# 3rd YEAR PSYCHIATRY CLERKSHIP HANDBOOK
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### Part II. Appendices

#### Highly Recommended Reading Materials:

2. Clinical interview
3. Diagnostic interview
4. Bio-psycho-social-cultural formulation
5. Cross-Cultural Primary Care
6. Boarding Time – Chapter 6: Taking the Psychiatric History
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9. Boarding Time – Chapter 9: Case Formulation

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1. Excused Absences & Access to Health Care
2. Requesting an Alternative Site Assignment for Clerkship
3. Non-participation in Health Care (Avoiding Conflicts of Interest)
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WELCOME TO PSYCHIATRY!
THIRD YEAR PSYCHIATRY CLERKSHIP (2015-2016)

Psychiatry is the medical specialty involving the diagnosis and treatment of mental illnesses. Psychiatrists care for medical conditions that affect those things that make us human – for example, how we think, how we feel, how we behave, and how we relate with others. For this reason, many believe that psychiatry is a particularly “stressful” specialty – because it seems to “hit so close to home” as our own emotions are engaged. However, an important part of training in psychiatry is learning how to appropriately handle such emotions and, in fact, to skillfully use them for the therapeutic benefit of not just “psychiatric” patients but also patients with general medical conditions. Through increasing our skill in recognizing and managing these emotions (which otherwise might catch us “off guard”), such training, properly applied, can actually help prevent the emotional “burnout” which could arise from caring for patients in any medical specialty. Most of us chose medicine as a career because we want to help people by relieving their suffering. Those of us who chose psychiatry have found a richly rewarding career that enables us to truly address all aspects of a patient’s well-being.

“The stereotype of the ’bearded analyst’ sitting by the couch is obsolete. While psychoanalysis is still practiced, most psychiatrists today are not analysts. Rather, today’s psychiatrist provides a wide range of biological, psychotherapeutic, and psychosocial treatments that are tailored to the specific needs of the patient. The psychiatrist also serves as the medical expert for the mind/brain/body interface.” (American Psychiatric Association “Careers in Psychiatry”)

The goal of the seven-week clerkship in Psychiatry is to provide students with a basic clinical experience in the assessment and treatment of patients with psychiatric disorders. Students will learn to assess and treat patients based upon a bio-psycho-social-cultural framework (sort of like the biological, behavioral, and populational perspectives of PBL). Students will gain experience in treating a broad spectrum of acute and chronic psychiatric disorders, and will gain familiarity with multiple treatment modalities, including pharmacotherapy, psychotherapy, and use of community resources.

So why study psychiatry?
• Mental health conditions are common.
  o An estimated 22.1% of Americans age 18 and older (44.3 million people) suffer from a diagnosable mental disorder in a given year (NIMH, 2002)
  o According to the Surgeon General’s report, 20% of children and adolescents have a mental health condition resulting in impairment (reviewed, AACAP, 2000).
• Mental health conditions are a significant cause of morbidity.
  o Leading cause of morbidity worldwide, surpassing other general medical disorders (WHO)
  o Depression, anxiety and somatoform disorders are associated with significant impairments in health-related quality of life – even relative to other “medical” conditions such as diabetes, arthritis, and cardiac disease (Spitzer et al, 1995).
• Mental health conditions are a significant cause of mortality.
  o Top leading causes of death among adolescents and young adults: accidents, homicide, and suicide; among children and adolescents ages 1-19 years, these three are the 1st, 2nd, and 3rd leading causes of death (MacDorman et al, 2002).
  o Improving access to mental health care is an important priority for violence prevention in youth (Commission for the Prevention of Youth Violence, 2001)
  o 3-5 times increase in mortality in patients who have recently had a myocardial infarction who have comorbid depression (Frasure-Smith and Penninx, 2001)
• Psychiatry is useful for all medical specialties.
  o Many patients with psychiatric symptoms on medical and surgical services can have life-threatening conditions: e.g., alcohol withdrawal, subdural hematomas, hemorrhages near the brainstem.
• Psychiatry is a much-needed specialty, based on workforce demands.
  o For example, the current supply of 6300 child psychiatrists is anywhere from 4000 to 24000 short of what’s actually needed (reviewed, AACAP, 2000).
  o Federal designations for mental health shortage areas (just like primary care shortage areas).
• There’s a lot of scientific evidence (e.g., randomized, controlled, double-blinded studies) that psychiatric treatment is indeed effective. “Evidence-based psychiatry” has come of age.
  o Anti-depressants and specific psychotherapies for major depression, panic disorder, obsessive-compulsive disorder; specific treatment for almost any other mental health condition.
  o Rates of success (substantial symptom reduction or remission) for psychiatric illnesses surpass those of some common medical procedures (e.g., 60%, 60-65%, and 80% for schizophrenia, depression, and panic disorder, respectively, versus 40% and 50% for angioplasty and atherectomy, respectively) (National Mental Health Advisory Council, 1993).

"Dr. Dan’s and Dr. Tony’s top 5 reasons for you to do well in your psychiatry clerkship:"
  • You’ll take better care of your patients – whether you go into psychiatry or not; whether you practice in an urban or rural setting.
  • You may like it – and find a career that you’ll be happy with for the rest of your life.
  • You can get good evaluations – which help you when you apply for residency in any specialty.
  • You’ll meet a lot of potentially good mentors – who can help you even beyond the clerkship.
  • Because you’ll be better rested (e.g. not on overnight call every 4th night), this is the best time to focus upon the quality of your interactions with patients.

