

# M-3 Psychiatry Clerkship: Preceptor & Student Handbook



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Professor of Psychiatry

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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.

Clerkship Director:           Marion Klapheke, MD  
  407-266-1183  
  Marion.Klapheke@ucf.edu

Clerkship Coordinator:       Mary Beth Harris, MS  
  407-266-1106, office  
  407-619-7543, cell  
  marybeth.harris@ucf.edu

Use of clerkship on-line administrative system:

Oasis: scheduling; clinical logs; student and program evaluations  
Blackboard: syllabus (topics or skills to master); didactic

## Clerkship Goals and Objectives

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

1. Perform and document a complete psychiatric diagnostic evaluation including a complete history, mental status examination, and appropriate physical exam.
2. Demonstrate the ability to evaluate each patient for: potential relationships between medical and psychiatric symptoms and illnesses; potential history of abuse or neglect; and psychiatric emergencies including dangerousness to self or others.
3. Conduct a psychiatric interview in an empathic manner that facilitates information gathering and formation of a therapeutic alliance with patients of diverse backgrounds.
4. Identify psychopathology, formulate accurate differential and working diagnoses utilizing DSM-IV, assess patients' strengths and prognosis, and develop appropriate biopsychosocial evaluation (laboratory, radiologic, and psychological testing) and treatment plans for psychiatric patients.
5. Demonstrate knowledge of the epidemiology, clinical features, course and prognosis, diagnostic criteria, differential diagnosis, and treatment strategies for the major classes of psychiatric disorders.
6. Know the clinical features of, and treatment for, intoxication with, and withdrawal from alcohol and drugs.
7. 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 the ability to select and use these agents to treat mental disorders.
8. Discuss the appropriate use and indications, benefits, and side effects of Electroconvulsive therapy (ECT), Light therapy, and emerging new treatments such as Vagal Nerve Stimulation (VNS), and Repetitive Transcranial Magnetic Stimulation (rTMS).
9. Understand the principles, techniques, and indications for effective psychotherapies and behavioral medicine interventions sufficient to explain to a patient and make a referral when indicated.
10. Demonstrate the ability to monitor and document patients' clinical progress, and alter diagnostic formulation and management in response to changes.
11. Discuss the indications for psychiatric hospitalization, including the presenting problem and its acuity, risk of danger to patient or others, community resources, and family support.
12. Discuss the structure of the mental health system, understand relevant legal issues, and adhere to ethical principles in the care of psychiatric patients, including a) respect for patient autonomy and confidentiality, b) the implications and principles of civil commitment, and c) the process of obtaining a voluntary or involuntary commitment.
13. Identify the indications, precautions, and appropriate use of restraints and one-to-one seclusion.
14. Demonstrate the ability to appraise and assimilate scientific evidence, utilizing relevant databases of psychiatric evidence-based medicine, to improve patient care.
15. Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.

Patient Types/Clinical Conditions that students need to encounter and

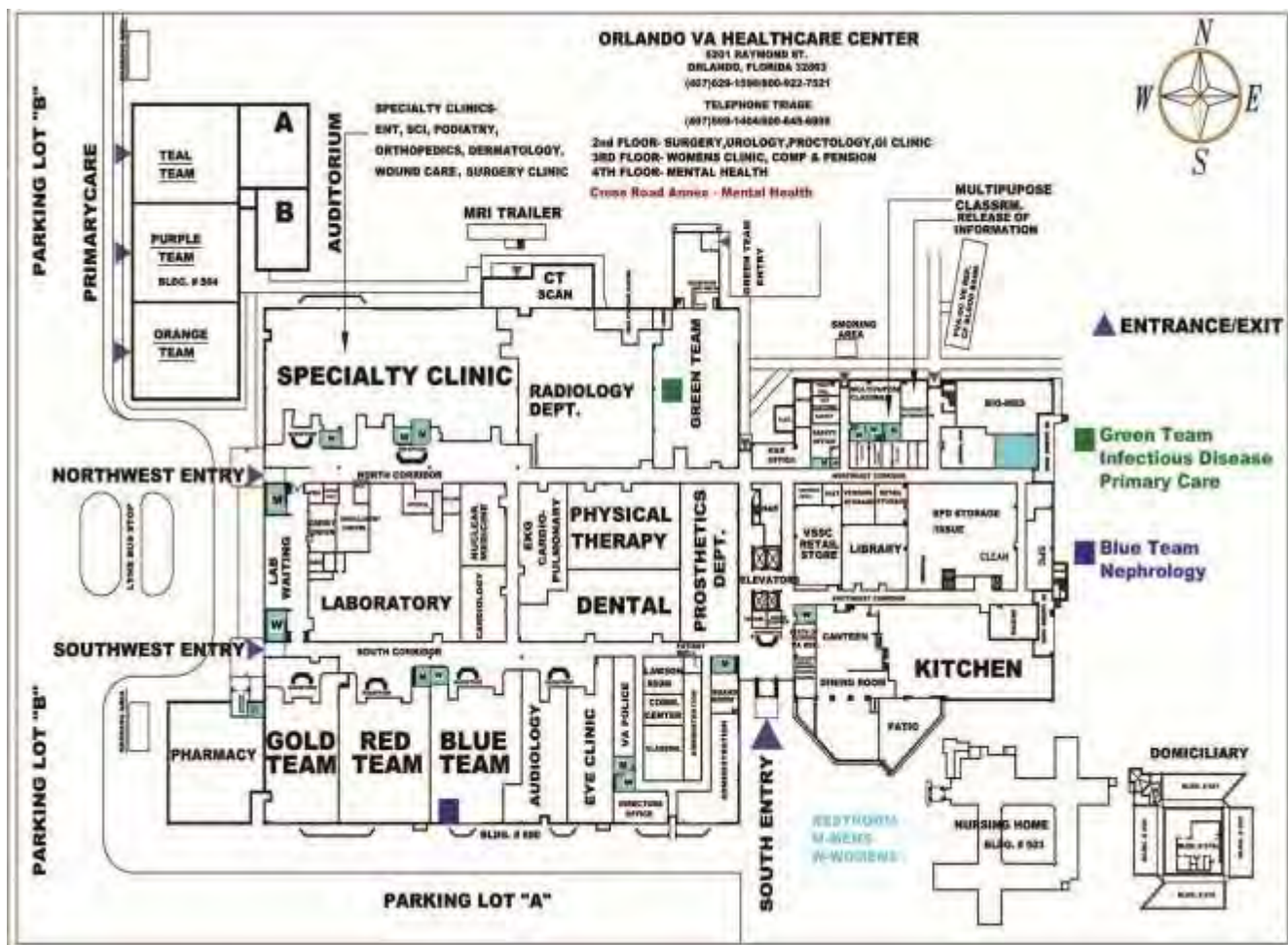
Mental/Physical Examination Skills & Testing and Procedural Skills that students need to master:

