Psychiatric Care Clerkship
IDPT 7040

Curriculum & Course OVERVIEW

The following information provides an overview of the 2016-2017 Academic year for the Psychiatric Care Clerkship Curriculum.

All course information will be found on the Psychiatric Care Clerkship CANVAS site. The CANVAS site includes the learning materials and requirements.

Note: The sole purpose of this document is to provide an OVERVIEW of the Psychiatric Care Clerkship. Specific course and curriculum requirements are housed on the Psychiatric Care Clerkship CANVAS pages, which supersede any and all information included in this document.

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Psychiatric Care Clerkship Faculty & Staff Contact Information

**Director:** Robert Davies, MD; Director, Medical Student Education Program, Department of Psychiatry, Robert.Davies@ucdenver.edu

**Associate Director:** Joseph Sakai, MD; Associate Director, Medical Student Education Program, Department of Psychiatry, Joseph.Sakai@ucdenver.edu

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**Coordinator:** Sharon Campbell, Coordinator, MSIII/IV, Medical Student Education Program, Department of Psychiatry, Sharon.Campbell@ucdenver.edu, 303-724-7400

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Disclaimer

This handbook/syllabus does not constitute a contract, either expressed or implied, with the University of Colorado School of Medicine and the University reserves the right at any time to change, delete or add to any of the provisions at its sole discretion. Furthermore, the provisions of this document are designed by the University to serve as guidelines rather than absolute rules, and exceptions may be made on the basis of particular circumstances.
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Welcome

Since our founding in 1923, our department has always been dedicated to the education of our medical students. We recognize that, no matter what specialty you ultimately enter, most of you will practice psychiatry one way or another. Our core psychiatry curriculum will provide you with the clinical understanding and tools for this reality. Our Psychiatry Care Clerkship provides supervised clinical experiences, didactics and reflective writing small groups in which to hone your skills, expand knowledge in psychiatry and thoughtfully consider difficult or challenging experiences. Psychiatry grows each year in the effective treatments that it offers patients, while it retains its essential interest in the individuality of their lives. You will become part of both the growth and the tradition of education in our field. We look forward to working with you.

Rationale and Expectations

After completing Basic Psychiatry in Phases I and II, students complete a 4 week Psychiatric Care Block in Phase III. We offer a diversity of experiences and a number of rotation sites, including UCH, CeDAR, Denver Health Medical Center, the Veterans Administration Medical Center, Children’s Hospital Colorado, and programs in Fort Collins, Pueblo and Grand Junction. Students can select to work with children, adolescents, adults, and elderly patients on inpatient, outpatient and emergency settings. During this block, students also attend four weekly Reflective Writing small groups, providing a structured approach to help students to consider and grow from challenging clinical experiences. Students also attend four Wednesday afternoon didactic sessions, which focus on a broad range of clinically-relevant topic areas.

Core Clinical Conditions

MINIMUM CLINICAL EXPERIENCES - 100% compliance. Evaluate at least two patients for each of the following common problems using screens from the CU ASSESSMENT OF COMMON PSYCHIATRIC PROBLEMS. Track this activity electronically. Patients may have more than one problem e.g. bipolar illness and substance abuse, schizophrenia and suicidal ideation. In other words, you may complete a number of screens with only one patient. Patients may have none of these things but the goal is for you to gain experience using these key screens.

1. Major depression
2. Bipolar illness
3. Schizophrenia
4. Suicidal thinking or actions
5. Anxiety or co-morbid anxiety such as panic, OCD, PTSD, GAD
6. An eating disorder
7. Substance use
8. A sleep disorder or co-morbid sleep disorder such as insomnia, obstructive sleep apnea, circadian rhythm disorder, restless legs, parasomnias, such as sleep walking or night terrors
9. A cognitive disorder, either delirium or dementia
10. ADHD
11. Somatic Symptom Disorder diagnosis does not require that somatic symptoms are medically unexplained. Somatic symptoms are either very distressing or result in significant disruption of functioning, as well as excessive and disproportionate thoughts, feelings and behaviors regarding those symptoms.
In addition to screening for the above eleven common psychiatric problems, you should be able to describe their:

- basic biological mechanisms
- presentation and clinical course
- and, if available, treatment plans based on the American Psychiatric Association or the Academy of Adolescent and Child Psychiatry practice guidelines.

