



**2026 - 2027 Academic Year
Psychiatry Clerkship Syllabus
Course #: COM 751
Year: M3**

Course Dates: Varies

Credits Hours: 1 credit per week

Offered as: 4-week rotation

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Every effort will be made to adhere to the contents of this syllabus. However, this document is subject to changes in the event of unforeseen, extenuating circumstances. Students will be notified as soon as possible if changes in the syllabus become necessary.

Additionally, this syllabus provides clerkship-specific expectations and requirements. All students are also subject to the policies outlined in the M3 Clerkship General Handbook. Where differences exist, clerkship-specific requirements in this syllabus apply, provided they do not conflict with institutional policies.

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Course Description

Welcome to your Psychiatry Clerkship! Over the course of this rotation, you will gain hands-on experience in the assessment and treatment of individuals with mental health disorders across inpatient and/or outpatient settings. By the end of the clerkship, you will develop a deeper understanding of the full spectrum of psychiatric treatment modalities—both pharmacologic and non-pharmacologic—and how they can improve patients' mental health and overall quality of life.

You will also learn to:

- Recognize emergent psychiatric conditions
- Determine when to initiate hospitalization
- Understand when to involve law enforcement or protective social services for safety and support

Your educational experience will be guided by a mix of structured and self-directed learning, including:

- Preceptor-supervised clinical encounters
- Clerkship-specific didactic sessions
- Assigned readings and videos
- Independent learning activities

Each student will be provided with a clinical observation checklist that outlines key psychiatric conditions and presentations to observe during the rotation. Additionally, all students will participate in a collaborative group activity focused on substance use disorders.

If you are considering a fourth-year elective in psychiatry or are interested in pursuing psychiatry as a career, the Clerkship Director is available to provide advice, mentorship, and additional resources. Do not hesitate to reach out to explore these opportunities further.

Course Learning Objectives (Summary)

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

1. **Conduct a psychiatric interview** in an empathic, culturally sensitive manner that facilitates both effective information gathering and the development of a therapeutic alliance with patients from diverse backgrounds.
2. **Document a comprehensive psychiatric history**, both orally and in writing, including a complete mental status examination and a well-organized presentation of clinically relevant findings.
3. **Generate a thorough treatment plan** by identifying psychopathology and character pathology, formulating an accurate differential and working diagnosis using DSM-5 criteria, assessing patient strengths and prognosis, and creating a biopsychosocial formulation that links logically to individualized treatment recommendations, including safety planning.
4. **Differentiate conditions** that may be managed with behavioral and supportive interventions alone from those requiring pharmacologic treatment.

5. **Recommend appropriate psychotherapeutic interventions** based on the clinical context and individual patient needs.
6. **Order relevant laboratory tests** to rule out medical conditions that may confound psychiatric symptoms, monitor for metabolic side effects, assess therapeutic drug levels, and determine when consultation with neurology or other medical specialties is indicated.
7. **Demonstrate knowledge of major psychiatric disorders**, including their epidemiology, clinical features, diagnostic criteria, differential diagnoses, typical course and prognosis, and evidence-based treatment strategies.
8. **Summarize key aspects of psychotropic medications**, including their indications, contraindications, mechanisms of action, pharmacokinetics and pharmacodynamics, efficacy, cost considerations, common and serious side effects, toxicities, and interactions with other drugs or medical conditions. Demonstrate the ability to select and appropriately use medications in the treatment of mental health disorders.
9. **Understand the principles and techniques of psychotherapies and behavioral interventions**, and be able to explain these approaches to patients. Make appropriate referrals for psychotherapy when indicated.
10. **Identify indications for psychiatric hospitalization**, taking into account clinical acuity, risk to self or others, availability of community resources, and family or caregiver support.
11. **Utilize psychiatric evidence-based medicine resources**, including relevant databases, to critically appraise scientific literature and apply findings to improve patient care.
12. **Demonstrate strong interpersonal and communication skills**, enabling effective collaboration and information exchange with patients, families, and members of the healthcare team.

Detailed learning objectives and assessment mapping can be reviewed below.

