

EXHIBIT A: CURRICULUM



ROSS UNIVERSITY
SCHOOL OF MEDICINE

RUSM CLINICAL CURRICULUM GUIDELINES PSYCHIATRY

Overview:

The clinical core clerkships at Ross University School of Medicine (RUSM) are conducted at approximately 30 clinical sites around the United States. The purpose of this document is to:

1. Provide guidance to both educators and students on expectations for Ross students during their core clerkship rotations.
2. Achieve consistency in the educational materials presented to students during their core clerkships.

RUSM recognizes that each site presents its own unique learning opportunities, unique patient populations, and unique styles of teaching for our students. The University encourages experienced medical educators to pursue their educational methods that have proven successful in their own institutions. This guide is meant to assist students in understanding the core learning objectives that faculty in the Ross University School of Medicine apply across all sites and that students should strive to achieve.

Psychiatry Curriculum

(Clinical Chair: Seeth Vivek, MD, DLFAPA; Clinical Clerkship Director: Edward G. Hall, M.D.)

Course Information:

Course Title: Clinical Core Clerkship - Psychiatry

Course Number: CPSC5005

Credit Hours: 6 credits

Course Pre-requisites: IMF

Course Overview: Psychiatry is a branch of medicine that diagnoses and treats major mental illness and provides consultation about the mental effects of other medical illness and quality of life issues for individuals and families. In addition to major psychiatric illness like schizophrenia, autism and bipolar disorder, there are many other common psychiatric disorders featuring depression, anxiety and substance misuse that affect large portions of the population. Psychiatry also includes a number of subspecialties such as child and adolescent psychiatry, geriatrics and forensics. The Department of Psychiatry at Ross University School of Medicine (RUSM) adheres to the principle that Psychiatry is a branch of medical science dealing with disturbances in human behavior, emotions and thoughts (mind), categorically known as mental illness or disorder. We expect our students to understand and learn that mental illness, like other illnesses, can be treated, controlled, and prevented.

General Clerkship Expectations:

1. **Study Hours:** Reading/Case assignments are outlined and organized by week. Students should set aside time in review and preparation for the NBME subject exam. Case reviews and formative questions are great tools for surface learning, but the textbook and articles give comprehensive review of topics. In-depth understanding fosters greater retention.
2. **Work Hours:** Students are subject to the same ACGME work hour restrictions as PGY-1 residents. However, clinical activity is limited to 70 hours/week. Students should also be limited to 17 hours of continuous clinical activity.

Please see the current Student Handbook for details.

3. **Patient Interaction:** Students are expected to interact with and be responsible for an adequate number of patients at any given time. Under the supervision of residents/faculty members, and in conjunction with the interdisciplinary team, robust clinical experiences and learning opportunities are assured.
4. **Case Presentations:** Students are expected to present cases and receive feedback of their presentation skills, medical reasoning, differential diagnosis and management plans. Formal didactic presentations may also be required.
5. **Patient Notes:** Clerkship students must follow the procedures and qualifications for both paper chart and electronic medical record patient notes as detailed by the hospital to which they are assigned.
6. **Essential Patient Encounters / Procedures:** A list of the minimum number and types of patients to be seen during a clerkship is provided. All EPEs and EPPs must be recorded in the Patient Log as either a real patient or if needed, a Complementary Case. Although the sequence of each encounter will vary by location and assignment during each rotation, we encourage you to log each encounter soon after the interaction.

By the conclusion of the six week clerkship, students will be able to:

1. Become familiar with the description of the diagnostic criteria of the Diagnostic and Statistical Manual IV (DSMIV) which includes "multiaxial assessment" and the relationship between "general medical condition" and mental health in general.

2. Conduct a psychiatric interview, perform a mental status examination and formulate a broad differential diagnosis based on history and their findings.

Learning Objectives:

Core Clerkship Purpose and Goals:

Purpose:

Psychiatry is a branch of medical science dealing with disturbances in human behavior, emotions and thoughts (mind), categorically known as mental illness or disorder. We expect our students to understand and learn that mental illness, like other illnesses, can be treated, controlled, and prevented.