<b>Psychiatry Clerkship</b>	<u>Patient Types or Clinical Conditions</u>	<u>Level of Student Responsibility</u>	<u>Clinical Setting</u>
<b>P= Participate</b> <b>Ob= Observe</b>  <b>I= Inpatient</b> <b>O= Outpatient</b>  <b>CBL= Case-Based Learning</b>	Cognitive Disorder (e.g., Delirium and/or Dementia)	P	I/O
	Substance-Related Disorder (e.g. Alcohol or other substance abuse/dependence)	P	I/O
	Schizophrenia or Other Psychotic Disorder	P	I/O
	Mood Disorder (e.g., Depressive and/or Bipolar Disorders)	P	I/O
	Anxiety Disorder	P	I/O
	Adjustment Disorder	P	I/O
	Personality Disorder	P	I/O
	<u>Mental and Physical Examination Skill</u>		
	Mental status examination	P	I/O
	Assess for dangerousness to self or others	P	I/O
	Assess for abuse or neglect	P	I/O
	Assess decision-making capacity	P	
	<u>Testing and Procedural Skills</u>	P	I/O
	Psychopharmacologic interventions		I/O
	Psychotherapy		
	Civil commitment	Ob	
	Use of restraints and seclusion	P/Ob	I/O
	ECT	Ob	I/O
		Ob	I/O/CBL
		Ob	I/CBL
		Ob	I/CBL

1. V.A. Medical Center: **SEE THE MAPS BELOW FOR THE TWO CAMPUSES:** Raymond Street campus, and Crossroads campus.

Orienta on:

On the first Tuesday morning for ALL students: Dr. Paul Deci will give a one-hour presentation on "Orientation to Psychiatry at the VA". All students will already be credentialed before their first day at the VA.



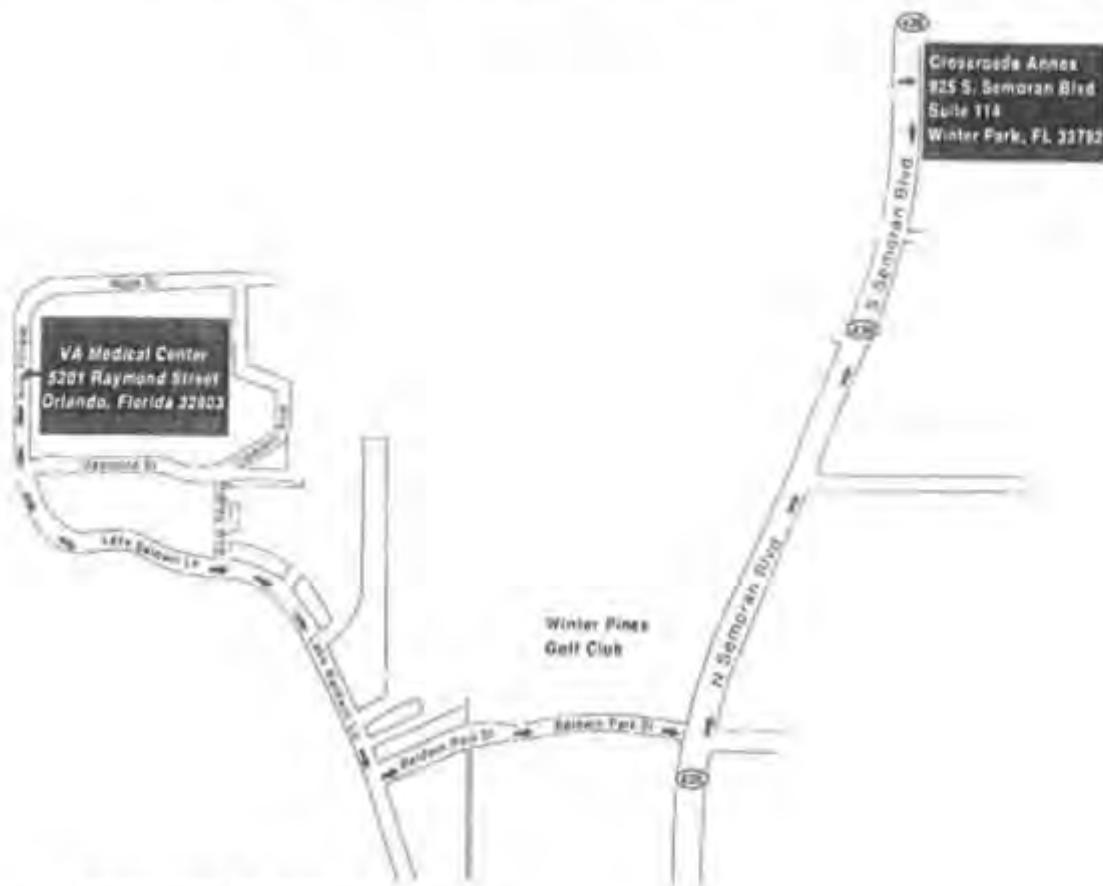


### CROSSROADS ANNEX

MENTAL HEALTH HAS EXPANDED INTO A NEW LOCATION, YOU WILL STILL CONTACT TELEPHONE TRIAGE AT 407-599-1404 OR 1-800-645-6895 TO SCHEDULE OR CANCEL APPOINTMENTS.

YOUR APPOINTMENT MAY BE AT THE NEW FACILITY OR AT THE MAIN FACILITY. PLEASE CALL IF YOU ARE NOT SURE WHERE TO GO.

SHUTTLE SERVICE IS AVAILABLE ON A TEMPORARY "ON CALL" BASIS. PLEASE CALL 407-402-2413 PRIMARY NUMBER 407-599-1364 BACK-UP NUMBER TO ARRANGE A RIDE. SEE THE MAP BELOW FOR DIRECTIONS TO THE CROSSROADS ANNEX LOCATED IN THE CROSSROADS BUSINESS CENTER.



Department of Veterans Affairs  
CrossRoads Annex  
925 S Semoran Blvd  
Suite 114  
Winter Park, FL 32792  
407-621-2600  
Toll free number 1-866-998-4365



## Student Placements:

1. Each student will spend 2.5 days/week at the V.A. Outpatient Services:

Triage Clinic (Acute Walk-In Clinic); ADATP Clinic (Substance abuse clinic); Mental Health Intensive Case Management (MHICM-community based); Primary Care Mental Health Integrated Clinics (Consultation Liaison); Community Based Outpatient Clinics; Health Care for Homeless Veterans (HCHV).

Other specialty services and clinics: Anxiety & Coping Group; Women Veterans Group; Coping with Medical Illness; Pain Support; Anger Management; PTSD Seeking Safety; Cognitive remediation of Memory (Memory Clinic); Community Living Center.

Site Director: Dr. Paul Deci (Julia Senecal, Credentialing at VA, 321-397-6668)

2. Pasadena Villa (PV)

Site Director: Dr. Myrtho Mompount-Branch

PV is a private 14-bed residential treatment center. Each student will spend one/day at Pasadena Villa: Monday 9:00 am to 2:00 pm; Wednesday 9:00 am to 2:00 pm; or Thursday 1:30 pm to 6:00 pm.

Orientation:

On the first Monday morning of the clerkship ALL students will be oriented at Pasadena Villa at the Administrative office at 625 Virginia Drive from 9:00 am to 11:00 am. Orientation will include an introduction to Crisis Prevention Intervention and to use of the medical record (software used is Best Notes) at PV. Parking issues will also be reviewed.

Student Placements:

Initial 4 weeks: Follow 2-3 patients at residential treatment center. For the final 2 weeks, and effort will be to include some time at Pasadena Villa's Transitional Living and Learning Center (close to Pasadena Villa); this will give experience with transition of care from the residential to outpatient setting.