Educational Framework and Competency Alignment

This clerkship is aligned with nationally recognized frameworks for medical education, including the Accreditation Council for Graduate Medical Education (ACGME) Core Competencies, the institution's Educational Program Objectives (EPOs), and the Association of American Medical Colleges (AAMC) Core Entrustable Professional Activities (EPAs).

The curriculum is designed to support development across the following competency domains:

- Patient Care
- Medical Knowledge
- Communication and Interpersonal Skills
- Professionalism
- Systems-Based Practice
- Practice-Based Learning and Improvement

Course learning objectives, instructional activities, and assessment methods are intentionally aligned with

these domains to ensure a comprehensive and competency-based educational experience. Detailed mapping of learning objectives to EPOs and EPAs is provided in the Appendix.

Prerequisites

Students must successfully pass all M1 and M2 courses and must successfully pass Step 1 before starting any M3 clerkships.

Rotation Information

Rotation locations, directors, preceptors and contacts are subject to change.	
Rotation locations, directors, preceptors, contacts	Please refer to the catalog M3 for rotation locations, directors, preceptors and contacts.

Orientation Day Schedule

Unless otherwise specified by your preceptor(s), Orientation Day for the Psychiatry Clerkship will begin at 9:00 AM. Below is a sample outline of orientation activities and didactic topics. Please note that specific topics and the order of presentations may vary depending on your clinical site and faculty availability.

Welcome and Introductions

- Student introductions and icebreakers
- Overview of clerkship goals and expectations
- Review of the psychiatry student handbook
- Explanation of the evaluation and grading process
- Introduction to rotation sites and clinical settings
- Overview of the substance use component
- Review of clerkship resources, required readings, and assigned videos

Clinical Foundations

- Conducting the mental status examination
- The structure and content of the psychiatric interview ("nuts and bolts")
- Understanding transference and countertransference dynamics in clinical settings

Documentation and Case Formulation

- Expectations for case write-ups
- Examples of effective and ineffective case formulations
- Introduction to the biopsychosocial model for clinical formulation
- Guidance on assessment and planning
- How to present a psychiatric case orally and in written format
- Assignment of case presentations during the rotation
- Administration and interpretation of the Montreal Cognitive Assessment (MoCA)

Emergency Psychiatry

- Identification and management of psychiatric emergencies, including:

- Danger to self and danger to others
- Grave disability

Legal and ethical considerations

- Tarasoff duty to warn
- Involvement of Child Protective Services (CPS) and Adult Protective Services (APS)

Schedule

All schedules are designed to remain within institutional duty hour limits.

Rotation Schedule

Daily schedules are determined by the clinical team and supervising attending, within clerkship and institutional duty hour guidelines. In general, students are expected to be on-site Monday through Friday, with Friday afternoons reserved for didactics and case presentations. Students are not required to take overnight call or work on weekends.

Weekly Overview

Monday–Thursday: Clinical duties as assigned by your preceptor or attending physician.

Friday Morning: Continue with clinical work as usual.

Friday Afternoon (1:00–4:00 PM): Required didactic sessions and student case presentations. These sessions will be conducted virtually via Microsoft Teams. For students rotating locally, classroom space may be reserved, and the session will be offered in a hybrid format (both in-person and online).

Final Friday of the Rotation

There will be no clinical duties or didactic sessions on the final Friday. Students are excused from rotation responsibilities on this day to sit for the NBME Psychiatry Subject Exam. The exam will be administered either at the College of Medicine or at an approved Southern California testing site coordinated with clerkship staff. **Please note:** Students are still expected to report for clinical duties on Thursday, the day prior to the exam.

Learning Activities

Case Write-Ups

(50% oral presentation, 50% written submission)

A well-crafted case presentation is a valuable tool for both psychiatrists and non-psychiatrists. Presenting cases effectively is a skill you will use throughout your medical career, and with practice, your confidence and proficiency will grow. A strong case presentation not only conveys key clinical information but also demonstrates your understanding of the major factors influencing diagnosis, management, and treatment.

