:           | Marian Fireman          |                      |              |
| Evaluator            |                         |                      |              |
| Participation Dates: | 02/07/2011 - 03/11/2011 |                      |              |

Do you want to use auto-scrolling on this evaluation?  Yes  No

Click this link to mark this evaluation as not applicable: [Suspend](#)

## History Taking (Question 1 of 13 - Mandatory)

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A                      | Fail<br>1                | Fail<br>1.5              | Marginal<br>2            | Marginal<br>2.5          | Satisfactory<br>3        | Satisfactory<br>3.5      | Near<br>Honors<br>4      | Near<br>Honors<br>4.5    | Honors<br>5              |

## Mental Status Exam (Question 2 of 13 - Mandatory)

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A                      | Fail<br>1                | Fail<br>1.5              | Marginal<br>2            | Marginal<br>2.5          | Satisfactory<br>3        | Satisfactory<br>3.5      | Near<br>Honors<br>4      | Near<br>Honors<br>4.5    | Honors<br>5              |

## Physical Exam (Question 3 of 13 - Mandatory)

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A                      | Fail<br>1                | Fail<br>1.5              | Marginal<br>2            | Marginal<br>2.5          | Satisfactory<br>3        | Satisfactory<br>3.5      | Near<br>Honors<br>4      | Near<br>Honors<br>4.5    | Honors<br>5              |

## Clinical Formulation (Question 4 of 13 - Mandatory)

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A                      | Fail<br>1                | Fail<br>1.5              | Marginal<br>2            | Marginal<br>2.5          | Satisfactory<br>3        | Satisfactory<br>3.5      | Near<br>Honors<br>4      | Near<br>Honors<br>4.5    | Honors<br>5              |

## Data Presentation and Documentation (Question 5 of 13 - Mandatory)

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A                      | Fail<br>1                | Fail<br>1.5              | Marginal<br>2            | Marginal<br>2.5          | Satisfactory<br>3        | Satisfactory<br>3.5      | Near<br>Honors<br>4      | Near<br>Honors<br>4.5    | Honors<br>5              |

## Differential Diagnosis of Major Mental Illnesses and Personality Disorders (Question 6 of 13 - Mandatory)

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A                      | Fail<br>1                | Fail<br>1.5              | Marginal<br>2            | Marginal<br>2.5          | Satisfactory<br>3        | Satisfactory<br>3.5      | Near<br>Honors<br>4      | Near<br>Honors<br>4.5    | Honors<br>5              |

## Knowledge of Medications; Effects and Side Effects (Question 7 of 13 - Mandatory)

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A                      | Fail                     | Fail                     | Marginal                 | Marginal                 | Satisfactory             | Satisfactory             | Near                     | Near                     | Honors                   |

|  |   |     |   |     |   |     |             |               |   |
|--|---|-----|---|-----|---|-----|-------------|---------------|---|
|  | 1 | 1.5 | 2 | 2.5 | 3 | 3.5 | Honors<br>4 | Honors<br>4.5 | 5 |
|--|---|-----|---|-----|---|-----|-------------|---------------|---|

**Integration of Medical and Psychiatric Illnesses** (Question 8 of 13 - Mandatory)

|                           |                                 |                                   |                                     |                                       |   |   |   |   |                                   |
|---------------------------|---------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|---|---|---|---|-----------------------------------|
| <input type="radio"/> N/A | <input type="radio"/> Fail<br>1 | <input type="radio"/> Fail<br>1.5 | <input type="radio"/> Marginal<br>2 | <input type="radio"/> Marginal<br>2.5 | <input type="radio"/> Satisfactory<br>3 | <input type="radio"/> Satisfactory<br>3.5 | <input type="radio"/> Near<br>Honors<br>4 | <input type="radio"/> Near<br>Honors<br>4.5 | <input type="radio"/> Honors<br>5 |
|---------------------------|---------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|---|---|---|---|-----------------------------------|

**Motivation and Responsibility** (Question 9 of 13 - Mandatory)

|                           |                                 |                                   |                                     |                                       |   |   |   |   |                                   |
|---------------------------|---------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|---|---|---|---|-----------------------------------|
| <input type="radio"/> N/A | <input type="radio"/> Fail<br>1 | <input type="radio"/> Fail<br>1.5 | <input type="radio"/> Marginal<br>2 | <input type="radio"/> Marginal<br>2.5 | <input type="radio"/> Satisfactory<br>3 | <input type="radio"/> Satisfactory<br>3.5 | <input type="radio"/> Near<br>Honors<br>4 | <input type="radio"/> Near<br>Honors<br>4.5 | <input type="radio"/> Honors<br>5 |
|---------------------------|---------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|---|---|---|---|-----------------------------------|

