

CSEF Milestones – Psychiatry Clerkship

This document illustrates the progression from 3rd to 4th year and the performance expectations of a 3rd year versus a 4th year student.

Oral Presentations

| Target Behaviors for 3 rd Year | Target Behaviors for 4 th Year/ Reach Behaviors for 3 rd Year | Reach Behaviors for a 4 th Year |
|--|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Delivers presentations that are accurate, clear, well organized, focused, and concise for most patients <input type="checkbox"/> Accurately reports patient data (history, neurological exam, prior imaging, serum, CSF, and electrophysiological data) <input type="checkbox"/> Presents pertinent positive and negative findings in a manner that enables listener to recognize/prioritize the differential diagnosis and rule in/out diseases <input type="checkbox"/> Presents clinical reasoning, including a synthesis statement of the patient's history and neurological examination, with a leading localization and a prioritized differential diagnosis based on that localization, and a management plan for common conditions | <ul style="list-style-type: none"> <input type="checkbox"/> Delivers presentations that are accurate, clear, well organized, focused, and concise for all patients <input type="checkbox"/> Integrates/synthesizes new patient information in real time into presentation <input type="checkbox"/> Proactively seeks to involve patient and family when presenting in front of the patient <input type="checkbox"/> Able to tailor length and complexity of presentation to situation and receiver of information <input type="checkbox"/> Presents clinical reasoning effectively, including a concise, well-organized synthesis statement with a leading diagnosis, a prioritized differential diagnosis with justification, and a clear management plan for common and less common conditions <input type="checkbox"/> Where relevant, able to provide structured sign-out to next provider shift using IPASS format. | <ul style="list-style-type: none"> <input type="checkbox"/> Can effectively involve patient and family when presenting in front of the patient at the bedside <input type="checkbox"/> Tailors length and complexity of presentation to situation and receiver of information with minimal advance warning at the bedside |

Documentation

| Target Behaviors for 3 rd Year | Target Behaviors for 4 th Year/ Reach Behaviors for 3 rd Year | Reach Behaviors for a 4 th Year |
|---|---|---|
| <ul style="list-style-type: none"> Writes notes that are complete, accurate, and well-organized Documents diagnostic reasoning, including a synthesis statement (i.e., “one-liner”) with a leading diagnosis and a prioritized differential diagnosis, justifying it with DSM-5 criteria Provides an appropriate rationale for the management plan for common psychiatric conditions | <ul style="list-style-type: none"> Documents pertinent positive and negative findings in a manner that enables reader to recognize/prioritize the differential diagnosis and rule in/out diseases Documents diagnostic reasoning clearly, including a synthesis statement with a leading diagnosis and a prioritized differential diagnosis, justifying it with relevant epidemiology (e.g., prevalence), positive and negative findings, and pathophysiology Creates a problem list that is appropriately prioritized and complete for major and minor biopsychosocial problems Provides an appropriate rationale for the management plan for common conditions, citing relevant guidelines and evidence where applicable Includes discharge criteria/follow up plan as part of documentation | <ul style="list-style-type: none"> Provides an appropriate rationale for the management plan for common and less common conditions, citing relevant guidelines and evidence, where applicable Proactively updates discharge documentation (when relevant) in real time to facilitate transfer of care and handoffs Updates electronic handover tool with clear, relevant, and succinct documentation, when applicable Sometimes documents patient’s values and goals of care which may include advanced care planning |

Data Synthesis/Diagnostic Skills

| Target Behaviors for 3 rd Year | Target Behaviors for 4 th Year/ Reach Behaviors for 3 rd Year | Reach Behaviors for a 4 th Year |
|---|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Identifies and attempts to prioritize patients' major biopsychosocial problems and concerns, in the synthesis statement (i.e., "one-liner") <input type="checkbox"/> Prioritizes differential diagnosis accurately for majority of common clinical problems specific to the patient including "can't miss" diagnoses <input type="checkbox"/> Justifies differential diagnosis by citing DSM-5 diagnostic criteria <input type="checkbox"/> Occasionally makes the correct diagnosis for typical presentations of common psychiatric conditions | <ul style="list-style-type: none"> <input type="checkbox"/> Prioritizes differential diagnosis accurately for common and uncommon clinical problems specific to the patient including "can't miss" diagnoses <input type="checkbox"/> Justifies differential diagnosis logically for less common clinical presentations by using disease prevalence, pathophysiology, and pertinent positive and negative clinical findings <input type="checkbox"/> Makes the correct diagnosis for typical presentations of common diseases and occasionally makes the correct diagnosis for atypical presentation of common diseases or typical presentations of uncommon diseases | <ul style="list-style-type: none"> <input type="checkbox"/> Often identifies "sick" vs. "not sick" patients correctly for common and uncommon presentations <input type="checkbox"/> Filters, prioritizes, and synthesizes the history to develop a differential diagnosis in real time for complicated or atypical presentations <input type="checkbox"/> Identifies one's own clinical reasoning errors within the diagnostic process, with guidance <input type="checkbox"/> Makes the correct diagnosis for typical presentations of common diseases and often makes the correct diagnosis for atypical presentation of common diseases or typical presentations of uncommon diseases |