Additionally, your presentation serves as a teaching opportunity for your peers. Be sure to share any clinical pearls or notable learning points from your rotation that relate to your chosen case.

You will be given 10–15 minutes to present your case, followed by up to 5 minutes for questions and discussion.

Case Presentation Instructions - See Appendix for Grading Rubric

1. **Case selection and review:** Choose one patient case from your clinical experience during the rotation that you found particularly interesting. You can review the case with your preceptor to ensure your understanding of the differential diagnosis, formulation, and treatment plan. To

support your discussion, please review 2–3 recent (published within the last 5 years) journal articles on the relevant topic.

2. **Patient confidentiality:** All presentations and written work must be HIPAA-compliant. Remove any identifying information, such as patient names, dates of birth, or medical record numbers.
3. **Presentation and written submission requirements:** Create a PowerPoint presentation to share with the class. Submit a written case report on Microsoft Teams before the end of the rotation. The write-up should include all elements of a comprehensive psychiatric evaluation.

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 provide treatment recommendations** for each identified problem. Include relevant psychotherapeutic strategies where appropriate.

Written Patient Notes and Reports

Documenting psychiatric evaluations and treatment plans is a critical component of clinical education and patient care. Throughout the four-week clerkship, students are expected to write one to two patient notes per day, depending on their clinical caseload and site expectations.

These notes should reflect thoughtful clinical reasoning, accurate observations, and appropriate treatment planning. Preceptors will provide guidance and feedback to support your development of professional documentation skills.

In addition to psychiatric evaluation notes, some attending physicians may require students to submit daily SOAP notes or other documentation formats as part of routine clinical care. These additional expectations will vary by site and attending, and students should clarify documentation requirements during the initial days of the rotation.

Addiction Psychiatry Assignment: AA/NA Meeting Reflection

As part of your Addiction Psychiatry learning experience, you are required to attend one open meeting of Alcoholics Anonymous (AA) **or** Narcotics Anonymous (NA) during your clerkship.

After attending the meeting, please write a brief reflection (approximately one to two paragraphs) describing your observations and insights. Your reflection may include, but is not limited to:

- The structure and tone of the meeting
- The atmosphere and level of participant engagement
- Personal impressions or takeaways about recovery, stigma, or the support process
- Any professional insights into the lived experience of individuals dealing with substance use disorders

Please also include the date, time, and location (or virtual platform) of the meeting you attended. Submit your completed reflection by posting it to Microsoft Teams no later than the last day of the rotation.

Must See Clinical Experiences and Must Do Procedures

Students are required to maintain a log of designated “**Must See**” clinical experiences and “**Must Do**” procedures using the institutional tracking system (e.g., MedHub).

- **Must See Clinical Experiences** are specialty-specific patient encounters that represent core conditions essential to the clerkship’s educational objectives. Students are expected to actively seek and document these encounters during the rotation.
- **Must Do Procedures** are core clinical skills expected across clerkships and should be logged throughout the M3 year, regardless of when or where they are performed. All required procedures should be

completed prior to the start of the M4 year if possible.

Your participation goal varies from procedure to procedure. You may either:

- **Observe** (watch your preceptor perform and learn)
- **Participate** (“scrub-in” or hands on helping involvement)
- **Perform/Manage** (actually perform the procedure, but with Preceptor monitoring your performance)

Note: procedures should not be performed by a student without the explicit approval of your preceptor

Students are expected to make consistent progress toward completing required experiences and procedures throughout the rotation. The Clerkship Director will monitor completion.

Failure to complete required clinical experiences or procedures may result in remediation, additional assigned work (e.g., case reports or alternative learning activities), or impact the final grade.

Required Clinical Experiences (“Must see cases”)	<ul style="list-style-type: none">• Affective Disorders (Depression, Bipolar)• Substance Use Disorders• Anxiety Disorders, PTSD, OCD• Personality Disorders• Psychotic Disorders (Schizophrenia and related disorders)
Required Procedures (“Must do procedures”)	<ul style="list-style-type: none">• There are no clerkship-specific required procedures for this clerkship. Students are expected to continue logging core clinical procedures in accordance with M3 program requirements.