Goals:

By the conclusion of the six week clerkship, the student will be able to:

1. Demonstrate proficiency in clinically-relevant empathetic interviews with mental status examinations
2. Describe and use the diagnostic criteria of the Diagnostic and Statistical Manual V (DSM V) which includes the multiaxial assessment and differential diagnosis
3. Formulate a comprehensive treatment plan using all necessary therapies
4. Comprehend basic psychopathology, psychopharmacology and other therapeutic interventions including psychotherapies and ECT.
5. Practice based learning: be able to conduct evidenced-based literature reviews on best practice treatments of psychiatric disorders

Competency will be required in the following domains:

Patient Care (PC) Competencies

The student will be able to:

Gather relevant information, formulate differential diagnoses and propose plans for the management of the **Essential Patient Encounters (EPEs)** in a variety of settings with various psychiatric symptoms. Emphasis includes pertinent history and physical findings and evidenced-based lab testing, imaging and treatment plans.

1. Conduct a clinical interview with mini mental state examination
2. Learn when and how to use open ended vs. close ended questions
3. Learn to accurately assess patient's emotional tone
4. Communicate empathy
5. Understand your own emotional reactions to the patient
6. Conduct interviews with family members as needed/allowed
7. Assessment of patient's safety (harm to self and others)
8. Be able to formulate a differential diagnosis in psychiatry
9. Organize and present patient history, mental status, and collateral interviews
10. Formulate the case from biological, social, and psychological frameworks
11. Develop a working diagnosis and differential
12. Consider other medical causes of psychiatric symptoms

Medical Knowledge Competencies (MK)

The student will be able to:

Demonstrate knowledge and the application of critical thinking skills in caring for patients with the following Essential Patient Encounters (EPEs). These may be seen in the context of acute presentations, management of chronic conditions in the general practice of medicine and psychiatry.

Affective and Anxiety Disorders

1. Bipolar disorder
2. Major depression, first or recurrent episode
3. Dysthymic disorder
4. Cyclothymic disorder

Psychosis

5. Schizophrenia, acute and chronic
6. Major depression and manic episodes with psychosis
7. Acute situational or dissociative disorder with psychotic symptoms

Dementias

8. Alzheimer's
9. Multi-infarct

Major Disorders of Childhood

10. Attention deficit with hyperactivity
11. Autism spectrum disorder
12. Developmental delay

Substance Abuse Disorders

13. Opiate addiction
14. Recreational drug misuse
15. Alcohol dependence

Major Personality Syndromes

16. Borderline personality disorder
17. Antisocial personality disorder
18. Narcissistic personality disorder

Students will also demonstrate the following clinical treatments in Psychiatry (**Essential Patient Procedures/Clinical Tasks**) based on a patient's risk or medical condition(s):

Pharmacotherapy / Pharmacokinetics

1. Antipsychotic agents
2. Antidepressants
3. Anxiolytics

Psychotherapy Approaches, Rationale and Outcomes Support

4. Cognitive behavioral therapy
5. Interpersonal psychotherapy
6. Group and family therapy

Other Organic Therapies

7. Electroconvulsant therapy
8. Transcranial electrostimulation
9. Criteria for hospitalization including involuntary
10. Display beginning understanding of working in a multidisciplinary team
11. Display the capacity for evidenced-based literature review in evaluating efficacy of treatment options

Interpersonal Skills and Communication (ICS)

The student will be able to:

Utilize effective communication skills with patients, families and members of the health care team. Students will demonstrate active listening, empathy, eliciting the patient's concerns and values, and will develop a management plan which involves the patient. All patient encounters should include respectful communication that the patient can understand.

1. Demonstrate caring and respect when interacting with patients and their families even when conflicts or emotionally charged situations arise
2. Demonstrate ability to respectfully communicate with patients regardless of gender, socio-economic, cultural or sexual differences
3. Utilize a biopsychosocial approach when assessing a patient concern
4. Present cases to health care team members in an organized - efficient manner
5. Present acute problems with appropriate depth to determine diagnosis and treatment plan
6. Discuss chronic conditions including management of disease, prevention strategies and any barriers to adherence
7. Identify barriers to self-care - cognitive, cultural, physical, fiscal, and psychological

Professionalism

The student will be able to:

Accept responsibility to place the interests of patients first while striving to achieve competence during the rotation. Students will learn to maintain trust by identifying and ethically managing the potential conflicting interests of individual patients, patients' families, society, the medical industry, and their own self-interests.