Management Planning

| Target Behaviors for 3 rd Year | Target Behaviors for 4 th Year/ Reach Behaviors for 3 rd Year | Reach Behaviors for a 4 th Year |
|--|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Identifies appropriate medication and therapeutic interventions for common conditions <input type="checkbox"/> Attempts to suggest appropriate levels of care for common psychiatric conditions <input type="checkbox"/> Identifies acute psychiatric conditions and provides recommendations for appropriate interventions <input type="checkbox"/> Provides an appropriate rationale for the management of common conditions | <ul style="list-style-type: none"> <input type="checkbox"/> Provides appropriate management suggestions for common and less common conditions <input type="checkbox"/> Provides an appropriate rationale for the management of common and less common conditions <input type="checkbox"/> Provides specific, accurate suggestions and changes to plan, based on patient specific factors, acuity, current response to treatment and new data <input type="checkbox"/> Incorporates best available evidence-based data into management planning using point of care resources <input type="checkbox"/> Integrates/synthesizes new clinical data effectively in real time to modify diagnostic plans when appropriate <input type="checkbox"/> Begins to incorporate contingency planning into management plans <input type="checkbox"/> Defines discharge criteria/follow up plan for patients starting at admission and as part of daily management plan | <ul style="list-style-type: none"> <input type="checkbox"/> Develops and implements an initial management plan for patients with urgent or emergent conditions, when applicable <input type="checkbox"/> Consistently incorporates contingency planning into management plans <input type="checkbox"/> Able to modify management plans in real time with minimal guidance based on new information or a change in status <input type="checkbox"/> Accurately defines discharge criteria/follow up plan for all patients <input type="checkbox"/> Share best available evidence-based data/guidelines with their supervisor, peer, and/or team |

Teamwork & Professionalism

| Target Behaviors for 3 rd Year | Target Behaviors for 4 th Year/ Reach Behaviors for 3 rd Year | Reach Behaviors for a 4 th Year |
|--|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Shows respect towards peers, supervisors and clinical staff through appropriate verbal and nonverbal communication <input type="checkbox"/> Integrates effectively into team activities by recognizing distinct roles, responsibilities, and contributions of interprofessional team members' and demonstrates understanding and limitations of their role and where they can proactively participate in meeting needs of team <input type="checkbox"/> Communicates with the interprofessional team, keeping members informed and up-to-date while maintaining clear and effective communication channels. <input type="checkbox"/> Demonstrates trustworthiness and reliability including consistent punctuality, preparation, and commitment to assigned tasks, while maintaining confidentiality and ethical standards <input type="checkbox"/> Identifies opportunities for growth in one's performance through self-reflection, being receptive to feedback and actively using it to improve behavior and performance | <ul style="list-style-type: none"> <input type="checkbox"/> Shows respect towards peers, supervisors and clinical staff through appropriate verbal and nonverbal communication <input type="checkbox"/> Actively integrates into the team by anticipating workflow and positively contributing to the team's efficiency <input type="checkbox"/> Proactively communicates with interprofessional team members (e.g., Consults, referrals, PT, social work, VNA) to improve patient care <input type="checkbox"/> Able to articulate an appropriate consult question prior to initiating a consult <input type="checkbox"/> Incorporates recommendations from interprofessional team members into the care plan <input type="checkbox"/> Demonstrates trustworthiness and reliability, appreciates the professional role and gravity of being the "doctor" by being fully engaged in patient care activities, while maintaining confidentiality and ethical standards <input type="checkbox"/> Displays self-awareness of knowledge, skills, and limitations by engaging in appropriate help-seeking behaviors, and soliciting input from supervisors | <ul style="list-style-type: none"> <input type="checkbox"/> Actively integrates into the team by anticipating workflow and positively contributing to the team's efficiency by mentoring students <input type="checkbox"/> Leads coordination of care of patients in complex clinical situations, effectively utilizing the roles of interprofessional teams <input type="checkbox"/> Anticipates consultative needs and incorporates recommendations <input type="checkbox"/> Proactively develops strategies and plans to address limitations of knowledge, skills, and emotions whether self-identified or highlighted through feedback from others <input type="checkbox"/> Demonstrates flexibility and maturity in adjusting to change and constructive feedback <input type="checkbox"/> Displays self-awareness of knowledge, skills, and limitations by engaging in appropriate help-seeking behaviors, and soliciting input from supervisors in an efficient and timely way |