Student Responsibilities & Expectations

Students are expected to actively participate in all clinical and educational activities and function as engaged members of the healthcare team. Responsibilities include:

- Participating in patient care under appropriate supervision, including history-taking, physical examination, and clinical reasoning
- Preparing and delivering oral case presentations
- Completing clinical documentation as expected by the clinical site and clerkship
- Attending all required clinical sessions, didactics, and assigned activities
- Demonstrating professionalism, including punctuality, accountability, and respectful communication
- Seeking and incorporating feedback to improve clinical performance

All clinical activities must be performed under the supervision of a licensed provider, and students should not perform procedures or provide medical advice independently.

Preceptor Responsibilities and Expectations

Preceptors are expected to:

- Provide direct supervision appropriate to the student’s level of training
- Observe and provide feedback on core clinical skills, including history-taking, physical examination, and clinical reasoning
- Offer ongoing formative feedback and complete a mid-clerkship evaluation by the midpoint of the rotation
- Complete a final evaluation with both ratings and narrative comments in a timely manner
- Support student participation in clinical and didactic activities

Assignments and Requirements

Students are required to complete all assigned coursework and clinical documentation as part of the clerkship. These may include:

- Written clinical documentation (e.g., history & physicals, progress notes, or case write-ups)
- Oral or written presentations
- Participation in didactic sessions and discussions
- Completion of required clinical logs (Must See cases and procedures)

All assignments must be completed and submitted as directed. Failure to complete required assignments may result in remediation or impact the final grade.

Course Materials

Library/Learning Resources:

The CNUCOM Library and Learning Resource Center is available for students, faculty, and staff. This center includes: Library Facility and Collection, Computer resources, CNUCOM Electronic Library, and Interlibrary Loan Program. CNUCOM Resource Center maintains an Electronic Learning Resources System to provide information resources to students, faculty, and staff, and serve as an entry point for all users to meet their academic and research needs.

Required/Recommended Textbook(s), Material(s), and Equipment

Recommended

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
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

Assessment

Assessment Components

Student performance in the clerkship is based on multiple components, including:

- NBME Shelf Examination
- Clinical performance evaluations by preceptors
- Clerkship Director assessment
- Completion of required assignments and participation in didactic activities
- Completion of required clinical logs

Assessment of Achievement of Learning Objectives

Student achievement of the course learning objectives is evaluated through the following methods:

Skills Log	Students are required to log a set of “ Must See Clinical Experiences ” unique to each clerkship. In addition, they are required to log a set of “ Must Do Clinical Procedures ” over the course of the M3 and M4 years. Failure to complete these logs may lead to a lowering of the clerkship grade (at the discretion of clerkship director).
Clinical Evaluations	<p>All students are required to obtain a Mid-Clerkship Evaluation for any rotation lasting four (4) weeks or longer. This written evaluation must be completed by a supervising preceptor, reviewed face-to-face with the student, and submitted to the clerkship director for review. This must be completed by the midpoint of the rotation. Students are responsible for ensuring completion.</p> <p>At the conclusion of the rotation, the site director (preceptor) is responsible for submitting a formal Preceptor Evaluation of Student, which includes scaled performance ratings across the ten (10) Clerkship Learning Objectives (CLOs) and a written narrative evaluation of the student’s performance.</p>
Oral Presentation	Students may be required to present oral case reports and/or clinical summaries on the wards, in clinic, and/or in didactics. These presentations will be assessed for accuracy and relevance by their preceptors, and by their clerkship director.
Shelf Exam	The NBME Subject Shelf Examination for all clerkships in which a shelf examination will be administered. Students must pass this exam at the 5th percentile or above to pass the clerkship.

Formative and Summative Assessments

▪ Formative Assessments

- In person, mid-clerkship formative assessment will be provided by supervising preceptor.
- Ongoing formative assessments will be provided throughout the rotation by the supervising preceptor and/or resident.

▪ Summative Assessment

- A final summative assessment will be performed at the end of the rotation. Each preceptor is required to submit a completed end-of-rotation evaluation.
- See Rotation Grading section below for additional details.

