Oregon Health and Science University
School of Medicine

Core Experience Orientation Manual and General Information
For Faculty

Marian Fireman, M.D.
Psychiatry Core Experience Director
OHSU
PSYCHIATRY MEDICAL STUDENT CORE EXPERIENCE – PSYCHIATRY 730

OHSU requires a 4 week core experience in Psychiatry for all medical students. Psychiatry faculty are also involved in educational activities throughout the 4 year medical school curriculum.

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1. Psychiatry Core Experience Program Contact Information

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Psychiatry Clerkship Director
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503-494-6250

**Daniel Haupt, M.D.**
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**George Keepers, M.D.**
Chair, Department of Psychiatry
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**Kim Taylor**
Medical Student Coordinator
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503-494-1114

Mailing Address
Department of Psychiatry
UHN-80
3181 SW Sam Jackson Park Road
Portland, Oregon 97239
2. COMPETENCIES EVALUATED IN THIS CLINICAL EXPERIENCE

PCS 1. Gather essential and accurate information about patients and their conditions through history taking, physical examination, review of prior data and health records, laboratory data, imaging and other tests.

PCS 2. Interpret and critically evaluate historical information, physical examination findings, laboratory data, imaging studies, and other tests required for health screening and diagnosis.

MK 1. Apply established and emerging bio-medical scientific principles fundamental to the healthcare of patients and populations.

PBLI 1. Demonstrate skills necessary to support independent lifelong learning and ongoing professional development by identifying one’s own strengths, deficiencies, and limits in knowledge and expertise, set learning and improvement goals, and perform learning activities that address gaps in knowledge, skills or attitudes.

ICS 1. Communicate effectively with patients, families and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.

ICS 5. Effectively access, review, and contribute to the electronic health record for patient care and other clinical activities.

PPPD 1. Demonstrate responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disability, socioeconomic status, and sexual orientation.

PPPD 9. Demonstrate accountability by completing academic and patient care responsibilities in a comprehensive and timely manner.

PPPD 10. Demonstrate trustworthiness that engenders trust in colleagues, patients, and society at large.

SBPIC 4. Effectively work with other healthcare professionals to establish and maintain a climate of mutual respect, dignity, diversity, integrity, honesty, and trust.
3. PSYCHIATRY CORE EXPERIENCE GOALS

DURING THIS COURSE THE STUDENT SHOULD ACQUIRE THE SKILLS TO:

1. Gather essential and accurate data regarding psychiatric patients through history taking and collection of collateral information, physical and mental status examination, review of prior records, review of collateral information and interpretation of ancillary tests (imaging, laboratory data, etc).

2. Interpret and evaluate history, examination findings and other available data in order to generate a basic psychiatric differential diagnosis for both straightforward and complex patients.

3. Demonstrate knowledge of basic criteria for psychiatric diagnoses, knowledge of basic psychopharmacology, and first-line management strategies.

4. Identify gaps in knowledge and describe strategies to improve one’s knowledge base in psychiatry and general medicine.

5. Effectively communicate with patients, families, colleagues and staff for the purpose of facilitating patient care.

6. Access, review and contribute appropriately to the medical record for the purpose of facilitating patient care.

7. Demonstrate appropriate sensitivity and respect in caring for a diverse patient population.

8. Complete academic and patient care responsibilities in a comprehensive and timely manner.

9. Demonstrate trustworthiness at all times.

10. Effectively work with other healthcare professionals in the context of a multidisciplinary team.
4. STRUCTURE OF THE PSYCHIATRY 730 CORE EXPERIENCE

1. Outline of course
   a. 4 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. Didactics
   e. Other lectures/seminars per staff at each site
   f. Call – as per each site at the current time 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 except for Thanksgiving Day (such as MLK day, President’s Day, 4th of July, Labor Day, Columbus Day or Veterans Day – other holidays fall outside of the scheduled academic calendar).
   g. 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 – approximately 15 minutes

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
   Students must pass all four components to pass a clinical experience.

   - **Component 1: Clinical evaluation** - attending grade will count 70% and will be a tiered grade; if they work with another individual (such as a nurse practitioner) and they submit a grade it will count
10% (and attending grade will count 60%). This grade is based on:

- Clinical Skills
- Medical Knowledge
- Clinical Reasoning

- **Component 2: Skills Demonstration** – 30% divided as below – this is a tiered grade:
  
  - **5% - Patient interviews** – you may do as many as you and your attending have time to do; you must have your attending(s) complete 2 of these with you in “real time” and submit via MedHub. You must pass at least one of them; your highest score goes into your grade (as long as you pass one any non-passing scores will not count). (A Psych NP may do one if approved by the course director)
  
  - **5% - Oral presentations** - you may do as many as you and your attending have time to do; you must have your attending(s) complete 2 of these with you in “real time” and submit via MedHub. You must pass at least one of them (as long as you pass one any non-passing scores will not count); your highest score goes into your grade. (A Psych NP may do one if approved by the course director)
  
  - **5% - Written notes** – 2 complete H+Ps must be evaluated; please have your attending review your progress notes as well. You may do as many as you and your attending have time to do; you must have your attending(s) complete 2 of these with you in “real time” and submit via MedHub. You must pass at least one of them (as long as you pass one any non-passing scores will not count); your highest score goes into your grade. (A Psych NP may do one if approved by the course director)
  
  - **15% - Video exam** – patient interview and 3 questions (see final exam section on Sakai)

- **Component 3: Self Directed Learning** – this is graded pass/fail
  
  a. Completion of all required online modules
  b. Presentation on topic of choice

- **Component 4: Professionalism** – this is graded pass/fail
Please review the competencies for this course and the professionalism form if you have any questions

a. Clinical – 60% of 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.

b. Grading guidelines
   i. Honors – top 15-20% of the students you have worked with - 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 - 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 - These students are responsible and certainly do the expected work but skill, notes and case presentations are just acceptable. Patient care is satisfactory, knowledge base and skills are acceptable. Student may work hard but quality of work may fall short of better than just passing
   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.

