



Psychiatry
Clerkship Handbook
2024-2025

Clinical Clerkship Director and Coordinators

Psychiatry Clerkship Director:

Anthony Kelada, MD
Assistant Clinical Professor Psychiatry
Email: Anthony.kelada@cnsu.edu

Martin Rubin, MD
Associate Professor of Psychiatry
Email: martin.rubin@cnsu.edu

Clerkship Coordinator:

Michelle Yang
Email: Michelle.Yang@cnsu.edu
Phone: (916)-686-7871

Clerkship Coordinator Supervisor:

Wesly Tse
Email: Wesly.Tse@cnsu.edu
Phone: (916) 686-8516

Introduction

Welcome to your Psychiatry Clerkship! During this clerkship, you will participate in the assessment and treatment of patients with mental health disorders in inpatient and/or outpatient settings. You will leave with a better understanding of what psychiatric treatment modalities (medication and non-medication treatments) can offer patients, in terms of mental health and quality of life. You will learn to identify emergent psychiatric issues, and determine when to request hospitalization, involvement of law enforcement, and other social protective services.

Learning activities will include: preceptor-supervised clinical experience, clerkship-specific didactics, self-directed learning, readings, and videos as requested. Each student will have a checklist of expected conditions for observation during the clerkship, and will engage in a group activity focused on substance abuse.

The clerkship director can also provide information, resources, and opportunities if you are interested in a fourth year psychiatry elective, or have interest in pursuing a career in psychiatry.

Goals and Objectives of the Psychiatry Clerkship

By the end of the Clerkship, students will be able to:

1. Conduct a psychiatric interview in an empathic manner that facilitates information gathering and formation of a therapeutic alliance with patients of diverse backgrounds.
2. Document the comprehensive psychiatric history, oral and written, with a complete mental status examination, and with appropriate organization of clinically relevant findings.
3. Generate a comprehensive treatment plan. Identify psychopathology and character pathology, and formulate an accurate differential and working diagnosis utilizing DSM-V diagnostic criteria. Assess patients' strengths and prognosis, and develop an appropriate biopsychosocial formulation which links to a list of appropriate treatment plans, including safety assessment.
4. Develop the skills to determine which conditions may be treated by behavioral and social supportive treatments alone, and when medication is indicated.
5. Recommend appropriate psychotherapeutic interventions as indicated.
6. Request relevant labs to rule out comorbid medical confounders to treatment, and to assess metabolic side effects or serum levels of psychotropic medications that may be utilized in treatment. Determine when neurology consult or other medical consult may be indicated.
7. Demonstrate knowledge of the epidemiology, clinical features, course and prognosis, diagnostic criteria, differential diagnosis, and treatment strategies for the major classes of psychiatric disorders.
8. Summarize the indications and contraindications, basic mechanisms of action, pharmacokinetics and pharmacodynamics, efficacy and cost, common and serious side effects, toxicity, drug-drug and drug disease interactions, and issues relevant to special populations, of each class of psychotropic medications. Demonstrate the ability to select and use appropriate agents to treat mental health disorders.
9. Understand the principles, techniques, and indications for effective psychotherapies and behavioral medicine interventions sufficient to explain these to a patient, and make an appropriate referral when indicated.
10. Discuss the indications for psychiatric hospitalization, including the presenting problem and its acuity, risk of danger to patient or others, community resources, and family support.
11. Demonstrate the ability to review and assimilate scientific evidence, utilizing relevant databases of psychiatric evidence-based medicine, to improve patient care.
12. Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.

Orientation Day

The first day of the clerkship will begin at 9:00am, unless otherwise noted by your preceptor(s)

This is an example of orientation day and didactic topics

- Student introductions
- Course expectations
- The psychiatry student handbook, evaluation process, and grading
- Introduction to the rotation sites
- The substance abuse component
- Clerkship resources and reading requirements/videos for the rotation

- Mental status examination.
- The psychiatric examination, nuts and bolts
- Transference and Countertransference

- Case write-up and expectations; good and bad case formulations and plans.
- Formulating a case in a Bio/Psycho/Social framework.
- Assessment and Planning and how to present the write-up.
- Case presentation assignments
- Montreal Cognitive Assessment (MOCA)

- Psychiatric emergencies and their management: Danger to self, Danger to others,
- Grave disability, Tarasoff precautions, CPS, APS

Rotation Schedule

Operational details of the daily and weekly schedule will be at the discretion of the attending physician. In general, students will work Monday through Friday at the sites, with Friday afternoons reserved for didactics and case presentations. Students will not be required to take overnight call or work on weekends.

Fridays have clinical work in the morning, and afternoons are reserved for didactics from 1-4pm. Didactics will be held virtually via Microsoft Teams (unless students rotating locally want to reserve classroom, they will be held hybrid via Microsoft Teams and in class)

The last Friday of the rotation there will be no didactics. You are excused from your rotations on this day. The NBME Subject Exam in Psychiatry will be taken at the College of Medicine or at a Southern California location through assistance with coordinators. It begins at 1 pm. Students are expected, however, to show up Thursday the day before for clinical responsibilities.

