Welcome!

The Psychiatry and Neurology Clerkships are paired to provide an integrated suite of clinical rotations covering the entire nervous system. As our specialties become less separable with advancing research, it can no longer be said that any given pathology belongs exclusively to one or the other domain. Your clerkship experiences will emphasize how neuropathological changes can produce psychiatric symptoms, and vice versa. The illnesses you will study and observe, and also their treatments, are examples of defective functioning in neural systems. Teaching goals on both sides of this historical divide are oriented toward providing uncompromised and comprehensive care for all patients.

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GOALS FOR PSYCHIATRY CLINICAL ROTATIONS

1. Take a psychiatric history and do mental status exams in a way that allows you a view of the whole patient – the biological, psychological, and social issues. Develop an ability to talk with patients about their personal problems, understand special cultural circumstances, and become familiar with the dynamics of the doctor/patient relationship. The power differential can be both a tool and a pitfall.

2. Recognize psychiatric disorders:
   a. Have an understanding of broad diagnostic categories (DSM-IV).
   b. Become familiar with treatment of psychiatric disorders.
   c. Become knowledgeable about medical illnesses associated with psychiatric problems, including drug reactions and drug interactions.
   d. Know how, when, and why to refer to a psychiatrist. Sometimes you will encounter a paradox, as in Delirium, where the consulting psychiatrist responds to the internist with a note emphasizing the need for an exhaustive somatic evaluation and a medical treatment approach.
   e. Improve interviewing skills, ensuring that you are comfortable approaching sensitive topics and carefully covering critical content.
3. Develop unbiased attitudes towards the psychiatrically ill. Skilled awareness and management of counter-transference are an ethical and moral professional imperative, and also a very valuable diagnostic tool. Listen to your thoughts and emotions, manage your facial, body-language, and verbal expressions, and evaluate what this can tell you about the patient.

4. Know types of treatment and treatment facilities which are available.

5. Acquire a general knowledge of psychotropic drugs and knowledge about appropriate therapeutic dose schedules and interaction with other drugs.

6. Acquire a general knowledge of psychotherapies available to treat various psychiatric disorders.

7. Psychiatric emergencies: Recognize and treat those emergencies that require urgent and active, but calmly, executed interventions e.g., suicidal patients and violent patients. Understand conditions for emergency commitment and the need for psychiatric hospitalization.

8. Appreciate the psychological consideration of acute and chronic illness on the patient and his/her family.

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**Psychiatry Clerkship Overview**

**Student responsibilities**

**Components** *(attendance is mandatory for all components except Court; all absences must be approved by the clerkship director).*

Inpatient

Outpatient Clinic

Self-directed learning online lecture notes and modules (see eBinder)

Weekly case discussions

MCT interviews with Dr. Sanders

12-Step Meeting

ECT

On-call

Psychiatry Grand Rounds

Weekly case conferences

Court

Inpatient and Psychosomatic Rotations
You will rotate on two psychiatry services over 4 weeks, with approximately 2 weeks on each service (9 weekdays!). These include adult and child and adolescent inpatient services at the Vanderbilt Psychiatric Hospital (VPH), consult liaison services at the Vanderbilt Children’s Hospital and the Vanderbilt University Hospital (VUH), the Vanderbilt Adult Psychiatric Outpatient Clinic (VAPOC). Your assignments will be distributed at the orientation session preceding each week rotation set. Evaluations are given by each service attending and resident, intern, or fellow, and your MCT who provide feedback to the Clerkship Director. Comments taken directly from the attendings and residents/interns/fellows are very often based on feedback from nursing and other staff. The Clerkship Director is also open to all feedback from all staff at all levels.

Outpatient clinics
Clinics are in the afternoon. You will generally be paired with a resident for your clinic visit. If your resident is not there (this happens occasionally with last minute changes to schedules) please work directly with your assigned attending or find another resident who may be free. If you can’t work something out, please contact Dr. Cowan or Ms. Casner.

