



**SYLLABUS**  
**PSYI-813C - Psychiatry**  
**Clerkship**

## **Course Description**

The Psychiatry clerkship provides a medical foundation for understanding the interaction between the brain and behavior and is designed to introduce students to core Psychiatric principles. During this six-week experience, students will be exposed to various stages of evaluation and treatment of patients with mental health issues by Psychiatrists and other mental health professionals. Students will be challenged in areas of medical knowledge; patient care; interpersonal and communication skills; professionalism; practice-based learning and improvement; and systems-based practice.

There are three primary sites for the experience: Main Campus (BUMC-Tucson), South Campus (BUMC-South) and the SAVAHCS (Southern Arizona Veterans Administration Health Care System). The Psychiatry faculty and residents provide didactic and clinical instruction at each site. Inpatient, outpatient, and consultation experiences vary according to the clinical site.

Medical students are evaluated using various methods including an OSCE, a “shelf” type multiple-choice web-based examination, clinical evaluations, and workplace-based assessments (WBA’s).

While students are not expected to master all of Psychiatry by the end of this clerkship, students are expected to achieve a level appropriate for a third-year medical student gaining expertise in clinical medicine.

## **Instructor and Contact Information**

**Clerkship Director:**

Steven Herron, MD  
Clerkship Director  
[stherron@arizona.edu](mailto:stherron@arizona.edu)

**Clerkship Coordinator:**

Seungyoon Han  
520-874-2179  
[seungyoonhan@arizona.edu](mailto:seungyoonhan@arizona.edu)

## **Sites/Site Directors**

Each student will be assigned to one of three Core Clinical Sites:

**Banner University Medical Center - Tucson** – Site Director: Brian Smith, M.D. Students will rotate for 4 weeks on the Consultation-Liaison Service (during 2 of these weeks students will be called for any child or adolescent consults) and 2 weeks at South Campus Inpatient Psychiatry. There will be substantial exposure to psychotic disorders (such as Schizophrenia), mood related disorders (like Major Depressive Disorder and Bipolar Disorder), anxiety disorders (such as Obsessive-Compulsive Disorder and Panic Disorder), substance-use disorders, and socially troubling behavior necessitating involuntary admission.

**Banner University Medical Center - South** – Site Director: Albert Shin, M.D. This is primarily an inpatient psychiatric rotation. It allows for involvement in the study and care of patients with a wide range of psychopathology. There will be substantial exposure to psychotic disorders (such as Schizophrenia), mood related disorders (like Major Depressive Disorder and Bipolar Disorder), anxiety disorders (such as Obsessive-Compulsive Disorder and Panic Disorder), substance-use disorders, and socially troubling behavior necessitating involuntary admission.

**Southern AZ VA Health Care System** – Site Director: Michael Duerden, M.D. This is an adult inpatient and outpatient rotation. The VA Inpatient Psychiatry Service provides a rich experience with emphasis on psychotic disorders (such as Schizophrenia), mood related disorders (like Major Depressive Disorder and Bipolar Disorder), anxiety disorders (such as Obsessive-Compulsive Disorder and Panic Disorder), Posttraumatic Stress Disorder, and substance-use disorders.

**South Campus Site Director:**

Albert Shin, DO

Email: [albert.shin@bannerhealth.com](mailto:albert.shin@bannerhealth.com)

**SAVAHCS Site Director:**

Michael Duerden, MD

Email: [michael.duerden2@va.gov](mailto:michael.duerden2@va.gov)

**Main Campus Site Director:**

Brian Smith, MD

Email: [brian.smith2@bannerhealth.com](mailto:brian.smith2@bannerhealth.com)

Students are responsible for completing all documents, obtaining badges, Federal fingerprinting requests, drug tests, and any other items requested by their site in a timely manner as determined by each site.

## Course Objectives

During this course, students will be evaluated in the following core competencies:

- Patient Care
- Practiced-Based Learning and Improvement
- Interpersonal & Communication Skills
- Professionalism
- System-Based Practice & Population Health
- Medical Knowledge

**In the course the students should be able to:**

CO-01 Identify commonly seen psychiatric disorders seen in medical practice

CO-02 Explain the presentation, their course, and treatment commonly seen psychiatric disorders

CO-03 Know the diagnostic criteria and effective interventions for the major categories of psychiatric disorders

CO-04 Develop skills as an interviewer while and building trust and a therapeutic partnership with patients/families.

- CO-05 Demonstrate the ability to appraise and assimilate scientific evidence, using relevant databases of psychiatric evidence-based medicine to improve patient care.
- CO-06 Obtain a reliable history and perform a mental status exam.
- CO-07 Present orally psychiatric findings in a clear and effective manner to patients, family members, and faculty
- CO-08 Communicate and work effectively in a multidisciplinary treatment team.
- CO-09 Describe the legal and ethical issues pertinent to the care of psychiatric patients in both general medical and psychiatric settings.
- CO-10 Develop skills to safeguard patient, self, and healthcare team
- CO-11 Conduct oneself professionally as a physician.

