



Texas College of
Osteopathic Medicine

Mission: Create solutions for a healthier community by preparing tomorrow's patient-centered physicians and scientists and advancing the continuum of medical knowledge, discovery, and osteopathic health care.

2022-2023
PSYCHIATRY CLERKSHIP SYLLABUS
MEDE 8409

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PURPOSE OF THE GENERAL CLERKSHIP

The clinical clerkships affiliated with the Texas College of Osteopathic Medicine serve to provide supervised, high quality opportunities for third and fourth year medical students to apply and transform the declarative medical knowledge and basic clinical skills that they have acquired into procedural clinical competence, while also functioning as learning members of health care teams.

The clinical clerkships promote and support TCOM students in developing clinical competence with emphasis on the core competencies beyond medical knowledge alone. Clerkships are encouraged to seek opportunities for students to provide Health and Wellness Counseling, develop improved interpersonal and communication skills, professionalism, as well as practice-based learning and improvement.

Psychiatry Clerkship Description

This psychiatric clinical rotation course will equip each student with basic diagnostic skills for common child, adolescent and adult diagnoses. They will gain an understanding of normal child development and adult human behavior. They will also be able to formulate a treatment plan, both with medications and various other forms of therapies for each of the common childhood and adult diagnoses described in The Diagnostic & Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

This course contains 4 one-to-two hour long formal didactic sessions at JPS (in addition to each ROME/Remote site having a set didactic schedule). These lectures will take place on Mondays (classroom TBD). Classes consist of a formal presentation along with group discussion of all major child, adolescent and adult psychiatric disorders and the impact that these diagnoses have on patients' lives, their families and the community at large. The discussion includes how to differentiate the diagnoses and prepare a proper treatment plan for the patient. The treatment plan includes all pertinent bio-psycho-social issues which need to be addressed. Our goal during this rotation is not to just give you the information to pass this course, but to give you the skills to become great residents after medical school. We want to instill in you the professional skills needed to continue good patient care and professional growth. As such, you are expected to be at didactics unless you are on PTO or otherwise directed by the preceptor/director. You will also be expected to have reviewed recorded lectures and materials in each Canvas Module prior to that day's lecture.

This rotation offers an opportunity to perfect your clinical skills, judgement and knowledge. It gives you a chance to see patients and to follow them and test your clinical judgement and treatment. You will get feedback from the supervising physicians and from your patients. All feedback is formative that will benefit you in your development as a physician. Medicine is a "lifelong learning opportunity".

We hope that you will find this clerkship a rewarding experience, and that you leave with an appreciation of the impact of mental health on patient lives.

General Clerkship Competencies

The objectives of the Clinical Clerkships are to enable TCOM students to achieve competence as graduate osteopathic medical students. Objectives of the clerkship curriculum are represented by the AACOM Osteopathic Core Competencies for Medical Students. For the purposes of the TCOM Clinical Clerkship Competencies, the AACOM 14 Competencies are condensed into the following 8:

1. Osteopathic Principles and Practices(OPP)
2. Medical Knowledge (MK)
3. Patient Care (PC)
4. Interpersonal and Communication Skills (ICS)
5. Professionalism (P)
6. Practice-Based Learning and Improvement (PBLI)
7. Systems-Based Practice (SBP)
8. Health Promotion/Disease Prevention(HPDP)

Core Competencies

- **Osteopathic Principles and Practices**
 - Understand that the mind, body and spirit all interact in the promotion of health and wellbeing and how mental wellbeing relates to the functioning of physical health of a person. Psychiatry promotes full health of the patient.
- **Patient Care**
 - Caring and respectful behaviors in a psychiatric setting
 - Interviewing patients with Mental health disorders
 - Informed decision-making regarding ethical and appropriate care of psychiatric patients
 - Develop and carry out patient management plans
 - Counsel and educate patients and families on mental health resources
 - Performance of procedures
 - Routine physical exam
 - Full psychiatric interview with full mental status exam
 - Work within a psychiatric treatment team
 - Provide osteopathic knowledge, principles and practices into patient care.
- **Medical Knowledge**
 - In this rotation, we will hone a student's investigatory and analytic thinking to diagnose and treat a patient in a mental health setting.
 - Gain knowledge and application of basic science and further develop their application as it relates to the clinical practice of psychiatry.
 - Must be able to demonstrate the understanding and application of the principles of osteopathic medicine involving the integration of clinical, social and behavior sciences as they pertain to mental health.
- **Practice-Based Learning and Improvement**
 - Reflect on own bias in practice in the clinical practice of psychiatry
 - Use of evidence from scientific studies to appropriately care for mentally ill
 - Application of research and statistical methods in regards to psychiatric practice
 - Use of information technology and how this aid in practice of psychiatry

- Facilitate learning of others regarding mental health
- Demonstrate ability to integrate evidence-based medicine into osteopathic clinical practice.
- **Interpersonal and Communication Skills**
 - Creation of therapeutic relationship with patients in a psychiatric in-patient setting
 - Listening skills
 - Demonstrate interpersonal and communication skills to provide professional relationships related to osteopathic principles and practices.
- **Professionalism**
 - Respectful, altruistic, empathic listener
 - Ethically sound practice
 - Sensitive to cultural, age, gender, disability issues
 - Demonstrate an understanding that he or she is a reflection of the osteopathic profession.
- **Systems-Based Practice**
 - Understand interaction of their practices within the larger system
 - Knowledge of practice and delivery systems
 - Practice cost effective care
 - Advocate for patients within the health care system

INTERPROFESSIONAL EDUCATION/PRACTICE

The purpose of this experience is to give the student a chance to gain a better understanding of the role of their additional colleagues in psychiatry. These include nursing staff, social work staff, dietary staff, legal liaisons, non-physician providers, case management and pharmacy staff. In addition, medical students participate in didactic sessions with PA students, while also learning along-side these PA students in clinical patient encounters.

Each medical student rotating on the JPS psychiatry rotation has had the opportunity to work with members of the above-mentioned staff for the entire core rotation. When on the inpatient unit, the students attend court, meet daily with the treatment team that includes nurses and social work, and can participate in the group therapy sessions with the social workers. In addition, several students have been assigned to work with non-physician providers for part of their rotation, including nurse practitioners and physician assistants.

Students also rotate in emergency psychiatry during their core rotations. In the Psychiatry Emergency Center, they work with the attending physicians, resident physicians, nurse practitioners, physician assistants, social workers, nurses (as well as nursing students) and psychiatry technicians throughout their time on the unit. During the inpatient rotation, the students have the opportunity to meet with the interdisciplinary treatment team weekly. This team includes case management, social work, pharmacy, nursing leadership, dietitians and physicians or non-physician providers from other departments. Additionally, during the consultation/liaison rotation, students interface daily with other medical departments and nursing staff in regards to the care of their assigned patients. Finally, medically students learn together with PA students from the PA Studies Program in both clinical and didactic environments.

Experiences at our remote sites vary weekly. Students will receive more information from their site coordinator when they attend orientation the first day of their rotation.

The following objectives have been adapted for our purposes from the Core Competencies of Inter-Professional Collaborative Practice to reflect learning and population in Psychiatry.

- CD1- Values/ethics for Inter-Professional Practice
- CD2- Roles/Responsibilities
- CD3- Inter-Professional Communication
- CD4- Teams and Teamwork

Values/Ethics for Inter-Professional Practice

- 1) Place the patient's interests centrally in interdisciplinary treatment teams
- 2) Maintain confidentiality while working with the interdisciplinary teams
- 3) Recognize cultural diversity of patients and the interdisciplinary teams
- 4) Recognize the roles/responsibilities and expertise of other health care providers
- 5) Work in a collaborative manner to deliver care and primary prevention
- 6) Develop trust with patients, families and other members of the interdisciplinary teams
- 7) Demonstrate the utmost ethical conduct and quality while delivering patient care
- 8) Consider and potentially manage ethical dilemmas in inter-professional collaboration
- 9) Act with honesty and integrity throughout the rotation
- 10) Understand your role in the interdisciplinary treatment teams.