## Orientation:

Lakeside Behavioral Healthcare: on the first day at LBH, students simply need to sign a Confidentiality Release and obtain a visitor badge. No detailed formal orientation to LBH as a whole will be necessary due to the nature of the clinical assignments there (community “house calls” and observation of Mental Health Court), and the lack of need for student use of the medical record at LBH.

Student Placements: each student will spend one day/week at Lakeside:

FACT team (assertive community treatment, departs from Princeton campus), with Dr. Jesse Tan as preceptor; each student will be with Dr. Tan (on either Mondays or Wednesdays) three times during their 6-week rotation. Students will meet Dr. Tan on the LBH Princeton campus, 1800 Mercy Drive. Tom Greenman or his representative will meet you in the lobby and escort you to the FACT Department, where you will meet Dr. Tan just before the 9:00 am team meeting. Subsequent to team meeting, you will go out into the community with Dr. Tan to see patients.

Mental Health Court (MHC), held at LBH (on the 1<sup>st</sup> floor, Kennedy Ave campus) on Monday and Wednesday mornings from 9:00 am until approximately 11:30 am. Each student will observe Mental Health Court three times during their 6-week rotation; observing these court interactions will give the student important exposure to interactions between the court and legal and mental health professions in the service of patients' needs. The supervisor for MHC is Joe Clemons PhD ([joec@lakesidecares.org](mailto:joec@lakesidecares.org)). A psychiatrist does the 1<sup>st</sup> opinion on all cases, and Dr. Clemons does the 2<sup>nd</sup> opinion and testifies at MHC. In the afternoon students will have the opportunity to observe Dr. Clemons doing consultations on cases that will be presented at the next week's MHC.



## M-3 Psychiatry Clerkship Schedule Overview 2011-2012

Student	Monday	Tuesday	Wednesday	Thursday	Friday
1	LBH	am: VA pm: didacti s	PV	VA	VA
2	LBH	am: VA pm: didacti s	PV	VA	VA
3	PV	am: VA pm: didacti s	LBH	VA	VA
4	PV	am: VA pm: didacti s	LBH	VA	VA
5	VA	am: VA pm: didacti s	LBH	PV	VA

LBH = Lakeside Behavioral Health Center

VA= Veteran Affairs Medical Center

PV= Pasadena Villa

## 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 2013), 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 (on Articulate)

Additional online educational resources available upon request from the Clerkship Director

Optional research project

Optional community medical volunteer work in Psychiatry

**Independent study.** The importance of dedicated reading of the recommended text and associated psychiatric research literature in preparing the student for the NBME shelf exam and USMLE Step 2 cannot be overestimated. Also, 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”.

## STUDENT PROTECTION FROM MISTREATMENT AND ABUSE :

**Medical students should report any incidents of mistreatment or abuse to the UCF College of Medicine Associate Dean for Students immediately. It is the policy of the UCF College of Medicine that mistreatment or abuse will not be tolerated. Anyone made aware of any such mistreatment or abuse should notify the COM Associate Dean for Students at 407-266-1353.**

## 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.

## SECURITY QUESTIONS for Medical Students, Staff, and Patients:

\*NOTE: During the Psychiatry clerkship, students will not be at the clinical sites overnight.

In an emergency, how is assistance accessed in the Clinic/Hospital buildings?

LBH: 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.

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 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.

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.

## FERPA REFERENCE SHEET FOR FACULTY

**FERPA**, the Family Educational Rights and Privacy Act of 1974, as Amended, protect 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**:

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 COM Registrar's Office 407-266-1397, UCF COM, Room 115F)**

### 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, Personal Identification Number (PID), 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 PID.

Please **do not** provide grades or other Personally Identifiable Information/Educational Records to your students via telephone or email.

<b>DIRECTORY INFORMATION</b> (May be disclosed, unless the student requests otherwise. <i>Please refer such requests to your department office or to the Registrar's Office.</i> ): <ul style="list-style-type: none"><li>• Name</li><li>• Current Mailing Address</li><li>• Telephone Number</li><li>• Date of Birth</li><li>• Major</li><li>• Dates of Attendance</li><li>• Enrollment Status (Full/Part-time)</li><li>• Degrees/Awards Received</li><li>• Participation in Officially Recognized Activities and Sports</li><li>• Athletes' Height/Weight</li></ul>	<b>PERSONALLY IDENTIFIABLE INFORMATION</b> (any data other than "Directory Information", <b>may not be disclosed</b> ) <i>Including, but not limited to:</i> <ul style="list-style-type: none"><li>• Social Security Number</li><li>• Student ID - PID (PeopleSoft)</li><li>• ISO Number</li><li>• Residency Status</li><li>• Gender</li><li>• Religious Preference</li><li>• Race/Ethnicity</li><li>• Email Address</li></ul> <b>EDUCATIONAL RECORDS</b> <i>Including, but not limited to:</i> <ul style="list-style-type: none"><li>• Grades/GPA</li><li>• Student's Class Schedule</li><li>• Test Scores</li><li>• Academic Standing</li><li>• Academic Transcripts</li></ul>
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## 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 PID.

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

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**,

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**,

Ask each student to supply you with written, signed and dated authorization to use his/her PID to post grades. Then, post the grades *using the PID 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 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:** [www.registrar.ucf.edu/ferpa/staff/survey/Default.aspx](http://www.registrar.ucf.edu/ferpa/staff/survey/Default.aspx)

**Teresa Lyons-Oten**

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

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



**DIDACTICS: (1) In-Class Didactics Sessions:** Every Tuesday afternoon 1:00—5:00 pm, COM 215.

**(2) Self Learning Modules (SLMs):** A comprehensive series of SLMs in Psychiatry are provided (see page 17); students must complete these independently each week.

**\*STUDENTS MUST COMPLETE THE SLM ON “THE PSYCHIATRIC INTERVIEW” PRIOR TO WEEK #1 TUESDAY AFTERNOON DIDACTICS.**

**ALSO, PLEASE BE SURE TO REVIEW EACH WEEK’S POWERPOINTS & ASSIGNED READINGS PRIOR TO EACH CLASS.**

### IN-CLASS DIDACTICS SCHEDULE (TUES AFTERNOONS, COM 215)

Didactics:	Week 1:	Week 2:	Week 3:	Week 4:	Week 5:	Week 6:
<b>1:00-2:20pm</b>  <b>Weeks 1-5: Issues in Diagnostic Interviewing (Demonstration Teaching)</b>  <b>Week 6: Evidenced-Based Medicine</b>	<b><u>Remember to complete the SLM “The Psychiatric Interview” prior to this session:</u></b>  Live Patient Interview: Psychiatric Emergency: Depression and Suicidality	Live Patient Interview: Substance Abuse Disorders.	Live Patient Interview: Psychotic Disorders.	Live Patient Interview: Personality Disorders.	Live Patient Interview: Anxiety and Adjustment Disorders.	Small Group application exercise: Dementia with Psychiatric and Medical Comorbidities
<b>2:30-4:00pm</b>  <b>Issues in Clinical Psychiatry:</b>  <b>Small Group Sessions</b>	Psychiatric Emergencies: a. Dangerousness to Self or Others b. Delirium	Management of alcohol/substance intoxication and withdrawal; Treatment and Relapse Prevention	Management of Acute Psychosis	Forensic Psychiatry	Child & Adolescent Psychiatry	2:30—4:00 pm <b>FORMAL REVIEW SESSION FOR NBME SHELF EXAM.</b>  Dr. Verduin
<b>4:00—4:50pm</b>  Meetings, SLMs, Group exercise, and Independent study time	Time specifically scheduled to independently do SLM on Patient Autonomy, Competence, Informed Consent; Baker Act & Marchman Act	Open time to do SLMs	Open time to do SLMs	<b>Mid-Clerkship meetings with Dr. Klapheke, (review of: clinical log; duty hours; preceptor assessment; student self-assessment).</b>	Evidenced Based Medicine: How to Critically Assess Publications of Randomized Controlled Trials	Open time to do SLMs  —————  Independent study to prepare for NBME shelf exam.