1. Demonstrate honesty, integrity and respect with patients, families and members of the health care team
2. Know principles of medical ethics specifically in regard to the patient-physician relationship
3. Attend to responsibilities and completes duties as required including completion of ethics assignment, fmCASES, patient logs, mid-rotation evaluation, quality improvement project, and student feedback survey
4. Demonstrate accountability by being on time and prepared for both patient sessions and didactic conferences
5. Recognize personal knowledge and skills gaps and limitations, and seek assistance accordingly
6. Maintain emotional, physical and mental health including planning for prevention and implementing a strategy to address fatigue and impairment when present
7. Demonstrate the ability to earnestly request feedback and graciously accept constructive feedback with openness and a desire for growth and improvement.

Weekly Assignments:

You can access the e-book here: [*Kaplan and Sadock's Pocket Handbook of Clinical Psychiatry*](#)

We are providing a weekly study plan for assuring that you acquire the fundamental knowledge required of this clerkship. Adherence to this list of tasks and assignments will help maximize your comprehension of important topics, and will also be instrumental in your NBME Subject Clerkship Exam (SCE) preparation.

Week	Presentation/Topic	Exercise/Case Review	Required Reading (Kaplan and Sadock's Pocket Handbook of Clinical Psychiatry)
Week 1	Examination and Diagnosis of the Psychiatric Patient	<u>TED: Toward a New Understanding of Mental Illness</u>	Chapter 2 Chapter 3

Week	Presentation/Topic	Exercise/Case Review	Required Reading (Kaplan and Sadock's Pocket Handbook of Clinical Psychiatry)
	Classification in Psychiatry		Chapter 1
	Normal Sleep and Sleep-Wake Disorders		Chapter 21
	Human Sexuality and Sexual Dysfunction		Chapter 18
	Psychotherapies		Chapter 29
	Trauma and Stress Related Disorders		Chapter 11
			Chapter 16
Week 2	Personality Disorders		Chapter 24
	Suicide		Chapter 25
	Pharmacology and Brain Stimulation		Chapter 30
	Anxiety Disorders		Chapter 15
	Obsessive-Compulsive Disorders		Chapter 24
Week 3	Dissociative Disorders		Chapter 17
	Psychosomatic Disorders		Chapter 23
	Chronic Fatigue and Fibromyalgia		Chapter 16
MCR	Confirm your Mid-Clerkship Review Session	Print and present your patient log	
	Substance Abuse and Addiction		Chapter 11
Week 4	Emergency Psychiatric Medicine		Chapter 25
	Physical & Sexual Abuse of Children		Chapter 18
	Neurocognitive Disorders		Chapter 7
Week 5	Geriatric Psychiatry		Chapter 27
	End of Life Issues		Chapter 28

Week	Presentation/Topic	Exercise/Case Review	Required Reading (Kaplan and Sadock's Pocket Handbook of Clinical Psychiatry)
	Mood Disorders		Chapter 14
	Theories of Personality and Psychopathology	Psychoanalytic Schools Approach to Psychopathology Theory	
Week 6	Personality Disorders		Chapter 24
	Child Psychiatry		Chapter 26
	Gender Dysphoria		Chapter 18

Clerkship Grading:

Clerkship Grading Overview:

1. Clinical Clerkships Assessment of Medical Student Performance - **65% of your final clerkship grade**
2. NBME SCE - 25%
3. Online Curriculum Requirements - 10% (in order to receive full credit a student must:
 - A. Log 100% of EPEs/EPPs
 - B. Confirm a Mid-Clerkship Review
 - C. Complete the End of Clerkship Evaluation)

Clinical Clerkship Assessment of Medical Student Performance:

Clinical Clerkship Assessment of Medical Student Performance (CCAMSP) - 65% of your final clerkship grade
The Clinical Clerkship Assessment of Medical Student Performance form, exhibit A.1, will be completed by your site clerkship director with input from all of those who have worked with you throughout the clerkship.

National Board of Medical Examiners (NBME) Subject Clerkship Exam (SCE) – 25% of your final grade:

Students will have a 14-day "window" to sit for the subject clerkship exam. The window begins on the last Monday of the rotation.

Students are required to coordinate their exam date with the office of medical education and the director of medical education at their respective site to minimize impact on clinical responsibilities.

Failure of a SCE exam results in an "Incomplete" with an opportunity to re-take the exam and receive a maximum grade of "C" for the SCE. Other policies related to the Clinical Clerkship Assessment of Medical Student Performance component of the grade are established and unchanged (i.e., two or more "F" grades results in a failing grade for the rotation).

Please refer to the Latest Student Handbook for further details.