## Expected Learning Outcomes

During the Psychiatric Clerkship or at its conclusion, the student should demonstrate through behavior observed by attending physicians or residents and staff, and in a manner judged satisfactory by them, the capacity to:

- LO-01 Explain the purpose of the psychiatric interview
- LO-02 Explain the purpose and form of the psychiatric work-up
- LO-03 Identify major manifestations of psychosis, cognitive impairment, and a differential diagnosis for the following psychiatric disorders: Substance-Related, Psychosis, Mood, Anxiety, Trauma-Related, and Personality
- LO-04 Demonstrate the knowledge of the major groups of psychopharmacologic agents used in psychiatric care, including their indications, effects, side effects and contraindications, with particular attention to antipsychotics, anti-depressants, mood stabilizers, anti-anxiety agents, sedatives, and stimulants. Additionally, knowledge of the uses of electroconvulsive therapy is expected
- LO-05 Understand the major psychosocial interventions and their indications, including the use of psychotherapy, group therapy, couples therapy, family, and social work.
- LO-06 Understand and explain the legal and psychological principles of treating the violent, the suicidal, the incompetent, and the uncooperative patient
- LO-07 Determine the major services available to the mentally ill and methods of referral to such services
- LO-08 Perform an accurate History-Taking, Examination and Medical Interviewing
- LO-09 Elicit and accurately document a complete psychiatric history, including the identifying data, chief complaint, history of the present illness, psychiatric history, medications (psychotropic and non- psychotropic), general medical history, review of systems, substance use history, family history, and personal and social history
- LO-10 Perform and accurately describe the components of the comprehensive Mental Status Examination (e.g., including general appearance and behavior, motor activity, speech, affect, mood, thought processes, thought content, perception, sensorium and cognition, abstraction, intellect, judgment, and insight.) Describe variations in presentation according to age, stage of development and cultural background

- LO-11 Discuss indications, challenges, and methods for successfully eliciting an accurate history and performing a mental status exam with patients across the lifespan and from those with diverse ethnic, linguistic and cultural backgrounds
- LO-12 Review scientific information bearing on the care of the patient and share such information with attending physicians, staff, and fellow students, in the form of oral or written reports
- LO-13 Reason deductively from the clinical data and scientific evidence to formulate a differential diagnosis and treatment plan for each patient studied, incorporating biological, psychological, and social influences
- LO-14 Conduct interviews with psychiatric patients with due recognition of, and response to, verbal and non-verbal cues of comfort and discomfort, and with appropriate use of silence and alert listening
- LO-15 Manage strong emotional displays from patients and their families, including feelings of grief, shame, anger, anxiety, and mistrust
- LO-16 Communicate with the incoherent, the disoriented, the over-talkative and the silent patient.
- LO-17 Take steps, when appropriate, to safeguard the safety and well-being of patients and others by communicating promptly such concerns to others involved in the care of patients.
- LO-18 Take active steps to protect one's own safety and well-being in matters of security, infection control, and emotional stress, through seeking help from others and through paying proper attention to one's own personal and family needs.
- LO-19 Collect and document information from patients, relatives, other informants, and records, leading to diagnosis and management
- LO-20 Suggest and initiate consultations from other experts with the approval of attending physicians
- LO-21 Present data coherently and in a well-organized manner
- LO-22 Demonstrate advocacy for quality patient care and access for all people, including the underserved, and assist patients in dealing with system complexities
- LO-23 Explain your understanding of how patient care and professional practices affect health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- LO-24 Exhibit a capacity to always maintain confidentiality
- LO-25 Identify awareness of boundaries in professional settings and strategize and practice ways to avoid violating them.
- LO-26 Engage in cooperation with others involved in the care of patients
- LO-27 Exemplify professionalism in conduct, appearance, and attitude at all times, regardless of one's own feelings
- LO-28 Understand and employ effective interpersonal and communication skills across patients, families, and healthcare teams.

## Learning Outcome Assessment Methods

The student should be able to demonstrate through oral or written communication with attending physicians or residents and staff through documentation in patient records, and in a manner judged by the attending physicians and staff as satisfactory, an understanding of:

Learning Outcomes	EPOs	Assessment Methods	Instructional Methods
LO-01 Explain the purpose of the psychiatric interview	PC-01, PC-03, PC-04, PC-08, MK-07, MK-09, MK-10, PROF-01, PROF- 02, PROF-03, PROF-04, PROF-08, ICS-01, ICS-02, ICS-03	Clinical Evaluations, WBA, written History& Physical, progress notes, OSCE	Clinical Rotations
LO-02 Explain the purpose and form of the psychiatric workup	PC-01, PC-03, PC-04, PC-08, PROF-01, PROF-02, PROF-03, PROF- 04, PROF-08, ICS-01, ICS-02, ICS-03, MK-07, MK-09, MK-10	Clinical Evaluations, WBA, written History& Physical, progress notes, OSCE	Clinical Rotations, Didactic Sessions
LO-03 Identify major manifestations of psychosis, cognitive impairment, and differential diagnosis of the following psychiatric disorders: Substance-Related, Schizophrenia, Mood, Anxiety, and Personality Disorders	MK-05, MK-06	Clinical Evaluations, WBA, written History& Physical, progress notes	Clinical Rotations, Didactic Sessions
LO-04 Demonstrate the knowledge of the major groups of psychopharmacologic agents used in psychiatric care, including their indications, effects, side effects and contraindications, with reference to antipsychotics, anti- depressants, mood stabilizers, anti- anxiety agents, sedatives, and stimulants. Additionally, required is knowledge of the uses of electroconvulsive therapy	SBP-04, MK-01, MK-05, MK-06, MK-09, MK-10	Clinical Evaluations, WBA, progress notes, OSCE	Clinical Rotations, Didactic Sessions
LO-05 Understand the major psychosocial interventions and their indications, including the use of psychotherapy, group therapy, couples therapy, family, and social case work.	PC-08, PC-09, PBLI-07, PBLI-08, SBP-04, MK-09	Clinical Evaluations, WBA, written History& Physical, progress notes	Clinical Rotations, Didactic Sessions
LO-06 Understand and explain the legal and psychological principles of treating the violent, the suicidal, the incompetent, and the uncooperative patient	MK-08	Clinical Evaluations, WBA, written History& Physical, progress notes	Clinical Rotations, Didactic Sessions