**Rapport with Other Team Members** (Question 10 of 13 - Mandatory)

|                           |                                 |                                   |                                     |                                       |   |   |   |   |                                   |
|---------------------------|---------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|---|---|---|---|-----------------------------------|
| <input type="radio"/> N/A | <input type="radio"/> Fail<br>1 | <input type="radio"/> Fail<br>1.5 | <input type="radio"/> Marginal<br>2 | <input type="radio"/> Marginal<br>2.5 | <input type="radio"/> Satisfactory<br>3 | <input type="radio"/> Satisfactory<br>3.5 | <input type="radio"/> Near<br>Honors<br>4 | <input type="radio"/> Near<br>Honors<br>4.5 | <input type="radio"/> Honors<br>5 |
|---------------------------|---------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|---|---|---|---|-----------------------------------|

**Rapport with Patients** (Question 11 of 13 - Mandatory)

|                           |                                 |                                   |                                     |                                       |   |   |   |   |                                   |
|---------------------------|---------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|---|---|---|---|-----------------------------------|
| <input type="radio"/> N/A | <input type="radio"/> Fail<br>1 | <input type="radio"/> Fail<br>1.5 | <input type="radio"/> Marginal<br>2 | <input type="radio"/> Marginal<br>2.5 | <input type="radio"/> Satisfactory<br>3 | <input type="radio"/> Satisfactory<br>3.5 | <input type="radio"/> Near<br>Honors<br>4 | <input type="radio"/> Near<br>Honors<br>4.5 | <input type="radio"/> Honors<br>5 |
|---------------------------|---------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|---|---|---|---|-----------------------------------|

**Overall Clinical Grade** (Question 12 of 13 - Mandatory)

|                           |                                 |                                   |                                     |                                       |   |   |   |   |                                   |
|---------------------------|---------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|---|---|---|---|-----------------------------------|
| <input type="radio"/> N/A | <input type="radio"/> Fail<br>1 | <input type="radio"/> Fail<br>1.5 | <input type="radio"/> Marginal<br>2 | <input type="radio"/> Marginal<br>2.5 | <input type="radio"/> Satisfactory<br>3 | <input type="radio"/> Satisfactory<br>3.5 | <input type="radio"/> Near<br>Honors<br>4 | <input type="radio"/> Near<br>Honors<br>4.5 | <input type="radio"/> Honors<br>5 |
|---------------------------|---------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|---|---|---|---|-----------------------------------|

**Comments, examples, critical incidents (narrative required for Dean s letter):** (Question 13 of 13 - Mandatory)

[Review your answers in this evaluation.](#)

If you are satisfied with the evaluation, click the "Submit" button. Once submitted, the evaluation will no longer available for you to make further changes.

Save For Later

Submit

## Ambulatory Care Elective List

### Ambulatory Clinic Pairings

- No flexibility on pairings. Please rank the **top 4** “pairs” you are interested in with your **name & pager number**
- Student #1 starts with clinic A for 3 weeks, and ends with clinic B for 2 weeks
- Student #2 starts with clinic B for 3 weeks, and ends with clinic A for 2 weeks
- If one of the clinics is not offered during a particular rotation please attend the other clinic all 5 weeks