Rotation Grading

Final grades are based on a combination of NBME shelf exam performance, clinical evaluations, and clerkship director assessment. The NBME shelf exam establishes the initial grade tier, which may be adjusted based on clinical and didactic performance.		
#	Components	Notes/Explanation
	NBME shelf exam	
	Preceptor evaluation of performance	See below for Preceptor Evaluation of Student Performance Form that shows questions and assessment rubric.
	Clerkship director assessment	Including performance on required didactic activities, which may include case presentations and write-ups, completion of required assignments, completion of clinical logs

The final clerkship grade reflects both **knowledge and clinical performance**.

- The **NBME shelf exam determines the initial grade tier** (Honors, High Pass, or Pass) based on national percentile performance.
- **Clinical evaluations and clerkship director assessment** are used to adjust the final grade based on observed performance in patient care, clinical reasoning, communication, and professionalism. Professionalism is a core component of clinical performance and may directly impact the final grade.

Strong clinical performance may result in an upward adjustment of the final grade, while deficiencies in clinical performance or professionalism may result in a lower final grade, regardless of exam score.

A high exam score alone does not guarantee a final grade of Honors, and a passing, but lower exam score may be offset by strong clinical performance, at the discretion of the Clerkship Director.

Successful completion of the course is based on the following:

1. Demonstrating professional and ethical behavior
2. Passing the NBME shelf exam (\geq 5th percentile)
 - Students below this threshold may be eligible for a “Quick Retake”
 - Failure of the retake requires formal remediation
3. Demonstrating satisfactory clinical performance
4. Completing required assignments and didactic activities

Failure to meet any of these requirements may result in remediation.

Details of the grading criteria and weighting methodology are outlined in the **M3 Clerkship General Handbook**.

Course Policies

Students are expected to comply with all CNU and COM policies.

Attendance

Students are expected to attend all scheduled activities during their clinical clerkships, as full participation and punctual arrival is essential for both professional development and clinical competency. However, we recognize that life events may occasionally necessitate time away from clerkship responsibilities. Refer to [4420 Attendance and Absence Policy](#) for additional details.

Clear, timely communication between the student and the Clerkship Director is essential in managing any episode of absence from clerkship activities.

All missed time must be addressed in accordance with the Attendance Policy. Excused absences may require make-up time, depending on the number of days missed and the clerkship's duration. Unexcused absences will always require make-up and may carry consequences related to professional conduct. Students are responsible for working collaboratively with the Clerkship Director to develop and complete a make-up plan that ensures all required clinical experiences and educational objectives are fulfilled.

Clinical Duty Hours

Clinical duty hours are designed to support student well-being, patient safety, and effective learning. Refer to [4409 Clerkship Duty Hours Policy](#) for additional details.

Key expectations include:

- **Maximum 80 hours per week**, averaged over four weeks
- **No more than 24 consecutive hours** of clinical duties (with limited additional time for transitions of care)
- **Minimum 10 hours off** between scheduled shifts
- **No more frequent than every 3rd night call**, averaged over time
- **At least one full day off (24 hours) every 7 days**, averaged over four weeks

Students who have concerns about fatigue, safety, or duty hour violations are encouraged to report them to the Clerkship Director or the Office of Medical Education.

Use of Artificial Intelligence (AI)

Use of AI in this course must align with the California Northstate University Artificial Intelligence Use Policy. For more information, please see the [CNU Artificial Intelligence \(AI\) Use Policy](#).

Remediation

Students who do not successfully pass the course (those receiving a grade of “Y” or “F”) will be referred to the Student Promotion Committee (SPC) and a remediation plan will be developed.

Remediation Exam Dates

The dates will be determined by the clerkship director.

Student Evaluations of Course, Faculty, and Rotation Site

Students are required to complete evaluations of the rotation (course), preceptor, and rotation site. The goal for course evaluations is 100% student participation. Evaluations are submitted electronically.

Appendix

Detailed Learning Objectives and Assessment Mapping

The following table provides detailed alignment of course objectives with EPAs, program objectives, and assessment methods for accreditation purposes.