LO-07 Determine the major services available to the mentally ill and methods of referral to such services	SBP-01, SBP-02,SBP-03, SBP-04, SBP-05, SBP-07, SBP-09	Clinical Evaluations, WBA, progress notes	Clinical Rotations
LO-08 Perform an accurate History-Taking, Examination and Medical Interviewing	PC-01, PC-03, PC-04, PC-08, PROF-01, PROF-02, PROF-03, PROF- 04, PROF-08, ICS-01, ICS-02, ICS-03, MK-07, MK-09,MK-10	Clinical Evaluations, WBA, written History& Physical, progress notes, OSCE	Clinical Rotations, Didactic Sessions
LO-09 Elicit and accurately document a complete psychiatric history, including the identifying data, chief complaint, history of the present illness, past psychiatric history, medications (psychotropic and non- psychotropic), general medical history, review of systems, substance use history, family history, and personal and social history	PC-01, PC-02, PC-03, PC-04, PC-06, PC-08, ICS-03, ICS- 04	Clinical Evaluations, WBA, written History & Physical, progress notes, OSCE	Clinical Rotations
LO-10 Perform and accurately describe the components of the comprehensive Mental Status Examination (e.g., including general appearance and behavior, motor activity, speech, affect, mood, thought processes, thought content, perception, sensorium and cognition, abstraction, intellect, judgment, and insight.) Describe variations in presentation according to age, stage of development and cultural background	PC-01, PC-03, PC- 08, ICS-02, ICS-03	Clinical Evaluations, WBA, written History & Physical, progress notes, OSCE	Clinical Rotations, Didactic Sessions
LO-11 Discuss indications, challenges, and methods for successfully eliciting an accurate history and performing a mental status exam with patients across the lifespan and those from diverse ethnic, linguistic and cultural backgrounds	PC-01, PC-02, PC-03, PC-04, PC-08, PBLI-07, PBLI-08, SBP-07, MK-07, PROF-01, PROF- 02, PROF-03, PROF-04, PROF-05, PROF-06, PROF-07	Clinical Evaluations, WBA, written History & Physical, OSCE	Clinical Rotations, Didactic Sessions
LO-12 Review scientific information bearing on the care of the patient and share such information with attending physicians, staff, and fellow students, in the form of oral or written reports	SBP-08, ICS-03, ICS-05	Clinical Evaluations, WBA, progress notes, OSCE	Clinical Rotations
LO-13 Reason deductively from the clinical data and scientific evidence to formulate a differential diagnosis and treatment plan for each patient studied, incorporating biological, psychological, and social influences	PC-01, PC-03, PC- 04, PC-08, PROF-01, PROF-02, PROF-03, PROF- 04, PROF-08, ICS-01, ICS-02, ICS-03, PBLI-05, PBLI-06, PBLI-07, PBLI-08, PBLI-09, PBLI-10, SBP-04, SBP-05, SBP-08, MK-07, MK-09, MK-10, MK-11	Clinical Evaluations, WBA, written History & Physical, progress notes, OSCE	Clinical Rotations

LO-14 Conduct interviews with psychiatric patients with due recognition of and response to verbal and non-verbal cues of comfort and discomfort, and with appropriate use of silence and alert listening	ICS-01, ICS-02, PROF-01, PROF- 02, PC-01, PC-02, PC-03	Clinical Evaluations, WBA, written History & Physical, OSCE	Clinical Rotations, Didactic Sessions
LO-15 Manage strong emotional displays from patients and their families, including feelings of grief, shame, anger, anxiety, and mistrust			
LO-16 Communicate with the incoherent, the disoriented, the over-talkative and the silent patient.			
LO-17 Take steps, when appropriate, to safeguard the safety and well-being of patients and others by communicating promptly such concerns to others involved in the care of patients.			
LO-18 Take active steps to protect one's own safety and well-being in matters of security, infection control, and emotional stress, through seeking help from others and through paying proper attention to one's own personal and family needs.			
LO-19 Collect and document information from patients, relatives, other informants, and records, leading to diagnosis and management	PBLI-06, PBLI-07, PBLI-08, PBLI-08, ICS-01, ICS-02, ICS-03	Clinical Evaluations, WBA, progress notes, OSCE	Clinical Rotations
LO-20 Suggest and initiate consultations from other experts with the approval of attending physicians	ICS-05, SBP-06, PROF-09	Clinical Evaluations, WBA, progress notes	Clinical Rotations, Didactic Sessions
LO-21 Present data coherently and in a well-organized manner	ICS-03, ICS-04	Clinical Evaluations, WBA, progress notes, OSCE	Clinical Rotations
LO-22 Demonstrate advocacy for quality patient care and access for all people, including the underserved, and assist patients in dealing with system complexities	ICS-03, PRO-1, PRO-2, PRO-3, PRO-4, PRO-5	Clinical Evaluations, WBA, progress notes, OSCE	Clinical Rotations
LO-23 Explain your understanding of how patient care and professional practices affect health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice	PC-09, SBP-03, SBP-04, SBP-06, SBP-07	Clinical Evaluations, WBA, written History & Physical, progress notes	Clinical Rotations, Didactic Sessions
LO-24 Exhibit a capacity to maintain confidentiality at all times	PRO-8	Clinical Evaluations, WBA	Clinical Rotations

LO-25 Identify awareness of boundaries in professional settings and strategize and practice ways to avoid violating them.	PRO-8	Clinical Evaluations, WBA	Clinical Rotations
LO-26 Engage in cooperation with others involved in the care of patients	PRO-8	Clinical Evaluations, WBA	Clinical Rotations
LO-27 Exemplify professionalism in conduct, appearance, and attitude always, regardless of one's own feelings	PROF-04, PROF- 05	Clinical Evaluations, WBA, written History & Physical, progress notes, OSCE	Clinical Rotations, Didactic Sessions
LO-28 Understand and employ effective interpersonal and communication skills across patients, families, and healthcare teams.			