Roles
All rotation sites are accustomed to giving students opportunities to observe quality initial interviewing and also to conduct supervised initial interviews with an expectation of feedback. **Students should ask to schedule time for this with a resident, fellow or attending at least once at each site.** With approval of the unit supervisors, students should seek time to meet with individual patients to gain experience in using basic supportive and psycho-educational techniques. Students are also expected to attend some of the group or family meetings, as observers. Additional opportunities to observe specialized facets of psychiatric work are listed in the Appendix as “Optional Activities of Interest.” Please contact the Clerkship Director if questions or problems arise.

**Psychiatric Interviewing**
Excellent textbook chapters discuss intricacies of interviewing in detail (e.g. Stern: “Massachusetts General Hospital Comprehensive Clinical Psychiatry”, online at Eskind Biomedical Library). The interview begins with observations even before words are exchanged, first gauging the situation based on available charted information, the setting, and the patient’s degree of anxiety, agitation, and volition. Briefly introduce yourself, the situation, and offer additional explanations. Stating the expected timeframe for the interview can also be helpful. As your skills improve, practice collecting diagnostic elements from the conversation and try to rely less on formulaic lists of pat questions. Get to know your patient, not just the diagnostic interview response points.
The interviewer sets the stage with an appropriate distance, body posture, and demeanor that is respectful of the patient’s comforts. When interviewing someone who may be extremely anxious, angry, distrusting, or psychotic, keep in mind that prolonged eye contact can be very unsettling or even perceived as aggressive. Do no encroach or confront; note that anxiety-driven responses are usually less complete, less accurate and therefore, less useful to you in your pursuit of the best diagnoses and treatment plans.

Generally, the interview begins by monitoring a brief narrative response to an open-ended question. This may be very brief if psychosis or delirium are suspected, or might run ten minutes if a highly cogent and relevant story is being presented. The interviewer often then tries to elicit pertinent details, e.g. “Tell me more about your sleep patterns.”, or “How long has this been a problem for you?”

The goal for VMS interviews is a formulation based on the history of events and course of diagnostic symptoms that then leads to a treatment plan conceptualization. The formulation summarizes the patient’s story and symptoms, introducing various potential diagnoses with arguments both pro and con. There is rarely a single correct diagnosis, and so the dominant issues need to be identified in terms of life threatening urgency, treatment planning requirements, and other considerations. For example, a psychotic patient currently consuming one quart of spirits daily, who is threatening suicide but does not present medical complications, would be best served on a detox unit such as the addiction unit, where they are capable of containing suicide risk, monitoring withdrawal delirium and managing psychosis, and assessing later for an underlying mood disorder. Although psychosis, suicide, and alcoholism could all be foci for immediate management, if this patient also presents with severe GI bleeding, the most urgent focus of the formulation shifts to surgical or medical treatment settings. The treatment plan, at the VMS level, should be comprehensive in considerations, even if not detailed, with exact psychotropic choices and doses.

Teamwork in Psychiatric Care

There are many parts to this experience, each carefully selected for its importance and rigorously prepared for you with goals for your professional formation at the forefront. You will have classroom and individual teaching, didactic and case-presentation seminars, and periods of being "on-call" for evenings or weekends. You will be asked to contribute to the work of the team at a level commensurate with the skills that you show. You will not be asked to perform above your level of competency and comfort. The residents provide a great deal of direct teaching, especially while you are "on-call." In all settings, you will contribute actively and will be expected to accept assignments for components of the care plan with pride that reflects your professionalism. If at times this challenges your comfort level, we want to hear about your concerns. To demonstrate the breadth of your clinical experiences on the rotation, and as a refresher as you review examples of various syndromes, you will keep a log of disorders seen and submit it to the Clerkship Director at the exit interview.
As members of the clinical team, you are expected to learn interviewing, analyses of differential diagnosis, and treatment planning from attendings, residents, nurses and other staff members, and also to contribute to the teamwork that provides optimal patient care. Indeed, learning to contribute to a team is a very different skill from learning facts from a textbook.