RECOMMENDED READINGS/VIDEOS

1. First Aid for the Psychiatry Clerkship. Stead, Kaufman, Yanofski. Fourth edition.
2. Lange Q&A Psychiatry, 11th edition, Blitzstein (updated to DSM V) or other question book.
3. U World question bank has been recommended by students taking this clerkship.
4. DSM 5 (Desk reference to the Diagnostic Criteria, POCKET edition) Am. Psych. Association.
5. TED TALKS: Addiction is a disease. We should treat it like one (online video 10 minutes)
https://www.ted.com/talks/michael_botticelli_addiction_is_a_disease_we_should_treat_it_like_one?utm_campaign=tedsread&utm_medium=referral&utm_source=ted-comshare
6. TED TALKS: Everything you think you know about addiction is wrong. (online video, 14 minutes)
https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong?utm_campaign=tedsread&utm_medium=referral&utm_source=tedcomshare

Educational Program Objectives (EPOs) and Course Learning Objectives (CLOs)

The Curriculum follows the 6 ACGME Curriculum General Competencies. These are mapped to the Educational Program Objectives (EPOs) as indicated on the table below. The Final Evaluation of the students in MedHub assesses the student’s performance in each area. The Clerkship Learning Objectives (CLOs) are mapped to the EPOs in the second table.

General Competency	Educational Program Objectives
PC1: Patient Care	PC1: Clinical History Taking PC2: Patient Examination PC3: Medical Notes PC4: Oral Presentations PC5: Medical Skills PC6: Patient Care Teams PC7: Patient Management PC8: Cost Effective Comparison in Treatment
MSK2: Medical and Scientific Knowledge	MSK1: Knowledge of Medical Practices MSK2: Problem Solving & Diagnosis MSK3: Medical Treatment MSK4: Life-Long Learning MSK5: Research or Knowledge Expansion
C3: Communication and Interpersonal Skills	C1: Communication Medical Team C2: Communication with Patient, Family and Community
P4: Professionalism	P1: Ethical Behavior P2: Ethical Responsibility P3: Ethical Principles and Boundaries P4: Professional Relationships
HC5: Health Care Systems	HC1: Healthcare Delivery Systems HC2: Delivery Systems Improvement
RP6: Reflective Practice and Personal Development	RP1: Personal Assessment RP2: Time Management RP3: Stress/Wellness Management RP4: Conflict Resolution

Clerkship Learning Objectives (CLO)	Narrative	EPO	Assessment
CLO-1	Demonstrate the ability to elicit and accurately document a complete psychiatric history and examination and communicate the findings both orally and in writing.	MSK 1-5; PC-7	NBME Shelf, Preceptor Evaluation, and Clerkship Director Evaluation
CLO-2	Demonstrate the knowledge the established standards for the development of psychiatric diagnoses and the ability to use the Diagnostic and Statistical Manual of Mental Disorders in this process.	PC 1-7; C 1 & 2; HC 1	NBME Shelf, Preceptor Evaluation, and Clerkship Director Evaluation
CLO-3	Demonstrate the knowledge of scientifically established evidence-based management of acute and chronic diseases found in the field of psychiatry.	PC 1, 2, 5, 7; MSK 1-3	NBME Shelf, Preceptor Evaluation, and Clerkship Director Evaluation
CLO-4	Demonstrate the ability to advocate for prevention of psychiatric disease and the evolving recommendations for screening and treatment of chronic diseases common in psychiatry.	PC 5, 7, 8; MSK 1-4	NBME Shelf, Preceptor Evaluation, and Clerkship Director Evaluation
CLO-5	Demonstrate foundational knowledge in psychiatry of major disorders and their pathophysiology.	PC 1, 2, 5, 7; RP 2	NBME Shelf, Preceptor Evaluation, and Clerkship Director Evaluation
CLO-6	The student will demonstrate professionalism by upholding the professional standards of the specialty including honesty, integrity, compassion and dedication to excellence while continuing to engage in self-reflection and independent learning as means to self-improvement.	P 1-4; HC 1,2; RP 1,3,4	Preceptor Evaluation and Clerkship Director Evaluation

Required Clinical Experiences (Must-see Cases)

Required Clinical Experiences: PSYCHIATRY				
List and describe each required patient type/ clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level of student responsibility for each				
Psychiatry	Affective Disorders (Depression, Bipolar)	Comprehensive Evaluation	Inpatient/ Ambulatory	Perform
		Treatment/Management		Assist
Psychiatry	Substance Use Disorders	Comprehensive Evaluation	Inpatient/ Ambulatory	Perform
		Treatment/Management		Assist
Psychiatry	Anxiety Disorders/PTSD/OCD	Comprehensive Evaluation	Inpatient/ Ambulatory	Perform
		Treatment/Management		Assist
Psychiatry	Personality Disorders	Comprehensive Evaluation	Inpatient/ Ambulatory	Perform
		Treatment/Management		Assist
Psychiatry	Psychotic Disorders (Schizophrenia and related disorders)	Comprehensive Evaluation	Inpatient/ Ambulatory	Perform
		Treatment/Management		Assist

Case write-ups

(50% oral presentation, 50% write-up)

A well-presented case is a gem for other psychiatrists (and non-psychiatrists!) You will be practicing case presentations throughout your career, and there is an art to a good case presentation. Your ability to present and appropriately formulate the case should improve with practice. The goal is not only to capture all the relevant material, but also to present it in such a manner that it shows your mastery of the major important factors of the case and the way these should be managed and treated. Your case presentation also serves to teach and inform the other students on the clerkship, so any gems you picked up on the rotation relevant to the case should be shared along with the case presentation. You will have 10-15 minutes to present your case and allow up to 5 minutes for questions/answers/discussion.

