

Psychiatry Clerkship Syllabus

Academic Year 2026-2027

**Department of Psychiatry
MED MD 307
April 2026**

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Clerkship Description

Focus of clerkship

The purpose of this clerkship is to provide M3 students with 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

Based on feedback, the prior in-person Psychotherapy Session has been replaced with a shorter more focused Motivational Interviewing Techniques Session that compliments the Motivational Interviewing session in Family Medicine. The second hour has been replaced by a new Community and Crises Services in-person didactic to explore crises and community level mental health services and levels of care. We have updated the OSCE Overview handout to provide more clarity around scoring and weighting of faculty vs standardized patient rubrics. We have also updated the faculty grading rubric for the OSCE to further reduce ambiguity or any potential subjectivity in scoring.

Diversity, Equity, and Inclusion Initiatives

The Psychiatry Clerkship curriculum integrates health disparities and equity as related to psychiatric illness and care. We also ensure inclusion of diverse case examples throughout the curriculum.

Other Recent Changes to the Clerkship

The psychiatry didactics follows a flipped classroom style model, with self-study materials for students to review in the mornings and more engaging and interactive in-person sessions in the afternoons. We continue to update and modify didactics to continue an ongoing focus on helping students learn patient interaction and interview skills for different scenarios and psychiatric diagnoses.

Medical Education Program Objectives

A Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Establish and maintain medical knowledge necessary for the care of patients (MK)	MK.1	Demonstrate knowledge of basic, clinical, pathophysiologic, biopsychosocial, health systems sciences, and humanities, needed for clinical practice.
	MK.2	Apply foundational knowledge for clinical problem-solving, diagnostic reasoning, and decision-making to clinical scenarios.
	MK.3	Demonstrate knowledge of research design, interpretation, and application of research outcomes to clinical questions.
Demonstrate clinical skills and diagnostic reasoning needed for patient care (CSDR)	CSDR.1	Gather complete and hypothesis driven histories from patients, families, and electronic health records in an organized manner.
	CSDR.2	Conduct complete and hypothesis-driven physical exams interpreting abnormalities while maintaining patient comfort.
	CSDR.3	Develop and justify the differential diagnosis for clinical presentations by using disease and/or condition prevalence, pathophysiology, and pertinent positive and negative clinical findings.
	CSDR.4	Develop a management plan and provide an appropriate rationale.
	CSDR.5	Deliver an organized, clear, and focused oral presentation
	CSDR.6	Document patient encounters accurately, efficiently, and promptly including independent authorship for reporting of information, assessment, and plan.
	CSDR.7	Perform common procedures safely and correctly, including participating in informed consent, following universal precautions, and sterile technique while attending to patient comfort.
	CSDR.8	Identify common cognitive biases and implement mitigation strategies to reduce the impact of cognitive biases on decision making and patient care.
Effectively communicate with patients, families, colleagues and interprofessional team members (C)	C.1	Demonstrate the use of effective communication skills and patient-centered frameworks in history taking and physical examination
	C.2	Explain common diagnostic and therapeutic interventions, assessment, plan, and underlying rationale to patients, families and caregivers and provides counseling and education with attention to patient centered language and health literacy.
	C.3	Communicate clearly and effectively with colleagues within one's profession and team, consultants, and other members of the interprofessional team.
	C.4	Communicate effectively using digital technology, including EMR and telehealth, to optimize decision making and treatment of individuals and across the health care system.
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.1	Demonstrate humanism, integrity, respect, honesty, compassion, accountability, cultural humility, and responsiveness
	PCC.2	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.3	Explore patient and family understanding of well-being, illness, concerns, values, and goals in order to develop goal-concordant treatment plans across settings of care.

A Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Exhibit skills necessary for personal and professional development needed for the practice of medicine (PPD)	PPD.1	Demonstrate trustworthiness and responsible behavior needed for the care of patients, including completing duties and tasks in a timely, thorough, and reliable way.
	PPD.2	Demonstrate awareness of one's own limitations, seek additional help when needed, display professionalism and flexibility needed to manage the uncertainty inherent to the practice of medicine.
	PPD.3	Identify opportunities for growth in one's performance through informed self-assessment and reflective practice, goal setting and actively seeking and incorporating feedback to improve.
	PPD.4	Locate, critically appraise, and synthesize information to support evidence-informed, patient-centered clinical decisions while implementing new knowledge, guidelines, and technologies demonstrated to improve patient outcomes.
Demonstrate knowledge of health care delivery and systems needed to provide optimal care to patients and populations (HS)	HS.1	Work with the interprofessional team, demonstrating respect for the unique cultures, values, roles/responsibilities, and expertise of team members to address the needs of patients and coordinate patient care across healthcare systems.
	HS.2	Describe patient safety interventions and continuous quality improvement methods that enhance care for patients and populations
	HS.3	Explain how the healthcare system, health policy, economic factors, prevention efforts, health programs, and community organizations influence the health of individuals and communities.
Exhibit commitment to promoting and advancing health equity for all patients (HE)	HE.1	Demonstrate understanding of the historical and current drivers of structural inequities, their impact on healthcare, research, medical decision making and disparities in health outcomes.
	HE.2	Explain how one's own identity, lived experiences, privileges, and biases influence their perspectives of colleagues, patients, and clinical decision making.
	HE.3	Identify and explain potential strategies to reduce health disparities in patients and communities at the individual, local, community, and systems-based levels.

Third Year Learning Objectives

(Linked to relevant Medical Education Program Objectives in parentheses)

A third-year clerkship student will:

- Apply discipline specific knowledge within the context of clinical care (MK.2)
- Gather an organized and hypothesis driven clinical history while being attentive to the patient's needs (CSDR.1, C.1, PCC.1)
- Perform a pertinent and accurate physical examination, accurately identifying any common abnormalities while demonstrating sensitivity to the patient (CSDR.2, C.1, PCC.1)
- Analyze clinical data to formulate an assessment including a prioritized differential diagnosis supported by disease prevalence, pathophysiology, and relevant positive and negative clinical findings using strategies to minimize cognitive bias (CSDR.3, CSDR.8)
- Formulate an evidence-based management plan that shows comprehension of the underlying disease process (CSDR.4)

- Deliver accurate, well-structured, and synthesized oral presentations appropriate for the clinical setting (CSDR.5)
- Document in the medical record in an accurate, organized and timely manner (CSDR.6)
- Communicate effectively with the interprofessional healthcare team (C.3, HS.1)
- Demonstrate an ability to perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort (CSDR.7)
- Counsel and educate patients and families using patient-centered language that addresses patient concerns and clearly communicates plans of care (C.2, PCC.3)
- Elicit feedback, communicate learning needs, demonstrate self-directed learning, and take opportunities to improve knowledge and skill gaps (PPD.2, PPD.3)
- Treat all patients and team members with compassion, respect, and empathy (PCC.1)
- Display trustworthiness and an understanding of the responsibilities of a clinical student (PPD.1)
- Apply an understanding of the social and structural determinants of health to clinical care and initiate steps towards addressing the individual needs of patients (HE.1, HE.3)
- Use electronic decision support tools and point-of-care resources to apply the best available evidence in supporting and justifying clinical reasoning (PPD.4, HS.2)
- Practice inclusive and culturally responsive spoken and written communication that ensures equitable patient care (PCC.1, C.3)

Pre-requisite knowledge and skills

Students must have completed the preclerkship curriculum and the Transitional Clerkship and have taken the Step 1 exam prior to entering the core clerkship phase of the curriculum.

Clerkship Learning Objectives

There are ten learning objectives for this clerkship, including professionalism. Students can meet the learning objectives on inpatient, emergency room, consultative service, or outpatient venues.