Teamwork is a highly rewarding and critical part of our profession as physicians. Showing respect for input from each team member will give you, a future team leader, the best qualities in your colleagues’ performances and greatest chance for positive treatment outcomes. Communicating respect for other staff is an important skill, one which will be reciprocated if you are successful. Cornerstones of communication are regularly written notes, which are a mandatory part of this training opportunity: the art of writing with appropriate and medically necessary levels of detail is difficult, one you may face with some trepidation.

**Note:** Make sure to use the PSYCH database when looking for history on your patients. You may save to the VUMC database if you are on consult service, etc.

Teamwork is based on sharing data. You will have electronic access to read the StarPanel psychiatric chart (please report any difficulties ASAP). Confidentiality of psychiatric records is held to a higher standard in that some patients will wish for their psychiatric information to remain inaccessible to their other medical providers. This wish is respected in order to minimize patients’ reluctance to discuss psychologically delicate issues. Although this may tacitly perpetuate stigma, open communication between patient and therapist is paramount. Someday, hopefully, stigma will no longer be visible in our society and this separation of charting may become unnecessary. Resident and attending notes will serve as models for content and levels of detail to be recorded. For example, if an abuse allegation is reported and recorded as such, the description of details of the abuse may or may not be appropriate depending on the setting and numerous medico-legal aspects. The resident’s or attending’s notes are not to be copied but are to be emulated. Feedback from them will assist you in honing your skills in medico-legal note writing. Ask for feedback, especially when you are in doubt about detail levels. Also, be aware that, although your notes are not “billable,” their content enriches charting documentation and provides an extra pair of eyes and ears that contribute to the team's treatment planning. Be always aware that these notes must be original. They may not be used as resident notes, or vice versa.

Plagiarists risk disciplinary hearings with the Dean, and possible expulsion. (Surprisingly and unfortunately, this reminder does need to be repeated.) Even when hours are long and shortcuts are tempting, the value of your interviewing time and progress assessments is best reflected in an original and
comprehensive, and yet hopefully succinct note. No ifs, ands, or buts! And remember, all notes should be stored accordingly to meet HIPPA regulations; do not leave them lying about conference rooms, etc.

An invaluable aspect of teamwork in psychiatry comes from the sharing of cognitive and emotional responses to the extremely personal and often troubling histories of psychiatric patients, especially those admitted for severely disturbed behaviors. Consensual validation from residents and faculty, and also from nursing and other team members, is an important resource for students. Problems that you will encounter are rarely novel, others before you may have insights and tips to managing them. Most rotation sites provide an information sheet describing student participation and expectations for unit work. It often includes a category called Challenges, which includes suggestions specific to that particular site. Avail yourselves, the team is there and working for you, just as you are working with them.

**Student Charting of Patient Data**

*Point: Think about the patient reading or having full access to the notes. This will help you focus on language that is objective and accurate but non-pejorative.*

No single template is used across all clinical environments, so this handbook will only describe generalities regarding the writing of psychiatric progress notes. Templates for each site will guide the writer, and details regarding content of each section are described in innumerable general psychiatry texts. Most agree that a pertinent quotation from the patient is *usually* optimal for the “Chief Complaint” but wisdom and foresight are advised regarding how the statement might be interpreted by future readers. Start the “HPI” with a description of current events and symptoms for the *current episode of the illness*, even if the first episode occurred thirty years ago (which would be part of “Past Psychiatric History.”) Relevant absences of symptoms, as required for an accurate diagnosis, are expected. For example: with a severe depressive or manic episode, the absence of hallucinations would be important information. It is always fine to include such negative findings. If omitted from the interview, the physician often writes “further information needed about…”, “patient unable to provide information about…”, or “there was no evidence of ….” The latter could be appropriate for a clear, mild, adjustment or anxiety problem.