Roles and Responsibilities

- 1) Communicate your role and responsibilities to patients, families and other health care providers
- 2) Recognize your limitations in knowledge and skills, and ask for assistance
- 3) Work in collaboration with other members of the health care teams and utilize appropriate resources to meet patient health care needs
- 4) Explain this collaboration with other health care providers and how it enhances patient care
- 5) Communicate with others about the roles and responsibilities of different members of the health care team how the collaboration works to provide safe, effective and equitable care
- 6) Educate the interdisciplinary team about the role of the student in developing and executing a treatment plan
- 7) Strengthen interdependent relationships with the interdisciplinary teams to improve care and advance learning
- 8) Engage in continuous professional and inter-professional development to enhance team performance
- 9) Utilize all team members to provide the highest quality of patient care

Inter-professional Communication

- 1) Utilize communication tools and techniques, including technology, to facilitate discussions and interactions that improve the interdisciplinary teams function
- 2) Organize and communicate information with patients, families and other health care providers in an understandable format
- 3) Be respectful and confident while working to ensure understanding of information and treatment decisions

- 4) Listen actively and encourage ideas from others
- 5) Give and receive feedback that is respectful, timely and instructive
- 6) Use respectful language with patients, families and the interdisciplinary team
- 7) Recognize your own contributions to effective communication, conflict resolution and positive interdisciplinary team relationships
- 8) Consistently communicate the importance of teamwork in patient care

Teams and Teamwork

- 1) Identify the process of team development and what leads to effective teams
- 2) Apply consensus of ethical principles to all aspects of patient care and collaboration with the interdisciplinary teams
- 3) Implement effective team work with other appropriate health care providers in problem solving for patients
- 4) Employ leadership practices for maintaining and improving interdisciplinary team effectiveness/collaboration
- 5) Design care decisions that respect patient autonomy, values and preferences while also incorporating the knowledge and expertise of other appropriate members of the interdisciplinary treatment teams
- 6) Within the interdisciplinary treatment teams, recognize and constructively manage disagreements between other health care providers and with patients/families
- 7) Responsibility for patient care and treatment outcomes should be shared by the interdisciplinary treatment teams
- 8) Explores means for both individual and team performance enhancements
- 9) Increase effectiveness of the interdisciplinary treatment team with process improvement strategies
- 10) Organize effective teamwork
- 11) Perform effectively on interdisciplinary teams and in different team roles in a variety of settings.

CORE ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS) FOR ENTERING RESIDENCY

These are the skills and behaviors expected of first year residents on day one of their residencies, as described by the ACGME residency directors and described in detail in the AAMC document of the above name. Clinical clerkship directors and facilitators will make as much effort as possible to ensure that TCOM students have opportunities to practice these skills and behaviors on all clinical rotations.

<https://students-residents.aamc.org/>

1. Gather a history and perform a physical examination.
2. Prioritize a differential diagnosis following a clinical encounter.
3. Recommend and interpret common diagnostic and screening tests.
4. Enter and discuss orders and prescriptions.
5. Document a clinical encounter in the patient record.
6. Provide an oral presentation of a clinical encounter.
7. Form clinical questions and retrieve evidence to advance patient care.
8. Give or receive a patient handover to transition care responsibility.

9. Collaborate as a member of an Interprofessional team.
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
11. Obtain informed consent for tests and/or procedures.
12. Perform general procedures of a physician.
13. Identify system failures and contribute to a culture of safety and improvement.

CLERKSHIP GOALS AND LEARNING OBJECTIVES

At the completion of this rotation, all students are expected to be able to:
1. Differentiate between the major mood disorders and bereavement
2. Construct treatment plans utilizing appropriate antidepressant medications and mood stabilizers
3. Compare the various types of Psychotic Disorders
4. Design treatment approaches that utilize antipsychotic medications.
5. Evaluate patients with eating disorders.
6. Compare the various types of Sleep Disorders
7. Manage patients with common General Medical Conditions that cause psychiatric symptoms – including neurologic and endocrine disorders
8. Categorize the groupings of Personality Disorders.
9. Differentiate between the Somatoform Disorders
10. Demonstrate the ability to diagnose Anxiety Disorders
11. Formulate treatment with Anxiolytics and sedative-hypnotic medications.
12. Name stages of normal childhood development
13. Identify common Child and Adolescent Disorders.
14. Distinguish common etiologies for Adjustment Disorders.
15. List common Geriatric Disorders including Delirium and Dementia
16. Manage treatment plans utilizing Stimulants and Non-stimulants utilized for Attention Deficit Hyperactivity Disorder
17. Contrast Drug & Alcohol Abuse versus Dependence

ACGME Psychiatry Milestones

The core clinical clerkship in psychiatry provides students with the opportunity for advancement of [ACGME Psychiatry Milestones](#). The outline below is an abbreviated summary for outpatient milestones from the ACGME Psychiatry Supplemental Guide. The Core Entrustable Activities for Entering Residency (EPAs) and the Clerkship Goals and Objectives may be simpler guides for most learners and preceptors to reference in clinic, however, these milestones are ideal for communicating competency in residency applications, interviews, and preceptor evaluations. These Milestones are an aspirational guide that students will be striving to meet at the conclusion of the clerkship.

Patient Care 1: Psychiatric Evaluation

A: Gathers and organizes findings from the patient interview and mental status examination

B: Gathers and organizes data from collateral sources

C: Screens for risk and integrates risk assessment into the patient evaluation

Level 1

- Collects general medical and psychiatric history and completes a mental status examination
- Collects relevant information from collateral sources
- Screens for risk of harm to self, to others, or by others

Level 2

- Efficiently acquires an accurate and relevant history and performs a targeted examination customized to the patient's presentation
- Selects appropriate laboratory and diagnostic tests
- Engages in a basic risk assessment and basic safety planning

Level 3

- Uses hypothesis-driven information gathering to obtain complete, accurate, and relevant history
- Interprets collateral information and test results to determine necessary additional steps
- Incorporates risk and protective factors into the assessment of imminent, short, and long-term patient safety and the safety of others

Level 4

- Elicits and observes subtle and unusual findings
- Interprets collateral information and test results to determine necessary additional steps in the evaluation of complex conditions
- Incorporates risk and protective factors into the assessment of complex patient presentations, including eliciting information not readily offered by the patient

Level 5

- Serves as a role model for gathering subtle and accurate findings from the patient and collateral sources
- Serves as a role model for risk assessment

Patient Care 2: Psychiatric Formulation and Differential Diagnosis

A: Organizes and summarizes findings and generates differential diagnosis

B: Identifies contributing factors and contextual features and creates a formulation

C: Uses the emotional responses of clinician and patient as diagnostic information

Level 1

- Organizes and accurately summarizes information obtained from the patient evaluation to develop a clinical impression
- Recognizes that biological, psychosocial, and developmental/life cycle factors play a role in a patient's presentation
- Recognizes that clinicians have emotional responses to patients

Patient Care 3: Treatment Planning and Management

A: Creates treatment plan

B: Monitors and revises treatment when indicated

C: Incorporates the use of community resources

Level 1

- Identifies potential biopsychosocial treatment options
- Recognizes that acuity affects level of care and treatment monitoring
- Gives examples of community resources

Level 2

- Engages the patient in the selection of evidence-based biopsychosocial treatment, recognizing that comorbid conditions and side effects impact treatment
- Selects the most appropriate level of care based on acuity and monitors treatment adherence and response
- Coordinates care with community resources

Level 3

- Applies an understanding of psychiatric, neurologic, and medical comorbidities in the management of common presentations
- Selects the most appropriate interventions, treatments, and adjustments in treatment in common presentations based on consideration of patient factors and acuity
- Incorporates support and advocacy groups in treatment planning

Level 4

- Devises individualized treatment plan for complex presentations; integrates multiple modalities and providers in a comprehensive approach
- Selects the most appropriate interventions, treatments, and adjustments in treatment in complex presentations based on consideration of patient factors and acuity
- Locates and connects patients to community resources in complex and difficult situations

Level 5

- Supervises treatment planning of other learners and multidisciplinary providers
- Participates in the creation or administration of community-based programs