## SELF LEARNING MODULE (SLM) SCHEDULE

	Week 1:	Week 2:	Week 3:	Week 4:	Week 5:	Week 6:
<b>SLMs assigned for Independent Study.</b>  <b><u>THESE CAN BE DONE ONLINE ANYTIME BY STUDENT:</u></b>	<b><u>SLMs:</u></b> 1. The Psychiatric Interview 2. An depressed Medications 3. Mood Stabilizers 4. Patient Autonomy, Competence, Informed Consent; Baker Act & Marchman Act”	<b><u>SLMs:</u></b> 1. Anxiolytics 2. Benzodiazepines 3. Video: Mood Stabilizers 4. Stimulants 5. Review SLM from P2: Psychiatric Screening Instruments	<b><u>SLMs:</u></b> 1. Antipsychotics	<b><u>SLMs:</u></b> 1. Psychodynamic Psychotherapy 2. Geriatric Psychiatry	<b><u>SLM:</u></b> 1. Cognitive Behavioral Therapy.	<b><u>SLM:</u></b> 1. Supportive and Brief Psychotherapies

## Attendance Policy Regarding Clinical Clerkships

The University of Central Florida College of Medicine recognizes the primacy of the Core Clerkships as critical components of medical students' education. The following policy is intended to address the amount of time that students can miss from their Clerkship for approved circumstances. The goal is to ensure that students obtain sufficient experience to meet the objectives of the Clerkship curriculum.

1. On this 6 week clerkship, students will be allowed to miss three full days of responsibilities as excused absences for the following:

- Illness

- Family emergencies

- Presentation at professional meetings

Absences due to illness or family emergencies should be reported to the appropriate Clerkship or Site Director, and supervising physician/chief resident on service. Approval for student presentations at professional meetings must be requested in advance (refer to UCF COM M.D. Program Student Handbook). Such absences must be reported in writing to the Clerkship Coordinator for documentation purposes. Once approved, you must inform your supervising physician/chief resident of your absence. The Student Absence Form will be completed and forwarded to the Office of Student Affairs by the Clerkship Director.

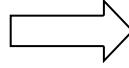
3. Absences exceeding three days will require make-up, the nature of which will be determined by the Clerkship Director. Examples include the taking of call on weekends or weekend shift.

The three days of excused absences do not include for example, vacation or social events.

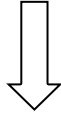
5. Any questions or problems during the clerkship should be addressed with the Clerkship or Site Director.

## How Unexpected Absences Should Be Reported

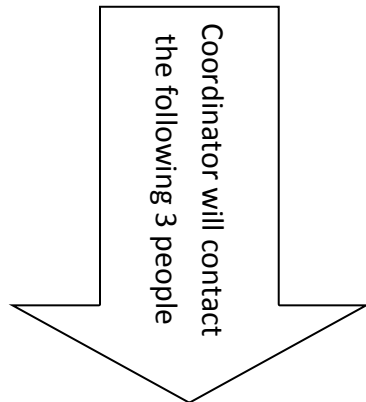
As soon as student knows he/she will be absent from their scheduled clerkship, he/she should make TWO notifications.



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



Clerkship Coordinator  
Mary Beth Harris  
Email: marybeth.harris@ucf.edu  
Office: 407-266-1106 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 each patient encounter (i.e. inpatient, outpatient, on-call) except there is no need to document the same patient more than once. Note that students can also document their direct patient experiences in Psychiatry from the following sites as well: the M-3 Didactics (Live Patient Interviewing).

b. Specific clinical experiences: document completion of each of the listed clinical experiences (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 Neurology Clerkship coordinator, Mary Beth Harris, at 407-266-1106.***



# PSYCHIATRY CORE CLERKSHIP CLINICAL LOG

Rotation Dates: \_\_\_\_\_ thru \_\_\_\_\_ Student Name: \_\_\_\_\_

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

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:

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 in the following testing and procedural skills:

Psychopharmacologic interventions					
Psychotherapy					
Civil Commitment					
Use of restraints and seclusion					
ECT					

**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 didactic  
clinical preceptors  
clerkship sites/clinical experiences  
the clerkship director

## Evaluation of Students: Methodology

**1. FORMATIVE:** to facilitate 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.

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. For example, 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. **Weekly written quizzes coordinated with the weekly didactics.**

c. **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 and progress in clinical training

\*Additional follow-up meetings will be held as needed, e.g., at approximately week 5 of the clerkship.

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

e. **Option to do an extra Clinical Skills Evaluation during weekly clerkship didactics.**

**2. SUMMATIVE:** has the student met the learning objectives of the clerkship?

Grade based upon the following:

- **Preceptor End of Clerkship written evaluations including narrative:** 60% of total grade.
- **NBME written shelf examination:** 20% of total grade. *In addition, in order to pass M-3 clerkships, students must score a minimum of the 5th percentile on the NBME shelf exam.*
- **Clinical Skills Evaluations:** 20% of total grade.



## Student to complete and submit:

### University of Central Florida

#### College of Medicine

##### Student Self-Assessment Clerkship Mid-Evaluation

*Complete Student Self-assessment rating, then review with Clerkship or Site Director*

This self evaluation is based on the work you have currently completed in your clinical clerkship. Based on your current experiences rank each of the core competencies using the evaluation criteria below.

- **Reporter**—Accurately gather information and clearly communicate clinical facts to patients. Mastery in this step requires the basic skill to do a history and physical exam and the basic knowledge to know what to look for.
- **Interpreter**—Understand the clinical significance of the information obtained, and can generate a short differential diagnosis and prioritize problems.
- **Manager**—Generate a reasonable diagnostic plan to deal with outstanding questions, and a therapeutic plan to solve problems.
- **Educator**—Able to identify knowledge gaps in others and effectively fill those gaps.

Core Competency	Reporter	Interpreter	Manager	Educator
Identification Skills				
Reasoning Skills				
Communication Skills				
Physical Examination Skills				
Written Documentation				
Professional Attributes				

Based on your current skill level for each core competency identify areas of improvement that can help you improve and advance your performance

Core Competency	Areas For Improvement
Identification Skills	
Reasoning Skills	
Communication Skills	
Physical Examination Skills	
Written Documentation	
Professional Attributes	

Patient Logs	Yes	No	Skills Needed for Completion
I am on a successful track to complete all patient types or clinical conditions by the end of the clerkship rotation			

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

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

Mid-clerkship evaluation by preceptors: See form (below). Review near the end of each 3 week rotation

**University of Central Florida**  
**College of Medicine**  
**Clerkship Mid-Evaluation**

*Complete assessment rating, 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.