Electronic records offer opportunities for improved legibility and ease of transfer to collaborating caregivers, but also pose liabilities when inaccuracies or excessively graphic personal details are recorded. The writer might choose to document that the “patient reports severe sexual abuse from the age
of 5 to 9 by a family member,” which signals to others that the Post-traumatic Stress Disorder diagnosis is justified and should be considered in treatment planning. Lurid, longer descriptions of events are not needed in an admission H&P, while greater detail may later have a place in the course of intensive therapies or a forensic psychiatric exam. The student is encouraged to read and consider the notes written by the resident, fellow, and attendings, always asking questions as needed. The student is also strongly urged to bring notes to supervising residents, fellows, and attendings for review and feedback. On some sites, this occurs regularly without prompting, but at other sites it is not part of the natural workflow. Reviews of student notes, at least weekly, are an expectation of our teaching faculty and senior trainees.

**Case Conferences**

There are multiple formats for case conferences and those are emerging as the department continually integrates new teaching and learning opportunities. You will obtain a schedule of case conferences. In general, for the clinical case conferences (sometimes marked CC on some calendars), there should be no eating or drinking when patients are in the room and decorum should be appropriate to a patient interaction. There may be other case conferences where no patients are present. Times may vary and you will receive a detailed schedule when available.

**Reading and quizzes**

Given the shortened duration of the psychiatry clerkship in the new curriculum, and given the relatively low learning value cited by students from traditional lectures, we have greatly reduced the lecture series during the clerkship. This approach is in line with Curriculum 2.0 and with the focus of advances in learning theory, which advocate strongly for self-directed learning. The idea behind this, in part, is that once you become a physician, most of you will not have weekly lectures to tell you what you need to know! So, acquiring these skills now should serve you and your patients better in the future.

**Didactics**

Throughout your 4 weeks on psychiatry, you will participate in several group learning settings that teach clinical problem solving. There are sessions with the Clerkship Director and Dr. Saxena to review weekly cases on Friday afternoons from 1-3.

**ECT**
Observing ECT is an especially interesting event for many students. A schedule with ECT attending psychiatrists is established for each section. There are usually two students on each day: Additional information can be found on the ECT Schedule.

**12-Step Addiction Programs**
Due to the widespread use of 12-Step Programs in treating various addictions (alcohol, narcotics, obesity, gambling, etc.), the psychiatry clerkship rotation now includes attendance at a 12-Step meeting as a component of the rotation. As a large number of patients will likely be involved in a 12-Step Program, it is important for the student to gain a better understanding of the basic premise of these meetings as related to your future role as a psychiatrist. Additional information can be found under the Addictions tab in your notebook. It is recommended that you attend “open meetings” and going in groups of two or three can add to the experience.

**Advanced Clinical 4th Year Electives in Psychiatry**
You will have the option to select among a sub-internship and numerous 4th year elective rotations in Psychiatry. These are available to enrich your experience in clinical psychiatry and are valuable for those considering psychiatry, but perhaps especially valuable for those headed in other directions where strong skills in managing psychiatric problems are needed. From every other specialty, from hand surgeons to internists, we often hear a lament that greater psychiatric skills are needed. Each elective has an assigned leader. Please submit requests for these and possibly other rotations, which may be individually tailored, through the registrar. The Clerkship Director can provide you with advice about these topics if needed.

**Psychiatry Research at Vanderbilt**
Vanderbilt clinical sites are vital sources of research referrals. Research electives are available in Psychiatry for Emphasis students and again in the fourth year.

*Above all, we hope that you will find this rotation as intellectually challenging as it should be professionally rewarding. Ask. Learn. Contribute. All of us were once students and remember those moments clearly. We all look forward to working with you, especially for the questions that provoke refreshing views of this most complex organ, the brain, and the mind that it subserves.*

**Ronald Cowan, M.D., Ph.D., Clerkship Director**
APPENDICES

ABSENCES
Any planned absence must be arranged in accordance with school policies.