## Didactic Sessions and Learning Objectives

Perform an appropriate physical exam on patients with presumed psychiatric disorders as described below:

### Anxiety Disorders and Trauma-Related Disorders

- LO-01: Compare and contrast the clinical features of different anxiety spectrum disorders, including generalized anxiety, social anxiety, panic disorder, obsessive-compulsive disorder, and stressor- induced disorders, such as adjustment disorder and Posttraumatic Stress Disorder (PTSD).
- LO-02: Briefly provide a biopsychosocial assessment of patients with different anxiety and trauma-related disorders.
- LO-03: Briefly describe the most common and efficacious treatments for different anxiety disorders and their basic pharmacological mechanisms.

### Childhood Disorders

- LO-01: Describe the major DSM-5 diagnostic classifications of the following child and adolescent psychiatric disorders, including the key features, diagnostic criteria, and treatment.
- LO-02: Recognize key factors related to suicide and suicide risk in children and adolescents.
- LO-03: Recognize key features of bedwetting, encopresis, and common sleep problems in children.
- LO-04: Describe the major milestones of child development including physical, cognitive, social, and emotional domains.
- LO-05: Identify the major theorists in child development and the key contribution of each of them to the understanding of child development.
- LO-06: Describe basic pharmacokinetic differences in children and adolescents that explains why drugs are metabolized differently in this age group.
- LO-07: Identify signs of child abuse in young children.
- LO-08: Describe factors in individuals and communities that serve to reinforce bullying behavior.
- LO-09: Explain the risk factors for youth violence and the major elements of a risk assessment for



violence in children and adolescents.

LO-10: Identify key features and morphologic differences in children with the following diagnosis:  
Down Syndrome, Fragile X Syndrome, Fetal Alcohol Syndrome, Lesch-Nyhan Syndrome,  
Prader-Willi Syndrome, Angelman Syndrome, DiGeorge Syndrome, Phenylketonuria

LO-11: Recognize differences in technique when interviewing children or caregivers to establish rapport and obtain an accurate history.

LO-12: Consider techniques to use developmentally appropriate language with young patients.

### **Delirium & Consultation-Liaison Psychiatry**

LO-01: Identify the role of the consultation-liaison psychiatrist and understand how to appropriately utilize the consultation-liaison psychiatry service in general hospital and emergency department settings.

LO-02: Identify symptoms of delirium and somatoform disorders and be able to differentiate delirium and somatoform disorders from other medical and psychiatric diagnoses.

LO-03: Have a basic understanding of treatment options for delirium and somatoform disease.

LO-04: Define terms related to informed consent and medical decision-making capacity and understand key components of evaluating medical decision-making capacity.

### **Eating Disorders**

LO-01: Compare and contrast the different theories regarding the etiology of eating disorders.

LO-02: Describe the treatment options for a client with an eating disorder.

LO-03: Outline the assessment process for a client with an eating disorder.

LO-04: Use the nursing process to develop a safe, comprehensive plan of care for a client with an eating disorder.

LO-05: Develop illness management teaching plans for a person with an eating disorder and her/his family.

LO-06: Discuss the key points in effectively communicating with a person with an eating disorder.

### **ECT, rTMS and Ketamine**

LO-01: Understand neuromodulation in Psychiatry

LO-02: Understand ECT, rTMS and Ketamine treatment

LO-03: Understand the basic mechanisms of these treatment options

LO-04: Name clinical Indications for these treatment options

LO-05: Understand efficacy, common side effects and relative/absolute contraindications of these treatment options

## **Geriatric Psychiatry**

- LO-01: Recognize the foundational aspects and disparities of growing old in America
- LO-02: Identify and list the major psychiatric hazards of advancing age
- LO-03: Explain the reasons behind the depression and neurocognitive disorders of geriatric patients
- LO-04: List possible treatments for depression
- LO-05: Summarize consideration needed when dealing with disruptive behaviors in dementia

## **Intro to Culture and Psychiatry**

- LO-01: Understand the transcultural aspects of mental health related to human behavior, psychopathology and treatment.
- LO-02: Understand clinical how cultural psychiatry aims to promote culturally relevant mental health care for patients of diverse ethnic or cultural backgrounds.

## **Medical Professionalism**

- LO-01: Definition of medical professionalism.
- LO-02: Discuss and understand the basic tenants of professionalism as defined by ABIM foundation.
- LO-03: Understand and define the role providers (including medical students, residents, and all other providers) play in professionalism.
- LO-04: Understand the impact setting and context can have on professional behavior.
- LO-05: Discuss the causes of professionalism lapses and the skills needed to navigate difficult professionalism challenges.
- LO-06: Understand the influence resilience has on professionalism.
- LO-07: Review skills and practices that can improve resilience and professionalism.

## **Mood Disorders**

- LO-01: Describe the epidemiology and societal impact of mood disorders, in particular bipolar disorder and major depressive disorder.
- LO-02: Recognize symptoms of the various phases of mood spectrum, commonly observed comorbidities, and treatment related complications.
- LO-03: Be able to evaluate and diagnose a patient with a mood disorder using DSM5 criteria, as well as assessing for common comorbidities.

## **Personality Disorders**

- LO-01: Understand the historical concept of personality disorders.
- LO-02: Understand the current definition for a general personality disorder in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5).
- LO-03: Be able to recognize the criteria for each of the 11 personality disorders as described in DSM-5.
- LO-04: Become familiar with the Alternative Model of Personality Disorders as defined in DSM-5.

LO-05: Understand the epidemiology of personality disorders.

LO-06: Understand the common comorbid psychiatric disorders in patients with personality disorders.

LO-07: Understand the common treatment approaches in patients with personality disorders.

### **Psychiatric Interview, Risk Assessment & Biopsychosocial Model**

LO-01: Learn core components of psychiatric interview.

LO-02: Learn structure of the psychiatric mental status exam.

LO-03: Understand components of a risk assessment.

LO-04: Gain understanding of the Bio-psycho-social model of case formulation.