Patient Care 4: Psychotherapy

A: Establishes therapeutic alliance and manages boundaries

B: Selects, sets goals, and provides psychotherapies including supportive, psychodynamic, and cognitive-behavioral

C: Manages therapeutic process

Level 1

- Establishes a working relationship with patients demonstrating interest and empathy
- Lists the three core psychotherapies
- Accurately identifies patient emotions, particularly sadness, anger, and fear

Level 2

- Establishes a bounded therapeutic alliance with patients with uncomplicated problems
- Uses the common factors of psychotherapy in providing supportive therapy to patients
- Identifies and reflects the core feelings and key issues for the patient during the session

Level 3

- Establishes and maintains a therapeutic alliance with patients with uncomplicated problems, and can recognize and avoid boundary violations
- Provides selected psychotherapies (including supportive, psychodynamic, and cognitive-behavioral), sets goals and integrates therapy with other treatment modalities
- Identifies and reflects the core feelings, key issues and what the issues mean to the patient during the session, while managing the emotional content and feelings elicited

Level 4

- Establishes and maintains therapeutic alliance with patients with complicated problems, and can anticipate and appropriately manage boundary violations

- Selects appropriate psychotherapeutic modality based on case formulation, tailors the therapy to the patient, and provides psychotherapy (at least supportive and one of psychodynamic or cognitive-behavioral) to complex patients
- Identifies and reflects the core feelings, key issues, and what the issues mean to the patient within and across sessions

Level 5

- Assesses and can help repair troubled alliances and/or boundary difficulties between junior residents and their patients
- Tailors psychotherapeutic treatment based on awareness of own skill sets, strengths, and limitations
- Links feelings, recurrent/central themes/schemas and their meaning to the patient as they shift within and across sessions

Patient Care 5: Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies)

A: Understands the mechanisms of action, indications, and evidence base for somatic therapies and appropriately applies them to patient care

B: Educates patients about somatic therapies including access to accurate psychoeducational resources

C: Appropriately monitors patient's response to treatment

Level 1

- Lists commonly used somatic therapies and their indications to target specific psychiatric symptoms
- Reviews with the patient general indications and common adverse effects for commonly prescribed drugs and other somatic treatments
- Lists key baseline assessments necessary before initiating somatic treatments to ensure patient safety

Level 2

- Appropriately prescribes commonly used somatic therapies and understands their mechanism of action
- Appropriately uses educational and other resources to support the patient and optimize understanding and adherence
- Obtains baseline assessments necessary before initiating treatment with commonly used somatic therapies

Level 3

- Researches, cites, and starts to apply the evidence base when developing treatment plans that include somatic therapies
- Explains mechanisms of action and the body's response to commonly prescribed drugs and other somatic treatments (including drug metabolism) to patients/families
- Monitors relevant assessments and adverse effects throughout treatment and incorporates findings from the literature into treatment strategy

Level 4

- Consistently applies the evidence base when developing treatment plans that include somatic therapies, including with complex or treatment-refractory cases
- Explains less common somatic treatment choices to patients/families in terms of proposed mechanisms of action, potential risks and benefits, and the evidence base
- Manages adverse effects and safety concerns in complex or treatment

Level 5

- Manages complex combinations of somatic therapies and considers novel approaches

- Leads the development of novel patient educational processes or materials
- Incorporates new developments in the evidence base into treatment to optimize safety, minimize adverse effects, and improve response

Medical Knowledge 2: Psychopathology

(includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Diverse Patient Populations)

A: Knowledge to identify and treat psychiatric conditions

B: Knowledge at the interface of psychiatry and the rest of medicine

Level 1

- Identifies the major psychiatric diagnostic categories
- Gives examples of interactions between medical and psychiatric symptoms and disorders

Level 2

- Demonstrates sufficient knowledge to identify and assess common psychiatric conditions
- Demonstrates sufficient knowledge to identify common medical conditions in psychiatric patients

Level 3

- Demonstrates sufficient knowledge to identify and treat common psychiatric conditions throughout the life cycle
- Applies knowledge to identify and treat common psychiatric symptoms due to other medical illness

Level 4

- Demonstrates sufficient knowledge to identify and treat atypical and complex psychiatric conditions throughout the life cycle
- Applies knowledge to identify and treat a wide range of psychiatric conditions in patients with comorbid medical disorders and ensures treatment of medical conditions in psychiatric patients

Level 5

- Applies knowledge to identify and manage uncommon conditions at the interface of psychiatry and medicine

Systems-Based Practice 1: Patient Safety and Quality Improvement

A: Analyzes patient safety events

B: Appropriately discloses patient safety events

C: Participates in quality improvement

Level 2

- Identifies system factors that lead to patient safety events
- Reports patient safety events through institutional reporting systems (simulated or actual)
- Describes local quality improvement initiatives (e.g., reduced restraint rates, falls risk, suicide rates)

Systems-Based Practice 2: System Navigation for Patient-Centered Care

A: Coordinates patient care

B: Safely transitions care

C: Population and community health needs

Level 1

- Demonstrates knowledge of care coordination
- Identifies key elements for safe and effective transitions of care and hand-offs
- Demonstrates knowledge of population and community health needs and disparities

Level 2

- Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional teams
- Performs safe and effective transitions of care/hand-offs in routine clinical situations
- Identifies specific population and community health needs and inequities for their local population

Level 3

- Coordinates care of patients in complex clinical situations effectively using the roles of their interprofessional teams
- Performs safe and effective transitions of care/hand-offs in complex clinical situations
- Uses local resources effectively to meet the needs of a patient population and community

Level 4

- Role models effective coordination of patient-centered care among different disciplines and specialties
- Role models and serves as a patient advocate for safe and effective transitions of care/hand-offs within and across health care delivery systems including outpatient settings
- Participates in changing and adapting practice to provide for the needs of specific populations

Level 5

- Analyzes the process of care coordination and leads in the design and implementation of improvements
- Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes
- Leads innovations and advocates for populations and communities with health care inequities

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice

Level 1

- Demonstrates how to access and summarize available evidence for routine conditions

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth

Level 1

- Accepts responsibility for personal and professional development by establishing goals

- Identifies the factors which contribute to gap(s) between one's expected and actual performance
- Actively seeks opportunities to improve

Level 2

- Demonstrates openness to performance data (feedback and other input) in order to inform goals
- Analyzes and reflects on the factors which contribute to gap(s) between one's expected and actual performance
- Designs and implements a learning plan, with prompting

Professionalism 1: Professional Behavior and Ethical Principles

Level 2

- Demonstrates professional behavior in routine situations
- Takes responsibility for own professionalism lapses and responds appropriately
- Analyzes straightforward situations using ethical principles

Professionalism 2: Accountability/Conscientiousness

Level 1

- Takes responsibility to complete tasks and responsibilities, identifies potential contributing factors for lapses, and describes strategies for ensuring timely task completion in the future
- Introduces self as patient's resident physician

Professionalism 3: Well-Being

Level 1

- Recognizes the importance of addressing personal and professional well-being

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication

Level 1

- Uses language and nonverbal communication to demonstrate empathic curiosity, respect, and to establish rapport
- Identifies common barriers to effective communication; accurately communicates own role within the health care system
- Recognizes communication strategies may need to be adjusted based on clinical context

Interpersonal and Communication Skills 2: Interprofessional and Team Communication

Level 1

- Uses language that values all members of the health care team
- Recognizes the need for ongoing feedback with the health care team

Level 2

- Communicates information effectively with all health care team members
- Solicits feedback on performance as a member of the health care team

Level 3

- Uses active listening to adapt communication style to fit team needs
- Communicates concerns and provides feedback to peers and learners

Level 4

- Coordinates recommendations from different members of the health care team to optimize patient care
- Respectfully communicates feedback and constructive criticism to superiors

Level 5

- Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed
- Facilitates regular health care team-based feedback in complex situations

Interpersonal and Communication Skills 3: Communication within Health Care Systems**Level 1**

- Accurately records information in the patient record
- Safeguards patient personal health information
- Communicates about administrative issues through appropriate channels, as required by institutional policy

Level 2

- Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record
- Uses documentation shortcuts accurately and appropriately to enhance efficiency of communication
- Respectfully communicates concerns about the system

Level 3

- Concisely reports diagnostic and therapeutic reasoning in the patient record
- Appropriately selects forms of communication based on context
- Uses appropriate channels to offer clear and constructive suggestions to improve the system

Level 4

- Communicates clearly and concisely, in an organized written form, including anticipatory guidance
- Achieves written or verbal communication that serves as an example for others to follow
- Initiates difficult conversations with
- appropriate stakeholders to improve the system

Level 5

- Contributes to departmental or organizational initiatives to improve communication systems
- Facilitates dialogue regarding systems issues among larger community stakeholders

REQUIRED DIDACTICS AND ASSIGNMENTS

Information on required didactics schedule, required meetings, and study assignments will be provided to you at orientation. ROME/Remote site students may have a different didactic schedule than those assigned to JPS. ROME/Remote site students will still have access to all recorded lectures and materials.