CALL SCHEDULE AND DUTIES

Students are assigned to the psychiatry call schedule from 5:00 pm until 10:00 pm* weekdays and from 9:00 am until 9:00 pm on weekends and hospital (not medical school) holidays.

It is the student’s responsibility to notify the senior psychiatry resident on-call of his/her whereabouts at 5:00 pm (weekdays) or 9:00 am (weekends/holidays) and to remain available within the medical center, by telephone.

Students may trade dates among themselves, but they must notify the Training Office (936-2488) as well as the senior resident on-call about this change. Being on-call requires that the student is present in the hospital.

Students will take call either at Vanderbilt Psychiatric Hospital (VPH) Respond or at the Vanderbilt University Hospital (VUH) emergency psychiatry service (EPS), or some combination of the two.

The call location and duties will be determined by the senior resident on-call based upon the expected workflow and availability of patient experiences at each site.

Students may focus on one admission for presentation at morning report, but should take part in as many admission evaluations, emergency consultations, and inpatient coverage calls as possible.

Even though emergency admission observations are the main goal, there can be a great deal to learn from “code” calls to inpatients or consultations.

*Since senior resident call ends at 10:00 pm on weekdays and junior resident call ends at 9:00 pm on weekdays, students may be dismissed by their resident after 9:00 pm depending on patient-learning opportunities and workflow.
**Some information to know about Call:** Students may have an opportunity to interview patients at the time of admission. This is a difficult time for patients and families, for whom repeating the story may be trying. Sensitivity to the patient and collateral informants is strongly encouraged. Most, but not all, will be willing to work with a student who explains the educational value, and asks permission to conduct the interview. Students are expected to interview patients and/or relatives and to assist in the initial evaluation whenever clinically appropriate. Being on-call requires that the student is present in the hospital. You will be assigned to VPH, VUH, or a combination of the two, depending on the level of activity. The on-call senior resident will handle your assignments.

**Intake Notes:** Since the note is part of the permanent medical record, only necessary relevant material should be documented. To be clear: students’ notes regarding ONLY the ROS (review of systems) and the PFSH (Past illnesses, injuries, operations, treatments, current medications, and allergies; Family medical events, hereditary diseases; Social History, marital status, living arrangements, current employment, and tobacco, alcohol, and drug use) may be referenced by (not copied by) the resident and/or attending, and counted as elements that contribute to billable services. These and other parts of students written notes are reviewed by faculty and may be considered in the clinical grade evaluation.

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**GRAND ROUNDS**

Psychiatry Grand Rounds are held from September – June. Students are required to attend all sessions except faculty meetings. The Grand Rounds website: (http://www.mc.vanderbilt.edu/root/vumc.php?site=psychiatry&doc=9688) provides the full schedule of these events. Check the website, or view posted announcements for any exceptions of when a Faculty meeting (which you do not attend) takes its place, or preceding lectures that are relatively advanced.

**DO NOT PARK AT VPH DURING THE WORK WEEK**

Due to the shortage of parking spaces for patients and families, the Psychiatric Hospital has informed us that students (as well as residents and unauthorized faculty) should not use the hospital parking lot at any time. Violation of this rule entails the risk that your vehicle will be towed during the day, 8 am to 5 pm. After clinic hours (after 5 pm weekdays), it is acceptable for those on-call for the evening to move a car to our lot for safe access when exiting after dark.

**Lectures, Vignettes, and Seminars**
Students will meet with Dr. Cowan and Dr. Saxena on Friday afternoons in the 3rd floor conference room (3047) of VPH for weekly case discussions. Students are expected to complete readings and work through the cases before they arrive for the sessions. Sources

**MCT interviews with Dr. Sanders**

Students will be scheduled in pairs, to have interviews observed and critiqued by Dr. Sanders on 2 occasions during the rotation, with a focus on:

- Listened well?
- Questions followed patient’s narrative?
- Allowed patient time to tell his/her story?
- Resisted the temptation to offer reassurance/help too soon?
- Maintained control of the interview without dominating?
- Open-ended questions and then close-ended questions?
- Asked clear, concise questions?
- Professional?