### **Psychodynamics and Psychotherapy**

LO-01: Appreciate the place of psychotherapy in psychiatric treatment.

LO-02: Describe the central concept behind cognitive therapy.

LO-03: List five cognitive therapy techniques.

LO-04: Describe the central concept behind Dynamic Therapy.

LO-05: List five Dynamic Therapy techniques.

LO-06: Describe the two major types of learning that underlie Behavior Therapy.

LO-07: List three Behavior Therapy approaches.

LO-08: Describe three elements of Gestalt Therapy.

LO-09: Recognize the strengths of integrated therapy as compared to split therapy.

### **Psychopharmacology**

LO-01: Know the class of drugs various medications belong to.

LO-02: Know the conditions the medications are indicated for.

LO-03: Know the most common associated side effects of the medications.

LO-04: Know the most dangerous associated side effects of the medications.

### **Psychotic Disorders**

LO-01: Understand the DSM-5 criteria and mental status findings suggestive of schizophrenia spectrum and other psychotic disorders.

LO-02: Be able to create a broad differential diagnosis for a patient presenting with psychotic symptoms.

LO-03: Understand the differences between typical and atypical antipsychotics.

### **Racial Disparities in Mental Health Care**

- LO-01: List two ways in which provider bias contributes to inequities in the mental health care of non-white identified patients.
- LO-02: Define and give two examples of micro-aggressions.
- LO-03: Discuss one way in which you can make a difference in addressing racial bias in mental health treatment

### **Sleep Disorders**

- LO-01: Describe the symptoms of sleep deprivation.
- LO-02: Describe the DSM-5 Definition of Insomnia.
- LO-03: Describe the Sleep Wake Cycle including circadian rhythm and sleep-wake homeostasis.
- LO-04: Describe the three states of the brain.
- LO-05: Describe the unique aspects of REM sleep.
- LO-06: List common causes of secondary insomnia.
- LO-07: Describe, in general terms, a rationale for approaching the pharmacotherapy of insomnia.
- LO-08: Discuss the risks of potential benefits of benzodiazepines and other agents commonly used to treat insomnia.
- LO-09: Discuss, in general terms, Cognitive Behavioral Therapy for Insomnia (CBT-I).
- LO-10: Describe the basic components of a primary care level insomnia evaluation.

### **Substance Use Disorders**

- LO-01: Student will understand and properly apply DSM-5 criteria for substance use disorders.
- LO-02: Properly diagnose and manage patients with drug/alcohol intoxication and withdrawal.
- LO-03: Understand how to utilize laboratory testing and properly interpret results relevant to drug/alcohol abuse, dependence.
- LO-04: Have a working knowledge of 12 step programs.
- LO-05: Understand the various methods and settings for treating substance use disorders.
- LO-06: Be able to properly use medications in the treatment of addictive disorders both acutely and for long term management.
- LO-07: Have a working knowledge of Dual Disorders/ Comorbidity when dealing with substance use disorders.

### **Suicide & Self Harm**

- LO-01: Introduction to prominent theories of suicidal ideation and related behaviors and associated nomenclature.
- LO-02: Differentiate between non-suicidal self-directed violence and suicidal ideation and related behaviors.

LO-03: Develop knowledge of effective (e.g. compassionate, direct, collaborative, thorough) methods for assessing suicidal ideation and related behaviors.

### **Title 36**

LO-01: Understand what the Arizona Revised Statute 36 ("Title 36") is.

LO-02: Understand the purpose of A.R.S § 36-520 – 36-544.

LO-03: Understand what is involved in the "Title 36" process.

LO-04: Identify the four main qualifying categories captured under "Title 36".

LO-05: Understand the purpose of Court-Ordered Treatment (COT).

### **Violence, Psychiatry and Law**

LO-01: Become familiar with the subspecialty of Forensic Psychiatry.

LO-02: Understand how the ethical framework for Forensic Psychiatry is different from that of General Psychiatry.

LO-03: Understand how there is an uneasy fit between psychiatric and legal principals.

LO-04: Develop an understanding of the concept of "competence to stand trial."

LO-05: Develop an understanding of the evolution of and current status of the "insanity defense."

LO-06: Develop an understanding of the concept of "competence to be executed."

LO-07: Develop some familiarity with sexually violent person laws and the controversies associated with such laws across the country.

## **Assignments and Examinations: Schedule/Due Dates**

- Attended all clerkship lectures (apart from excused absences)
- Completed two call shifts (one weeknight shift and one weekend day shift)
- Attend one Psychotherapy session with Dr. Pritchard
- Attend one Electroconvulsive Therapy (ECT) session (if available)
- Attend one or more meetings with a community preceptor
- Attend one or more meetings with an assigned faculty or resident mentor to review experience, review patient log and be observed conducting a patient interview (if applicable)
- Mid-Clerkship Review due mid-way between the clinical portion of the rotation (around week 3.5)
- Complete an OSCE on the 2nd to last day of the clerkship.
- Complete the NBME Shelf exam on the last day of the clerkship.
- Workplace-Based Assessments – 5 total (1 for each week of the clerkship after Orientation week)
- An Observed Interview Form due at the end of the clerkship.
- Students must document this observation in MedLearn. Under the H&P tab on your home page, enter the date of the observation, the name of the observer and whether the observer was a faculty/preceptor or resident. It is only necessary to document one observation per clerkship.
- A documented History & Physical due at the end of the clerkship
- Complete the required clerkship and site surveys on New Innovations

## Required Patient/Clinical Conditions

Students are required to keep a log of at least one patient seen (See Orientation Event Resources in MedLearn) for each of the required clinical experiences listed below.

Each patient/clinical condition has an associated minimum level of student responsibility. Definitions for each level of responsibility are below:

**Perform:** Student applies knowledge and demonstrates skills necessary to provide patient care and/or perform an indicated procedure under appropriate supervision.