- **Reporter**—Accurately gather information and clearly communicate clinical facts to patients. Mastery in this step requires the basic skill to do a history and physical exam and the basic knowledge to know what to look for.
- **Interpreter**—Understand the clinical significance of the information obtained, and can generate a short differential diagnosis and prioritize problems.
- **Manager**—Generate a reasonable diagnostic plan to deal with outstanding questions, and a therapeutic plan to solve problems.
- **Educator**—Able to identify knowledge gaps in others and effectively fill those gaps.

Core Competency	Reporter	Interpreter	Manager	Educator
Identification Skills				
Reasoning Skills				
Communication Skills				
Physical Examination Skills				
Written Documentation				
Professional Attributes				

Based on your observations for each core competency identify areas of improvement that can help your student improve and advance their performance

Core Competency	Areas For Improvement
Identification Skills	
Reasoning Skills	
Communication Skills	
Physical Examination Skills	
Written Documentation	
Professional Attributes	

Patient Logs	Yes	No	Skills Needed for Completion
The student is on a successful track to complete all patient types or clinical conditions by the end of the clerkship rotation			

Summative/Formative Comments (including descriptive comments)

Evaluator's Signature: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

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



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

Student Name: \_\_\_\_\_  
 Clerkship Name: \_\_\_\_\_  
 Evaluator: \_\_\_\_\_

Student Number: \_\_\_\_\_  
 Clerkship Date: \_\_\_\_\_  
 Site: \_\_\_\_\_

☐ I have reviewed and provided feedback on \_\_\_\_\_ (number) history and physical documents provided by the student

**1. Evaluator:**

- ☐ Intern  
☐ Resident  
☐ Fellow
- ☐ Inpatient Faculty  
☐ Outpatient Faculty  
☐ Other \_\_\_\_\_

**2. Please choose the item that best characterizes your knowledge of the student's demonstrated competence:**

- ☐ Not intense/superficial  
☐ Solid but not in-depth  
☐ Very good/in-depth

**3. 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  
☐ Direct discussion of patient assessment and/or planning  
☐ Other \_\_\_\_\_
- ☐ Observation of student presentations  
☐ Observation during attending rounds  
☐ Input gained from others about student performance

Patient Care					
Medical Interviewing	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
Elicit a comprehensive medical history	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Often disorganized, misses key information, not well focused. Problems not well characterized.	<input type="checkbox"/> <input type="checkbox"/> Usually thorough, reasonably organized. Addresses pertinent positives, negatives and psychosocial issues in a logical manner.	<input type="checkbox"/> <input type="checkbox"/> Consistently thorough and well-organized. Addresses pertinent positives, negatives and psychosocial issues in a sensitive manner.	<input type="checkbox"/> <input type="checkbox"/> Exceptionally thorough, precise and well-organized. Addresses pertinent positives, negatives and psychosocial issues in a highly effective manner.
Clinical Practice	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
Organize patient care and function in a clinical setting	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Inconsistent, inefficient work habits. Poor follow-up of clinical problems. Shows little initiative in problem solving. Cannot see relationships between information; unable to formulate a reasonable description of clinical information.	<input type="checkbox"/> <input type="checkbox"/> Usually organized, efficient work habits. Appropriate follow-up of clinical problems. Shows some initiative in problem solving. Some ability to formulate description of clinical information.	<input type="checkbox"/> <input type="checkbox"/> Very well organized, efficient work habits. Attentive follow-up of clinical problems. Shows consistent initiative in problem solving. Consistently formulates description of clinical information.	<input type="checkbox"/> <input type="checkbox"/> Consistently well organized, efficient work habits. Unusually attentive follow-up of clinical problems. Shows high level initiative in problem solving. Logically and consistently formulates description of clinical information.
Procedural Skills	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
Perform techniques to diagnose, treat or operate	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Not well prepared. Poor organization and execution. Not sensitive to patient risk and comfort.	<input type="checkbox"/> <input type="checkbox"/> Usually proficient and careful. Good preparation, organization and execution. Explains procedure to patient and addresses concerns.	<input type="checkbox"/> <input type="checkbox"/> Consistently proficient and careful. Well prepared and knowledgeable. Carefully explains and executes procedure with attention to risk. Maximizes patient comfort.	<input type="checkbox"/> <input type="checkbox"/> High level proficiency and knowledge. Advanced level of preparedness. Carefully explains and executes procedure with attention to risk. Maximizes patient comfort always.
Medical Knowledge					
Fund of Knowledge	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
Demonstrate knowledge of core topics and various medical resources	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> Limited and fragmented understanding of pathophysiology, diagnosis, and management.	<input type="checkbox"/> <input type="checkbox"/> Usually demonstrates general understanding of pathophysiology, diagnosis, and management. Integrates knowledge from a variety of resources.	<input type="checkbox"/> <input type="checkbox"/> Consistently demonstrates wide-ranging understanding of pathophysiology, diagnosis, and management and integrates knowledge from a variety of resources.	<input type="checkbox"/> <input type="checkbox"/> Advanced demonstration of medical pathophysiology, diagnosis, and management. Easily and consistently integrates knowledge from a variety of resources.

Formulate diagnoses and management plans		Minimally organized approach to clinical data. Unable to prioritize problems. Generates inadequate differential diagnoses.	Usually able to organize and prioritize patient information. Generates a well-reasoned differential diagnosis.	Consistently synthesizes and prioritizes patient information. Generates an accurate and comprehensive differential diagnosis.	Advanced ability to synthesize and prioritize patient information. High level ability to generate comprehensive differential diagnosis.
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Professionalism					
Team Relationships	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Work effectively with healthcare team		Does not assume expected level of responsibility. Little regard for opinions and skills of others.	Usually responsible. Shows regard for opinions and skills of others. Helpful.	Consistently responsible and helpful. Sincere regard for others. Facilitates collegial interaction and learning.	Extreme level of responsibility and helpfulness. Exemplary regard for others. Facilitates collegial interaction and learning.
Humanism and Ethics	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Interaction with patients and families		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.

Interpersonal and Communication Skills					
Oral Case Presentations	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Verbally report information to colleagues/team		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 rationales. 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.
Medical Documentation	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Completion of patient documents		Often disorganized, incomplete, superficial, tangential or erroneous. Limited formulations. Write ups and notes late or with major omissions.	Mostly clear, concise, organized, timely with rationale. Adequate case formulations and discussions.	Usually clear, complete, well-organized with concise formulations. Some research of topic using additional resources.	Consistently clear, complete, well-organized with concise formulations. Well-researched discussions using additional resources.

Systems-Based Learning					
Utilize Resources	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Access and utilization of outside resources		Unable to access and utilize outside resources needed for effective and efficient patient care.	Attempts to access and utilize outside resources needed for effective and efficient patient care.	Successfully accesses and utilizes outside resources needed for effective and efficient patient care.	Effectively accesses and utilizes outside resources needed for effective and efficient patient care.

Practice-Based Learning and Improvement					
Application of Evidence	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Literature review and implementation		Fails to use information from scientific studies to enhance patient care.	Attempts to use scientific studies to manage information for patient care.	Consistently uses scientific studies to manage information for patient care.	Effectively uses scientific studies to manage and improve patient care.
Initiative and Interest	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Education of self and others		Lacks personal initiative. Shows little interest in facilitating the learning of others.	Some personal initiative. May facilitate the learning of others.	Exhibits consistent self-learning behaviors/initiative. Involves others in learning process.	Strong self-motivation evident. Actively involves others and facilitates learning of colleagues.