Learning Resources:

- [SymptomMedia](#) (user name: UNTHSC; Password: UNTHSC0324)
- [Psychiatry.org - Clinical Practice Guidelines](#) – National practice guidelines regarding the treatment of mental illness
- [ADMSEP - csi - Clinical Simulation Initiative Committee Information](#) – interactive online modules involving different psychiatric illnesses

The following books are available online through the HSC library:

The Pocket Guide to the DSM-5 Diagnostic Exam
Case Files Psychiatry
First Aid for the Psychiatry Clerkship

At the end of the first two-weeks of the rotation, your preceptor should go over your clinical performance. Dr. Haliburton will meet with all JPS students as well as any interested ROME/Remote students for an informal meeting to discuss your assignments, expectations, etc.

A standardized evaluation form developed by Clinical Education will be utilized to evaluate your clinical performance. Dr. Haliburton will complete your evaluation via eMedley.

An NBOME comprehensive subject exam (COMAT) will be given on the final day of the rotation. This will be administered by the Department of Testing & Evaluation Services. A scaled score of 70 or greater is required on the COMAT exam to pass the clerkship.

EVALUATION AND GRADING

Evaluation is an important part of any education experience. The most important part of the evaluation process is the feedback the student receives during the learning process. The Psychiatry Clerkship evaluation uses a comprehensive evaluation via the rotation Blue Card. Students will collect feedback throughout the rotation on the Blue Card and then submit the Blue Card on the last day of the rotation. All feedback will then be added to the final evaluation completed by Dr. Haliburton as the preceptor of record.

It is a direct conflict of interest for an evaluator to provide medical care to a student for whom they are responsible for evaluating. The same person should not be privileged to both academic and medical information about a student. No preceptor should fill out an evaluation form for a student that they provide medical care. It is best practice for medical students to seek their care from physicians not related to their medical education. Clerkship directors and preceptors should refer students to their own PCP or student health clinic for care.

The grading components of this rotation are the Clinical Clerkship Evaluation, the completed TrueLearn COMAT pre/posttest with a grade of 70 or better on posttest, the patient logs, the reflective paper, the

IHI modules, the Blue card, and the COMAT exam. Evaluation forms are available online through eMedley. Upon completion of this clerkship students should perform the behaviors outlined within the “expected” level of each competency rated on the Clinical Clerkship Evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.

A passing score of at least 70 (scaled) on the COMAT is required. Testing and Evaluation Services will notify students of exam date, location, and start time. Students must be seated in their designated seats prior to the published exam time. Any student arriving late to the COMAT exam will receive no additional time to take the exam. They will be required to stop taking the examination at the published stop time. A student will lose 10 points on the exam for late arrival. If the 10-point reduction results in a score below 70, the student will not be required to remediate the exam. However, the score will be recorded as is. Per Uniform Policy & Procedure manual 4.2.1: If a student fails a core COMAT examination, he/she will be given one opportunity to remediate the exam. This is true of each required COMAT exam in the core rotations. Successful remediation will permit the student to receive a maximum grade of 70 on the COMAT exam. Failure of any remediation constitutes a failure in the course.

Failure to submit any assignments, absence forms, and other required documentation in a timely manner will result in a forfeiture of Honors. It may also result in a report of unprofessional conduct.

Reflective Paper

All students are required to write a 1-page single-spaced paper reflecting on either their experience attending TSP Court proceedings (only available for students rotating at JPS) or students can watch one of the following films “Girl, Interrupted” or “Ordinary People”, then write a 1-page single-spaced paper exploring their reactions/thoughts about the movie.

ROME/Remote students only have the option of completing the movie reflection paper.

To be successful in the Core Psychiatry Clerkship, the student (including ROME/REMOTE students) must achieve the minimum passing score required in each component listed below:

Students Honors/Pass/Fail Grade is calculated as follows:

Component	Evaluation Tool	Minimum Score Required
Faculty Assessment	Clinical Clerkship Evaluation	Upon completion of this clerkship, students should perform the behaviors outlined within the “expected” level of each competency rated on the Clinical Clerkship Evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.

Court Paper/Reflective Paper	Court proceeding/Assigned movie	1-page, single spaced paper. Completion Grade
IHI Open School	Quality module L101 PS 104: Teamwork & Communication	Completion Grade with certificates uploaded to Canvas
40 Case logs in eMedley	40 Case logs in eMedley	Completion Grade
TrueLearn Component	Complete Psych COMAT pre/posttests in TrueLearn with 70% or better on posttest	2% of Final Grade
Standardized Assessment	NBOME COMAT Exam	Minimum Scaled Score of 70

Students must achieve the minimum required score in each component area to pass the course.

Honors

Students may be eligible for “Honors”, designated by the Clerkship Director, if they meet all expected requirements to pass the clerkship and:

- Score 91 or above on the COMAT exam for that clerkship. The score will be set and approved on an annual basis by the clerkship director, the assistant dean for clinical education, and the senior associate dean for academic affairs.
- Achieve an “Exceeds Expectation” on at least one of their clinical evaluation competency areas.
- Do not have a “Below Expectation” on any clinical evaluation competency area.
- Do not violate any Clinical Education policy or procedure while on the rotation, e.g. attendance policy.

The final designation for Honors is at the discretion of the Clerkship Director for Core clerkships and does not apply to elective rotations.

Each attending with whom the student has contact assesses clinical Performance. Professionalism and work habits are a significant portion of the clinical assessment. These include the student attitude, demeanor, and interaction with attendings, peers, and staff. Character qualities and behaviors such as punctuality, teachability, honesty, bedside manner, and integrity are important for your professional development. Receiving a “Below expected” one of more sections of the clinical assessment may result in failure of the rotation.

Please note, at the discretion of the clerkship director, a non-professional student conduct may result in failure of the rotation, i.e. issues with attitude, absenteeism, participation.

As required by UNTHSC and outlined in the student handbook, all students participating in the core Psychiatry rotation must complete the NBOME exam. The NBOME COMAT exam is on the last Friday of the rotation. Testing and Evaluation Services will notify students of exam date, location, and start time. Students should arrive approximately 30 minutes early for registration. Students must be seated in their designated seats prior to the published exam time.

If a student is unable to take the examination at the scheduled time, it is the student’s responsibility to make other arrangements, in advance, through the Testing and Evaluation Services at 817-735-2693. Any student arriving late to the COMAT exam will receive no additional time to take the exam. They will be required to stop taking the examination at the published stop time.

A student will lose 10 points on the exam for late arrival. If the 10-point reduction results in a score below 70, the student will not be required to remediate the exam. However, the score will be recorded as is. See also section 4.2.1 of Clinical Education Policy and Procedure Manual for COMAT exam and remediation procedures.

A passing score of at least 70 (scaled) on the Psychiatry COMAT exam is a required component of this course. According to the Uniform Policies and Procedures, “failure of a subject exam results in a grade of incomplete in the rotation, and failure of the second COMAT exam in the same rotation results in the failure of the rotation.”