Course Objectives

1. Demonstrate the ability to conduct a psychiatric evaluation, including a detailed mental status examination, and use of appropriate psychiatric screens.
2. Develop interviewing skills including appropriately using open-ended vs. closed-ended questions and attending carefully to patient presentation and non-verbal cues.
3. Demonstrate the ability to establish an alliance with patients and families, showing comfort in exploring psychiatric symptoms and issues.
4. Demonstrate an openness, sensitivity, respect, caring and tolerance toward patients, family, and health care team members, while upholding the primacy of patient needs and welfare.
5. Utilize effective techniques to obtain relevant and sensitive historical information.
6. Demonstrate the ability to utilize information gathered from the psychiatric interview, the medical chart, collateral history and other sources, to (a) craft a case formulation using the biopsychosocial model, (b) develop a differential diagnosis, organizing from most to least supported by the data, and (c) explain choice of diagnosis and reasoning for considering and rejecting alternate diagnoses.
7. Utilizing their case formulations, demonstrate the ability to develop a plan for continued assessment and treatment, while applying established and emerging biomedical knowledge to the care of patients.
8. Deliver oral presentations in the team setting that are organized, accurate, complete and concise.
9. Document written communications in the health record in an organized, accurate, complete, concise and timely manner.
10. Demonstrate effective communication with members of the healthcare team and collaborate effectively with multi-disciplinary health care team members to improve patient care.
11. For the common psychiatric problems listed below, demonstrate knowledge of their common presentation, associated symptoms, clinical course, basic biologic mechanisms and their basic treatment plans.
12. Enrich prior knowledge in psychiatry through outside reading, searching the literature and other self-directed learning experiences.
13. Demonstrate professional growth through response to feedback and asking for help when needed.
14. Developing the capacity for critical reflection.

Course format and timeline

The psychiatry clerkship is 4 weeks with Orientation the first Monday, 9-10 am and an initial training on the mental status exam first Monday 10-11 am, on the Anschutz Medical Campus. Once you leave your clerkship orientation, you will go to your assigned sites and will receive an orientation specific to your
site. If you are at an AHEC site, you will attend the Monday, 9-11 am, orientation and training via video conferencing.

<table>
<thead>
<tr>
<th>WEEK #</th>
<th>Reflective Writing DUE Tuesdays</th>
<th>RWGs Wednesdays 2-3 pm</th>
<th>Essentials of Psychiatry Wednesdays 3-5 pm</th>
<th>DOF’s DUE Friday</th>
<th>Midpoint Eval DUE</th>
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**Attendance Policy**

The ideal situation is that you will be here for all days and participate in all assigned tasks. Since most of psychiatry is based on your experiences rather than written work, it is hard to make up.

**Scheduled Time Off (i.e. family events, physician appointments, etc.):**
- Notify Dr. Davies & Sharon Campbell
- Let your attending physician/team know of your absence
- Make arrangements for any make-up with your attending physician

**Unexpected Time Off (i.e. illness, family death, etc.):**
- Notify Dr. Davies, Dean Garrity & Sharon Campbell
- Sharon will notify your attending physician

*If you are gone from the clerkship more than 2 full days and cannot make up the work, you may have to schedule time outside of your block schedule to make up your experiences.*
Accommodations

Please let Sharon Campbell, Sharon.Campbell@ucdenver.edu, 303-724-7400, know the first day of the clerkship. The NBME exam needs to be ordered noting the specific timing requirements. The exam is ordered the first day of the clerkship. You are responsible for setting this up as stated below.

To ensure disability-related concerns are properly addressed, students with disabilities who require assistance to participate in this class should contact the Office of Disability Resources and Services, Building 500, room Q20-EG305, 13001 E 17th Place, Aurora, CO 80045, 303-724-5640 to request accommodation.

Any students with disabilities or other special needs, who need special accommodations in this course, are invited to share these concerns or requests with the instructor and contact the Disability Services Office (http://www.ucdenver.edu/student-services/resources/disability-resources-services/Pages/disability-resources-services.aspx) as soon as possible.

First day reporting section

Please bring your choice of electronic device (laptop, phone, tablet, etc.) to all sessions. You will need to be logged into your Psychiatric Care Canvas site.

The first Monday of your block you will attend a 9-10 am Orientation and 10-11 am training on the mental status exam, on the Anschutz Medical Campus (Building 500, 2nd floor, Education hallway). Once you leave your clerkship orientation, you will go to your assigned clinical site and will receive an orientation specific to your site. If you are at an AHEC site, you will attend the Monday, 9-11 am, orientation and training via video conferencing.

