

PSYCHIATRY CLERKSHIP OBJECTIVES	ACGME Competency*					
	PC	MK	PBLI	ICS	P	SBP
1. Students will demonstrate the ability to relate to patients, families, peers, and other members of the healthcare team in a professional manner.	X	X	X	X	X	
2. Students will demonstrate an understanding of the major psychiatric syndromes and be able to apply that knowledge to the care of patients of all ages.	X	X				
3. Students will demonstrate the ability to conduct patient interviews in a manner that facilitates information gathering and formation of a therapeutic alliance, i.e. demonstrates respect, empathy, responsiveness, and concern regardless of the patient's problems or personal characteristics	X	X		X	X	
4. Students will demonstrate the ability to use strategies for interviewing patients who might be hostile/resistant, mistrustful, circumstantial, hyper or hypo-verbal, or potentially assaultive.	X	X		X		
5. Students will demonstrate the ability to perform and to record a complete mental status exam using psychiatric terminology, and will demonstrate the ability to use the multi-axial format from DSM IV-TR to organize their assessment.	X	X		X		
6. Students will demonstrate the ability to appropriately understand and organize clinical data from a variety of sources including laboratory, radiologic, psychological, and neuropsychological testing, and consultation, in the evaluation of a patient with psychiatric symptoms.	X	X		X		X
7. Students will demonstrate the ability to recognize psychiatric symptoms, and will be able to evaluate patients sufficiently well to uncover or elucidate medical illnesses which may be causing or contributing to the psychiatric symptoms.	X	X	X			
8. Students will demonstrate an awareness of how one's own biases and/or perceptions potentially affect the ability to provide consistently good care to patients, and will learn to monitor and reflect on their own behaviors and attitudes		X			X	
9. Students will learn and demonstrate understanding of their limitations and the need for being lifelong learners and educators.		X	X			
10. Students will develop an awareness of how systems of care assist and/or hinder care of individual patients.	X	X				X
11. Students will demonstrate an awareness of the importance of good time management skills in the practice of medicine.			X			
12. Students will demonstrate an awareness of ability to use available resources wisely.	X	X				X
13. Students will understand and participate as members of an interdisciplinary treatment team, and as such, be able to acknowledge/appreciate the value of each individual member and his/her role/value as a team member.	X	X		X		X

\* PC = Patient Care, MK = Medical Knowledge, PBLI = Practice-based Learning & Improvement, ICS = Interpersonal & Communication Skills, P = Professionalism, SBP = Systems-based Practice

<b>PSYCHIATRY</b>			
Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting	Level of Student Responsibility
<b>Depressive disorders:</b> <u>Examples:</u> cyclothymic, depressive NOS, dysthymic, major depressive	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary
<b>Bipolar disorders:</b> <u>Examples:</u> bipolar I depressed, bipolar I manic, bipolar I mixed, bipolar II, bipolar NOS	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary
<b>Psychotic disorders:</b> <u>Examples:</u> brief psychotic, delusional, psychotic due to medical condition, psychotic NOS, schizoaffective, schizophrenia, schizophreniform, shared psychotic, substance induced psychotic	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Assist
<b>Anxiety disorders:</b> <u>Examples:</u> acute stress, agoraphobia without panic, anxiety due to medical condition, anxiety NOS, generalized anxiety, obsessive-compulsive, panic with or without agoraphobia, post-traumatic stress, social phobia, specific phobia, substance induced anxiety	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary
<b>Substance-related disorders:</b> <u>Examples:</u> alcohol related, amphetamine related, caffeine related, cannabis related, cocaine related, hallucinogen related, inhalant related, nicotine related, opioid related, phencyclidine related, sedative hypnotic anxiolytic related	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary
<b>Cognitive disorders:</b> <u>Examples:</u> amnestic, catatonic, delirium, dementia Alzheimer's, dementia other, dementia vascular	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Assist
<b>Personality disorders:</b> <u>Examples:</u> AXIS II - antisocial, avoidant, borderline, dependent, histrionic, narcissistic,	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Assist

obsessive compulsive, paranoid, personality NOS, schizoid, schizotypal			

Evaluation Form

Printed on Dec 03, 2020

**Student Clerkship Form**

Evaluator: \_\_\_\_\_

Evaluation of: \_\_\_\_\_

Date: \_\_\_\_\_

**Below you will find a PDF with links to all the respective Clerkship Objective pages. Please review these objectives before evaluating a student. By completing this form you are affirming your familiarity with those objectives**

1. Overall grade: Based on your observation and experience should this student receive a passing grade?\*

Yes	No	Uncertain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. Application of Basic Science Fund of Knowledge to Clinical Setting\*

Poor fund of knowledge; limited ability to apply clinically.	Limited fund of knowledge; can apply clinically; has potential for improvement.	Solid fund of knowledge; applies readily to clinical problems.	Outstanding fund of knowledge; superior, advanced skills applied to complex problems.	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