In order to pass the Psychiatry clinical clerkship, a student must pass the COMAT exam and receive an “Expected” or above on all sections of the clinical assessment. Failure of either of these will result in failure of the Psychiatry clinical clerkship. Students who fail the clinical clerkship will be required to appear before the Student Performance Committee (SPC). If any remediation is required, the highest overall score a student will be able to achieve for the clinical clerkship is a PASS. This is in line with TCOM’s remediation policy.

LOCAL ROTATION SITE

Please read carefully as each site has different learning opportunities, contact information, and schedules.

JPS Hospital Site Procedures/Policies

1500 South Main Street
Fort Worth, TX 76104
Coordinator: Brittni Brown
Clerkship Director: James Haliburton, MD

Orientation begins Monday at 8:30 a.m. conducted by Dr. Haliburton in the JPS main hospital lobby, in front of the McDonalds.

Students receive the following information:

- ✓ Clerkship study materials
- ✓ Site location assignments for each two-week rotation
- ✓ In-house tour for all Psychiatry services and rotation sites

Contact information

Clerkship Director: James Haliburton, MD Cell: (502) 619-9900 jhaliburton@jpshealth.org
Clerkship Coordinator: Brittni Brown Office: (817) 735-2552 brittni.lamoreux@unthsc.edu

Student Rotation Schedules, Psychiatric Services, and Medical Teams

During the four-week clerkship, students are assigned to either emergency psychiatry or inpatient psychiatry at TSP. After completing the first two weeks, the students rotate to the opposite service. In TSP, students are assigned to one of the teams for the adolescent unit or adult patients. The adult patient teams are identified by colors: red, blue, purple, orange, or green. LCA, which stands for Local Commitment Alternative, is part of the TSP Inpatient team, but is located off-campus. LCA is also an adult inpatient team. Court observation occurs during the inpatient portion of the rotation. When on

emergency psychiatry (PEC—Psychiatric Emergency Center), students will work shifts during the week and occasionally on weekends. These will be divided into 6-hour day, swing and night shifts when in the PEC and 6-hour day shifts when on the consult service. **In the PEC you cover ALL shifts, no exceptions. If you are absent for any reason, it's your responsibility to notify Dr. James Haliburton and the clerkship coordinator by email and the PEC attending physician at (817) 927-4151. No shift trades will be approved; you must submit an emergent absence request. If you must miss due to emergency/illness, you must make up your shift at a time Dr. Haliburton specifies, usually the Saturday after the exam.**

PEC: Rotating shifts; 5a-11a, 11a-5p, 5p-11p, 11p-5a
TSP Inpt Units: Report daily @ 7:00 a.m.
C/L reports @ 7:00 a.m.

Lecture Series & Shelf Exam

Lectures are held every Monday, subject to change. There is no lecture on orientation or the day before the exam. Attendance is expected and will be taken at random. Staff physicians teach through presentations and topical discussions covering the material required for the COMAT exam. These materials are loaded on Canvas for all remote site students to access. It is expected that students will have read through material and watched recorded lectures pertain to that day's lecture topic and come prepared with questions. If you have any questions you would like answered, please email them to the clerkship coordinator.

Topics Include:

- I. Bipolar, Impulse Disorders & Treatment
- II. Anxiety Disorders & Treatment
- III. OMM & Psychiatry
- IV. Psychotic Disorders & Treatment
- V. Sleep Disorders
- VI. Normal Growth & Development
- VII. Geriatric Psychiatry
- VIII. Eating Disorders
- IX. Emergency Psychiatry
- X. Medical Decision-Making Capacity
- XI. Child & Adolescent Psychiatry
- XII. Somatoform Disorders
- XIII. Substance Use Related Disorders
- XIV. Personality Disorders
- XV. Depression & Treatment
- XVI. Diagnosis and GMC's
- XVII. Neuro-cognitive Disorders
- XVIII. Post-Traumatic Stress Disorder

Study guides provide additional support for exam preparation. The following books are available through the HSC Library: *Clinical Manual of Emergency Psychiatry*; *Case Files Psychiatry*; *The Pocket Guide to the DSM-5™ Diagnostic Exam*, *First Aid for the Psychiatry Clerkship*.

Evaluations

Medical and PA students receive a Blue Card and should give it to a provider on the hospital and Inpatient service in order to gain feedback during the rotation. These will be reviewed and added to your evaluation of record by Dr. Haliburton and submitted to your school as the final evaluation. PA students, you receive a PA school evaluation form and should give it to your inpatient provider. 3rd year medical students, your evaluation of record is 100% online through eMedley. Dr. Haliburton reviews and approves all evaluations prior to submission to your school.

Institute for Healthcare Improvement (IHI.org) Open School

Each student is required to complete the following:

L101: Introduction to Health Care Leadership

****Students are required to upload the completion certificate to Canvas****

Absences

If an absence is absolutely necessary, students are **required** to submit an absence request through eMedley and contact the following people:

- Your site supervisor first
- Clerkship Director, Dr. James Haliburton via text @ cell: (502) 619-9900
- Clerkship Coordinator, Brittni Brown via email @ brittni.lamoreux@unthsc.edu

If the absence is due to illness and requires more than 24 hours away from rotation, a doctor's visit and note are required. Any absence from a PEC shift, regardless of reason, must be remediated.

Mandatory Safety Precautions

ALWAYS MAKE SURE THE DOORS CLOSE BEHIND YOU IN ALL LOCKED UNITS

Wear your ID Badges and keys at all times while on JPS property.

Lost keys must be reported immediately to Brittni Brown via email to brittni.brown@unthsc.edu

Attire

Dress clean and professionally, no ties, no large dangling jewelry. If you would like to wear scrubs, you may wear use scrubs provided by Academic Affairs. When going to court, please wear normal business attire, not scrubs.

Court

Every Monday and Thursday mornings court is held for involuntary patients in the TSP auditoriums. Students are expected to attend at least one session while assigned to the inpatient units. **Arrive in business attire.** You will need to coordinate attendance with your attending physician. Students will submit a minimum 1-page, single-spaced essay regarding their experience at court in lieu of the Movie Reflection paper. This should be submitted to the clerkship coordinator at the end of the rotation. Failure to submit your paper in a timely manner may result in an unprofessional write up and a delay in the release of your final grade.

Mandatory Requirements for Leaving JPS Clerkship Rotation

You are **required to complete the following** responsibilities before leaving JPS on your last day:

- Return your keys by signing them **back into** the JPS Police Department

- Return scrubs if you checked out any from JPS Academic Affairs

REMOTE ROTATION SITES

CHRISTUS Good Shepherd Medical Center

700 E. Marshall Ave.

Longview, TX 75601

Preceptor: Jonathan Lockhart, MD

Preceptor: Ivan N. Pawlowicz, MD

CHRISTUS Spohn Hospital Memorial

2222 Morgan #114

Corpus Christi, TX 78405

Coordinator: Bel Flores, RN, BHA

Preceptor: Rachel Rhodes, DO

Christus Spohn Hospital Memorial Site Procedures/Policies

Orientation begins Monday at 7:30 a.m. conducted by Dr. Rachel Rhodes at the Christus Spohn Hospital Memorial in Corpus Christi, Texas. Be prepared to perform a mental status examination and mini-mental state examination, as well as take a psychiatric history on the first day.

Students have access to the following information a week prior to the rotation start date:

- ✓ Clerkship study materials for the Shelf exam located on Canvas
- ✓ Evaluation Sheet located on Canvas
- ✓ Patient Log (minimum of 40 new patient encounters logged through eMedley)
- ✓ Pocket cards, syllabus, orientation recordings located on Canvas

Contact information

Preceptor: Rachel Rhodes, MD | Office: (361) 887-9600 | Rachel.Rhodes@hcahealthcare.com

Site Coordinator: Bel Flores, RN, BS | Office: (361) 881-8133 | Floresb3@uthscsa.edu

Clerkship Director: James Haliburton, MD | Cell: (325) 998-0254 | jhaliburton@jpshealth.org

Clerkship Coordinator: Brittini Brown | Office: (817) 735-2552 | brittini.lamoreux@unthsc.edu

Report daily @ 7:30 a.m.