Security, Student Safety, and Disaster Preparedness

Institutional emergency and disaster preparedness policies and plan are outlined in the “Emergency-Preparedness Quick-Reference Guide” for the Anschutz Medical Campus. The link is published in the Clinical Block Syllabus, posted on Canvas http://ucdenver.canvas.com, and located next to emergency phones (e.g., ED1 and 2) as well as many of the student lounge areas, small group rooms, and lecture halls. Colorado Springs Branch students located have similar policies and procedures provided by the branch.

Medical Student Policies and Procedures Manual “White Book” (http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf) publishes emergency information (section 4.1), “In an emergency, both the Office of Student Life (303-724-6407) and the Registrar’s Office (303-724-8053) will make reasonable efforts to contact a student or a student’s designated emergency contact.”

Emergency information is also found on the Student Life web site: http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/emergencies/Pages/Emergencies.aspx
Security, student safety, and disaster preparedness as well as relevant contact information for all core clinical sites will be provided to students at individual clerkship orientations and on the Canvas Phase III course location.

Recommended Resources

For those who wish to utilize a text, successful students in past years have utilized First Aid for the Psychiatry Clerkship (which has been updated for DSM-5) and Blueprints. We also have copies of Case Files which may be borrowed by students.

Assignments

You may check off assignments as you complete them. All of this information is listed on Canvas in your weekly modules.

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Foundations of Doctoring

Schedule two shifts with your preceptor and clerkship attending during this rotation.

Consultation Service

Consultation services are great places to learn psychiatry while fulfilling many of your screen requirements.

Students at DHMC attend the Consultation/Liaison Service there. Please contact Shelby Bryant, Shelby.Bryant@dhha.org, 303-602-6923.

VAMC students should call Dr. Mitzi Wasserstein, 303-399-8020 ext. 3516, for consultation details.

Students at UCH OPD do consults at the UCH C/L Service on Wednesdays and Mondays (starting in week 2).

Students at other locations may do consultations as arranged at their particular clerkship site.
Wednesday Afternoon Critical Reflections

Critical reflection is a skill which:
- sharpens clinical reasoning
- improves doctor-patient relationships
- increases empathic capacity
- helps identify ability and knowledge gaps, and promotes self-directed learning
- suggests alternative behaviors in clinical settings
- reduces clinical mistakes

The goal of critical reflection is increased understanding of oneself within the context of multiple relationships and pressures that made you uncomfortable or personally challenged.

Any of four relationships can affect clinical relationships/outcomes and are fruitful to examine:
- Clinician-patient relationship
- Clinician-self relationship (what the clinician brings to the table)
- Clinician-colleagues
- Clinician-social context (clinic or hospital policies, bed availability, attendings, types of illness e.g. psychiatric, substance induced, etc.)

Critical reflection—analyzing, questioning, and reframing experience—takes effort and a willingness to evaluate one’s own actions, beliefs and values. For instance, reflective practitioners learn to consider factors that influence the patient-doctor relationship and clinical outcomes such as race, gender, sexuality, prejudice, social class, religion, political persuasion and one’s own experience of illness.

Most learning from critical reflection occurs not from transcribing the experience but by writing, dissecting, analyzing and rewriting. In other words, new insights can arise from the very act of writing.

Like any skill, some people have more inherent aptitude for reflection than others; everyone improves with practice. Remember the objective isn’t beautiful writing, good storytelling or self-promotion but is purposeful thinking, critical analysis and professional development.

1. Each student will write one reflection/week, maximum 500 words, and send it to their group facilitator by Tuesday evening before the Wednesday Reflection Seminar.
2. The first reflection is due the first Tuesday evening of the rotation. The last three prompts are at the end of the syllabus.
3. Wednesdays, 2:00-3:00, students meet in small-group reflective writing seminars and present, discuss, receive (and give) feedback on content and reflective ability demonstrated in written reflections.
4. Following seminars, faculty may add written comments and return to students, prn.
5. Students at AHECs will attend groups via electronic means.
6. At mid-block, students may choose one or both reflections to share with their site attending for further discussion and feedback. THIS WILL TAKE THE PLACE OF ONE CLINICAL OBSERVATION.
7. Reflections are required but not graded. Students will receive formative feedback about the depth of their reflections.
8. If discussed electronically (Skype, Google, etc.) use a pseudonym.
Reflective Writing Prompts

**Week 1:** Focus on thoughts, feelings, concerns about working with patients who have psychiatric illness, working on locked wards, patients with psychosis or whatever else occurs to you about starting the psychiatry rotation.

