Psychiatry Clerkship

Psychiatry
MED MS314 A1
May 29, 2018

Clerkship Director: Andrew Clark, M.D.
Clerkship Coordinator: Scott Harris, MPH
Psychiatry Syllabus

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## Medical Education Program Objectives

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<th>INSTITUTIONAL LEARNING OBJECTIVE</th>
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| **B - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism)** | **B.1 -** Apply principles of social-behavioral sciences to provision of patient care; including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care. (2.5)  
**B.2 -** Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)  
**B.3 -** Demonstrate compassion, integrity, and respect for others. (5.1)  
**B.4 -** Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. (5.5) |
| **U - Uses the science of normal and abnormal states of health to prevent disease, to recognize and diagnose illness and to provide and appropriate level of care. (Medical Knowledge and Patient Care)** | **U.1 -** Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)  
**U.2 -** Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2p)  
**U.3 -** Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)  
**U.4 -** Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgement. (1.5)  
**U.5 -** Develop and carry out patient management plans. (1.6)  
**U.6 -** Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)  
**U.7 -** Demonstrate an investigatory and analytic approach to clinical situations. (2.1)  
**U.8 -** Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)  
**U.9 -** Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)  
**U.10 Recognizes that ambiguity is a part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty. (8.8) |
| **C - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)** | **C.1 -** Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2h)  
**C.2 -** Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7)  
**C.3 -** Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)  
**C.4 -** Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1)  
**C.5 -** Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (4.2, see also 7.3)  
**C.6 -** Maintain comprehensive, timely, and legible medical records. (4.5)  
**C.7 -** Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics. (4.6)  
**C.8 -** Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations. (7.3) |
| **A** - Acts in accordance with highest ethical standards of medical practice (Professionalism) | **A.1** - Demonstrate responsiveness to patient needs that supersedes self-interest. (5.2)  
**A.2** - Demonstrate respect for patient privacy and autonomy. (5.3)  
**A.3** - Demonstrate accountability to patients, society, and the profession. (5.4)  
**A.4** - Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations. (5.6)  
**A.5** - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (7.1)  
**A.6** - Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. (8.5) |
| **R** - Reviews and critically appraises biomedical literature and evidence for the purpose of ongoing improvement of the practice of medicine. (Practice-Based Learning and Improvement and Medical Knowledge) | **R.1** - Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations. (2.4)  
**R.2** - Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. (3.6)  
**R.3** - Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes. (3.10) |
| **E** - Exhibits commitment and aptitude for life-long learning and continuing improvement (Practice-based Learning) | **E.1** - Identify strengths, deficiencies, and limits in one's knowledge and expertise. (3.1)  
**E.2** - Set learning and improvement goals. (3.2)  
**E.3** - Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes. (3.3)  
**E.4** - Incorporate feedback into daily practice. (3.5)  
**E.5** - Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care. (3.9)  
**E.6** - Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors. (8.1)  
**E.7** - Manage conflict between personal and professional responsibilities. (8.3) |
| **S** - Supports optimal patient care through identifying and using resources of the health care system. (Systems-Based Practice and Patient Care) | **S.1** - Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes. (1.8)  
**S.2** - Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement. (3.4)  
**S.3** - Use information technology to optimize learning. (3.7)  
**S.4** - Work effectively with others as a member or leader of a health care team or other professional group. (4.3, see also 7.4)  
**S.5** - Work effectively in various health care delivery settings and systems relevant to one's clinical specialty. (6.1)  
**S.6** - Coordinate patient care within the health care system relevant to one's clinical specialty. (6.2)  
**S.7** - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care. (6.3)  
**S.8** - Advocate for quality patient care and optimal patient care systems. (6.4)  
**S.9** - Use the knowledge of one’s own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served. (7.2)  
**S.10** - Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable. (7.4) |
**Third Year Learning Objectives**

During the third-year clerkships, students will
- Demonstrate use of patient-centered interviewing and communication techniques (U.2)
- Take a clinical history that demonstrates both organization and clinical reasoning (U.7)
- Perform accurate and relevant physical exam techniques (U.2)
- Demonstrate an ability to synthesize clinical information and generate a differential diagnosis, assessment and plan (U.3, R2, U.5)
- Demonstrate a compassionate and patient-sensitive approach to history taking and physical examinations (B.3)
- Communicate well organized, accurate and synthesized oral presentations (C.1)
- Counsel and educate patients and families (C.3)
- Demonstrate timely, comprehensive and organized documentation (C.6)
- Demonstrate a fund of knowledge in the clinical discipline and apply this to patient care (U.4)
- Demonstrate an awareness of one’s own learning needs and work to address these gaps (E.1, E.3)
- Show respect and empathy for others (B.3)
- Demonstrate accountability to the responsibilities of the student’s role and expectations of a clinical clerk (S.4)
- Communicates effectively with the interprofessional team (S.9)

**Clerkship Learning Objectives**
*(Linked to Medical Education Program Objectives in parentheses)*

There are six learning objectives for this clerkship, including professionalism. Students can meet the learning objectives on inpatient, emergency room, consultative service, or outpatient venues. Below are the clerkship objectives and corresponding Institution Learning objectives (BUCARES).

By the end of the Psychiatry Clerkship, the BUSM-III Student will:

1. **Demonstrate the Institution’s Professionalism Learning Objectives while on clinical sites including (B, A):**
   - Maintaining patient confidentiality and privacy (A.2)
   - Completing necessary administrative duties in a timely manner (A.3)
   - Being prepared and punctual on clinical sites (A.6)
2. **Assess, diagnose, and develop first line treatments for:**
   - Schizophrenia Spectrum and Other Psychotic disorders (*U.2, U.4, U.5*)
   - Personality Disorders (*U.2, U.4, U.5*)
   - Suicidal and Homicidal Patients (*U.2, U.4, U.5*)
   - Somatic Symptom and Related Disorders (*U.2, U.4, U.5*)
   - Neurocognitive Disorders (*U.2, U.4, U.5*)
   - Mood Disorders (*U.2, U.4, U.5*)
   - Anxiety Disorders (*U.2, U.4, U.5*)
   - Substance Use (*U.2, U.4, U.5*)
Bipolar Disorders (U.2, U.4, U.5)
- Posttraumatic Stress Disorder (U.2, U.4, U.5)

3. Communicate with other care providers and the patient regarding the first line treatment of the disorders (C.3, C.4, C.5)

4. Conduct an observed Mental Status Examination while on clinical site (U.1, U.2)

5. Conduct an observed substance use assessment while on clinical site (U.1, U.2)

6. Conduct an observed depression assessment while on clinical site (U.1, U.2)

**How we assess your performance based on Learning Objectives:**
Students must demonstrate professional behavior during the clerkship. Students must be able to effectively communicate information to providers and patients. This knowledge and behavior will be verified by both the mid-evaluation assessment and the final assessment by the site attending.