6. Other details
a. Syllabus usually distributed 2-3 weeks in advance
b. Students arrive per your instructions
c. Sites –
   i. Klamath Basin Behavioral Health; Portland Adventist (Blocks 1-4)
   ii. OHSU ward, VA ward, OHSU and VA consult services, Bend, Eugene/Junction City, Salem – start July 2016
d. LOGs – required by LCME to ensure we are meeting our educational objectives.
e. Time off – 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 rotation/8 days per academic 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 or 503-494-1114 – she is our Medical Student Education Coordinator and is very helpful.
h. Other questions – Marian Fireman or Dan Haupt
5. DIDACTIC TOPICS

- Required Reference Material:
  ADMSEP eModules (http://www.admsep.org/csi-eModules.php) - self-directed clinical skills modules

Required CSI (Clinical Skills Initiative) Modules – list (https://sakai.ohsu.edu/portal/directtool/59cc7b28-f9df-46e8-8df3-b50b2464272d/)
1. Psychotic disorders
2. Anxiety disorders
3. Bipolar disorder
4. Insomnia
5. PTSD
6. Adolescent depression
7. The Psychiatric Interview
8. Personality disorders
9. Neurocognitive disorders

Optional modules
1. Childhood/adolescent eating disorder
2. Childhood PTSD
6. SAMPLE SYLLABUS

Clinical Experience Purpose Statement
The purpose of the Psychiatry Core clinical experience is to enable students entering any field of medicine to perform a thorough mental status evaluation, learn the basics of psychiatric disease and psychopathology, utilize appropriate psychopharmacology, and perform a psychiatric risk assessment. Students will participate in the management of complex psychiatric patients. Students will work effectively within a multidisciplinary team, demonstrate appropriate management of boundaries with psychiatric patients, and demonstrate professionalism in their interactions with patients, colleagues and staff. Students may see patients in both inpatient and outpatient settings.

Orientation Information (https://sakai.ohsu.edu/x/6Gn0e2)
Available sites for Blocks 1 through 4
1. Portland Adventist Medical Center (2 students)
2. Klamath Basin Behavioral Health (1 student for blocks 1,2 and 4)

Important Information:
1. PLEASE REVIEW AND COMPLETE THE CHECK OFF CARD IN MEDHUB THROUGHOUT THE ROTATION -- if you leave things until the last week you may not be able to complete everything.
2. YOU MUST COMPLETE EVERYTHING ON THE CHECK OFF CARD and SUBMIT it PRIOR to the final exam (along with all other required items listed below)
3. REQUIRED – to submit in MEDHUB or SAKAI:
   * 2 OBSERVED PATIENT INTERVIEWS AND MSE (attending to submit in MEDHUB)
   * 2 ORAL PRESENTATIONS (attending to submit in MEDHUB)
   * 2 EVALUATIONS OF WRITTEN DOCUMENTATION (attending to submit in MEDHUB)
   * COMPLETION OF ALL REQUIRED ONLINE MODULES (check off on the MEDHUB form)
   * PREPARE AND PRESENT ON A TOPIC OF CHOICE TO YOUR ATTENDING/TEAM (brief 15 minute presentation on a topic of interest to you) – document on MEDHUB FORM
   * Midterm form – submit in SAKAI (this includes documentation of your observed H+P)
   * Procedure log – submit in MEDHUB

All students, as soon as you receive the syllabus:
1. Go to the Sakai PSY 730 site and review the "Survival Kit" (https://sakai.ohsu.edu/x/n37mj0 link to material under “Getting Started”)
2. REVIEW THE COURSE SAKAI SITE.
3. Go to MEDHUB and pull up the check off card and review the requirements to be fulfilled; you may fill out the form throughout the course and save it until the end to submit
4. REMIND your attending(s) about the forms they need to fill out (listed below) – ideally they will
do these with you right after you do an interview, oral presentation or review a note, give you feedback and submit.

Locations:

Portland Adventist Medical Center
Pritham Raj, MD (rajp@ohsu.edu)
Address: 10123 SE Market Street Portland, Oregon 97216
Dr. Raj’s office is in the main hospital - 4th floor - Room 4101
You will attend clinic with Dr. Raj and any evening or weekend call will be as per Dr. Raj.

Klamath Basin Behavioral Health – please contact the staff in Klamath Falls regarding housing, check-in, etc.

Contact information:
Jennifer Volpi, MPH, MAT
Site Coordinator
Campus for Rural Health - Klamath
Oregon Health & Science University
503-510-9558

Mailing Address:
Cascades East Family Medicine Center
2801 Daggett Ave. Klamath Falls, OR 97601

Charles Jenson, MD – attending psychiatrist CJenson@kbbh.org

Day and Time:
Please report first Monday of each block at 8 AM at your designated site
Attendance required.

Clinical Experience Schedule
- **Instruction/required activities:**

<table>
<thead>
<tr>
<th>Week 1</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>8AM - Monday</strong></td>
<td>Orientation at your site</td>
</tr>
<tr>
<td><strong>All week</strong></td>
<td>Clinical work at your site on all days Review Sakai site and required materials Develop plan with your attending(s) to complete required skills assessments (Interview, written documentation, oral presentations)</td>
</tr>
</tbody>
</table>
| Week 2                              | Clinical work at your site on all days  
|                                    | Complete patient interview(s), oral  
|                                    | presentation(s) and review(s) of  
|                                    | written documentation  
|                                    | Pick topic for your end of course  
|                                    | presentation  |
| Week 3                              | End of day - Monday  
|                                    | Submit mid-term feedback form  
|                                    | Submit documentation that you  
|                                    | completed your observed H+P  
|                                    | (mental status examination) on  
|                                    | Sakai – only need date and name of  
|                                    | faculty member  |
| All week                            | Clinical work at your site on all days  
|                                    | Complete patient interview(s), oral  
|                                    | presentation(s) and review(s) of  
|                                    | written documentation  
|                                    | Work on your end of course  
|                                    | presentation  |
| Week 4                              | Clinical work at your site on all days  
|                                    | Complete patient interview(s), oral  
|                                    | presentation(s) and review(s) of  
|                                    | written documentation  
|                                    | End of course presentation  
|                                    | Make sure your attending has  
|                                    | submitted:  
|                                    | 2 documented patient interviews  
|                                    | 2 oral presentation evaluations  
|                                    | 2 written note evaluations  |
| Last Thursday of the rotation       | Final exam  |
| Last Friday of the rotation         | Last day of clinical work; turn in all  
|                                    | keys; submit all forms in MedHub  
|                                    | and Sakai by 12 noon to ensure you  
|                                    | get a grade for this course  
|                                    | 1. Procedure Log  
|                                    | 2. Check-off card  |

Orientation is at your assigned site on the first morning of the clerkship; all clinical activities and your specific schedule at your site are as per your site and your attending (including ancillary clinics, call and other experiences)
• **Assessments:**
  Video exam will be held the afternoon of the final THURSDAY OF THE COURSE – watch your email for details

• **Call requirements:**
  Any evening or weekend call is as per your site and your attending – please check with them on the first day.