**Assist:** Student collaboratively assists with providing patient care and/or performing a procedure under the appropriate supervision.

Type of Patient/Clinical Condition	Clinical Setting (Inpatient, Outpatient, Both)	Level of Student Responsibility
Anxiety Disorders	Outpatient or Inpatient	Assist Actively participate in the assessment, evaluation, diagnosis of individuals with mental illness and to provide treatment recommendations based on the most recent evidence-based information
Mood Disorders (Depression and Mania)	Outpatient or Inpatient	Assist Actively participate in the assessment, evaluation, diagnosis of individuals with mental illness and to provide treatment recommendations based on the most recent evidence-based information
Personality Disorder	Outpatient or Inpatient	Assist Actively participate in the assessment, evaluation, diagnosis of individuals with mental illness and to provide treatment recommendations based on the most recent evidence-based information and diagnostic considerations.
Psychotic Disorders	Outpatient or Inpatient	Assist Actively participate in the assessment, evaluation, diagnosis of individuals with mental illness and to provide treatment recommendations based on the most recent evidence-based information and diagnostic considerations.
Substance Abuse Disorders	Outpatient or Inpatient	Assist Actively participate in the assessment, evaluation, diagnosis of individuals with mental illness and to provide treatment recommendations based on the most recent evidence-based information and diagnostic considerations.
History and Physical	Outpatient or Inpatient	Perform

Trauma/Stressor-related Disorders	Outpatient or Inpatient	Assist Actively participate in the assessment, evaluation, diagnosis of individuals with mental illness and to provide treatment recommendations based on the most recent evidence-based information and diagnostic considerations.
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## Alternative Experiences

Typically, if a student is unable to experience a required patient/clinical condition in a clerkship, they must complete an alternative experience. Students in the Psychiatry clerkship have ample opportunity to experience all required patient/clinical conditions; **therefore, the Psychiatry clerkship does not offer any alternative experiences.**

## History & Physical Exam

Students are required to complete a History and Physical including a proposed treatment plan while on Psychiatry Clerkship.

Students must also document these observations in MedLearn. Under the H&P tab on your home page, enter the date of the observation, the name of the observer and whether the observer was a faculty/preceptor or resident.

## Patient Encounter and Duty Hours Log

MedLearn is a fully-integrated "portal" in which students enter one system that manages the entire educational ecosystem and reporting.

Students are required to log in with your UA NetID and password at: [medlearn.medicine.arizona.edu](http://medlearn.medicine.arizona.edu)

**Duty Hours:** Students must log in daily to complete recording of duty hours. The Clerkship director and/or clerkship coordinator will routinely review cumulative duty hours data and correct any systemic problems preventing compliance with the stated duty hours policy. Students who stay over the limitations of duty hours on their own volition must provide a justification for the reason at the time the hours are recorded. Students will not be penalized for accurate reporting, nor will duty hours information be used to determine grades or for student evaluations. Duty hour reports will be retained in the electronic database systems. Grades will not be released until the student reports duty hours.

**Patient Log:** Students must log in daily to record their required patient encounters and skills as described above. All the required patient logs must be logged in by the end of the clerkship.

## Required Readings

**"First Aid for Psychiatry"**, 2019 edition, a copy of this book is loaned to students for review during the clerkship and collected after the students have taken the final examination.

**"Psychiatry"** by Janice Cutler, 3rd edition, published in 2014 and available as an online text to all students through the University of Arizona Library. This excellent book was written specifically for medical students.

"The American Psychiatric Publishing Textbook of Psychiatry", 6th edition, published in 2014 and available as an online text to all students through the University of Arizona Library. This is a leading comprehensive textbook of Psychiatry.

"The American Psychiatric Association Publishing Textbook of Psychopharmacology", 5th edition, published in 2017 and available as an online text to all students through the University of Arizona Library. This is a current and leading compendium of the principles of psychopharmacologic treatment for psychiatric disorders.

UWorld – practice questions

Lange Q&A Psychiatry

## Required or Special Materials

Stethoscope, White Coat (optional), and laptop.

## Mid-Clerkship Formative Feedback

The mid-clerkship student assessment is intended to serve as feedback and a vehicle to show progress. This is not a formal evaluation and will not be included in the formal grading process. Students are expected to distribute the form to those residents and attendings on your service with whom they have worked with the most. Students should complete their section of the form before meeting with the supervising faculty members and residents. Each form should be discussed and signed by the reviewer and student. Explanation for below expectations, strengths, and goals/plans for improvement should include written comments.

Students must bring the completed forms to the mid-point feedback session at their scheduled time with the clerkship director. **Submission of at least one completed form at your mid-point feedback session is mandatory.** All student forms are stored in the clerkship office.

Based on review of patient log data, students' experiences may be adjusted to meet clerkship experience expectations. Also, certain rotations may require a student to change their clinical site to gain the needed experiences.

## Grading Scale and Policies

### Grading

Grading for the Clerkship is determined by the following:

Clinical Assessment	50%
Workplace Based Assessment (WBA)	20%
NBME Shelf Exam	15%
OSCE	10%
Professionalism (see below)	5%
<b>Total</b>	<b>100%</b>

**Clinical Grade (50%):** This will be based on the student's average score on their clinical evaluations. Evaluations are sent to attendings and residents the student works with during their rotation. Students are not able to pick and choose who completes your evaluations. In addition, once



completed, evaluations will only be dropped for exceptional reasons, at the discretion of the Clerkship Director. Please note all evaluations are given the same weight regardless of whether they are from an attending or resident. **To earn Honors for the Clerkship, a student must receive at least a High Pass on their Clinical Grade.**

**Workplace Based Assessments (20%):** Students are required to be assessed on a minimum of 4 different EPAs during each clerkship and receive a minimum of 1 WBA per week of patient interaction. A total of 5 WBA's is required in the Psychiatry clerkship.