Students are expected to become proficient in assessment and first-line treatment of common psychiatric disorders, and should be able to demonstrate assessment and diagnostic knowledge for the ten clinical diagnoses above. In the event that students do not encounter patients with certain of those diagnoses at their clinical sites, nor are exposed during didactic case presentations, they are advised to remediate these deficiencies by viewing the relevant learning module on the Blackboard Site.

Students are expected to master the advanced clinical competency of administrating and scoring the Mental Status Examination (MSE) to patients. Students need to make sure that they are observed performing and scoring this examination by one of their site Attendings. This advanced clinical competency needs to be achieved by and documented on the mid-evaluation form, which is signed by both the student and the attending. Students will also be required to complete an observed substance use assessment and a depression assessment by the time of the mid-clerkship evaluation, which takes place at the end of the third week of the rotation.
Contact Information

Clerkship Director
Andrew Clark, M.D.
Director of Student Medical Education
Telephone: (617) 414-2051
Email: abclark@bu.edu
Pager: 1770
Office: DOB, 720 Harrison Ave., Suite 915

Clerkship Coordinator
Scott Harris, MPH
Telephone: (617) 358-7499
Email: scotth@bu.edu
Office: 72 E. Concord St., A307
Office Hours: 8:30am – 4:30 pm
Clerkship Description

Focus of clerkship
The purpose of this clerkship is to provide for BUSM III students the skills of assessment, diagnosis and treatment of patients with psychiatric disorders and associated behavioral health issues. Clinical and didactic experiences will focus on DSM-V diagnoses, psychopharmacology, basics of individual and group psychotherapies, and becoming an active member of a treatment team.

By the end of the Psychiatric Clerkship, the BUSM-III student should be able to:
- Develop a differential of DSM-V diagnoses for patients
- Develop proficiency in conducting Mental Status Examinations
- Develop proficiency in conducting substance use and depression assessments
- Differentiate between the classes of psychiatric medication
- Recognize common psychiatric medications’ side effects
- Employ laboratory and radiological studies appropriately
- Plan psychiatric treatments, including aftercare options
- Identify cultural issues that can affect the provision of mental health care
- Recognize ethical issues when providing mental health care
- Demonstrate proficiency in patient education on topics such as: Diagnosis, medications, and treatment planning.

Pre-requisite knowledge and skills
Students must have completed their second year curriculum, attended the 3rd year orientation, and have taken the Step-I exam prior to taking this clerkship.

Site Information

Bedford VA (Edith Norse Rogers Memorial Veterans Administration Hospital)
200 Springs Road, Bedford,
Site Director: Frances Frankenburg, M.D., 781-687-2478, frances.frankenburg@va.gov
Site Administrator: Doreen Asselin, 781-687-2478, Doreen.Asselin@va.gov

This is a hospital with 2 inpatient psychiatry units and a very large outpatient program. Students are assigned to substance abuse, outpatient services, continued treatment services, and at other times, to the day hospital. The student is under the general supervision of the staff psychiatrist in charge of the unit of assignment but also receives supervision and much teaching from other staff psychiatrists. There is a well-structured series of didactic seminars. Additional opportunities exist on the consultation and liaison service and acute admissions. For students at the Bedford IDTP program, we would recommend that they seek out other opportunities at the hospital. It is a large campus with many psychiatric patients. Reach out to Dr. Frankenburg to see more patients. She is very friendly, and allows students to call her if they have free time.

Berkshire Medical Center
725 North Street, Warriner 1, Pittsfield, MA 01201
Berkshire Medical Center is a 298 bed community hospital in Pittsfield, MA. The psychiatry clerkship consists of three weeks on one of the two inpatient units, and three weeks on the consult-liaison service. In addition, students will have the opportunity to observe ECT (electro-convulsive therapy), spend two evenings working in the Emergency Department, and spend a half a day in the outpatient clinic. Students will participate in the many didactic sessions which take place on site, along with clerkship students from other medical schools and psychiatry residents. Boston University clerkship students will also be expected to participate in BU didactics on Thursdays through a remote link, when practicable, although the students are also welcome if they chose to attend Thursday didactics in person. Berkshire students will reside at the BU Tanglewood Mansion, and have special access to summertime arts activities.

**Boston Medical Center – Consult Liaison Service (East Newton Campus)**
Doctors Office Building, 720 Harrison Avenue, 7th Floor, Suite 7600
Site Director: Jeanne Horner, M.D., 617-638-8670, Bjeanne.horner@bmc.org
Site Coordinator: Lynne Rose, 617-638-8670, Lynne.Rose@bmc.org

Students' assignment is to the Psychosomatic Service at Boston Medical Center on the East Newton Campus. Students work closely with the staff psychiatrists responsible for evaluating and following patients on the medical, surgical, and neurological services of the hospital. The students will be supervised by attending psychiatrists and psychiatric residents. There is a weekly case conference and teaching conference as well as daily morning rounds.

**Boston Medical Center – Psychiatry Emergency Department**
BMC, Menino Pavilion Emergency Department
Site Director: Joanna Buczek, M.D., 617-414-4708, Joanna.Buczek@bmc.org

Medical students' will be assigned to the ER service at the Menino Pavilion. Students will shadow the psychiatrists and clinicians and see a great variety of patients in the ER.

**Bournewood Hospital**
300 South St., Brookline, Stedman Admin. Building
Site Director: Carmel Heinsohn, 617-676-3302, Carmel.Heinsohn@bournewood.com
Site Administrator: Maria Nunez, 617-676-3548, mnunez@bournewood.com

The Bournewood Hospital is a 90-bed psychiatric facility located in South Brookline. Inpatient units consist of 3 acute treatment wards, a dual diagnosis unit, and an adolescent unit. In addition, there is a partial hospitalization unit and an outpatient clinic. Students will spend 3 weeks on an adult inpatient unit and three weeks in the partial hospital program. Students will be responsible for participating in the admission and work-up of patients as well as following their hospital course, writing progress notes, and presenting at rounds. There will also be exposure to
ECT, a didactic seminar. There will be individual clinical supervisors as well as a certain amount of coverage in the admission and triage area.