Please include comments on back of this page.

**Summative Comments (Will be included in Medical Student Performance Evaluation (MSPE) i.e. "Dean's Letter")**  
(including descriptive comments)

**Formative Comments (Will be shared with the student and Clerkship Director)**  
(including descriptive comments)

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Student to complete and submit:**



**University of Central Florida  
College of Medicine  
STUDENT EVALUATION of CLERKSHIP**

Clerkship: _____		Location (s): _____					
Rotation/ Dates: _____		_____					
		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
1	The clerkship objectives were clearly stated at the outset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The evaluation criteria were clearly stated at the beginning of the clerkship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I was given an adequate orientation at the clerkship site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	My performance was fairly assessed against the learning objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The clerkship was well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I was given an adequate amount of direct patient care responsibility-Inpatient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I was given an adequate amount of direct patient care responsibility-Ambulatory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	My time spent in student focused conferences and seminars was valuable to my learning experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	My time spent on rounds was productive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I was directly observed by faculty during patient encounters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I was directly observed by residents during patient encounters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I had sufficient contact with faculty to enable them to make a fair assessment of my knowledge and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I had sufficient contact with residents to enable them to make a fair assessment of my knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	My assigned workload during this clerkship was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	The Clerkship Director was committed to this clerkship and responsive to student concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	The Site Director was committed to this clerkship and responsive to student concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	The OSCE for this clerkship (if applicable) was a fair assessment of my clinical skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Overall, I am satisfied with this clerkship as a learning experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Student to complete and submit:**



**University of Central Florida  
College of Medicine  
Clerkship Faculty/Preceptor Evaluation**

Clerkship _____		Rotation/Dates: _____				
Site: _____						
Faculty /Preceptor Name: Choose One: Faculty, Resident, Other	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
Was organized and prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearly communicated roles and expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged student involvement and self-direction in clinical activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was easily accessible and allocated sufficient time for explanation and consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided prompt constructive feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was an effective teacher who helped me develop my clinical skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided sufficient number of learning experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conveyed an understanding of total patient care (e.g. provided guidance in appreciating social, environmental and ethical issues; showed sensitivity to all the needs of patients).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a positive role-model for professional practice and behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated me with fairness and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall the time I spent with this preceptor was productive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many patient contact hours did you have under the supervision of this preceptor? \_\_\_\_\_

How many contact hours did you have with this preceptor? \_\_\_\_\_

What is \_\_\_\_\_ (preceptor's name) \_\_\_\_\_ greatest teaching strength?

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Please provide constructive suggestions that could be used by this preceptor to improve future clerkships.

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## **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, and student’s self-assessment, with follow-up meeting in week #5 of the rotation as 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 on the inpatient and outpatient segments of the clerkship. 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 a single station with an approximate 20-30 minute patient interview by the student, followed by a 15-20 minute oral examination by the psychiatrist preceptor of the student that will focus on the student’s presentation of: history and mental status examination findings; differential and working diagnosis, and prognosis; any further indicated workup, and biopsychosocial treatment plan. 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. An acceptable summed score is required on all three components (Physician-Patient Relationship; Psychiatric Interview; Case Presentation).**



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:

# 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.
- ☐ Attendance at M-3 didactics AND completion of the associated self-learning modules.
- ☐ 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, 10th Edition (2007), Lippincott Williams & Wilkins, Sadock, B. J. & V. A. Sadock

Additional texts/resources to consider:

Diagnostic and Statistical Manual of Mental Disorders DSM-IV. American Psychiatric Association. Psychiatry, 3<sup>rd</sup> edition. Janis Cutler and Eric Marcus. Oxford University Press, March 2010. Paperback, 688 pages.

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

Pocket Handbook of Clinical Psychiatry, 5<sup>th</sup> edition. Benjamin Sadock and Virginia Sadock.

Psychiatry for Medical Students, 3<sup>rd</sup> edition. Robert Waldinger.

Handbook of Psychiatric Drug Therapy, 6<sup>th</sup> edition. Labbate, Fava, Rosenbaum, and Arana.

The Massachusetts General Hospital/McLean hospital Residency Handbook of Psychiatry.

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

**NOTE: To date, third year UCF COM students have reported positive impressions of First Aid for Psychiatry, and USMLEWorld, 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 NBME Shelf Exam and for USMLE Step 2: NMS Psychiatry (National Medical Series for Independent Study), 6th edition, (2011) Joshua Thornhill. ISBN-13: 978-1608315741 (\$41.49 on amazon.com).

- (3). USMLE:

For USMLE Step 1: USMLE's description of Psych and Neuro content:

<http://www.usmle.org/Examinations/step1/content/central.html>

For USMLE Step 2 CK content description:

<http://www.usmle.org/Examinations/step2/step2ck.html>

For USMLE Step 2 CS content description:

<http://www.usmle.org/Examinations/step2/step2cs.html>

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

- (5). 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

- (6). 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>

## APPENDICES

## Appendix A: Sample Psychiatry evaluation 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 \_\_\_\_\_

PAST PSYCHIATRIC HISTORY \_\_\_\_\_

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

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

### 3. Allergies

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

5. Alcohol Use

Illicit Drug Use \_\_\_\_\_

Alcohol and/or Drug Complications: Legal\_\_\_\_\_Medical\_\_\_\_\_

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

Alcohol blackouts \_\_\_\_\_ Withdrawal symptoms \_\_\_\_\_

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

## REVIEW OF SYMPTOMS

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FAMILY MEDICAL AND PSYCHIATRIC HISTORY

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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, ego hallucinations, \_\_\_\_\_

Thought content incl. delusions or obsessions, \_\_\_\_\_

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

Thought processes incl. associations, \_\_\_\_\_

Expressive & Receptive Language, ego 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-IV DIAGNOSES:

AXIS I \_\_\_\_\_

AXIS II \_\_\_\_\_

AXIS III \_\_\_\_\_

AXIS IV: Psychosocial stressors \_\_\_\_\_

AXIS V: Global Assessment of Functioning, Current score= \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