1. Effectively conduct a patient interview and mental status exam for common psychiatric presentations as listed in the required patient encounters for the psychiatric clerkship. (CSDR. 1, CSDR.2)
2. Integrate information from the interview, mental status exam, and remainder of encounter to create appropriate biopsychosocial formulations, risk assessments, and first-line treatment options for common psychiatric presentations as listed in the required patient encounters for the psychiatric clerkship. (CSDR.3, CSDR.4, PPD.4)
3. Deliver psychiatric oral presentations and document patient encounters in the electronic medical record to accurately and efficiently communicate with team members for common psychiatric presentations as listed in the required patient encounters for the psychiatric clerkship. (CSDR.5, CSDR.6, C3, C4.)
4. Demonstrate effective and patient-centered communication during the patient interview, mental status exam and while explaining the plan and providing patient education with patients, and families. (C.1,C.2)
5. Apply core psychiatric, medical, and humanities knowledge and principles and demonstrate respect for patient dignity and cultural values to problem-solve in a manner concordant with the values and goals of patients. (MK.2, PCC.3)

6. Work collaboratively in an interprofessional team through respectful communication and demonstrating an appreciation of team members' roles to address the needs of psychiatric patients across different care environments and to address health disparities. (C.3, HS.1)
7. Analyze characteristics of providers and patients that contribute to common cognitive biases when provider care for psychiatric patients across different care settings and ways to mitigate these biases. (CSDR.8, HE.2)
8. Identify ethical issues involving autonomy, confidentiality, justice/equity, and informed consent in clinical cases, and use ethical reasoning to propose appropriate, patient-centered solutions. (PCC.2)
9. Demonstrate the institution's professionalism learning objectives including completing necessary administrative duties in a timely manner, being prepared and punctual on clinical sites, performing clinical and academic duties with honesty and accountability, maintaining patient confidentiality and privacy, identifying areas of one's own limitation and seeking help as needed, and working collaboratively with peers to maintain an environment of learning, growth, and teamwork. (PCC.1,PCC.2, PPD.1,PPD.2, PPD.3)
10. Set specific, measurable learning goals based on self-assessment, locate and appraise relevant resources, receive and integrate feedback to improve quality of performance on rotation, and demonstrate improvement by applying new knowledge or skills to patient care. (PPD.3, PPD.4)

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. If students do not encounter patients with certain diagnoses at their clinical sites, nor are exposed during didactic case presentations, they are advised to address 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 clerkship 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.

Session Learning Objectives and Notes

SELF-GUIDED LEARNING

Psychopharmacology Module

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

- Explain the major pharmacologic classes used in psychiatry and their primary mechanisms of action. (5)
- Compare and contrast the common clinical indications and first-line uses for these drug classes. (2)
- Differentiate key adverse effect profiles and major safety concerns for each class. (5)

- Select appropriate first-line medication options for common clinical vignettes using a “menu” approach. (5)
- Interpret receptor targets and relate receptor effects to clinical outcomes and side effects. (5)
- Describe practical medication management tasks: initial dosing principles, common titration strategies, expected time to onset, monitoring requirements, and how to counsel patients about adherence and side effects. (5)
- Recognize and manage acute medication-related emergencies and interactions. (5)
- Compare pharmacologic options within a class by pharmacokinetic properties that affect prescribing, and explain implications for discontinuation/withdrawal. (5)
- Apply considerations for special populations when choosing and monitoring psychotropic medications. (5)

Psychotic Disorders Module

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

- Define and identify features of psychosis from patient history, mental status examination, and collateral information. (2)
- List positive and negative symptoms of psychosis. (2)
- Develop a differential diagnosis for a patient presenting with psychosis. (2)
- Describe the evidence-based diagnostic evaluation for first episode psychosis (FEP). (2)
- Apply DSM-5/ICD-11 diagnostic criteria to compare and contrast psychotic disorders. (2)
- List evidence-based pharmacological and non-pharmacological treatment options for psychosis. (2)
- Describe the pharmacologic mechanism of action, common side effects, and monitoring parameters for antipsychotic pharmacotherapy. (5)
- Compare and contrast first- (typical) and second-generation (atypical) antipsychotic medications. (5)