| Student                                       | A   | B   |
|---|---|---|
| 1.<br>2.                                      | <b>IPP 1</b> - 3633 SE 35 <sup>th</sup> Place,<br>Portland<br><i>Monday, 8:30-12:30, Latino</i><br>(Boehnlein) Ext. 4-4222  | <b>CHILD 1</b> - LifeWorks NorthWest<br><i>Young Children's Day Treatment Program</i><br>8770 SW Scoffins St, Tigard, 97223<br><i>Monday, 9:00a-12:00p,</i><br>(Amy Shea Reyes at<br><a href="mailto:amysr@lifeworksnw.org">amysr@lifeworksnw.org</a> )<br><i>Please note: Orientation will be held on Tuesday of your first week, all other weeks, report to clinic on Mondays</i> |
| 1.<br>2.                                      | <b>IPP 2</b> - 3633 SE 35 <sup>th</sup> Place,<br>Portland<br><i>Monday 9:30a-12:30p. Child and Adolescent: variety of cultures,</i><br>(Cheng ) Ext. 4-4222  | <b>DEMENTIA</b> – VA, 1st Floor,<br>Area “C”, <i>Monday 12-4</i><br>Dr. David Douglas<br><a href="mailto:david.douglas3@va.gov">david.douglas3@va.gov</a><br>503-220-8262 ext. 51440  |
| 1.<br>2.                                      | <b>IPP 3</b> - 3633 SE 35 <sup>th</sup> Place,<br>Portland<br><i>Tuesday, 1-5, Cambodian / Vietnamese Clinics (Boehnlein &amp; D. Kinzie)</i> Ext. 4-4222   | <b>CHILD 3</b> - SCIP (Secure Children’s Intensive Program) 3415 S.E. Powell Blvd. Portland, OR<br><i>Thursday, 9:00am-1:00p</i><br>Dr. Jeffery, <a href="mailto:jefferyd@ohsu.edu">jefferyd@ohsu.edu</a> & Dr. Cheng, <a href="mailto:chengk@ohsu.edu">chengk@ohsu.edu</a>   |
| 1.<br>2.                                      | <b>IPP 4</b> - 3633 SE 35 <sup>th</sup> Place,<br>Portland<br><i>Tuesday, 8:30-12:30, Bosnian (T. Cull)</i> Ext. 4-4222   | <b>ADDICTIONS 1</b> -<br>Portland/Vancouver, <i>Mon, Tues, Wed, or Fri 7-12</i><br>Dr. Mike Resnick<br>220-8262 ex. 33831<br><a href="mailto:michael.resnick@va.gov">michael.resnick@va.gov</a>   |
| (THIS PAIRING OHSU STUDENTS ONLY)<br>1.<br>2. | <b>IPP 5</b> - 3633 SE 35 <sup>th</sup> Place,<br>Portland<br><i>Wednesday, 9-12:00, Bosnian (D. Kinzie)</i> Ext. 4-4222  | <b>OCD</b> - Psy Clinic, OPC 6 <sup>th</sup> floor,<br><i>Wednesdays &amp; other times</i><br><i>Call Dr. Hancey to arrange times</i><br>Dr. Jim Hancey<br>Ext. 4-6173  |
| 1.<br>2.                                      | <b>IPP 6</b> - 3633 SE 35 <sup>th</sup> Place,<br>Portland<br><i>Friday, 9-12:00, Somali (M. Cary)</i> Ext. 4-4222  | <b>ADDICTIONS 2</b> -<br>Portland/Vancouver, <i>Mon, Tues, Wed, or Fri 7-12</i><br>Dr. Mike Resnick<br>220-8262 ex. 33831<br><a href="mailto:michael.resnick@va.gov">michael.resnick@va.gov</a>   |
| 1.<br>2.                                      | <b>CHILD 2</b> - Youth Villages-<br><i>ChristieCare</i><br>2507 Christie School Lane, Lake Oswego<br><i>Monday, 9:00am-1:00p</i><br>Mary Liefeld,<br><a href="mailto:Mary.Liefeld@youthvillages.org">Mary.Liefeld@youthvillages.org</a><br>503-675-2253 | <b>ADDICTIONS 3</b> -<br>Portland/Vancouver, <i>Mon, Tues, Wed, or Fri 7-12</i><br>Dr. Mike Resnick<br>220-8262 ex. 33831<br><a href="mailto:michael.resnick@va.gov">michael.resnick@va.gov</a>   |
| (VA CONSULT STUDENT ASSIGNMENT**)<br>1.       | <b>CHILD 4</b> –<br>Tillamook<br><i>1<sup>st</sup> &amp; 3<sup>rd</sup> Friday every month</i><br>Dr. Bob McKelvey<br><a href="mailto:mckelver@ohsu.edu">mckelver@ohsu.edu</a>  | <b>GERI</b> – VA Clinic - P2<br><i>Friday 12:00p-4:00p</i><br>Dr. Jeanette Ardans<br><a href="mailto:Jeanette.Ardans@va.gov">Jeanette.Ardans@va.gov</a>   |

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|  | The student accompanying Dr. McKelvey<br>to Tillamook will not need a car |  |
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*\*\*VA CONSULT STUDENT – Jeanette Ardans' clinic x2; Bob McKelvey's clinic x 2; if Dr. Ardans' clinic is not available – they should still go with McKelvey and will be assigned to whatever is empty for the other weeks*

## **Student Interview Seminars: Guideline for Facilitators**

To maximize the value students receive from the interview seminars during the 3rd year psychiatry clerkship, we've put together these guidelines for instructors. We hope they'll promote a more uniform experience for students who rotate through different settings.