Patient Centered Communication & Humanistic Care

| Target Behaviors for 3 rd Year | Target Behaviors for 4 th Year/ Reach Behaviors for 3 rd Year | Reach Behaviors for a 4 th Year |
|---|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Provides accurate information to the patient <input type="checkbox"/> Emphasizes key points of diagnosis and/or plan <input type="checkbox"/> Encourages patient questions/perspectives/concerns <input type="checkbox"/> Uses appropriate language based on patient's health literacy <input type="checkbox"/> Avoids medical jargon for most patients <input type="checkbox"/> Engages appropriately with interpreters when interpreters are needed <input type="checkbox"/> Ensures that patient/family understands explanations/counseling using verbal and non-verbal techniques (reflective statements, summary statements, open body language, nodding, eye contact, etc.) <input type="checkbox"/> Demonstrates humanism, empathy, compassion and cultural humility by acknowledging patients' emotional needs and responding with appropriate validation and support | <ul style="list-style-type: none"> <input type="checkbox"/> Communicates about diagnostic testing and how results will influence diagnosis, further evaluation, and future plans of care <input type="checkbox"/> Addresses patient questions while communicating plan <input type="checkbox"/> Communicates appropriately about discharge readiness in discussions with patient/family <input type="checkbox"/> Demonstrates ability to navigate difficult patient conversations and encourage behavioral change <input type="checkbox"/> Identifies appropriate opportunities for basic patient counseling, motivational interviewing, teach-back and provides patient centered education/resources when applicable <input type="checkbox"/> Demonstrates cultural humility through active learning, seeking patient perspectives on their experiences with the healthcare system and adjusting approach accordingly. | <ul style="list-style-type: none"> • Identifies and attempts to mitigate barriers to effective communication • Attempts to lead challenging conversations, i.e. family meetings, delivering bad news, and discussing goals of care with patients and families when applicable • Engages in shared decision-making with consideration of patient values and psychosocial determinants • Consistently demonstrates cultural humility and mentors students in developing these skills |

Interviewing Technique

| Target Behaviors for 3 rd Year | Target Behaviors for 4 th Year/ Reach Behaviors for 3 rd Year | Reach Behaviors for a 4 th Year |
|--|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Introduces self to patient and attempts to develops rapport <input type="checkbox"/> Takes a chronologic history of present illness <input type="checkbox"/> Attempts to use the differential diagnosis to gather data <input type="checkbox"/> Follows an organized interview framework <input type="checkbox"/> Uses summarization of history back to patient or checks for accuracy BUMC <input type="checkbox"/> Actively listens using verbal and non-verbal techniques (reflective statements, summary statements, open body language, nodding, eye contact, etc.) <input type="checkbox"/> Completes within appropriate time frame | <ul style="list-style-type: none"> <input type="checkbox"/> Introduces self to patient and attempts to develop rapport <input type="checkbox"/> Follows an organized interview framework and completes within an appropriate time frame <input type="checkbox"/> Uses summarization of history back to patient or checks for accuracy <input type="checkbox"/> Actively listens using verbal and non-verbal techniques (reflective statements, summary statements, open body language, nodding, eye contact, etc.) <input type="checkbox"/> Demonstrates patient-centered interview skills (e.g. attends to patients' verbal/nonverbal cues, culture, social determinants, need for interpretive/ adaptive services etc.) <input type="checkbox"/> Demonstrates a hypothesis driven approach to gathering the history of present illness <input type="checkbox"/> Probes for subtle pertinent details when gathering data necessary for differential diagnosis prioritization | <ul style="list-style-type: none"> <input type="checkbox"/> Probes for relevant, subtle details <input type="checkbox"/> Utilize agenda setting when relevant |

Physical Exam/Mental Status Exam Skills

| Target Behaviors for 3 rd Year | Target Behaviors for 4 th Year/ Reach Behaviors for 3 rd Year | Reach Behaviors for a 4 th Year |
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| <ul style="list-style-type: none"><input type="checkbox"/> Presents all elements of the mental status exam in a clear and organized fashion<input type="checkbox"/> Accurately uses appropriate terms to describe mental status findings<input type="checkbox"/> Identifies pertinent findings in patients' mental status exam | <ul style="list-style-type: none"><input type="checkbox"/> Uses correct technique for routine physical examination in an organized fashion<input type="checkbox"/> Performs examination in a patient- sensitive manner<input type="checkbox"/> Identifies and correctly interprets common and obvious pertinent findings<input type="checkbox"/> Performs specific maneuvers to increase or decrease likelihood of diagnoses on the differential<input type="checkbox"/> Demonstrates focused, efficient and systematic exam on all relevant systems | <ul style="list-style-type: none"><input type="checkbox"/> Identifies and interprets even subtle findings accurately<input type="checkbox"/> Performs advanced specific physical exam maneuvers to increase or decrease likelihood of diagnoses on the differential |