**Brockton VA Hospital**  
940 Belmont St, Building 2, 3rd Floor, RM A  
Site Director: Alexandra Pinkerson, M.D., 508-583-4500, alexandra.pinkerson@va.gov

The Brockton Hospital is a 465 bed Veteran hospital with several inpatient psychiatric units. Inpatient units consist of 2 acute and 2 chronic treatment wards, a chemical dependency unit, and an emergency department. In addition, there are partial hospitalization, as well as day hospital facilities and an outpatient clinic. Students will be assigned to a locked acute psychiatric unit. On the acute ward they will attend daily rounds and see work-ups of new admissions. They will be responsible for an initial comprehensive lifetime psychiatric history of each of their assigned patients (usually one or two) and daily progress notes. There will also be elective or assigned opportunities to observe ECT treatment and group therapy sessions. There will be individual clinical supervision by the attending psychiatrists and a chance to become part of the entire treatment team consisting of nurses, a nurse practitioner, social worker, psychologist, recreation therapist, pharmacist and occupational therapist.

**Kaiser Permanente**  
3840 Homestead Road, #210  
Santa Clara, CA 95051  
Site Director: Rochelle Woods, M.D., 408-972-6501, rwoods@bu.edu  
Site Administrator: Maida Louise Caoile, 408-851-4938, Maida-Louise.Caoile@kp.org

Students will spend three weeks at the Santa Clara inpatient unit, and three weeks in the San Jose outpatient clinic. Inpatient psychiatry consists of approximately 24 beds with an adjacent crisis stabilization unit that can accommodate 6 patients in crisis. Kaiser has a high number of psychologists, social workers, and other mental health trainees with whom our students can collaborate. There is an Outpatient Clinic in San Jose and students can engage in the C&L service and Memory Clinic in the adjacent hospital. The Outpatient Clinic is well-staffed with a variety of disciplines in the mental health field.

**Manchester VA**  
718 Smyth Road, Manchester, NH 03104  
Site Director: Lynn Villmaire, M.D., Lynn.Villemaire@va.gov  
Site Administrator: Sherri Henry, 603-624-4366 ext. 6663, sherri.Henry2@va.gov

Manchester VAMC is a Joint Commission accredited, complexity level three facility serving Veterans in Southern and Eastern New Hampshire. The Medical Center is located in Manchester, New Hampshire, and has four Community Based Outpatient Clinics located in Conway, Portsmouth, Somersworth, and Tilton, New Hampshire, serving 33,198 enrolled Veterans. The Manchester VAMC provides General Medicine and Surgical Acute Inpatient Care through a contract with Concord Hospital in Concord, New Hampshire. In 2015, the Manchester VAMC
received their triennial certification by the Joint Commission. The Manchester VAMC has a 41-bed inpatient Community Living Center that includes a 35-bed skilled nursing unit and a 6-bed palliative care unit which participates in the unannounced survey process with the Long Term Care Institute. The Medical Center provides an array of outpatient services in Primary Care, Specialty Care, Mental Health and Extended Care.

**MetroWest Medical Center – Leonard Morse Hospital**  
67 Union Street, Natick, MA 01760  
Site Director: Maxim Lianski, M.D., 508-650-7415, Maxim.Lianski@mwmc.com  
Site Administrator: Jessica Pendergast, 508-650-7031, Jessica.Pendergast@mwmc.com

MetroWest Medical Center Behavioral Health is located at the Leonard Morse Hospital in Natick, MA. It is composed of an adult inpatient unit, a dual diagnosis unit, a geri-psychiatry unit, and a child and adolescent unit. Students will work closely with preceptors on these various units in attending daily rounds, participating in the assessment of new admissions, and taking responsibility for following selected patients.

**Mount Auburn Hospital**  
330 Mount Auburn Street, Clark One, Cambridge, MA 02138  
Site Director: Antonio Bullon, M.D., abullon@mah.harvard.edu  
Site Administrator: Maraim Panossian, 617-499-5054, mpanossi@mah.harvard.edu

Mount Auburn Hospital is a 213 bed community hospital in Cambridge, MA. It serves as a primary teaching site for several medical schools in the area. Students on the psychiatry service will work on the inpatient geri-psychiatry unit as well as the consult liaison service. In addition, they will gain exposure to outpatient psychiatry, ECT, neuropsychological testing, and group therapy.

**Norwood Hospital**  
800 Washington St, Norwood, Draper Building, 3rd floor  
Site Director: Norman Tabroff, M.D., 781-278-6264, Norman.Tabroff@steward.org  
Site Administrator: Lisa Carvalho, 781-278-6264, lisa.carvalho@steward.org

Norwood Hospital psychiatric service consists of two adult units (40 beds) and one geropsychiatry unit (21 beds). Medical students will gain experience in general hospital psychiatry. They will evaluate patients on the inpatient geriatric psychiatry unit, participate in psychiatric consultations to medical/surgical patients and see patients in the emergency department. The chief of psychiatry will supervise them. Medical Students will also work collaboratively with other attending psychiatrists, nurse practitioners, psychologists, pharmacists, occupational therapists and social work staff.

**Roger Williams Medical Center**  
200 High Service Ave., North Providence, RI 02904
Students will work on two inpatient units at the Roger Williams Medical Center. Students will reside on the campus of RWMC in a free-standing house across the parking lot from RWMC; most of the rooms are single with shared baths and kitchens. The academic experience for med students will include exposure to inpatient psychiatry, geriatric psychiatry, dual-diagnosis psychiatry/addiction psychiatry.

**St Elizabeth`s Medical Center**
736 Cambridge Street, Dept of Psychiatry Quinn 3 waiting area, Boston, MA 02135.
Site Director: Norman Zarsky, Norman.Zarsky@steward.org
Site Administrator: Stefanie Wong, 617-789-2404, stefanie.wong@steward.org

The rotation will be divided between the Adult Inpatient Unit, Geriatric Psychiatry Unit, and the Consult/Liaison team. Students can also observe outpatient intakes or groups in the Partial Hospital Program (day program). The program coordinator can arrange these experiences. Students rotating in St Elizabeth`s are required to do 3 calls from 5-10 pm and students must report for duty the following day.

**West Roxbury VA**
1400 VFW Parkway, 1400 VFW Parkway West Roxbury, 02132,
Site Director: Grace Chang, M.D., grace.chang2@va.gov

Medical students will spend 6 weeks at the West Roxbury VA Hospital on the Consultation-Liaison Psychiatry service. They will work closely with the attending psychiatry staff as well as fellows in psychosomatic medicine and psychiatry residents. Students will be responsible for the psychiatric care of 2-4 patients per day and will follow their medical and psychiatric hospital course. There is extensive exposure to general psychiatry, forensic psychiatry, emergency room psychiatry, as well as consultation-liaison psychiatry. There are weekly seminars, case presentations, daily rounds, individual supervision, and academic presentations throughout the 6 weeks.