1. Select one case that you have encountered during this clerkship that is interesting to you. You may discuss this case with a preceptor at the site, to ensure that you have covered the most important elements of the case with regards to differential diagnosis, your formulation, and management. Please review 2-3 recent (within last 5 years) articles on the topic to discuss about the case. .
2. Be sure to be HIPPA compliant, and omit any specific clinical patient identifying data such as name and date of birth
3. You will do a powerpoint presentation to present to the class. Secondly, you will do a write up a case presentation (Times New Roman 12-point font, single spaced) that includes all the elements of a complete psychiatric evaluation

and post this onto Microsoft Teams before the end of your rotation.

Include a complete history, mental status evaluation, diagnosis (including a differential diagnosis), followed by a biopsychosocial assessment (formulation), which illustrates your conceptualization of the patient and which factors are in play in an individual's illness. This also helps guide treatment planning (medication, interventions with family, therapy etc.) Include any safety issues identified, positive and negative prognostic factors.

BIO: The biological factors include things such as biological causes of the disease, genetics (family history of mental illness), medical conditions that may be contributing, medication side effects, alcohol or illicit drugs, and drugs (pharmacotherapy).

EXAMPLE (BIO)

"This is a 28-year-old female who recently attempted suicide by cutting her wrists. She is genetically predisposed to mood disorders, given her mother's and grandmother's diagnoses of bipolar disorder, She has had multiple prior hospitalizations because of poor compliance with her psychotropic medications. Complicating her picture, she has a long history of methamphetamine, alcohol and cannabis use, and it will be important to rule out a drug induced mood disorder..."

PSYCHO: psychological factors include a person's coping strategies, personality and factors that may be candidates for therapy (cognitive behavioral therapy, psychodynamic psychotherapy, dialectic behavioral therapy, etc), their ability to have relationships with others, ego strengths (or weaknesses), history of abuse or the environmental upbringing, personality temperaments

EXAMPLE (PSYCHO)

"...Because of her borderline personality disorder traits and history of poor coping mechanisms, the recent breakup with her boyfriend likely triggered significant suicidal ideation, with true intent to die and a carefully thought out attempt to "make sure no one found me in time". Given that her frequency of suicide attempts have increased and have gradually become more lethal over time, her trajectory is very concerning for a successful suicide attempt in future."

SOCIAL: The social factors include a person's living situation, their support (both family and friends), finances, situation at work/school, legal history or problems, religion and/or spirituality, CPS or APS involvements, etc.

EXAMPLE (SOCIAL)

"...The client reports that she has no friends, and spends her time isolated at her mother's home, has no exercise, and is on the internet all the time for her social needs. She is currently unemployed and has had legal problems She has an upcoming court appearance for methamphetamine possession."

End with prognostic statements: **EXAMPLE:** "...Given her current presenting history and symptoms, I feel her prognosis is very guarded. We will utilize this hospitalization to link her with appropriate therapy, and social rehabilitation and consider obtaining her mother's help to ensure that she takes her medications consistently.

4. Create a problem list, and include treatment recommendations after each problem identified. Include psychotherapeutic recommendations, if indicated. (see example in appendix).

GRADING RUBRIC: CASE PRESENTATION

Student Name: _____
(First Name) (Last Name)

Oral presentation: (100 points; 50% of grade) Evaluator Name: _____

- (20) The history of the present illness brings out how symptoms evolved over time and guides audience
- (10) Provides the main elements of the psychiatric history, without missing sections
- (10) Mental status exam is complete. Uses EXAMINER’S perspective only. No: “...Patient reports...”
- (10) Diagnosis is complete; no significant missed diagnoses
- (10) Appropriate rule out diagnoses provided, justified by presentation
- (10) Presentation was well researched
- (10) Good organization throughout
- (10) Answers questions appropriately at the end of the presentation
- (10) Overall has a good grasp of the way to present information to colleagues; Presentation has educational merit

= **TOTAL SCORE, ORAL** (out of 100)

Written presentation: (100 points; 50% of grade)

- (10) No missing elements for a complete psychiatric history and physical write-up
- (10) Mental status findings are described appropriately, and the report addressed danger to self, danger to others and grave disability
- (10) All diagnoses (including rule-outs) have been included, and updated from oral presentation.
- (20) Formulation is complete, in a biopsychosocial format, and well put together, with all the important points identified, showing mastery/understanding of the patient’s problems
- (10) All safety issues have been appropriately addressed in the formulation
- (20) The problem list generated is comprehensive, with no missing problems
- (10) The student has identified appropriate ways to treat/address all the identified problems
- (10) Overall the client presented the material in an organized fashion, showing attention to detail, and a good grasp of the acuity of the patient.

TOTAL SCORE, WRITTEN (out of 100)

Grand total out of 200 (FINAL score %)

CNU COM Clerkship Grading Policy

A student's final clerkship grade will be based on the following three components:

- Academic NBME Shelf Exam Results.
- Clinical Evaluation of Student by Preceptor in rotations.
- Clinical Evaluation of Student by Clerkship Director in didactics.