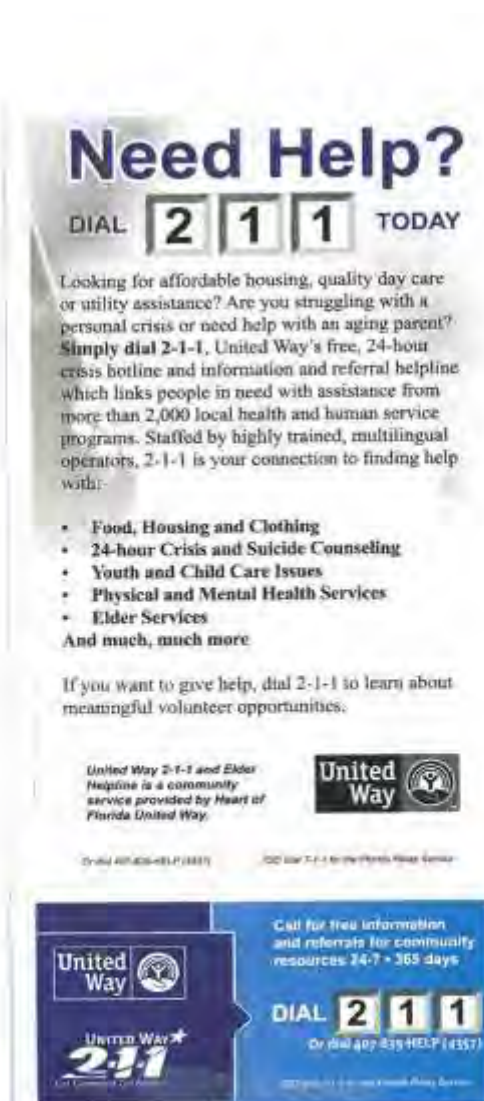
6. Disposition: \_\_\_\_\_

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 [http://med.ucf.edu/students/affairs/documents/student\\_handbook\\_2010.pdf](http://med.ucf.edu/students/affairs/documents/student_handbook_2010.pdf)

**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 407-435-HELP (4357)

2012 Star 2-1-1 for the Florida Heart Service

**United Way**

**United Way 2-1-1**

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

DIAL **2 1 1**

Or dial 407-435-HELP (4357)

2012 Star 2-1-1 for the Florida Heart Service



## COMMUNITY RESOURCE GUIDE

### CHILD CARE CENTERS

"4C" Community Coordinated Care for Children	407-522-2252
Boys and Girls Clubs of Central Florida, Inc.	
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

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## 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, Healthcare, 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/Intake)
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

## Appendix D: (con nued)

### 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 (formerly 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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### 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	
Harbor House Legal Support - Domestic violence & protective injunctions	407-841-8843 407-836-2001

### MEDICAL/HEALTH RESOURCES

Access Lymx 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

3

### MEDICAL/HEALTH RESOURCES (continued)

Medical Information	1-888-419-1456 "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	407-578-6200, Ext. 209
Child Support Enforcement Program	1-800-622-5437
Car Seats/Florida Highway Patrol	407-737-2360 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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### 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]	407-523-3094
Orange County Public Schools	407-317-3200, Ext. 2988
Teen Parent Program	
Orlando Health Obstetric Clinic	407-841-5281
OH Breastfeeding Education Center (pump rental)	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	321-397-3000
Osceola County	407-846-5220
Seminole County	407-688-9650
<b>W.L.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

### EMERGENCY ASSISTANCE

Alcohol, No-Tell	407-894-4029
Alcohol 24-Hour Helpline	1-800-417-0903
Alcoholics Anonymous Helpline	407-586-1488
All Dimensions	407-844-1155
Center for Drug Free Living/Orange County	407-343-4004
Center for Drug Free Living/Osceola County	407-846-5285
Connect (Seminole County)	407-321-4057
Gene Counseling Center Inc./ Seminole County	407-321-1765
Heart to Heart	407-367-9424
or	407-520-7492
Jewish Family Service Center	407-644-7901
Lakeland Behavioral Health	407-473-0788
Narcotics Anonymous Helpline	407-415-0157
Park Place Behavioral Health Care	407-444-8023
S.T.E.P.S Residential Substance Abuse Treatment	407-322-2144
The Bridge	407-656-8134
Training Point of Central Florida	407-788-0621
We Care Clinic, 24 hr. Helpline	407-425-3024

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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).

Three different assessments will determine a student's final grade in the Psychiatry clerkship, each of which helps in assessing student performance in different competencies:

- |                                |     |
|--------------------------------|-----|
| 1. Preceptor Evaluations       | 60% |
| 2. Clinical Skills Evaluations | 20% |
| 3. NBME shelf exam             | 20% |

In addition, in order to pass M-3 rotations, students must score a minimum of the 5th percentile on the NBME shelf exam.

1. Preceptor Evaluations including narratives (see form) will be completed at the end of the clerkship by the student's Primary Preceptor at the V.A. (who will first get input from other V.A. preceptors that have also worked with the student during the rotation), and by Dr. Branch at Pasadena Villa. As the current one day/week at Lakeside Behavioral Healthcare is mainly observational (Mental Health Court and FACT team), only a narrative evaluation will be submitted by the preceptors there.

These evaluations focus on student performance in 6 core competencies (see form).

The preceptor evaluations are worth 60% of the total grade for the clerkship. The Student Evaluation form (completed by the preceptor) utilizes an assessment score from 1 to 8 in twelve different competencies, thus leading to a total score of from 8 to 96 points.

A score between 80 and 96 translates to an "A" (Excellent Performance)

A score between 48 and 79 translates to a "B" (Good Performance)

A score between 25 and 47 translates to a "C" (Conditional Performance)

A score below 25 translates to an "F" (Unacceptable Performance)

In cases where a student's score is just at the borderline between 2 numerical grades (e.g., between a "B" and an "A"), the preceptors' narrative Comments may be used to determine the grade.

2. Clinical Skills Evaluations (CSE): each student must complete two of these evaluations during the clerkship, utilizing a V.A. preceptor as the Examiner (see evaluation form). The forms utilize a Likert scale with a possible total score ranging from 10 to 80 points and measure students' clinical knowledge, skills, attitudes, and behavior in the following areas: Physician-Patient Relationship (including Professionalism); Psychiatric Interview (including Interpersonal and Communication Skills); and Case Presentation (including Patient Care, Medical Knowledge, Systems-Based Learning, and Practice-Based Learning & Improvement—the latter two focusing on use of community treatment resources, Evidence-Based Medicine, and psychoeducation of patients and families).

A score between 70 and 80 translates to an "A" (Excellent Performance)

A score between 50 and 69 translates to a "B" (Good Performance)

A score between 26 and 49 translates to a "C" (Conditional Performance)

A score below 26 translates to an "F" (Unacceptable Performance)

3. NBME Shelf Exam, which assesses students' Medical Knowledge . A national listserv review among members of the Association of Directors of Medical Student Education in Psychiatry in January 2011 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 the following scoring system for our Psychiatry clerkship:

A percentile score at or above the 70<sup>th</sup> percentile translates to an "A" (Excellent Performance)

A score between the 25<sup>th</sup> and 69<sup>th</sup> percentile translates to a "B" (Good Performance)

A score between 5<sup>th</sup> and 24<sup>th</sup> percentile translates to a "C" (Conditional Performance)

A score below the 5<sup>th</sup> percentile translates to an "F" (Unacceptable Performance)

**Final Grade:** All final grades are assigned by the Clerkship Director. The student's grade will be weighted 60% by the preceptor evaluation, 20% by the CSEs (thus 10% for each of the 2 CSEs), and 20% by the NBME shelf exam. For the purposes of determining the final grade from the student's scores in each of these 3 components, as in the traditional GPA determination, an "A" is weighted 4.0, a "B" is weighted 3.0, a "C" is weighted 2.0 points, and an "F" is weighted 0.0 points.

**Example:** A student gets an "A" on the preceptor evaluation, an A on 1 CSE and a B on the other CSE, and scores at the 50<sup>th</sup> percentile on the NBME shelf exam (a "B"):

"A" on preceptor evaluations:  $4.0 \times 60\% = 2.40$

"A" on 1 CSE:  $4.0 \times 10\% = 0.40$

"B" on 1 CSE:  $3.0 \times 10\% = 0.30$

"B" on NBME shelf exam performance =  $20\% \times 3.0 = 0.60$

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TOTAL = 3.7 GPA.

