



Psychiatry Clerkship Handbook
2024-25

Table of Contents

Faculty & Staff.....	3
Introduction.....	4
Goals and Objectives of the Psychiatry Clerkship.....	5
Orientation Day.....	6
Rotation Schedule.....	7
Course Outline.....	8
Case write-ups.....	9
GRADING RUBRIC: CASE PRESENTATION	11
Grading Policies (Psychiatry Clerkship).....	12
Grading Overview.....	12
Details of Grading Components.....	12
Attendance Policies.....	14
Overview: College Policies.....	14
Unexpected Absences.....	14
Planned Absences.....	14
Duty Hours Restrictions.....	15
Skills, Attitudes and Behaviors.....	15
Professionalism.....	16
Commendation and Early Warning Forms.....	16
Student Health Services -- Immunization Requirements.....	17
Needle Stick Policy.....	17
Anti-Harassment and Anti-Mistreatment.....	19
College of Medicine Policy on Student Mistreatment & Abuse.....	21
FERPA.....	21
Appendix: Forms.....	22

Faculty & Staff

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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

Course Learning Objectives (CLO's)

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.

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.

CLO-3

Demonstrate the knowledge of scientifically established evidence-based management of acute and chronic diseases found in the field of psychiatry.

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.

CLO-5

Demonstrate foundational knowledge in psychiatry of major disorders and their pathophysiology.

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.

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 encounter, along with the corresponding clinical setting and level of student responsibility for each				
Psychiatry	Affective Disorders (Depression, Bipolar)	Comprehensive Evaluation	Inpatient/Ambulatory	
		Treatment/Management		
Psychiatry	Substance Use Disorders	Comprehensive Evaluation	Inpatient/Ambulatory	
		Treatment/Management		

Psychiatry	Anxiety Disorders/PTSD/OCD	Comprehensive Evaluation	Inpatient/Ambulatory	
		Treatment/Management		
Psychiatry	Personality Disorders	Comprehensive Evaluation	Inpatient/Ambulatory	
		Treatment/Management		
Psychiatry	Psychotic Disorders (Schizophrenia and related disorders)	Comprehensive Evaluation	Inpatient/Ambulatory	
		Treatment/Management		

Case write-ups

15% of grade: (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 %)

Grading Policies (Psychiatry Clerkship)

Honors:	> 75 th PERCENTILE or higher on the Psychiatry Shelf.
High Pass:	> 30 th PERCENTILE or higher on the Psychiatry Shelf
Pass:	> 5 th PERCENTILE or higher on the Psychiatry Shelf exam.
Fail:	Below 70% (on case presentation/required assignments) or less than 5 th PERCENTILE on the Psychiatry Shelf Exam.

Grading Overview

The final psychiatry clerkship grade will be based on the following:

1. Preceptor evaluations 50%: (this grade will include clinical skills and professionalism) and will be averaged using different preceptor ratings (if applicable), based on the length of time spent at the respective clerkship sites and quality of student/preceptor engagement. Please be receptive to feedback that your preceptors may provide
2. NBME subject exam: 30% of grade. 110 questions, 2 hours 45 minutes in length
3. One detailed psychiatric case presentation: 15%. Grade includes oral presentation during didactics and amended write-up turned in to clerkship director
4. Participation/Presentations: 5% (based primarily on case preparation, participation, enthusiasm, and attendance). Tardiness to class or unexcused absences can lower your score.

Attendance at all didactic sessions is mandatory, unless previously excused.

Preceptor evaluations can carry a lot of weight! A strong evaluation can boost a score from High Pass to Honors, or a weak score can decrease a High Pass to Pass. However, please note that it is difficult to standardized preceptor evaluations due to the variability of the psychiatric experiences based on cases seen and locations of rotations.

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.

Appendix: Forms

Psychiatry Clerkship Must See Cases

Name of Student: _____ **Clerkship Rotation Group:** _____

(First Name)

(Last Name)

Clinical Condition	Level of Engagement	Clinical Site	Patient Age	
Affective Disorders (Depression, Bipolar)	Perform/Assist			
Substance Use Disorders	Perform/Assist			
Anxiety Disorders/PTSD/OCD: At least one of the following: please circle: GAD, Panic attacks, Phobias, PTSD, OCD	Perform/Assist			
Personality Disorders	Perform/Assist			
Psychotic Disorders (Schizophrenia and related disorders)	Perform/Assist			

Observe: Passively observe, minimal involvement in patient care.

Assist: Actively participate with supervising physician or resident; shared responsibility.

Perform: Independently perform with procedure/skill with supervising physician or resident immediately available.

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)

Student name: _____ Site: _____

Name of evaluator: _____

Approximate time spent with student: _____ days

The student is progressing satisfactorily.

- a) YES, exceeds expectations
- b) YES, progressing as expected
- c) NO, I have some concerns (COMMENTS):

The student is working as a team player.

- a) YES, exceeds expectations
- b) YES, progressing as expected
- c) NO, I have some concerns (COMMENTS):

The student is punctual, well dressed, shows interest, shows respect to staff members.

- a) YES, exceeds expectations
- b) YES, progressing as expected
- c) NO, I have some concerns (COMMENTS):

The student puts the patients at ease.

- a) YES, exceeds expectations
- b) YES, progressing as expected
- c) NO, I have some concerns (COMMENTS):

The student picks up new concepts, and shows gradual mastery of the material (good formulations, does not miss important safety concerns.)

- a) YES, exceeds expectations
- b) YES, progressing as expected
- c) NO, I have some concerns (COMMENTS):

Psychiatry Clerkship - Student Evaluation of Site (you should get a Medhub link)

Evaluator: _____

Evaluation of: _____

Date: _____

Dear Student:

Please complete this evaluation form. Your feedback is very valuable and the student feedback is taken seriously during Clerkship Review. This clerkship will be refined based on the student & faculty feedback.

STUDENT EVALUATION OF SITE

Please complete the evaluation in your best ability.

1. Dates of rotation (MM/DD/YYYY _____
-MM/DD/YYYY): *

2. Name of attending preceptor(s): * _____

3. Did you have the opportunity to work with a resident? *

Y
e
s



No

Poor

Fair
Excellent

Good

Very Good

1

2
5

3

4

4. Rate the overall usefulness of the clinical rotation site as a learning experience:*

5. Were the faculty-student relationships ethically and morally upheld? If the answer is "NO", please explain.*



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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YesNo
Comments:

6. Have you been the subject of anyform of mistreat-
ment?

N
o



Y
e

s

If the answer is "YES", please specify what type of mistreatment. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation; humiliation, psychological or physical punishment and the use of grading and other forms of assessment in a punitive manner.

If you answer "YES" without specifying the type of mistreatment, your answer will not be considered.*

STUDENT EVALUATION OF SITE (NARRATIVE)

Please describe the clerkship site.

7. Site strengths:

How did this site benefit you and your learning experience? What components or factors were useful from this site that was applicable to your training and rotation? *

8. Site weaknesses:

At the site, what components or factors prevented or hindered you from having a positive learning experience? How significant are these weaknesses? How can they be addressed? *

9. Would you recommend this site to another student? Please explain why or why not.*

Y
e
s
N
o

10. Any additional comments about this site you may have:

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