The NBME Shelf exam score is an empirical measurement of student knowledge in the particular specialty field. Students are scored against a large national cohort of similar third year medical students. CNSU-COM's policy is that students Shelf score will be graded based upon the following percentile results on Shelf:

- ≥ 5 = Pass
- ≥ 30 = High-Pass
- ≥ 75 = Honors

This NBME Shelf "grade" will be the starting point of the student's final grade.

But this Shelf grade will then be compared against a composite Clinical grade, generated from the combination of Clinical Evaluation by Preceptor, and Clinical Evaluation by Clerkship Director.

The Final Grade will then be determined as follows:

- The NBME Shelf exam grade will generally* be the starting point
- But the final grade can be moved up, or down, based upon student performance in the clinical segments (Preceptor and Didactic)*

Example Grading Scenario #1

- NBME score of "pass" but is in the upper half* of the "pass" range
- Combination of Preceptor and Didactics Score is "honors"
- Students final grade can be elevated (at discretion of CD) from pass to high-pass based upon superlative clinical performance.

Example Grading Scenario #2

- NBME score of "honors" but in the lower half* of the "honors" range
- Combination of Preceptor and Didactics Score is only "pass"
- Students final grade can be reduced (at discretion of CD) from honors to high-pass based upon less than stellar clinical performance.

An academic grade of pass, will not be lifted all the way to honors by even stellar clinical performance, but it can move the final grade up (or down) to the next adjacent grade level above (or below) their academic grade.

* Flexibility in the Grading System

Clerkship Directors may and can opt to tighten up the parameters, for example only allowing movement up or down...if Shelf is in upper or lower quarter of grade range (rather than the upper or lower half of the grade range). Doing so would give the Shelf move weight, as compared to clinical and didactics components.

Details of Preceptor Grade Component (Attending preceptors please note)

Numeric "5 Point Likert Scale" Scoring

Completion of the MedHub Educational Program Objectives (EPO) scores are important to help us assign student grades. Preceptors are asked to rank students on 15 areas of performance. These 15 topics are grouped and follow the COM General Competencies System:

- GC1 are questions about Patient Care (PC)
- GC2 cover Medical Skills and Knowledge (MSK)
- GC3 addressed Communication Skills (C)
- GC4 deals with Professionalism (P)
- GC5 deals with EMR and Healthcare Systems (HC)
- GC6 deals with Reflective Practice and Personal Development. (RP)

In each area of student performance, preceptors are asked to evaluate the student on a 1 to 5 Likert scale, with the 1 to 5 scale representing:

1. Fail – you believe the student should flunk the clerkship (and repeat)
2. Needs Improvement – performance not so low as to fail student, but in this area student should obtain remediation before passing
3. Pass – good performance sufficient (at this level of training and without remediation) to proceed forward with training
4. High-Pass – exemplary performance above average
5. **Honors** - outstanding performance

On average, a student performing at or above 3.0 on average will be considered to have Passed their preceptor evaluation. A student performing from 3.5-4.4 will be considered for the “High-Pass” grade. A student who averages 4.5 or above will be a candidate for an “**Honors**” grade. A student scoring below 3.0 will be seriously evaluated for necessary remediation. This could include additional course assignments, repeat of some or all of the clinical time in the clerkship, or might contribute to a failing grade in the clerkship. Any of the 15 topics ranked or graded as 1 (fail) will require full review by CD and possibly Student Evaluation & Promotions Committee (SPC), even in the case of the overall score reaching a passing average of 3.0 or above.

Narrative comments are critical to thorough student evaluation.

Preceptors provide narrative comments on each student, commenting on both strengths and weaknesses. All narrative comments by preceptors will be reviewed by the Clerkship Director, along with the checklist scores when determining **final grades** for the clerkship rotation. Student’s numeric preceptor grade component for the clerkship rotation component may be raised or lowered based on exceptionally persuasive narrative comments from an attending preceptor. This is entirely at the discretion of the CD, and their own judgement of the narrative comments.

Details of Didactics Grade Component

The bulk of the **Final Grade** is based upon the above two components:

- The **Academic** NBME Grade
- The **Clinical** Preceptor Grade

But there is one final component, that similar to the Clinical Preceptor Grade, can bump the **Final Grade** up, or down. That final component is the Grade conferred during **Didactics** by the individual Clerkship Director. The specific structure used in the production of this component will not be specified here, as it can and does vary from clerkship specialty, to clerkship specialty, and may even vary somewhat from block to block, as the availability of resources (guest lecturers, lab availability, in-person vs virtual **didactics**, etc) is changing and active. At times, even the Clerkship Director themselves may change, and the new CD may recommend different grading ideas and rubrics from the former. But the sum-components of the **Didactics** experience that may be brought to play in the production of this **Didactics** component may include:

- Attendance
- Timely submission of assignments
 - Assignments may include
 - case reports
 - quizzes
 - mid-clerkship evaluations
 - clinical topical write-ups or presentations
 - other at discretion of CD
- Successful logging of “Must-See Cases”
- Ongoing logging of “Must-Do Procedures”
- Participation in Discussions
- Participation in Lab (if any)
- Grading of any of the above (vs pass/fail)

To be clear, the **Didactics** grade is entirely at the discretion of the Clerkship Director, and to reiterate cannot be subject to strict simplification or restriction in this document.