Emergency Psychiatry Module

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

- Describe the goals and components of the ED “medical clearance” for patients presenting with psychiatric symptoms and list common laboratory and imaging tests to consider. (6)
- Perform a structured suicide risk assessment and synthesize findings to determine disposition and immediate safety needs. (2)
- Conduct a focused violence/homicidal risk assessment and document rationale for disposition decisions including involuntary hold considerations when applicable. (3)
- Explain legal and ethical principles relevant to emergency psychiatric care and apply them to clinical scenarios. (8)
- List levels of psychiatric care and match typical clinical presentations to appropriate level-of-care recommendations, including criteria that would warrant admission. (6)
- Describe common toxidromes and the initial ED medical evaluation for suspected overdose or toxicity: key signs to recognize, immediate tests to order, and general disposition decisions. (6)
- Recognize clinical features and initial management steps for serotonin syndrome and neuroleptic malignant syndrome, and distinguish the two based on time course and neuromuscular/autonomic findings. (5)
- Identify extrapyramidal symptoms and describe immediate treatments and prevention strategies in the ED. (5)

- Demonstrate principles of agitation management in the ED: prioritize safety, use verbal de-escalation strategies, match pharmacologic choices to clinical context, and outline monitoring requirements after medication administration. (6)

Capacity Assessment Module

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

- Define decisional capacity. (5)
- Determine the appropriate threshold for a capacity evaluation based on the risk benefit ratio of the decision under determination. (8)
- Apply the four functional abilities framework to assess whether a patient has the capacity to make a specific medical decision. (8)
- Identify the next steps if a person is deemed to lack decisional capacity. (8)

Bipolar Disorder Module

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

- List DSM-5 diagnostic criteria for bipolar & related disorders. (2)
- Construct a differential diagnosis for a patient presenting with mood disturbances. (5)
- Propose an initial assessment for a patient presenting with acute mood disturbance. (5)
- Discuss indications and associated risks of medications used for bipolar disorder. (2)
- Discuss the suicide risk in patients with bipolar & related disorders. (2)

Anxiety Module

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

- Generate a differential diagnosis with the chief complaint of anxiety. (2)
- Discuss the treatments for a specific anxiety disorder, including FDA-indicated medications and therapeutic options. (2)
- Identify common comorbid conditions associated with anxiety disorders. (5)

Substance Use Disorders Module

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

- Identify opportunities and barriers for initiating pharmacotherapies for substance use disorders. (2)
- Determine the most effective SUD pharmacotherapy for a given patient by weighing relative advantages and disadvantages of each agent. (2)
- Recognize benefits of harm reduction approaches for both patients and health systems. (5)

Child and Adolescent Module

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

- Screen for anxiety disorders in children using age-appropriate, validated tools and brief clinical interviews (e.g., parent- and child-report measures), interpret results, and determine when to proceed with full assessment or referral. (2)
- Develop a pediatric treatment plan for an anxiety disorder that integrates evidence-based psychotherapy (e.g., developmentally adapted CBT) and pharmacotherapy when indicated, including medication selection, dosing considerations, monitoring, and shared decision-making with family. (2)
- Identify and address challenges specific to treating children with anxiety disorders (developmental limitations in insight, need for family involvement, school coordination, off-label medication use, monitoring for adverse effects) and adapt assessment and management accordingly. (5)