**Clerkship Schedules**
Students will report to their clerkship site directors on the day following their orientation to the psychiatry clerkship. Unless otherwise specified, medical students will be expected to be present at their sites between 8 am and 6pm on weekdays for the duration of the rotation. Some sites may require limited evening hours.

Didactics will be held in the Medical School on Thursdays from 9am to 5pm. In addition, Students will attend psychiatry grand rounds from 12 to 1pm every Thursday. There will be a 1 hour lunch break from 1 to 2pm. Students will be expected to do a certain amount of reading and preparation prior to some of the didactic sessions. Students will have the day off from didactics on the Thursday prior to the Shelf exam.
Key Dates:
Please refer to emails and Orientation handouts for the specific key dates that correspond with your block.

- **Clerkship Orientation:** First Monday of the rotation (Tuesday, if Monday is a BU Holiday).
- **Report to Clerkship Sites:** The day following the Orientation unless otherwise specified. See below for site-specific reporting information.
- **Lectures:** Thursdays 9am-5pm at BUSM, psychiatry grand rounds 12-1pm.
- **Mid-Evaluations Due:** The 3rd Thursday of the rotation.
- **Study Days:** Students receive 1 day off (last Thursday of block) from their rotation prior to the Shelf exam.
- **Shelf Exam:** The Shelf exam is administered on the last Friday of the rotation.

**Block Schedule**
Block schedule dates for all clerkships can be located on the Office of Academic Affairs website: [http://www.bumc.bu.edu/busm/education/academic-affairs/academic-calendars/](http://www.bumc.bu.edu/busm/education/academic-affairs/academic-calendars/)

**Didactic Schedule**
Thursdays 9am-5pm in the Medical School. Students at Kaiser and Berkshires Medical Center have the opportunity to watch *some of* our Didactic Sessions via recorded video.

**Holidays**
Thanksgiving: Wed, Nov 21, 2018 at 12PM – Sun, Nov 25, 2018
Intercession: Fri, Dec 21, 2018 at 5PM – Tue, Jan 1, 2019

Other holidays that occur during specific blocks will be communicated by the clerkship director.

**First Day Reporting Schedule**

**Bedford VA**
Reporting Time: 8:00 am
Location: 200 Springs Rd, Bedford Psychiatry Svc: Bldg. 9, 1st Fl., Rm. 113
Contact Person: Dr. Frances Frankenburg
Report to: Doreen Asselin, 781-687-2478

**Berkshire MC**
Reporting Time: students will be contacted
Location: Dept. of Psychiatry and Behavioral Sciences
725 North Street, Warriner I
Pittsfield, MA 01201
Report to: Stephanie Wade
Contact Person: Nora Hamilton

**BMC – Consult, East Newton Campus**
Reporting Time: 8:15 am
Location: Doctors Office Building
720 Harrison Ave, Boston, MA 02118
7th Floor, Suite 7600
Report to: Lynne Rose, 617-638-8670

**BMC Menino Psychiatry ER**
Reporting Time: 8:00 am
Location: BMC Menino Psychiatry ER
Report to: Dr. Joanna Buczek

**Bournewood Hospital**
Reporting Time: 8:15 am
Location: 300 South St, Brookline, MA 02467. Stedman Admin. Bldg. - ask receptionist to buzz Maria Nunez.
Report to: Maria Nunez, 617-676-3548
Note: Please bring $10 key deposit. You also need to bring proof of your latest PPD skin test and flu vaccination.

**Brockton VA**
Reporting Time: 8:00 am
Location: Building 2, 3rd floor, room A-304
Report to: Dr. Alexandra Pinkerson
Parking: Parking lot 3, to the right when you enter campus. It's free and there's always space.

**Kaiser Permanente Behavioral Health Center**
Reporting Time: 9:00 AM
Location: Lobby, 3840 Homestead Rd, Santa Clara, CA 95051, 408-851-4917
Report to: Dr. Louai Bilal, MD, MSc Chief and Clinical Director

**Manchester VA**
Reporting Time: 8:30 AM
Location: 718 Smyth Road Manchester, Bldg. 1 Main building, 5th Floor.
Report to check in area, let them know who you are and you will be buzzed into Dr. Villemaire’s office.
Report to: Dr. Lynn Villmaire
Contact Person: Sherri Henry

**MetroWest Medical Center**
Reporting Time: 9:15am
Location: Leonard Morse Hospital
67 Union Street, Natick, MA 01760
Fair Building - Jessica Pendergast’s Office - 508-650-7031
Report to: Maxim Lianski, M.D.

*The Fair Building Conference Room is located on the Natick Campus of MetroWest Medical Center. The best way to get to the Fair Building is to take the Emergency Room entrance off of*
Union St. Follow the driveway which is rather long. You will see signs for Patient Parking to the left off of the driveway. From the parking area, the Fair Building is the first building on the left. It is a large brick building with white pillars. After you enter the building and just before the stairway, the Fair Conference Room is on the left. Jess Pendergast’s office is on the right across from the conference room.

**Mount Auburn Hospital**
Reporting Time: 8:15am  
Location: 330 Mount Auburn Street, Clark One  
Cambridge, MA 02138  
Report to: Mariam Panossian

Mariam Panossian will get you set up with an ID badge and a pager.

**Norwood Hospital**
Reporting time: 9:00am  
Location: 800 Washington St, Norwood 3rd floor Draper Building  
Report to: Dr. Norman Tabroff, 781-278-6512

**Roger Williams**
Reporting Time: Cathy Cardillo or Susan Saccoccia will contact you before rotation begins with reporting time and location.  
Location: 825 Chalkstone Ave, Providence, RI 02908  
2nd floor of the Simpson Building, Room 203, Medical Education, which is located within the Main Hospital.  
Report to: Dr. Aleksandra Phillips, 808-729-4301

Scott will give you keys and information regarding housing at Orientation

**St. Elizabeth`s Medical Center**
Reporting Time: 8:30 am  
Location: 736 Cambridge St. Dept. of Psychiatry Quinn 3, conference room  
Report to: Stefanie Wong, 617-789-2404

**West Roxbury VA**
Reporting time: Arrive at 8:00 AM  
Location: 1400 VFW Parkway, West Roxbury, MA 02132  
Report to: Dr. Chang will facilitate the orientation. Dr. Montalvo will do the orientation if Dr. Chang is away or unavailable. The CL team will be present for Rounds at 8:00 AM.