The MCT interview is a formative assessment that counts 10% of the clerkship grade. Dr. Sanders will use a standard form as a guideline for your evaluation. This form is located in your eBinder.

**RECOMMENDED READINGS**

The recommended text, which is required reading for the residents in their lecture courses, is the *Massachusetts General Hospital Comprehensive Clinical Psychiatry*. Read the chapters relevant to the weekly CTP topics. Alternative texts include *Essentials of Psychiatry* by Kay and Tasman (Wiley, 2006); either of these will remain valuable as a reference going forward. The *Blueprints* text, the *Lange* series text (both Vanderbilt-authored), and Kaplan and Sadock’s *Synopsis of Psychiatry*, are also strongly recommended. (The Kaplan and Sadock Comprehensive version tends to be excessive for student reading, but is online at Eskind when in-depth research is needed.) Several faculty have produced subspecialty works: *Healing Addiction* (Martin); *Children of Divorce* and others (Bernet), *Suicide* (Cowan). Other articles and electronic copies of handouts may be found on the Knowledge Map.

Familiarity with the TMAP and IPAP treatment algorithms will be helpful, and they are available at: [http://www.dhs.state.tx.us/mhprograms/disclaimer.shtm](http://www.dhs.state.tx.us/mhprograms/disclaimer.shtm); and [http://www.ipap.org/register.php](http://www.ipap.org/register.php) (registration is free, requires an email address).
Free online DSM-5 and other resources are also available at: www.PsychiatryOnline.com. Excellent texts are available electronically through Eskind, several of which have obvious subspecialty orientations that may be helpful for you when researching issues in a specific service or on a particular patient. The following resources are available at Eskind (as of July, 2010):

**Psychiatry Books Online at Eskind**

- An Account of the Asylum for the Insane, Established by the Society of Friends, near Frankford, in the Vicinity of Philadelphia. (Philadelphia: Benjamin & Thomas Kite, 1825.)
- American Psychiatric Publishing Textbook of Geriatric Psychiatry
- APA Practice Guidelines
- Basic Concepts of Psychiatric-Mental Health Nursing
- Beating the Blues
- Behavioral Science in Medicine
- Better Than Prozac: Creating the Next Generation of Psychiatric Drugs
- Brain Facts: A Primer on the Brain and Nervous System
- Cases From DSM-IV-TR® Casebook and Its Treatment Companion*
- Child and Adolescent Psychiatry: A Practical Guide
- Clinical Guidelines in Old Age Psychiatry
- Clinical Handbook of Psychiatry and the Law
- A Clinicians Handbook of Child and Adolescent Psychiatry
- Cognitive Behavioral Therapy for Clinicians: Psychotherapy in Clinical Practice
- Current Diagnosis & Treatment in Psychiatry*
- Disaster Psychiatry Handbook
- Download of Psychiatry
- DSM-IV-TR® Diagnostic and Statistical Manual of Mental Disorders*
- DSM-IV-TR® Handbook of Differential Diagnosis
- Dulcan's Textbook of Child and Adolescent Psychiatry
- Essentials of Clinical Psychopharmacology
- Essentials of Psychiatric Mental Health Nursing
- Essentials of Psychosomatic Medicine
- The Evidence-Based Practice: Methods, Models, and Tools for Mental Health Professionals
- Fundamentals of Sleep Technology
- Handbook of Cognitive Hypnotherapy for Depression
- Handbook of Psychiatric Nursing
Infant and Toddler Mental Health: Models of Clinical Intervention With Infants and Their Families