IN-PERSON SESSIONS

Introduction to Psychiatric Interview

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

- Review how to introduce yourself to a patient using patient-centered language, explain the purpose and approximate length of the psychiatric interview, and open with an appropriate open-ended question to elicit the chief complaint. (3)
- Conduct a focused, hypothesis-driven history of present illness for common psychiatric presentations by eliciting onset, course, severity, impact on functioning, and precipitants. (4)
- Perform a brief psychiatric Review of Systems verbally screening for core symptom domains, document positive and negative findings, and relate them to differential diagnoses. (4)
- Demonstrate the ability to elicit a targeted past psychiatric, substance use, and medical history. (4)
- Demonstrate person-centered communication skills during difficult topics by using empathetic language, asking trauma-informed screening questions, avoiding confrontational approaches to delusions, and eliciting patient concerns and explanatory models. (3)
- Synthesize the interview into an oral and written assessment that includes a concise one-line summary, prioritized differential diagnoses with rationale based on history and MSE findings, risk assessment, and a feasible plan. (4)
- Close the interview by summarizing findings to the patient, checking the patient's understanding (teach-back), outlining next steps, inviting questions, and thanking the patient — documenting the closing conversation and any immediate safety planning or follow-up arrangements. (3)
- Define the purpose and components of the Mental Status Exam and list the standard domains assessed. (4)

Mental Status Exam

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

- Define the purpose and components of the Mental Status Exam and list the standard domains assessed. (4)
- Describe appearance and behavior accurately using objective language and patient centered phrasing.
- Elicit and describe psychomotor findings and abnormal movements and select appropriate brief assessment tools when indicated (e.g., AIMS, BFCRS). (4)
- Assess speech and characterize abnormalities with concise documentation examples. (4)
- Differentiate mood from affect, describe affect characteristics, and document congruence/incongruence between mood and affect with brief clinical examples. (4)
- Identify and rate thought process abnormalities by observing patient responses to structured prompts and documenting representative examples. (4)
- Screen for thought content abnormalities and safety concerns by eliciting delusions, paranoia, obsessions/compulsions, ideas of reference, and performing a focused suicide/homicide risk assessment, then document findings and immediate next steps. (4)
- Perform a brief cognitive/sensorium assessment, interpret findings, and document implications for diagnosis and disposition. (4)

Clinical Skills: Agitation and De-escalation

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

- Define agitation, irritability, and violence and differentiate their clinical presentations across mild, moderate, and severe categories. (5)
- List common patient factors (e.g., delirium, substance intoxication, dementia), staff factors, and environmental contributors that elevate agitation risk. (5)
- Recognize early warning signs of escalation (e.g., pacing, clenched fists, escalating tone) and describe appropriate positioning and environmental adjustments to reduce harm. (5)
- Demonstrate verbal de-escalation techniques (introductions/role clarification, active listening/reflection, validation) and explain when to use them. (3)
- Outline a decision-making rubric for managing agitation, including when to continue de-escalation, when to involve supervisors/security, and when to transition to pharmacologic or higher-level interventions. (5)
- Describe the components and purpose of post-incident debriefing for staff and patients and identify at least two goals of such debriefs (e.g., support, process improvement). (6)

Psychopharmacology Case Review

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

- Given a patient vignette, select an appropriate first line psychotropic and justify your choice based on diagnosis, severity, and evidence based indications. (2)
- Identify and explain major adverse effects and safety concerns relevant to the case and propose monitoring or mitigation strategies. (5)
- Recognize clinically significant drug–drug and drug–disease interactions from the case and modify the treatment plan accordingly. (5)
- For cases involving acute agitation, intoxication, or withdrawal, choose an appropriate route and agent for rapid control, state rationale, and list monitoring steps. (5)
- Given a case with treatment emergent adverse effects, propose evidence based management options including switching, augmentation, adjunctive agents, or symptomatic treatments. (5)

Delirium

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

- Define delirium and list its core diagnostic features. (5)
- Identify predisposing and precipitating factors for delirium in hospitalized adults. (5)
- Perform a brief bedside assessment for delirium: demonstrate at least two standardized attention tests and assess orientation and level of arousal. (5)
- List an appropriate diagnostic/workup plan for a patient with new onset delirium. (5)
- Differentiate common causes/phenotypes and explain why hypoactive delirium is more likely to be missed and its prognostic implications. (5)
- Describe first line nonpharmacologic management strategies for delirium and outline when to escalate to pharmacologic treatment. (5)
- Describe the role, indications, and risks of antipsychotics and other medications in managing agitation/delirium, including dosing principles, major adverse effects, and monitoring needs. (5)