### **New for this year:**

**1. The first session will be attended by all of the students. The instructor may model an interview (especially at the beginning of the year) but it is preferable that the student(s) do the interview and all participate in the discussion.**

**2. After Week #1 each session will be attended by 1-2 students (different students each week but all should have attended session #1 – the days are pre-assigned to the students). The students should each have a patient prepared for the session and each student should do an interview and receive feedback. The students requested the smaller sessions to decrease anxiety that arises when interviewing in front of a large group.**

**Note: any student who did the interview during week #1 should still do an interview during their assigned small group session – it is an opportunity for even more practice and feedback!**

**3. Each student should have the attending fill out a written interview feedback form – the forms are handed out at orientation and available on Sakai to the students. The forms need to be turned in at the end of the rotation.**

1. Each student should have the opportunity to do a 30-40 minute initial interview of a psychiatric patient he/she does not already know. [This may mean, on some days, doing two patient interviews.] Note that the students have had an opportunity on their first day on service to witness and discuss a model initial interview done by a staff member or senior resident.
2. The first day, the facilitator might have to obtain a patient (from nursing personnel, who tend to be extremely helpful). Subsequently, at the end of each session, remind the students that *they* need to obtain a patient for the next week's session. Of course, to give a good initial interview experience, the patient should be someone the student interviewer has not worked with closely (usually, a patient from the other team). Responsibility for obtaining the patient could be assigned individually or by teams. Usually, the students themselves will work it out just fine.
3. In nearly every instance, the student should be allowed to complete the interview without interruption. At the end, and with the patient's acquiescence, encourage other students to ask questions they may have, after which the first student may have thought of additional questions. Finally, of course, the facilitator may wish to ask questions.
4. In no case should there be any discussion while the patient is still present. This can be confusing for the patient, potentially setting up issues that may complicate further treatment. The patient is participating as a volunteer, and should be treated as an honored guest, a willing participant in an exercise that is solely for the benefit of our teaching program.
5. Following the interview, after the patient has left the room, the student interviewer should be given a chance to state his/her impressions of the interview session. Especially solicit views on how comfortable the student felt in the role of interviewer, feelings of rapport, and any problems responding to what the patient says.
6. Go around the table, asking each student to evaluate his/her colleague's performance. Mostly, these comments will be something on the order of, "That was a really great job." Encourage each student to offer a constructive criticism. Most students will have real difficulty offering meaningful criticism of one another. It can help for instructors to praise meaningful criticism with something on the order of, "*That was a*

*perceptive comment, Geraldine. Can you expand on that thought just a little?*” Or, *“How might you have phrased it, instead?”* It might also help to begin the first session by acknowledging how hard it is to criticize our colleagues, but point out that it all feeds the educational aspect of the exercise. You can also choose a topic from the outline (page 3) as a springboard for discussion.

7. After each student has had the opportunity to offer an opinion, instructors should do the same. Of course, it’s always a good strategy to start with praise for parts well done. Use the page 3 facets of interviewing technique as a guide, offering suggestions for improvement.
8. Criticism can be tempered with statements such as: “All interviews are imperfect to one degree or another.” “It will take dozens of interviews before you begin to achieve proficiency.” “Every interviewer, even one as experienced as am I, forgets something.”
9. Because psychiatry is where students must learn about the mental status evaluation, it might be helpful to ask each student to present just the MSE for his/her patient. It could help drill into the students the parts of the MSE—what’s obtained by observation alone, what requires questioning, and to learn to determine when *experienced interviewers* can ignore certain aspects.
10. The focus of the discussion should be largely on the interview and interviewing techniques. During the last few minutes of the session, if questions pertaining to the interview itself have been pretty well exhausted, it will be OK to discuss the patient’s diagnosis. However, many of these patients are well-known to at least some of the students, who will have heard (and participated in) discussions of diagnosis previously. Therefore, diagnosis is a *far* less-important topic for discussion in these seminars than is the interview itself. Interviewing technique is the main teaching goal of this seminar, its *raison d’être*.
11. For subsequent interview sessions, some instructors start by referring to the previous session, asking if there are questions. Others ask about what’s happened to the patient from the previous week. All good.
12. It might stimulate interest to emphasize in the first meeting that interviewing pertains to every patient in every specialty—except, perhaps, pathology. Skills learned here should carry over to all areas of clinical medicine.

## An outline of discussion topics pertaining to the initial interview

How well did the interviewer:

Thank the patient for agreeing to be interviewed?

Address patient's comfort and dignity by using title and last name, maintaining appropriate physical distance (varies with situation)?

Elicit the chief complaint with a directive, but open-ended question?

Allow the patient time for "free speech" (to understand the breadth of patient's issues and learn something of the patient's flow of thought)?

Strive for rapport with body language, eye contact, appropriate encouragements?

For economy of time, use non-verbal encouragements (head nods, smiles)?