Online Curriculum Participation - 10% of your final grade:

Online Curriculum Requirements consist of:

- A. Log 100% of EPEs/EPPs
- B. Confirm a Mid-Clerkship Review
- C. Complete the End of Clerkship Evaluation.

Adherence to the above is made possible through the many resources within the eCollege course, and use of E*Value for recording.

Failure to complete **all** components of the Online Curriculum Requirements will result in an "Incomplete" or failing grade for this portion of the final core clerkship grade.

Required Clinical Experiences:

During your rotation, you will be required to be familiar with certain diagnoses and several procedures. We have used the terms Essential Patient Encounters (EPE) and Essential Patient Procedures (EPP) to designate these conditions. Aware that you might not actually experience every condition, we have provided Complementary Cases (Cases Files or articles) to help you fulfill these requirements. These simulated cases may also be used as a review, or to prepare for encounters at your clinical site.

EPES:

You can access the e-book here: [*Kaplan and Sadock's Pocket Handbook of Clinical Psychiatry*](#)

Essential Patient Encounters (EPEs)	Minimum Number	Complementary Cases	Kaplan and Sadock's Pocket Handbook of Clinical Psychiatry, 5th Edition, 2010
ADHD	1	Virtual Cases :: Psychiatry - Education - University of Southampton	Chapter 26 p. 349
Alcoholism/Alcohol Withdrawal	1	Access Medicine	Chapter 11 p. 104
Autism Spectrum Disorder	1	Access Medicine	Chapter 26 p. 309
Bipolar Disorder	1	Core Concepts :: Psychiatry - Education - University of Southampton	Chapter 14 p. 175
Borderline Personality Disorder	1	Access Medicine	Chapter 24 p. 311
Chronic Fatigue	1		Chapter 16 p. 218
Delirium	1		Chapter 7 p. 55
Dementia	2	Virtual Cases :: Psychiatry - Education - University of Southampton	Chapter 7 p. 55
		Access Medicine	
Eating Disorder	1	Access Medicine	Chapter 19 p. 259
Generalized Anxiety Disorder	2	YouTube	Chapter 15 p. 201
Insomnia	1	Access Medicine	Chapter 21 p. 278
Major Depression	2	Access Medicine	Chapter 14 p. 175

Essential Patient Encounters (EPEs)	Minimum Number	Complementary Cases	Kaplan and Sadock's Pocket Handbook of Clinical Psychiatry, 5th Edition, 2010
Mania	1	Virtual Cases :: Psychiatry - Education - University of Southampton	Chapter 14 p. 175
Narcissistic Personality Disorder	1	Access Medicine	Chapter 24 p. 311
Obsessive Compulsive Disorder	1	OCD - Obsessive Compulsive Disorder	Chapter 24 p. 311
Panic Disorder	1	Panic Disorder	Chapter 15 p. 201
Post-Traumatic Stress Disorder	1	YouTube	Chapter 15 p. 201
Schizophrenia	1	What's it Like to Experience Schizophrenic Symptoms?	Chapters 12 and 13
Substance Abuse & Dependence	1	Access Medicine	Chapter 11 p. 104

EPPS:

<u>Essential Patient Procedures (EPPs)</u>	<u>Minimum Number</u>	<u>Complementary Cases</u>	<u>Kaplan and Sadock's Pocket Handbook of Clinical Psychiatry, 5th Edition, 2010</u>
<u>Psychiatric Interview</u>	<u>2</u>	Psychiatric Interview Pt. 2 Standard Psychiatric Interview Skills - CASC and OSCE Videos Online	<u>Chapter 1-4</u>
<u>Mini Mental Status Exam</u>	<u>2</u>	The Standardised Mini-Mental State Exam SMMSE - Client with an Impairment	<u>Chapter 2 p. 11</u>
<u>Suicide/Homicide Assessment</u>	<u>1</u>	Suicide Risk Assessment	<u>Chapter 25 p. 332</u>
<u>Family Interview</u>	<u>1</u>	Structural Family Therapy Session One	-
<u>Cognitive Behavior Therapy</u>	<u>1</u>	What is Cognitive Behavioral Therapy (CBT)	-