Professionalism and Remediation

Lapses of professionalism or low preceptor ratings. Professional behavior (discussed elsewhere) is the sine qua non of being a physician. Any allegation of a lapse in professionalism in the clerkship will be investigated by the clerkship director. Such lapses may include, but are not limited to, cheating; plagiarism; or failure to fulfill patient care responsibilities. Likewise, any score of “below expectations” or less by any preceptor will be investigated by the clerkship director. If the allegation of a lapse in professionalism is substantiated, or if the rating of “below expectations” or less is found to be accurate, either of these criteria alone (regardless of NBME exam scores and other preceptor evaluations) may be grounds to receive a failing grade in the clerkship. The student will also be referred to the Student Evaluation and Promotions Committee for further consideration. A “Y” “incomplete” grade may be assigned, and remediation may be required. Further details are discussed in the next section.

Details of remediation of borderline performance; Y grade options.

Scenario: Low NBME score, acceptable preceptor evaluations

A student who receives ratings from preceptors at or above the “meets expectations” level, but who scores less than 5% on the NBME Subject Examination in emergency medicine can be managed along one or both of the following pathways:

1. “Bad Test Day” – if the student feels he or she was prepared for the test, but suffered from some unforeseen problem such as illness, family or other stress, or other un-avoidable distraction that prevented them from performing up to par, that student may request a “quick re-take” of the Shelf exam. This must be explained to the Clerkship Director and the CD must agree that a quick re-take is justified. Quick means ideally that the student sits for the re-take in general within a week of the original exam date, or at most two weeks of original exam date. Note that this quick re-take is not intended to allow the student to study more. This presumes that they already did study enough, but just suffered from unforeseeable stresses on the test day.
2. If the student does require a quick retake test, and fails this second attempt...OR if the reason the student did not pass the first attempt was actually lack of study and preparation for the first test, then the student will be given a Y grade for the course. Student and CD then need to sit down and discuss the situation, and come up with a remediation plan. A remediation plan could involve:
 1. Identification of free or other time where student can study more for a re-take test
 2. Deferral of an upcoming clerkship to create time for study
 3. Referral to student affairs for test preparation counseling
3. This plan must be documented in a SPC referral, signed by student and CD and the Chief of Clinical Education, and submitted to SPC for review and either approval, or other remediation recommendation.

The student may remediate the Y grade by taking the examination a final second, or third time (third if a “quick retake test” was allowed), the time frame to be determined in consultation with the clerkship director.

If the student passes the retake NBME exam (after the administration of a Y grade), their Y will then be upgraded to a Y/P grade, which is a passing grade, but the Y will remain along with the Pass. The maximum grade achievable upon remediation shall be that of “Y/Pass”.

Details of Grading Components

Preceptors will evaluate students on various dimensions of medical knowledge (including psychiatric interview and examination skills, ability to identify psychiatric disorders, ability to generate a differential diagnosis, and ability to develop an initial plan for evaluation and treatment); humanism (including ability to establish rapport with patients, maintaining focus on patient comfort and dignity, integration of family into assessment and treatment plans); and professionalism (including communication skills, interactions with patients, families and medical staff, dress, timeliness in execution of duties, and record keeping).

All narrative comments by preceptors will be reviewed by the Clerkship Director when determining final grades for the clerkship rotation.

Standard NBME timing will apply. Students arriving late for the examination will not be given extra time for completion.

Written Patient Notes and Reports

Psychiatric evaluation and treatment notes are an essential part of clinical participation. Students may be expected to create at least one to two notes daily during all 4 weeks of the clerkship. Attending preceptors may develop additional requirements, such as daily SOAP notes as part of delivering effective clinical care.

Attendance Policies

Overview: College Policies

CNU College of Medicine policies on attendance are outlined in the Student Handbook and on the College of Medicine web site. It is the student's responsibility to review and adhere to these policies, and ignorance of the policies is not an excuse for absence. Failure to comply may result in academic or disciplinary penalties.

Unexpected Absences

In general, students should regard their duties on the psychiatric clerkship as they would as a fulltime, employed physician. Patients and other members of the health care team rely on timely execution of patient care responsibilities. Only illness or extenuating personal emergencies should be viewed as legitimate grounds for absence or tardiness.

The key to handling unforeseen absences professionally is communication. If being late or absent is unavoidable, please inform all relevant parties as soon as possible. This should include:

1. Attending Preceptor and Preceptor's clinical or office manager
2. Supervising resident or intern (if applicable)
3. Clerkship director and Clerkship coordinator

Planned Absences

Pre-approved absences may be considered by the Clerkship Director with sufficient advance notice. In general, these will be limited to unique scholarly or educational opportunities (e.g., presenting original research at an academic conference). Any expected absence must be approved by the Office of Student affairs and the Clerkship Director in order to count as an excused absence. The Clerkship Director may require that additional material be completed and submitted, depending on the student's circumstances and length of the absence.

Duty Hours Restrictions

The California Northstate University College of Medicine will follow the duty hour guidelines set by the Accreditation Council for Graduate Medical Education (ACGME). In brief, these guidelines encompass the following for medical students:

“Duty hours” are defined as all clinical and academic activities related to the education of the medical student, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as didactic sessions, grand rounds and conferences. Duty hours do not include reading and preparation time spent away from the duty site. Important points of this policy are:

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

- a) In-house call must occur no more frequently than every third night.
- b) Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours.
- c) Students may be on site for up to 6 additional hours in order to participate in didactic activities.
- d) Students must be provided with one day (24 consecutive hours) in seven, free from all educational and clinical responsibilities, averaged over a four-week period.