Clerkship Learning Outcomes (CLOs)	Educational Program Objectives (EPOs)	AAMC Core EPAs Alignment	Assessment Methods
<p>1. Integration & Application of Foundational Knowledge:</p> <p>Integrate biomedical, clinical, and social science knowledge to explain disease mechanisms, guide diagnostic reasoning, and apply evidence-based principles to patient care decisions.</p>	<p>MSK 2.1-2.5; PC 1.7,1.8</p>	<p>EPA 7 – Form clinical questions and retrieve evidence.</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p> <p>National standardized subject (NBME) shelf examination assessing clinical knowledge, diagnostic reasoning, and patient management.</p>
<p>2. History Taking, Differential Diagnoses, and Diagnosis:</p> <p>Elicit comprehensive, focused patient's history and perform logical, accurate physical examinations to prioritize and justify differential diagnoses through sound clinical reasoning.</p>	<p>PC 1.1-1.3, PC 1.5; MSK 2.1, 2.2</p>	<p>EPA 1 – Gather a history and perform a physical examination;</p> <p>EPA 2 – Prioritize a differential diagnosis</p> <p>EPA 5 – Document a clinical encounter in the patient record</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p> <p>National standardized subject (NBME) shelf examination assessing clinical knowledge, diagnostic reasoning, and patient management.</p>
<p>3. Management, Treatment, and Prevention Plans:</p> <p>Develop and justify patient-centered management and prevention plans that include appropriate diagnostic testing, treatment selection, and timely response to urgent or emergent clinical issues.</p>	<p>PC 1.6-1.8; MSK 2.2, 2.3; HC 5.1, 5.2</p>	<p>EPA 3 – Recommend and interpret diagnostic and screening tests.</p> <p>EPA 4 – Enter and discuss orders and prescriptions.</p> <p>EPA 10 – Recognize a patient requiring urgent care and initiate evaluation</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p> <p>National standardized subject (NBME) shelf examination assessing clinical knowledge, diagnostic reasoning, and patient management.</p>

<p>4. Use of Resources & Systems, Healthcare Delivery Systems, and Delivery Systems Improvement:</p> <p>Recognize patient safety risks and system-based issues, using principles of quality improvement, resource stewardship, and advocacy to enhance healthcare delivery.</p>	<p>HC 5.1, 5.2; RP 6.1-6.3; PC 1.8</p>	<p>EPA 13 – Identify system failures and contribute to a culture of safety and improvement</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p>
<p>5. Communication with Medical Team and with Patients, Family Members, and Community:</p> <p>Communicate effectively, respectfully, and compassionately with patients, families, colleagues and interprofessional team members, demonstrating cultural sensitivity, professionalism, and clarity in both oral and written exchanges.</p>	<p>C3.1, 3.2; PC 1.3, 1.4, 1.6</p>	<p>EPA 6 – Provide an oral presentation;</p> <p>EPA 8 – Give or receive a patient handover to transition care responsibility</p> <p>EPA 9 – Collaborate as part of an interprofessional team</p> <p>EPA 11 – Obtain informed consent for tests and/or procedures</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p>
<p>6. Professionalism:</p> <p>Demonstrate integrity, accountability, ethical judgment, and respect in all professional interactions while maintaining a commitment to patient welfare, diversity, and self-improvement.</p>	<p>PC 1.6; P 4.1 - 4.4; RP 6.1 - 6.4</p>	<p>EPA 8 – Give or receive a patient handover to transition care responsibility</p> <p>EPA 9 – Collaborate as part of an interprofessional team; EPA 12 – Perform safe transitions of care</p> <p>EPA 11 – Obtain informed consent for tests and/or procedures</p> <p>EPA 13 – Contribute to a culture of safety</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p>
<p>7. Performance of Basic Clinical Procedures:</p> <p>Perform basic clinical procedures safely and competently, while maintaining patient comfort, adhering to infection control standards, and documenting accurately.</p>	<p>PC1.2, 1.3, 1.5, 1.7 ; C3.1, 3.2</p>	<p>EPA 12 – Perform general procedures of a physician</p> <p>EPA 5 – Document a clinical encounter in the patient record</p>	<p>Ongoing daily one-to one evaluation of the student by the preceptor.</p> <p>End of rotation one-to-one and written evaluation of the student by the preceptor.</p>