• **Other:**
  All Non-Urgent Requests/Concerns-
  Please contact the Education Coordinator via email (taylorki@ohsu.edu) or by phone (503 494-1114). 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 email using the contact info listed in the syllabus.

  Out Sick/Family Emergency?-
  Please contact both your ward attending and supervising resident (if applicable). Please contact the Education Coordinator via email (taylorki@ohsu.edu) or by phone (4-1114). Per Dean's Office instruction, a Request for Time Off form must be submitted to the clinical experience director within 24 hours. Clerkship director can require this time to be made up if it exceeds two days.

  Misplace a form?
  Copies of all required forms and readings can be found at the PSY 730 Sakai website

**Didactic Sessions:**
All didactics are online. Please complete all of the required online assigned modules

**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)
You may be able to access Grand Rounds via OHSU Jabber; recordings are also posted on our department website.
Commitment Procedures (Optional) - Portland information

Civil commitment describes the legal procedure by which a person who is dangerously ill is involuntarily placed in treatment while their civil liberties are protected. Understanding of this process 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 ethical dilemmas involved, you may want to attend a 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.

Course Goals
DURING THIS COURSE THE STUDENT SHOULD ACQUIRE THE SKILLS TO:
11. Gather essential and accurate data through history taking, physical and mental status examination, review of prior records, review of collateral information and interpretation of ancillary tests (imaging, laboratory data, etc).
12. Interpret and evaluate history, examination findings and other available data in order to generate a basic psychiatric differential diagnosis for both straightforward and complex patients.
13. Demonstrate knowledge of basic criteria for psychiatric diagnoses and knowledge of basic psychopharmacology.
14. Identify gaps in knowledge and describe strategies to improve one's knowledge base in psychiatry and general medicine.
15. Effectively communicate with patients, families, colleagues and staff for the purpose of facilitating patient care.
16. Access, review and contribute appropriately to the medical record for the purpose of facilitating patient care.
17. Demonstrate appropriate sensitivity and respect in caring for a diverse patient population.
18. Complete academic and patient care responsibilities in a comprehensive and timely manner.
19. Demonstrate trustworthiness at all times.
20. Effectively work with other healthcare professionals in the context of a multidisciplinary team.
**Competencies**

**PCP1** - Gather essential and accurate information about patients and their conditions through history taking, physical examination, review of prior data and health records, laboratory data, imaging and other tests.

**PCP2** - Interpret and critically evaluate historical information, physical examination findings, laboratory data, imaging studies, and other tests required for health screening and diagnosis.

**MK1** - Apply established and emerging bio-medical scientific principles fundamental to the healthcare of patients and populations.

**PBL1** - Demonstrate skills necessary to support independent lifelong learning and ongoing professional development by identifying one’s own strengths, deficiencies, and limits in knowledge and expertise, set learning and improvement goals, and perform learning activities that address gaps in knowledge, skills or attitudes.

**ICS 1** - Communicate effectively with patients, families and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.

**ICS 5** - Effectively access, review, and contribute to the electronic health record for patient care and other clinical activities.

**PPPD1** - Demonstrate responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disability, socioeconomic status, and sexual orientation.

**PPPD 9** - Demonstrate accountability by completing academic and patient care responsibilities in a comprehensive and timely manner.

**PPPD10** - Demonstrate trustworthiness that engenders trust in colleagues, patients, and society at large.

**SBPIC 4** - Effectively work with other healthcare professionals to establish and maintain a climate of mutual respect, dignity, diversity, integrity, honesty, and trust.
Resources

- Required Reference Material:
  ADMSEP eModules (http://www.admsep.org/CSI-eModules.php) - self-directed clinical skills modules

  Required CSI (Clinical Skills Initiative) Modules – list
  (https://sakai.ohsu.edu/portal/directtool/59cc7b28-f9df-46e8-8df3-b50b2464272d/)
  1. Psychotic disorders
  2. Anxiety disorders
  3. Bipolar disorder
  4. Insomnia
  5. PTSD
  6. Adolescent depression
  7. The Psychiatric Interview
  8. Personality disorders
  9. Neurocognitive disorders

Optional modules
  1. Childhood/adolescent eating disorder
  2. Childhood PTSD

- Textbook – The following are recommended- You may use any book you wish:

  Psychiatry On-line - an excellent resource with electronic textbooks and links to various journals and other resources – AVAILABLE FREE FROM OHSU LIBRARY:
  www.psychiatryonline.com.liboff.ohsu.edu/index.aspx

- Suggested Reference Material
  DSM-5, American Psychiatric Association,

  Optional Resource, NOT Required (cost involved)- NBME self-assessment services--the Clinical Sciences Mastery Series in which students can take up to two 50 question psychiatry exams ($20 or $25 each). https://nsas.nbme.org/home
**Graded Components**
You must pass all four components to pass a clinical experience.

