University of Hawaii
Department of Psychiatry
John A. Burns School of Medicine

PSYCHIATRY MEDICAL STUDENT
PRECEPTOR GUIDE

(Available online at http://blog.hawaii.edu/dop/)
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PART I:
PRECEPTOR RESPONSIBILITIES
PRECEPTOR RESPONSIBILITIES

Preceptorship

A preceptor’s primary responsibility is to work with the medical student and teach them core psychiatric topics. The preceptor should monitor the student’s progress throughout the clerkship to insure that the rotation objectives are being met, and to provide ongoing advice and support. It is recommended that preceptors, in an initial meeting, insure that his/her student is clear about the clerkship objectives and the evaluation system. In addition, it would be helpful to discuss a student’s performance on previous clerkships and identify areas which he or she has been given feedback on improving (e.g., formative comments).

Preceptors should also consider reviewing certain suggested topics with his/her student which may or may not be covered in the student’s clinical experiences or in medical student lectures.

Reviewing Write-ups

Each student is required to complete 1 formal patient write-up during their clerkship as part of the Clinical Skills Verification (CSV) Exam. They will also complete write ups during their inpatient and outpatient blocks that they submit to their preceptors. Students are provided sample psychiatric write-ups; your feedback will help them improve their psychiatric medical notes, with emphasis on the bio-psycho-social formulation.

Observed History and Physical Exam

Preceptors must observe a minimum of one complete psychiatric examination and evaluate his/her student’s psychiatric clinical skills. It is highly encouraged that an initial observation be done early in the clerkship to provide feedback, and a formal assessment be done after the student has had an opportunity to practice histories and mental status exams. These observed interviews can still be helpful even if the student has already passed a CSV at a different site (if this is the case, there is no need to complete another CSV evaluation form; verbal feedback is sufficient).

Modeling/Evaluating Clinical Skills

Another important responsibility of the preceptor is to review his/her student’s clinical skills, primarily the history-taking component of the visit. Demonstrating, observing and evaluating a student examining a patient is an essential part of a preceptor’s role.

In addition, students should be asked to present his/her patients orally to help him/her
identify pertinent information, and to practice conveying details in a clear and concise manner. Practicing oral presentation with the student will help them with their oral presentation skills. (This is also formally evaluated during CSV).

**Mid-Clerkship Evaluation and Feedback**

At mid-clerkship, please sit down with your student and review your mid-clerkship evaluation. This is an opportunity for the student to receive feedback and have a chance to improve for the remainder of the clerkship. A copy of the assessment (See form in the student handbook) should be returned to the student who will submit this to Ashley Ahn for the student’s file.

**Evaluation**

As noted above, it is highly recommended that early in the clerkship, preceptors review the final evaluation form (see Forms section) with his/her student and clarify questions the student may have. A preceptor’s role in the evaluation of his/her student takes place at many levels. First, there should be on-going evaluation, which is formative in nature, and should be critical and specific, so as to enable the student to determine ways of improving. Finally, the preceptor’s final evaluation of each student counts for 20% of the final grade. Preceptors’ comments will also be incorporated into the student’s Dean’s letter when they apply to residency. Please be mindful about distinguishing between “honors” and “credit.” Students can only receive a final grade of honors if they receive an honors grade of 77 or above in the NBME shelf exam \textit{AND} an honors grade in clinical performance (combined evaluation from all clinical sites).
MEDICAL STUDENT MISTREATMENT and HARASSMENT

The primary purpose of the M.D. curriculum is to develop compassionate physicians who practice medicine with the highest professional and ethical standards while caring for the people of Hawai‘i and the Pacific. The learning environment necessary to achieve this mission must promote high academic standards and professionalism without student mistreatment or abuse. The John A. Burns School of Medicine does not tolerate student harassment or abuse in any form.

Student mistreatment refers to behavior by healthcare professionals and students that are exploitive or punishing. Examples of such inappropriate behavior include, but are not limited to:

1. Physical punishments or threats
2. Sexual harassment
3. Discrimination based on race, religion, gender, age, sexual orientation or a physical disability
4. Repeated episodes of psychological punishment such as public humiliation or intimidation
5. Requiring the performance of personal services
6. Taking credit for another individual’s work

Students who feel they may be experiencing mistreatment should report their concerns to appropriate faculty members or school officials. Students may approach the following individuals with their concerns:

1. Clerkship Director
2. Department Chair
3. Director for Student Affairs, JABSOM Richard Smerz, D.O., (808) 692-1000
4. Vice Dean for Academic Affairs and Education, JABSOM
5. University of Hawai‘i Gender Equity Counselor
6. University of Hawai‘i Equal Opportunity/Affirmative Action Office: Karen Lee, Interim Assoc. VP for Student Affairs, Phone (808) 956-8783

Students reporting incidents of abuse are protected from retaliation. All concerns will be investigated with students informed of the outcome and penalties levied if any. For additional information on filing an academic grievance, students may refer to the JABSOM Academic Appeals Policy available at:

jabsom.hawaii.edu/ JABSOM/admissions/policies.php.
It is the professional responsibility of students to report mistreatment so that it can be stopped. A victim of mistreatment is not likely to have been the first to be mistreated, and won’t certainly be the last, until action is taken.

The University of Hawai‘i is an equal opportunity/affirmative action institution and is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, color, national origin, ancestry, disability, marital status, arrest and court record, sexual orientation and veteran status. This policy covers admission and access to and participation, treatment and employment in the University’s programs, activities, and services. Sexual harassment is prohibited under this policy. For further information regarding equal opportunity policies, affirmative action plan or UHM complaint procedures, contact Karen Lee, Interim Assoc. VP for Student Affairs.

**Title IX – Gender Discrimination and Sexual Harassment**

Under Title IX of the Education Amendment Act of 1972, the University of Hawaii has a responsibility to ensure that students have a learning environment that is free of gender discrimination and sexual harassment.

Sexual harassment is a form of discrimination prohibited by Title IX. If you feel you have been subjected to sexual harassment or discrimination, you should seek assistance as soon as possible. As a medical student at the John A. Burns School of Medicine, there are a number of potential resources available to you:

- All students at the University of Hawaii at Manoa (including JABSOM medical students) fall under the oversight of the University of Hawaii at Manoa Title IX Coordinator, Dr. Lori Ideta (Vice Chancellor for Student Affairs, University of Hawaii at Manoa. lideta@hawaii.edu, or 956-3290).

- The JABSOM Office of Student Affairs (smerz@hawaii.edu, 692-1000, or via JABSOM Security after hours, weekends or holidays 692-0911) is available to JABSOM medical students “24/7” and works very closely with the UH Title IX Coordinator.

- The University of Hawaii Office of Gender Equity (Jennifer Rose, 956-9499, RoseJenn@hawaii.edu)

- The University of Hawaii Equal Employment Opportunity and Affirmative Action Office (Mei Watanabe, 956- 7077, eeo@hawaii.edu)

Learn more about Preventing Sexual Harassment on line at:

http://training.newmedialearning.com/psh/uhawaii/index.htm

**DISSENT/CRITICISM**

Criticism and constructive dissent are engines of productive change and are very necessary. You should learn to accept constructive criticism for improvement, and provide constructive dissent when necessary. They should be done in a spirit of learning with staff and attendings, and never written in a patient’s
chart where it might be incriminating. The patient's chart is a legal document that should contain factual information about the patient's care. It is not a forum for disagreements and conflict.

**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.

**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 do 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.

**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.
PART II:
COPY OF MEDICAL STUDENT
PSYCHIATRY CLERKSHIP
HANDBOOK
University of Hawaii
Department of Psychiatry

John A. Burns School of Medicine

MEDICAL STUDENT
PSYCHIATRY CLERKSHIP
HANDBOOK

(Available online at http://blog.hawaii.edu/dop/)

2016-2017
# PSYCHIATRY CLERKSHIP HANDBOOK

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WELCOME TO PSYCHIATRY!

PSYCHIATRY CLERKSHIP

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 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.
For example, the current supply of 6300 child psychiatrists is anywhere from 4000 to 24000 short of what’s actually needed (reviewed, AACAP, 2000).

- 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.

- Anti-depressants and specific psychotherapies for major depression, panic disorder, obsessive-compulsive disorder; specific treatment for almost any other mental health condition.

- 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. Gretchen’s, 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 clinical work-load will not exceed 80-hours/week averaged over the 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”

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**3rd YEAR LONGITUDINAL STUDENTS:** Inpatient acute general hospital psychiatry at Queen’s Medical Center (4 weeks)

- Outpatient adult psychiatry (one 1/2 day per week in 6 ambulatory months)
- On-call/emergency psychiatry (two 3-hour shifts)

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**INPATIENT PSYCHIATRY**

Students will be assigned to:

1. **Block Students:** One general hospital setting at the Queen’s Medical Center (QMC) or Kapiolani Medical Center for Women and Children (KMCWC) for weeks 1-3 and to a different general hospital setting at the Queen’s Medical Center (QMC) or KMCWC for weeks 4-6. Students may choose elective sites on week 7 or remain in their primary site. Some students may be assigned to Queen’s Counseling Services outpatient clinic for one of their sites.

2. **Longitudinal Students:** One general hospital setting at the Queen’s Medical Center (QMC) for 4 weeks.
3. **Sub-internship Students:** One general hospital setting at the Queen’s Medical Center (QMC) for the first 2 weeks. The last 2 weeks will allow students to visit other sites (i.e. QCS or telepsychiatry). Schedules may change as permitted by site director/attending.

**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 7:45 am on Mondays-Friday at UT 413
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:

**QMC/Kekela Makai**
Dr. Barry Carlton, Dr. Jaime Stevens, Dr. Steven Williams, Psychiatry Residents and staff

1. Attend team care activities along with your assigned resident and attending.
2. Attend morning report, discussed patient assignments with resident and/or attending.
3. Participate in treatment team rounds with patient, nursing staff, pharmacist, social worker.

**QMC/Consult-Liaison**
Dr. Junji Takeshita, Dr. June Lee, Dr. Brian Schultz, Dr. Susan Solimine, Psychiatry 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).

**QMC Emergency Department / Brief Treatment Unit (BTU – Kekela Mauka)**

Dr. Junji Takeshita, Dr. Joy Andrade, Dr. Sean Munnelly, Dr. Taryn Park, Dr. Brian Schultz, Psychiatry Residents and staff

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

1. Attend morning sign-in rounds at Queen’s Medical Center; review daily schedule with faculty and residents.
2. 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.
3. 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.

**QMC Geriatric service**

Dr. Junji Takeshita, Dr. June Lee, Dr. Brett Lu and Geri Psych resident or fellow

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.

**QMC Family Treatment Center (Child & Adolescent Psychiatry)**

Faculty: Dr. Barry Carlton, Dr. Shaylin Chock, Dr. Diane Eckert, Dr. Taryn Park, Dr. Jaime Stevens, Child & Adolescent psychiatry residents, fellows, 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.

**QCS Queen’s Counseling Services (Adult Psychiatry)**

Faculty: Dr. Gretchen Gavero, Dr. Asad Ghiasuddin, Dr. June Lee, Dr. Brett Lu, Dr. Leslie Matsukawa, Dr. Susan Solimine, psychiatry residents, fellows, and staff

1. The student will work primarily with the general psychiatry residents in the adult clinic Monday-Thursday and the geriatric psychiatry clinic on Fridays.
2. Participate in patient care in medication management appointments and group therapy.
3. Observe psychotherapy cases and learn about basic psychotherapy principles.
4. Attend treatment team meetings, resident didactics, grand rounds (remotely from QCS)
KMCWC (Consult-Liaison Child & Adolescent Psychiatry)
Faculty: Dr. Roshni Koli, Dr. Tony Guerrero, Dr. Ryan Lunsford, 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:

Third year students are required to submit one typed write-up (de-identified) on patients from your Clinical Skills Verification (CSV) interview to be included in your file/evaluation.

OUTPATIENT PSYCHIATRY

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:
- Kapi‘olani Medical Center for Women and Children – Dr. Tony Guerrero or designee
- Queen’s Counseling and Clinical Services – Drs. Gretchen Gavero, Asad Ghiasuddin, Leslie Matsukawa, Susan Solimine
- Telemental Health (TMH) – Drs. Dan Alicata, Amanda O’Kelly, Joy Andrade, Sean Munnelly, 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:
1. To observe and experience how patients are triaged, assessed and treated in the emergency room.
2. To observe a spectrum of behavioral symptoms associated with psychiatric conditions.
3. 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. 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, if there are no patients in the ED.
3. Upon leaving, notify your resident.
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 or agitated.

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 concern ourselves 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 day 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 me if I’m out-of-town), but we’d urge you to first try the other options listed above. Our pager numbers are: 208-5888 (Dr. Gavero), 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.

OTHER IMPORTANT RESPONSIBILITIES
Follow dress code guidelines:
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
The LRC is a shared working space, please be responsible in keeping cleanliness and noise level appropriate at all times. Do not take books out of the LRC without informing staff.

Respect confidentiality, including the confidentiality of paper and computerized medical records.

For those on Kekela or Family Treatment Center (FTC) rotations: Obtain keys from Ms. Ashley Ahn

RECOMMENDED REFERENCES

1. American Publishing Psychiatric Textbook 2014 [Paperback or online via Hawaii Medical Library/Psychiatry online] Robert E. Hales (Author), M.D. (Author), Robert E. (Editor), M.D. Hales (Editor), Stuart C. (Editor), M.d. Yudofsky (Editor), Laura Weiss (Editor)
3. First Aid for the Psychiatry Clerkship, Fourth Edition 2011 (First Aid Series) [Paperback]Latha Ganti (Author), Matthew Kaufman (Author), Sean Blitzstein (Author)
4. Psychiatry Pre Test Self-Assessment & Review, Thirteenth Edition (PreTest Clinical Medicine) [paperback] Debra Klamen (Author), Phil Pan (Author)
I. Life Long Learning Skills

Graduates will be life-long learners.

Following patient care interactions or in anticipation of future learning needs, students will be life-long learners by:

- Accessing the resources necessary to manage patients with psychiatric conditions.
- Evaluating the knowledge base supporting good patient care, recognizing gaps between prevailing and best practices, and incorporating the principles of quality improvement to enhance patient care outcomes including patient safety.
- Utilizing the medical literature for the benefit of patients with psychiatric conditions.

II. The Biological Sciences

Graduates will understand the biological sciences underlying clinical medicine.

Students will apply the biological sciences to the practice of medicine by:

- Understanding basic psychopharmacology and psychopathology.

III. The Care of Patients

Graduates will be able to care for their patients with increasing responsibility under faculty supervision and respond to feedback.

When seeing a patient presenting with a concern or illness in the ambulatory or hospital setting, students will be able to care for that patient by:

- Assessing for conditions which could threaten the safety of the patient or others.
- Generating broad-based differential diagnoses for psychiatric symptoms.
- Identifying the biological, psychological, social, and cultural factors which influence a patient’s presentations, and to apply knowledge of such factors to patient care.
- Performing a comprehensive history and mental status examination with application of the principles of problem-based learning.
- Performing a complete or organ-specific history and physical exam following an appropriate exam sequence and utilizing correct technique in a manner that reflects a clear understanding of the manifestations of common maladies with special attention to:
  - The inpatient psychiatric evaluation
  - The outpatient psychiatric evaluation
  - The psychiatric evaluation in the emergency setting
- Ordering appropriate diagnostic tests with careful consideration of the test properties, risks and complications, discomfort to patients, cost, and patient’s overall therapeutic goals.
- Developing and implementing an appropriate therapeutic plan that takes into account efficacy, adverse effects, cost, safety, and compliance issues, in the context of the patient’s overall goals, values, and cultural beliefs with special attention to:
  - Neurodevelopmental/cognitive disorders
  - Cognitive disorders
  - Substance-related disorders
  - Schizophrenia spectrum/psychotic disorders
  - Bipolar and related disorders
Depressive disorders,  
- Anxiety disorders  
- Somatoform disorders  
- Trauma and stressor-related disorders  
- Dissociative disorders  
- Eating disorders  
- Sexual disorders  
- Sleep disorders  
- Personality disorders  
- Medication-induced movement disorders  
- Child and adolescent disorders  
- General psychiatric disorders

- Observing routine procedural skills under appropriate supervision, with minimal discomfort to patients with special attention to:  
  - Electroconvulsive therapy
- Educating patients, families, and other healthcare providers about health, illness, and the prevention of disease in a manner they can understand.

IV. Oral and Written Communication Skills

Graduates will be able to communicate effectively with patients, families, and other healthcare providers.

When in a classroom, clinical, or other healthcare setting, students will communicate effectively with others by:

- Greeting patients warmly, eliciting relevant information, understanding the patient’s perspective, responding to their feelings, educating them about their condition, and explaining further management.
- Utilizing rapport-building techniques, including open-ended questions, empathic listening, checking for understanding, validation, and appropriate eye contact, body language, and voice quality to attend to patients and manage emotions which arise in the course of patient care.
- Documenting and communicating information effectively.

V. Populational and Community Health

Graduates will appreciate the epidemiology of disease and the role of the physician in public health and global health issues, particularly those important to Hawaii and the Asia-Pacific region.

When in the clinical or classroom setting, students will appreciate the epidemiology of disease and the role of physicians in populational and community health by:

- Being familiar with the mental health needs and resources specific to the Hawaii community.
- Stating the important non-biological determinants of poor health and the economic, psychological, social, and cultural factors that contribute to the development and/or continuation of illness.
- Being familiar with the scope and practice of psychiatry.

VI. Professionalism

Graduates will be professional and ethical and demonstrate an enthusiasm for medicine while delivering compassionate care to their patients.

When practicing medicine or representing JABSOM outside the classroom or clinical setting, students will exhibit the highest standards of professional and ethical behavior by:

- Being empathetic and professionally responsible towards patients with mental health needs.
• Respectfully collaborating with others involved in patient care.
• Adhering to JABSOM policies regarding academic integrity, cheating, plagiarism, fabrication, and falsification and to JABSOM and UHM policies regarding student conduct.
• Showing respect, honesty, altruism, accountability, honor, excellence, integrity, and humility.
• Presenting a professional appearance and demeanor.
• Respecting patient confidentiality, obtaining informed consent, and preserving patient dignity.
• Participating positively in JABSOM learning opportunities.

VII. Personal Health and Well-Being

Graduates will maintain personal health and well-being.

Students will maintain their personal health and well-being by:

A) Stating strategies to maintain personal physical and mental health.
B) Stating healthy coping mechanisms to manage stress and exam anxiety.
C) Stating strategies to maintain personal safety in both academic and clinical environments.
### SUMMARY OF EDUCATIONAL GOALS & CORRESPONDING TEACHING EXPERIENCES

<table>
<thead>
<tr>
<th>Attitudes</th>
<th>Main educational experiences</th>
</tr>
</thead>
<tbody>
<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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To establish and maintain rapport with patients in various contexts, and to manage emotions which arise in the course of patient care (III)</td>
<td>Bedside teaching, modeling, and mentorship; meaningful contribution to patient care, outpatient care</td>
</tr>
<tr>
<td>2. To assess for conditions which could threaten the safety of the patient or others (V)</td>
<td>Bedside teaching, modeling, and mentorship; meaningful contribution to patient care, patient care in the emergency setting</td>
</tr>
<tr>
<td>3. To perform a comprehensive history and mental status examination with application of the principles of problem-based learning (I)</td>
<td>Bedside teaching, modeling, and mentorship; meaningful contribution to patient care, PBL cases</td>
</tr>
<tr>
<td>4. To generate broad-based differential diagnoses for psychiatric symptoms (II)</td>
<td>Bedside teaching, modeling, and mentorship; meaningful contribution to patient care</td>
</tr>
<tr>
<td>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)</td>
<td>PBL cases, didactics, case conferences, patient care</td>
</tr>
<tr>
<td>6. To document and communicate information effectively (I)</td>
<td>Bedside teaching, modeling, and mentorship; meaningful contribution to patient care</td>
</tr>
<tr>
<td>7. To access resources needed to manage patients with psychiatric conditions (XIX, XXIII)</td>
<td>Bedside teaching, modeling, and mentorship; meaningful contribution to patient care, PBL cases</td>
</tr>
<tr>
<td>8. To utilize the medical literature for the benefit of patients with psychiatric conditions (XXIII)</td>
<td>Bedside teaching, modeling, and mentorship; meaningful contribution to patient care</td>
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<table>
<thead>
<tr>
<th>Knowledge</th>
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<tbody>
<tr>
<td>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)</td>
<td>Exposure to child/adolescent assessment Self-directed learning</td>
</tr>
<tr>
<td>2. To be familiar with the mental health needs and resources specific to the Hawai‘i community.</td>
<td>PBL cases Outpatient care</td>
</tr>
<tr>
<td>3. To be familiar with the scope and practice of psychiatry (XXIII)</td>
<td>Bedside teaching, modeling, and mentorship; meaningful contribution to patient care</td>
</tr>
</tbody>
</table>

(Roman numerals refer to ADMSEP- Association of Directors of Medical Student Education in Psychiatry objectives)
So how do these fit goals fit with the clerkship components?

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

For your review: Here is a summary of the components of the Psychiatric Interview.

“The Interview Pyramid”  
Tony Guerrero, 2000

TREATMENT: Address all the relevant issues from formulation.

FORMULATION: Synthesize all of your information from multiple perspectives (bio, psycho, social) in a way that sensibly guides treatment, patient education, and education of others involved.

CLINICAL DATA: Elicit the appropriate history and mental status findings to rule-in and rule-out DSM-4 DIAGNOSES and to best understand the patient’s condition.

SAFETY: Make sure you identify conditions which could pose an emergent risk (to the patient, to you, and/or to others) – suicidality, homicidality, abuse/being victimized, psychosis, general medical conditions, substance abuse.

RAPPORT: Establish and maintain rapport. Have unconditional positive regard and be attentive to patient’s comfort. Adequately prepare patient for the interview. Identify barriers to effective rapport (“problems”), generate “hypotheses,” gather “additional information,” and adjust appropriately. Develop skill in choosing in the spectrum of open-ended versus closed-ended questions. Be responsive to the content of what the patient says as well as the associated emotions.
PSYCHIATRY CLERKSHIP EVALUATION CRITERIA

During 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, an overall evaluation score (determined above) in the honors/outstanding range, and no deficiencies in any of the areas (e.g., includes clinical performance and final written examination - a minimum honors score of 77 at the NBME exam is required to qualify for a final grade of honors in the clerkship).

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

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. Ahn.
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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<td></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>
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<tr>
<td></td>
<td>Patient #2</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Patient #3</td>
<td></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>1. Performing two patient interviews supervised by and discussed with the attending or resident: Patient #1</td>
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<tr>
<td></td>
<td>Patient #2</td>
<td></td>
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<tr>
<td>11. Performing one “Acceptable” Clinical Skills Verification and Write-Up</td>
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</tbody>
</table>

**DUE DATE:** last Friday of clerkship!
<table>
<thead>
<tr>
<th>I. Life-Long Learning Skills</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMENTS:</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>II. Knowledge of Biological Sciences</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMENTS:</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Patient Care</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMENTS:</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. Oral and Written Communication Skills</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMENTS:</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>V. Knowledge of Populational and Community Health</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMENTS:</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>VI. Professionalism</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
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<tbody>
<tr>
<td>COMMENTS:</td>
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</table>

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

Site Preceptor

DATE
Mid-Course Evaluation to be submitted on/before the mid-term exam.

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>
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<tr>
<td>Evaluates the knowledge base supporting good patient care and recognizes gaps between prevailing and best practice</td>
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<table>
<thead>
<tr>
<th>II. Biological Sciences</th>
<th>H</th>
<th>C</th>
<th>NC</th>
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</thead>
<tbody>
<tr>
<td>Knows the various causes of illness and the ways in which they operate on the body (pathogenesis)</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>
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<tr>
<td>Applies the biological sciences to diagnosis and therapy</td>
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<table>
<thead>
<tr>
<th>III. Patient Care</th>
<th>H</th>
<th>C</th>
<th>NC</th>
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<tbody>
<tr>
<td>Approaches each patient with an awareness and sensitivity to the non-biological determinants of health</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>
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<tr>
<td>Formulates a problem list and differential diagnosis</td>
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<tr>
<td>Plans appropriate diagnostic tests</td>
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<tr>
<td>Accurately interprets patient responses, physical findings, and diagnostic test results</td>
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<tr>
<td>Develops an appropriate therapeutic plan</td>
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<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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<thead>
<tr>
<th>IV. Oral and Written Communication Skills</th>
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<tbody>
<tr>
<td>Greets patients warmly and using rapport-building techniques</td>
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<tr>
<td>Presents cases clearly and concisely</td>
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<tr>
<td>Writes legible, comprehensive progress notes and H&amp;P's</td>
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<table>
<thead>
<tr>
<th>V. Populational and Community Health</th>
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<th>C</th>
<th>NC</th>
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<td></td>
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</table>
Knows the epidemiology of common illnesses within diverse populations and approaches useful in reducing such illnesses

Knows how the health of certain subgroups of the population and ethnic groups differs from the population at large

### VI. Professionalism

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>H</th>
<th>C</th>
<th>NC</th>
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</thead>
<tbody>
<tr>
<td>Presents a professional appearance and demeanor</td>
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<tr>
<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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<tr>
<td>Works effectively with Peers</td>
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<tr>
<td>Works effectively with Nurses and Ancillary Staff</td>
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<tr>
<td>Works effectively with Attending Staff</td>
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<td>Works effectively with Residents</td>
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<tr>
<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: ____________________________
University of Hawaii
General Psychiatry Residency Program
Clinical Skills Verification (CSV)
(Adapted from Mayo Clinic & ABPN Task Force on Clinical Skills Verification Rater Training)

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 are:
     - Physician-patient relationship
     - Psychiatric interview, including MSE
     - Case presentation

4. **CSV standards**
   - A passing score (> 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.
## PSYCHIATRY CLINICAL SKILLS VERIFICATION EVALUATION FORM (CSV v.1) page 1 of 2

<table>
<thead>
<tr>
<th></th>
<th>Unacceptable</th>
<th>Acceptable</th>
</tr>
</thead>
</table>

### PHYSICIAN-PATIENT RELATIONSHIP (overall):

1. Opening and closing
   - Awkward strategies
   - Appropriate strategies
   - Score:

2. Informational cues
   - Ignored leads
   - Followed leads
   - Score:

3. Affective cues
   - Ignored
   - Explored appropriately
   - Score:

4. Communication style and rapport
   - Insensitivity interfered with data collection
   - Adequate language sensitivity
   - Score:

5. Questioning techniques
   - Abrupt and forced choice questions
   - Open-ended but appropriately structured
   - Score:

6. Control and direction of interview
   - Scattered and fragmented questions
   - Developed cohesive interview
   - Score:

### PSYCHIATRIC INTERVIEW (overall):

**Length of interview:**

<table>
<thead>
<tr>
<th>Presenting problems and history of present illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequately obtained or too vague</td>
</tr>
<tr>
<td>Obtained adequate data</td>
</tr>
<tr>
<td>Score:</td>
</tr>
</tbody>
</table>

8. Past history:
   - Psychiatric
   - Score:
   - Ignored major issues
   - Gathered relevant data in at least brief form
   - Score:

   - Family
     - Score:
     - Ignored major issues
     - Gathered relevant data in at least brief form
     - Score:

   - Medical
     - Score:
     - Ignored major issues
     - Gathered relevant data in at least brief form
     - Score:

   - Social / educational / occupational
     - Score:
     - Ignored major issues
     - Gathered relevant data in at least brief form
     - Score:

**Student Name**

**Student Signature**

**Level of Training** MS

**Date**

**Examiner Name**

**Examiner Signature**

**Patient Type**
### Past History (continued): Developmental

<table>
<thead>
<tr>
<th>Ignored major issues</th>
<th>Gathered relevant data in at least brief form</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4</td>
<td>5 6 7 8</td>
</tr>
</tbody>
</table>

### History of Drug and Alcohol Abuse

<table>
<thead>
<tr>
<th>Ignored or too limited</th>
<th>Sensitive gathered</th>
</tr>
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<tbody>
<tr>
<td>1 2 3 4</td>
<td>5 6 7 8</td>
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### Assessment of Suicidal Risk

<table>
<thead>
<tr>
<th>Ignored or too limited</th>
<th>Sensitive explored</th>
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<tr>
<td>1 2 3 4</td>
<td>5 6 7 8</td>
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### Assessment of Homicidal Risk

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<th>Ignored or too limited</th>
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<td>5 6 7 8</td>
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</table>

### Mental Status Examination

<table>
<thead>
<tr>
<th>Omittted or too limited</th>
<th>Organized approach and performed appropriately</th>
</tr>
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<tbody>
<tr>
<td>1 2 3 4</td>
<td>5 6 7 8</td>
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### Case Presentation (overall):

<table>
<thead>
<tr>
<th>Unacceptable</th>
<th>Acceptable</th>
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<tbody>
<tr>
<td>Disorganized</td>
<td>Presented cohesively and coherently</td>
</tr>
<tr>
<td>1 2 3 4</td>
<td>5 6 7 8</td>
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</table>

### Summary of Important Data

<table>
<thead>
<tr>
<th>Incomplete</th>
<th>Accurately summarized</th>
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<td>1 2 3 4</td>
<td>5 6 7 8</td>
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### Mental Status Examination

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<td>1 2 3 4</td>
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### Emergency Issues: Suicide

<table>
<thead>
<tr>
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<tr>
<td>1 2 3 4</td>
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### Violence / Abuse

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### Drugs / Alcohol

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<td>1 2 3 4</td>
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### Recognition of Need for Additional History and Collateral Information

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<tr>
<th>Absent or non-rational</th>
<th>Appropriate</th>
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Comments
**UNIVERSITY OF HAWAI'I JOHN A. BURNS SCHOOL OF MEDICINE**

**UNIT 6 PSYCHIATRY CLERKSHIP – CLINICAL SKILLS VERIFICATION WRITE UP EVALUATION FORM**

<table>
<thead>
<tr>
<th>Student’s name:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Evaluator’s name:</td>
<td>Location:</td>
</tr>
</tbody>
</table>

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

**OVERALL GRADE**

<table>
<thead>
<tr>
<th>H</th>
<th>HP</th>
<th>P</th>
<th>LP</th>
<th>UN</th>
</tr>
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</table>

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.

I. **History**
   - A history of the present illness clarified to the extent possible
   - Inclusion of pertinent positives and negatives
   - Attention to important issues of safety (suicide attempts, violence, psychotic symptoms, substance abuse, potentially dangerous medical conditions, child abuse if relevant)
   - Documentation of all additional historical areas: past psychiatric history, past medical history, family history, developmental history, social history, and relevant review of systems.

II. **Examination**
   - Documentation of any relevant physical findings (e.g., vital signs, obvious physical findings, EPS, etc.)
   - Documentation of all areas of the MSE: general appearance, speech, emotions, thought, perception, cognition.
   - Documentation of assessment for dangerousness (suicidality, homicidality)

III. **Formulation**
   - Identification of relevant biological factors (genetic, acquired).
   - Identification of relevant psychological factors (e.g., stressors, coping, current life stage, compliance issues)
   - Identification of relevant social/cultural factors (e.g., social support, availability of resources)
   - Integration of the above facts in a way that sensibly guides treatment, patient education, and education of others involved.

IV. **Differential diagnoses**
   - Logically reasoned, broad-based
   - Based on thorough consideration of DSM-IV categories in appropriate axes

II. **Treatment plan**
   - Addresses all relevant areas discussed in the formulation (biological, psychological, and social)
   - Addresses evaluation issues (diagnostic workup, collateral info.)
   - Addresses safety issues
   - Reflects review of the literature and judicious synthesis and application of knowledge.
   - Substantiated assessment of prognosis

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>
</tr>
</thead>
<tbody>
<tr>
<td>General Psychiatry*&lt;br&gt;(First year could be in primary care)</td>
<td></td>
<td></td>
<td></td>
<td>Fellowship: &lt;br&gt;Geriatric&lt;br&gt;Addiction*&lt;br&gt;Forensic*&lt;br&gt;Psychosomatic</td>
<td></td>
</tr>
<tr>
<td>General Psychiatry*</td>
<td></td>
<td></td>
<td></td>
<td>Fellowship: Child and Adolescent*</td>
<td></td>
</tr>
<tr>
<td>General Pediatrics&lt;br&gt;(“Triple-board program”)</td>
<td>General Psychiatry*</td>
<td>Child and Adolescent Psychiatry*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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
Phone 208-5888; 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

Gretchen Gavero (Clerkship Director)
Phone: 586-2900
Email: gaverog@dop.hawaii.edu
APPENDICES

- JABSOM Harassment & Ethics Policies
- Excused Absences & Access to Health Care
- Requesting an Alternative Site Assignment for Clerkship
- Non-participation in Health Care (Avoiding Conflicts of Interest)
- Safety in Numbers
- Clinical Supervision of Students
MEDICAL STUDENT MISTREATMENT and HARASSMENT

The primary purpose of the M.D. curriculum is to develop compassionate physicians who practice medicine with the highest professional and ethical standards while caring for the people of Hawaiʻi and the Pacific. The learning environment necessary to achieve this mission must promote high academic standards and professionalism without student mistreatment or abuse. The John A. Burns School of Medicine does not tolerate student harassment or abuse in any form.

Student mistreatment refers to behavior by healthcare professionals and students that are exploitive or punishing. Examples of such inappropriate behavior include, but are not limited to:

1. Physical punishments or threats
2. Sexual harassment
3. Discrimination based on race, religion, gender, age, sexual orientation or a physical disability
4. Repeated episodes of psychological punishment such as public humiliation or intimidation
5. Requiring the performance of personal services
6. Taking credit for another individual’s work

Students who feel they may be experiencing mistreatment should report their concerns to appropriate faculty members or school officials. Students may approach the following individuals with their concerns:

1. Clerkship Director
2. Department Chair
3. Director for Student Affairs, JABSOM  Richard Smerz, D.O., (808) 692-1000
4. Vice Dean for Academic Affairs and Education, JABSOM
5. University of Hawaiʻi Gender Equity Counselor
6. University of Hawaiʻi Equal Opportunity/Affirmative Action Office: Karen Lee, Interim Assoc. VP for Student Affairs, Phone (808) 956-8783

Students reporting incidents of abuse are protected from retaliation. All concerns will be investigated with students informed of the outcome and penalties levied if any. For additional information on filing an academic grievance, students may refer to the JABSOM Academic Appeals Policy available at:

jabsom.hawaii.edu/ JABSOM/admissions/policies.php.
It is the professional responsibility of students to report mistreatment so that it can be stopped. A victim of mistreatment is not likely to have been the first to be mistreated, and won’t certainly be the last, until action is taken.

The University of Hawai‘i is an equal opportunity/affirmative action institution and is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, color, national origin, ancestry, disability, marital status, arrest and court record, sexual orientation and veteran status. This policy covers admission and access to and participation, treatment and employment in the University’s programs, activities, and services. Sexual harassment is prohibited under this policy. For further information regarding equal opportunity policies, affirmative action plan or UHM complaint procedures, contact Karen Lee, Interim Assoc. VP for Student Affairs.

Title IX – Gender Discrimination and Sexual Harassment

Under Title IX of the Education Amendment Act of 1972, the University of Hawaii has a responsibility to ensure that students have a learning environment that is free of gender discrimination and sexual harassment.

Sexual harassment is a form of discrimination prohibited by Title IX. If you feel you have been subjected to sexual harassment or discrimination, you should seek assistance as soon as possible. As a medical student at the John A. Burns School of Medicine, there are a number of potential resources available to you:

• All students at the University of Hawaii at Manoa (including JABSOM medical students) fall under the oversight of the University of Hawaii at Manoa Title IX Coordinator, Dr. Lori Ideta (Vice Chancellor for Student Affairs, University of Hawaii at Manoa. lideta@hawaii.edu, or 956-3290).

• The JABSOM Office of Student Affairs (smerz@hawaii.edu, 692-1000, or via JABSOM Security after hours, weekends or holidays 692-0911) is available to JABSOM medical students “24/7” and works very closely with the UH Title IX Coordinator. • The University of Hawaii Office of Gender Equity (Jennifer Rose, 956-9499, RoseJenn@hawaii.edu )

• The University of Hawaii Equal Employment Opportunity and Affirmative Action Office (Mei Watanabe, 956-7077, eeo@hawaii.edu )

Learn more about Preventing Sexual Harassment on line at:

http://training.newmedialearning.com/psh/uhawaii/index.htm

DISSENT/CRITICISM

Criticism and constructive dissent are engines of productive change and are very necessary. You should learn to accept constructive criticism for improvement, and provide constructive dissent when necessary. They should be done in a spirit of learning with staff and attendings, and never written in a patient's chart where it might be incriminating. The patient's chart is a legal document that should contain factual information about the patient's care. It is not a forum for disagreements and conflict.

JABSOM Medical Student Code of Ethics
As a student of the John A. Burns School of Medicine (JABSOM), I understand that it is a great privilege to study medicine. Over the course of my training, I will assume extraordinary responsibility for the health and well being of others. This undertaking requires that I uphold the highest standards of ethical and compassionate behavior. Accordingly, I have adopted the following statement of principles to guide me throughout my academic, clinical, and research work. I will strive to uphold both the spirit and the letter of this code in my years at JABSOM and throughout my medical career.

**Honesty**
- I will maintain the highest standards of academic honesty.
- I will truthfully represent myself as a medical student at all times to patients and healthcare providers.
- I will neither give nor receive aid in examinations or assignments unless such cooperation is expressly permitted by the instructor.
- I will be truthful with patients and will report accurately all historical and physical findings, test results, and other information pertinent to the care of the patient.
- I will conduct research in an unbiased manner, report results truthfully, and appropriately credit ideas developed and work done by others.

**Confidentiality**
- I will regard confidentiality as a central obligation of patient care.
- I will limit discussions of patients to members of the health care team in settings removed from the public ear (e.g. not in elevators, hallways, cafeterias, etc.).

**Respect for Others**
- I will uphold a classroom atmosphere conducive to learning.
- I will interact with instructors and peers in a considerate and cooperative manner.
- I will treat patients and their families with respect and dignity both in their presence and in discussions with other members of the health care team.
- I will interact with patients in a way that ensures their privacy and respects their modesty.
- I will interact with all members of the health care team in a considerate and cooperative manner.
- I will not tolerate discrimination on the basis of race, gender, religion, sexual orientation, age, disability, or socioeconomic status.
- I will judge my colleagues fairly and attempt to resolve conflicts in a manner that respects the dignity of every person involved.

**Responsibility**
- I will conduct myself professionally—in my demeanor, use of language, and appearance—in the presence of patients, in the classroom, and in health care settings.
- I will set patient care as the highest priority in the clinical setting.
- I will recognize my own limitations and will seek help when my level of experience is inadequate to handle a situation on my own.
- I will not use alcohol or drugs in any way that could interfere with my clinical responsibilities.
- I will not use my professional position to engage in romantic or sexual relationships with patients or members of their families.
- I will participate fully in the enforcement of this statement of principles. I realize that failure to take appropriate action is itself a violation of the principles.

**Expectations of Faculty, Residents, and Fellows**
- I have the right to expect clear guidelines regarding assignments and examinations, as well as to have testing environments that are conducive to academic honesty.
- I cannot be compelled to perform procedures or examinations which I feel are unethical or beyond the level of my training.
- I have the right to not be harassed and to not be subjected to romantic or sexual overtures from those who are supervising my work.
I have the right to be challenged to learn, but not abused or humiliated.

**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 do 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.