

# **Psychiatry Clerkship**

## **Academic Year 2025-2026**

**Department of Psychiatry  
MED MD 307  
March 2025**

**Clerkship Director: Christine M. Crawford, MD, MPH  
Associate Clerkship Director: Alexander Chang, MD  
Clerkship Coordinator: Scott Harris, MPH**





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## Clerkship Learning Objectives

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.

By the end of the Psychiatry Clerkship, the M3 Student will:

1. Demonstrate the Institution's Professionalism Learning Objectives while on clinical sites including:
  - Maintaining patient confidentiality and privacy
  - Completing necessary administrative duties in a timely manner
  - Being prepared and punctual on clinical sites
2. Assess, diagnose, and develop first line treatments for:
  - Schizophrenia Spectrum and Other Psychotic disorders
  - Personality Disorders
  - Suicidal and Homicidal Patients
  - Somatic Symptom and Related Disorders
  - Neurocognitive Disorders
  - Mood Disorders
  - Anxiety Disorders
  - Substance Use
  - Bipolar Disorders
  - Posttraumatic Stress Disorder
3. Communicate with other care providers and the patient regarding the first line treatment of the disorders
4. Conduct an observed Mental Status Examination while on clinical site
5. Conduct an observed substance use assessment while on clinical site
6. Conduct an observed depression assessment while on clinical site

### 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 administering a Mental Status Examination (MSE) to patients. Students need to make sure that they are observed performing 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 end of the clerkship.

## Contact Information

### Clerkship Director



**Christine Crawford, MD, MPH**

Director of Medical Student Education in Psychiatry

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### Assistant/Associate Clerkship Director



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### Clerkship Coordinator



**Scott Harris, MPH**

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Email: [scotth@bu.edu](mailto:scotth@bu.edu)

Office: 72 E. Concord St., A307

Office Hours: 8:30am – 4:30pm

## Clerkship Description

### Focus of clerkship

The purpose of this clerkship is to provide for M3 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 M3 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.

### **Clerkship Changes Made Based on Feedback**

OSCE's were previously done over Zoom, but many students felt it was difficult to perform a psychiatric interview virtually and asked to have in-person OSCE's. Students also felt that there was too long a gap between clerkship orientation and the first didactic day on the Thursday of the following week, so we added an additional didactic day to the first Thursday of the clerkship so that students felt better prepared early on in the clerkship.

### **Diversity, Equity, and Inclusion Initiatives**

N/A

### **Other Recent Changes to the Clerkship**

In-line with the instructional design changes throughout the medical school, we moved away from long days of didactics and switched to a flipped classroom model, with self-study materials for students to review in the mornings and more engaging an interactive in-person sessions in the afternoons. We modified didactics to focus more on helping students learn patient interaction and interview skills for different scenarios and psychiatric diagnoses.

### **Clerkship Sites**

#### **Bedford VA (Edith Nourse Rogers Memorial Veterans Administration Hospital)**

200 Springs Road, Bedford, MA

Site Director: Dongchan Park MD, [Dongchan.Park@va.gov](mailto:Dongchan.Park@va.gov)

Site Administrator: Iona Alfaro, (781) 687-2724, [Ioana.Alfaro1@va.gov](mailto:Ioana.Alfaro1@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.

#### **Berkshire Medical Center**

725 North Street, Warriner 1, Pittsfield, MA 01201

Site Director: Liza Donlon MD, [edonlon@bhs1.org](mailto:edonlon@bhs1.org)

Site Administrator: Nora Hamilton, (413) 395-7513, [NHamilton@bhs1.org](mailto:NHamilton@bhs1.org)

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 in person on the first two days of the block, and 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**

Robinson Office Building, 72 E Concord St. 5<sup>th</sup> floor

Co-site Director: Dara Wilensky MD, (617) 638-8670, [Dara.Wilensky@bmc.org](mailto:Dara.Wilensky@bmc.org)

Site Administrator: Lynne Rose, (617) 638-8670, [Lynne.Rose@bmc.org](mailto:Lynne.Rose@bmc.org)

Students will be assigned to the Psychosomatic Service at Boston Medical Center. 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 Service**

BMC, Menino Pavilion Emergency Department

Site Director: Katharina Trede MD, [katharina.trede@bmc.org](mailto:katharina.trede@bmc.org)

Site Administrator: Lynne Rose, (617) 638-8670, [Lynne.Rose@bmc.org](mailto:Lynne.Rose@bmc.org)

Medical students will be assigned to the ER service at the Menino Pavilion. Students will work with the psychiatrists and clinicians and see a great variety of patients in the psychiatric emergency room referred to as the Psychiatric Emergency Service. They will have exposure to the acute management of psychiatric emergencies including safety assessments as well as agitation in addition to other conditions.