<u>Essential Patient Procedures (EPPs)</u>	<u>Minimum Number</u>	<u>Complementary Cases</u> Mental Health Videos with Kati Morton	<u>Kaplan and Sadock's Pocket Handbook of Clinical Psychiatry, 5th Edition, 2010</u>
<u>Depression Assessment</u>	<u>1</u>	-	<u>Chapter 14 p.177</u>
<u>First Generation Antipsychotics</u>	<u>1</u>	-	<u>Chapter 30 p.431</u>
<u>Second Generation Antipsychotics</u>	<u>1</u>	-	<u>Chapter 30 p.431</u>
<u>Antidepressant Medications</u>	<u>1</u>	-	<u>Chapter 30 p.431</u>
<u>Anxiolytics</u>	<u>1</u>	-	<u>Chapter 30 p.431</u>
<u>Mood Stabilizers</u>	<u>1</u>	-	<u>Chapter 30 p.431</u>
<u>Cognitive Behavior Therapy</u>	<u>1</u>	-	<u>Chapter 29 p.420</u>
<u>Supportive Therapy</u>	<u>1</u>	-	<u>Chapter 30 p.431</u>

Patient Logs:

Case Logger:

To meet the goals and objectives of the clinical core clerkship. This content needs to be update so it is more generic - and it applies IMF and fulfill the requirements of the educational experience outlined in the curriculum guidelines, RUSM clinical students are required by the university to maintain a log of patient encounters.

The web and mobile-based Case Logger helps students to quickly log real and simulated patient encounters, procedures and diagnoses, build on their clinical portfolio, monitor and track progress, and maintain a history of daily clinical activities.

Case Logger Guidelines:

1. All patient encounters must be logged including actual, simulated and standardized patients as well as online interactive cases.
2. All patient encounters should be logged within 24 hours of the date of interaction.
3. The number of days allowable for backlog is 14 days. The date of interaction automatically defaults to the current date. The system will not accept an interaction date of 10 days prior to the current date.
4. Report E*Value technical problems to the E*Value Administrator at E-ValueAdmin@RossU.edu.

For your reference: [Evalue Case Logs Guide.pdf](#)

Lecture Series:

Psychiatry Lecture Series:

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

Lecture Topics	Objectives	Alternate Lecture Resource
Psychiatric Diagnosis and DSMV	1. Use the DSM in identifying specific signs and symptoms that compose a syndrome or disorder.	Essentials of Making an Accurate Psychiatric Diagnosis
	2. Formulate a differential diagnosis and plan for assessment of common presenting signs and symptoms of psychiatric disorders.	
Psychiatric Interview and Mental State Examination (MSE)	3. Know the indications for, how to order, and the limitations of common medical tests for evaluating patients with psychiatric symptoms (e.g., laboratory, imaging etc.).	Becker - Chapter 14
	4. Demonstrate the ability to review and integrate the use of new clinical evidence.	
Dysthymic Mood Related to Life Events	1. Define the individual components of the MSE.	Becker - Chapter 4
	2. Gain an understanding of which components of the MSE can be derived from observation of the patient.	
Mood Disorders	3. Increase your understanding of how to elicit the components of the MSE that require direct questioning of the patient.	Becker - Chapters 4 and 5
	4. Describe a patient's presentation using the appropriate MSE terminology.	
Mood Disorders	1. Describe the changes in mood for individuals with bipolar disorders.	Becker - Chapters 4 and 5
	2. State the important diagnostic criteria for bipolar I, bipolar II, and cyclothymic disorder.	
Mood Disorders	3. Cite evidence to show that mental illness is related to suicide.	Becker - Chapters 4 and 5
	4. Describe the cultural and gender differences that are associated with suicide, as well as the short-term and long-term factors related to suicide.	
Mood Disorders	1. Discuss the epidemiology of mood disorders with special emphasis on the prevalence of depression in the general population and the impact of depression on the morbidity and mortality of co-morbid illness.	Becker - Chapters 4 and 5