Risk Assessment

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

- Describe the purpose of suicide risk assessment and identify core components to include. (2)

- Conduct a structured suicidal inquiry using empathic, nonjudgmental language to elicit passive and active suicidal ideation, timing/frequency, intent, specific plan, means, preparatory behaviors, prior attempts, and precipitants. (2)
- Identify and list common nonmodifiable and modifiable risk factors and protective factors for suicide in clinical encounters and explain how these influence overall risk formulation. (5)
- Integrate information from the suicidal inquiry, collateral information, and observed behavior to determine a provisional risk level and justify the disposition. (2)
- Demonstrate how to document a thorough suicide risk assessment in the medical record: include direct quotes, one line assessment, identified risk/protective factors, rationale for risk level, safety plan or involuntary hold rationale if applicable, and follow up plans. (3)
- Perform appropriate immediate safety interventions for patients at elevated or imminent risk and explain the legal/ethical rationale for these actions. (8)

Clinical Skills: Case Presentation and Documentation

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

- Understand the characteristics specific to psychiatric case presentation & consultation. (5)
- Analyze personal biases/influences and discussing psychiatric cases critically and nonjudgmentally with peers. (7)
- Create psychiatric formulations using the biopsychosocial and 4 P's framework. (2)
- Review and understand appropriate, efficient, and effective documentation in psychiatric settings. (3)

Community Crisis Management in Psychiatric Care

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

- Describe levels of care options that are available to provide appropriate treatment to patients given their level of acuity and mental health, medical, and social needs. (5)
- Describe the importance of interdisciplinary care to help meet the needs of patients in the community. (6)
- Recognize barriers to accessing care in the community. (5)

Role Play: Motivational Interviewing

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

- Define what motivational interviewing is, the general approach to motivational interviewing, and describe why it is important. (5)
- Apply foundational and client-centered communication framework to build rapport and evoke change talk through open ended questions, affirmations, reflective listening, and summarizing. (4)
- Apply elements of OARS framework in practicing open ended questions and reflections. (4)
- Evaluate your peers use of effective open-ended questions, reflections, and affirmations in role playing to develop rapport, enhance change talk, and address ambivalence. (4)

Role Play: OSCE Review and Practice

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

- Conduct a focused 10-minute psychiatric interview (HPI, psychiatric ROS, safety assessment) as practiced in the OSCE role-play sessions, using open-ended questions and efficient follow-ups to elicit core symptom details within time constraints. (1)

- Perform a targeted safety assessment (suicide and homicide inquiry, intent/plan/means, risk and protective factors) during a brief encounter and incorporate findings into immediate management decisions. (2)
- Demonstrate core OSCE communication skills: establish rapport quickly, use nonjudgmental language, allow the patient to tell their story without interruption, summarize back key points, and close the interview with clear next steps in patient-friendly language. (4)
- Receive and incorporate brief feedback from standardized patients and faculty in the 5-minute feedback period, identifying one strength and one concrete improvement goal for subsequent encounters. (10)

Clerkship Sites

Site Maps

Site maps indicating the availability of student resources at our affiliate hospitals can be found under the Clinical Sites section of the Medical Education Office's Student Resources page at:

<https://www.bumc.bu.edu/camed/current-students/#clinicalsites>

Bedford VA (Edith Nourse Rogers Memorial Veterans Administration Hospital)

200 Springs Road, Bedford, MA

Site Director: Dongchan Park MD, Dongchan.Park@va.gov

Site Administrator: Stacey Fantasia, (781) 687-2478, Stacey.Fantasia@va.gov

This is a hospital with two 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-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

Site Administrator: Nora Hamilton, (413) 395-7513, 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 Brighton

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

Site Director: Olga Kuznetsova, MD Olga.Kuznetsova@bmc.org
Site Administrator: Linda Robinson, (617) 926-7229 Linda.Robinson@bmc.org

The rotation at Boston Medical Center Brighton (former St. Elizabeth's Medical Center) is 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 Boston Medical Center Brighton are required to do 3 calls from 5-10 pm and students must report for duty the following day.