There should be 10 hours of break time between shifts

This policy will be published on the College of Medicine website, in the clerkship handbooks, and in the faculty and preceptor handbooks. This information will also be covered in the COM Clerkship Orientation.

Oversight of this policy will be the responsibility of the Psychiatry Clerkship Director and the relevant Clerkship Site Director(s). Faculty and students with concerns regarding possible duty hour violations should report those concerns directly to the Clerkship Director in a timely fashion.

Skills, Attitudes and Behaviors

Students are expected to meet the following minimum standards:

- Be present and participate fully in all clerkship activities, including orientation, group meetings, and examinations.
- Make decisions, defend them, and understand the consequences of a poor decision.
- Be current with all your patients and be prepared in advance with relevant reading. Search peer-reviewed literature and bring articles with you! Your team will appreciate it.
- Be present and on time every day.
- Show respect to patients, classmates, residents, faculty, and staff at all times.
- Utilize constructive criticism from fellow students, residents and attending physicians to improve your skills throughout the clerkship. Formal two-week and four-week rotation feedback sessions will also be held with the clerkship director.
- You will be assigned to specific sites and teams by the clerkship director.
- Continuity of care will be emphasized during the clerkship whenever possible and appropriate.

Professionalism

The clerkship experience is not only about knowledge; it is also about inculcating the behaviors and attitudes that comprise the professional demeanor of the physician. Toward this end, psychiatry preceptors will be asked to comment on the following professional attributes for each student.

Interpersonal skills How does the student perform on the following? Assessment of family and support systems; understanding cultural diversity in health care delivery; utilization of social, psychological, and economic factors in health care delivery; assessment of patients' expectations and assumptions; ability to effectively engage patients and families by developing rapport and making them comfortable during the evaluation.

Professional behavior Determine whether the student demonstrates respect, truthfulness and honesty; performs careful self-assessment; understands patients' rights and their right to privacy; recognizes and responds appropriately to conflicts between the student's personal or religious convictions and those of the patients and their families. Respects the patients' choices of medical treatments, refusal of recommended treatment, and cultural factors that may impact on decision-making and treatment. The student interacts respectfully and enthusiastically with the mental health treatment team, including all ancillary staff.

Commendation and Early Warning Forms

For performance outside the norm, supervising attending(s) will have access to documents that allow them to call special attention to individual students when necessary. This may be in the form of a Commendation Card (to commend exceptional performance above usual expectations), or in the form of an Early Warning Card (to document concerns about student performance). Commendations and concerns may be utilized for every area of performance, including, but not limited to, patient care, interactions with other health care professionals, knowledge or skills performance, professionalism, dress, demeanor, etc. Commendations and concerns will go directly to the clerkship director who will determine what, if any, immediate action is required.

Professional attire is expected at all times during the psychiatry clerkship rotation. Professional business attire is the standard. In general do not wear a lab coat, even at the hospital, unless told to do so. You can check with the clerkship director or site director on dress before you begin the first day of the rotation. Closed toed shoes are generally required for hospital sites. Students should not wear jeans. Fingernails must be clean and trimmed to an appropriate length to avoid injury to patients and minimize transmission of pathogens. Tasteful jewelry is permissible but should not be excessive. Facial piercings, other than earrings, are prohibited, including tongue piercings. Hair (including facial hair for men) should be clean, neatly groomed, and of appropriate length. Hair coloring is acceptable as long as it is tasteful and does not detract from professional appearance. Label pins and other clothing adornments should be tasteful, non-inflammatory, and apolitical. Acceptable: pins promoting breast cancer or HIV/AIDS awareness;

Unacceptable: political or religious slogans, or support for non-medical, social issues.

Please direct further questions regarding dress code issues to the clerkship director. Violation of these professional standards may be referred to Student Affairs for further action.

Student Health Services -- Immunization Requirements

Third- and fourth-year students on clinical service are required to update their immunizations as follows:

- TB clearance must be updated each year. If you have had a negative PPD previously, you must get another one done annually. Reactors must complete a CXR or Tuberculosis blood (IGRA) test (preferred).
- Td or Tdap (diphtheria tetanus booster) must be renewed every 10 years.
- Certain clinical sites will have added immunization requirements. Please check with the Office of Student Affairs and Admissions if you have any questions.
- Students must undergo a urine drug screening at CNUCOM's expense prior to starting clinical coursework, and may be subject to further screening at random or for cause at any time during enrollment at CNUCOM.

Medical Requirements for Away Clerkships

All medical forms for away clerkships are to be sent to the Director of Student Affairs and Admissions (do not send them to the Medical Director of Student Health Services). Each Hospital or school has different requirements, some of which are more stringent than CNUCOM requirements. If anything is missing, the student will be informed and it is his or her responsibility to update. To expedite the process, we strongly recommend that students keep their immunizations complete and up-to-date.

Incomplete Immunizations

If immunizations are not up-to-date at any time, students may be withdrawn from clinical coursework. Immunizations must be up-to-date at least one month prior to the start of the third and fourth years. If a student's immunizations are not up-to-date, he or she will be notified and may be unable to start the academic year on time. This start may be delayed one month or more, until these immunizations are brought up-to-date. This could potentially delay graduation for those students who have not maintained current immunizations.