Lecture Topics	Objectives	Alternate Lecture Resource
Bipolar Disorder	2. Compare and contrast the features of unipolar and bipolar mood disorders with regard to clinical course, co-morbidity, family history, gender and prognosis.	Becker - Chapter 5
	3. Discuss the differential diagnosis for patients presenting with signs and symptoms of common mood disorders.	
	4. Discuss the high risk of suicide in patients with mood disorders, risk assessment and management strategies.	
Anxiety Disorders	5. Describe the prevalence of unipolar and bipolar depression; identify the most common neurotransmitters and pathways associated with depression.	Becker - Chapter 6
	1. Recognize common, persistent maladaptive behaviors as a response to stress.	
	2. Describe countertransference and its role in dealing with personality disordered patients.	
Week 3	3. Describe useful responses and behaviors in patient care.	Becker - Chapter 7
	1. Discuss the epidemiology of panic disorder, generalized anxiety disorder, post-traumatic stress disorder and obsessive compulsive disorder in the US population.	
	2. Discuss effective treatments for the above anxiety disorders including behavioral therapy, cognitive behavioral therapy, exposure, and relaxation therapies.	
Panic Disorder and Obsessive Compulsive Disorder (OCD)	3. Discuss reasonable pharmacologic therapies for anxiety including benzodiazepine and antidepressant medication selection and use.	Becker - Chapter 7
	1. Describe what medications and psychological therapies are recommended for treating anxiety.	
	2. Give examples of specific phobias. Compare the prevalence rates for different kinds of phobias.	
	3. List the characteristics of a panic attack. Contrast a panic attack with a panic disorder.	
	4. Describe obsessions, compulsions and their relationship in OCD.	

Lecture Topics	Objectives	Alternate Lecture Resource
Dissociative States	5. Devise a recommendation of the best treatment for OCD.	Becker - Chapter 9
	1. Describe the different types of dissociative disorders and their diagnostic criteria.	
	2. Discuss the most common treatment approaches.	
Emergency Psychiatry	3. Identify some problems with malingering associated with dissociative identify disorder.	Becker - Chapter 12
	1. Identify and discuss risk factors for suicide across the lifespan.	
	2. Be able to conduct clinical diagnostic and risk assessments of a patient with suicidal ideation or behavior and make recommendations for further evaluation and management.	
	3. Identify risk factors for violence and assaultiveness, understand symptoms of escalating violence and demonstrate safety precautions.	
	4. Be able to discuss the differential diagnosis and assessment of a patient with potential or active suicidal or violent behavior and make recommendations for further evaluation and management.	
Drug Intoxication and Overdose	5. Be able to evaluate need for psychiatric hospitalization and understand appropriate level of care.	Becker - Chapter 11
	1. Compare and contrast diagnostic criteria for substance use disorders (abuse, dependence, intoxication, and withdrawal)	
	2. Know the clinical features of intoxication with cocaine, amphetamines, hallucinogens, cannabis, phencyclidine, barbiturates, opiates, caffeine, nicotine, benzodiazepines, alcohol and anabolic steroids	
	3. Recognize substance withdrawal from sedative hypnotics including alcohol, benzodiazepines and barbiturates	
	4. Identify typical presentations of substance use disorders in general medical and psychiatric clinical settings including the co-morbidity of substance use with other psychiatric disorders	

**Week
4**

Lecture Topics	Objectives	Alternate Lecture Resource
Depression, Anxiety and Psychopharmacology in the Elderly	<ol style="list-style-type: none"> 1. Explain the rationale for use, relevant clinical indications, probable mechanisms of action, and possible adverse reactions of each of the following classes of medication: <ol style="list-style-type: none"> a. antidepressant of the SSRI or SNRI class b. atypical antipsychotic c. mood stabilizer d. anxiolytic 	Becker - Chapters 4 and 6
	<ol style="list-style-type: none"> 2. Discuss barriers to medication adherence and offer strategies to enhance adherence. 	
	<ol style="list-style-type: none"> 3. Demonstrate the ability to communicate effectively such pertinent information regarding medications to the patient and appropriate family. 	
Week 5		
Social, Ethical and Legal Issues in Geriatrics	<ol style="list-style-type: none"> 1. Ethics, realization of ethical and social values, religious beliefs 2. Restraints, falls, how these affect quality of life 3. Consent to treatment, living wills, advanced directive 	Becker - Chapter 13
Dementias and Delirium	<ol style="list-style-type: none"> 1. Recognize cognitive changes that are not a normal part of aging 	Becker - Chapter 12
	<ol style="list-style-type: none"> 2. Differentiate between dementia, depression, and delirium 	
	<ol style="list-style-type: none"> 3. Describe how to assess cognitive function in older patients admitted or in the office 	
	<ol style="list-style-type: none"> 4. Recognize standardized assessment tools and their use in measuring cognitive impairment 	
	<ol style="list-style-type: none"> 5. State why information shared by the patient's family and previous caregivers is important 	
Week 6		
Normal Child Development	<ol style="list-style-type: none"> 1. Identify the importance of growth and development 	Assessment and Evaluation in Child and Adolescent Psychiatry
	<ol style="list-style-type: none"> 2. Define growth and development 	
	<ol style="list-style-type: none"> 3. Mention the principles of growth and development 	
	<ol style="list-style-type: none"> 4. List factors affecting growth and development 	
	<ol style="list-style-type: none"> 5. Mention types of growth and development 	
	<ol style="list-style-type: none"> 6. Identify the stages of development 	