### **Bournewood Hospital**

300 South St., Brookline, Stedman Admin. Building

Site Director: Katherine Ruiz-Mellott, (617) 676-3302, [kruiz-mellott@bournewood.com](mailto:kruiz-mellott@bournewood.com)

Site Administrator: Ryan Rebidue, (617) 676-3548, [rrebidue@bournewood.com](mailto:rrebidue@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 MD, (508) 583-4500, [alexandra.pinkerson@va.gov](mailto: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.

### **Fuller Hospital**

200 May St. Attleboro, MA 02703

Site Director: Michele Casoli-Reardon, MD, [michele.casolireardon@uhsinc.com](mailto:michele.casolireardon@uhsinc.com)

Fuller Hospital is a free-standing psychiatric hospital south of Boston, in the town of Attleborough. It will be opening as a new site for us starting in Block 8 of 2019. The site director, Dr. Scott Haltzman, has had several years' experience teaching Chobanian & Avedisian SOM students at the Roger Williams and Our Lady of Fatima Hospitals in Providence. Fuller is a training site for several other health professional programs, and they are genuinely thrilled about having Chobanian & Avedisian SOM students there.

The drive to Fuller from BUMC takes about 50-60 minutes, and public transportation is not simple, so transportation would clearly be a something of a burden. The direction of the drive is against rush hour traffic both ways, so at least the drive time would be predictable most days. Student housing is available nearby in Providence, RI.

At the same time, Fuller Hospital offers two opportunities that are found at none of our other sites. First, they have an adolescent inpatient unit, and students could spend some weeks working on that unit as part of their rotation. Second, Fuller has the state's only specialized inpatient unit for individuals with intellectual disabilities, and students could rotate there for some weeks as well. A student would be able to select one or both of those experiences as part of their rotation, along with the option of working on a general inpatient or dual diagnosis unit.

### **Good Samaritan Medical Center**

235 N. Pearl St., Brockton, MA 02301

Director: Norman Tabroff, MD, [Norman.Tabroff@bmc.org](mailto:Norman.Tabroff@bmc.org)

The 3rd year psychiatry rotation at Good Samaritan Medical Center is a consultation/liaison experience. Students will be able to perform psychiatric consultations on the medical/surgical floors as well as in the emergency room. Students will review the medical records, evaluate each case individually, present the case to the preceptor, see patients together with the preceptor, and then discuss the relevant findings. Students will work closely with the site director on a daily basis. Students will also interact with social workers, nurses, and case managers during interdisciplinary team meetings.

### **Kaiser Permanente San Jose**

5755 Cottle Road, Building 24, San Jose, CA 95123

Site Director: Susan Imamura, MD, [susan.h.imamura@kp.org](mailto:susan.h.imamura@kp.org)

Site Administrator: Sandeep Tumber, (408) 972-3807, [sandeep.x.tumber@kp.org](mailto:sandeep.x.tumber@kp.org)

Kaiser Permanente San Jose Medical Center offers a breadth of patient exposures ranging from intensive outpatient work, emergency psychiatry, addiction psychiatry, child & adolescent psychiatry, to the



medical/psychiatry interface with consultation-liaison psychiatry. The 6-week clerkship focuses on patients with brain-behavior and psychiatric conditions who require intensive diagnosis, treatment, and after-care planning. The backbone of this clinical experience is in the Intensive Outpatient Program @ KP San Jose which is a multi-disciplinary partial hospital program for patients with acute psychiatric conditions. Students will work with psychiatrists, therapists, clinical pharmacists, nursing and case managers to provide evidence-based treatments and therapy modalities. In addition, afternoons are spent on the consultation-liaison service in the hospital, spanning the emergency room, med-surg units, and the intensive care units.

### St. Elizabeth's Medical Center

736 Cambridge Street, Dept. of Psychiatry, Quinn 3 waiting area, Boston, MA 02135.

Site Director: Olga Kuznetsova, MD [Olga.Kuznetsova@bmc.org](mailto:Olga.Kuznetsova@bmc.org)

Site Administrator: Linda Robinson, (617) 926-7229 [Linda.Robinson@bmc.org](mailto:Linda.Robinson@bmc.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, West Roxbury, MA 02132

Site Director: Rashad Alikhan, MD [Rashad.Alikhan@va.gov](mailto:Rashad.Alikhan@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

Clerkship didactics will take place on the Monday of Week 1; the students' initial reporting day to their sites will be the Tuesday of Week 1. (During blocks in which the first Monday is a holiday, didactics will take place on Tuesday of that week). Didactics will also occur on Thursdays of Weeks 1,2,3, and 4. Unless otherwise specified, medical students will be expected to be present at their sites between 8am and 6pm on weekdays for the duration of the rotation. Some sites may require limited evening hours. There will be no overnight call.