At the beginning of the rotation, you will be given week-specific schedules, which we hope will be helpful. However, please keep in mind that schedules may need to be flexible depending on patient care needs and other special educational activities – always consult with your supervising residents/attendings.

DEPARTMENT PHILOSOPHY ON MEDICAL STUDENT WORKLOAD:

1. A detailed schedule of recommended independent study times will be provided to each student that will reflect their specific educational schedule during their rotations at Queen’s Medical Center.
2. The student’s clinical work-load will not exceed 80-hours/week averaged over the 7-week clerkship rotation.
3. The student’s individual schedule will reflect 1-day off (or without clinical responsibility) in a 7-day period during their educational clerkship experience in psychiatry.

CLERKSHIP COMPONENTS and SPECIFIC RESPONSIBILITIES

The “big picture”

| Inpatient acute general hospital psychiatry at Queen’s Medical Center (7 weeks) |
|---|---|---|---|---|---|
| **Orientation** | **Tutorial introduction/ PBL Case 1** | **PBL Case 2** | **PBL Case 3** | **PBL Case 4** | **PBL Case 5** | **Wrap-up** |
| | | | | | | |
| | | | | | | T-Res logs due |
| | | | | | | Mid-Course Evaluation |
| | | | | | | Experiences checklist due |
| | | | | | | CSV & Write-Up Due |
| | | | | | | Mid-term exam |
| | | | | | | NBME exam |
| | | | | | | & review |
| **Outpatient adult psychiatry** | | | | | | |
| | | | | | | T-res logs due |
| **On-call/emergency psychiatry (7 weeks)** | | | | | | |
INPATIENT PSYCHIATRY

Students will be assigned to:

1. **One general hospital setting** at the Queen’s Medical Center (QMC) or Kapiolani Medical Center for Women and Children (KMCWC) for 3-1/2 weeks and to

2. A different general hospital setting at the Queen’s Medical Center (QMC) or KMCWC for the remaining 3-1/2 weeks.

**QMC – basic principles to help orient you:**

1. On your first day on-site, find out which resident and which attending you are working with, and make sure you make contact with them.

2. Attend “Morning Report” at 8:00 am on Mondays, Tuesdays, Wednesdays and Thursdays (**NOTE:** times may vary – please check the Morning Report Schedule posted on the UT 413 door)

3. At some point, watch ECT, usually performed by Dr. Barry Carlton, or Dr. Steven Williams on Mondays, Wednesdays, and Fridays. To schedule a day/time, please page the doctors at least one day in advance. (see contact information sheet for pager numbers)

4. While at QMC, and if there are no competing obligations, you’re welcome to attend (optional) neurology conferences every 4th Thursday at 12:30pm (specifics can be obtained from the UH Department of Medicine).

At QMC, you will be assigned to one of the following services:

**A1. QMC/Kekela**
DME: Dr. Barry Carlton
Faculty: Steven Williams, Gretchen Gavero, Residents, and staff.

- Basically, attend team care activities along with your assigned resident and attending.

**A2. QMC/Consult-Liaison**
Consult-Liaison Psychiatry Director: Dr. June Lee
Other faculty: Drs. Junji Takeshita, Brett Lu, Jon Streltzer, Residents and staff

1. Functioning as part of the consultation-liaison team, evaluate and manage psychiatric problems occurring among patients in the medical/surgical units at the Queen’s Medical Center’s. There will be exposure to geriatric psychiatry, substance abuse treatment, and HIV.

2. The rotation may also include an experience at the chronic pain clinic at the Queen Emma Clinics (outpatient specialty clinic).

3. On the morning of the first day of rotation, Dr. Lee or designee will go over the schedules, responsibilities, and requirements of the rotation.

4. Students from other services (e.g., Kekela, Emergency Room) who are interested in learning more about consultation-liaison psychiatry are encouraged to take a “field trip” (as allowed by their main service) to the consultation-liaison service, which makes daily teaching rounds. You may contact the consultation-liaison resident and/or attending (you may meet them in morning report).

**A3. Queen’s Emergency Department / Brief Treatment Unit (BTU – Kekela Mauka)**
Director: Dr. Junji Takeshita; Faculty: Dr. Joy Andrade, other Residents and staff.

1. Student will work primarily with ED/BTU faculty, Residents, and Staff.

2. Attend morning sign-in rounds at Queen’s Medical Center; review daily schedule with faculty and residents.

3. If there is significant ‘down time’ in the ER or BTU and with permission from the emergency room and BTU resident/attending, the student may page the Queen’s C/L resident to see if there are opportunities to do consultations.

4. The goals and objectives of this experience are:
   - Observe and experience how patients are triaged, assessed, and treated in the ER.
Observe a spectrum of behavioral symptoms associated with psychiatric conditions.
- To have hands-on experience in the assessment and treatment of patients with psychiatric emergencies.

A4. QMC Geriatric service Faculty: Drs. Junji Takeshita, Dr. Brett Lu and Geri Psych resident
1. The student will work primarily with the QMC geriatric psychiatry fellow and supervising geriatric psychiatry faculty.
2. The main experiences will be in the QMC Consult-Liaison Service and other inpatient, outpatient, and emergency sites where the geriatric team provides consultations.

A5. QMC Family Treatment Center (Child & Adolescent Psychiatry) Faculty: Dr. Barry Carlton, Dr. Diane Zuniga, Dr. Deborah Kissinger and Dr. Shaylin Chock Child & Adolescent psychiatry residents, and staff
1. The student will work primarily with the child & adolescent resident or general psychiatry resident assigned to the family treatment center (FTC).
2. Attend morning sign-in rounds at the FTC.
3. Follow assigned patients with resident and faculty.