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

Lecture Topics	Objectives	Alternate Lecture Resource
Developmental Delays	<ol style="list-style-type: none">1. Develop an understanding of the goals for developmental monitoring. autism spectrum, early onset psychosis2. Have a better understanding of the major developmental disabilities and their associated deficits3. Have a better appreciation of the clinical presentation of developmental disabilities in early childhood	Becker - Chapter 1
Mood and Anxiety Disorders in Children	<ol style="list-style-type: none">1. Categorize mental health disorders such as emotional disorders, behavior disorders, and developmental disorders in children and adolescents2. Recognize the cultural issues and symptoms of commonly diagnosed mental health disorders in children and adolescents3. Identify the latest methods of treatment and assessment	Becker - Chapter 1

Assessment & Evaluations:

Assessment Overview:

Mid-Clerkship Review – see exhibit A.2

Clinical Clerkship Assessment of Medical Student Performance – see exhibit A.1


**Ross University
School of Medicine**
**Office of Hospital Partnerships
and Compliance**
 2300 SW 145th Ave, Suite 200
 Miramar, FL 33027
 Phone: 754-208-4590

Clinical Clerkship Assessment of Medical Student Performance

At the conclusion of the clerkship, the physician overseeing this medical student's performance must complete this form.

Please also provide comments or examples to support your assessment.

Student's Last Name: _____

Name of Clerkship: _____

Student's First Name: _____

Clerkship Duration (# of Weeks): _____

Start Date: _____ **End Date:** _____

Hospital: _____

CRN: _____

Student ID: @ _____

Term: _____

- I. Knowledge for Practice (KP):** (Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care)

	A	B	C	F
a. Demonstrate an investigatory and analytic approach to clinical situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- II. Patient Care (PC):** (Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Compassionate and effective treatment of health problems and health promotion.)

	A	B	C	F
a. Gather essential and accurate information about patients and their condition through history-taking, physical examination, and the use of laboratory data, imaging, and other tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- III. Professionalism (P):** Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

	A	B	C	F
a. Demonstrate compassion, integrity, privacy, and accountability to patients, society, and the profession with commitment to ethical principle, laws, policy and regulation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last Name: _____

First Name: _____

CRN: _____

- IV. Interpersonal and Communication Skills (ICS):** Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

	A	B	C	F
a. Communicate effectively with patients, families, colleagues and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- V. Practice-Based Learning and Improvement (PBLI):** Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

	A	B	C	F
a. Identify strengths, deficiencies, and limits in one's knowledge, expertise and incorporate feedback in daily practice and performs learning activities to address the gaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- VI. Systems-Based Practice (SBP):** Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

	A	B	C	F
a. Coordinate care and work effectively in various health care delivery settings and systems relevant to one's clinical specialty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- VII. Interprofessional Collaboration (IPC):** Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.

	A	B	C	F
a. Communicate and work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- VIII. Personal and Professional Development (PPD):** Demonstrate the qualities required to sustain lifelong personal and professional growth.

	A	B	C	F
a. Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors and healthy coping mechanism to stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last Name: _____

First Name: _____

CRN: _____

Comments in this section are for the student **ONLY** and will not be included in the Medical Student Performance Evaluation (MSPE):

Comments in this section will be included in the Medical Student Performance Evaluation (MSPE):

Last Name: _____ First Name: _____ CRN: _____

Clerkship Director and/or
Preceptor Signature: _____

Must be signed on or after the
last day of the clerkship

Print Name of Clerkship Director and/or
Preceptor: _____

Title: _____

Hospital: _____

Telephone: _____

Address: _____

City, State: _____

Zip: _____

Within thirty days after completion of clerkship, return the form to: Office of Hospital and Partnerships and Compliance, Ross University School of Medicine, 2300 SW 145th Avenue, Suite 200, Miramar, FL 33027. Please retain a copy for Hospital records.