You must pick up your PIV card at Building #3, ground floor, room #GB-139, next to the 24-hour entrance, before CPRS training, and then report to conference room GD-103 in Building 1.
Assessment and Grading

Clerkship Grading Policy

<table>
<thead>
<tr>
<th>HOW MUCH EACH PART OF YOUR GRADE IS WORTH:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Grade Percentage</td>
<td>60</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>30</td>
</tr>
<tr>
<td>Thursday Didactics Percentage</td>
<td>10</td>
</tr>
<tr>
<td>Professionalism Percentage</td>
<td>Up to 3</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW YOUR FINAL WORD GRADE IS CALCULATED:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>89 and above</td>
</tr>
<tr>
<td>High Pass</td>
<td>72-88</td>
</tr>
<tr>
<td>Pass</td>
<td>59-71</td>
</tr>
<tr>
<td>Fail</td>
<td>58 and below</td>
</tr>
</tbody>
</table>

SHELF/EXAM GRADING

Exam minimum passing (percentile/2 digit score) 5%tile (first quartile stats)

Other components that need to be completed in order to pass the clerkship

- Patient log
- FOCuS Forms – Interview, Physical Exam (Mental Status), Oral Presentation, and Interprofessional Teamwork
- Duty Hour logs
- Mid-Clerkship Evaluation Form
- Demonstrate competency in the advanced clinical skills taught and assessed during the clerkship
- Submit all required documentation, quizzes and paperwork

Clerkship Specific Clinical Grade Procedures/Policies

Students will receive a grade for didactic participation which will count for 10% of the overall clerkship grade. It is expected that the great majority of students will receive full marks for this portion of the evaluation. Students will be marked down in this domain for significant deficiencies in preparing for, attending, or participating in the didactic experiences. This grade will be provided by the Clerkship Director.

Professionalism

Evaluation of a medical student's performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Any lapses in professionalism may result in a loss of up to 3% of the total possible clerkship points regardless of performance in other areas of the clerkship. Any professionalism lapses resulting in a loss of
clerkship points will require narrative comments by the clerkship director in the professionalism comment section of the final evaluation and a discussion with the student.

**Clerkship-Specific Failure and Remediation Policies/Procedures**

- A score of 1-1.9 (averaged score across evaluators) in any CSEF domain, may result in failure of the clerkship.

- Students who fail the shelf examination can re-take it. Students who fail the re-examination must repeat the entire Psychiatry Clerkship.


**BUSM Grade Review Policy**


**Formative Assessments**

The purpose of formative assessment is to improve student learning by providing feedback on how well they are learning skills and content during the clerkship. Formative assessments are not included in the calculations of students’ final grades. Each clerkship has required FOCuS (Feedback based on Observation of Clinical Student) forms which must be completed by the mid/end of the clerkship. These forms will provide formative assessment through direct observation of CSEF behaviors.

- Interview
- Physical Exam (Mental Status)
- Oral Presentaion
- Interprofessinal Teamwork

**Formative Assessment and Feedback Policy**

Boston University School of Medicine (BUSM) ensures that each medical student is provided with formative assessment early enough during each required course or clerkship to allow sufficient time for remediation. Formative assessment occurs at least at the midpoint of each required course or clerkship four or more weeks in length.


**Mid-Clerkship Review**

You and your clerkship director, site director or primary preceptor will complete the BUSM Mid-clerkship Evaluation form at the mid clerkship point.
The purpose of this evaluation is to give the student a chance to understand both their strengths as well as opportunities to improve. The feedback received at the mid-clerkship review is intended to allow the student to improve their clinical skills in real time.

**Final Summative Assessments**
The final summative assessment will be based on the clerkship grading policy and include a clinical performance grade with the CSEF (Clinical Student Evaluation Form), a NBME performance grade, and other assessments depending on the clerkship.

**NBME Subject Examination**
Students will take the Psychiatry NBME Subject Examination on the last Friday of the clerkship (unless otherwise communicated by the Office of Academic Affairs). Students are given a reading day the day before the exam. Students do not report to their clerkship site on the reading day or the day of the exam. Students will be given 2 hours 45 minutes to complete this exam.

**Shelf Exam Laptop Certification Process**
Students must certify their laptops one week before the NBME Subject Exam and again on the day before the exam. Instructions are provided on the Alumni Medical Library website at: [http://medlib.bu.edu/computing/nbmelaptopcertification.php](http://medlib.bu.edu/computing/nbmelaptopcertification.php)

**Exam Policies**
[http://www.bumc.bu.edu/busc/education/academic-affairs/policies/exam-policies-for-medical-students/](http://www.bumc.bu.edu/busc/education/academic-affairs/policies/exam-policies-for-medical-students/)

**Testing Center Policies**

**Make-Up Exams**
Students needing to make up the exam or remediate only the exam portion of the clerkship must contact the Clerkship Coordinator to arrange for a make-up/remediation date. **Students may not take a make-up or remediation exam during any block they currently have a scheduled rotation.** Make-ups and remediation exams will typically be scheduled at the end of the third year blocks between mid-May and early June.

**Roles and Responsibilities**

**Clerkship Director**
- Oversee the design, implementation, and administration of the curriculum for the clerkship
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensure student and faculty access to appropriate resources for medical student education
- Orient students to the clerkship, including defining the levels of student responsibility necessary for required diagnoses and procedures
- Oversee teaching methods (e.g. lectures, small groups, workshops, clinical skills sessions, and distance learning)
- Develop faculty involved in the clerkship
• Evaluate and grade students
  o Develop and monitor assessment materials
  o Use required methods for evaluation and grading
  o Assure mid-clerkship meetings and discussion with students
  o Ensure students are provided with feedback on their performance
  o Submit final evaluations for students via E*Value
• Evaluate faculty and programs via peer review and reports from the Office of Medical Education and national reports
• Support each student’s academic success and professional growth and development, including working with students experiencing difficulties
• Participate in the BUSM clerkship peer review process
• Ensure LCME accreditation preparation and adherance
• Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Clerkship Coordinator
• Support the clerkship director in the responsibilities provided above
• Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
• Maintain student rosters and clinical schedules
• Coordinate orientations and didactic sessions
• Liaise with site directors and administrators to coordinate student experiences across all sites
• Verify completion of clerkship midpoint and final evaluations for each student
• Monitor students’ reported work hours and report any work hours violations to the clerkship director
• Coordinate and proctor clerkship exams