**Week 2:** Think of a recent clinical interaction you had where you ended up having negative feelings about a patient. Write about those feelings and what you imagine the patient's experience of that interaction was.
Review the syllabus to hone your focus on critical elements of a reflection.
Reflection should be 500 words.

**Week 3:** Think of an interaction with a faculty member, resident, student or other that did not turn out the way you had wished. Consider not only what happened (a description of what happened) but by dissecting, analyzing and re-writing consider your internal experience, others’ experience, underlying beliefs values, etc.
Review the syllabus to hone your focus on critical elements of a reflection.
Reflection should be 500 words.

**Week 4:** Think of an interaction where you felt unsettled or challenged; where culture, race, ethnicity, sex, gender, socioeconomic status or other such factors might have played a role. Consider not only what happened (a description of what happened), but by dissecting, analyzing and re-writing consider your internal experience, the others’ experience, your underlying beliefs values, etc.
Review the syllabus to hone your focus on critical elements of a reflection.
Reflection should be 500 words.

**Wednesday Afternoon “Essentials of Psychiatry”**
Students will meet with a senior resident each Wednesday from 3:00 – 5:00 pm in Room E2328 (students at AHEC sites will participate via electronic means). This seminar is divided into a series of four weekly sessions of 2 hours each. Each session has one to two main topics that will be addressed using a combination of didactic lectures and small group teaching activities. The major focus of the curriculum will be increasing and demonstrating medical knowledge of core psychiatric concepts. The sessions will cover 1) basics of Colorado involuntary treatment laws and common principals of psychiatric diagnoses, 2) common psychopharmacology, and 3) common questions for psychiatric consultation. While participation is mandatory for this seminar, the pre/post quizzes will NOT be used to calculate your final grade.

**Direct Observation Form**
- Students are required to have one direct observation form completed per week by a supervising physician.
- Completion of at least (4) direct feedback forms required for final grade in each block
Mid-Point Review Form

- All students are required to have a mid-clerkship review (2nd Friday of clerkship) with the preceptor at their assigned site.
- Complete the Student Self-Assessment portion prior to your mid-clerkship review.
- Bring midpoint review form, completed Direct Observation forms and a copy of your logger, to the mid-point review meeting.
- Students are required to fill out the front page of midpoint feedback form with supervising physician.
- The evaluating physician will complete the second page; student and physician **MUST SIGN AND DATE** the second page.

Examinations

**NBME SHELF EXAMINATION**

The shelf examination is a reading test and contains 110 questions which you have **2 hours and 45 minutes to complete**. You are not to discuss the contents of this examination with anyone. This is a difficult exam which requires **reading skills** as well as **content knowledge**. Students have found it useful to review exam contents on the NBME website and to utilize question banks especially the PreTest and Blueprints (Online and physical text). Previous students performing well on the shelf have in addition to PreTest and Blueprints utilized **USMLE World psychiatry questions** and some have reviewed a textbook early in the block (see Recommended Resources section).

- The final examination is proctored and will be held on the last day of the clerkship in a location TBA. You will have 2 hours and 45 minutes to complete the examination.
- In order to receive your final grade, **upload all experiences for “Psychiatric Care” to the Student Logger site; four Direct Observation Forms** (or three if you discussed a reflection with your attending), turn in midpoint evaluation, and complete your evaluation of the rotation, attending and resident(s) if applicable.

Evaluations and Grading

- Blocks follow the UCSOM Phase III Student Assessment Policy.

We ask attendings to consider **all** of the following when providing your written evaluation.

- Please tell us how your student’s performance compares with students at this level of training.
- Areas for comment are **QUALITY OF:**
  - Motivation and work ethic
  - Responsibility for patient care
  - Fund of knowledge
  - Interviewing skills including alliance building
  - Presentations, write-ups & notes
  - Assessments and differentials
  - Treatment plans
  - Work in team settings
  - Self-directed learning
  - Leadership
If appropriate, “below the line comments” about areas for improvement

- A Grading Committee will be used to determine final grades. A maximum of 20% of students can receive Honors and 20% can receive High Pass. There is an option to increase the number of students in Honors/High Pass categories at the year-end review; however, the total combined assignment of Honors and High Pass must not exceed 50%.