Attire: Business with ID badge and white coat

Didactics and Study Materials

Didactics will be provided by Dr. Rhodes and she will let you know when and where. Your attendance is required. The following books are available online through the HSC library: *Case Files Psychiatry*; *First Aid for the Psychiatry Clerkship*, *The Pocket Guide to the DSM-5 Diagnostic Exam*.

Additional resources: Symptommedia

Evaluations

Dr. Rachel Rhodes gives the evaluation of record after reviewing the completed preceptor evaluations. This is submitted via the ClinicalEducation@unthsc.edu email.

Institute for Healthcare Improvement (IHI.org) Open School

Each student is required to complete the following:

L101: Introduction to Health Care Leadership

****Students are required to upload the completion certificate to Canvas****

Christus Good Shepherd Medical Center Site Procedures/Policies

You will receive an email from Lacie Harvey no less than a week before your rotation begins. Any questions that were not covered during initial orientation can be answered by Lacie Harvey.

Students have access to the following information a week prior to the rotation start date:

- ✓ Clerkship study materials for the Shelf exam located on Canvas
- ✓ Evaluation Sheet located on Canvas
- ✓ Patient Log (minimum of 40 new patient encounters logged through eMedley)
- ✓ Pocket cards, syllabus, orientation recordings located on Canvas

Contact information

Preceptor: Ivan Pawlowicz, MD | Office: (918) 241-9426 | inpawlo@gsmc.org

Preceptor: Jonathan Lockhart, MD | Office: (903) 295-8994 | jonclockhart@netscape.net

Site Coordinator: Lacie Harvey | Office: (903) 573-3208 | lnharvey@gsmc.org

Clerkship Director: James Haliburton, MD | Cell: (325) 998-0254 | jhaliburton@jpshealth.org

Clerkship Coordinator: Brittni Brown | Office: (817) 735-2552 | brittni.lamoreux@unthsc.edu

Student Rotation Schedules, Psychiatric Services and Medical Teams

During the four-week clerkship, students are assigned to Dr. Ivan Pawlowicz and Dr. John Lockhart at the Residency Clinic for the first two weeks. You will be notified by my email on where you need to be. If you have not received instruction at least a week prior to the start of your rotation, please contact your site coordinator.

Residency Site: Report daily @ 9:00 a.m. Attire: Business with ID badge and white coat

Outpatient Site: Report daily @ 8:00 a.m. Attire: Business with ID badge, no coat

Didactics and Study Materials

Christus Good Shepherd didactics are given on Tuesday from 1:30 p.m. – 3:00 p.m. and Grand Rounds are every Friday from 12:00pm-1:00pm, your attendance is required. The following books are available online through the HSC library: *Case Files Psychiatry; First Aid for the Psychiatry Clerkship, The Pocket Guide to the DSM-5 Diagnostic Exam*. Additional resources: Symptommedia

Evaluations

Dr. Lockhart gives the evaluation of record. This is submitted to via the ClinicalEducation@unthsc.edu email.

Institute for Healthcare Improvement (IHI.org) Open School

Each student is required to complete the following:
L101: Introduction to Health Care Leadership
Students are required to upload the completion certificate to Canvas

GENERAL GUIDELINES

Attendance—UPDATE ANNUALLY

The focus of the clinical experience in years 3 and 4 is patient care. 100% attendance is, therefore, required to be certain that continuity of care is maintained.

Absences in 3rd Year

Students may not miss the first day or the COMAT exam of any clinical rotation. It is understood, however, that certain situations may arise that result in absence from required daily participation.

In such instances the following procedures will be observed:

- Students are provided with 5 academic absences to use during third year to attend conferences, RAD, workshops, etc. In the event a student requires more than 5 academic absences, a student may submit request for an extension by contacting the Office of Osteopathic Clinical Education.
- Students are allowed up to 8 absences in each of the fall and spring semesters total (inclusive of all absences: personal, emergent, & academic). Any absences beyond that must be made up in period 13 to complete the third year and before progressing to fourth year. 8-week rotations are considered two separate 4-week blocks.
- **Any combination of time out (including academic) that results in a student missing more than 2 days of a 2-week block, 4 days of a 4-week block, or 6 days of a 6-week block will result in failure of the clerkship.**
- All absences require submission of the electronic 3rd Year Request for Absence via eMedley by the posted deadline (45 days) before the start of the rotation to allow time for schedule adjustments.
- Absence requests entered in eMedley after the posted deadline are considered emergent and require documentation.
- Absences due to emergent reasons, the absence request is due immediately with supporting documentation. Students are required to notify their site/preceptor and clerkship coordinator of all emergent leave. Absences without supporting documentation will be considered neglect of duty.
- Absence due to illness is only for use only in the event of personal illness/health related condition, or to assist a family member who has a verifiable illness/health condition and is needing medical care. Absence due to illness, for more than one (1) day during clerkship duties requires documentation from a licensed health care provider to support an excused absence due to illness/health condition.
- All absences are subject to approval by the Office of Osteopathic Clinical Education. Even if the absence is approved, the Office of Osteopathic Clinical Education/preceptor/site may require the student to complete an additional assignment or to make up time. Make up days should be completed within the regularly scheduled rotation.

- Students are required to notify their site, preceptor, Clerkship Coordinator, and Clerkship Director of any absences (including pre-approved and emergent).
- Attendance on the first day of the rotation and on COMAT exam dates is required on all rotations.
- Students are allowed one day for the COMLEX CE. Requests beyond this allowance may be denied by the Executive Director of Clinical Education. You may not schedule your COMLEX CE exam on a date which causes you to miss orientation or COMAT exam for a rotation. COMLEX CE is not considered part of your absences if request is entered within 48 hours of scheduling the exam date. Requests entered more than 48 hours after scheduling the exam will be counted as an academic absence.
- Students may be granted approval for absence by the Assistant Dean for Osteopathic Clinical Education for participation in select Health Science Center activities. Such approval must be obtained in advance with written notification to the Office of Osteopathic Clinical Education and the site/preceptor.

Unapproved absences or absences in excess of the above policy will require remediation or result in a failing grade at the discretion of the Office of Osteopathic Clinical Education.

Failure to notify the Clerkship Director, rotation supervisor and Office of Osteopathic Clinical Education of any absence will be considered neglect of duty and may result in a failing grade for the clerkship.

Absences in 4th Year

The focus of the clinical experience in year 4 is patient care. 100% attendance is, therefore, required to be certain that continuity of care is maintained. It is understood; however, that certain situations may arise that will result in absence from required daily participation.

In such instances, the following apply:

- Students may not miss the first day or COMAT exam of any clinical rotation.
- All absences require submission of the electronic absences request form via eMedley a minimum of 10 business days before the start of the rotation, for planned absences, and
- within three days of a student's return from absence in the case of an individual or family emergency.
- If absence is due to illness: documentation is required, dates requested must match those missed, and may not be signed by a member of the student's family.
- All absences are subject to approval by the Office of Osteopathic Clinical Education. Even if the absence is approved, the Office of Osteopathic Clinical Education/preceptor/site may require an additional assignment or for time to be made up from any student who misses time during their service. Make up days should be completed within the regularly scheduled rotation.
- Absence of more than 2 days of a 2-week block or 4 days of a 4-week block, will result in a grade of INCOMPLETE and repeat of the entire rotation will be required.
- Unapproved absences or absences in excess of the above policy may require remediation or result in a failing grade at the discretion of the Office of Osteopathic Clinical Education.
- Students are required to notify their site, preceptor, and the Office of Osteopathic Clinical Education of any absences (including pre-approved and emergent).

- Failure to notify the Office of Clinical Education & rotation supervisor/preceptor of any absence will be considered neglect of duty and may result in a failing grade for the rotation.
- Students may be granted approval for absence by the Assistant Dean for Osteopathic Clinical Education for participation in select Health Science Center activities. Such approval must be obtained in advance with written notification to the Office of Osteopathic Clinical Education and the site/preceptor.