Site Directors
• Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
• Orients students to the clinical site
• Sets student expectations for clinical encounters and discusses student role and responsibilities
• Supervises students by observing history taking, physical exam skills and clerkship specific required observations.
• Ensures formative feedback in an appropriate and timely fashion
• Delegates increasing levels of responsibility
• Meets with the student for the Mid-clerkship review
• Meets with the student for the final exit meeting
• Recognize students who have academic or professional difficulties and communicate this to clerkship leadership
• Collects feedback and evaluation data from all physicians who work with the student
• Evaluates students fairly, objectively and consistently following medical school and department rubrics and guidelines
• Ensure student and faculty access to appropriate resources for medical student education
• Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Primary Clinical Faculty/Preceptors/Trainees
• Set and clearly communicate expectations to students
• Supervise students by observing history taking and physical exam skills, and document it on the FOCuS form
• Delegate increasing levels of responsibility to the student within clerkship expectations
• Maintain appropriate levels of supervision for students at site.
• Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
• Recognize student learning or professional difficulties and communicate to clerkship director directly in real time in person or via email or phone
• Give students appropriate and timely formative feedback
• Assess students objectively using the CSEF form
• Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Supervision
Initially, the primary clinical faculty members should designate time to observe you performing: **history taking, focused physical exam, clinical problem-solving and interaction with patients and patient education.** Once the supervisor establishes the student’s level of confidence and competency, the student should be delegated increasing levels of responsibility in patient care, as appropriate. Although students may initiate a particular patient encounter on their own and without direct supervision, the faculty must at some point review the encounter with the student and inform the patient in-person that the student’s assessment and management plan has been reviewed and approved by the faculty. The faculty is ultimately responsible for the evaluation, treatment, management, and documentation of patient care. If students have concerns regarding their clinical supervision, the site director and clerkship director should be immediately notified.

Supervision and Delegating Increasing Levels of Responsibility
It is expected that the level of student responsibility and supervision will be commensurate with student’s competency and level of confidence. When the student arrives to a new setting, a faculty may wish to observe you for the first session. Thereafter, you should begin to see patients on your own. In the outpatient setting, the student should initially perform **4-5 focused visits per day in the first week, increasing to 6-12 thereafter.** In the inpatient setting, the student should initially follow 1-2 patients and increased to 3-4 thereafter. When a student feels that he or she is being asked to perform beyond his or her level of confidence or competency, it is the responsibility of the student to promptly inform the preceptor. It is then the preceptor’s responsibility to constructively address the student’s concerns and appropriately restructure the teaching encounter to address the student’s learning needs.

**Under no circumstances should the following occur:**
- Patient leaves the office/hospital with never having had a direct face-to-face encounter with clinical faculty/supervising resident.
- Primary faculty gives “prior approval” for student to perform intervention (order labs, prescribe meds) without satisfactory review.
- Patient leaves office/hospital without being informed that assessment/management plan has been directly reviewed and approved by the faculty.
- Learning in which a student is expected to perform an intervention or encounter without the prerequisite training and/or adequate supervision.
- Student note provides the only record of the visit. Although all faculty see all patients, faculty must document that they were actually the person responsible for seeing and examining the patient.

**Third Year Student**
- Participation in on-campus didactics - Thursdays
- Conducting a Mental Status Exam observed by a preceptor.
- Conducting an assessment of a patient with a Substance Use Disorder observed by a preceptor.
- Conducting an Assessment of a patient with Depression observed by a preceptor.
- Completion of a mid-clerkship evaluation.
- Completion of Patient Log and Required Diagnoses
- Logging of duty hours
- Completion of required Focus forms
- Logging of relevant experiences of the BUSM Required Core Patient Encounters and Procedures.

**Professional Comportment**
Students are expected to adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations, located on the Policies page, under “Academic Policies and Information” ([http://www.bumc.bu.edu/bsm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf](http://www.bumc.bu.edu/bsm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf))

Students are expected to be aware of and follow the site expectations on professional comportment, including, but not limited to, dress code and the use of phones, pagers, and laptops. Students must arrive on time at their site and for any scheduled sessions. Any missed sessions and absences must adhere to the Clinical Student Time Off Policy.

Further, below are expectations for student professionalism in the core clerkship curriculum. These include, but are not limited to:

- Treating the clerkship team in a professional and respectful manner
- Engaging in the core curriculum and participating respectfully at all times
- Arriving at clerkship didactic sessions on time
- Requesting faculty and resident evaluations in a timely manner
- Reviewing and responding to e-mail requests in a timely manner.
- Returning borrowed clerkship materials on time
- Handing in all assignments on time
- Completing all logs and FOCuS forms by the clerkship specific deadline
- Inform clerkship leadership and supervising faculty/residents of absences

Feedback on professionalism will be given to students so students will be made aware of any concerns noted by the clerkship directors, clerkship coordinator, faculty or residents.

Positive and constructive comments on professionalism will be included in the narrative of the final clerkship evaluation for each student. Any lapses in professionalism may result in a loss of up to 3% of the total possible clerkship points.

**Ethical Behavior for Examinations and Mandatory Sessions**
- Refrain from any conversation with your peers during exams and as you leave the L-11 testing space, including within the vending room and elevator waiting area, until you are on the elevator.
- Don’t seek or receive copies of the examinations
- Signing in classmates, or signing in yourself and not staying, for mandatory sessions is considered cheating and violations will be referred to Medical Student Disciplinary Committee
- If you are aware of any violations of the ethical standards listed above, within the Student Disciplinary Code of Academic and Professional Conduct, or otherwise, report it to the Clerkship Director

**Student Evaluation of the Clerkship**
Student feedback is a highly valued, critical resource for helping us continually improve our curriculum. Evaluation of learning experiences is a requirement of the Liaison Committee on Medical Education. To ensure that we have a representative amount of data on our courses and clerkships, all students are expected to complete an evaluation via E*Value ([www.e-value.net](http://www.e-value.net)) for each of the courses/modules and their instructors. All evaluations are anonymous and aggregate data is only released to clerkship directors after grades have been submitted for the blocks. Please comment freely and honestly about your experience.

**Blackboard**
Students will have access to a Blackboard site for the clerkship. The site is listed under “My Courses” as MS314 Third Year Psychiatry Clerkship on your Blackboard landing page.

Students who have questions about the Blackboard site or find that they do not have access to the site should contact Scott Harris for assistance.

Blackboard Learn: [https://learn.bu.edu/](https://learn.bu.edu/)

**Assignments**
Learning modules of expected diagnoses are located on Blackboard under Assignments. Students will be asked to complete selected reading assignments prior to some of the Thursday didactic sessions. In addition, students may be asked to prepare a brief oral presentation.

**Patient Encounters/Case Logs**
Across the third year there are required patient encounters and procedures that must be logged whenever they are seen. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient.
**Required Patient Encounters - Psychiatry**

http://www.bumc.bu.edu/busm/education/academic-affairs/faculty-resources/

1. Depressed/Sad
2. Anxious
3. Alteration of thought/behavior -Suicidal ideation
4. Alteration of thought/behavior –Mania
5. Alteration of thought/behavior- Aggression
6. Alteration of thought/behavior -Psychosis
7. Altered mental status
8. The patient with a substance use disorder
9. The patient with a history of trauma or violence

**Alternative Patient Encounters**

If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. In this clerkship, the alternative experiences are available via videos located on Blackboard under Assignments.