Boston Medical Center Main – Consult Liaison Service

Robinson Office Building, 72 E Concord St. 5th floor

Site Director: Dara Wilensky MD, (617) 638-8670, Dara.Wilensky@bmc.org
Site Administrator: Lynne Rose, (617) 638-8670, Lynne.Rose@bmc.org

Students will be assigned to the Consultation-Liaison service at Boston Medical Center (Main 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 Main – Psychiatry Emergency Service

BMC, Menino Pavilion Emergency Department

Site Director (Interim): Dara Wilensky MD, (617) 638-8670, Dara.Wilensky@bmc.org
Site Administrator: Lynne Rose, (617) 638-8670, Lynne.Rose@bmc.org

Medical students will be assigned to the Psychiatry Emergency Service in the Boston Medical Center (Main Campus) Emergency Department. 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.

Boston Medical Center South

235 N. Pearl St., Brockton, MA 02301

Site Director: Norman Tabroff, MD, Norman.Tabroff@bmc.org

Student rotating at Boston Medical Center South (former 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 daily. Students will also interact with social workers, nurses, and case managers during interdisciplinary team meetings.

Bournewood Hospital

300 South St., Brookline, Stedman Admin. Building

Site Director: Katherine Ruiz-Mellott, (617) 676-3302, kruiz-mellott@bournewood.com
Site Administrator: Ryan Rebidue, (617) 676-3548, rrebidue@bournewood.com

The Bournewood Hospital is a 90-bed psychiatric facility located in South Brookline. Inpatient units consist of three 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 three 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

Brockton Hospital is a 465 bed Veteran hospital with several inpatient psychiatric units. Inpatient units consist of two acute and two 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 workups of new admissions. They will be responsible for an initial comprehensive lifetime psychiatric history of each of their assigned patients 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

Fuller Hospital is a free-standing psychiatric hospital south of Boston, in the town of Attleborough. The drive to Fuller from BUMC takes about 50-60 minutes, and as such, student housing is available nearby in Providence, RI. Fuller Hospital offers two opportunities that are not found at other sites. They have an adolescent inpatient unit, and students can spend some weeks working on that unit. Fuller also 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.

Kaiser Permanente San Jose

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

Site Director: Susan Imamura, MD, susan.h.imamura@kp.org

Site Administrator: Sandeep Tumber, (408) 972-3807, 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 at 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.

West Roxbury VA

1400 VFW Parkway, West Roxbury, MA 02132

Site Director: Rashad Alikhan, MD Rashad.Alikhan@va.gov

Medical students at the West Roxbury VA Hospital rotate on the Consultation-Liaison Psychiatry service. They work closely with the attending psychiatry staff as well as fellows in psychosomatic medicine and psychiatry residents. Students are 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, and consultation-liaison psychiatry. There are weekly seminars, case presentations, daily rounds, individual supervision, and academic presentations throughout the 6 weeks.

Clerkship Schedules

Schedules

Block schedule dates for all clerkships can be located on the Medical Education website:

<https://www.bumc.bu.edu/camed/education/medical-education/academic-calendars/>

Psychiatry Clerkship Orientation will take place on Monday of Week 1. Students' initial reporting day to their sites will be Tuesday of Week 1. (During blocks where the first Monday is a holiday, orientation will take place on Tuesday of that week, and the first reporting day will be Wednesday). Didactics will also occur on Thursdays of Weeks 1,2,3, and 4 and Monday of Week 5. Students will have the day off on Thursday prior to the Shelf exam. 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 is no overnight or weekend call.

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 only via Zoom)
- Didactic Days: Thursdays of Weeks 1, 2, 3, and 4. In-person didactics will take place in BUMC R108 (room subject to change). Additionally, Monday of week 5, there is an "Art and Observation" activity at the Museum of Fine Arts. In-person 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, 4th 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.