A6. KMCWC (Consult-Liaison Child & Adolescent Psychiatry) Faculty: Dr. Roshni Koli, Dr. Tony Guerrero, Dr. Perez-Reisler, other faculty, child and adolescent psychiatry fellows and staff.
1. The student will work primarily with the child & adolescent resident or general psychiatry resident assigned to KMCWC.
2. Attend the treatment team meetings and clinical rounds at KMCWC.
3. Follow assigned patient with resident and faculty.

Write-up requirements for all sites:
You are required to submit one (1) typed write-up on patients from your Clinical Skills Verification (CSV) interview.

- An example of a psychiatry write up is provided for you on page 242 in Dr. Guerrero’s, “Problem-Based Behavioral Science & Psychiatry-Chapter 17: Basic Principles of Evaluation: Interviewing, Mental Status Examination, Differential Diagnosis, and Treatment.”

OUTPATIENT PSYCHIATRY

Through this half-day per week experience during your rotation at QMC, you will be exposed to evaluation and treatment of outpatients in clinic settings. Please refer to your individual schedules, where you will find the specific times when you are assigned to the outpatient sites.

The physicians you may be working with are:
- Kap‘olani Medical Center for Women and Children – Dr. Tony Guerrero or designee
- Queen’s Counseling and Clinical Services – Dr. Jon Streltzer, Dr. Gretchen Gaverio or designee
- Telemental Health (TMH) – Drs. Dan Alicata, Amanda O’Kelly, Joy Andrade, Child and adolescent psychiatry fellows and staff (Riki Tanabe).
- Geriatric Psychiatry Nursing Home visits – Dr. Brett Lu or designee and Geri Resident/Psychiatry Resident.
ON-CALL/EMERGENCY PSYCHIATRY

The goals and objectives of this experience are:

(4) To observe and experience how patients are triaged, assessed and treated in the emergency room.
(5) To observe a spectrum of behavioral symptoms associated with psychiatric conditions.
(6) To have hands-on experience in the assessment and treatment of patients with psychiatric emergencies.

Students will report at 5:00 – 8:00pm, Monday – Friday. In general, the following procedure should be followed:

1. Page the psychiatry resident on-call and introduce yourself.
2. The resident will instruct you on what he or she expects of you during the course of the evening. You must have your beeper on at all times so that you can be paged if a patient comes into the emergency room. If okay with your resident, you may go to the medical library or any other place on the hospital grounds while you are on-call.
3. Upon leaving, notify your resident and return the beeper to Communications.
4. Make sure you give the Emergency Room evaluation form to your resident and/or attending.

*NOTE: Please do not report before 5:00pm for call.

REMEMBER: Never see a patient without first clearing it with your resident. There are people who come into the emergency room who are violent.

Going home after call:

Because overnight call is not required, you may be going home after the sun has set. Your safety is our concern. Indeed, in a specialty where we always emphasize the safety of patients and others, we must also be concerned about your safety as student physicians. Unfortunately, the hospital has not been able to provide parking for medical students, and while this issue is being further investigated by medical school administration, we can offer the following suggestions:

1. Your call schedule will be distributed within the first few days of this rotation. With advance notice, you may want to make arrangements to be dropped off and picked up on those days.
2. If you need to walk back to your car and feel unsafe, you may page security to escort you. There may be a waiting time (should be a reasonable waiting time) if the security guards are handling an emergency in the hospital.
3. If there are absolutely no other options and you are feeling unsafe, please page me (or the faculty member covering for if I’m out-of-town), but we’d urge you to first try the other options listed above. Our pager numbers are: 363-1646 (Dr. Alicata) and 363-1243 (Dr. Guerrero).

PARKING FOR CLERKSHIP:

1. Unfortunately No parking is available at The Queen’s Medical Center (for University Tower, Kekela, C/L, ER, FTC, Geri Psych) – Parking should be sought in the residential areas around the hospital. If you choose to park in any of the QMC garages, you will be responsible for any fees.
2. Parking is available at Kaheiheimalie Building while on rotation there for Day Treatment Service or Queen’s Counseling Services (QCS). Note: If you park and leave, you may be towed.
Articles that may be helpful for the interview case conference are provided in Appendix D. Another useful reference for the psychiatric interview is: Boarding Time: a Psychiatry Candidate’s Guide to Part II of the ABPN Examination, by Morrison and Munoz.

OTHER IMPORTANT RESPONSIBILITIES

Follow dress code guidelines (please see section 9a: “Dress Code for Department of Psychiatry Dress Code policy)

Inappropriate Attire: Low cut jeans or necklines; see-through or revealing clothing; bare midriff crop-tops and tank tops. Skirts or culottes defined as shorter than four (4) inches above the knee.

Follow Learning Resource Center rules (please see section 9b: “Welcome to the Department of Psychiatry Learning Resource Center (LRC)”)

Respect confidentiality, including the confidentiality of computerized medical records (please see section 9c: “Confidentiality: Computers [AMA]”)

For those on Kekela or Family Treatment Center (FTC) rotations: Obtain keys from Ms. Ashley Ahn
### EDUCA TIONAL GOALS OF THE PSYCHIATRY C LERKSHIP