- **Component 1: Clinical evaluation** - attending grade will count 70% and will be a tiered grade; if you work with another individual (such as a nurse practitioner) and they submit a grade it will count 10% (and your attending grade will count 60%). This grade is based on:
  - Clinical Skills
  - Medical Knowledge
  - Clinical Reasoning

- **Component 2: Skills Demonstration** - 30% divided as below – this is a tiered grade:
  - 5% - **Patient interviews** - you may do as many as you and your attending have time to do; you must have your attending(s) complete 2 of these with you in “real time” and submit via MedHub. You must pass at least one of them; your highest score goes into your grade (**as long as you pass one any non-passing scores will not count**). (A Psych NP may do one if approved by the course director)
  - 5% - **Oral presentations** - you may do as many as you and your attending have time to do; you must have your attending(s) complete 2 of these with you in “real time” and submit via MedHub. You must pass at least one of them (**as long as you pass one any non-passing scores will not count**); your highest score goes into your grade. (A Psych NP may do one if approved by the course director)
  - 5% - **Written notes** - 2 complete H+Ps must be evaluated; please have your attending review your progress notes as well. You may do as many as you and your attending have time to do; you must have your attending(s) complete 2 of these with you in “real time” and submit via MedHub. You must pass at least one of them (**as long as you pass one any non-passing scores will not count**); your highest score goes into your grade. (A Psych NP may do one if approved by the course director)
  - 15% - **Video exam** – patient interview and 3 questions (see final exam section on Sakai)
• **Component 3: Self Directed Learning** – this is graded pass/fail  
  c. Completion of all required online modules  
  d. Presentation on topic of choice  

• **Component 4: Professionalism** – this is graded pass/fail  
  Please review the competencies for this course and the professionalism form if you have any questions  

**Required Student Submissions:**  
Students will be responsible for submitting all of the following items by the times listed:  

1. **Midterm Formative Feedback** –  
   Submitted via Sakai by Monday of the third week of the clinical experience. Attendings will review your performance with you midway through your clinical experience. Please give your blank midterm evaluation form to your attending. Students should scan and submit the completed form into Sakai by the 3rd Monday of the rotation. This form **must** be submitted 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 730 Sakai website. Please note: THE MSE COUNTS AS THE PHYSICAL EXAMINATION FOR THIS CLINICAL EXPERIENCE. Your required full or partial Patient History and MSE observations MUST be done by a faculty member.  

2. **Observed History and Physical Examination (by faculty)** –  
   Submitted via Sakai by Monday of the third week of clinical experience.  

3. **Clinical Experience Log (MedHub Procedure/Diagnoses log)** – Completed in MedHub by last day of clinical experience. Students are required to maintain a patient procedure log during the rotation. An electronic copy is due at the end of the rotation. Copies of the log are available on the OHSU School of Medicine website or the PSY 730 Sakai website:  
   https://sakai.ohsu.edu/x/vdLzVG
4. **Clinical Experience Check off Card** – submitted via MedHub by the last day of the rotation. All items MUST be completed. Make sure your attending or designee has submitted the MedHub forms for the observed patient interview, the written documentation evaluation and the oral presentation evaluation. At least one evaluation with a passing grade must be done by your attending. A resident/nurse practitioner/physician assistant designated by your attending may submit a second one. Additional submissions are encouraged – highest grade is the one that counts.

**Final grade determination:**
SEE ABOVE FOR THE COMPONENTS OF YOUR FINAL GRADE AND HOW IT IS CALCULATED! ALL FORMS MUST BE COMPLETED AND SUBMITTED TO RECEIVE A FINAL GRADE.
If you have questions or concerns about your final grade, your first step MUST be to contact your clinical experience coordinator and NOT individual residents or faculty evaluators.

**Assessment/Exam Tardiness**
Students are expected to arrive on time, so that assessments can begin as scheduled. Students who arrive late to the assessment may not be allowed to take the assessment.

**Remediation of Non-Passing Core Clinical Experiences Grades**
Any student who does not pass one or more components in a required core clinical experience will post a non-passing tiered grade (i.e., D/Marginal, F/Fail) that will be listed on the student’s University transcript for the clinical experience. The student will also be referred to the Medical Student Progress Board as detailed in the Medical Student Handbook. The clinical experience director will provide an individualized remediation plan to the Medical Student Progress Board for consideration.

**Experiencing Difficulties?**
Please refer to the Medical Student Handbook for full details of standards of conduct in the learner-teacher relationship and mistreatment. Please reach out if you are having trouble or have questions.
Resources are available for students experiencing difficulty, and include, but are not limited to:

1. Faculty teachers in clinical experiences
2. Clinical Experience Director
3. Assistant Deans for Student Affairs – Dr. Nicole Deiorio and Dr. Ben Schneider
4. Associate Dean for Undergraduate Medical Education – Dr. Tracy Bumsted
5. University Ombudsman – Merle Graybill (503-494-5397)
6. JBT Student Health Center
7. Center for Diversity and Inclusion

Accommodations
Our program is committed to all students achieving their potential. If you have a disability or think you may have a disability (physical, learning, hearing, vision, psychological) which may need a reasonable accommodation, please contact Shelby Acteson, Director of Student Access at 503-494-0082 or email: studentaccess@ohsu.edu to discuss your needs. Because accommodations can take time to implement, it is important to have this discussion as soon as possible. All information regarding a student’s disability is kept in accordance with relevant state and federal laws. The MD Program Accommodation Liaison (PAL) is Nicole Deiorio, MD, Assistant Dean for Student Affairs.

Copyright Information
Every reasonable effort has been made to protect the copyright requirements of materials used in this course. Recording (video and/or audio) by students of class sessions is strictly prohibited. Some sessions held in the Learning Studio will be digitally captured on a routine basis with Echo360, and be available on Sakai following processing for all students enrolled in the course. Copyrighted material will be kept on reserve in the library or made available online for student access. Copyright law allows for making one personal copy of each article from the original article. This limit also applies to electronic sources.

Academic Honesty, Examination Confidentiality, Scholarship and Clinical Performance
Medical students are responsible for their own academic work. All assessments are confidential, including content of all examinations and OSCE stations. Discussion between students of any year of the MD program related to specific OSCE station content that could give any student an unfair advantage is prohibited. Students are expected to have read, embrace, and practice principles of academic honesty as presented in the Medical Student Handbook. The School of Medicine reserves the privilege of retaining only
those students who, in the judgment of the faculty and dean’s office, satisfy the requirements of honesty, scholarship and clinical performance necessary for the safe practice of medicine. The Medical Student Handbook has information about academic standards, probation, and disciplinary policies and procedures.

**Attendance Expectations**

Regular attendance at all rotation activities is required. A request for time-off form must be filled out and submitted for any leave including illness. Permission to miss any days must be approved by the Clinical Experience Director and cleared by your attending. See the medical student handbook under Attendance Expectation located in the Student Portal.