Key: EPO = Educational Program Objective (#1=Patient Care; #2=Medical & Scientific Knowledge; #3=Communication and Interpersonal Skills; #4=Professionalism; #5=Health Care Systems; #6=Reflective Practice and Personal Development)

Preceptor Evaluation of Student Performance Grading Rubric

Preceptors are expected to complete an evaluation for each student within three weeks of the student's completion of their clinical rotation, using the evaluation questions and grading rubric provided below.

Q1. How effectively did the student gather essential details during the patient history and perform a thorough, logical physical examination?

Fail	Misses key history elements or physical exam findings; lacks a systematic approach.
Poor	Gathers basic information but omits significant details; H&P is incomplete or inconsistent.
Pass	Obtains most essential information, performs a systematic H&P, minor details may be missed.
High pass	Consistently gathers comprehensive histories and performs thorough, organized physical exams.
Honors	Demonstrates exceptional skill in obtaining H&Ps, even in complex cases.
Not applicable	Insufficient contact

Q2. How well did the student prioritize and justify potential diagnoses based on the clinical encounter?

Fail	Struggles to develop a differential diagnosis or includes irrelevant possibilities.
Poor	Lists basic differentials but has difficulty prioritizing or justifying them.
Pass	Produces reasonable differential diagnoses with some prioritization and justification.
High pass	Creates well-reasoned, prioritized differentials with strong clinical justification.
Honors	Provides nuanced, prioritized differential diagnoses with exceptional clinical reasoning.
Not applicable	Insufficient contact

Q3. How effectively did the student develop a sound management plan, including clinical reasoning, recommendation and interpretation of diagnostic tests, treatment selection, recognition of urgent/emergent issues, and justification of their decisions?

Fail	Disorganized plan; poor reasoning; inappropriate or missing diagnostics; misses urgency.
Poor	Basic plan; key gaps in reasoning or diagnostics; urgency often missed.
Pass	Sound plan; logical reasoning; appropriate diagnostics; recognizes urgency.
High pass	Clear, well-reasoned plan; effective diagnostics; manages urgency well.
Honors	Outstanding plan; sharp reasoning; precise diagnostics; expertly addresses urgency.
Not applicable	Insufficient contact

Q4. How accurately and effectively did the student document clinical encounters (including admission notes, progress notes, procedure notes, outpatient notes, etc.)?

Fail	Documentation is unclear, incomplete, or inaccurate.
Poor	Includes basic information but lacks organization or misses key elements.
Pass	Documents most relevant details accurately and concisely.
High pass	Consistently produces clear, thorough, and well-organized documentation.
Honors	Documentation is exemplary, capturing all relevant details and showing exceptional clarity.
Not applicable	Insufficient contact

Q5. How well did the student organize, tailor, and deliver oral presentations of clinical encounters?

Fail	Presentations are disorganized, incomplete, or difficult to follow.
Poor	Basic structure is present, but significant details are omitted or unclear.
Pass	Provides organized, clear presentations with minor omissions.
High pass	Consistently delivers concise, well-structured presentations.
Honors	Excels in presenting, even under pressure, with exceptional clarity and precision.
Not applicable	Insufficient contact

Q6. How effectively did the student generate clinical questions, retrieve evidence, and integrate medical and scientific knowledge into patient care?

Fail	Doesn't ask questions or use evidence; relies on flawed reasoning.
Poor	Inconsistent use of questions or evidence; limited application.
Pass	Asks relevant questions; uses and applies evidence appropriately.
High pass	Consistently uses strong evidence and reasoning in decisions.
Honors	Insightful, evidence-driven thinker; integrates knowledge expertly into care.
Not applicable	Insufficient contact

Q7. How effectively did the student communicate and collaborate with the interprofessional team, including during handoffs and transitions of care, demonstrating clarity, respect, and professionalism?