<table>
<thead>
<tr>
<th>Attitudes</th>
<th>Main educational experiences</th>
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<tr>
<td>1. To be empathetic and professionally responsible towards patients with mental health needs (ADMSEP XXIII)</td>
<td>Bedside teaching, modeling, and mentorship; meaningful contribution to patient care</td>
</tr>
<tr>
<td>2. To respectfully collaborate with others involved in patient care (XXII)</td>
<td>Bedside teaching, modeling, and mentorship; meaningful contribution to patient care</td>
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### Skills

| 1. To establish and maintain rapport with patients in various contexts, and to manage emotions which arise in the course of patient care (III) | Bedside teaching, modeling, and mentorship; meaningful contribution to patient care |
| 2. To assess for conditions which could threaten the safety of the patient or others (V) | Bedside teaching, modeling, and mentorship; meaningful contribution to patient care |
| 3. To perform a comprehensive history and mental status examination with application of the principles of problem-based learning (I) | Bedside teaching, modeling, and mentorship; meaningful contribution to patient care |
| 4. To generate broad-based differential diagnoses for psychiatric symptoms (II) | Bedside teaching, modeling, and mentorship; meaningful contribution to patient care |
| 5. To identify the biological, psychological, social, and cultural factors which influence a patient’s presentation, and to apply knowledge of such factors to patient care (IV, XXIII) | Bedside teaching, modeling, and mentorship; meaningful contribution to patient care |
| 6. To document and communicate information effectively (I) | Bedside teaching, modeling, and mentorship; meaningful contribution to patient care |
| 7. To access resources needed to manage patients with psychiatric conditions (XIX, XXIII) | Bedside teaching, modeling, and mentorship; meaningful contribution to patient care |
| 8. To utilize the medical literature for the benefit of patients with psychiatric conditions (XXIII) | Bedside teaching, modeling, and mentorship; meaningful contribution to patient care |

### Knowledge

| 1. To be familiar with the knowledge outlined in the ADMSEP curriculum: cognitive, substance-related, psychotic, mood, anxiety, somatoform, dissociative, eating, sexual, sleep, personality disorders (VI-XVI); child and adolescent and geriatric psychiatry (XVII-XVIII); psychopharmacology (XX); and psychotherapies (XXI) | Exposure to child/adolescent assessment |
| 2. To be familiar with the mental health needs and resources specific to the Hawai‘i community. | Exposure to child/adolescent patient assessment via live and paper cases |
| 3. To be familiar with the scope and practice of psychiatry (XXIII) | Bedside teaching, modeling, and mentorship; meaningful contribution to patient care |

(So how do these fit goals fit with the clerkship components?

<table>
<thead>
<tr>
<th>Clerkship components</th>
<th>Core educational experiences</th>
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<tbody>
<tr>
<td>1. Inpatient psychiatry</td>
<td>Bedside teaching, modeling, and mentorship</td>
</tr>
<tr>
<td>2. Outpatient psychiatry</td>
<td>Exposure to face-to-face outpatient care</td>
</tr>
<tr>
<td>3. Child and adolescent psychiatry</td>
<td>Exposure to child/adolescent patient assessment via live and paper cases</td>
</tr>
<tr>
<td>4. Emergency psychiatry</td>
<td>Patient care in the emergency setting (on-call)</td>
</tr>
<tr>
<td>5. PBL tutorials and videotape case conferences</td>
<td>Study of PBL cases</td>
</tr>
</tbody>
</table>

Much of the “knowledge” in psychiatry would be covered in your PBL tutorials. In practical terms, we suggest that you keep in mind the basic themes and categories in psychiatry – you can refer to the “objectives for the junior psychiatry clerkship” and also the USMLE Step 2 content description (but don’t become “boards-oriented”). It also helps to find a good basic text that you can reasonably get through.
PSYCHIATRY 531 MID-COURSE EVALUATION

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROTATION DATES</th>
<th>LOCATION</th>
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</table>

I. Life-Long Learning Skills  

- Satisfactory  
- Unsatisfactory  

COMMENTS:

II. Knowledge of Biological Sciences  

- Satisfactory  
- Unsatisfactory  

COMMENTS:

III. Patient Care  

- Satisfactory  
- Unsatisfactory  

COMMENTS:

IV. Oral and Written Communication Skills  

- Satisfactory  
- Unsatisfactory  

COMMENTS:

V. Knowledge of Populational and Community Health  

- Satisfactory  
- Unsatisfactory  

COMMENTS:

VI. Professionalism  

- Satisfactory  
- Unsatisfactory  

COMMENTS:

I, ______________________________ have been counseled by Dr. __________________________ regarding my performance up to this point in the rotation. I agree with the discussion and understand what steps I need to take to improve my performance, if necessary.

3rd Year Medical Student  

__________________________  

DATE

Site Preceptor  

__________________________  

DATE

Reviewed by:  Dan Alicata, M.D.-Clerkship Director  

Mid-Course Evaluation to be submitted on/before the mid-term exam.
University of Hawaii John A. Burns School of Medicine  
Unit 6 – Psychiatry Clerkship  
Clinical Experiences Checklist

Your name:_____________________________________

During the 7-week psychiatry clerkship (6B), or half-year longitudinal clerkship with 4-week block rotation (6L), the student is expected to have the following clinical experiences (one patient encounter may satisfy more than 1 category):