Holidays: No clinical duties or class on Thanksgiving Day

**Inclement Weather Procedures**

Inclement weather procedures can be found in the Medical Student Handbook on the Student Portal.

**Dress Code for Clinical Experience Course Activities**

Students are expected to adhere to professional dress and attire when encountering patients whether in the classroom or in a clinical setting. Patients come from very diverse backgrounds that need to be respected. Students are responsible for reading and adhering to the OHSU Professional Appearance policy, [http://www.ohsu.edu/xd/about/services/logistics/procurement/upload/professional-appearance-policy-HC-HR-101-RR.pdf](http://www.ohsu.edu/xd/about/services/logistics/procurement/upload/professional-appearance-policy-HC-HR-101-RR.pdf)

**Syllabus Change and Retention**

This syllabus outlines the procedures that guide this course, and was prepared with the best information available at the time of creation. It is subject to change and will be updated as needed. Students will be informed of any changes to the originally posted syllabus through Sakai. Students are responsible for the information contained within this syllabus. This document should not be construed in any way as forming the basis of a contract.

**Student Evaluation of Attending, Residents, and Clinical Experience**

You are expected to regularly complete evaluations of attending, residents, conferences, and the clinical experience as a whole. Your perspective on your educational experience is crucial for feedback and continued improvement for individual teacher effectiveness as well as for the curriculum overall. In addition, student evaluations of attending are important for faculty annual reviews as well as promotion and tenure.
decisions. The student’s identity is never included on attending, resident, conference, or the clinical experience evaluations, including written comments.

You will be asked to rate the teaching effectiveness of attending and residents on the following items:

1. Instruction on the mental status examination.
2. Discussion of diagnostic criteria for common psychiatric disorders
3. Discussion of pharmacologic treatments
4. Discussion of psychosocial treatments
5. Feedback on patient interviews
6. Review of written documentation
7. Feedback on oral presentations
8. Overall evaluation of teaching effectiveness
9. Amount and quality of feedback throughout the rotation
10. Role modeling

At the end of this clinical experience, you are asked to rate the experience as a whole by answering the following prompts:

1. I received clear learning objectives for the clinical experience.
2. My performance was assessed against the learning objectives.
3. When I arrived, I received a location (site/team) specific orientation to my ward/clinic or service.
4. Student teaching sessions were appropriate to my level of understanding.
5. I had an opportunity to follow a variety of different patients (with different medical conditions) on this clinical experience.
6. I was given appropriate autonomy for my level of training.
7. A faculty member personally observed me taking a patient history during the clinical experience.
8. A faculty member personally observed me performing an appropriate physical (mental health if you are in Psychiatry Clinical Experience) examination during the clinical experience.
9. A faculty member personally demonstrated pertinent historical or exam findings for me.
10. I was encouraged to orally present patients to faculty.
11. Faculty members provided me with sufficient feedback on my performance.
12. Residents provided me with sufficient feedback on my performance. Choose N/A if you didn’t have residents at your site.
13. Residents and fellows provided effective teaching during the clinical experience.
15. I received a mid-term formative review.
16. Rate the quality of your educational experience in this clinical experience.
17. Positive aspects of this clinical experience. (free text)
18. Suggested improvements for this clinical experience. (free text)
19. I have observed faculty/resident making derogatory comments about other medical/surgical specialty groups, other health care workers, or patients.
20. On this clinical experience, I experienced or observed discrimination based on age, culture, disability, ethnicity, gender, national origin, race, color, religion, or sexual orientation.
21. I felt publicly belittled or humiliated by faculty/resident/nurse during this clinical experience.
22. Do you feel that your required hours on this clinical experience complied with the medical student duty hours policy as stated in the Medical Student Handbook (if you answer no to this question, please explain circumstances in the comment section below)?

You will receive auto-generated email notifications with a link to the MedHub site for evaluations. You are expected to complete all assigned evaluations no later than one week after the end of the clinical experience. Failure to complete your evaluations on time is contrary to professionalism expectations for medical students. As such, a Professionalism Monitoring Form may be submitted to the Associate Dean for Student Affairs for students who have not completed their required evaluations.
7. ORIENTATION OUTLINE

I. INFORMATIONAL ITEMS GIVEN TO THE STUDENTS

Outline of important information – all students should review the “Survival Kit,” the Sakai site and documents on interviewing and mental status examination before the beginning of the rotation.

1. Sites currently active (students are assigned to these sites on a routine basis)
   a. 1NW – OHSU Ward – 1st floor Multnomah Pavilion
   b. 5C – 5th floor of VA hospital
   c. Consult services - OHSU and VA
   d. Salem – Oregon State Hospital
   e. Bend
   f. Eugene/Junction City – Oregon State Hospital and Peace Health
   g. Portland Adventist
   h. Klamath Basin Behavioral Health

2. Other important items:
   a. OHSU students – get keys from Kim on the first day
   b. VA students – submit information to Kim regarding computer access codes; keys are given out on the first day
   c. Everyone at all sites should have appropriate paperwork completed in advance and complete any needed computer training to work at those places
   d. OHSU and VA students – will be assigned to ambulatory electives
   e. Portland Adventist students – attend clinic with Dr. Raj
   f. Bend, Salem, Klamath Falls and Eugene students – per staff in those locations – check with appropriate staff and supervisors for specific instructions

3. Required didactics and other meetings
   a. Complete on-line modules as listed – in any order; students may wish to supplement with the relevant chapters in a textbook

4. Textbook- students may use any book they prefer:
   Suggestions:
   • Andreasen and Black – Introductory Textbook of Psychiatry – 5th edition
   • Cutler – Psychiatry – 3rd edition
   • DSM-5 – available on ward and/or on line (see syllabus for details)

Both OHSU and Portland VA have subscriptions to Psychiatry on-line which posts textbooks and other resources.
5. Call
   a. OHSU and VA – schedules will be emailed or posted on Sakai
   b. Other sites – on call work is as per site director

   For **diagnoses** – if a student cares for a patient, observes a significant part of patient’s workup, patient is on the student’s team or the student is otherwise involved in care – they should document seeing the patient and their involvement. Diagnoses are grouped by categories and examples given of diagnoses in that category – patients seen in clinic, on call, in a simulated interview (including on-line cases), etc. DO COUNT – even if clinic, interview, seminar or call is not at the same site as the primary rotation – please tell the students to enter these patients. Students should ask resident/attending to observe interviews, listen to case presentations and evaluate written documentation to help complete the objectives. They should 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; we follow Dean’s office guidelines; time off must be approved by the course director if it is more than an hour or two. Permission from attending/resident is insufficient.