Entrustable Professional Activities (EPA) Psychiatry Clerkship

EPA 1: Gather a History and Perform a Physical Examination

EPA 2: Prioritize a Differential Diagnosis Following a Clinical Encounter EPA 5: Document a Clinical Encounter in the Patient Record

EPA 6: Provide an Oral Presentation of a Clinical Encounter

EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care

EPA 9: Collaborate as a Member of an Interprofessional Team

**The clerkship director may allow additional EPAs as part of the list of EPAs for this clerkship. Students are encouraged to talk to the clerkship director to obtain approval.**

A grade of "pass" is awarded for 20% of the grade when a student has completed:

- Minimum of 5 WBA forms submitted for an average of one per week for each week of patient interaction in the clerkship block.
- Minimum 4 different Entrustable Professional Activities (EPAs) seen by end of each clerkship block. Each clerkship director sets the specific EPAs and this must be documented and communicated to faculty and students.
- Minimum of 2 faculty members and 2 residents must complete WBA assessments for the learner. If no resident is present in a clinical block or rotation (e.g. rural rotations, some community clinic rotations), then only the attending assesses the learner a minimum of two times a week.

What constitutes "fail" in WBA:

- Not meeting the minimum in one or more WBA requirement(s), as listed above
- Being evaluated by an individual who is not an attending or resident (e.g. peer, friend, family member, etc.). This constitutes academic dishonesty and is subject to the consequences outlined in the Honor Code policy, including academic dismissal.

**Note:** Grading for WBA is "all or none". That is, students are awarded 20% for completing the minimum WBA requirements as outlined above and in the policy. If students do not meet the minimum by the end of the last day of the rotation, they are awarded 0% for this portion of the final clerkship grade. There is no remediation period.

**NBME Shelf Exam (15%):** The Equated Percent Correct Score (raw score) will be converted into a Percentile Rank using the NBME Academic Year Norms graph, and the quarter (1-4) in which the exam was taken. The Percentile Rank may change over the course of the academic year in each quarter (e.g. a raw score that converts to a percentile of 15 in quarter 1 may fall in the 10<sup>th</sup> percentile in quarter 4 for the same raw score). The quartile used for grading is determined by the date the student sits for their exam, not the date they started the clerkship.

Retake exams will utilize the same method. The Equated Percent Correct Score (raw score) will be converted to the Percentile Rank for the quarter (1-4) in which the retake exam was taken.

Students must score at least in the 6<sup>th</sup> percentile or higher to pass (i.e. a score in the 5<sup>th</sup> percentile or lower will constitute a grade of “Fail”) the Psychiatry shelf exam. This score for passing is based on national norms across Psychiatry clerkships.

**Note:** A student who retakes an examination because of failing on the first attempt is **NOT ELIGIBLE** for a final clerkship grade of **Honors** or **High Pass**.

**OSCE (10%):** Students will participate in 1 OSCE with a standardized patient at the end of your rotation.

**Professionalism Grade (5%):** Professionalism accounts for 5% of your grade; it is an all or nothing component. A significant lapse and/or a pattern of lapses will result in a deduction of the full 5%. The Clerkship Director makes the final decision. It is expected that most students will receive full credit.

The following list, while not exhaustive, should help to clarify what is included in the Professionalism grade throughout the clerkships.

Students will:

- Complete credentialing paperwork and site-specific requirements such as, but not limited to, fingerprinting and drug screening, by the stated deadline.
- Complete assignments by due date. This includes but is not limited to the following:
  - MedLearn (Duty hours, H&P feedback, Patient Logs)
  - Surveys (e.g. MedLearn, New Innovations)
  - Written History and Physicals
  - SOAP Notes
  - Mid-Clerkship Formative Feedback Form
  - Return of books and other borrowed items
- Respond to emails in a timely manner (within 2 business days)
- Refrain from using cell phones during meetings/sessions/didactics
- Always inform your team/preceptor of your whereabouts
- Be considerate to staff, faculty, residents, and/or patients
- Be on time for required meetings/sessions and do not leave without permission or until dismissed.
- Sign-in for didactics or other activities where requested ONLY for yourself
- Be punctual and comply with NBME Shelf Exam rules
- Obtain advance permission from the Clerkship Director/Program Manager for absences from activities and/or wards; inform appropriate residents and/or attendings

**A clerkship reserves the right to assign a failing grade for the entire clerkship if a student performs in an unprofessional manner in terms of interactions with patients and other health professionals, completing assignments, attendance at scheduled activities, or other inappropriate actions or activities**

### **Final Grade Distribution:**

The Department of Psychiatry, in keeping with the policy of the College of Medicine, will assign final grades using a cumulative, point-based system calculated with the above criteria. Final grades will be distributed across the clerkship cohort using the following COM guidelines:

Honors: Top 25% of the cohort

High Pass: Next 26-50% of the cohort

Pass: The remaining cohort who did not meet the criteria for Honors or High Pass who met the minimum passing criteria (46-50%)

Fail: see below

A Failure of the Psychiatry Clerkship can occur in any of the following circumstances:

- WBA's: incomplete submission of WBA's (i.e. too few submitted/week, etc.)
- Clinical Evaluation: any core competency (Patient Care, Medical Knowledge, Professionalism, Interpersonal/Communication Skills, Practice Based Learning/Improvement, System-Based Learning) cumulative score of less than 3
- A Shelf Examination score (Percentile Ranking) of lower than 6% (If a student fails the shelf examination, they will be given one more opportunity to pass the examination before being required to repeat the Clerkship). Should a retake exam be required the highest grade a student can earn for the clerkship is Pass.
- An OSCE Score below 5
- Any egregious incident involving patient care or the safety of oneself or others will result in failure of the Clerkship

### **Appendix A: Psychiatry Subject Exam 2022-2023 Academic Year Norms**

## **University Policies**

### **Absence and Class Participation Policy**

Absences for any sincerely held religious belief, observance, or practice will be accommodated where reasonable. Refer to the [Religious Accommodation Policy](#).