<table>
<thead>
<tr>
<th>Clinical experience</th>
<th>Site</th>
<th>Dates</th>
<th>Supervisor signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participating in the care of a patient with symptoms of depression and/or anxiety in an outpatient (e.g., clinic) or general medical (e.g., emergency room, consultation-liaison, etc.) setting.</td>
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<tr>
<td>2. Participating in the care of a patient with a cognitive disorder presenting in an acute setting (e.g., emergency room, acute inpatient, consultation-liaison, etc.)</td>
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<tr>
<td>3. Participating in the care of a patient with a major mood disorder presenting in an acute setting.</td>
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<tr>
<td>5. Participating in the care of a patient with a psychotic disorder presenting in an acute setting.</td>
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<tr>
<td>6. Participating in the assessment of a child or adolescent patient.</td>
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<tr>
<td>7. Participating in the care of three patients who are followed-up several times: Patient #1</td>
<td>Patient #2</td>
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<td></td>
<td>Patient #3</td>
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<tr>
<td>8. Observing electro-convulsive therapy.</td>
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<tr>
<td>9. Outpatient mental health site</td>
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<tr>
<td>10. Performing two patient interviews supervised by and discussed with the attending or resident: Patient #1</td>
<td>Patient #2</td>
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<tr>
<td></td>
<td>Patient #3</td>
<td></td>
<td></td>
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<tr>
<td>11. Performing one “Acceptable” Clinical Skills Verification and Write-Up</td>
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**DUE DATE:** last Friday of clerkship!
PSYCHIATRY CLERKSHIP EVALUATION CRITERIA

During the 7 weeks of the Psychiatry Clerkship, you will be evaluated in order to determine how you are progressing toward achieving the basic goals of the Clerkship and ultimately, whether or not you achieve the basic goals at the end of the clerkship.

Final written examination (NBME "shelf exam" in psychiatry) 35%
Evaluation of clinical performance on the wards, clinics, and other experiences 45%
Tutorial 10%
Write-Up 10%

100%

Based on the above, a Medical Student Evaluation form will be completed and sent to the Dean of Students. Pertinent guidelines and sample evaluation forms are provided for your review.

A practice written midterm examination (not computed into the final grade) will be given during the 4th week of the clerkship.

Grading

Credit will be given to students demonstrating satisfactory performance in all areas: specifically, a passing score on the final written examination and an evaluation score in the credit/satisfactory range for each of the other evaluation measures listed.

No credit/Incomplete will be given to students with unsatisfactory performance in any of the evaluation measures listed. Remediation: Students will be required to demonstrate satisfactory performance in each of the unsatisfactory areas and in any additional make-up work as deemed necessary by the clerkship director.

Honors will be given to students demonstrating globally outstanding and clearly superior performance. Generally, the honors grade will be considered for those who show honors level performance in all major areas of evaluation (e.g., includes clinical performance and final written examination), an overall evaluation score (determined above) in the honors/outstanding range, and no deficiencies in any of the areas.

Academic Appeals Process: The JABSOM Academic Appeals Process is available through the JABSOM website: [http://jabsom.hawaii.edu/JABSOM/admissions/Academic_Appeals_Policy_10-24-01.pdf](http://jabsom.hawaii.edu/JABSOM/admissions/Academic_Appeals_Policy_10-24-01.pdf)

Patient logs and clinical experiences checklist

Due dates for T-Res logs: 1) after mid-term; and 2) at end of rotation.
Logs will be checked and printed for review. Clinical experiences checklist is due at the end of the rotation. Please submit to Ms. Iida.
UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE
SUMMARY STUDENT EVALUATION FORM

Name of Student: ___________________________ Name of Clerkship: ___________________________

Location: ___________________________ Date of Report: ___________________________

Inclusive Dates of Clerkship: ________________________________________________________

Type of Report: _______ Interim _______ End of Clerkship

Grade: ______ Honors ______ Credit ______ No Credit ______ Incomplete

<table>
<thead>
<tr>
<th>I. Life-Long Learning Skills</th>
<th>H</th>
<th>C</th>
<th>NC</th>
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</thead>
<tbody>
<tr>
<td>Searches for, critically appraises, and applies biomedical information appropriately to patient care</td>
<td>H</td>
<td>C</td>
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<tr>
<td>Evaluates the knowledge base supporting good patient care and recognizes gaps between prevailing and best practice</td>
<td>H</td>
<td>C</td>
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<table>
<thead>
<tr>
<th>II. Biological Sciences</th>
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<tbody>
<tr>
<td>Knows the various causes of illness and the ways in which they operate on the body (pathogenesis)</td>
<td>H</td>
<td>C</td>
<td>NC</td>
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<tr>
<td>Knows the altered structure and function (pathology and pathophysiology) of the body and its major organ systems</td>
<td>H</td>
<td>C</td>
<td>NC</td>
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<tr>
<td>Applies the biological sciences to diagnosis and therapy</td>
<td>H</td>
<td>C</td>
<td>NC</td>
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<tr>
<th>III. Patient Care</th>
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<tbody>
<tr>
<td>Approaches each patient with an awareness and sensitivity to the non-biological determinants of health</td>
<td>H</td>
<td>C</td>
<td>NC</td>
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<tr>
<td>Demonstrates clinical reasoning, critical thinking, and problem-solving skills</td>
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<tr>
<td>Performs a complete or focused history and physical exam</td>
<td>H</td>
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<td>NC</td>
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<tr>
<td>Formulates a problem list and differential diagnosis</td>
<td>H</td>
<td>C</td>
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<tr>
<td>Plans appropriate diagnostic tests</td>
<td>H</td>
<td>C</td>
<td>NC</td>
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<tr>
<td>Accurately interprets patient responses, physical findings, and diagnostic test results</td>
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<td>Develops an appropriate therapeutic plan</td>
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<tr>
<td>Educates patients, families, and other healthcare providers about health, illness, and the prevention of disease</td>
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<tr>
<td>Performs technical skills safely under appropriate supervision and at a level commensurate with training</td>
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<td>C</td>
<td>NC</td>
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<tr>
<th>IV. Oral and Written Communication Skills</th>
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<th>C</th>
<th>NC</th>
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<tr>
<td>Greets patients warmly and using rapport-building techniques</td>
<td>H</td>
<td>C</td>
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<tr>
<td>Presents cases clearly and concisely</td>
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<td>C</td>
<td>NC</td>
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<tr>
<td>Writes legible, comprehensive progress notes and H&amp;P’s</td>
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<td>NC</td>
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<tr>
<th>V. Populational and Community Health</th>
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<th>C</th>
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<tbody>
<tr>
<td>Knows the epidemiology of common illnesses within diverse populations and approaches useful in reducing such illnesses</td>
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<td>C</td>
<td>NC</td>
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</tbody>
</table>
Knows how the health of certain subgroups of the population and ethnic groups differs from the population at large