Fail	Unclear, unprofessional, or ineffective; poor teamwork.
Poor	Inconsistent or vague; limited collaboration; handoffs lack structure.
Pass	Clear, respectful, and accurate; works well with team; handoffs are adequate.
High pass	Consistently clear and collaborative; effective, well-structured handoffs.
Honors	Excellent communicator and team player; handoffs are seamless and complete.
Not applicable	Insufficient contact

Q8. How effectively did the student communicate with patients and families from diverse backgrounds, incorporate social and cultural factors into clinical care, and explain risks, benefits, and alternatives to support informed decision-making with clear language and compassion?

Fail	Ineffective or inappropriate communication; disregards cultural or social factors; fails to support informed decisions.
Poor	Basic communication; limited consideration of diversity or shared decision-making.
Pass	Clear, respectful communication; incorporates social and cultural context; explains options reasonably.
High pass	Consistently effective and culturally sensitive; supports informed, patient-centered decisions.
Honors	Exceptional communicator; deeply integrates cultural awareness and shared decision-making.

Q9. How competently and confidently did the student perform basic clinical procedures and communicate with patients during the process, while ensuring patient and healthcare team safety?

Fail	Struggles with procedural skills or patient communication.
Poor	Performs basic procedures but lacks confidence or consistency.
Pass	Safely performs procedures with minor guidance.
High pass	Performs procedures confidently and competently.
Honors	Demonstrates exceptional skill and patient-centered communication during procedures.
Not applicable	Insufficient contact

Q10. To what extent did the student identify safety risks or system issues in patient care delivery and take appropriate steps to address them? (e.g., *Noticing frequent order entry errors, workflow inefficiencies, or recognizing inconsistent use of interpreter services and advocating for proper language support.*)

Fail	Misses safety or system issues; may contribute to harm.
Poor	Recognizes issues only when prompted; limited action.
Pass	Identifies issues and communicates appropriately; needs guidance to act.
High pass	Proactively identifies and helps address issues.
Honors	Anticipates risks, acts independently, and leads or contributes to improvements.
Not applicable	Insufficient contact

The Preceptor Evaluation of Student Performance form has been thoughtfully mapped to the specific Course Learning Objectives (CLOs) for each clerkship. The table below outlines how each evaluation question aligns with the relevant CLOs to ensure consistency between assessment and curricular goals.

Evaluation Question	CLOs	EPOs
Q1. History & PE	CLO-2, CLO-1, CLO-6	PC 1.1–1.3, 1.5–1.8; MSK 2.1–2.5; P 4.1–4.4; RP 6.1–6.4
Q2. Differential Dx	CLO-2, CLO-1	PC 1.1–1.3, 1.5, 1.7, 1.8; MSK 2.1–2.5
Q3. Management Plan	CLO-3, CLO-1, CLO-5	PC 1.3–1.8; MSK 2.1–2.5; C 3.1, 3.2; HC 5.1, 5.2
Q4. Documentation	CLO-2, CLO-5, CLO-6	PC 1.1–1.6; MSK 2.1, 2.2; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q5. Oral Presentation	CLO-5, CLO-2, CLO-6	PC 1.1–1.6; MSK 2.1, 2.2; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q6. Evidence-Based Practice	CLO-1, CLO-4, CLO-5	PC 1.3, 1.4, 1.6–1.8; MSK 2.1–2.5; C 3.1, 3.2; HC 5.1, 5.2; RP 6.1–6.3
Q7. Interprofessional Teamwork	CLO-6, CLO-5	PC 1.3, 1.4, 1.6; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q8. Patient/Family Communication	CLO-6, CLO-5	PC 1.3, 1.4, 1.6; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q9. Clinical Procedures	CLO-7, CLO-6	PC 1.2, 1.3, 1.5–1.7; C 3.1, 3.2; P 4.1–4.4; RP 6.1–6.4
Q10. Systems/Safety	CLO-4, CLO-5, CLO-6	PC 1.3, 1.4, 1.6, 1.8; C 3.1, 3.2; P 4.1–4.4; HC 5.1, 5.2; RP 6.1–6.4

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 %)