Students will have the day off on the Thursday prior to the Shelf exam as well as an afternoon off during Monday of Week 5.

### Key Dates

Please refer to emails and Orientation handouts for the specific key dates that correspond with your block.

- Clerkship Orientation: Day 1 of clinical rotation. In person at BUMC, R108 (subject to change). (Kaiser students via Zoom)

- Didactic Days: Thursdays of Weeks 1, 2, 3, and 4, along with Mondays of week 6. In person at BUMC, R108 (subject to change). Attendance is mandatory and students will be required to sign in at the beginning of each didactic day. (Kaiser and Berkshire students will attend via Zoom)
- Report to Clerkship Sites: Day 2, Tuesday. See below for site-specific reporting information.
- Mid-Evaluations Due: Monday, 4<sup>th</sup> week 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.

### Didactic Schedule

In addition to the orientation at the beginning of the block, didactics will occur in person at BUMC R108 (room subject to change) on Thursdays of Weeks 1,2, 3, and 4. Monday of week 6 will be the Art and Observation activity at the Museum of Fine Arts.

### Clerkship Grading

ASSESSMENT OF LEARNING	
Clinical Grade Percentage	65%
Shelf/Exam Percentage	25%
“Other” Components Percentage	10%
CLINICAL GRADE	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
SHELF EXAM	
Minimum score to pass	73
OTHER	
OSCE	10%
FINAL GRADE	
Honors	90 and above
High Pass	82-89
Pass	59-81 or between 1.50-2.49 in any domain on the final CSEF
Fail	58 and below or <1.50 on any domain on the final CSEF or < 2.00 averaged on the final CSEF (Clinical Fail)
<b>ASSESSMENT FOR LEARNING</b>	These items must be done by the deadlines provided at orientation to be eligible to receive final grade of honors. Students will receive one standard all-clerkship email reminder. Email sample shown below.
Completing patient encounter logs by the last Sunday of the clerkship block.	
Completing all FOCuS forms by the last Sunday of the clerkship block.	
Completing all clerkship assignments by last Sunday of the clerkship block.	
Completing mid-clerkship form in advance of the meeting at mid-clerkship, and submitting the form by the final Sunday of the clerkship block	
Requesting supervisor (faculty, resident etc.) evaluations from all evaluators must be completed by the last Sunday of the clerkship block.	

<b>ASSESSMENT OF PROFESSIONALISM</b>	To meet professionalism expectations students must meet the following expectations listed below:
Arriving at clerkship didactic sessions on time.	
Evaluations are requested by the last Sunday of the clerkship block.	
Reviewing and responding to e-mail requests from clerkship administration within 2 business days	
Returning borrowed clerkship materials (e.g. pager) by the last business day of the clerkship block.	
Informing clerkship leadership and supervising faculty/residents of absences in advance of the absence (barring extenuating circumstances).	
The following are also expectations of the clerkship and repeated patterns of behavior (after feedback with faculty) will be factored into the professionalism conduct component of the clerkship performance:	
Treating and communicating in a respectful manner with all members of the clerkship team, including clinical and administrative faculty and staff.	
Engaging in the core curriculum and participating respectfully with peers and colleagues at all times.	
<b>Professional Conduct and Expectations</b>	
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. Student expectations include those listed above in <a href="#">professional comportment sections</a> .	
If there are no professionalism concerns, students will receive the following statement in their summative statement: <b>"This student MET the administrative and clinical professionalism expectations of the clerkship."</b>	
A <u>pattern of behavior</u> as reflected (e.g. in more than one narrative comment) in faculty/resident CSEF (clinical professionalism) and/or events noted by clerkship faculty/administration (administrative professionalism) in one or multiple areas, after providing feedback to student, will result in one of the following statements in the final clerkship evaluation:	
<ol style="list-style-type: none"> <li>1. This student did not meet the <b>administrative professionalism</b> expectations (SPECIFICS PROVIDED FROM LIST OF ADMINISTRATIVE PROFESSIONALISM BEHAVIORS) and was/was not responsive to feedback.</li> <li>2. This student did not meet the <b>clinical professionalism expectations</b>, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.</li> <li>3. This student did not meet the <b>clinical and administrative professionalism expectations</b>, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.</li> </ol>	
If there are professionalism concerns as detailed in the assessment of learning, assessment of professionalism, or in the CSEF, <b>the student's final grade will be adjusted down to next grade level (e.g. a student who earns a High Pass will receive the final grade of Pass, or if a student earns a Pass, they will receive the final grade of Fail). In addition, a student with administrative and/or clinical professionalism concerns will not be eligible to receive final grade honors. An email exchange will be provided to document the professionalism concern and feedback exchanged before a summative statement is placed in the final grade. SAO dean will be cc'd to provide ongoing support.</b>	

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To:

Cc:

Subject:

From: Sonia Ananthakrishnan – sonia.ananthakrishnan@bmc.orgSignature: None

Message Size: 161 KBImage Size: Medium

[illegible]

## Clinical Evaluation Procedures

1. The CSEF form will be used to numerically calculate your clinical grade: 1 to 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 3rd year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g., if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator.