8. Emergencies, extended illnesses – please let course directors and Kim know as soon as practical

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

10. Let attending/resident know of schedule

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

12. 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 outside of Portland – students should ask the attending if this would or would not be worthwhile and for locations.

13. **STUDENTS SHOULD READ THE SYLLABUS AND KEEP IT – FOR SCHEDULES, ETC**

14. Dress code – neat and professional – White coats are optional
15. 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 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.

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

19. Final exam – VIDEO exam on the last Thursday of the rotation – details to follow
8. Important Websites

OHSU School of Medicine curriculum:

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

OHSU Department of Psychiatry – Psychiatry 720/730 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:

Ohsu.medhub.com (search for this and use your OHSU credentials to log in)
Non-OHSU evaluators are sent login information from MedHub.

More course materials (it is best viewed using Mozilla Firefox – not Internet Explorer):

https://sakai.ohsu.edu
9. MED HUB

What is it?
Med Hub is a web-based system that allows medical students and faculty to evaluate student and faculty performance and assess the overall clerkship.

Open Your Browser To Log In
You can use your OHSU credentials to log in or the login information sent to you by MedHub if you do not have OHSU credentials. Otherwise contact Kim Taylor for help. 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?

During Each Rotation
You will receive an email 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.

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.

Suspending an Evaluation
If an evaluation was incorrectly assigned to you, you should indicate you did not work with the student and delete the evaluation.

Submitting an Evaluation
Once you have successfully submitted your evaluation, Once submitted, evaluations may no longer be edited. If you make an error – contact Kim Taylor who can re-set the form for you.

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.
11. Video Exam Summary and Questions

1. 60% - Generate and discuss a comprehensive differential diagnosis for the patient on the video. Please note that there is no “correct” diagnosis that we are looking for. The only information known about this patient is the information on the video. Be thorough but consider the presentation of the patient. Please state your diagnoses in DSM-5 terms. You may want to note any inactive diagnoses as well.
   a. In addition to listing your differential—please discuss your differential in detail (what in the patient’s presentation does and does not support each diagnosis).

2. 40% - 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. What is this patient’s prognosis and why? Your discussion should include a “risk assessment” – a complete discussion of this patient’s risk of dangerousness to self and others (both short and long-term). Please consider the presentation of this patient in your discussion (for example - don’t just say that patients with “this diagnosis have x% risk of suicide”).

Required Student Submissions:
Students will be responsible for submitting all of the following items by the times listed:

Midterm Formative Feedback –
Submitted via Sakai by Monday of the third week of the clinical experience. Attendings will review performance with midway through your clinical experience. Should give the blank midterm evaluation form to the attending. Students should scan and submit the completed form into Sakai by the 3rd Monday of the rotation. This form must be submitted in order to receive a grade for the clerkship. If you have misplaced the form and need a new copy, please print it from the PSY 730 Sakai website. Please note: THE MSE COUNTS AS THE PHYSICAL EXAMINATION FOR THIS CLINICAL EXPERIENCE. The required full or partial Patient History and MSE observations MUST be done by a faculty member.
**Observed History and Physical Examination (by faculty)** – Submitted via Sakai by Monday of the third week of clinical experience.

**Clinical Experience Log (MedHub Procedure/Diagnoses log)** – Completed in MedHub by last day of clinical experience. Students are required to maintain a patient procedure log during the rotation. An electronic copy is due at the end of the rotation. Copies of the log are available on the OHSU School of Medicine website or the PSY 730 Sakai website: [https://sakai.ohsu.edu/x/vdLzVG](https://sakai.ohsu.edu/x/vdLzVG)

**Clinical Experience Check off Card** – submitted via MedHub by the last day of the rotation. All items MUST be completed. Make sure the attending or designee has submitted the MedHub forms for the observed patient interview, the written documentation evaluation and the oral presentation evaluation. At least one evaluation with a passing grade must be done by the primary attending. A resident/nurse practitioner/physician assistant designated by your attending may submit a second one. Additional submissions are encouraged – highest grade is the one that counts.
Examples of the forms:

**ORAL CASE PRESENTATION RATING SCALE**

<table>
<thead>
<tr>
<th>Student ________________________</th>
<th>Evaluator __________________________</th>
<th>Date ______________</th>
</tr>
</thead>
</table>

**HISTORY**

1. Chief complaint noted either before HPI or as part of introductory sentence
   - 1  | 2  | 3  | 4  | 5  | Questions/Comments                 
   - No Chief complaint noted
   - Chief complaint mentioned
   - Chief complaint clear

2. HPI starts with clear patient introduction including patient’s age, sex, pertinent active medical problems and reason for admission
   - 1  | 2  | 3  | 4  | 5  | Questions/Comments                 
   - No introductory sentence
   - Intro included most pertinent information
   - Intro painted a clear picture of patient

3. HPI is organized so that chronology of important events is clear
   - 1  | 2  | 3  | 4  | 5  | Questions/Comments                 
   - The sequence of events was unclear
   - The sequence of major events is clear
   - The sequence of all events is clear

4. The PMH, FH, SH, and ROS include only elements related to active medical problems
   - 1  | 2  | 3  | 4  | 5  | Questions/Comments                 
   - Information has no clear connection to the active medical problems
   - Information adequately describes the patient’s active medical problems
   - Information completely and concisely describes all active problems

**PHYSICAL/MENTAL STATUS EXAM AND DIAGNOSTIC STUDY RESULTS**

5. Begins with a general statement:
   - 1  | 2  | 3  | 4  | 5  | Questions/Comments                 
   - General statement poor or missing
   - Mostly clear general statement
   - Succinct general statement creating clear picture of patient