Needle Stick Policy

Student Responsibilities

1. Attend office/department orientation regarding infection control policy and post exposure management procedures.
2. Utilize appropriate barrier precautions during the administration of care to all individuals.
3. Utilize appropriate safety devices for the handling/disposing of contaminated sharp instruments or other equipment.
4. Report needle sticks and exposure to blood or body fluids.
5. Initiate immediate intervention for the management of accidental exposure to blood or body fluids. (See section below)

6. Provide health education to individuals and groups regarding the prevention, transmission and treatment of HIV.

Accidental/Occupational Exposure Procedure

1. In the event of an occupational exposure to blood or body fluids and/or needle sticks, the student should:
2. Immediately wash the area of exposure with soap and water.
3. Immediately report the incident to instructor, preceptor or supervisory personnel.
4. Initiate referral to the nearest Emergency Department, Clinic, or Private Physician for post exposure management.
5. Decisions regarding post exposure management, prophylaxis and follow-up will be at the discretion of the individual and his/her care provider. CNUCOM recommends a minimum of:
 - a) Baseline screening for: HIV, Hepatitis panel (to include antibodies);
 - b) Update any needed immunizations.
6. Students are financially responsible for the emergency treatment, prophylaxis and all follow-up care resulting from the incident. The Office of Student Affairs and Admissions will be available to guide the student as to further follow-up based on current CDC guidelines in conjunction with the treating physician.
7. Appropriate documentation of the incident will be completed at the time the incident occurs. This is to include information on the patient's medical history, past and current. Any possibility of infectious disease process is to be documented. This would include: All types of hepatitis, HIV/AIDS, TB and any other communicable disease process.

Anti-Harassment and Anti-Mistreatment

California Northstate University is committed to providing a work environment free of harassment, disrespectful or other unprofessional conduct. University policy prohibits conduct that is disrespectful or unprofessional, as well as harassment based on:

- Sex (including pregnancy, childbirth, breastfeeding or related medical conditions),
- Race
- Religion (including religious dress and grooming practices)
- Color
- Gender (including gender identity and gender expression)
- National origin
- Ancestry
- Physical or mental disability
- Medical condition
- Genetic information
- Subordinate position (“power mistreatment”)
- Marital status or registered domestic partner status
- Age
- Sexual orientation
- Military and veteran status
- Any other basis protected by federal, state or local law or ordinance or regulation.

It also prohibits harassment, disrespectful or unprofessional conduct based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics. All such conduct violates University policy.

The University's anti-harassment policy applies to all persons involved in the operation of the University and prohibits harassment, disrespectful or unprofessional conduct by any employee of the University, including supervisors and managers, as well as vendors, students, independent contractors and any other persons. Applicants, employees, unpaid interns, volunteers and independent contractors are all protected from harassment.

Prohibited harassment, disrespectful or unprofessional conduct includes, but is not limited to, the following behavior:

- Verbal conduct such as public humiliation, epithets, derogatory jokes, disparaging or deprecating comments, slurs or unwanted sexual advances, invitations or comments.
- Visual displays such as derogatory and/or sexually-oriented posters, photography, cartoons, drawings or gestures.
- Physical conduct including intimidation, assault, unwanted touching, intentionally blocking normal movement or interfering with work because of sex, race or any other protected basis;
- Threats and demands to submit to sexual requests as a condition of continued employment, appropriate evaluations or to avoid some other loss, and offers of employment benefits in return for sexual favors.
- Retaliation for reporting or threatening to report harassment.
- Communication via electronic media of any type that includes any conduct that is prohibited by state and/or federal law, or by University policy.

Sexual harassment does not need to be motivated by sexual desire to be unlawful or to violate this policy. For example, perceived or actual hostile acts toward an employee because of his/her gender can amount to sexual harassment, regardless of whether the treatment is motivated by any sexual desire.

If you believe that you have been the subject of harassment or other prohibited conduct, bring your complaint to the attention to one of the following: your supervisor, Clerkship Director, Clinical Sciences Senior Chairperson, Assistant Dean of Student Affairs and/or Human Resources of the University as soon as possible after the incident. You will be asked to provide details of the incident or incidents, names of individuals involved and names of any witnesses. It would be best to communicate your complaint in writing, but this is not mandatory.

Supervisors will refer all complaints involving harassment or other prohibited conduct to Human Resources. The University will immediately undertake an effective, thorough and objective investigation of the allegations.

If the University determines that harassment or other prohibited conduct has occurred, effective remedial action will be taken in accordance with the circumstances involved. Any employee determined by the University to be responsible for harassment or other prohibited conduct will be subject to appropriate disciplinary action, up to, and including termination. A University representative will advise all parties concerned of the results of the investigation.

The University will not retaliate against you for filing a complaint and will not tolerate or permit retaliation by management, employees or co-workers.

The University encourages all individuals to report any incidents of harassment or other prohibited conduct forbidden by this policy immediately so that complaints can be quickly and fairly resolved. You also should be aware that the Federal Equal Employment Opportunity Commission and the California Department of Fair Employment and Housing investigate and prosecute complaints of prohibited harassment in employment.

If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate agency. The nearest office can be found by visiting the agency websites at <https://www.dfeh.ca.gov/> and <https://www.eeoc.gov/>.