Absences due to Residency Interviews

Residency interviews are a necessary step in the residency process. Students are advised to avoid rotations in which multiple absences would adversely affect the functions of the clinical team, particularly in-patient care and curriculum delivery settings. If a student will miss clinic/rotation days for a residency interview, the following applies:

- Students are required to notify the Office of Osteopathic Clinical Education within 24 hours of accepting a residency interview.
- Students may not miss the first day or COMAT exam of any clinical rotation
- Students should submit an absence request via eMedley to the office of Clinical Education with evidence of interview invitation, agenda for interview, and dates required to be out of clinic.
- Students will be excused for the day of the interview and for travel time if the interview requires an overnight stay away from home.
- Students may be excused a maximum of 6 days from a rotation for interviews.
- Absences of more than 6 days during any 4-week rotation due to residency interviews will result in a grade of INCOMPLETE and repeat of the entire rotation may be required.
- Failure to notify the Office of Clinical Education and rotation supervisor/preceptor of any absence due to residency interviews will be considered neglect of duty and may result in a failing grade for the rotation.

Leave of Absence

A leave of absence (LOA) is defined as an extended period away from clinical course activities that may become necessary due to:

- 1) prolonged illness,
- 2) pregnancy, or
- 3) personal matters.

Requests of this nature are to be made in writing and submitted to the Office of Osteopathic Clinical Education. Leaves of Absence are granted by the Dean and processed through the Registrar.

Work Schedule

All rotations begin on the first Monday of the 4-week, 6-week, and 12-week periods unless it is a designated holiday (see below), in which instance the rotation begins on the first business day following or as designated by the Clerkship Director. Rotations with scheduled COMAT exams end at 5:00pm on the day prior to the exam. Students taking the COMAT exam are required to turn in pagers and all borrowed materials at that time. Students will be off duty following the COMAT exam to prepare for their next rotation, with the exception of exams which are scheduled prior to the end of rotations (i.e. Exams scheduled Thursday and rotation ends on Friday). Deficiencies and absences may be remediated

during this period at the discretion of the Clerkship Director. Students completing rotations without subject exams shall remain on-service until the end of the workday as determined by the preceptor.

Some rotations are scheduled with 12-hour shifts (i.e. Emergency Medicine) rather than traditional 8-hour shifts. In that case, a minimum of 14 shifts must be completed to receive credit for the rotation.

Health Services

The Health Science Center requires all students to comply with immunization and health screening requirements. It is the student's responsibility to meet all necessary immunization and health screening requirements of the University and all clinical training sites. All students must obtain and maintain health and hospitalization insurance, and be able to show proof of coverage upon request.

The Texas Department of Health requires all students enrolled at institutions of higher education to show proof of all required immunizations prior to matriculation. Proof of immunizations required by the student's academic program must be submitted to Student Health Services prior to enrollment. Any uncompleted series of immunizations can be completed by Student Health Services at the student's expense. Non-compliance with this policy will result in an academic hold being placed on the student's account (i.e. Official Transcript Hold, Registration Hold) and/or removal from clinical training.

Medical students are considered health care workers and, as such, are at risk for exposure to certain diseases. Because of this, TCOM adheres to the guidelines published by the Centers for Disease Control and Prevention relative to immunizations and tuberculosis (TB) skin testing. Students must be screened annually for TB. The Health Science Center will track student compliance with the immunizations and health screenings policy. Students are responsible for demonstrating compliance with UNTHSC and Clinical Training site immunization requirements.

Students may access physical health services at the sites listed below. All students are responsible for carrying health insurance and should check with their insurance company before accessing services.

Students in the **Dallas/Fort Worth and Weatherford Area** may access health services at the UNTHSC Student Health Clinic.

UNTHSC Student Health Clinic
855 Montgomery St 3rd Floor North
Fort Worth, TX 76107
817-735-5051
studenthealth@unthsc.edu

Students in the **Longview area** may access health services at CHRISTUS Trinity Clinical Internal Medicine.

CHRISTUS Trinity Clinical Internal Medicine
703 E. Marshall Ave Suite 1001
Medical Plaza II
Longview, TX 75601
903-753-7291

Students in the **Corpus Christi area** may access health services at Promptu Immediate Care.

Promptu Immediate Care
5638 Saratoga Blvd
Corpus Christi, TX 78414
361-444-5280

Promptu Immediate Care
4938 S Staples Ste E-8
Corpus Christi, TX 78411
361-452-9620

Students in the **San Antonio area** may access health services at Care Now Urgent Care Clinics.

Care Now Urgent Care Clinic @ De Zavala
12840 W I-10, Ste 101
San Antonio, TX 78249

Care Now Urgent Care Clinic @ Leon Valley
5755 NW Loop 410, Ste 102
San Antonio, TX 78238

Students in the **Sherman/Dennison area** may access health services at Texoma Care Family Medicine.

TexomaCare Family Medicine
5012 South US HWY 75
Denison, TX 75020
903-416-6025

Students in the **Midland area** may access health services at Vital Care Urgent Care.

Vital Care Urgent Care
Midland and Odessa, TX
407 N. Kent Street
Midland, TX 79701
432-687-2273

Exposure to Blood Borne Pathogens

Universal Precautions: The term “universal precautions” refers to infection control which presumes that every direct contact with body fluids is potentially infectious. The Occupational Safety and Health Administration (OSHA) regulations for health care professionals who are considered at risk of occupational exposure to bloodborne diseases can be found at <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>

Bloodborne pathogens refer to pathogenic microorganisms that are present in human blood and can cause disease in humans (e.g. HBV, HIV, etc.). “Exposure Incident” means “a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or potentially infectious materials.” Contact can occur via a splash, needle stick, puncture/cut wound from a sharp instrument, or human bite. Other potentially infectious body fluids other than blood include semen; vaginal secretions;

pleural, pericardial, synovial, peritoneal, cerebral spinal, or amniotic fluids; saliva during dental procedures; and any other body fluid visibly contaminated with blood.

Policy/Procedure: If a TCOM medical student is exposed to bloodborne pathogens either by direct contact with blood or other body fluids via the eyes, mucous membranes, human bite, or sharps (e.g., needle stick, lancet stick, scalpel cut, etc.) while on rotation, it is to be handled as an EMERGENCY SITUATION.

Post Exposure Protocol

- Immediately wash exposed areas with soap and water.
- If splashed in eyes or mouth, flush with large amounts of water.
- Treatment is critical within first 2 hours.
- Notify supervisor and follow rotation site exposure protocols (see below for addresses).
- If facility is not equipped to handle exposure, contact HSC Health Student Health Clinic or appropriate remote site location listed below.
- If SHC or remote site listed is not available, or you are not in the DFW area, go to the nearest ER and use your student health insurance.
- You must notify Student Health and the Osteopathic Clinical Education Office of any care received at another facility.

Dallas/Fort Worth & Weatherford Area students with exposures to bloodborne pathogens which occur M-F, 8-5 should report to:

HSC Health Student Health
855 Montgomery St., 3rd Floor
Fort Worth, TX 76107
T: 817-735-2273 F: 817-735-0651

For exposures occurring afterhours, students should report to the nearest emergency room and use their student health insurance.

Longview remote site students with exposures to bloodborne pathogens which occur M-F, 8-5, should report to:

CHRISTUS Good Shepherd Medical Center Employee Health
1621 N 4th St, Suite 1
Longview, TX 75601
903-315-5154

For exposures occurring afterhours, students should report to:

Emergency Department
CHRISTUS Good Shepherd Medical Center
700 E Marshall Ave
Longview, TX 75601
903-315-2000

Corpus remote site students with exposures to bloodborne pathogens should report to:

Christus Spohn

OCC Health Nurse at Christus Spohn, also immediately report to your attending and Dr Hinojosa

Bay Area report to charge nurse and medical education office proceed directly to emergency room for treatment

Methodist San Antonio remote site students with exposures to bloodborne pathogens should report to:

Employee Health Methodist Hospital
7700 Floyd Curl Dr
San Antonio, TX 78229
210-575-0404

Texoma Medical Center remote site students with exposures to bloodborne pathogens should report to:

Employee Health
Texoma Medical Center
5016 South US Hwy 75
Denison, TX 75020
903-416-4088

Midland remote site students with exposures to bloodborne pathogens should report to:

Vital Care Urgent Care Midland and Odessa, TX
407 N Kent Street
Midland, TX 79701
432-687-2273

Patient Care Supervision

Cross Listed as [TCOM Procedure 5.4 Patient Care Supervision](#)

TCOM students and residents engaged in patient care at UNTHSC operated facilities or as participants in UNTHSC affiliated training programs shall do so under the supervision of a licensed health care provider who has been credentialed to provide that scope of care. Visiting students and residents working in UNTHSC facilities or with UNTHSC employed faculty shall be similarly supervised.