**Patient Encounter Log**

Students are expected to log their patient encounters in E*Value (www.e-value.net). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. The directions on how to log patient encounters can be found on the E value help page [http://www.bumc.bu.edu/evaluate/students/](http://www.bumc.bu.edu/evaluate/students/). Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

**Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students**


**Collaborative Student Assessment System**

http://www.bumc.bu.edu/busm/files/2016/03/OAA_Collaborative_Student_Assessment_System.pdf

**Student Disciplinary Code of Academic and Professional Conduct**


**Attendance Policies**

On-site hours must be limited to 80 hours per week, averaged over a two-week period. Violations should be reported directly to the clerkship director or to an Associate Dean (Academic Affairs or Student Affairs). Time off requests must comply with the Attendance & Time Off Policy.
  ▪ Time Off Request Form: [www.bumc.bu.edu/busm/files/2015/06/Time-off-Request-Form.doc](http://www.bumc.bu.edu/busm/files/2015/06/Time-off-Request-Form.doc)
• Work Hours: [http://www.bumc.bu.edu/busm/education/academic-affairs/policies/work-hours/](http://www.bumc.bu.edu/busm/education/academic-affairs/policies/work-hours/)

**Personal Day Policies**
[http://www.bumc.bu.edu/busm/education/academic-affairs/policies/personal-days-policy/](http://www.bumc.bu.edu/busm/education/academic-affairs/policies/personal-days-policy/)

**Clerkship Specific Blackout Dates**
• Clerkship orientation
• Thursday didactics
• Shelf exam test day

**Scrubs Policy**

**B USM Policies**
In addition to the expectations listed above, all students are expected to adhere to BUSM and Boston University policies.
[http://www.bumc.bu.edu/busm/education/academic-affairs/policies/](http://www.bumc.bu.edu/busm/education/academic-affairs/policies/)

**BU Policies and Student Support Services**

**Appropriate Treatment in Medicine**
Boston University School of Medicine (B USM) is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the BUSM community to respect each person’s worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel.

B USM has a **ZERO** tolerance policy for medical student mistreatment.

Students who have experienced or witnessed mistreatment are encouraged to report it using one of the following methods:

• Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci, MD, directly by email ([bob.vinci@bmc.org](mailto:bob.vinci@bmc.org))
• Submit an online Incident Report Form through the online reporting system

These reports are sent to the ATM chair directly. Complaints will be kept confidential and addressed quickly.


Needle Sticks and Exposure Procedure

Boston University Sexual Misconduct/Title IX Policy

Boston University Social Media Guidelines
http://www.bu.edu/policies/information-security-home/social-media-guidelines/

Recent Changes to the Clerkship

Several changes have been made to the Psychiatry Clerkship over the last year.

1) Beginning in the 2018-2019 academic year, student evaluations will be completed by all faculty and residents with whom a student has worked over the course of the clerkship. The student’s final clinical grade will be a weighted average of their grades from their various supervisors. Narrative comments in the final CSEF form will be collated and edited by the site director. (Prior to this year, the site director was the only faculty person to fill out a CSEF form for a student.) This change was made, in part, in response to student comments.

2) Beginning in September 2017, the didactic time for the clerkship students was expanded from one half day (Wednesday afternoons) to one entire day (Thursdays). This change was made to help minimize student’s travel demands, and to allow for a wider range of didactic experiences.

3) Several new didactic topics have been added since September 2017. These include a tour of a local correctional facility, student attendance at an Alcoholics Anonymous meeting, a presentation by a group of mothers of children with autism spectrum disorders, and two ethics discussions each block.

4) Many of the didactic sessions have been changed from a lecture format to a case based discussion format. This change was instituted in part due to comments from medical students.

5) Three new sites are being added for the 2018-2019 academic year. These are the Berkshire Medical Center, the Metrowest Medical Center, and the Mt. Auburn Hospital.
Learning Strategies and Tools

Recommended Texts

- DSM V - *Diagnostic and Statistical Manual of Mental Disorders*. 2013 (Authoritative and remarkably readable. In addition to listing of diagnostic criteria, the DSM provides a brief discussion of the salient aspects of each diagnosis. Available through the BU library as an ebook).
- The following resources may be helpful study guides while preparing for the Shelf examination:
  - *Qbank*

E*Value Student Resources
http://www.bumc.bu.edu/value/students/

Echo360/Technology
Echo360 may only be used for streaming captured lecture videos; the videos may not be downloaded. Taking smartphone or digital pictures or videos of any part of the lecture in class, or at home, is similar to downloading and is not allowed. There are a number of reasons for this, including that students and/or the University may be liable for violations of federal copyright and privacy laws as a result of the use of copied material.

If you experience any technical problems, please report the issue in one of the following ways to generate an IT ticket:

- **Echo360 Related Issues**: Create a ticket on the Ed Media site (http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/): sign in and provide pertinent information that will enable an effective response. Have a link to the problematic video ready to copy/paste into this form.

- **Educational Technology Related Issues**: For assistance with technology supported by BUMC's Educational Media (e.g. ExamSoft), tickets can be created via their website at: http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-issue/

- **Other Technology Related Issues**: For assistance with BU-wide technology, such as Blackboard, email an example (e.g. picture or very brief phone video) to ithelp@bu.edu with a descriptive subject line and give as many details as possible on the what, where, how you are using the service and what type of computer, browser, etc. along with type of student (i.e. BUSM III). Always include link(s) to or screen shots of where the issue is occurring.
Session Learning Objectives and Notes

Didactic Sessions

Anxiety
By the end of the session, students will be able to:
• Describe the clinical features associated with the major categories of anxiety disorders.
• Differentiate and diagnose anxiety disorders.
• Describe current state of the art treatment for anxiety disorders.

Child Psychiatric Disorders
By the end of the session, students will be able to:
• Identify normal versus abnormal development in each of the developmental stages infancy through late adolescence.
• Describe which mental disorders are usually first diagnosed in infancy, childhood, or adolescence.
• Describe first line treatments for the major psychiatry disorders of childhood and adolescence.

Cognitive Disorders
By the end of the session, students will be able to:
• Define the DSM-V criteria for both dementia and delirium.
• Explain the acute medical management of a delirious patient.
• Describe the treatment of demented patients.
• Describe the medications used in dementia.