Use language appropriate to patient's age, education, and culture?

Provide honest reassurance when indicated?

Avoid talking excessively: State questions simply and in the fewest words possible?

Elicit patient's current feelings with open-ended questions?

Balance open- and closed-ended questions, increasing the latter in later stages of interview?

Consistent with rapport, maintain control of the interview throughout?

Was there any opportunity to deal with resistance? Did the student manage to maintain rapport?

Deal with sensitive questions (drug use, illegal activities, sex)?

When changing topics, use a bridge that was logical and graceful?

Acknowledge transitions that are more abrupt— "Now let's change gears and..."?

Avoid double questions and leading questions?

Limit "why" questions to patient's own experience ("Why did you leave your wife?")?

Cover each of the basic parts of the interview:

- Chief complaint
- Present illness: symptoms, prior treatment, consequences of illness (social, job, legal), suicide ideas/behavior
- Past medical history
- Psychiatric ROS: mood, anxiety disorders; psychosis; substance use; somatization screen (when appropriate); suicide behaviors; risk factors for AIDS; head trauma, loss of consciousness
- Personal and social history:
  - Childhood, family constellation, school (last grade, academic and disciplinary issues)

- Adult life: marital history, children, work history, military, legal problems, religion, current living situation, leisure activities, use of substances
  - Family history: relationship with relatives, occurrence of mental disorder
- Mental status exam
  - Observational aspects: appearance and behavior, mood/affect, flow of thought
  - Aspects obtained by questioning: Content of thought, cognition, insight and judgment





## Psychiatry clerkship check off card

- 1. Ward students – attend rounds with consult service (OHSU or VA) – 2x
- 2. Consult student – attend rounds at least one time with ward team at OHSU and one time with VA ward team
  
- 3. Document one supervised interview and have attached form filled out
  
- 4. Obtain feedback from resident (if applicable) and attending at least 4x during rotation (minimum 2x from attending). Document on attached feedback cards. This is feedback on overall performance on the clerkship. Suggested areas for feedback:
  - a. Patient interviewing
  - b. Rapport with patients, colleagues and staff
  - c. Patient care
  - d. Medical knowledge
  - e. Independent learning
  - f. Motivation and interest
  - g. Ability to work with multidisciplinary team
  
- 5. Review and obtain feedback on 2 write-ups
  
- 6. Review and obtain feedback on 4 progress notes
  
- 7. Observe one interview, complete a write up and present case to attending including diagnostic formulation and treatment plan – the differential diagnosis and treatment plan should be formulated independently by the student and NOT copied from others.
  
- 8. Optional but highly recommended experiences
  - a. Observe ECT one or two times
  - b. Spend one shift with social worker in VA ED observing evaluation of acute patients (VA students especially!)
  
- 9. Interviewing seminar
  - a. One large group session
  - b. One individual/2 student session
  
- 10. Ambulatory clinics
  - a. Clinic A – 2 or 3 weeks
  - b. Clinic B – 2 weeks
  
- 11. Complete the following on-line case

**PSYCHIATRY CLERKSHIP FEEDBACK CARD – CAN GIVE FEEDBACK ON ONE OR MORE AREAS AS APPROPRIATE**

DATE:

STUDENT NAME:

RESIDENT/ATTENDING NAME:

| AREA OF EVALUATION               | WHAT WAS DONE WELL | AREAS FOR IMPROVEMENT | COMMENTS |
|----------------------------------|--------------------|-----------------------|----------|
| HISTORY TAKING                   |                    |                       |          |
| PHYSICAL/MENTAL STATUS EXAM      |                    |                       |          |
| CASE PRESENTATION                |                    |                       |          |
| WRITTEN DOCUMENTATION            |                    |                       |          |
| MEDICAL KNOWLEDGE                |                    |                       |          |
| PATIENT CARE                     |                    |                       |          |
| CONDUCT OF AN OBSERVED INTERVIEW |                    |                       |          |

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| RAPPORT/EMPATHY WITH PATIENTS                             |  |  |  |
| PROFESSIONALISM/ ETHICS                                   |  |  |  |
| MOTIVATION/RESPONSIBILITY                                 |  |  |  |
| ABILITY TO WORK WITH THE MULTIDISCIPLINARY TEAM           |  |  |  |
| ABILITY TO GENERATE AN APPROPRIATE DIFFERENTIAL DIAGNOSIS |  |  |  |
| ABILITY TO GENERATE APPROPRIATE TREATMENT PLAN            |  |  |  |
| INTEGRATION OF MEDICAL AND PSYCHIATRIC ILLNESS            |  |  |  |
| OTHER:  |  |  |  |