Absences pre-approved by the University Dean of Students (or dean's designee) will be honored.

### **Classroom Behavior/Attendance Policy**

To foster a positive learning environment, students and instructors have a shared responsibility. We want a safe, welcoming, and inclusive environment where all of us feel comfortable with each other and where we can challenge ourselves to succeed. To that end, our focus is on the tasks at hand and not on extraneous activities (e.g., texting, chatting, reading a newspaper, making phone calls, web surfing, etc.).

Students are asked to refrain from disruptive conversations with people sitting around them during lectures. Students observed engaging in disruptive activity will be asked to cease this behavior. Those who continue to disrupt the class will be asked to leave lecture or discussion and may be reported to the Dean of Students.

College of Medicine – Tucson Attendance Policy: <https://medicine.arizona.edu/form/attendance-policies-medical-students-com>

**Threatening Behavior Policy**

The UA Threatening Behavior by Students Policy prohibits threats of physical harm to any member of the University community, including to oneself. See <http://policy.arizona.edu/education-and-student-affairs/threatening-behavior-students>.

**Accessibility and Accommodations**

At the University of Arizona, we strive to make learning experiences as accessible as possible. If you anticipate or experience barriers based on disability or pregnancy, please contact the Disability Resource Center (520-621-3268, <https://drc.arizona.edu/>) to establish reasonable accommodations.

**Code of Academic Integrity**

Students are encouraged to share intellectual views and discuss freely the principles and applications of course materials. However, graded work/exercises must be the product of independent effort unless otherwise instructed. Students are expected to adhere to the UA Code of Academic Integrity as described in the UA General Catalog. See: <https://deanofstudents.arizona.edu/policies/code-academic-integrity>.

The University Libraries have some excellent tips for avoiding plagiarism, available at <http://new.library.arizona.edu/research/citing/plagiarism>.

**UA Nondiscrimination and Anti-harassment Policy**

The University is committed to creating and maintaining an environment free of discrimination; see <http://policy.arizona.edu/human-resources/nondiscrimination-and-anti-harassment-policy>

Our classroom is a place where everyone is encouraged to express well-formed opinions and their reasons for those opinions. We also want to create a tolerant and open environment where such opinions can be expressed without resorting to bullying or discrimination of others.

**Confidentiality of Student Records** <https://www.registrar.arizona.edu/privacy-ferpa/ferpa>

**University and COM-T Policies**

See [University of Arizona Policies](#)

See [COM-T Student Policies](#)

**Subject to Change Statement**

Information contained in the course syllabus, other than the grade and absence policy, may be subject to change with advance notice, as deemed appropriate by the instructor.

# SUBJECT EXAMINATION PROGRAM

## PSYCHIATRY EXAMINATION

### 2022-2023 ACADEMIC YEAR NORMS



#### Equated Percent Correct (EPC) Summary Statistics

	Academic Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of Examinees	19,357	4,696	4,440	4,596	4,419
Mean	84.4	84.0	84.4	85.0	84.9
SD	6.1	6.2	6.0	5.9	6.0

#### Interpreting Academic Norms

- Norms are provided to aid in the interpretation of examinee performance.
- They make it possible to compare examinees' scores with the performance of a norm group.
- Norm group characteristics:
  - Examinees from LCME-accredited medical schools who took a form of this examination as an end-of-course or end-of-clerkship examination for the first time during the academic year from 8/1/2022 through 7/31/2023.

#### Quarterly Norms

- The percentile ranks for each quarter are defined using the school reported start date of the first rotation for this subject.
- Using the start date of the first rotation, examinees are assigned to the appropriate quarter based on the assumption that their test date would be at least four weeks later.
- For example, if a school's start date for the first rotation is March, then the performance of examinees from that school that tested in April, May or June would be represented in the first quarter.
- Since quarterly norms are based only on schools that supplied the start date of the first rotation for this subject, the number of examinees reported across quarters may not add up to the total norm group for the academic year.

#### Using the Table

- Locate an examinee's score in the column labeled "EPC" and note the entry in the adjacent column for the academic year or quarterly testing period of interest. This number indicates the percentage of examinees that scored at or below the examinee's equated percent correct score.

#### Percentile Ranks

EPC	Acad. Year	Q1	Q2	Q3	Q4
100	100	100	100	100	100
99	100	100	100	100	100
98	100	100	100	100	100
97	100	100	100	100	100
96	100	100	100	99	100
95	99	99	99	99	99
94	98	98	98	97	97
93	96	96	97	95	95
92	93	94	94	92	93
91	90	91	90	88	88
90	85	87	86	83	84
89	80	83	81	77	78
88	74	77	74	71	72
87	65	69	66	62	62
86	58	61	59	55	55
85	52	55	53	48	49
84	45	48	46	42	42
83	40	43	40	36	37
82	34	37	35	31	31
81	28	30	28	25	26
80	23	26	23	21	21
79	18	20	18	16	16
78	16	18	17	14	14
77	13	14	12	11	11
76	10	11	10	9	8
75	8	9	8	7	6
74	7	8	6	6	5
73	5	6	5	4	4
72	4	5	4	3	3
71	3	4	3	3	2
70	3	3	2	2	2
69	2	2	2	1	2
68	2	2	1	1	1
67	1	1	1	1	1
66	1	1	1	1	1
65	1	1	1	0	1
64	1	1	0	0	0
63	0	0	0	0	0
62	0	0	0	0	0
61	0	0	0	0	0
60	0	0	0	0	0
59	0	0	0	0	0
58	0	0	0	0	0
57	0	0	0	0	0
56	0	0	0	0	0
55	0	0	0	0	0
≤ 54	0	0	0	0	0