**For the Final Grade determination, if preceptors' written narrative Comments are supportive, then typically the Clerkship Director will round values of 1.5 or above up to 2.0 (C), values of 2.5 or above up to 3.0 (B), and values of 3.5 or above up to 4.0 (A). In the Example above, if the preceptors' narrative Comments are supportive, this student's Final Grade would certainly be rounded up to an "A".**

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

	Monday	Tuesday	Wednesday	Thursday	Friday
Week #1		DIDACTICS at COM, after-noon			
Week #2		DIDACTICS at COM, after-noon			
Week #3	<p>1)Primary preceptors to submit Mid-Clerkship Evals</p> <p>2) Students to complete mid-clerkship self-assessment and update their clinical logs, in preparation for meeting with Dr. Klapheke early in week #4</p>	DIDACTICS			Remind all students they need to complete 2 Clinical Skills Evaluations with their VA preceptors before the end of the clerkship
Week #4		DIDACTICS/ Mid-clerkship meetings with Dr. Klapheke at COM, after-			
Week #5		DIDACTICS at COM, after-noon			Remind all students to complete their clinical log, Clinical Skills Evaluations, and all other requirements on the "Passport" in order to sit for NBME exam next Friday
Week #6		DIDACTICS at COM, after-noon		<p>1)Students be sure all NBME "passport" requirements are fulfilled.</p> <p>2) Primary preceptors to submit final evaluations of students</p> <p>3) Students to complete and submit Clerkship Evaluation and Preceptor Evaluation</p>	NBME at COM for students

## APPENDIX G: Clerkship Site Contact List

Name	Address	Offi Number	Email
US Department of Veterans Affairs			
Paul A. Deci, MD* Chief, Mental Health Services	5201 Raymond Street Orlando, FL 32803	321-397-6288	<a href="mailto:paul.deci@va.gov">paul.deci@va.gov</a>
Silvana Montautti MD Chief of Psychiatry	5201 Raymond Street Orlando, FL 32803	407-621-2638	<a href="mailto:silvana.montautti@va.gov">silvana.montautti@va.gov</a>
Lakeside Behavioral Healthcare			
Jesse Tan, MD* Medical 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>
Joe Clemens, Psy.D. Staff Psychologist	434 W. Kennedy Blvd Orlando, FL 32810	407-875-3700 x 2008	<a href="mailto:joec@lakesidecares.org">joec@lakesidecares.org</a>
Vicki Garner, LMHC Executive VP of Operations	434 W. Kennedy Blvd Orlando, FL 32810	407-875-3700 x 2656	<a href="mailto:vickig@lakesidecares.org">vickig@lakesidecares.org</a>
Jennifer Madrazo, BA Administrative Assistant	434 W. Kennedy Blvd Orlando, FL 32810	407-875-3700 x 2692	<a href="mailto:jmadrazo@lakesidecares.org">jmadrazo@lakesidecares.org</a>
Margaret "Peg" Seykora, LMHC Vice President, Acute Care	434 W. Kennedy Blvd Orlando, FL 32810	407-875-3700 x 2692	<a href="mailto:pegs@lakesidecares.org">pegs@lakesidecares.org</a>
Pasadena Villa			
Myrtho Mompount-Branch, MD* Medical Director	723 Virginia Avenue Orlando, FL 32803	877-845-5235	<a href="mailto:wmmb3@cfl.rr.com">wmmb3@cfl.rr.com</a>
David Nissen VP/Managing Director	625 Virginia Avenue Orlando, FL 32803	877-845-5235	<a href="mailto:dnissen@pasadenavilla.com">dnissen@pasadenavilla.com</a>
Jennifer Stokes, CTRS Administrative Program Manager	723 Virginia Avenue Orlando, FL 32803	407-896-2655	<a href="mailto:jenny@pasadenavilla.com">jenny@pasadenavilla.com</a>
UCF College of Medicine			
Martin Klapheke, MD Clerkship Director	Lake Nona Campus	407-266-1183	<a href="mailto:Martin.Klapheke@ucf.edu">Martin.Klapheke@ucf.edu</a>
Mary Beth Harris, MS Clerkship Coordinator	Lake Nona Campus	407-619-7543	<a href="mailto:marybeth.harris@ucf.edu">marybeth.harris@ucf.edu</a>

\* Indicates Clerkship Site Director

## 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.

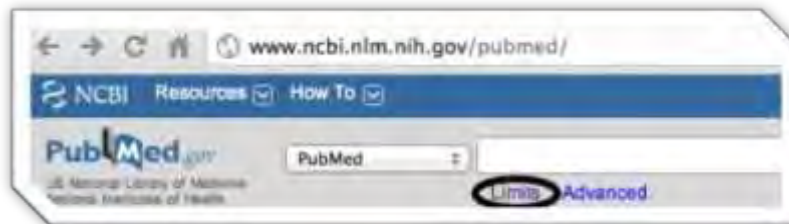
[http://www.med.ucf.edu/faculty/affairs/va\\_faculty.asp](http://www.med.ucf.edu/faculty/affairs/va_faculty.asp)

## APPENDIX I:

Psychiatry EBM Project – Week 5:

Select a Randomized Controlled Trial on a relevant psychiatric topic. Use limits on PubMed to restrict your search, as shown below.

Head on over to PubMed, and click Limits.



From the Limits screen, choose Controlled Clinical Trial.



Find a relatively recent article that looks interesting to you.

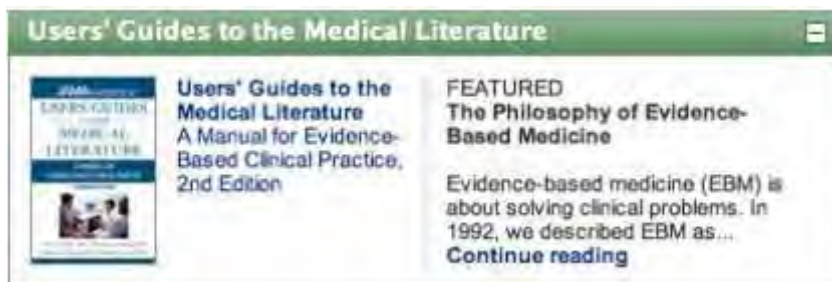
Email me a copy of the article: [andrew.nanton@ucf.edu](mailto:andrew.nanton@ucf.edu)

I will take a look at the article and make sure it looks OK.

Read through the article briefly, to get an overview. Make a note next to things that are new to you or confusing.

Use the article appraisal worksheet on MEDS to evaluate your article.

Make liberal use of resources to help you. Start with [med.ucf.edu/library/online-databases/](http://med.ucf.edu/library/online-databases/) and click on JAMAevidence in the EMB & Clinical Resources section. Then look for this book.



Articles will be presented on Week 5. Prepare to give a roughly 3-minute overview of your article, then walk us through your appraisal and calculations. Please have a copy of your appraisal worksheet and article for everyone, or email it to the group at least 24 hours in advance. You may type or hand-write your worksheet. If you spend some time on it, this can be a nice Portfolio item for your residency application.





UNIVERSITY OF CENTRAL FLORIDA

College *of* Medicine