6. Presents appropriate mental status examination
   - 1  | 2  | 3  | 4  | 5  | Questions/Comments                 
   - Inappropriately incomplete exam
   - MSE mostly complete
   - Complete, concise, thorough MSE
7. Includes a targeted physical exam stating the positive and negative findings that distinguish the diagnoses under consideration and any other abnormal findings

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<thead>
<tr>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>Questions/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Either too much or too little information given</td>
<td>Most important information is given</td>
<td>All important elements of PE given</td>
<td>□ too much</td>
<td>□ too little</td>
<td></td>
</tr>
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</table>

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

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<th>5</th>
<th>Questions/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irrelevant test results are presented or significant results omitted</td>
<td>Most relevant results are reported with either minor omissions or a few extra results included</td>
<td>All results relevant to the possible diagnoses are presented</td>
<td>□ too much</td>
<td>□ too little</td>
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</table>

**SUMMARY STATEMENT**

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

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<th>4</th>
<th>5</th>
<th>Questions/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>No summary statement or restatement of story without synthesis</td>
<td>Most pertinent information synthesized; may repeat some unnecessary information</td>
<td>Summary statement concisely synthesizes all key information</td>
<td>□ too much</td>
<td>□ too little</td>
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</table>

**ASSESSMENT AND PLAN**

10. Includes a prioritized problem list including all active problems

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<tr>
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<th>Questions/Comments</th>
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</thead>
<tbody>
<tr>
<td>No problem list or poorly organized list</td>
<td>Most important problems included and prioritized on problem list;</td>
<td>Complete problem list appropriately prioritized;</td>
<td>□ too much</td>
<td>□ too little</td>
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</table>

11. Provides an appropriate differential diagnosis for each problem

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<th>5</th>
<th>Questions/Comments</th>
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</thead>
<tbody>
<tr>
<td>No differential diagnoses are given</td>
<td>A ddx with several possibilities is given for major problems</td>
<td>Extensive ddx for all problems given</td>
<td>□ too much</td>
<td>□ too little</td>
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12. States the diagnostic/therapeutic plan that targets each problem

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<th>5</th>
<th>Questions/Comments</th>
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</thead>
<tbody>
<tr>
<td>Patient plan is not described or is unrelated to the problem list</td>
<td>Plan for the patient addresses most important issues, may omit active but lower priority problems</td>
<td>Patient plan is complete and relates directly to the problem list; all active issues are included</td>
<td>□ too much</td>
<td>□ too little</td>
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</table>
After hearing the entire presentation:

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

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<tr>
<th>Questions/Comments</th>
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<tbody>
<tr>
<td>Key positives and negatives were not included</td>
<td></td>
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<tr>
<td>Key pertinent positives and negatives were presented at some point in the presentation</td>
<td></td>
<td></td>
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<tr>
<td>Most pertinent positives and negatives were included at logical points</td>
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14. At the end of the presentation I had a clear picture of this patient’s situation and what needed to be done next

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<th>Questions/Comments</th>
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<tr>
<td>Much ambiguity remained</td>
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<tr>
<td>The picture was clear for the major issue(s)</td>
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<tr>
<td>The picture was complete and all issues were clear</td>
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**GENERAL ASPECTS**

15. Overall organization:

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<tr>
<th>Questions/Comments</th>
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</thead>
<tbody>
<tr>
<td>Poorly organized and hard to follow</td>
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<tr>
<td>Mostly well-organized</td>
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<tr>
<td>Very well organized</td>
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16. Speaking style:

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<tbody>
<tr>
<td>Difficult to understand</td>
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<tr>
<td>Mostly understandable and engaging</td>
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<tr>
<td>Understandable and engaging speaking style</td>
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17. Overall assessment of presentation:

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<tbody>
<tr>
<td>Needs significant help</td>
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<td></td>
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<td></td>
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<tr>
<td>Needs some help</td>
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<tr>
<td>Mostly on target</td>
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<tr>
<td>Above expectations</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well above expectations</td>
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Additional Comments:

Reviewed with Student?
___ Yes
___ No
**PSYCHIATRY PATIENT INTERVIEW EVALUATION**

Student name: 
Evaluator: 

### Introduction and initial questions

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<tbody>
<tr>
<td>No appropriate introduction or greeting; immediately begins a list of questions</td>
<td></td>
<td></td>
<td>Appropriate introduction/greeting but may be somewhat awkward; uses some open-ended questions but quickly begins only direct questions; fails to followup on most of patient’s leads</td>
<td>Very professional opening greeting an introduction; begins with appropriate open-ended questions</td>
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Notes:

### Establishment of rapport with patient.

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<tbody>
<tr>
<td>Limited-no eye contact with patient; may be rude, disrespectful, judgmental, abrupt or negative; makes patient anxious or escalates a slightly agitated patient (when that could have been avoided)</td>
<td></td>
<td>Good eye contact, sets patient at ease, attempts to be supportive and empathetic but superficial at times.</td>
<td>Sincere, empathetic, warm, establishes excellent rapport with patient</td>
<td></td>
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Notes:

### Conduct of the interview

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</thead>
<tbody>
<tr>
<td>Very incomplete, misses opportunities to obtain important information; does not ask about key aspects of history or questions relevant to patient’s presentation</td>
<td></td>
<td>Gathers much of the important information but pertinent areas of history may be absent</td>
<td>Comprehensive history obtained in an organized manner; follows patient’s leads in obtaining information.</td>
<td></td>
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Notes:

### Risk assessment

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<th>3</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Avoids/ignores or does not ask questions regarding dangerousness to self/others</td>
<td></td>
<td>Addresses some issues related to risk of harm to self/others but not complete</td>
<td>Thorough and appropriate risk assessment</td>
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</table>

Notes:

### Mental status exam

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<tbody>
<tr>
<td>Very incomplete mental status evaluation</td>
<td></td>
<td>Mental status exam mostly complete but omits one or more important parts</td>
<td>Complete and thorough mental status examination completed</td>
<td></td>
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</tr>
</tbody>
</table>

Notes:
Notes:

Two things the student did well:
1.

2.

Two things the student should continue to work on:
1.

2.

Overall interview:
☐ Below expectations  ☐ Meets expectations  ☐ Exceeds expectations

PSYCHIATRY WRITTEN H+P EVALUATION FORM

H&P Number: Sample H&P

HISTORY

1. **Introductory Statement:** begins with chief complaint, age, gender, and presence/absence of conditions directly relevant to the differential.