<p>is used towards the final grade calculation, weighted as indicated in the table above as “Clinical grade percentage” (varies by clerkship).</p> <p>3. Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data and submit the final clinical evaluation.</p>
<p><b>Shelf Exam Failure &amp; Remediation</b></p>
<p>If a student fails their shelf exam, they will receive an <b>Incomplete</b> for the clerkship and retake the exam at the end of the year during the remediation dates.</p> <p>Students:</p> <ul style="list-style-type: none"> <li>• Will not receive a Fail on their transcript if they pass the reexamination.</li> <li>• Will not be eligible for a final grade of honors - if the final grade calculation would earn the student honors, they will receive high pass as a final grade.</li> <li>• Will still be eligible to receive a clinical honors.</li> <li>• Fails the reexamination, they will have Fail on their transcript and have to remediate the clerkship.</li> </ul>
<p><b>Clerkship Failure &amp; Remediation</b></p>
<p>If a student fails a third- or fourth-year clerkship, the student will receive a Fail grade and will be required to repeat the clerkship. The grade for the repeated clerkship will be calculated based on the grading criteria outlined in the syllabus for Pass, High Pass, or Honors independent of the prior Fail. The original Fail grade will remain on the transcript. The original summative evaluation narrative will be included in the MSPE, in addition to the summative evaluation from the repeated clerkship.</p> <p>If a student fails the remediated clerkship again and the SEPC allows for another remediation, the grade for the repeat clerkship will still be calculated based on the grading criteria outlined in the course syllabus for (Pass, High Pass, or Honors). The original two failures will remain on the transcript. The repeated course will be listed again, and the word (Repeat) will appear next to both course names.</p>
<p><b>Grade Review Policy</b></p>
<p>The School’s Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Chobanian &amp; Avedisian School of Medicine MD Students:  <a href="https://www.bumc.bu.edu/camed/faculty/evaluation-grading-and-promotion-of-students/">https://www.bumc.bu.edu/camed/faculty/evaluation-grading-and-promotion-of-students/</a></p>

## Assignments

Learning modules of expected diagnoses are located on the blackboard under Assignments. Students will be asked to complete selected reading assignments prior to some of the 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.

Students are expected to log their patient encounters in [MedHub](https://bu.medhub.com/) (<https://bu.medhub.com/>). 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. Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

### **Required Patient Encounters (The Core)**

Students should log every time they see any patient with the required patient encounter and continue to log throughout all clerkships.

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.

### **Recommended Texts**

<b>Title</b>	<b>Psychiatry, Third Edition</b>
<b>Author</b>	Janis Cutler
<b>ISBN</b>	9780199326075
<b>Publisher</b>	Oxford University Press
<b>Publication Date</b>	June 2, 2014
<b>Type</b>	Print
<b>Price</b>	\$58.00

Also available in BU library

## **Clerkship Didactics Learning Objectives and Notes**

### **Psychopharmacology**

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

- Identify appropriate psychiatric medication classes to treat common DSM-5 diagnostic indications
- Pick agents within psychiatric medication classes using evidence-based rationale
- Incorporate medical, psychosocial, and other contextual factors to more effectively guide pharmacotherapy choices

### **Delirium & Risk Assessment**

By the end of Delirium & Risk Assessment, students will be able to:

- Identify delirium from a patient's mental status exam findings and identifying common deliriogenic etiologies

- Understand how each class of pharmacotherapies can target different aspects of delirium treatment/management
- Choose effective medical work-up to evaluate causes of delirium

### **Psychotherapeutic Skills**

By the end of Psychotherapeutic Skills, students will be able to:

- Incorporate specific psychotherapeutic skills into their general approach/understanding of behavioral medicine
- Utilize empathic listening to understand and connect with patients more effectively
- Reflect on their own thoughts and emotion, as well as different approaches to engaging with patients

### **Patient Interview/Interaction Role Play**

By the end of Patient Interview/Interaction Role Play, students will be able to:

- Conduct a comprehensive psychiatric interview for common presentations and contexts
- De-escalate patients with altered mental status secondary to decompensation of a psychiatric illness
- Reflect on and manage their own thoughts and feelings that can come up during challenging psychiatric patient encounters