Integrated Treatment of Psychiatric Disorders

International Encyclopedia of the Social and Behavioral Sciences

Kaplan & Sadock's Comprehensive Textbook of Psychiatry*

Kaplan & Sadock's Study Guide and Self Examination Review in Psychiatry*

Lewis' Child and Adolescent Psychiatry

Lippincott's Manual of Psychiatric Nursing Care Plans

Manual of Psychiatric Therapeutics

Massachusetts General Hospital Comprehensive Clinical Psychiatry*

The Mental Health Desk Reference

Neuropsychiatry

Neuropsychopharmacology: The Fifth Generation of Progress

The Neuroscience of Clinical Psychiatry: The Pathophysiology of Behavior and Mental Illness

The Personality Disorders Treatment Planner

The Primary Care Physician's Guide to Common Psychiatric and Neurologic Problems: Advice On Evaluation and Treatment From Johns Hopkins*

Principles and Practice of Geriatric Psychiatry

Principles and Practice of Sleep Medicine

Psychiatric Aspects of HIV/AIDS

Psychiatric Genetics: Methods and Reviews

The Psychiatric Interview: Practical Guides in Psychiatry*

Psychiatric Secrets

100 Questions and Answers About Autism

Review of General Psychiatry

Substance Abuse

Textbook of Psychiatry*

Textbook of Psychopharmacology

Textbook of Psychotherapeutic Treatments

What Your Patients Need to Know About Psychiatric Medications

*Highly recommended, general use textbooks for psychiatry.

Extensive resources on Addictions and Psychology are also available at Eskind Digital Books.
STUDENT EVALUATIONS and GRADES

**Mid-rotation feedback:** Dr. Cowan will meet with all the students individually at the mid-rotation point to give feedback. Please refer to the schedule for those meetings.

**Grading:** Student grades are based mainly in the evaluations provided by supervising attending physicians, residents, and interns. Finally, they take the NBME shelf exam at the end of the clerkship. The clerkship director then uses all of the above to assign grades to the students based on the following grading guidelines:

- NBME Exam 20%
- Clinical performance 70%
- MCT performance 10%

Honors, High Pass, Pass, Conditional Pass, and Fail are the grades given to students in their final evaluations. As with other clerkships, a grade of high pass is considered very good work, of which all should be very proud. Honors work in psychiatry is the exception, not the rule, and is limited to 25% of students under the medical school guidelines. As such, on average, 2 students will receive honors for each rotation. Achieving Honors requires very high shelf exam scores and consistent Honors mentions from supervisors.

**Two points on grading that are often sources of concern for students:**

High shelf exam scores (weighted at 20%) do not strongly influence a grade of Honors, but are generally required for an overall Honors grade. At present March 2013, a shelf score of 86 is the approximate minimum cutoff for an Honors score on the shelf exam. [Passing is a minimum of 66—given the generous nature of the passing cutoff, 65 or lower requires a retake of the shelf exam.]

Your clinical evaluations therefore most strongly influence your overall grade, at 70% weighting. The grades are determined by the actual numbers of Honors, High Pass, and Pass grades assigned, with clinical work counting for roughly 70% of the overall evaluation and your MCT interviews accounting for 10% of the clinical evaluation.
Students, especially those with very high shelf exam scores who do not receive honors, may read the narrative grades (which are often quite positive), and want to be sure that there is not a mistake in the grading. However, there is a bias in the writing of narratives, in that faculty or residents/interns/fellows who think a student did very well will often write a narrative; those who believe that a student had an average or solid performance are less inclined to do so. The result, the narrative is usually more positive than the final grade. However, all students should feel free to discuss grades or anything with the clerkship director, to make sure that all is in order!

Failing the shelf exam—the current policy for clerkships is that students who fail the shelf exam on the first try may retake the exam once. If the student passes on the second attempt, the maximum grade for the clerkship will be PASS.