- **Grades and overall RIME performance** are determined by **block directors + grading committee** based on written evaluations of clinical performance, attending RIME evaluations, conversations with supervising physicians, exam scores, project work, completion of direct observation forms, and professionalism.

- The Grading Committee completes a **final valuation** that will include a **clinical grade, exam scores; RIME scale performance, final grade and a composite of the written comments** from your assigned attending physician.

- If you would like additional attendings or residents to send us written evaluation of your work, please provide Sharon.campbell@ucdenver.edu their names so she can send them the evaluation forms.

- Block Coordinators will send a copy of your final assessment to you and the Office of Student Affairs via email within 4 weeks of the completion of the block.

The following grades are possible: Honors (H), High Pass (HP), Pass (P) and Fail (F), as well as Interim Pass (IP), Incomplete (I) and Pass with Remediation (PR). All grades remain permanently on your transcript except IP and I, which are replaced with the appropriate grade after you have completed the course.

**In Psychiatry** your grade is composed in the following way:

- **Clinical performance.** The Grading Committee reviews assessments of performance – primarily from your attending - and assigns a clinical grade of H, HP, P, or F. **We ask attendings not to suggest grades.**

- **Completion** of psychiatric screens, Direct Observation Forms, reflective writings, attendance of reflective writing groups, attendance of Essentials of Psychiatry, midpoint evaluation completion and attendance at your clinical sites are required to pass. None of the above are graded, but all are requirements.

- A final grade of Honors requires H for clinical work and at **least an 83** on the NBME shelf exam; High Pass requires a HP clinical grade and at **least a 78** on the shelf; Pass requires a P for clinical work and at least a **score of 63** on the shelf.

- **In May 2017 we re-evaluate grade distribution. At that point some grades may be raised.**

- If you score **below 63 on the shelf but receive a robust clinical evaluation,** you will have the opportunity to take a make-up shelf examination. If you fail the shelf and your clinical evaluation is marginal, you will have to repeat the rotation.
Hazard Exposure/Needle stick

Medical Treatment: Employees and student interns that have needle-sticks or bodily fluid exposures should seek immediate medical attention in the Emergency Room of the hospital where the work related incident occurs.

Exceptions are:

- University of Colorado Hospital (UH) - Go to the Infectious Disease Clinic at Anschutz Outpatient Pavilion, 1637 Aurora Court, 7th floor, between 8:00 AM and 4:00 PM Monday -Friday, or the Emergency Room after hours.
- Denver Health Medical Center (DHMC) - Go to the Occupational Health and Safety Center (corner of 6th Avenue and Bannock, 4th Floor) between 8:00 AM - 3:30 PM Monday through Friday or the Emergency Room after hours.
- Employees/Student Interns working in small clinics or in laboratories off campus should go to the nearest emergency room or facility that can perform a blood draw. Students, volunteers or others not covered by workers’ compensation should contact their personal healthcare provider. On the CUSOM website at: Needle-Stick & Bodily Fluid Exposures

How to pick preceptor

Site choices are emailed to the students approximately 6-7 weeks prior to the start of their Psychiatric Care Clerkship. They are asked to list their preferences, #1-5; one site being an AHEC (unless given permission to stay local by the Dean of Student Affairs). Assignments are emailed to the students 5 weeks prior to beginning the clerkship.

Logger

In order to ensure that students are seeing all of the required conditions and adhering to duty hour restrictions during Phase III, the following requirements of students and clerkship directors are in place:

- **Logger Requirements**
  - Update the Logger at least once weekly, including duty hours for the week.
  - Required to log each of the 11 psychiatric screens twice during the block.
  - Log honestly, including truthfully reporting duty hours and patients seen.
  - Provide the logger to your attending physician or senior resident at the midpoint.

- **Duty Hour Requirements**
  In addition to your clinical responsibilities, students are required to complete Phase III Foundations of Doctoring course requirements and occasional activities mandated by the Dean of Student Affairs. In addition:
    - Students will have no more than 80 hours a week of scheduled participation *averaged over a course*. This does not include time students should spend reading about their patients or doing patient write ups.
    - Students will have no more than 30 consecutive hours of scheduled participation during one period of time.
    - Students will have a minimum of 24 consecutive hours scheduled off in 7 days *averaged over a course*.

- **Clerkship Directors or their Designee will:**
Review the student logger data at the midpoint and end of a block to ensure students are on track to see all required clinical conditions.

Review aggregate data twice yearly to ensure that all required clinical conditions are seen by all students and to ensure that alternate methods are used minimally to achieve this.