1. TCOM students and residents engaged in patient care activities shall at all times be supervised by a duly licensed member of the clinical faculty who retains privileges for the scope of care being provided. Faculty or a similarly credentialed designee (resident or fellow with approved privileges) must be immediately available in the facility where the activity is taking place. Students who have demonstrated competence to the faculty may perform patient histories and physical examinations without immediate supervision if directed to do so by faculty.
2. TCOM students and residents may form such additional tasks as may be directed by supervising faculty upon demonstrating competence to perform those tasks. In most instances, the provision of patient care shall require the immediate presence of a duly credentialed supervising provider who has ascertained the trainees level of proficiency.
3. TCOM shall assure distribution of this procedure to students, residents and faculty as part of the orientation plan for clinical training.

4. Students or residents who fail to follow procedures for clinical supervision may be removed from patient care activities at the discretion of the dean or her/his designee pending a disciplinary review.
5. Faculty who fail to observe supervision procedures may be removed from participation in TCOM training programs and may be further subject to disciplinary action.

Medical Student Use of Chaperones

While on rotations, it is important for you to make your position clear to patients by introducing yourself as a “medical student”. All students should review with their preceptor and site all chaperone policies to ensure they are in compliance on this rotation. Without question, any portion of an exam that involves breast, pelvic or rectal exams, and even during certain portions of an interview that can involve sexual history, should not be done alone with the patient.

Professionalism and Ethics

We expect you to give the appearance and behavior of an advanced medical student about to become a physician. You should remember that medical ethics of confidentiality should be adhered to. Appropriate identification identifying you as student physicians should be worn at all times when seeing patients. The student physician should appear well groomed, neatly dressed, and give a good professional image. Dress requirements include a cleaned and pressed clinic jacket. We reserve the right to suggest that dress may not be suitable, or we may suggest appropriate attire. Your response will be judged as part of your self-management.

We expect you to maintain the highest standard of professionalism and ethical behavior at all times. This includes your relationship with the clinic staff, and your fellow students.

Problem Patients

If you are having trouble with a patient, please notify your supervising physician. He/she will advise you or get further consultation on how to handle the situation.

Availability

You must be readily available at all times during clinic hours. If for any reason you must leave the clinic, you must notify both the supervising faculty and the head nurse. Your home phone number must be listed with your assigned clinic office.

Equipment

Carry your stethoscope with you during clinic hours.

Courtesy Visits

Under no circumstances are you to see a patient unless they have signed in with the receptionist of your hospital/clinic. Do not see your classmates or fellow students informally. Patients will be assigned by supervising faculty.

Care Team

UNTHSC cares about our students' success, not only academically, but emotionally and physically as well. The UNTHSC Care Team receives referrals and supports students experiencing personal, emotional, and/or medical concerns and is made up of representatives from various departments on campus so that a well-rounded, holistic support system is in place for the UNTHSC campus community. The Care Team serves as a centralized reporting source for any individual who is concerned about a student and would like assistance. To submit a Care Team referral, use the Person of Concern form at unthsc.edu/personofconcern. To contact the Care Team directly, call 817-735-2740. More information, including a resource guidebook, can also be found at unthsc.edu/wellness-services.

Applicable Policies

The clinical clerkship is operated in accordance with the policies and procedures of the academic programs of the Texas College of Osteopathic Medicine as presented in your class' Clerkship Manual, Student Handbook and College Catalog.

The Texas College of Osteopathic Medicine shall not discriminate on the basis of race, ethnicity, color, sex, sexual orientation, gender, gender identity, religion, national origin, age or disabilities.

Academic Integrity/Honor Code

Enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing student behavior at UNT Health Science Center. It is the responsibility of the student to be familiar with all policies governing academic conduct which can be found in the UNTHSC Student Catalog, Student Policy Handbook and the Student Code of Conduct and Discipline which are located on the UNTHSC Internet at <http://www.hsc.unt.edu/Sites/DivisionofStudentAffairs/>

Academic Assistance

Students may schedule one-on-one academic assistance with faculty through in-person appointments, telephone calls or e-mail communication. Academic assistance is also available through the UNTHSC Center for Academic Performance (CAP). <http://www.hsc.unt.edu/CAP>

Attendance and Drop Procedure

Course instructors and the School's administration expect students to attend class. It is the responsibility of the student to consult with the instructor *prior* to an absence, if possible. Withdrawal from a course is a formal procedure that must be initiated by the student. Students who stop attending class and do not withdraw will receive a failing grade. Students should consult with the instructors prior to withdrawing. In some cases, a perceived problem may be resolved, allowing the student to continue in the course. It is the student's responsibility to be familiar with the policies and procedures as stated in the Student Handbook and the UNTHSC Catalog located on the UNTHSC Internet at <http://www.hsc.unt.edu/departments/studentaffairs/>.

Americans with Disabilities Act

The University of North Texas Health Science Center does not discriminate on the basis of an individual's disability and complies with Section 504 and Public Law 101-336 (American with Disabilities Act) in its admissions, accessibility, treatment and employment of individuals in its programs and activities. UNTHSC provides academic adjustments and auxiliary aids to individuals with disabilities, as defined under the law, who are otherwise qualified to meet the institution's academic and employment requirements. For assistance contact the Assistant Director, Disability Accommodations within the

Center for Academic Performance at the Health Science Center. Reference Policy 7.105 Americans with Disabilities Act Protocol in the Student Policies.

Course and Instructor Evaluation

It is a requirement of all students that they are responsible for evaluating each of their courses and instructors as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction. Please adhere to all guidelines established in the policy.

Course Assessment

In some instances, courses will have a course assessment that will provide immediate feedback to the course director regarding progress of the course identifying potential problems and determining if student learning objectives are being achieved. (Provide all pertinent information regarding the specifics of the groups in the syllabus as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction.)

Syllabus Revision

The syllabus is a guide for this class but is subject to change. Students will be informed of any change content or exam/assignment dates.

Turnitin and the Family Education Rights and Privacy Act (FERPA) – If applicable

NOTE: UNTHSC has contracted with Turnitin.com for plagiarism detection services. Use of Turnitin.com is entirely in the discretion of the instructor, but use of such a service requires that you provide notice (via syllabus) to your students that you are using such services. In addition, instructors who use Turnitin should be sure to remove student identifiable information from the work before sending to Turnitin or receive written permission from the student. There are two methods for using Turnitin for written assignments. Please refer to the wording guidelines and consent form located on the Faculty Affairs website at <http://www.hsc.unt.edu/Sites/OfficeofFacultyAffairs/index.cfm?pageName=Turnitin>.

Zero Tolerance for Sexual Violence and Harassment

All students should be able to study in an atmosphere free of harassment, sexual violence and gender discrimination. Title IX makes it clear that violence and harassment based on sex and gender is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc. If you or someone you know has been harassed or assaulted, you can find the appropriate resources on the UNT Health Science Center's website: http://web.unthsc.edu/info/200304/student_affairs/355/title_ix_reporting

Social Media Policy Statement

Social media has created unique opportunities for interaction, communication, and networking. Students are expected to abide by the Student Code of Conduct & Discipline and the Health Insurance Portability and Accountability Act (HIPAA) when using social media by not revealing patient/client/research subject information, private content, or proprietary information regarding patients/clients/research subjects of the institution.

The purpose of this policy is to provide students with guidelines and regulations for appropriate social media use in order to uphold confidentiality and privacy laws and agreements.

<https://app.unthsc.edu/policies/Home/GetFile?policyNumber=07.115>

We reserve the right to make clinical assignments based on needs and availability.