**Exit interview**

The exit interview is *not* a grading or evaluation experience but is designed to help us monitor and continually improve the clerkship experience. Changes in the clinical setting can often strongly affect student experiences, and therefore student feedback about what is working and not working is invaluable to ensure that we can provide a strong teaching environment. Dr. Cowan will meet with all the students individually in the last week of the rotation in his office, VPH Suite 3057-K, to discuss clerkship experiences. This serves as a final debriefing of sorts, but it is not final – the door is always open to reflect on students’ experiences in psychiatry, even years later. At this exit interview, students will turn in their *Clinical Encounter Log*. Along with comments we receive openly at this exit interview, we greatly appreciate students’ completions of online evaluations of the clerkship.

**Optional Activities of Interest – as of July 2013**

Several activities occur with regularity associated with, or outside of, our clerkship sites. Students may arrange for brief exposures to activities away from their primary assigned site. Here is a list and some ground rules:

**Rules for participation:**
- Activities away from your primary assignment are entirely optional
- You may request and complete ONLY one off-site activity per rotation site (i.e., one activity per 2 or 3 week period).
- You must have permission of your resident or fellow, AND your rotation site faculty supervisor to be absent from routine unit duties.
- You must arrange your participation with the activity coordinator listed below. Email is good. Your peers, assigned to the ‘activity-hosting’ site, may be helpful.
Available activities (variable through the year):

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<thead>
<tr>
<th>Activity</th>
<th>Day/Time</th>
<th>Comments</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Downtown Clinic</td>
<td>Wed 10 am to 2 pm</td>
<td>max 1 per week</td>
<td>Terako Amison</td>
</tr>
<tr>
<td>Shade Tree Clinic</td>
<td>2nd Tues Eve, Monthly</td>
<td>max 2</td>
<td>Jeffery Stovall</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>VCIH Mon, Tues or Thurs PM</td>
<td></td>
<td>Linda Manning</td>
</tr>
<tr>
<td>Consultation-Liaison</td>
<td>Afternoons</td>
<td></td>
<td>Amanda Wilson, Michael Caucci, Paul Ragan</td>
</tr>
<tr>
<td>Child Psychopharm</td>
<td>Monday AM VPH; others</td>
<td></td>
<td>Mike Sherman</td>
</tr>
<tr>
<td>Child Community Consultation</td>
<td>1st, 3rd, 4th Tuesday afternoons</td>
<td></td>
<td>Kevin Sanders</td>
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<td>Child Autism Clinic Observation</td>
<td>Tuesday afternoons</td>
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<td>Bradley Freeman</td>
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<td>School-based Treatment</td>
<td>Mon or Tues AM</td>
<td></td>
<td>Nicole Yates</td>
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<td>Child Inpatient Observation</td>
<td>TBA</td>
<td></td>
<td>Bradley Freeman</td>
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<tr>
<td>Court commitment hearings</td>
<td>Weekday Mornings, variable</td>
<td></td>
<td>at MTMHI – Inpt attending</td>
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PSYCHIATRIC ELECTRONIC RECORDS ACCESS AND TEMPLATES

Workstations are available on the inpatient units. Additional stations are located in the following rooms, all of which are for student, house staff, and attending use:

- VPH Medical Records (two workstations), the house-staff call room across from hospital administration (first floor, beneath Adult 2 unit), the nearby doctors’ lounge in the social services corridor (first floor, a unit without WIZORDER capability, less valuable to residents), the Respond unit (one to two workstations), and the house-staff lounge near Respond. Unfortunately, this does not provide room for all students and house staff to be entering notes simultaneously. Please prepare your notes as much as possible beforehand and be considerate of time for your colleagues.

Once in StarPanel, the red [Patient Lists] menu drops down to offer other options. You will find a default in yellow, [VUMC pts]. Click on those words, and the option to select [Psych pts] will appear. Click on that spot to access psychiatric notes. Also, the templates for Medical Student notes are now available, under [FORMS]. You will find then in this menu: