



# M-3 Psychiatry Clerkship: Preceptor & Student Handbook

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## Welcome to the Psychiatry Clerkship!

During this clerkship, students will participate in the evidence-based and patient-centered inpatient and outpatient care of patients with psychiatric disorders. The goals and objectives for the clerkship are presented below. Students will participate in the assessment and treatment of patients with an emphasis on: experience with patients with the most common psychiatric disorders; recognition of cases needing specialty psychiatric referral; and understanding what psychiatric treatment can offer their patients in terms of emotional health/quality of life.

Learning activities will include: preceptor-supervised clinical experience; clerkship-specific didactics; and self-directed learning including use of self-learning modules. The specific types of patients and clinical conditions that students need to encounter, and the physical/mental examination skills and testing and procedural skills students need to master, are detailed below.

There will be both formative and summative evaluations. Students' final clerkship grade will be determined by the preceptors' evaluations of clinical performance, the written NBME shelf exam in Psychiatry, and two Clinical Skills Evaluations to assess clinical performance in psychiatric diagnostic interviewing including mental status examination, establishment of a therapeutic alliance, diagnostic formulation, and biopsychosocial treatment planning.

The clerkship director can also provide a wealth of information, resources, and opportunities for students' potentially interested in pursuing a career in Psychiatry.

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### Use of clerkship on-line administrative system:

**Oasis:** scheduling; clinical logs; student and program evaluations; duty hours

**Webcourses@UCF:** syllabus (topics or skills to master); didactics

## Clerkship Goals and Objectives

By the end of the Clerkship, the student will be able to:

1. Perform, give an oral presentation of, and written documentation of, a complete psychiatric diagnostic evaluation including a complete history, mental status examination and, when indicated, physical examination.
2. In an empathic manner that facilitates information gathering and formation of a therapeutic alliance with patients of diverse backgrounds and cultures, demonstrate the ability to evaluate each patient for: acute psychosis and psychiatric emergencies including dangerousness to self or others; substance abuse; history of abuse or neglect; decision-making capacity; and potential relationships between medical and psychiatric symptoms and illnesses.
3. Identify psychopathology, formulate and prioritize differential and working diagnoses utilizing DSM-5, assess patients' strengths and prognosis, and develop appropriate biopsychosocial evaluation (including writing orders for laboratory, radiologic, and psychological testing) and treatment plans for psychiatric patients.
4. Demonstrate knowledge of the epidemiology, clinical features, course and prognosis, diagnostic criteria, differential diagnosis, and treatment strategies for the major classes of psychiatric disorders; for example, the clinical features of, and treatment for, intoxication with, and withdrawal from alcohol and drugs.
5. Summarize the indications and contraindications, basic mechanisms of action, pharmacokinetics and pharmacodynamics, efficacy and cost, common and serious side effects, toxicity, drug-drug and drug-disease interactions, and issues relevant to special populations, of each class of psychotropic medications and demonstrate a) the ability to select and use these agents to treat mental disorders and b) help obtain informed consent from patients for their use.
6. Demonstrate knowledge about relieving physical and emotional pain and ameliorating the suffering of patients while also preventing complications of chronic opioid treatment.
7. Comprehend and describe the principles, techniques, and indications for effective psychotherapies and behavioral medicine interventions sufficient to explain to a patient and make a referral when indicated.
8. Demonstrate the ability to monitor and document patients' clinical progress, and alter diagnostic formulation and management in response to changes.
9. Evaluate and recognize a patient needing urgent or emergent care, and initiate management focused on safety of patients and others, which may include acute psychiatric hospitalization as well as utilization of community resources and family support.
10. Discuss the structure of the mental health care system, adhere to ethical principles in the care of psychiatric patients, and understand relevant legal issues, including a) respect for patient autonomy and confidentiality, b) the principles and procedures of civil commitment, and c) the process of obtaining a voluntary or involuntary commitment.
11. Demonstrate the ability to access, appraise, and assimilate scientific evidence, utilizing relevant databases of psychiatric evidence-based medicine, to improve patient care.
12. Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families, and collaboration with other health professionals and inter-professional teams.

## Patient Types/Clinical Conditions

Patient Types/Clinical Conditions that students need to encounter and Mental/Physical Exam Skills & Testing and Procedural Skills that students need to master. If a required condition is not seen, the student can substitute an Alternative Clinical Experience (see right handed column), with Dr. Klapheke listed as the preceptor.

<b>Psychiatry Clerkship</b>	<u>Patient Types or Clinical Conditions</u>	<u>Level of Responsibility</u>	<u>Clinical Setting</u>	<u>Alternative Clinical Experience with Dr. Klapheke as preceptor. If needed, the Case Based Studies &amp; CSI modules are available from Dr. Klapheke.</u>
P= Participate	Cognitive Disorder (e.g., Delirium and/ or Dementia)	P	I/O	<a href="#">CSI Neurocognitive Disorders module.</a>
Ob= Observe	Substance-Use Disorder (e.g. Alcohol or other substance)	P	I/O	<a href="#">Week #2 SP interview, or CSI modules on: Alcohol Use Disorders; Opioid Use Disorders.</a>
I = Inpatient	Schizophrenia or Other Psychotic Disorder	P	I/O	<a href="#">Week #3 SP interview, or CSI module on Psychosis.</a>
O= Outpatient	Mood Disorder (e.g., Depressive and/ or Bipolar Disorders)	P	I/O	<a href="#">Week #1 SP interview, or CSI modules on: Bipolar Disorders; Adolescent Depression.</a>
	Anxiety Disorder	P	I/O	<a href="#">CSI module on Anxiety Disorders.</a>
	Adjustment Disorder	P	I/O	<a href="#">Case Based Learning, or CSI Module on Adjustment Disorders.</a>
	Personality Disorder	P	I/O	<a href="#">CSI Personality Disorders module.</a>
	<u>Mental or Physical Examination Skill</u>			
	Mental status examination	P	I/O	<a href="#">N/A (you do this on every new patient you work-up).</a>
	Assess for dangerousness to self or others	P	I/O	<a href="#">N/A (you do this on every new patient you work-up).</a>
	Assess for abuse or neglect	P	I/O	<a href="#">N/A (you do this on every new patient you work-up).</a>
	Assess decision-making capacity	P	I/O	<a href="#">N/A (you do this on every new patient you work-up).</a>
	<u>Testing and Procedural Skills</u>			
	Assess for Psychopharmacologic interventions	P/Ob	I/O	<a href="#">N/A (you do this on every new patient you work-up).</a>
	Assess for Psychotherapy	P/Ob	I/O	<a href="#">N/A (you do this on every new patient).</a>
	Assess for Safety/Baker Act necessity	P/Ob	I/O	<a href="#">N/A (you do this on every new patient).</a>

The following are some of the many additional **Optional** Patient Types or Clinical Conditions that the students may encounter:

Patient Types or Clinical Conditions

**Alternative Clinical Experience, Dr. Klapheke preceptor:**

Neurodevelopmental Disorder (e.g., ADHD)

Case Based Learning (Child Case).

Sleep Disorders

Case Based Study (Geriatric case), and CSI modules on: Insomnia; Parasomnias.

Eating Disorders

CSI modules on: Eating Disorders; Binge Eating/Night Eating; Child and Adolescent Eating Disorder.

Child & Adolescent Psychiatry

CSI modules on: Adolescent Depression; Child and Adolescent Eating Disorder; Childhood PTSD; Anxiety Disorders in Children.

Somatic Symptom Disorders

CSI module on Somatization Disorder.

PTSD

CSI modules on: PTSD; Childhood PTSD.

Forensic Psychiatry

Week #2 SLM on Forensic Psychiatry includes case studies.

## Tips & Tricks/Reminders – Psychiatry Rotation

**What to Wear:** For days at the VAMC, LCC, Circles of Care Lakewood Center and Park Place, dress professionally and wear your white coat. For Pasadena Villa, dress in business casual – no white coat. For Seminole Behavioral Healthcare, business casual, no white coat. For Nemours, dress in business casual– no white coat. For Lakeside BHC, dress in business casual on your days with Dr. Tan as you will be out in the community. For Central Florida Behavioral Health, dress business casual as well.

**First Days of Rotation:** A couple of you will be meeting at the Pasadena Villa Administrative Building for your first orientation on Monday – Check your schedule. **This building is located at 216 Pasadena Place.** Your orientation there will last about 90 minutes and then you will caravan over to the Pasadena Villa patient facility for a brief tour. For those that have orientation at Central Florida Behavioral Health, please see the handbook for directions. **Please see and thoroughly review your instructions carefully for your respective site!**

**VA Orientation:** Students who are scheduled for the VA will meet at a location noted on your schedule for a mental health orientation followed by EMR training. **It is imperative that you give yourself more than enough time to arrive at the VA early. Punctuality is extremely important.**

**Parking:** At the Lake Nona VA, park in the East Garage (employee parking garage). At the Lake Baldwin campus you can park anywhere that does not have a restricted or reserved sign. The earlier you arrive, the better your chances of finding a good spot. Same for LCC. At Lakeside BHC, you can park anywhere and parking is not a problem. At Pasadena Villa, there is very restricted parking or street parking so pay close attention at Orientation the first Monday.

**Requested Absences:** Per COM policy, vacations or social events are *not* excused absences. Only family emergencies, illness, and presentations at an academic conference are excused absences. Please email the Clerkship Coordinator and Dr. Klapheke as soon as possible for any anticipated absences that fit the above criteria. If you have a medical appointment, please schedule them for early morning or late afternoon so that as few hours as possible are taken away from your clerkship site.

**OASIS Documentation:** Remember to update your Clinical Log with the total number of patients you see with each condition, i.e., keep putting them in even after you have met the minimum requirement, as LCME will want to see these total numbers. Similarly, carefully and accurately document your full duty hours. Again, LCME will be checking your duty hours.

**Note that there are various locations for VAMC.**

**NOTE: Lake Baldwin = VA Raymond Street Clinic (5201  
Raymond Street) Lake Nona = VA Lake Nona 13800  
Veterans Way**

**Clerkship Handbook:** This has all site addresses, email, cell numbers and directions handy. A copy of the Handbook is posted on Webcourses@UCF.

**OASIS Evaluation and Assessments** – do not wait to complete them until the final day. The “final” day listed in OASIS means it will not be available after that day so please complete them BEFORE that day. Final grades cannot be released until all your logs and evaluations are COMPLETE.

**At the VAMC, you must remember to lock the computer when you step away and “log out” if you are leaving for the day. If not, this creates a serious security risk.**

**TO DO NOW: program Morayma Cubero’s cell number (407-619-7543) into your cell!!**

**It is recommended that you go onto the Pasadena Villa website *prior* to the first day of rotation to review their mission/ objectives and institutional overview.**

*IMPORTANT: It’s always a good idea to confirm with your preceptor each afternoon where they would like to meet you the following day and what time...their schedules will change with patient load and other professional obligations so always ASK and be flexible! ALSO, during your first week, ask your preceptors for the best contact method to reach them in urgent situations....Just in case!*

**CLINICAL SITES:** Students will have a variety of experiences across different clinical sites but will have “comparable **experiences across all sites**” as demonstrated by:

- All students receive the same online didactics and online resources (SLMs, etc.);
- All students are assessed for the same competencies and are graded by the same criteria;
- All student have the same required clinical conditions as documented in the Clinical Log;
- All students have comparable duty hours, and students have overlapping site assignments;
- All faculty at all sites receive faculty development and are educated regarding clerkship grading rubric, and goals & objectives.

## **On-Call Duties:**

Until the opening of the new V.A. Medical Center on the Lake Nona campus (projected opening of the inpatient Psychiatry unit is in 2015), On-Call duty for Psychiatry is on hold. For now, instead of on-call duty in the hospital, students on the Psychiatry clerkship will be expected to utilize a comparable period of time in independent active learning, including use of:

**Self-learning modules (your Psychiatry faculty have prepared many of these for you and have them loaded online onto Webcourses@UCF)**

**Attendance at a local open meeting of Alcoholics Anonymous is encouraged; Dr. Klapheke can help you locate a local AA meeting.**

**Independent study: Reading of the recommended text and associated psychiatric research literature to prepare for the NBME shelf exam and USMLE Step 2.** It is particularly recommended that students utilize the extensive College of Medicine databases to do literature searches and read the latest psychiatric research literature—for example, in the Am J Psychiatry and Arch of Gen Psychiatry—to gain as full an understanding as possible of all their assigned clinical patients at each clinical site.

**NBME self-assessment interactive web-site:** Comprehensive Clinical Science Self-Assessment, which is “based on information typically covered during the core clinical clerkships”.



## UCF Clerkship Students and Industry Relations Policy

Excerpt from the **University of Central Florida College of Medicine Industry Relations Policy and Guidelines:**

### 3.1 Gifts and Meals

COM Personnel shall **not accept** or use personal gifts (including food) from representatives of Industry, regardless of the nature or dollar value of the gift.

Gifts from Industry that incorporate a product or company logo on the gift (e.g., pens, notepads, or office items such as clocks) introduce a commercial, marketing presence that is not appropriate to a non-profit educational and healthcare system<sup>1</sup>. COM Personnel **may not** accept complimentary tickets to sporting or other events or other such benefits from Industry.

Meals or other food and hospitality funded directly by Industry **may not be** offered to, or accepted, by COM Personnel in any COM facility. COM Personnel **may not** accept free meals or other food or hospitality funded by Industry, whether on-campus or off-campus. However, meals or other food provided in connection with an educational program accredited by the Accreditation Council for Continuing Medical Education (ACCME) or a professional society-sponsored meeting with paid registration may be accepted by COM Personnel.

<sup>1</sup> **Exception:** This provision does not prohibit acceptance of items bearing Industry logos provided as part of an off-campus educational program (such as a meeting of a professional society), including name tag lanyards and totes where the items are provided and used incidental to attendance, the items are of nominal value, and the items are not brought into or used in any COM facilities.

## Student Protection from Mistreatment and Abuse:

**Medical students should report any incidents of mistreatment or abuse immediately, e. g., to the UCF COM Associate Dean for Students (407-266 -1353). It is the policy of UCF COM that mistreatment or abuse will not be tolerated. Please see the 2015 revised Student Mistreatment Policy & Procedures (Student Handbook) for details on additional options for Reporting, as well as steps towards Resolution.**

## Policy on Clerkship Duty Hours:

*The University of Central Florida College of Medicine will follow the duty hour guidelines set by the Accreditation Council for Graduate Medical Education (ACGME), ACGME 2011.*

*Duty hours are defined as all clinical and academic activities related to the education of the medical student i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as didactic sessions, grand rounds and conferences. Duty hours do not include reading and preparation time spent away from the duty site.*

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

In-house call must occur no more frequently than every third night.

Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may be on site for up to 4 additional hours in order to participate in didactic activities.

Students must be provided with one day (24 consecutive hours) in seven, free from all educational and clinical responsibilities, averaged over a four-week period.

This policy will be published on the College of Medicine website, in the clerkship handbooks, and in the faculty and preceptor handbooks. This information will also be covered in the COM Clerkship Orientation.

**Oversight of this policy will be the responsibility of the Clerkship Director and the relevant Clerkship Site Director/s. Students are responsible for tracking and logging their duty hours in OASIS.** Faculty and students with concerns regarding possible duty hour violations should report those concerns directly to the Clerkship Director in a timely fashion.

## Safety & Security Questions for Medical Students, Staff, and Patients:

1. **SAFETY TIPS OVERVIEW:** As a medical student it can certainly be normal to feel “out of your comfort zone” (i.e., feeling uncomfortable with new surroundings and responsibilities), but it is important that you feel physically safe at all times. Do NOT be embarrassed to ask for help: when in doubt, always seek staff assistance as described below.
  - Only meet with patients in designated patient interview areas and after informing staff—never interview patients behind closed doors where no one knows where you are. If a patient is agitated, ask for staff to be present with you during the interview. On rare occasions, Dr. Klapheke has even had Security in the room during a patient interview.
  - If a patient begins to become more agitated or seems to be beginning to lose behavioral control, immediately ask for staff assistance, or call security (see below for instructions for individual clinical sites). On those rare occasions where a patient needs to be placed in physical restraints, trained staff should do this, and students should NOT participate.
  - Also, please view the required SLMs for week #1 of didactics, which include coverage of issues related to patient dangerousness to self or others.
2. In an emergency, how is assistance accessed in the Clinic/Hospital buildings?

**Lakeside Behavioral Healthcare:** LBH has extensive institutional policies on environmental care including Patient Safety, Staff Safety, and Life Safety Rules for the Facility. LBH staff are trained in Crisis Prevention Intervention (CPI) to contain patients who are at risk for out-of-control behavior. Additionally, if there a patient’s behavior should become out-of-control, a “Code Gray” is called, with all trained CPI staff responding to assist maintain safety of the patient and staff.

**Orlando VA:** There are several mechanisms in place to help maintain safety of patients and staff: (i) VA staff are trained in interventions to contain patients who have disruptive or agitated behavior. If a patient’s behavior should become out-of-control, a “Code Orange” is called by pressing the Alt keys on a VA computer keyboard simultaneously; Code Orange trained staff and VA Police respond to assist in maintaining the safety of the patient and staff. (ii) For emergencies inside the VA buildings that require VA Police assistance, the VA Police can be called urgently on a VA phone by dialing 5555. (iii) Finally, if a staff member urgently needs additional staff support to help with an imminently suicidal patient, but there is no acute need for the VA Police, the staff member can press the “S.A.V.E.S” icon on a VA computer desktop to alert other staff on that floor that assistance is needed.

**Pasadena Villa (PV):** PV has extensive institutional safety policies, and their Safety Officer does annual reports on safety issues. PV staff are trained in Crisis Prevention Intervention (CPI), utilizing conflict resolution to contain patients who are potentially at risk for out-of-control behavior. CPI trained staff respond if a patient’s behavior should become out-of-control.

**Lakewood Center (LC):** LC has institutional safety policies in place. Staff at LC are aware of any appointments/therapy sessions taking place at all times. During Orientation, LC staff will show COM students the acceptable sites available to interview patients, and students can select the venue in which they feel most comfortable. In all cases there will always be a staff member in close proximity.

**Life Care Center (LCC) of Altamonte Springs:** Staff utilize verbal redirection if a nursing home or rehabilitation unit patient becomes agitated. If a student should encounter a clinical situation in which they feel a patient is becoming increasingly agitated, the student should terminate the interview and alert nursing staff and Dr. Diaz or Dr. Williams. Verbal redirection and, if necessary, medication are typically successful in calming agitated patients, but in extreme circumstances, 911 should be called.

**Central Florida Behavioral Hospital (CFBH):** CFBH staff are trained in “Handle with Care” to contain patients who are at risk for out-of-control behavior. Additionally, if there a patient’s behavior should become out-of-control, a “Code Yellow” is called, with staff responding to assist maintain safety of the patient and staff.

**Seminole Behavioral Healthcare (SBH):** SBH staff are trained in Crisis Prevention Intervention (CPI), utilizing conflict resolution to contain patients who are potentially at risk for out-of-control behavior. A “Code 100” is called and CPI trained staff respond if a patient’s behavior should become out-of-control.

**Park Place:** all staff are trained in CPI annually. In an emergency, use the Park Place phone and hit “Conference Call” or “Page”, or call the operator, to initiate a “Code 100”, and all available staff will respond to assist.

**Circles of Care CSU:** COC techs are trained in CPI-based “Team Training” (de-escalation techniques). Code “Dr. Armstrong” is called if a patient’s agitation is escalating, and staff respond. Code “Staff Assist” is called for other urgent psychiatric issues.

**Bay Pines VA:** (i) VA staff are trained in PMDR crisis prevention to contain patients who have disruptive or agitated behavior. If an inpatient’s behavior should become out-of-control, the onsite VA Police are called.

(ii) For emergencies in the outpatient clinic, staff can utilize the computer Link system, which alerts the onsite VA Police and staff that assistance is needed. There are also “panic buttons” for staff in the VA outpatient clinic rooms.

**University Behavioral Center (UBC):** UBC has institutional safety policies in place, and staff are trained in utilizing conflict resolution techniques to contain patients who are potentially at risk for out-of-control behavior. UBC has safety cameras throughout all common areas, and “panic buttons” are present in all Assessment, Doctor, and Therapist offices throughout the facility, such that if a crisis situation should arise all trained staff will respond via overhead auto paging system.

## FERPA Reference Sheet for Faculty

**FERPA**, the Family Educational Rights and Privacy Act of 1974, as Amended, protects the privacy of student educational records. It gives students the right to review their educational records, the right to request amendment to records they believe to be inaccurate, and the right to limit disclosure from those records. An institution's failure to comply with FERPA could result in the withdrawal of federal funds by the Department of Education.

As a Faculty Member, you need to know the difference between

**Directory Information** and **Personally Identifiable Information** or **Educational Records**:

### **DIRECTORY INFORMATION**

(May be disclosed, unless the student requests otherwise. *Please refer such requests to your department office or to the Registrar's Office.*):

- Name
- Current Mailing Address
- Telephone Number
- Date of Birth
- Major
- Dates of Attendance
- Enrollment Status (Full/Part-time)
- Degrees/Awards Received
- Participation in Officially Recognized Activities and Sports
- Athletes' Height/Weight

### **PERSONALLY IDENTIFIABLE INFORMATION** (any data other than "Directory Information", **may not be disclosed**)

*Including, but not limited to:*

- Social Security Number
- Student UCFID
- ISO Number
- Residency Status
- Gender
- Religious Preference
- Race/Ethnicity
- Email Address

### **EDUCATIONAL RECORDS**

*Including, but not limited to:*

- Grades/GPA
- Student's Class Schedule
- Test Scores
- Academic Standing
- Academic Transcripts

Personally Identifiable Information or Educational Records **may not** be released to **anyone** but the student and only then with the proper identification.

*Parents and spouses must present the student's written and signed consent **before** the University may release Personally Identifiable Information or Educational Records to them.*

(Please refer callers to the Registrar's Office 407-823-3100, 161 Millican Hall.)

### **General Practices to Keep in Mind:**

- Please **do not** leave exams, papers, or any documents containing **any** portion of a student's Social Security Number, Student UCFID, grade or grade point average outside your office door or in any area that is open-access.
- Please **do not** record attendance by passing around the UCF Class Roster, which may contain the student's UCFID.
- Please **do not** provide grades or other Personally Identifiable Information/Educational Records to your students via telephone or email.

## Posting Grades:

According to FERPA, student grades must not be released or made available to third parties. UCF policy restricts instructors from posting grades in classrooms (except as follows), or on websites unless the student's identity is concealed by a secure password-entry interface (i.e., <https://my.ucf.edu>). Please refrain from posting grades by Name or any portion of the SSN or UCFID.

### How to Post Grades (other than myUCF Grades)

- 1) Ask the student to supply you with a self-chosen code identifier. This identifier may be known only to you or your teaching assistant; **or**,
- 2) You may create and assign a list of randomly generated numbers/characters known and available **only** to you (or your teaching assistant) and the student; **or**,
- 3) Ask each student to supply you with written, signed and dated authorization to use his/her UCFID to post grades. Then, post the grades *using the UCFID numerals only*. You must store and maintain each student's written consent.

**For each option above, arrange the grade list so students are NOT in alphabetical order.**

### RECORDS ACCESS BY UNIVERSITY PERSONNEL:

As a faculty member, you may be allowed access to a student's Educational Records **if** you can establish *legitimate educational interest* for the request, meaning that you need the information to fulfill a specific professional responsibility.

The following is a list of information items that **are not** considered Educational Records and not subject to a student's request for review:

- Law-enforcement records and medical treatment records;
- Records maintained exclusively for individuals in their capacity as employees. Records of those who are employed as a result of their status as students (work-study, student workers, graduate assistants, etc.) are considered Educational Records;
- Alumni records; and,
- Sole-source/Sole-possession documents: these are notes (memory joggers—**not** grade or GPA related) created and maintained by you, meant for your personal use exclusively. So long as no one else ever sees these notes, they remain private and are not subject to FERPA. If you share them with someone, these notes no longer are considered "sole source." They become part of the student's Educational Record and are subject to disclosure under FERPA.

**Grade Books are not considered "sole source" documents under FERPA and so must be made available to written student requests for record disclosure.** If a student requests Grade Book disclosure, all notations pertaining to other students would be stripped out of the copy provided for review.

FOR MORE INFORMATION

Please contact the Registrar's Office

**Robert "REL" Larkin**

**UCF COM Registrar's Phone: 407-266-1371**

**Email: [rel@ucf.edu](mailto:rel@ucf.edu)**

## Didactics for students in Orlando

DIDACTICS for students in Orlando: Every Tuesday afternoon 1:00—4:00 pm, COM 101. **IRATs start promptly at 1:00pm; students arriving late must have a signed note from their preceptor in order to take the IRATs. STUDENTS MUST COMPLETE SPECIFIED HOMEWORK SLMs PRIOR TO EACH WEEK’S DIDACTICS, AS IRATs WILL BE BASED ON THESE.** Reading Assignments are listed at the start of each SLM and PowerPoint presentation.

**Didactics for students at Bay Pines:** See bottom on the next page.

For questions about IRAT access contact Leslie Butler, Office of Assessment: 407-266-1451, Leslie.Butler@ucf.edu

Didactics:	Week 1:	Week 2:	Week 3:	Week 4:	Week 5:	Week 6:
<b><u>Homework to be done PRIOR to class:</u></b>	a. CSI module: The Psychiatric Interview b. SLM: Patient Autonomy, Competence; Baker & Marchman Act c. Diagnostic Interviewing part 1 d. Screening for Suicide Risk	a. SLM “Substance Use Disorders b. Diagnostic Interviewing part 2 c. Forensic Psychiatry d. Writing Orders & Prescriptions	a. SLM “Acute Psychosis” b. SLM “CBT” c. SLM “Psychodynamic Psychotherapy” d. SLM Supportive & Brief Psychotherapy	a. CSI module: “Personality Disorders” b. CSI module: Anxiety Disorders c. Sleep Disorders d. Patient-centered care for individuals who are LGBT	a. SLM “Child & Adolescent Psychiatry” b. SLM “Geriatric Psychiatry” c. CSI module: Neurocognitive Disorders/Dementia d. SLM Informed Consent	a. SLM Pain Multidisciplinary Management b. SLM Prescribing Opioids for Chronic Pain: CDC Guidelines  Also, a Formative Quiz is loaded for you in Webcourses.
<b>1:00-2:30pm</b> <b>Clinical Applications of material learned in Homework: Diagnostic Interviewing &amp; Treatment Planning</b>	IRAT based on above SLMs ----- Clinical Skills Eval: Patient Interview: Depression and Suicidality ----- Webcourses “In Class” folder: MSE  (Finish by 3:10pm to allow time to get to VA Orientation).	IRAT based on above SLMs ----- Clinical Skills Eval: Patient Interview: Substance Use Disorders  ----- Psychopharm review with teleconference to Bay Pines VA	IRAT based on above SLMs ----- Clinical Skill Eval: Patient Interview: Psychotic Disorders  ----- Mid-Clerkship Meetings	IRAT based on above SLMs ----- Small Groups Exercise: Evolving Cases: 1. Health Equities: LGBT individual 2. Mystery Case #1 3. Mystery Case #2  ----- Mid-Clerkship Meetings	IRAT based on above SLMs ----- Small Groups Exercise: Evolving Cases: 1. Child case #1 2. Child case #2 3. Geriatric case	IRAT based on above SLMs ----- Small Group Exercise, with teleconference to Bay Pines VA: Integrated Approaches to Pain Care: Case Application  ----- Quick Review of OSCE forms and format
<b>2:30-4:00pm</b>						
<b>4:00—5:00pm</b>	Time to do Homework SLMs and Independent Study SLMs	Time to do Homework SLMs and Independent Study SLMs	Time to do Homework SLMs and Independent Study SLMs	Time to do Homework SLMs and Independent Study SLMs	Time to do Homework SLMs and Independent Study SLMs	Time to study for OSCE and NBME Shelf Exam

## Library of Online Modules

### PSYCHIATRY “LIBRARY” OF ONLINE MODULES FOR INDEPENDENT STUDY TO HELP YOU IN THE CLINIC AND HELP YOU PREPARE FOR THE NBME SHELF EXAM & STEP 2

(THE WEEKLY IRATs ARE BASED ON THE HOMEWORK SLMs LISTED ON THE PAGE ABOVE).

	Week 1:	Week 2:	Week 3:	Week 4:	Week 5:	Week 6:
<b><u>THESE CAN BE DONE ONLINE ANYTIME BY STUDENT</u></b>	<p><b>SLMs:</b> 1. Antidepressant Medications-Intro 2. SSRI-SNRI 3. Antidepressants-Other 4. Tricyclics</p> <p><b>ALSO SEE: KEY HANDOUTS &amp; REFERENCES FOR WEEK #1 IN Webcourses@UCF</b></p>	<p><b>SLMs:</b> 1. Psychiatric Screening Instruments 2. Psychiatry Evidenced-Based Medicine 3. CSI module: Bipolar Disorders 4. Mood Stabilizers</p> <p><b>ALSO SEE: KEY HANDOUTS &amp; REFERENCES FOR WEEK #2 IN Webcourses@UCF</b></p>	<p><b>SLMs:</b> 1. CSI module: Psychotic Disorders 2. Antipsychotics. 3. CSI module: PTSD</p> <p><b>ALSO SEE: KEY HANDOUTS &amp; REFERENCES FOR WEEK #3 IN Webcourses@UCF</b></p>	<p><b>SLMs:</b> 1. CSI module Insomnia 2. Anti-Anxiety Agents 3. Benzodiazepines</p> <p><b>ALSO SEE: KEY HANDOUTS &amp; REFERENCES FOR WEEK #4 IN Webcourses@UCF</b></p>	<p><b>SLMs:</b> 1. CSI module: Adolescent Depression 2. Review: Child &amp; Adolescent Psychiatry</p> <p><b>ALSO SEE: KEY HANDOUTS &amp; REFERENCES FOR WEEK #5 IN Webcourses@UCF</b></p>	<p><b>SLMs:</b> Time to study for NBME Shelf Exam.</p>

## DIDACTICS FOR STUDENTS AT BAY PINES V.A.:

**Didactics:** Exact times & place are subject to change, so please check with Dr. Gonzalez-Mayo.

**Mondays** either 11AM or 1PM: Dr. Gonzalez-Mayo gives a high-yield 1-2 hour didactic each week on a variety of Psychiatry topics.

**Tuesdays 1PM, Room A567:** IRATs based on Homework SLMs (see page 18).

**2<sup>nd</sup> Tuesday** of each block from 2:30pm to 4:00PM, Room A567: Dr. Verduin’s NBME Review by Teleconference from Orlando.

**6<sup>th</sup> Tuesday** of each block from 1:30pm to 3:00PM, Room A567: Dr. Klapheke’s Small Group Exercise on Pain Management by Teleconference from Orlando.

**Wednesday Noon:** VA Grand Rounds. **Wednesdays 1:30PM:** Journal Club.

**Thursdays Noon:** Mental Health Grand Rounds. **1:30PM:** Case Studies.

Make sure you also utilize the additional Formative Quiz, Independent Study SLMs, and Key Handouts & References loaded for each week in Webcourses@UCF.



## General Attendance Policy

As a member of a health care team during the third and fourth years of medical school, students are expected to attend all scheduled hours of clinical responsibilities and didactic instruction. There is no guaranteed time off for holidays. Students are expected to follow the holiday practice of the clinic/hospital/site at which they are rotating. Clinical responsibilities such as night call and rounding take precedence over holiday schedules. If situations arise which require students to miss time from clerkship responsibilities, the guidelines below will be followed. Additional remediation may be required at the Clerkship Director's discretion (e.g., the taking of extra call).

### **Excused Absences: Definitions and Required Actions:**

#### **Anticipated Absences:**

##### ***Presentation of research at professional meeting***

*Maximum of one meeting per academic year; and*

*Same research project may not be presented at more than one meeting; and*

*Time away is only for presentation of data and travel time; and*

*Requests must be submitted to Clerkship Directors for approval no later than 6 weeks prior to date of presentation.*

*If approved, the student is responsible for notifying the attending/resident and their team in advance of all anticipated absences.*

*The student must complete the absence form, have it signed by the Clerkship Director and forward it to the Office of Student Affairs.*

*Requests for exceptions to this policy (e.g., for those on National Committees or those with compelling reasons to give additional research presentations) must be discussed with the Clerkship Director in advance.*

##### ***Residency interviews***

*During interview months of October-January, students will be allowed to take time off for interviews.*

*On 4-week rotations, the maximum number of days allowed is 4 (no more than 3 consecutive days). On 2-week rotations, the maximum is 2 days. Requests for additional days must be discussed and approved by the rotation director. If request exceeds the maximum number allowable, student may be required to repeat the rotation.*

*Requests must be submitted in writing to Clerkship Director/s prior to the start of the affected rotation/s or within 24 hours of an interview offer during the course of the rotation.*

*Once approved, the student is responsible for notifying the attending/resident and their team in advance of all anticipated absences.*

*The student must complete the absence form, have it signed by the Clerkship Director and forward it to the Office of Student Affairs.*

##### ***Meeting with core advisor or Dean of Students***

*May schedule one meeting with advisor or Dean of Students during each clerkship/elective*

*Meeting/s must be approved in advance by the Clerkship Director; and*

*Meeting/s must be scheduled at a time that minimizes disruption of clinical responsibilities, didactics and other clerkship activities; and*

*Absence includes time for meeting and appropriate travel time only; and*

*Students are required to be present at clinical sites before and after meeting/s as dictated by their clinical schedules.*

**Unanticipated Absences:**

***Hospitalization of student***

***Death of family member***

***Illness***

*An excused absence may be granted if you are ill.*

*These absence require that a note from your physician be obtained and given to the Clerkship Coordinator within 24 hours if: illness lasts 72 hours or more at any time, lasts 24 hours during **the** final week of a rotation, or at the discretion of the Clerkship Director; and*

*The Clerkship Coordinator and the attending physician/resident physician on your clinical team are notified by you in a timely fashion (e.g., before the start of AM rounds); and*

*The student absence form is completed, signed by the Clerkship Director and forwarded to Student Affairs.*

***Failure to comply with any component of the above instructions will result in unexcused absence and loss of 5 points from the final clerkship grade for each day missed***

***Residents or faculty directly working with students cannot grant approval for absence. Please do not approach these individuals, as approval by them is not official.***

***Unexcused Absences: Definitions and Required Actions:***

Unexcused Absences include:

Vacations, personal days or social events, including weddings, graduations or birthdays

Routine doctor/dental appointments

Taking Step 2 exams during the third year

If the student chooses to travel for personal reasons during the rotation (e.g., a weekend off), it is expected that the student will return to her/his clinical responsibilities on time. Delays in returning (e.g., bad weather, missed flights) will be considered as unexcused.

Missing any portion of the Orientation to the Third Year, the M3 Capstone, the M4 Capstone or the Longitudinal Curricular Sessions

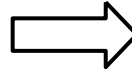
In the event of an absence from the clerkship without permission from the Clerkship Director, the student will lose 5 points for each unexcused day. These points will be taken off the final clerkship grade.

Additional remediation may be required at the Clerkship Director's discretion (e.g., the taking of extra call).

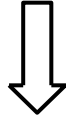
Unexcused absences impact upon assessment of a student's professionalism and will be reported to the student's SEPC.

## How Unexpected Absences Should Be Reported

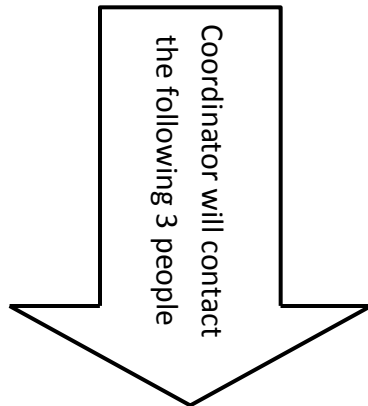
As soon as student knows he/she will be absent from their scheduled clerkship, he/she should make TWO notifications.



Supervising preceptor/physician  
**\*Send BOTH email and call/text**



Clerkship Coordinator  
Morayma Cubero  
Email: Morayma.cubero@ucf.edu  
Office: 407-266-1119 Cell: 407-619-7543  
**\*Send BOTH email and call/text**



Clerkship Director: Martin Klapheke, MD  
Site Director  
Supervising Physician/Preceptor

***As soon as possible after an unexpected absence has occurred, students should follow through with proper paperwork/documentation as instructed on previous page.***

### **Clinical Log (online in OASIS\*):**

- a. Patient encounters: Students will record at least one patient encounter for each of the required clinical experiences listed on page 5 of this Handbook.
  
- b. Specific clinical examinations and skills (also listed on page 5) also need to be documented (See following page for Clinical Log sheet).

***\*OASIS is the online mechanism for completing evaluations both by students and preceptors. It will facilitate completion of students' clinical logs and submission of duty hours tracking for clerkship students. Preceptors will be given their user names prior to the start of the clerkship and the first time they log in, they will be given a new password.***

***For any questions regarding OASIS, contact the Margaret Orr, 407-266-1139.***

Rotation Dates: \_\_\_\_\_ thru \_\_\_\_\_

Student Name: \_\_\_\_\_

During the six weeks of your clinical rotation, you must PARTICIPATE in the work-up of the following patients:

	Date	Patient Age/ Gender	Loca- tion	Role in Encounter (P = participate/O = observe/CBL = Case- based learning)	Preceptor's Last Name
Cognitive Disorder (delirium and/or dementia)					
Substance-related Disorder (Alcohol or other substance abuse)					
Schizophrenia or Other Psychotic Disorder					
Mood Disorder (Depressive and/or Bipolar Disorders)					
Anxiety Disorder					
Adjustment Disorder					
Personality Disorder					

During the six weeks of your clinical rotation, you must PARTICIPATE in the following examinations:

	Date	Patient Age/ Gender	Loca- tion	Role in Encounter (P = participate/O = observe/CBL = Case- based learning)	Preceptor's Last Name
Mental Status Examination					
Assess for Dangerousness to Self and Others					
Assess for Abuse and Neglect					
Assess Decision-Making capacity					

During the six weeks of your clinical rotation, you must participate **OR** observe the following testing and procedural skills:

	Date	Patient Age/ Gender	Loca- tion	Role in Encounter (P = participate/O = observe/CBL = Case- based learning)	Preceptor's Last Name
Psychopharmacologic interventions					
Psychotherapy					
Civil Commitment					

**IMPORTANT:** Please remember to upload your Clinical Log entries into OASIS on a weekly, if not more frequent, basis.

## Evaluation of Clerkship by Students

For ongoing quality assurance, students will be asked to evaluate:

- the clerkship didactics
- clinical preceptors
- clerkship sites/clinical experiences
- the clerkship director

## Evaluation of Students: Methodology

1. **FORMATIVE:** Frequent feedback facilitates a learning alliance between faculty and student. If there is a problem, “What is wrong, and how can we address it as quickly as possible?” To ensure that all students have a positive and productive training experience, students are strongly encouraged to ask questions and request frequent feedback from their preceptors. The amount of time students spend at each clinical site varies, and at the start of each rotation, students should ask each preceptor regarding expectations at that site, e.g., approximate number of intakes, case write-ups, and progress notes expected per week.

a. **Daily/weekly feedback from preceptors** regarding knowledge, skills, behavior and attitudes demonstrated during the student’s clinical work with patients and interactions with treatment team members, e.g., feedback on the student’s written entries in medical records, or feedback on the student’s active participation in verbal questioning and answering on daily clinical issues. If it is not immediately forthcoming from the preceptor, the student is strongly encouraged to request feedback. There should be a more detailed review with the student near the end of each 3 week segment of rotation, with completion of the Mid-Clerkship Evaluation form.

b. **Formative quiz in Week # 6.**

c. **Formative Video OSCEs Week #4 and #5.**

d. **Mid-clerkship meeting of the student with the clerkship director for review of:** the preceptor’s completed Clerkship Mid-Evaluation Form; the student’s Self-Assessment Clerkship Mid-Evaluation Form; clinical log, duties hours, and general progress in clinical training. Additional follow-up meetings will be held as needed.

e. **Optional use of the NBME self-assessments :**

**Clinical Science Mastery Series:** two 50-item Self Assessments in Psychiatry (\$21 each).

**Comprehensive Clinical Science Self-Assessment:** “based on information typically covered during the core clinical clerkships” (\$50).

2. **SUMMATIVE:** has the student met the learning objectives of the clerkship? Final Grade based on:

- **Preceptor End of Clerkship written evaluations including narrative:** 40% of total grade.
- **NBME written shelf examination:** 20% of total grade. *In addition, to pass M-3 clerkships students must score a minimum of the 5th percentile; for an “A”, at least the 70th percentile.*
- **IRATs in weekly didactic sessions:** 10% of total grade.
- **2 Case Write-Ups with Hospital Admission Orders:** 10% of total grade.
- **2 Clinical Skills Evaluations (CSE):** 10% of total grade.
- **OSCE (week 6):** 10% of total grade.
- **Evidence Based Medicine Project:** Pass/Fail.
- **Informed Consent Exercise:** Pass/Fail

Mid-clerkship evaluation (preceptors evaluate students) in Oasis: See form

University of Central Florida  
College of Medicine  
Clerkship Mid-Evaluation  
Complete assessment rating, and then review with student

This evaluation is based on the observations of students in your clinical clerkship. Based on your current observations rank each of the core competencies using the evaluation criteria below.

**Edit Evaluation**  
**2014-2015 : Medicine clinical clerkships : MDC-7830 - Core Clerkship in Psychiatry**  
**Student Performance Evaluation**  
**Mid-clerkship Evaluation - Psychiatry rev. 10/2014**  
[Return to Search and Edit](#)

**1.\* Medical Interviewing: Elicit a comprehensive medical history**

Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
●	● ●	● ●	● ●	● ●
	Often disorganized, misses key information, not well-focused. Problems not well characterized.	Usually thorough, reasonably organized. Addresses pertinent positives, negatives and psychosocial issues in a logical manner.	Consistently thorough and well organized. Addresses pertinent positives, negatives and psychosocial issues in a sensitive manner.	Exceptionally thorough, precise and well organized. Addresses pertinent positives, negatives and psychosocial issues in a highly effective manner.

**Medical Knowledge**

**2.\* Fund of Knowledge: Demonstrate knowledge of core topics and various medical resources**

Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
●	● ●	● ●	● ●	● ●
	Limited and fragmented understanding of pathophysiology, diagnosis, and management.	Usually demonstrates general understanding of pathophysiology, diagnosis, and management. Integrates knowledge from a variety of resources.	Consistently demonstrates wide-ranging understanding of pathophysiology, diagnosis, and management and integrates knowledge from a variety of resources.	Advanced demonstration of medical pathophysiology, diagnosis, and management. Easily and consistently integrates knowledge from a variety of resources.






**Professionalism**

**3.\* Humanism and Ethics: Interaction with patients and families**

Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
●	● ●	● ●	● ●	● ●
	Lack of respect, compassion, integrity, or honesty.	Demonstrates respect, compassion, integrity, and honesty.	Genuine display of empathetic and humanistic care; clear respect, integrity, compassion, and honesty.	Superior or remarkable empathetic and humanistic care. Utmost respect, integrity, compassion, and honesty.

**Evaluation Period: 09/29/2014 - 11/07/2014**

**4.\* Oral Case Presentation: Verbally report information to colleagues/team**

Not Observed 	Below Expectations 	Meets Expectations 	Exceeds Expectations 	Outstanding 
	Often unclear, incomplete, disorganized, or inaccurate. Lacks syntheses and rationales. Consistent inattention to details. Unable to express thoughts clearly.	Presentations mostly clear, complete, organized with adequate syntheses and rationale. Usually able to present pertinent details.	Usually clear, accurate, well organized and concise with thoughtful problem synthesis. Consistent ability to express pertinent details.	Clear, accurate, well organized and concise with thoughtful rationale and pertinent synthesis. Clear articulation of patient's presentation and details.

**Formative Comments of Student's Performance**

**Faculty: What is the student doing well and what recommendations do you have for improvement?**

**Students: What do you feel you are doing well and what do you feel you need to improve upon?**

**5.\* Formative Comments**

Rich text

**6.\* Completed by:**

Rich text

**7.\* Date:**

**Submit**

Save but don't submit, I am not done

Question numbers in red\* are required.



# Final Student Performance Evaluation (Preceptor evaluates Student)



UNIVERSITY OF CENTRAL FLORIDA  
College of Medicine

## University of Central Florida College of Medicine Clerkship Student Performance Evaluation

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_  
 Clerkship Time Period: \_\_\_\_\_  
 Clinical Site: \_\_\_\_\_  
 Evaluator: \_\_\_\_\_ Attending  Resident  Intern  Fellow  Inpatient  Outpatient  Subspecialty  Other (specify): \_\_\_\_\_  
 Observed from: \_\_\_\_\_ to \_\_\_\_\_

Please evaluate the performance of the student in the following competencies using the anchors described below:

**Outstanding:** Highly commendable performance, top 10-15% of students evaluated

**Satisfactory:** Capable; at expected performance for level of training for UCF COM student

**Needs Improvement:** Demonstrates initial growth; opportunity for improvement

**Unacceptable:** Needs attention

Patient Care					
	Not Observed	UNACCEPTABLE	NEEDS IMPROVEMENT	SATISFACTORY	OUTSTANDING
<b>History &amp; Interviewing Skills:</b>  <i>Obtains an effective history</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Disorganized and incomplete, inaccurate and/or major omissions. Often misses important information. Patient concerns poorly characterized.	Inconsistent in content, may miss some key information, not well focused. Sometimes misses important information. History generally not fully characterized.	Identifies and characterizes most patient concerns in an organized fashion. Consistently thorough, reasonably organized.	Identifies and fully characterizes all patient concerns in an organized fashion. Recognizes and attends to biopsychosocial issues. Exceptionally organized and thorough.
<b>Physical or Mental Status Examination Skills:</b>  <i>Performs appropriate physical exam (PE) or mental status exam</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Unreliable PE. Misses and/or misinterprets findings. Disorganized. Insensitive to patient comfort.	Does not always demonstrate correct exam technique. Not consistently organized. Incomplete exam. Inattentive to patient comfort.	Demonstrates correct exam technique(s). Well organized approach. Consistently organized/thorough; detects most findings. Attends to patient comfort.	Able to efficiently focus exam based on differential diagnosis. Exceptionally organized/thorough. Highly attentive to detail. Elicits subtle findings. Makes patient comfort a priority.
<b>Procedural Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Not prepared and/or unsafe. No improvement with feedback. Inattentive to patient safety and/or Comfort.	Inconsistent proficiency. Poor organization/ill-prepared. Not sensitive to patient risk and comfort.	Consistently proficient and careful. Well prepared. Attends to patient safety and comfort.	High level of proficiency and preparation. Attends to patient safety and comfort.
Medical Knowledge					
<b>Fund of Knowledge</b>  <i>Demonstrates knowledge of diseases and pathophysiology</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Fund of knowledge inadequate for patient care.	Has gaps in basic fund of knowledge.	Demonstrates expected fund of knowledge for level of training.	Has fund of knowledge that is beyond expected level of training.
<b>Application of knowledge</b>  <i>Applies knowledge to patient care/ clinical reasoning</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lacks knowledge to understand own patients' problems; cannot interpret basic data. Problem lists inaccurate. Unable to generate reasonable differential diagnoses.	Inconsistent/marginal understanding of own patients' problems. Insufficient knowledge to consistently interpret data on own patients. Frequently reports data without analysis. Inconsistent prioritization of clinical issues.	Demonstrates reasonable interpretation of data. Knows basic differential of active problems in own patients. Consistently prioritizes clinical issues in own patients. Diagnostic decisions are consistently reasonable.	Consistently offers appropriate interpretation of finding/data. Effectively interrelates patient problems on own patients. Generates expanded differential diagnoses. Insightful approach to management plans.
Professionalism					
<b>Professionalism</b>  <i>Professional attitude &amp; demeanor, and team work</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Unexplained absences. Unreliable. Does not accept responsibility. Denies issues or attempts to blame others. No effort at improvement. Disrespectful of others. Rude, antagonistic or disruptive. Disrespectful to team members. Disrupts team dynamic.	Repeatedly late/inconsistently present. Inconsistent motivation for learning; needs prompting. Not consistently reliable. May forget to complete task(s) or follow-up on task(s) assigned by team. Lapses in consideration for others (staff, team members). Does not communicate effectively with team.	Consistently reliable, on time, and enthusiastic. Genuine empathic care; clear respect, integrity, compassion and honesty. Cooperative, productive member of care team. Consistently responsible and helpful. Fulfills responsibilities. Communicates effectively with team.	Engaged and enthusiastic. Strong initiative for learning. Remarkable empathic care. Utmost respect, integrity, compassion and honesty. Goes "above and beyond"; seeks responsibility. Well-integrated with team. Communicates with team members in a timely fashion.
Interpersonal and Communication Skills					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Oral Presentation Skills</b>		Unclear, incomplete, disorganized, or inaccurate.	At times unclear, incomplete and poorly organized. Omits pertinent details. Communication disorganized. Information not clearly presented.	Usually clear, accurate and well organized; appropriate problem synthesis. Usually able to present pertinent details.	Clear, accurate, organized and concise; thoughtful problem synthesis. Consistent ability to express pertinent details and/or prioritize issues.
<b>Medical Documentation</b> <i>Written communication skills</i>	<b>Not Observed</b>	<b>UNACCEPTABLE</b>	<b>NEEDS IMPROVEMENT</b>	<b>SATISFACTORY</b>	<b>OUTSTANDING</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Unclear, incomplete, disorganized, or inaccurate. Evidence of "cut-and-pasting".	Incomplete and poorly organized written record.	Usually clear, accurate and well organized; appropriate problem synthesis.	Clear, accurate, organized and concise; thoughtful problem synthesis. Integrates evidence-based information into assessment plan. Consistent ability to express pertinent details.
<b>Systems-Based Learning</b>					
<b>Utilizes Resources for Effective Patient Care</b>	<b>Not Observed</b>	<b>UNACCEPTABLE</b>	<b>NEEDS IMPROVEMENT</b>	<b>SATISFACTORY</b>	<b>OUTSTANDING</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Makes no attempts to identify or access outside resources for effective/efficient patient care, even when prompted.	Has difficulty recognizing opportunities to include community and system resources in patient care; need to be repeatedly prompted.	Recognizes opportunities and asks appropriate questions about available community and system resources for effective/efficient patient care.	Takes initiative to seek out community and system resources to advance patient care.
<b>Practice-Based Learning and Improvement</b>					
<b>Application of Evidence</b> <i>Demonstrates skills in evidence-based medicine</i>	<b>Not Observed</b>	<b>UNACCEPTABLE</b>	<b>NEEDS IMPROVEMENT</b>	<b>SATISFACTORY</b>	<b>OUTSTANDING</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		No evidence of outside research or reading. Unable to access basic databases.	Reads only provided literature. Inconsistently applies evidence to patient care.	Routinely accesses primary and review literature. Applies evidence to patient care.	Routinely accesses primary and review literature. Applies evidence to patient care. Able to judge quality of evidence. Shares knowledge with team.

Please include comments on this page.

**Please comment on this student's overall performance. These comments will be included VERBATIM in the Medical Student Performance Evaluation (MSPE, formerly known as the Dean's Letter).**

**Please comment on areas where the student's performance will benefit from enhanced skill development. These comments will NOT appear in the MSPE. (FOR STUDENT and Clerkship Director ONLY) Attach sheets if necessary.**  
(Please include descriptive comments)

This evaluation is based primarily upon (check as many as apply):

- Review of student's medical documentation
- Observation of student with patient and/or family members
- Direct discussion of patient assessment and/or planning
- Other \_\_\_\_\_

- Observation of student presentations
- Observation during attending rounds
- Input gained from others about student performance

Evaluator Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Meetings with Clerkship Director:

“Open door policy”: available as needed, including at the conclusion of didactic sessions each Tuesday afternoon.

Formal meeting at midpoint of clerkship, to include review of general progress, clinical log, duty hours, and student’s self-assessment, with follow-up meeting in week #5 of the rotation if needed.

## Clinical Skills Evaluations:

Student clinical performance will be assessed during two Clinical Skills Evaluations involving direct observations of clinical tasks with actual or standardized patients. These Evaluations will be used to demonstrate on direct observation the core clinical knowledge, skills, behaviors, and attitudes specified in the clerkship’s goals and objectives. Specifically, these Evaluations will focus on the patient-physician relationship, psychiatric interviewing including mental status examination, and case presentation. These Clinical Skills Evaluations are similar to the “Checklist Evaluation of Live Performance” described in the ACGME’s Toolbox of Assessment Methods. These Evaluations differ from the typical OSCE in that these Clinical Skills Evaluations will consist of an approximately 20-30 minute patient interview by the student, followed by a 10-15 minute oral examination by the psychiatrist preceptor of the student that will focus on the student’s presentation of the history and mental status examination findings. The student’s performance will be evaluated on a Likert scale that differentiates acceptable from unacceptable performance. Though these Evaluations utilize the Psychiatry Clinical Skills Evaluation Form (CSV v.2) designed by the American Board of Psychiatry and Neurology for Psychiatry for use with residents, the psychiatrist **examiners will only evaluate the student’s performance based upon competency expectations appropriate to the level of training of third year medical students. See the following Psychiatry Clinical Skills Evaluation Form (CSV v.2); this is the actual form that will be used by the examining preceptors.**



Date: \_\_\_\_\_

## Psychiatry Clinical Skills Evaluation Form

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

Patient Type: \_\_\_\_\_

**PHYSICIAN-PATIENT RELATIONSHIP (overall):**

Unacceptable

Acceptable

Develops rapport with patient	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Responds appropriately to patient	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Follows cues presented by patient	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

**PSYCHIATRIC INTERVIEW (overall):**

Unacceptable

Acceptable

Length of Interview: \_\_\_\_\_

Obtains sufficient data for DSM Axes I-V differential diagnosis	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Obtains psychiatric, medical, family & social histories	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Screens for suicidal & homicidal ideation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Uses open and close-ended questions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Performs an adequate mental status examination	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

**CASE PRESENTATION (overall):**

Unacceptable

Acceptable

Organized & accurate presentation of history	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Organized & accurate presentation of mental status findings	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

- 1-2 Very Unacceptable (Gross deficiencies, Gross mismanagement)
- 3-4 Unacceptable (Several important deficiencies, Unsatisfactory manner – disorganized)
- 5-6 Acceptable (Several relatively minor inefficiencies or errors, Adequate)
- 7-8 Very Acceptable (No significant criticisms, Reflects most current techniques and procedures)

COMMENTS:

## Psychiatry Case Write-Up & Hospital Admission Orders GRADING SCALE

All students must submit two Case Write-Ups, with Hospital Admission Orders (by NOON on the 2<sup>nd</sup> and 4<sup>th</sup> Saturdays). Late submissions will receive a grade of 0. Write-Ups must be no longer than 4 pages, and Admission Orders must be no longer than 1 page. Students are encouraged to organize their Write-Ups in a manner similar to the template in Appendix A of this handbook.

CASE WRITE-UP GRADING CRITERIA:	POINTS:
History of Present Illness & Past Psychiatric Hx	Satisfactory = 2; Not Satisfactory = 0
Medical Hx	Satisfactory = 1; Not Satisfactory = 0
Family Medical & Psychiatric Hx & Medical ROS	Satisfactory = 1; Not Satisfactory = 0
Social & Developmental Hx	Satisfactory = 1; Not Satisfactory = 0
Mental Status Examination	Satisfactory = 1; Not Satisfactory = 0
Diagnoses	Satisfactory = 2; Not Satisfactory = 0
(a) Further workup planned, and (b) the Biopsychosocial Treatment Plan	Satisfactory = 2; Not Satisfactory = 0

Hospital Admission Orders for above case: **ADCVANDISMAL**

<b>Admission order &amp; Diagnosis</b> (your working diagnosis)	Satisfactory = 2; Not Satisfactory = 0
<b>Condition</b> , and <b>Vital Signs</b> orders	Satisfactory = 1; Not Satisfactory = 0
<b>Activity</b> level, & any special <b>Nursing</b> instruction (weights, I & O, etc.)	Satisfactory = 1; Not Satisfactory = 0
<b>Diet</b> and any <b>IVFs</b> orders	Satisfactory = 1; Not Satisfactory = 0
<b>Special Studies</b> (radiology, ECG, etc.) and Consults	Satisfactory = 1; Not Satisfactory = 0
<b>Medications</b>	Satisfactory = 2; Not Satisfactory = 0
<b>Allergies</b> and <b>Lab</b> Studies	Satisfactory = 2; Not Satisfactory = 0
Avoids use of symbols/ abbreviations unless approved by hospital (see SLM)	Satisfactory = 0; Not Satisfactory = -1

Case Write-Ups and Admission Orders are weighted 8:2 when calculating their value toward the grade.

Grade: (Case Write-Up \_\_\_/10 points X 8) + (Hospital Admission Orders \_\_\_/10 points X 2) = \_\_\_/100

## Psychiatry Clerkship EBM Exercise: Search Query Worksheet

**Due the end of Clerkship week#3 at noon on Saturday (complete and submit Worksheet via Webcourses@UCF)** If you have limited experience with EBM, a good place to start is to go to the COM library online, go to Online Databases, go to Evidenced Based Medicine & Clinical Resources, and click on JAMA evidence; go to Chapter 5 (early sections of this chapter focus on different types of EBM resources; a later section is titled “Translating a Question into Search Terms” and address PICO).

### **EACH STUDENT SHOULD PERFORM EACH OF THE FOLLOWING 6 STEPS:**

1. Pick one of your patients for whom you have a clinical query and formulate your question: \_\_\_\_\_

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2. First Search (Systems Category): Go to Up To Date (via our Library Databases); if you find an answer to your question, give a concise 2-3 sentence summary here: \_\_\_\_\_

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3. Second Search (Summaries Category): Go to The Cochrane Library (via our Library Databases); if you find an answer to your question, give a concise 2-3 sentence summary here: \_\_\_\_\_

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4. Third Search (Studies Category): Now format your query (above) using the 4 PICO concepts (each should be a word or short phrase):

P: Patient: \_\_\_\_\_

I: Intervention: \_\_\_\_\_

C: Comparison: \_\_\_\_\_

O: Outcome: \_\_\_\_\_

**For the remainder of the steps. Go to PubMed Me dLine (via our Library Databases ),** and enter 1 word or short phrase per PICO concept in the Search box.

5. Enter what LIMITS, if any, you wish to place on your retrieval **in PubMed** (e.g., year of publication, gender of participants, English language, article type such as randomized controlled trial [RCT] or meta-analysis) into your PubMed search (upper left side of screen) and here:

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6. Decide if you want to perform a Clinical Query **in PubMed** (left hand side of screen within the blue bar), i.e., either Search by Clinical Study Category (which can be further narrowed by clicking etiology, diagnosis, therapy, etc., and/or by clicking on narrow, specific search) or Find Systematic Reviews. If so, indicate what you performed here. Regardless, site the most relevant article you found in PubMed Medline:

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## Psychiatry Clerkship Informed Consent Exercise Worksheet

**Due the end of Clerkship week#5, at noon on Saturday (complete and submit Worksheet via Webcourses@UCF). Make sure you first complete the week 5 Homework SLM “Informed Consent Exercise”.**

### **DOCUMENT HOW YOU WOULD PERFORM EACH OF THE 8 STEPS BELOW:**

1. Pick one of your patients for whom your treatment team has recommended either a psychotropic medication or ECT. Briefly describe the diagnosis and the recommended medication (or ECT): \_\_\_\_\_

2. I provided the patient with the following written information about the recommended medication: \_\_\_\_\_

3. I discussed with the patient the following benefits of the recommended medication: \_\_\_\_\_

4. I discussed the following side effects/risks, including interactions with medical conditions/medications : \_\_\_\_\_

5. I discussed with the patient the appropriate use of the recommended medication: \_\_\_\_\_

6. I discussed with the patient the following benefits and risks of alternative treatments AND of no treatment: \_\_\_\_\_

7. Answer as if your patient is a woman of child-bearing age: I discussed with the patient the following benefits and risk of the recommended medication during pregnancy and breastfeeding: \_\_\_\_\_

8. Document the informed consent process: \_\_\_\_\_

## Passport to Sit For The NBME Shelf Exam

To take this final exam in the Psychiatry Clerkship, the student must present the following documentation to the Clerkship Director:

- Clinical Log showing that all required Clinical Encounters have been completed.**
- Completion of the two Clinical Skills Evaluations and two case write-ups**
- Attendance at M-3 didactics AND completion of the associated SLMs.**
- Student gave/received mid-clerkship feedback.**
- Completion by the student of the clerkship evaluation forms.**

### Recommended Texts and References:

Recommended: Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th Edition (2014), Lippincott Williams & Wilkins, Sadock, B. J. & V. A. Sadock (ONLINE IN COM LIBRARY).

**\*\*REMEMBER, you also have full access online through the COM Library to:**

Psychiatryonline.org includes DSM-5 texts as well as other core Psychiatry textbooks and journals.

Biological Therapies in Psychiatry available as e-journal; to access this newsletter, use login: medlibrary@ucf.edu and password: comhsl

Diagnostic and Statistical Manual of Mental Disorders DSM-5. American Psychiatric Association, 2013.

Kaplan & Sadock's Comprehensive Textbook of Psychiatry, 9<sup>th</sup> edition. Sadock, Sadock and Ruiz. 2009.

Massachusetts General Hospital Handbook of General Hospital Psychiatry, 6th edition, 2010.



# Use of Smartphone Apps in Teaching Medical Students



Greg Briscoe, MD- Professor  
 Lisa Fore Arcand, Ed.D.- Associate Professor  
 Stephanie Peglow, DO- PGY-2 Resident  
 William Lemley, MD- PGY-1 Resident  
 All from Eastern Virginia Medical School



Poster presentation, 6-14-12

Annual Meeting, Association of Directors of Medical Student Education in Psychiatry, Blaine WA

Application	Icon	Comments	Cost	Platform**
<b>Drug Reference (all provide periodic updates)</b>				
Epocrates Rx		Most widely used, very extensive. Contains drug interaction checker	Free	an, bb, iOS, pa, wi
Micromedex		"Clinical Teaching" great distillation of pertinent teaching points. No built in drug interaction checker (may purchase for \$10). Very detailed MOA	Free	an, iOS
LexiComp Lexi-Drugs*		Very comprehensive, but price prohibitive.	\$75/yr	an, bb, iOS, pa, wi
Tarascon Pharmacopoeia*		Contains reference tables, Canadian trade names and calculators. Updates are not free after 1 year	\$39.95	an, bb, iOS
Skyscape: Rx Drugs		Organization is cumbersome	Free	an, bb, iOS
<b>Clinical Consult</b>				
Medscape		Expansive, pertinent, peer reviewed and easy to access medical reference. Includes drug reference	Free	an, bb, iOS
Psych Dx		Contains ICD-9 codes, rating scales, lab recommendations, clinical pearls, MSE breakdown, and a glossary in a drill down format.	\$5.99	iOS
Psychiatry On Call		Authored by professors at UC Irvine, this reference contains snippets from the DSM, EBM for each disorder, and examples of how to write notes.	\$1.99	iOS
3 in 1 Lab Values+		Lab reference Values with medical abbreviations	\$2.99	an, iOS
Harrisons Manual for Mobile*		Concise and Up-to-date for Internal Medicine Reference with 400 Tables and figures	\$59.99	an, bb, iOS, pa, wi
Mediquations		232 scoring tools and calculators with an intuitive interface. Contains a Psychiatry section with variety of 11 commonly used rating scales.	\$4.99	iOS
<b>Study Guides</b>				
Psychiatry Lange Q&A*		Questions applicable to 3 <sup>rd</sup> year shelf. First few are free but continued use requires payment.	\$39.99	an, iOS
Case Files Psychiatry*		Textbook- uses case presentations and multiple choice to teach. Students rate this well.	\$29.99	iOS
Psychiatry Mini- Atlas		Flash-card style images review the anatomy, pathology, and therapeutics associated with the disease. Allows email or print of the images.	\$5.99	iOS
3-D Brain		Salient points of neuro-anatomy at learner level. Offers 3D views of structures with labels and associated information regarding function and dysfunction from injury.	Free	an, iOS
PsychTerms		Expansive database of concise definitions relevant to psychiatry	Free	iOS
<b>Textbooks</b>				
MGH Hospital Psych Handbook*		EBM on diagnosis and treatment. Concise at learner level. In outline form, good for POC learning	\$79.99	an, bb, iOS
Oxford Handbook of Psychiatry*		More comprehensive coverage of psychiatric subjects	\$49.99	an, bb, iOS
Sanford Guide of Antimicrobials		Fast, convenient and up-to-date reference. A direct port of the book, formatting and UI is less than optimal when using tables.	\$29.99	an, iOS
<b>Other</b>				
Dragon Medical Recorder		Mobile dictation for eScripton, Dictaphone, Enterprise and iChart	Free	iOS
PubMed on Tap		Peer reviewed articles searchable like the web based pub-med. A free "lite" version is also available.	\$2.99	iOS
Doximity		Social Networking for physicians	Free	an, bb, iOS
Evernote		Searchable database to take notes, photos, to do-lists and voice reminders	Free	an, bb, iOS

\*These apps were not reviewed by authors of poster. Reviews and experiences of others were incorporated to form the comment section.

\*\*Key for Platform: an: Android; bb: Blackberry; iOS: iPhone/iPad; p: Palm webOS; w: Windows Mobile

"Psych On Demand, available for iPhone/iPad, is a comprehensive collection of industry-standard mental health screening measures and rating scales: over 23 assessment tools inclusive of Cognitive Disorders, Substance Use, etc. <https://itunes.apple.com/us/app/psych-on-demand/id768349681?mt=8> Cost: 99 cents.

Another very comprehensive listing of Psychiatry/Psychology related apps is the following blog:

<http://sylvainroy.blogspot.com/2011/02/iphone-apps-for-psychologists.html>

**1. Content of NBME Shelf Exam in Psychiatry** <http://www.nbme.org/Schools/Subject-Exams/Subject/s/clinicalscipsy.html>

The Clinical Science Psychiatry content outline includes:

Outline		
<i>General Principles</i>		5%–10%
<i>Organ Systems</i>		
<b>Mental Disorders</b>		
	Mental disorders usually first diagnosed in infancy, childhood, or adolescence	5%–10%
	Substance-related disorders	5%–10%
	Schizophrenia and other psychotic disorders	5%–10%
	Mood disorders	5%–10%
	Anxiety disorders	5%–10%
	Somatoform disorders	1%–5%
	Other disorders/conditions	5%–10%
Diseases of the Nervous System and Special Senses		10%–15%
<i>Physician Tasks</i>		
	Promoting Health and Health Maintenance	1%–5%
	Understanding Mechanisms of Disease	10%–15%
	Establishing a Diagnosis	55%–65%
	Applying Principles of Management	20%–25%

**Remember that there is some coverage of Neurology on the Psychiatry Shelf Exam, and vice versa**

**NOTE: To date, third year UCF COM students have reported positive impressions of First Aid for Psychiatry, and USMLE World, as preparations for the NBME Shelf Exam.**

- (1). For the NBME Shelf Exam: The NBME has information and a sample content of its exam on its website: <http://www.nbme.org/students/Subject-Exams/subexams.html> Click on Subject Examinations Content & Sample Items on the bottom of the page. Go to the sample questions for Psychiatry. It is followed by an answer key.
- (2). For the NBME Shelf Exam: The NBME also now has a new Clinical Science Mastery Series, web-based self-assessments for students to test their knowledge in clinical sciences covered during a clerkship/ course. There are two 50-item tests available in Psychiatry, Medicine, Neurology, ObGYN, etc., and each costs \$20. Go to [https://nsas.nbme.org/nsasweb/servlet/ mesa\\_main](https://nsas.nbme.org/nsasweb/servlet/ mesa_main)

(3). For NBME Shelf Exam and for USMLE Step 2: NMS Psychiatry (National Medical Series for Independent Study), 6<sup>th</sup> edition, (2011) Joshua Thornhill. ISBN-13: 978-1608315741 (\$41.49 on amazon.com).

## **Student Preparation for Examinations**     Martin Klapheke, MD:

(4). USMLE: a. For USMLE Step 1: USMLE's description of Psych and Neuro content: <http://www.usmle.org/Examinations/step1/content/central.html> The Comprehensive Basic Science Self-Assessment exam is a good predictor of Step 1 performance.

b. For USMLE Step 2 CK content description: <http://www.usmle.org/Examinations/step2/step2ck.html>

The Clinical Science Comprehensive Self-Assessment exam is modeled on Step 2 CK.

c. For USMLE Step 2 CS content description: <http://www.usmle.org/Examinations/step2/step2cs.html>

d. The Clinical Management Comprehensive Self-Assessment is modeled on Step 3. Remember, Step 3 includes questions on assessing journal articles (Evidenced-Based Medicine skills) as well as on interpretation of pharmaceutical advertisements.

(5). For USMLE Steps 1, 2 CK, 2 CS, and 3 preparation by USMLE World (fee for ordering): <http://www.usmleworld.com/home.aspx>

(6). First Aid Q & A for the USMLE Step 2 CK (2<sup>nd</sup> edition, 2009); \$40 from amazon.com

Free download of First Aid Cases for the USMLE Step 2 CK 11.0.3 for Palm:

[http://download.cnet.com/First-Aid-Cases-For-The-USMLE-Step-2-CK/3000-2125\\_4-10905981.html](http://download.cnet.com/First-Aid-Cases-For-The-USMLE-Step-2-CK/3000-2125_4-10905981.html)

First Aid for the USMLE Step 2 CS (3<sup>rd</sup> edition, 2009); \$40 from amazon.com

(7). For your information, here are some informal comments from ADMSEP educators across the country about their students' preferences for self-study resources:

“Students seem to prefer Psychiatric First Aid for review”.

“Overwhelmingly students use primarily (and probably exclusively) the First Aid in conjunction with Q bank questions”.

“We recommend Case Files, Lange Q&A and Blueprints (as per the clerkship director study a few years back) and Clinical Psychiatry Essentials”.

“If your institution has Psychiatryonline.com (via APA), it has questions and answers that our students find to be very helpful. Just scroll down the self-evaluation tab and it will allow you to choose which textbook to take questions from. I have found most of the general psych books questions are at shelf level”. NOTE: we DO have Psychiatryonline available through the UCF COM Library.

“The American College of Psychiatrists sells a “Study from past (PRITE) exams”:

<http://www.acpsych.org/prite> but this is at the Psychiatry resident level.

# APPENDICES

## Appendix A: Sample Psychiatry Intake template

Psychiatry Evaluation

Patient Name \_\_\_\_\_ Patient # \_\_\_\_\_ Unit \_\_\_\_\_ Date \_\_\_\_\_

Identifying information and reason for evaluation \_\_\_\_\_

The purpose of this evaluation was explained to the patient, who then agreed to proceed: YES \_\_\_\_\_

HISTORY OF PRESENT ILLNESS \_\_\_\_\_

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PAST PSYCHIATRIC HISTORY

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MEDICAL HISTORY: 1. Major Medical Problems \_\_\_\_\_

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2. Current Medications \_\_\_\_\_

3. Allergies \_\_\_\_\_

4. Tobacco Use \_\_\_\_\_

5. Alcohol Use \_\_\_\_\_

6. Illicit Drug Use \_\_\_\_\_

Complications of Alcohol/Drug Use: Legal \_\_\_\_\_ Medical \_\_\_\_\_

Job \_\_\_\_\_ Social \_\_\_\_\_ Family \_\_\_\_\_

Alcohol blackouts \_\_\_\_\_ Withdrawal sx \_\_\_\_\_

Chemical Dependency Tx \_\_\_\_\_

MEDICAL REVIEW OF SYMPTOMS \_\_\_\_\_

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FAMILY MEDICAL AND PSYCHIATRIC HISTORY \_\_\_\_\_

\_\_\_\_\_

SOCIAL HISTORY: 1. Development \_\_\_\_\_

2. Education \_\_\_\_\_

3. Military History \_\_\_\_\_

4. Legal History \_\_\_\_\_

5. Marital History \_\_\_\_\_

6. Vocational History \_\_\_\_\_

7. Current stressors \_\_\_\_\_

VITAL SIGNS: TEMP \_\_\_\_\_ BP \_\_\_\_\_ PULSE \_\_\_\_\_ RESP \_\_\_\_\_ SaO2= \_\_\_\_\_ %

MENTAL STATUS EXAMINATION

Appearance \_\_\_\_\_ Behavior \_\_\_\_\_

Affect \_\_\_\_\_ Mood \_\_\_\_\_

Speech \_\_\_\_\_ Gait/Station \_\_\_\_\_

Muscle Strength & tone \_\_\_\_\_ Psychomotor functioning \_\_\_\_\_

Perception, e.g., hallucinations \_\_\_\_\_

Thought content, e.g., delusions or obsessions \_\_\_\_\_

Thoughts of harming self or others \_\_\_\_\_

Thought processes, e.g., associations \_\_\_\_\_

Expressive & Receptive Language, e.g., naming objects \_\_\_\_\_

Cognitive ft: level of consciousness \_\_\_\_\_ Orientation \_\_\_\_\_

Attention/conc.: Serial 7's \_\_\_\_\_ Spells world backwards: Yes \_\_\_\_\_ No \_\_\_\_\_

Memory: Remote \_\_\_\_\_ Recent: \_\_\_\_\_ Recalls \_\_ /3 words after 3min

Fund of knowledge (e.g., current events; vocabulary) \_\_\_\_\_

Abstract thinking \_\_\_\_\_

Judgment \_\_\_\_\_

Insight \_\_\_\_\_

CURRENT LAB & RADIOLOGIC STUDIES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASSESSMENT: DSM-5 DIAGNOSES: (include 2-3 sentences justifying your diagnoses with information from the HPI and/ or Mental Status Exam) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECOMMENDATIONS: 1. Further evaluation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Psychopharmacological treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Psychotherapeutic interventions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Social/Family interventions: \_\_\_\_\_

\_\_\_\_\_

Is Chemical Dependency treatment indicated? \_\_\_\_\_

Disposition: \_\_\_\_\_

Psychiatry assessment done by: \_\_\_\_\_ Date \_\_\_\_\_

**Appendix B:** For more information on absences, attendance expectations, dress code, protection from mistreatment, blood-borne pathogens exposure, Counseling Services, UCF COM grading, etc., see the UCF COM Student Handbook at <https://med.ucf.edu/media/2012/08/Student-Handbook-2015-2016-FINAL.compressed.pdf> and GPS-Good Place to Start <https://med.ucf.edu/administrative-offices/student-affairs/gps-good-place-to-start/>.

**Appendix C: Website for “Five Minute Preceptor”:**

<http://www.oucom.ohiou.edu/fd/monographs/microskills.htm>

# Need Help?

DIAL **2 1 1** TODAY

Looking for affordable housing, quality day care or utility assistance? Are you struggling with a personal crisis or need help with an aging parent? Simply dial 2-1-1, United Way's free, 24-hour crisis hotline and information and referral helpline which links people in need with assistance from more than 2,000 local health and human service programs. Staffed by highly trained, multilingual operators, 2-1-1 is your connection to finding help with:

- Food, Housing and Clothing
- 24-hour Crisis and Suicide Counseling
- Youth and Child Care Issues
- Physical and Mental Health Services
- Elder Services

And much, much more

If you want to give help, dial 2-1-1 to learn about meaningful volunteer opportunities.

*United Way 2-1-1 and Elder Helpline is a community service provided by Heart of Florida United Way.*



Or dial 407-639-HELP (4357)

TDD Dial 711 for the Florida Relay Service



UNITED Way  
**2-1-1**  
Call Collectors Get Answers

Call for free information and referrals for community resources 24-7 • 365 days

DIAL **2 1 1**

Or dial 407-639-HELP (4357)

TDD Dial 711 for the Florida Relay Service

## COMMUNITY RESOURCE GUIDE

### CHILD CARE CENTERS

"4C" Community Coordinated Care for Children Boys and Girls Clubs of Central Florida, Inc.	407-522-2252
Brevard County	1-321-242-0041
Osceola Branch	407-847-2833
Seminole County	407-332-8668
Orange County	407-295-1100
Orange County After School Zone Programs	407-841-6855
Crisis Nursery – Orange/Osceola	407-522-2288
Crisis Nursery -Lilley House – Seminole	407-262-7688
Frontline Outreach	407-293-3000
Orlando Day Nursery	407-422-5291
Winter Park Day Nursery	407-647-0505

### ADULT & CHILD INVESTIGATIVE/ PROTECTIVE SERVICES

DCF Abuse Hot Line	1-800-96-ABUSE
Child Protection Team of Orange & Osceola	407-317-7430
Kids House of Seminole County – Seminole CPT	407-324-3036
Protective Services:	
Devereux	407-367-1503
One Hope United	407-367-1600
Community Based Care of Seminole	407-688-9650

### BURIAL EXPENSE ASSISTANCE

Orange County Health and Family Services	407-836-6500
Division of Youth and Family Services	
Osceola County Human Services Department	

### CITIZENSHIP/ IMMIGRATION SERVICES

Catholic Charities of Central Florida	407-658-0110
US Citizenship and Immigration Services	1-800-375-5283
Haitian Outreach	407-294-3519 x 13

This limited reference list of agencies is not an endorsement by Orlando Health. In that it is not an exhaustive list, you can consult your phone directory, or call the "211" Resource Line for additional providers. Contact agencies directly to discuss services and fees.

Revised: 7/20/10

### COUNSELING AND MENTAL HEALTH

Alcoholic's Anonymous Hotline (24hr/7 days a week)	407-260-5408
After Court Solutions	407-944-1155
Behavioral Support Services	407-830-6412
Catholic Charities of Orlando	407-658-1818
Center for Drug Free Living	407-245-0045
Devereux:	
Orange County	321-281-3840
Episcopal Counseling Center	407-423-3327
Florida Health Partners (Medicaid/Medipass)	1-866-717-3816
Harmony Behavioral Health	1-877-712-5340
(Staywell, Healthsease, Wellcare)	
Howard Phillips Healing Tree	407-317-7430
Intervention Services	407-331-8002
Jewish Family Service Center	407-644-7593
Eckerd Community Care	407-339-7451
Lakeside Behavioral Health - Orange	407-875-3700
NAMI [National Alliance on Mental Illness]	
Orange & Seminole Counties	407-253-1900
Narcotic's Anonymous	407-425-5157
Orange County Youth and Family Services	407-897-6370
Park Place Behavioral Health – Osceola	407-846-0023
Positive Paths, LLC	407-894-8894
Seminole Behavioral Health Center (Fern Park)	407-831-2411
Seminole Behavioral Health Center (Adult)	407-321-4357
Victim Service Center of Orange County	
Counseling	407-644-2577
Sexual Assault Hotline	407-497-6701
South Seminole Psych Triage	407-262-2200
We Care Crisis Hotline (24hr/7 days a week)	407-425-2624

### DOMESTIC VIOLENCE (\*speak with staff regarding shelter)

24-Hour Crisis Hotline	1-800-500-1119
No Abuse, Inc.	407-228-9503
Harbor House/ Orange County [Helpline/Hotline]	407-886-2856
Help Now of Osceola, Inc. [Helpline/Hotline]	407-847-8562
Safe House of Seminole County	407-302-5220
[Helpline/Hotline]	407-330-3933

### EMPLOYMENT & JOB TRAINING

*One Stop Career Center, Work Force Central Florida	
Orange County	407-531-1227
Osceola County	407-705-1555
Orange County Community Action Division	407-886-4701 (Service/tracks)
Orlando Tech Adult Community Education (ESOL)	407-893-7204
Christian Help- Central Florida	407-834-4022
Employment Council	
Primrose Center	407-898-7201
Goodwill Industries	407-235-1500
Center for Independent Living	407-623-1070
Christian Service Center for Central Florida	407-425-2523
Men's Fresh Start Program	

### FINANCIAL ASSISTANCE/ UTILITIES & RENT

Catholic Charities of Central Florida	407-658-0999
Child-Care Subsidy Hotline (Child Care Aware)	1-800-424-2246
Child Support Enforcement Hotline	1-877-696-6775, press 2
Child Support Enforcement Program	1-800-622-5437
Christian Service Center for Central Florida, Inc.	
Orange County	407-425-2523
Osceola County	407-656-6678
Community Service Center of Central Florida, Inc.	407-851-5920
Crisis Assistance Program/ Orange County	407-836-6500
DCF/Economic Self-Sufficiency	1-866-762-2237
Florida Public Service Commission's Division of	1-800-342-3552
Consumer Affairs Telephone Bill Payment Assistance	
Haitian Outreach	407-294-3519, ext. 13
Jewish Family Services of Greater Orlando, Inc.	407-644-7593
Low Income Home Energy Assistance Program	407-836-7429
Orange County Health and Family Services	407-836-6500
Division of Youth and Family Services	
Osceola County Council of Aging, Inc.	407-846-8532

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### FINANCIAL ASSISTANCE/ UTILITIES & RENT (cont)

Osceola County Human Services Department	407-742-8400
Salvation Army/Kissimmee	407-518-9111
Salvation Army/Orlando	407-423-8581
Senior Resource Alliance	407-514-1800
Social Security Office/ Orlando	407-897-2970
Supplemental Security Income [SSI]	1-800-772-1213
Urban League	407-841-7654

### FOOD ASSISTANCE

Catholic Charities of Central Florida	407-658-0999
Christian Help – Central Florida Food Pantry	407-834-4022
Christian Service Center	407-425-2523
Coalition for the Homeless of Central Florida	407-426-1250
Community Food and Outreach Center	407-650-0774
Community Service Center of Central Florida, Inc.	407-851-5920
DCF/ Economic Self-Sufficiency	1-866-762-2237
Good Shepherd	407-644-5350
Harvest Time International	407-328-9900
Jewish Family Services of Greater Orlando, Inc.	407-644-7593
Joy Metropolitan Community Church	407-894-1081
Loaves & Fishes	407-886-6005
Meals On Wheels (Seniors First)	407-292-0177
Osceola Christian Ministry Center	407-944-9968
Osceola County Council on Aging, Inc.	407-846-8532
Salvation Army	407-423-8581
Second Harvest Food Bank of Central Florida	407-295-1066
The Sharing Center	407-260-9155
*W.I.C. Supplemental Food Program	
Orange County WIC Program	407-836-2623
Osceola County WIC Program	407-343-2085
Seminole County WIC Program	407-665-3705

2



# Appendix D: (continued)

## HOUSING/ SHELTERS

### \*Housing

Center for Affordable Housing	407-323-3268
Coalition for the Homeless	407-426-1250
Transitional Housing Program	407-426-1261
Emergency Housing Fund	1-877-891-6445
H.A.N.D.S.	407-447-5686
Habitat for Humanity	407-648-4567
Kissimmee Housing Authority	407-742-8400
Orlando Housing Authority	407-894-1500
U.S. Department of Housing [HUD]	407-648-6441

### \*Shelters

B.E.T.A. (Women in Crisis)	407-277-1942
Center for Affordable Housing	407-323-3268
Central Care Mission (for men)	407-299-6146
Coalition for the Homeless	407-426-1250
Transitional Housing Program	407-426-1261
Covenant House [Teen Crisis]	407-482-0404
Family Promise of Greater Orlando (formally Interfaith Hospitality Network)	407-893-4580
Habitat for Humanity	407-648-4567
H.A.N.D.S.	407-447-5686
House of Hope [Teens/ Faith- Based]	407-843-8686
Interfaith Hospitality	407-893-4580
Kissimmee Housing Authority	407-742-8400
Orlando Housing Authority	407-894-1500
Orlando Union Rescue Mission, Inc.	407-423-2131, Ext. 121
Rescue Outreach Mission of Sanford, Inc.	407-321-8224
Salvation Army of Orange County	407-423-8581
Women's - Ext. 204	
Men - Ext. 219	
U.S. Department of Housing [HUD]	407-648-6441
Women's Residential & Counseling Center	407-425-2502

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## MEDICAL/HEALTH RESOURCES (continued)

Medicaid Information	1-888-419-3456 "3"
OH Faculty Practice OB/GYN	321-841-5281
OH Faculty Practice-Pediatrics	407-237-6319
OH Teen Health Center/Teen Express	407-237-6319
Orange County Public Schools-Hearing Evaluations	407-897-6422
Primary Care Access Network (PCAN)	407-836-7226
Shepherd's Hope (Uninsured)	407-876-6699
<b>Preschool Developmental Evaluations</b>	
Orange County (OCPS:407-317-3200)	407-317-3503
Osceola County	407-891-1178
Seminole County	407-320-9406
<b>United Cerebral Palsy</b>	407-852-3300
<b>Pediatric Prescribed Extended Care (PPEC):</b>	
Bright Start	
Orange & Osceola County	407-857-1212
Seminole & Volusia County	407-321-9570
Children's First	407-513-3000
Pediatric Health Choice	407-298-8810

## PREGNANCY/ PARENTING RESOURCES/ BABY ITEMS

Accept Pregnancy Centers, Inc.	407-654-0820
Bargain Box (clothing)	407-644-4043
B.E.T.A., Inc.	407-277-1942
C.H.A.D.D./ADHD Support Group	407-578-6260, Ext. 209
Child Support Enforcement Program	1-800-622-5437
Car Seats/Florida Highway Patrol	407-737-2300 x1008
Center for Pregnancy	407-514-4517
Christian Service Center	407-425-2523
Compassionate Friends (Bereaved Parents)	407-227-2862
DNA Center	1-800-362-2368
Florida Adoption Information Center	1-800-962-3678
Frontline Outreach	407-293-3000
Goodwill	407-857-0659

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## LEGAL ASSISTANCE

Child Support Enforcement/Services	800-622-5437
Legal Aid	
Orlando	407-841-8310
Osceola	407-847-0053
Seminole	407-834-1660
Mid Florida County Community Legal Services	407-841-8843
Harbor House Legal Support - Domestic violence & protective injunctions	407-836-2001

## MEDICAL/HEALTH RESOURCES

Access Lynx Transportation	407-423-8747
Center for Autism and Related Disorders/CARD	407-823-6011
Central Florida Family Health Center (Medicaid)	
Alafaya office	407-322-8645
Hoffner office	407-367-0923
Lake Underhill office	407-956-4320
Sanford office	407-322-8645
Southside office	407-956-4660
Children's Medical Services/ Tri-County	407-856-6519
Community After-Hours Medical Clinic (no insurance)	407-303-7298
Community Health Center, Inc.	
Apopka (central scheduling)	407-886-5232
Developmental Services, Med Waiver/Respite	407-245-0440
Florida Kid Care/Healthy Kids Insurance	1-888-352-5437
Grace Medical Home (uninsured)	407-936-2785
Health Departments	
Orange County	407-836-2600
Osceola County	407-343-2000
Seminole County	407-665-3400
Healthcare Center for the Homeless	407-428-5751
Healthy Families	
Orange	407-649-9595
Osceola	407-343-2112
Seminole	407-833-7672
Healthy Start	
Orange	407-254-6822
Osceola	407-343-2100
Seminole	407-665-3277
Howard Phillips Center	407-317-7430
Early Steps/ Developmental Center	
Hug Me	407-888-1330
Medicaid Call Center	1-866-762-2237

## PREGNANCY/ PARENTING RESOURCES/ BABY ITEMS (cont)

Healthy Families	
Orange	407-649-9595
Osceola	407-343-2112
Healthy Start Services	
Orange	407-254-6822
Osceola	407-343-2000
Seminole	407-665-3200
JMJ Life Center, Inc.	
Orange County	407-839-0620
Osceola County	407-891-6969
Life for Kids and A Center for Women	407-629-5437
Mommy and Me Groups	407-648-7899
Mothers of Multiples/Twins [Parent support]	407-872-4000
Mustard Seed	407-875-2040
Nathaniel's Hope	407-857-8224
Neighborhood Center for Families [In home education support]	407-523-3004
Orange County Public Schools	407-317-3200, Ext. 2988
Teen Parent Program	
Orlando Health Obstetric Clinic	407-841-5281
OH Breastfeeding Education Center (pump rentals)	321-843-2229
Parent Helpline (24/7)	1-800-FLA-LOVE
Planned Parenthood of Greater Orlando	407-246-1788
Sanford Crisis Pregnancy Center	407-323-3384
TLC Women's Center	407-294-4314
WPH Birth Registry	321-841-1640
WPH Lactation Specialist	
Mother/Baby	321-843-8196
NICU	321-841-2140
WPH Perinatal/Neonatal Bereavement Support Group	407-649-6947
<b>Children's Home Society</b>	
Orange County	321-397-3600
Osceola County	407-846-5220
Seminole County	407-688-9650
<b>W.I.C. Supplemental Food Program</b>	
Orange County WIC Program	407-836-2623
Osceola County WIC Program	407-343-2085
Seminole County WIC Program	407-665-3705

## SUBSTANCE ABUSE ASSISTANCE

Alc-nom Alc-Test	407-896-4929
Alcohol 24-Hour Hotline	1-800-ALCOHOL
Alcoholics Anonymous Hotline	407-260-5408
All Dimensions	407-944-1155
Center for Drug Free Living/Orange County	407-345-0014
Center for Drug Free Living/Osceola County	407-846-5285
Crossroads (Seminole County)	407-321-4537
Grove Counseling Center Inc./ Seminole County	407-327-1765
Heart to Heart	407-767-0416
or	
407-262-7892	
Jewish Family Service Center	407-644-7593
Lakeside Behavioral Health	407-875-3700
Narcotics Anonymous Hotline	407-425-5157
Park Place Behavioral Health Care	407-846-0023
S.T.E.P.S Residential Substance Abuse Treatment	407-522-2144
The Bridge	407-926-8134
Turning Point of Central Florida	407-746-5655
We Care Crisis, 24 hr. Hotline	407-425-2624

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## APPENDIX E: Basis of Final Grade for the Psychiatry Clerkship

The UCF COM utilizes a letter system: A (90-100); B (80-90); C (70-80); and F (below 70).

The Clerkship Director determines the final grade based upon:

- |  |           |
|--|-----------|
| 1. Preceptor Evaluations                 | 40%       |
| 2. NBME shelf exam                       | 20%       |
| 3. Two Clinical Skills Evaluations       | 10%       |
| 4. IRATs                                 | 10%       |
| 5. Two Case Write-Ups & Admission Orders | 10%       |
| 6. OSCE                                  | 10%       |
| 7. EBM Exercise                          | Pass/Fail |
| 8. Informed Consent Exercise             | Pass/Fail |

- Preceptor Evaluations** including narratives (see form) will be completed at the end of the clerkship by the primary preceptors who have worked with the student at his/her clinical sites. The Clerkship Student Performance Evaluation form is used to determine a score (determined by which box is checked) in each of ten different clinical areas. A final mean score is calculated for each evaluation.

See below for the two tables used for conversion of scores to a grade for the Preceptor Evaluations and for Clinical Skill Evaluations, respectively; the tables differ because the two evaluation forms are designed differently.

	Mean Evaluation Score	Grade Percentage
Unacceptable	1	55
	1.1	56.5
	1.2	58
	1.3	59.5
	1.4	61
	1.5	62.5
	1.6	64
	1.7	65.5
	1.8	67
Needs Improvement	1.9	68.5
	2	70
	2.1	71.5
	2.2	73
	2.3	74.5
	2.4	76
	2.5	77.5
	2.6	79
	2.7	80.5
	2.8	82
Satisfactory	2.9	83.5
	3	85
	3.1	86.5
	3.2	88
	3.3	89.5
	3.4	91
	3.5	92.5
	3.6	94
	3.7	95.5
	3.8	97
	3.9	98.5
Outstanding	4	100

Conversion for Clinical Skills Evals	
Mean Score	Grade %
8	100%
7.5	95%
7	90%
6.5	85%
6	80%
5.5	75%
5	70%
4.5	65%
4	60%
3.5	55%
3	50%
2.5	45%
2	40%
1.5	35%
1	30%

- NBME Shelf Exam**, which assesses students' Medical Knowledge. The UCF COM has a NBME Shelf Exam Score Conversion Chart to allow conversion of NBME Scaled Scores to a COM grade/score. Also, a national listserv review among members of the Association of Directors of Medical Student Education in Psychiatry revealed the pattern utilized by medical schools to determine cutoff scores for determining grades based upon percentile score obtained on the NBME shelf exam in Psychiatry. These practices across the country were taken into consideration in determining that a percentile score at or above the 70<sup>th</sup> percentile
- Clinical Skills Evaluations (CSE):** each student must complete 2 CSEs, utilizing a preceptor as the Examiner. See pages 51 -51 for details and grading template. The template score is converted to a grade using the above conversion table.
- IRATs:** at the start of didactics on Tuesdays, students will complete an IRAT based upon that week's SLMs that were specifically designated as "HOMEWORK" (see Didactic schedule). There will be 10 IRAT questions each weeks. IRATs count 10% toward the final clerkship grade.

5. **Case Write-Ups:** All students must submit 2 Case Write-Ups with Hospital Admission Orders via [Webcourses@UCF](mailto:Webcourses@UCF)—by NOON on the 2nd, and 4th Saturdays. **Late submissions will receive a grade of 0. WRITE-UPS MUST BE NO LONGER THAN 4 PAGES, and Hospital Admission Orders no longer than 1 page.** See page 52-53 for details and grading rubric.
6. **OSCE:** 3-station OSCE (week 6) consisting of a combination of SP stations and skill stations. SP stations consist of 15 minute SP evaluation followed by 10 minutes for a Post-Encounter Note (PEN). Skill stations may involve a brief video vignette followed by a 10 minute written clinical exercise. Grading will have 2 components: a) SP checklist, and b) Grading of the student’s PEN and written clinical exercise.
7. **EBM Exercise:** each student must complete and pass (i.e., successful completion of the worksheet—see details on page 50) The EBM Exercise; submit this via [Webcourses@UCF](mailto:Webcourses@UCF) by NOON on the 1st Saturday of the Clerkship.
8. **Informed Consent Exercise:** each student must complete and pass (i.e., successful completion of the worksheet—see details on page 51) this Exercise; submit this via [Webcourses@UCF](mailto:Webcourses@UCF) by NOON on the 5th Saturday of the Clerkship.

**Final Grade:** All final grades are assigned by the Clerkship Director. In cases where a student’s score is just at the border-line between 2 numerical grades (e.g., between a “B” and an “A”), the preceptors’ Narrative Comments may be used to help determine the grade.

**In order to receive an A:**

- No issues of concern regarding Professionalism
- Must score at or above the 70<sup>th</sup> percentile on the NBME Shelf Exam
- Must score at or above 90% from preceptors’ evaluations (averaged if >1 preceptor)
- Must have a final calculated clerkship grade of 90 or above, and have passed the EBM Project & the Informed Consent Exercise

**In order to receive a B:**

- Must score at or above the 5<sup>th</sup> percentile on the NBME Shelf Exam
- Must have a final calculated clerkship grade of 80 or above, and have passed the EBM Project & the Informed Consent Exercise

**In order to receive a C:**

- Must score at or above the 5<sup>th</sup> percentile on the NBME Shelf Exam
- Must have a final calculated clerkship grade of 70 or above, and have passed the EBM Project & the Informed Consent Exercise.

If a student fails the NBME Shelf Exam (<5<sup>th</sup> percentile score), a grade of **I** will be assigned, and the exam must be retaken prior to the beginning of the M4 year. If the retake score is at or above the 5<sup>th</sup> percentile, the final COM score for the Shelf Exam will be calculated based on a cumulative mean scaled score for the entire year. Students will not be able to receive an A on the rotation even if the retake score is at or above the 70<sup>th</sup> percentile. If the retake score is <5<sup>th</sup> percentile, the student will receive an F for the rotation and must retake the clerkship.

## APPENDIX F: PSYCHIATRY CLERKSHIP 6-WEEK TIMELINE/DUE DATES

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week #1</b>		DIDACTICS at COM, 1PM			EBM Project due by this weekend.
<b>Week #2</b>		DIDACTICS at COM, 1PM 2:30 –4:00 PM "Psychopharmacology Review" (Dr. Verduin)			1st Case Write-up due by this weekend
<b>Week #3</b>	Students to complete mid-clerkship self-assessment and update their clinical logs & duty hours, in preparation for meeting with Dr. Klapheke	DIDACTICS at COM, 1PM  Mid-clerkship meetings with Dr. Klapheke at COM.	Bay Pines Mid-clerkship meetings with Dr. Klapheke (Dr. Klapheke will call you– see your individual schedules for times)		
<b>Week #4</b>		DIDACTICS at COM, 1PM  Mid-clerkship meetings with Dr. Klapheke at COM			2nd Case Write-up due by this weekend
<b>Week #5</b>		DIDACTICS at COM, 1PM			Informed Consent Exercise due this weekend.  Students to complete the clinical log, Clinical Skills Evaluations & other "passport" requirements to sit for NBME exam next Friday
<b>Week #6</b>		DIDACTICS at COM, 1PM		1)Psychiatry OSCE (CSSC)  2) Students be sure all NBME "passport" requirements are fulfilled.  2) Students to complete and submit Clerk- ship Evaluation and Preceptor	NBME shelf exam at COM for students

## APPENDIX G: Clerkship Site Contact List

Name	Address	Office Number	Email
<b>Orlando Veterans Affairs</b>			
Paul A. Deci, MD Chief, Mental Health Services	13800 Lake Nona Blvd. 2nd floor Orlando, FL 32827		<a href="mailto:pauldeci@va.gov">pauldeci@va.gov</a>
Silvana Montautti, MD Chief of Psychiatry & Site Director	13800 Lake Nona Blvd. 2nd floor Orlando, FL 32827	407-631-2325	<a href="mailto:silvana.montautti@va.gov">silvana.montautti@va.gov</a>
JoAnn Steinebach, VA Psych Resident Coordinator	13800 Lake Nona Blvd. 2nd floor Orlando, FL 32827	(407) 631-2296	<a href="mailto:Joann.Steinebach@va.gov">Joann.Steinebach@va.gov</a>
<b>Lakeside Behavioral Healthcare</b>			
Jesse Tan, MD Medical Director & Site Director	434 W. Kennedy Blvd. Orlando, FL 32810	407-875-3700	<a href="mailto:jesset@lakesidecares.org">jesset@lakesidecares.org</a>
Thomas Greenman, LMHC Outpatient Clinical Director	1800 Mercy Drive, Suite 100 Orlando, FL 32808	407-875-3700 x 6140	<a href="mailto:tomg@lakesidecares.org">tomg@lakesidecares.org</a>
Hector Cortes Executive Services Manager (Dr. Tan's assistant)		407-875-3700 x6510	<a href="mailto:hector.cortes@aspirehp.org">hector.cortes@aspirehp.org</a>
<b>Life Care Center</b>			
Eduardo Diaz, MD	989 Orienta Avenue Altamonte Springs, FL 32701	407-831-3446	<a href="mailto:edweee@yahoo.com">edweee@yahoo.com</a>
Mark Williams, MD	989 Orienta Avenue Altamonte Springs, FL 32701	407-831-3446	<a href="mailto:willygator@mindsp rin g.com">willygator@mindsp rin g.com</a>
<b>Park Place BH</b>			
Garrett Griffin, Psy.D Site Director	208 Park Place Blvd. Kissimmee, FL 34741	407-846-0023 EXT 1302	<a href="mailto:garrett_g@p p b h .o rg">garrett_g@p p b h .o rg</a>
Steven Speiser, M.D	208 Park Place Blvd. Kissimmee, FL 34741	407-846-0023 EXT 1116	<a href="mailto:etienne9246@gmail.com">etienne9246@gmail.com</a>
<b>Seminole Behavioral Healthcare</b>			
Valerie Westhead, MD	919 East Second St. Sanford, FL 32771	(407) 417-5099	<a href="mailto:Valerie.Westhead-Tonner@aspirehp.org">Valerie.Westhead-Tonner@aspirehp.org</a>
<b>Bay Pines Veterans Affairs</b>			
Alfonso Carreno, MD Chief, Mental Health Services	10000 Bay Pines Blvd N, St. Petersburg FL 33708	727-398-6661, ext. 4680	<a href="mailto:Alfonso.Carreno@va.gov">Alfonso.Carreno@va.gov</a>
Alina Gonzalez-Mayo, MD Chief of Psychiatry & Site Director	10000 Bay Pines Blvd N, St. Petersburg FL 33708	727-398-6661, ext. 5619	<a href="mailto:Alina.Gonzalez-Mayo@va.gov">Alina.Gonzalez-Mayo@va.gov</a>
<b>University Behavioral Center</b>			
Shaheda Akhtar , MD	2500 Discovery Drive Orlando, FL 32826	407-923-4554	<a href="mailto:Shaheda.Akhtar@uhsinc.com">Shaheda.Akhtar@uhsinc.com</a>
Kenneth Henderson (HR)	2500 Discovery Drive Orlando, FL 32826		Kenneth.Henderson@uhsinc.com
<b>Lakewood Center</b>			
Ms. Helen Booth (President)	8400 La Amistad Cove Fern Park, FL 32730	407-332-1711	<a href="mailto:hbooth@laamistad.org">hbooth@laamistad.org</a>

**UCF College of Medicine**

407-266-1183, (office)

407-284-0724

(cell)

6850 Lake Nona Blvd. Orlando, FL

32827

Martin Klapheke, MD Clerkship Director

[Martin.Klapheke@ucf.edu](mailto:Martin.Klapheke@ucf.edu)

## **APPENDIX H:**

The following web address will direct you to the UCF College of medicine Volunteer and Affiliated Faculty Handbook, as well as other pertinent information regarding volunteer faculty appointments.

<http://www.med.ucf.edu/faculty/affairs/vafaculty.asp>

## **APPENDIX I:**

The American Psychiatric Association (APA) offers free membership to medical students. Their association's mission is listed as the following:

- To promote the highest quality care for individuals with mental disorders (including intellectual developmental disorders and substance use disorders) and their families;
- To promote psychiatric education and research; advance and represent the profession of psychiatry; and
- To serve the professional needs of its membership.

They have over 36,000 member physicians and the APA website offers numerous valuable resources for healthcare workers in the psychiatric field, including listservs, discussion boards, newsletters, and discounted journals.

If interested in joining, you will find the online membership application for medical students here:

<http://apps.psychiatry.org/membershipapplications/MedStudentMemshipApp.aspx>