3. Interviewing Skills\*

Disorganized, incomplete, lacks focus.	Organized; obtains basic history but points often missed including pertinent (+) & (-) ROS.	Organized, usually complete including pertinent ROS; but often with extraneous information.	Excellent skills; thorough yet succinct and focused history.	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

4. Your assessment of this student's interviewing skills are based on:\*

Direct observation and presentations	Presentations alone
<input type="checkbox"/>	<input type="checkbox"/>

	Omits critical parts of the exam and/or deficient exam skills.	Generally complete but often misses significant abnormal findings.	Complete; usually recognizes abnormal findings.	Thorough and accurate; focused relative to the history.	Not observed
5. Physical Exam Skills (or mental status exam)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Direct observation and presentations	Presentations alone
6. Your assessment of this student's physical exam (or mental status exam) skills are based on:*	<input type="checkbox"/>	<input type="checkbox"/>

	Disorganized/incomplete; by end, listeners uncertain of primary clinical problem/recent even	Generally complete; may lack organization/fail to highlight abnormal findings.	Presentations organized, logical; highlights abnormal findings; requires some assistance.	Consistently organized, logical, complete; preparation does not require assistance.	Not observed
7. Presentation Skills (Formal presentation and during rounds/clinic)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Yes	No
8. Was presentation performance significantly hampered by anxiety and/or awkwardness?*	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Usually unable to formulate an assessment of basic medical problems.	Usually handles major problem; may not integrate all aspects; suggests elemental understandi	Formulates assessment of major problem; may have trouble identifying/prioritizing multiple p	Consistently able to formulate assessment of basic problems; also can prioritize multiple pr	Not observed
9. Assessment, Formulation and Clinical Application Skills*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Not regularly involved in ward/clinic management.	Involved in ward/clinic duties but usually passive; follows direction of others.	Active team member; takes significant responsibility for patient management.	Takes patient responsibility; comfortably evaluates/manages multiple patients.	Not observed
10. Ward/Clinic/Other Assigned Duties (orders, follow-up of tests)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Struggles with procedural skills; no effort to improve.	Adequate skills for simple procedures; makes effort and is improving.	Competent basic procedural skills. Improving advanced skills.	Adept procedural skills both basic and advanced.	Not observed
11. Procedural Skills*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Incomplete or erroneous	Includes basic information; rarely analyzes new data/ impact on patient management.	Accurate data included with ongoing assessments of basic problems.	Accurate, thorough, and succinct (intern level).	No interaction
12. Record Keeping (Initial Work Up, Interval/Progress Notes)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**PROFESSIONAL ATTRIBUTES**

	Unreliable, often absent or late; commitment uncertain.	Fulfills basic responsibilities; little dedication or commitment to patient care.	Dependable team player and deliverer of patient care.	Dependable; highly committed to and enjoys clinical care.	Not observed
13. Dependability*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	No insight into weaknesses; rejects feedback; no behavior change.	Defensive response but does lead to change.	Mature response to feedback; strives for improvement.	Mature response; regularly seeks feedback and ways to improve.	Not observed
14. Response to feedback*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Evaluation Form - MedHub

	Insensitive to their needs, feelings, values.	Often uncomfortable with this type of interaction.	Interacts smoothly and effectively.	Interactions smooth/effective; extremely compassionate and respectful.	Not observed
15. Interactions with patients/families*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Avoids interactions; little respect for others' contributions.	Occasional difficulty interacting with others.	Interacts well with other team members.	Interacts well; seeks contributions of other team members.	Not observed
16. Interactions with other members of health care team*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	1 Week	2 Weeks	3 Weeks	4 or More Weeks
	1	2	3	4
17. Contact Weeks with student *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1-10 Hours per week	11-20 Hours per week	21-30 Hours per week	More than 30 Hours per week
	1	2	3	4
18. Contact Hours with student*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Honors**

Honors

The UAB SOM recommends an Honors grade be given only to students with superior or outstanding achievement in all evaluable competencies (clinical skills, fund of knowledge, systems-based practice, practice-based learning, interpersonal and communication skills, and professionalism). This level of achievement would be expected from the top 20% of the class.

	Yes	No	N/A
19. After reading the description above would you like to recommend a grade of Honors for this student's clinical performance ?**	<input type="checkbox"/> You will be asked to give a quick narrative description of the characteristics that put this student in the top 20% of students at their level of training	<input type="checkbox"/>	<input type="checkbox"/> I did not spend enough time with this student to make this determination

Comments:

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20. To the best of your knowledge have you ever provided psychiatric/psychological counseling or other health services to this student?\*

- No
- Yes

Comments:

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21. COMMENTS (for possible inclusion in clerkship summary evaluation and/or Dean's letter): \*

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22. FORMATIVE COMMENTS (for use as guidance for professional development and will NOT be included in summary or Dean's Letter):

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