Eating Disorders
By the end of the session, students will be able to:
• Define the DSM-V criteria for Anorexia Nervosa, Bulimia Nervosa, and Eating Disorder NOS.
• Describe the appropriate psychotherapy and medication treatments for Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder.
• Explain the diagnostic differences between Anorexia Nervosa, Bulimia Nervosa, and Eating Disorder NOS.

**Emergency Psychiatry**
By the end of the session, students will be able to:
• Identify the range of conditions commonly seen in psychiatric emergency departments.
• Detail the opportunities for intervention in crisis situations in psychiatry emergency departments.

**Forensic Psychiatry**
By the end of the session, students will be able to:
• Describe the laws governing civil commitment.
• Explain the responsibilities of the psychiatrist under mandated reporting and Tarasoff statutes.
• Define the major differences between a forensic evaluation and a clinical evaluation.

**General Medical Conditions**
By the end of the session, students will be able to:
• Describe how psychiatric disorders may present in patients with general medical conditions.
• Explain why the great masqueraders (brain tumors, strokes, traumatic brain injuries, and epilepsy) have the potential to cause a variety of psychiatric symptoms.
• Differentiate the neurological, drug-induced, medical, and pharmaceutical causes of psychosis, mania/hypomania, anxiety, depression, and dementia/memory loss.

**Mood Disorders**
By the end of the session, students will be able to:
• Define the DSM-V criteria for Major Depression, Bipolar I, and Bipolar.
• Describe the appropriate psychotherapy and medications treatments for major depression, including the SSRIs, tricyclic antidepressants, and MAO-Is.
• Explain the common and the serious side effects of antidepressant medications.
• Describe the appropriate psychotherapy and medication treatments for the bipolar disorders.
• Explain the common and the serious side effects of mood stabilization medications (lithium, depokote, tegretol).

**Post-Traumatic Stress Disorder**
By the end of the session, students will be able to:
• Describe the range of responses to traumatic experiences.
• Detail the distinctions between toxic stress and single event trauma.
• Explain the major modalities used in treatment of. Persons with Post-Traumatic Stress Disorder.
Psychodynamic Psychotherapy
By the end of the session, students will be able to:

- Detail the basic presumptions behind psychodynamic psychotherapy.
- Explain the ways in which a psychotherapeutic approach to a patient differs from a psychopharmacologic approach.

Psychopharmacology
By the end of the session, students will be able to:

- Describe the various types of medications used to treat Major Depression and Bipolar Disorders and their uses (Heterocyclics, MAOIs, SSRIs, atypicals, and amphetamines).
- Describe some of the uses of antipsychotics in treatment of psychotic behaviors.

Schizophrenia
By the end of the session, students will be able to:

- Define the DSM-V criteria for schizophrenia.
- Describe the appropriate psychotherapy and medication treatments, including the typical and atypical antipsychotic medications.
- Explain the common and the serious side effects of both the typical and atypical antipsychotic medications.

Shelf Review
By the end of the session, students will be able to assess, diagnose, and develop first line treatments for:

- Psychotic Disorders
- Personality Disorders
- Suicidal and Homicidal Patients
- Somatoform Disorders
- Cognitive Disorders
- Mood Disorders
- Substance-related Disorders

Somatoform Disorders
By the end of the session, students will be able to:

- Describe the etiology of the Somatoform disorders.
- Describe the clinical features often associated with Somatoform disorders.
- Describe how to differentiate, diagnose, and treat the various Somatoform disorders.

Substance Abuse
By the end of the session, students will be able to:

- Define the DSM-V criteria for alcohol abuse and alcohol dependence.
- Define the DSM-V criteria for cocaine abuse and cocaine dependence.
- Define the DSM-V for heroin abuse and heroin dependence.
- Explain which treatment programs are most effective for substance abusers, include acute detoxification hospitalization, AA, drug rehabilitation programs, and drug maintain program (methadone clinics).
Describe the various anti-craving medications used to treat substance abuse.

**Ethics Journal Club**
By the end of the session, students will be able to:
- Explain the core ethical principles operating on both sides of the debate over physician aid in dying.
- Discuss the rationale for conscientious objector exceptions in medicine.
- Detail the history and rationale for the Goldwater Rule.

**Mothers of Children with Autism**
By the end of the session, the student will be able to:
- Describe the range of services available to children with a diagnosis of Autism Spectrum Disorder.
- Detail several potential approaches to hospital encounters with patients with ASD in order to make the experience less unsettling to the patient.

**Tour of the Suffolk County House of Correction**
By the end of the session, the student will be able to:
- Explain the range of psychiatric disorders commonly encountered in correctional settings.
- Detail the particular challenges of providing mental and medical health care to incarcerated individuals.

**Clinical Off-Site Sessions**
By the end of the session, students will be able to:
- Demonstrate the communication skills necessary for establishing a rapport with patients by demonstrating good communication skills in an ambulatory clinic.
- Obtain a history and perform the mental status examination with proper documentation in the office medical record.
- Participate in patient education and develop skills in behavioral modification to improve health.
- Focus on learning and management of common psychiatric problems.

**The Resiliency Curriculum**
The mission of the Resiliency Curriculum is to guide students in creating a toolbox of skills to become more resilient in their roles as student doctors and future practicing physicians by discussing difficult topics such as patient suffering, death and dying, or medical errors in a safe and supportive environment through techniques such as reflection and appreciative inquiry with an underlying tone of preventing and proactively addressing burnout.

Topic for psychiatry: Encounters with the Hateful and Difficult Patient - Have you ever encountered a patient who has made you feel frustrated, like a failure, emotionally drained or physically. These are each examples of countertransference. This session will offer you the opportunity to reflect upon your own countertransference and discuss how to prevent it from changing your patient care plans or influencing the patient-provider relationship.

**What you should expect?**
A 50-90 minute long opportunity to discuss and reflect on challenges and experiences you and your peers have had during 3rd year with a faculty mentor facilitating the discussion

What should you not expect?
A venting session, other peers telling you what to do, judgement, being evaluated by faculty.

How can you prepare?
You will receive an email 3-5 days prior to your session. In that email there will be prompts and ideas to consider. We ask that you read the email and just think about an experience you or a friend has had in 3rd year. That’s it!

By the end of the clinical clerkship Resiliency Curriculum, students will:
- Define resiliency and burnout and key features associated with these topics in medicine
- Discuss and reflect upon issues challenging in the clinical years including death and dying, the hidden curriculum, ethical dilemmas, moral distress, and personal countertransference.
- Define strategies to maintain resilience in the face of challenges and failures including the capacity to make realistic plans, a positive view of self, confidence in strengths and abilities, skills in communication and problem solving, and the capacity to manage strong feelings and impulses.
- Practice using resiliency skills across clerkship educational sessions in the 3rd years.