<table>
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<tr>
<th>VI. Professionalism</th>
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<tr>
<td>Presents a professional appearance and demeanor</td>
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<td>Treats patients with compassion; respecting patient confidentiality and preserving patient dignity</td>
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<tr>
<td>Completes assignments and fulfills responsibilities promptly and with a positive attitude</td>
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<td>Works effectively with Peers</td>
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<td>Works effectively with Nurses and Ancillary Staff</td>
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<td>Works effectively with Attending Staff</td>
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<td>Works effectively with Residents</td>
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<td>Works effectively as a member of a team</td>
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<td>Open to feedback</td>
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<tr>
<td>Proactive, has initiative and motivation</td>
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Summative Comments (To be included verbatim in the students’ MSPE):

Formative Comments (for student’s use only):

Evaluator: ___________________________  Signature: ___________________________

Date: _______________________________
1. **What is the CSV?**
   - Part of the new model of ABPN certification in Psychiatry
   - Written examination
     - High stakes knowledge examination
   - Clinical skills verification
     - Physician-patient relationship
     - Psychiatric interview, including MSE
     - Case presentation

2. **Differences from previous exam**
   - NOT in the Minimum Requirements:
     - Case formulation
     - Differential diagnosis
     - Treatment plan
   - CSV is conducted during medical student education in the psychiatry clerkship
   - The student must successfully complete one CSV
     - This means they may need more than one attempt
   - Conducted by the clerkship supervising faculty, residents and fellows. The student MUST NOT have previously “seen or examined” the patient
     - No prior personal or professional contact
   - It is preferable for feedback may be given at the end of the evaluation
     - The evaluation is both an evaluation and a learning experience
   - The standard of what is acceptable should be the same for all students

3. **What we are looking for…**
   - Competency = Skills of a 3rd year medical student in the psychiatry clerkship The skills being evaluated "re:
     - Physician-patient relationship
     - Psychiatric interview, including MSE
     - Case presentation

4. **CSV standards**
   - A passing score ($\geq 5$) represents:
     - the minimum acceptable standard
     - for a student in the psychiatry clerkship

5. **Evaluation Standards**
   - “Pass” at any time should be that of a student in the psychiatry clerkship
   - Must pass all 3 major components (physician-patient relationship, psychiatric interview, including MSE and case presentation) individually
   - There is no limit and no negatives for students having to retake the exam so there should not be pressure to inflate grades

6. **Grading**
   - Scoring should NOT:
     - require excellent or outstanding performance
     - expect performance at the level above that expected of a student in the psychiatry clerkship
7. **How will we do this?**
   - **Structure**
     - One examiner per exam
       - No medical record is available
     - Thirty minute interview
     - Twenty minute presentation
     - Five minute scoring by examiner
     - Fifteen minutes feedback
       - Final results can be told at this time
       - If the faculty decides that the student will need to repeat the CSV, Dana will be notified, and the student will be scheduled to repeat the CSV exam

8. **Rationale**
   - Structured examination format
     - More consistent evaluation
     - Fairer to all students
     - Provides better understanding of how our students are doing

9. **Post-Examination Review**
   - Will occur at the completion of the exam
   - Review process of examination and assure there were no irregularities
   - Opportunity for appeal if student requests
   - Formal recording of the students’ score

10. **Specifics on Conduct**
    - Escort student into the room
    - Ask the student if s/he knows the patient in any context
      - If so, provide the opportunity for the student to interview a patient that is not known to them
    - Student has 30 minutes to interview the patient
    - The examiner will announce when there are 5 minutes remaining for interview
    - When the interview portion is over, excuse the patient and give the student a few seconds to collect their thoughts
    - Ask the student to present the patient “as they would to a colleague”
    - Note, we need to know if the student obtained adequate and relevant data – and really the only way to know will be to at least have the student present a case formulation and a differential diagnosis
    - Do NOT ask about treatment
    - If the student starts to talk about treatment, stop them and let them know we are not covering that in this examination
    - The exam should continue for 20 minutes
    - Take no more than five minutes to complete the grading cards
    - Provide feedback for the student
    - All pagers and cell phones should be turned off – for both the student and the examiner
    - The only material the student may bring into the room is a blank paper, a writing implement and a timing device if they desire. The paper may not be marked in any way or folded in any special way.
    - The examiner should NOT take written notes during the exam

11. **Completing the CSV Evaluation Form**
    - This document may be audited by the department of psychiatry, JABSOM or The Liaison Committee on Medical Education (LCME) and should be completed with the same degree of formality as a legal document. The CSV evaluation form will be placed in the student’s clerkship folder when completed
    - Every item must be completed
    - The category scores must also be completed
• Any corrections must be dated and initialed
• Only choose the whole number scores; do not mark in between

12. **Handing in the CSV Evaluation Form**
   • Review the evaluation form
   • Hand in the evaluation form to Dana when completed

13. **Remember**
   • We really want this to be constructive learning, helping the students learn how they can improve their performance
   • Be kind to the students.
Student’s name: ____________________________ Date: ______________________
Evaluator’s name: ____________________________ Location: ______________________

(H=honors; HP=high pass; P=pass; LP=low pass; UN=unsatisfactory)

**OVERALL GRADE**

Criteria for passing: The student should demonstrate the specific competencies listed under each category.