Holidays

- Juneteenth: Thursday, June 19, 2026
- Thanksgiving: Wednesday, November 25, 2026 at 12PM – Sunday, November 29, 2026
- Intersession: Monday, December 21, 2026 – Sunday, January 3, 2027

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

Holidays by Clerkship can be viewed on the Medical Education website at:

<https://www.bumc.bu.edu/camed/education/medical-education/academic-calendars/#clerkhols>

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)
ASSESSMENT FOR LEARNING	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/SOCS forms by the last Sunday of the clerkship block.	
Completing all clerkship assignments by due date 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.	
ASSESSMENT OF PROFESSIONALISM	To meet professionalism expectations students must meet the following expectations listed below:
Complete onboarding paperwork for all clerkship sites in a timely fashion, by deadlines provided by site	
Arriving at clerkship obligations on time (e.g. clinical shifts, didactics, orientation, OSCEs, meetings etc)	

Requesting supervisor (CSEF of and by faculty, resident etc.) evaluations from all evaluators must be completed by clerkship specified deadlines
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). Absences should be reported to course directors & coordinators, supervisors <u>and</u> in the absence portal.
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.
80% of all assigned evaluations to students in MedHub must be completed by 2 weeks after clerkship ends
Professional Conduct and Expectations
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 professional comportment sections. If there are no professionalism concerns, students will receive the following statement in their summative statement: "This student MET the administrative and clinical professionalism expectations of the clerkship." 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: 1. This student did not meet the administrative professionalism expectations (SPECIFICS PROVIDED FROM LIST OF ADMINISTRATIVE PROFESSIONALISM BEHAVIORS) and was/was not responsive to feedback. 2. This student did not meet the clinical professionalism expectations, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback. 3. This student did not meet the clinical and administrative professionalism expectations, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback. If there are professionalism concerns as detailed in the assessment of learning, assessment of professionalism, or in the CSEF, 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.

Sample Email Example

To:

Cc:

Subject:

From: Sonia Ananthakrishnan – sonia.ananthakrishnan@bmc.org

Message Size: 161 KB

Signature: None

Image Size: Medium

[illegible]

Standard Clerkship Clinical Grade Procedures/Policies

Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component. Preceptors DO NOT determine the final “word” grade.

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.

CSEF Clinical Grade Calculations should be made using the 0.01 decimal point in each domain (though the rounded number will be checked off on the final CSEF form) to give a final number.

Any average of <1.50 in any domain = an automatic fail for the clerkship

Any average of < 2.50 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching

>2.50 in all domains, standard rounding will be used

<2.00 = Clinical fail which will = a fail for the clerkship

2.00-3.44 = Clinical pass

3.45-4.44= Clinical high pass

>4.45=Clinical honors

The clinical grade will be reported in the CSEF final narrative

2. The CSEF clinical score is converted to a final 2-digit percentage that is counted towards the final grade. For example, the final CSEF clinical score average of 4.45 would get converted to 90%. The Final CSEF percentage is used towards the final grade calculation, weighted as indicated in the table above as “Clinical grade percentage” (varies by clerkship).

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.

Shelf Exam Failure & Remediation

If a student fails their shelf exam, they will receive an **Incomplete** for the clerkship and retake the exam at the end of the year during the remediation dates.

Students:

- Will not receive a Fail on their transcript if they pass the reexamination.
- 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.
- Will still be eligible to receive a clinical honors.
- Fails the reexamination, they will have Fail on their transcript and have to remediate the clerkship.

Clerkship Failure & Remediation

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.

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.

Grade Review Policy

The School's Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Chobanian & Avedisian School of Medicine MD Students:

<https://www.bumc.bu.edu/camed/faculty/evaluation-grading-and-promotion-of-students/>

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.

Required Patient Encounters (The Core)

Each core clerkship has a list of patient encounters and procedures that students are required to see before the end of the rotation. 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.

Patient Encounter Log

Students are expected to log their patient encounters in MedHub (<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.

Recommended Texts

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