CREDIT IS AWARDED ONLY FOR ORIGINAL ASSESSMENT

STATEMENT OF CLERKSHIP DIRECTOR and/or DIRECTOR OF MEDICAL EDUCATION

I, _____ certify that above student has _____ weeks in _____

At _____ (PLEASE PRINT).

Original Signature

Print or type the Name of Clerkship Director and/or Director of Medical Education

Instructions for Completing the Clinical Clerkship Assessment of Medical Student

Performance

Effective for all clinical clerkships with a start date of January 1st, 2017

Grading Policy

<p>You are asked to evaluate the student on measures. ¹</p> <p>I. <u>Knowledge for Practice (KP)</u></p> <p>II. <u>Patient Care (PC)</u></p> <p>III. <u>Professionalism (P)</u></p> <p>IV. <u>Interpersonal and Communication Skills (ICS)</u></p> <p>V. <u>Practice-Based Learning and Improvement (PBLI)</u></p> <p>VI. <u>Systems-Based Practice (SBP)</u></p> <p>VII. <u>Interprofessional Collaboration (IPC)</u></p> <p>VIII. <u>Personal and Professional Development (PPD)</u></p>	<p>The final grade will be calculated as follows:</p> <ul style="list-style-type: none">• A, (Honor) = 4 points• B, B+(High Pass) = 3 points• C, C+ (Pass) = 2 points• Each F (Fail) is given 0 points <ul style="list-style-type: none">▪ Please mark the chosen grade box.▪ Do not check more than one grade box per measure.▪ Do not check in between grade value boxes.▪ Evaluations must be submitted to RUSM no later than 30 days after the conclusion of the clerkship.
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For clerkships with direct patient contact, the points (40 maximum) will be added and the total divided by 10.

For clerkships which do **not** entail direct patient contact (e.g. pathology, radiology), the two ratings on II (Patient Care) and the two ratings on VIII (Interpersonal Collaboration) may remain ungraded. Calculation of the final grade will be determined using a modified denominator.

The student's final Clinical Clerkship Assessment of Medical Student Performance grade will be as follows:

A = 3.70 – 4.00
B+ = 3.30 – 3.69
B = 2.70 – 3.29
C+ = 2.30 – 2.69
C = 1.70 – 2.29
F = < 1.70


Any student who receives TWO (2) or more F's on the Clinical Clerkship Assessment of Medical Student Performance evaluation will fail their rotation regardless of the point calculation and must repeat the rotation. If you have questions related to performance, please contact the Associate Dean's Office for Academic and Student Operations and Affairs at Clinical@RossU.edu.

Comments

Clerkship Directors / Preceptors are encouraged to make formative comments by providing specific examples of skills / behaviors in Student Feedback Section ONLY. Specific examples of exemplary skills/behaviors should be entered in MSPE section.

Exhibit A.2 - Mid-Clerkship Review

Ross University School of Medicine	Office of Medical Education 2300 SW 145 th Ave, Suite 200 Miramar, FL 33027 Phone: 754-208-4590
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ROSS UNIVERSITY
 SCHOOL OF MEDICINE

Mid-Clerkship Student Progress (Formative Assessment)

In case of any concerns or queries please contact: Clinical@RossU.edu

The physician overseeing the medical student's clerkship must complete this formative assessment form. Please also provide comments or examples to support your assessment.

Date & Time: _____

Student's Last Name: _____ **Name of Clerkship:** _____

Student's First Name: _____ **Clerkship Duration (# of Weeks):** _____

Hospital: _____

For ROSS Official Use

CRN: _____ **Student ID: @** _____
Term: _____

Review of Clinical Experience

Patient Care: The Student provides patient care that is compassionate, appropriate and effective.

Exceeds Expectations	Meets Expectations	Needs Improvement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpersonal and Communication Skills: The Student communicates effectively with patients, families and the healthcare team.

Exceeds Expectations	Meets Expectations	Needs Improvement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Knowledge: The Student demonstrates knowledge of established and evolving biomedical, clinical and social sciences.

Exceeds Expectations	Meets Expectations	Needs Improvement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Professionalism: The Students demonstrates a commitment to carrying out professional responsibilities, and to be responsive.

Exceeds Expectations	Meets Expectations	Needs Improvement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please fill this part with feedback to the student:

List this Students' Strengths	List this Students' Areas of Improvement
1.	1.
2.	2.
3.	3.

Action Plan (If required):

 Student Signature

 Preceptor or clerkship director Signature