Criteria for honors: The student should be thinking and documenting at the level of a strong junior resident in psychiatry in the categories listed below.

<table>
<thead>
<tr>
<th>I. <strong>History</strong></th>
<th>H</th>
<th>HP</th>
<th>P</th>
<th>LP</th>
<th>UN</th>
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</thead>
<tbody>
<tr>
<td>• A history of the present illness clarified to the extent possible</td>
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<tr>
<td>• Inclusion of pertinent positives and negatives</td>
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<tr>
<td>• Attention to important issues of safety (suicide attempts, violence, psychotic symptoms, substance abuse, potentially dangerous medical conditions, child abuse if relevant)</td>
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<tr>
<td>• Documentation of all additional historical areas: past psychiatric history, past medical history, family history, developmental history, social history, and relevant review of systems.</td>
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<table>
<thead>
<tr>
<th>II. <strong>Examination</strong></th>
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<tr>
<td>• Documentation of any relevant physical findings (e.g., vital signs, obvious physical findings, EPS, etc.)</td>
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<td>• Documentation of all areas of the MSE: general appearance, speech, emotions, thought, perception, cognition.</td>
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<td>• Documentation of assessment for dangerousness (suicidality, homicidality)</td>
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<tr>
<th>III. <strong>Formulation</strong></th>
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<th>HP</th>
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<th>LP</th>
<th>UN</th>
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<tr>
<td>• Identification of relevant biological factors (genetic, acquired).</td>
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<td>• Identification of relevant psychological factors (e.g., stressors, coping, current life stage, compliance issues)</td>
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<td>• Identification of relevant social/cultural factors (e.g., social support, availability of resources)</td>
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<tr>
<td>• Integration of the above facts in a way that sensibly guides treatment, patient education, and education of others involved.</td>
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<thead>
<tr>
<th>IV. <strong>Differential diagnoses</strong></th>
<th>H</th>
<th>HP</th>
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<tr>
<td>• Logically reasoned, broad-based</td>
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<tr>
<td>• Based on thorough consideration of DSM-IV categories in appropriate axes</td>
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<thead>
<tr>
<th>II. <strong>Treatment plan</strong></th>
<th>H</th>
<th>HP</th>
<th>P</th>
<th>LP</th>
<th>UN</th>
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<tbody>
<tr>
<td>• Addresses all relevant areas discussed in the formulation (biological, psychological, and social)</td>
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<tr>
<td>• Addresses evaluation issues (diagnostic workup, collateral info.)</td>
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<td>*</td>
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<td>*</td>
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<tr>
<td>• Addresses safety issues</td>
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<td>*</td>
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<tr>
<td>• Reflects review of the literature and judicious synthesis and application of knowledge.</td>
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<tr>
<td>• Substantiated assessment of prognosis</td>
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**Summative comments (may be cited in final evaluation):**

**Formative comments (for student’s use)**
SO WHAT’S THERE AFTER THE CLERKSHIP?

Keep in mind that your clerkship was a basic introduction to psychiatry. Some things you may not have had too much exposure to: consult-liaison psychiatry (working with patients and other medical specialists in medical/surgical settings); outpatient psychiatry (working with less severe illnesses and watching improvement over time); etc. 4th-year electives are available.

**Is Psychiatry the career for me?** You should consider psychiatry if you are:

- Fascinated by the science of the brain and willing to rigorously understand the biological and psychosocial components of illness.
- Committed to treating medical conditions that affect emotions and behavior (in a sense, helping people to feel human again).

Psychiatry has been a very rewarding career for many, with high job satisfaction. There’s big demand for psychiatric services (e.g., Surgeon General’s statement on child and adolescent mental health needs).

According to the APA (“Careers in Psychiatry”):

“The average psychiatrist spends more than 48 hours each week at work. During this time, professional activities include administration, teaching, consultation, and research. Most spend over 60% of their time with patients. Two-thirds of these patients are seen as outpatients, with the rest being seen in a hospital setting or, increasingly, in partial hospital or day programs and community residential programs…

“Psychiatrists work in group or solo private practice much the same as other physicians. They also practice in the public sector, such as Veterans Administration and state hospitals and community mental health centers that are unique to psychiatry. Medical schools, HMOs, and general hospitals, as well as specialized psychiatric hospitals are settings for psychiatric practice.”

Note the people who won the Nobel Prize in Physiology/Medicine for 2000 (Drs. Carlsson, Greengard, and Kandel).

**Psychiatric residency (some examples):**

<table>
<thead>
<tr>
<th>Years</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>General Psychiatry*</td>
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<td>Fellowship: Geriatric*</td>
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<td>(First year could be in primary care)</td>
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<td>Addiction*</td>
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<td>Forensic*</td>
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<td>Psychosomatic</td>
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<tr>
<td>General Psychiatry*</td>
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<td>Fellowship: Child and Adolescent*</td>
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<tr>
<td>General Pediatrics</td>
<td>General Psychiatry*</td>
<td>Child and Adolescent Psychiatry*</td>
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<tr>
<td>(“Triple-board program”)</td>
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*Indicates that the program is currently available here in Hawai‘i
Other combinations:
Internal Medicine/Psychiatry (5 years)
Family Practice/Psychiatry (5 years)
Psychiatry/Neurology
Behavioral Neurology

Side note: Neurology is our “sister specialty” (we’re both under the American Board of Psychiatry and Neurology). It’s another specialty dealing with what is arguably the most complex and fascinating organ – the brain. Length: 4 years (neurology) or 5 years (neurology with special qualification in child neurology).