College of Medicine Policy on Student Mistreatment & Abuse

Medical students should report any incidents of mistreatment or abuse to the CNU College of Medicine Associate Dean for Students immediately. It is the policy of the CNU College of Medicine that mistreatment or abuse will not be tolerated. Anyone made aware of any such mistreatment or abuse should notify the COM Assistant/Associate Dean for Students Affairs. See page 10 for full policy.

FERPA

FERPA, the Family Educational Rights and Privacy Act of 1974, as Amended, protects the privacy of student educational records. It gives students the right to review their educational records, the right to request amendment to records they believe to be inaccurate, and the right to limit disclosure from those records. An institution's failure to comply with FERPA could result in the withdrawal of federal funds by the Department of Education.

As a Faculty Member, you need to know the difference between Directory Information and Personally Identifiable Information or Educational Records:

Personally Identifiable Information or Educational Records may not be released to anyone but the student and only then with the proper identification.

Parents and spouses must present the student's written and signed consent before the University may release Personally Identifiable Information or Educational Records to them.


(Please refer callers to the COM Registrar's Office)

General Practices to Keep in Mind:

- Please do not leave exams, papers, or any documents containing any portion of a student's Social Security Number, Personal Identification Number (PID), grade or grade point average outside your office door or in any area that is open-access.
- Please do not record attendance by passing around the UCF Class Roster, which may contain the student's PID.
- Please do not provide grades or other Personally Identifiable Information/Education Records to your students via telephone or email.

CNUCOM: Psychiatry Clerkship: MID CLERKSHIP evaluation

Please return mid clerkship evaluations **directly to student**. The student is responsible for uploading their mid clerkship evaluation onto Microsoft Teams (These responses WILL NOT affect the student's grade. They will be used to provide feedback that the student is progressing satisfactorily, or to indicate areas that require improvement for the following two weeks of the clerkship)

 CALIFORNIA NORTHSTATE UNIVERSITY		M3 Mid-Clerkship Formative Evaluation Form DEPARTMENT OF CLINICAL MEDICINE 9700 West Taron Drive Elk Grove, CA 95757 m3@cnsu.edu (F) 916-686-8432 <small>Forms are available on CANVAS</small>				
		STUDENT AND PRECEPTOR INFORMATION (COMPLETED BY STUDENT)				
Student Name: _____		Student ID #: _____		Class of: 20		
Preceptor Name: _____		Title: _____				
CLERKSHIP DETAILS (COMPLETED BY STUDENT)						
TRACK #	CLERKSHIP TITLE	CLERKSHIP DATES		ROTATION SITE		
		From:	To:			
EVALUATION (COMPLETED BY PRECEPTOR)						
REPORTER (INITIAL):		Not performed	Never	Sometimes	Usually	Always
Obtains an accurate, complete and detailed H+P.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presents patient data clearly and logically, following a standard format, with good command of medical terminology.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPRETER (DEVELOPING):		Not performed	Never	Sometimes	Usually	Always
Gathers patient information efficiently. Performs focused H+Ps and adapts to the situation/reason for patient visit.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selectively presents pertinent patient information.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synthesizes and concisely summarizes patient data.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interprets clinical findings to independently offer an accurate working diagnosis and prioritized differential diagnosis.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes pathophysiology or rationale underlying each possible diagnosis when relevant to patient care.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANAGER (DEVELOPED/PROFICIENT):		Not performed	Never	Sometimes	Usually	Always
Offers a reasonable plan for testing and/or treatment, including needs beyond the immediate hospitalization or clinic visit.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporates information from reference resources and clinical studies in developing evaluation and treatment plans.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporates patients' individual situation, values, and preferences in treatment planning recommendations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discusses the risks, benefits, alternative choices, and costs of tests and treatments. Demonstrates awareness of sensitivity and specificity of lab tests and imaging modalities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDUCATOR (ADVANCED)		Does not apply at medical student level				
OVERALL ASSESSMENT		Beginner	Initial	Developing	Developed	Proficient
Preceptor instructions: These are the expectations of an average learner as they progress through medical school		Meets expectations of a pre-clinical medical student	Meets expectations of an early M3 clerkship student	Meets expectations of student midway through M3	Meets expectations of student finishing M3 year	Meets expectations of a graduating M4 student
Preceptor's assessment of this student's current professional growth? (SELECT ONE)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
Please provide student's strengths and areas of improvements						
PRECEPTOR ATTESTATION		YES	NO	Preceptor Signature		Date
I met with the student at midpoint of the clinical rotation and discussed the above feedback on the date indicated		<input type="checkbox"/>	<input type="checkbox"/>			
STUDENT SIGNATURE / DATE						Please see page 2 for instructions

Evaluation of Clinical Assignment

Following each clinical clerkship, students are to complete an evaluation of the preceptor, site, and clerkship online. Students will receive evaluation reminders via electronic mail. They should distinguish the assessment of these three portions of their experiences to provide the most useful feedback to CNUCOM. Only through honest, fair, and frank evaluations can problems be identified and corrected, and appropriate praise. Clinical faculty can view, via the electronic evaluation system, summary data of these evaluations only after a threshold number of assessments are complete to maintain student anonymity.

Addiction Psychiatry Report: Please attend an AA/NA meeting and write a paragraph or two of the experience. List the date/time/meeting that was attended. Post onto Microsoft Teams by the end of the rotation