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<tbody>
<tr>
<td>Incomplete and/or inaccurate</td>
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<tr>
<td>Includes most of the pertinent information while omitting most of the irrelevant data</td>
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<tr>
<td>Presents an accurate and concise patient introduction</td>
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</table>

Notes:

2. **History of Present Illness:** begins with the first change in health status related to the chief complaint and concludes at the time writer assumed patient care.

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<tbody>
<tr>
<td>Incomplete, inaccurate, poorly organized, and/or hard to follow</td>
<td></td>
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<tr>
<td>Presents a clear, mostly organized sequence of relevant events with well characterized symptoms (quality, severity, etc) while omitting most of the irrelevant data</td>
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<tr>
<td>Hypothesis (differential dx) driven, accurate, comprehensive, concise, organized. Includes PMH, FH, SH elements directly relevant to the differential.</td>
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Notes:
### 3. Past Medical History, Family History, Social History, Review of Systems

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<tbody>
<tr>
<td>Incomplete and/or inaccurate</td>
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<td></td>
<td></td>
<td>Patient specific – includes relevant data presented in a clear, concise and thorough manner</td>
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<td>Notes:</td>
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#### PHYSICAL/MENTAL STATUS EXAM AND DIAGNOSTIC STUDIES

### 4. Mental Status Exam

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</thead>
<tbody>
<tr>
<td>Incomplete and/or inaccurate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Patient specific, thorough and concise examination</td>
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<tr>
<td>Notes:</td>
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### 5. Physical Exam

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</thead>
<tbody>
<tr>
<td>Incomplete and/or inaccurate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Patient specific and differential dx driven. Documents subtle findings (positive and negative)</td>
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<td>Notes:</td>
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### 6. Diagnostic Studies

- □ No diagnostic studies (current, past, or pending) relevant to presentation. Proceed to question 7.

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</thead>
<tbody>
<tr>
<td>Incomplete, inaccurate, and/or transcribed indiscriminately</td>
<td></td>
<td>Selectively lists most results (positive and negative) which distinguish among diagnoses under consideration</td>
<td>Hypothesis (differential dx) driven. Selectively lists all results (positive and negative) which distinguish among diagnoses under consideration</td>
<td></td>
<td></td>
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<tr>
<td>Notes:</td>
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#### INFORMATION SYNTHESIS AND CLINICAL REASONING

### 7. Assessment: “big picture” synthesis of critical history, physical exam, and diagnostic study elements leading to the formulation of the differential and identification of the most likely diagnosis.

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</thead>
<tbody>
<tr>
<td>No assessment and/or restatement of the HPI without synthesis or directly copied from the resident/attending’s note</td>
<td>Identifies some defining history, physical exam, and diagnostic study elements while omitting most of the irrelevant data.</td>
<td>Selects critical defining history, physical exam, and diagnostic study elements to synthesize an accurate and concise assessment</td>
<td></td>
<td></td>
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<tr>
<td>Notes:</td>
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</table>
8. **Differential Diagnosis**

   - No differential diagnosis relevant to presentation. This should be a rare event. Proceed to question 9.

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<tbody>
<tr>
<td>Absent, poorly described, and/or unsupported</td>
<td>Includes a differential while committing to a working diagnosis. Clinical reasoning supported by relevant H&amp;P elements.</td>
<td>Presents an accurate, concise, and prioritized differential by comparing and contrasting discriminating features of diagnoses under consideration. Includes a differential for secondary problem/s when appropriate.</td>
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</table>

Notes:

9. **Problem List:** enumerated separately or included within the assessment.

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</thead>
<tbody>
<tr>
<td>Incomplete, inaccurate, and/or confuses systems and problems</td>
<td>Identifies most of the active problems</td>
<td>Accurately identifies and prioritizes all active problems.</td>
<td></td>
<td></td>
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</tbody>
</table>

Notes:

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</thead>
<tbody>
<tr>
<td>Poorly described and/or unsupported. Does not match the problem list or assessment.</td>
<td>Addresses most of the identified problems and describes decision making rationale. Includes patient/family education and discharge planning when appropriate.</td>
<td>Accurately and thoughtfully addresses all identified problems. Includes contingency plans and/or refers to literature/practice guidelines when appropriate.</td>
<td></td>
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</table>

Notes:

Two things the author did well:

1. 

2. 

Two things the author should continue to work on:

1. 

2. 

Overall H&P quality:

   - Below expectations
   - Meets expectations
   - Exceeds expectations

**Scoring Time:** minutes
PSYCHIATRY STUDENT CHECK OFF FORM

I have completed the following:

CSI (Clinical Skills Initiative) Required Modules – list
1. Psychotic disorders
2. Anxiety disorders
3. Bipolar disorder
4. Insomnia
5. PTSD
6. Adolescent depression
7. The Psychiatric Interview
8. Personality disorders
9. Neurocognitive disorders

Optional modules
1. Childhood/adolescent eating disorder
2. Childhood PTSD
3. Other:

Presentation to peers and team:
Topic
Date

Psychiatric Interview Evaluations (one must be with your attending – 2 minimum must be submitted) – list evaluator and date submitted; YOU MUST SUBMIT ONE WITH A PASSING SCORE FROM YOUR ATTENDING
1.
2.
Written H+P evaluations (one must be done by your attending – 2 minimum must be submitted) – list evaluator and date submitted. **YOU MUST SUBMIT ONE WITH A PASSING SCORE FROM YOUR ATTENDING**

1.
2.

Oral Presentation evaluations (one must be done by your attending – 2 minimum must be submitted) – list evaluator and date submitted. **YOU MUST SUBMIT ONE WITH A PASSING SCORE FROM YOUR ATTENDING**

1.
2.

Written progress note evaluations – no forms required – ask your attending to review at least 4 notes
Completed – yes or no

If applicable:
  1. Attended the following assigned ambulatory clinic – list name of clinic
  2. Attended ward rounds (if on consult team) or consult rounds (if on ward team) – list 2 dates
  3. Call – list dates and resident you worked with

Midterm form completed and submitted – list date
Procedure log completed and submitted – list date