Students not completing their requirements will face the following consequences:

- Dishonest Logging of Patient Encounters or Duty Hours will be deemed a violation of the Student Honor Code and be referred to the Student Honor Council for further discussion.
- Students will not receive a grade until a completed logger has been turned in at the end of the block.

Please refer to the video presentation from ICC 7001 for instructions on how to successfully use the logger if you run into technical issues.

Please refer to the video presentation from ICC 7001 for instructions on how to successfully use the logger if you run into technical issues.

Professionalism

Student Expectations of Professionalism

Academic Honesty Statement

Students are expected to adhere to the Honor Code of the University of Colorado School of Medicine which states that students must not lie, cheat, steal, take unfair advantage of others, nor tolerate students who engage in these behaviors. Please check the website for information on the Medical Student Honor Code.

http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/AcademicLife/HonorCouncil/Pages/default.aspx

Students are also expected to:

- Contact the appropriate block faculty and student life for all voluntary and involuntary absences.
- Check email and Canvas regularly for communication about block activities and updates. Respond within 24 hours to all block emails requiring individual student response.
- Attend all block conferences and required events and arrive on time to these events.
- Complete all required coursework and evaluation.
- Use smart phones and electronic tables with discretion
- Wear professional dress.

Reporting issues of professionalism of others:

The Office of Professionalism exists to provide faculty, residents, fellows and students a resource on campus to obtain a fair and equitable treatment for all matters. Under appropriate circumstances, the office can serve as an advocate for fair and equitable treatment for faculty, residents, fellows, and students and can facilitate safe reporting of mistreatment or abuse.

The Office is available to help faculty, residents, fellows, and students with all issues and concerns and provides consultations, short-term coaching, counseling, referrals, alternative dispute resolution and

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facilitation. The Office can also assist faculty, students, and staff members in preparation for various meetings and conversations.

The services of the Office of Professionalism are provided free of charge.

Contact the office by emailing Barry H. Rumack, MD at barry.rumack@ucdenver.edu or Josette Harris at Josette.harris@ucdenver.edu. For faster response, (no confidential information please) call 303-724-7854. Offsite and onsite visits are by appointment only. Building 500, 8th floor, room 8000C.

Mistreatment

If a student feels that he or she has been subject to mistreatment in the learning or clinical environment, there are a variety of options for reporting. We recognize that students may differ in how they want to address this issue, and we seek to provide a wide array of reporting options. Please check the website for information and reporting in regards to mistreatment vs. suboptimal learning. http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Professionalism/Pages/DefinitionsExamples.aspx

Communication

Email: Email is the preferred method of communication to and from the coordinator, using the university email addresses. This will be an appropriate method of communication to and from the Director and Associate Directors as well (see contacts). Please check your emails for possible important changes in your schedule or reminders. Please respond to questions presented via email within a 24-hour period. The Coordinator will respond to your questions within 24 hours.

Email is generally not sent or responded to on weekends or holidays. Additionally, the students are not expected to answer direct communication on weekends either.

HOWEVER, should there be an emergent situation (weekend, holiday or weekday) in the student’s life (family death, accident, illness, etc.), please email one of the psychiatry directors and contact Dean Garrity’s office; cc the Coordinator.

Attire

See “Professionalism” section.

Hospital responsibilities

You will receive site-specific information prior to beginning the clerkship at your assigned site. All sites/experiences will be very different from one another.
FAQs of general information and resources

Canvas: All materials for the Psychiatric Care Clerkship are on Canvas. On the “Home/Welcome” page is a direct link to “Modules”. Modules will break down the course by week. All information distributed throughout your clerkship is always at your fingertips on Canvas.

- Announcements will go out regularly as reminders for turning in assignments, updating loggers, etc.
- If you cannot find something you are seeking, please contact Sharon Campbell.

Laptop and Mobile Device Usage: Laptop usage is acceptable except during patient interactions. Cell phones may be used for interactions with your team/physicians, but please use discretion and personal calls should be made outside of work hours.

Library-supplied online databases and collections. The Health Sciences Library provides free online access to DSM-5, other psychiatric texts and practice guidelines. (Psychiatry Online: http://hsl-ezproxy.ucdenver.edu/login?url=http://www.psychiatryonline.org/)

Board Vitals an online question bank is also freely available through the Health Sciences Center library - http://marketing.statref.com/lp/uc_denver_boardvitals.html)