

Clerkship Contact Information

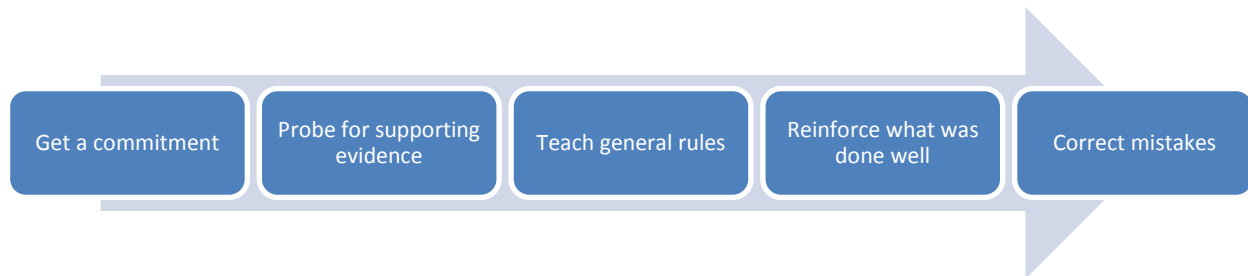
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Psychiatry website: <https://med.ucf.edu/academics/md-program/program-modules/m3-third-year-clerkships/psychiatry/>

One Minute Preceptor



Medical Knowledge

- 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.
- Identify **psychopathology**, formulate accurate differential and working diagnoses utilizing **DSM-IV**, assess patients' strengths and prognosis, and develop appropriate **biopsychosocial evaluation** (laboratory, radio-logic, and psychological testing) and **treatment plans** for psychiatric patients.
- Demonstrate knowledge of the **epidemiology, clinical features, course and prognosis, diagnostic criteria, differential diagnosis, and treatment strategies for the major classes of psychiatric disorders**.
- Know the clinical features of, and treatment for, **intoxication** with, and **withdrawal** from **alcohol** and **drugs**.
- 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.
- Demonstrate knowledge about relieving **physical** and **emotional pain** and ameliorating the suffering of patients while also preventing complications of **acute** and **chronic opioid treatment**.

Patient Care

- Perform and document a **complete psychiatric diagnostic evaluation** including a complete history, mental status examination, and appropriate physical exam.
- 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)**.
- Demonstrate the ability to **monitor** and **document patients' clinical progress**, and alter diagnostic formulation and management in response to changes.
- 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.

Systems-Based Practice

- 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
- Identify the indications, precautions, and appropriate use of **restraints** and **one-to-one sitters**.

Practice-Based Learning and Improvement

- Demonstrate the ability to **appraise and assimilate scientific evidence**, utilizing relevant databases of psychiatric evidence-based medicine, to improve patient care.

Ethics and Professionalism

- Discuss the **structure of the mental health system**, understand relevant legal issues, and adhere to **ethical principles** in the care of psychiatric patients, including
 - d. respect for patient autonomy and confidentiality,
 - e. the implications and principles of civil commitment, and
 - f. the process of obtaining a voluntary or involuntary commitment
- 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.

Interpersonal and Communication Skills

- Conduct a **psychiatric interview** in an empathic manner that facilitates information gathering and formation of a therapeutic alliance with patients of diverse backgrounds.
- Demonstrate **interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.

Longitudinal Clerkship Curriculum

Interdisciplinary conference, every six weeks

Topics include:

- | | |
|-------------------------|--|
| • Ethics & Humanities | • Geriatrics and Principles of Palliative Care |
| • Gender-Based Medicine | • Culture, Health and Society |
| • Medical Informatics | • Patient Safety |
| • Medical Nutrition | • Healthcare Policy |

Didactics

Students are required to attend all site conference and education activities, including resident conferences.

Every student participates in core didactic sessions on Tuesday afternoon and are excused from clinical activities. If students are going to arrive late they must have a signed note from their preceptor.

Policies

<https://med.ucf.edu/student-affairs/gps-a-good-place-to-start/policies/>

Clinical Supervision of Medical Students Policy

Levels of supervision—adapted from the ACGME classification—are defined as follows:

Direct Supervision: the supervising health care professional is physically present with the student and patient.

Indirect Supervision with direct supervision immediately available – the supervising health care professional is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

Medical students cannot do any medical or surgical procedure without the direct supervision of the attending or supervising resident physician.

COM Student Mistreatment Definition

UCF College of Medicine has defined mistreatment as any behavior that is harmful or offensive and unreasonably interferes with a student's learning. Such behavior may be verbal (swearing, humiliation, insults), emotional (neglect, a hostile environment), and physical (threats, physical harm). Students should be aware that medical student training is a rigorous process and feedback may occasionally be uncomfortable. For example, the Socratic method is frequently utilized in medical education, to not only assess knowledge, but also to promote synthesis and application of that knowledge. In and of itself, the Socratic method does not constitute mistreatment. (However, once it is clear that a student has reached the limit of his/her knowledge, it is not appropriate to continue berating students with questions or with denigrating comments about his/her knowledge base.) Students should take this into account when assessing potential cases of mistreatment.

****Report mistreatment to the Clerkship Director, Dr. Klapheke.****

Attendance Policy

Clerkship students cannot be excused from clinical activities by their preceptors, all absences need to be approved by the Clerkship Director through the Clerkship Coordinator's office.

Medical Care Policy

Residents cannot provide medical care to students they evaluate.

Positive Learning Environment Definition

Having a respectful, inclusive, and robust learning environment plays a critical role in developing and sustaining a professional, capable, compassionate, and diverse healthcare workforce that will meet the healthcare needs of all. -AAMC Statement on the Learning Environment

Grading Rubric

- **Preceptor End of Clerkship written evaluations including narrative (EPAs 1,2,5,6,7,9):** 40% of total grade.
- **NBME written shelf examination:** 20% of total grade. *In addition, to pass M-3 clerkships students must score a minimum of the 5th percentile; for Honors, at least the 75th percentile.*
- **IRATs in weekly didactic sessions:** 10% of total grade.
- **2 Case Write-Ups & Admission Orders (EPAs 1,2,3,4,5,10):** 10% of total grade.
- **Clinical Skills Evaluations (EPAs 1,6):** Pass/Fail assessments; must submit at least 2 CSEs with Pass grade. 10%
- **OSCE EPAs (1,2,3,4,5,10):** 10%
- **EBM Exercise (EPA 7):** Pass/Fail
- **Informed Consent Exercise (EPA 11):** Pass/Fail
- **Narrative Parallel Chart Exercise:** Pass/Fail

Expectations for Preceptors

- Direct observation of basic skills
- Advise Learners on complex patient care scenarios
- Teaching and guidance
- Constructive feedback
- If requested, written assessment of student performance following the completion of the rotation. If you did not receive an evaluation form for a student that you would like to evaluate via our online evaluation system, please contact the Clerkship Coordinator for one. These evaluations make up 40% of the student's final grade for the Clerkship.

Motivational Strategies for Learners

Motivation determines the **direction**, **intensity** and **persistence** of effort.

Extrinsic vs. Intrinsic motivation

Intrinsic motivation strategies in the clinical setting

- Facilitate experiences that are relevant to their future career goals or personal learning objectives
- Provide experiences that challenge the learner
- Identify opportunities for learners to work autonomously
- Communicate to the learner their role on the healthcare team

Orsini, C., Evans, P., & Jerez, O. (2015). How to Encourage Intrinsic Motivation in the Clinical Teaching Environment?: A systematic review from the self-determination theory. *Journal of Educational Evaluation for Health Professions*, 12, 8. <http://doi.org/10.3352/jeehp.2015.12.8>