How are the residency programs here in Hawai‘i? They’re excellent. One of us would be happy to talk more about them if anyone’s interested.

Other information:
www.hawaiiresidency.org
www.psych.org

Good luck!

Gretchen Gavero, D.O. Psychiatry Clerkship Director and Psychiatry Director of Medical Education
Pager 363-0726; Office 586-2900 (Queen’s)
gaverog@dop.hawaii.edu

Tony Guerrero, M.D. Department Chair
Pager 363-1243; Office 586-1738
GuerreroA@dop.hawaii.edu

OTHER “SURVIVAL” PHONE NUMBERS AND ADDRESS

UH Department of Psychiatry:
Address: 1356 Lusitana St., University Tower-4th Floor
Honolulu, HI 96813
Phone: 586-2900

Ashley Ahn (Clerkship Coordinator)
Phone: 586-7437
E-mail: ahna@dop.hawaii.edu
Part II. Appendices

B. Recommended Articles for Reference
1. Problem-Based Behavioral Science & Psychiatry-Chapter 17: Basic Principles of Evaluation: Interviewing, Mental Status Examination, Differential Diagnosis, and Treatment
2. Clinical interview
3. Diagnostic interview
4. Bio-psycho-social-cultural formulation
5. Cross-Cultural Primary Care
6. Boarding Time – Chapter 6: Taking the Psychiatric History
7. Boarding Time – Chapter 7: Mental Status Examination
8. Boarding Time – Chapter 8: The 30-Minute Hour
9. Boarding Time – Chapter 9: Case Formulation

C. Other: Psychiatry Text References
1. Psychiatry 2010 Edition (Current Clinical Strategies) [Paperback] Rhoda K Hahn (Author), Lawrence J. Albers (Author), Christopher Reist (Author), MD (Author, Editor), Paul D. Chan (Editor)
2. Handbook of Psychiatric Drugs, 2011 Edition (Current Clinical Strategies Medical Book) [Paperback] Lawrence J. Albers (Author), MD (Author), Rhoda K. Hahn (Author), Christopher Reist (Author)
3. First Aid for the Psychiatry Clerkship, Third Edition 2011 (First Aid Series) [Paperback] Latha Stead (Author), Matthew Kaufman (Author), Jason Yanofski (Author)
4. Psychiatry Pre Test Self-Assessment & Review, Twelfth Edition (PreTest Clinical Medicine) [paperback] Debra Klamen (Author), Phil Pan (Author)
APPENDICES CONTINUED:

Excused Absences to Access Health Care

During each year and course of the JABSOM curriculum, students may take time away from classes and clinical responsibilities when needed to access health care without fear of academic penalty. Whenever possible, students should inform their course or clerkship director ahead of time. Should more than three days be required, the student should seek the counsel of the Director for Student Affairs.

Requesting an Alternative Site Assignment for Clerkships

Under rare circumstances, JABSOM will consider requests from medical students with an appropriate rationale for an alternative assignment. Such requests must be submitted within one week of the date of student notification of site assignment and before the start of that clerkship. Students should understand that it is their responsibility to report to their assigned sites, unless a change is granted. For third-year courses, the authority for site assignment rests with clerkship directors.

Clerkship directors use the following criteria when evaluating a request for a change in assignment site.

- Will the assignment site directly impact the health of student?
- Will the assignment place the student under the supervision of or in close working proximity to a faculty member who is also a member of the student’s family, a close family friend, or a physician treating this student?

Students wishing to submit a request for an assignment change should notify their clerkship director via e-mail, phone, or in a scheduled face-to-face meeting and be prepared with a written explanation including:

- Which of the two criteria listed above is applicable to their request.
- An estimate of the perceived impact on themselves should a change not be made
- Alternative assignment sites that would alleviate the conflict.

In making their decision, the clerkship director may consult the Director of the Office of Medical Education and the Director of the Office for Student Affairs.

Non-Participation in Health Care (Avoiding Conflicts of Interest)

Faculty should not provide health care (psychological counseling, medical care or psychiatric care) to medical students they are supervising or may supervise in their faculty roles. Exceptions include but are not limited to situations where the faculty member is the only physician or one of a limited number of physicians with expertise in the medical student’s illness. In addition, faculty should not evaluate students who are family members or close associates. Should faculty or other supervisors find themselves in a situation where their contribution to a summative evaluation or decision on academic standing or promotion of a student may represent a conflict of interest, that faculty member will recuse themselves from any discussions regarding the student.

In order to ensure that providers of health and/or psychiatric/psychological services to a medical student has no involvement in the academic assessment of, or in decisions about, promotion of that
student, this statement will be shared with medical students, residents, and faculty. In addition, each evaluation form will include the statement, “Submission of this form certifies that I have no conflict of interest in evaluating this student. If I am unsure whether a conflict may exist, I will contact the Director of the Office of Student Affairs to discuss the matter.” Course and clerkship directors are also encouraged to contact the Director of the Office of Student Affairs to resolve potential conflicts of interest in student evaluations.

**Safety in Numbers**

All students are strongly advised to carpool to all clinical sites and to walk to and from the hospitals and clinics in groups, especially during the early morning hours when lighting is not ideal. It may be wise to bring a flashlight with you if it would help to illuminate your pathway. If you are unable to carpool, consider arranging for a drop-off and pick-up by family or friends.

**Clinical Supervision of Students**

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.