

CORE BEHAVIORAL HEALTH (PSYC 301) Syllabus

Kansas City University
College of Osteopathic Medicine



COURSE DIRECTOR

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CREDIT HOURS: VARIABLE

COURSE DESCRIPTION

This required clerkship provides students with clinical exposure, observation, and training to further their understanding of psychiatry. Students focus on assisting with the treatment and medical management of patients with psychiatric disorders to better understand mental health and illness to prepare for more advanced study of the discipline.

Course Goals

[COURSE GOALS](#)

INSTRUMENT(S) OF STUDENT EVALUATION AND ASSESSMENT

- *Students will be evaluated through a combination of one or more of the following assessment modalities*
 - *Clinical Competency Assessment from Preceptor*
 - *OnlineMedEd Case X, QBank Questions and Lessons*
 - *End of Clerkship Reflections from the Student*
 - *Standardized Case Checklist*
 - *PSYC COMAT Subject Exam*

This syllabus is intended to give the student guidance in what may be covered and expected during the clerkship. Every effort will be made to avoid changing the clerkship requirements but the possibility exists that unforeseen events will make syllabus changes necessary. KCU reserves the right to amend, modify, add, delete, supplement and make changes as the clerkship needs arise.

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Clerkship Requirements

Didactic Conferences and Reading Assignments

While the focus of the clinical years is hands-on experience, didactic conferences and reading assignments are often provided as an aide to this learning process. Completion of reading assignments and attendance at didactic conferences scheduled by KCU, the Regional Assistant Deans, DMEs, the core site hospital, clerkship service or preceptor are required without exception.

OnlineMedEd Case X, Qbank Questions and Lessons

Required OnlineMedEd Case X cases, Qbank questions and lessons have been added to core clerkship curriculum and must be completed prior to receiving a final grade and credit. While students are encouraged to work through all OnlineMedEd cases, only the following are required to be completed by the last day of the clerkship.

[OnlineMedEd Log In](#)

Complete the following CASE X Cases

1. [Psychiatry 1](#)
2. [Psychiatry 2](#)
3. [Psychiatry 3](#)
4. [Psychiatry 4](#)
5. [Peds Psych 1](#)

Review the following Psychiatry Lessons:

- | | |
|--|---|
| 1. Anxiety Disorders | 11. Catatonia |
| 2. Impulse Control | 12. Peds Neurodevelopmental |
| 3. OCD and Related Disorders | 13. Peds Behavioral |
| 4. PTSD | 14. Psych Pharm I |
| 5. Mood Disorders | 15. Psych Pharm II |
| 6. Mood Life and Death | 16. Addiction |
| 7. Psychotic Disorders | 17. Addiction II Drugs of Abuse |
| 8. Eating Disorders | 18. Sleep Physiology |
| 9. Personality Disorders | 19. Sleep Disorders |
| 10. Dissociative Disorders | 20. Somatic Symptom Disorders |

Complete the following Qbank Questions:

Eighty Nine [89] [Psychiatry Qbank Questions](#)

Case Checklist

In order to reasonably standardize the psychiatry medicine experience for all KCU students across many sites, **students will be required to complete a case checklist of common acute and chronic problems, and health maintenance visits.** If a student has been unable to see a patient with a particular problem, the student can supplement their experience with content from OnlineMedEd, or receive case-based instruction about that problem or visit type from their preceptor. The preceptor will sign off the list, acknowledging that the student has completed the expected encounters, and understands the principles presented.

Subject (End of Clerkship) Exams

Students must pass a National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Test (COMAT) upon completion of each 3rd year core discipline.

Students are expected to study for these exams with similar rigor as all other high stakes examinations.

Exam Blueprint

Students may be awarded Honors (H) for excellent performance on a Subject Exam. Passing (P) and Honors (H) are benchmarked against the NBOME academic-year norms for all students in that discipline. Honors may not be awarded or may be removed if the student receives marks demonstrating below expectations ratings, recommendation of failure, or professionalism concerns in the Clinical Competency Assessment.

Students are allowed to remediate any subject exam without it being considered a failed clerkship. The highest subject exam score and clerkship grade achieved after a remediation is Pass. If student fails the remediated subject exam, the clerkship and the subject exam must be repeated. After successful completion of remediated clerkship and remediated subject exam the clerkship grade earned is Fail/Pass (F/P). Student may be referred to Student Progress Committee (SPC) and required to present their case if two [2] or more subject exam failures occur during the same academic year.

End of Clerkship Reflections

Students are responsible to complete End of Clerkship Reflections through E*Value at the end of every clinical experience to include:

- Evaluation of self and the Clerkship
- Evaluation of the Preceptor

Completion of these reflections are required prior to receiving a final grade or credit for any clerkship. Students are encouraged to provide accurate comments regarding the preceptor/clerkship experience. All information submitted in the reflections is anonymous and will be de-identified for anonymity before being released to the site or preceptor the following academic year.

Evaluation & Grading

To be successful in this course the student must achieve the minimum score required in each component listed below. The final grade of Pass/Fail/Honors for the core rotation is derived from the following components:

Component	Evaluation Tool	Minimum Score Required
Clinical Competency Assessment from Preceptor	Clinical Clerkship Evaluation via E*Value	Upon completion of this clerkship students should perform the behaviors outlined within the “expected” level of each competency rated on the clinical clerkship evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.
Standardized Case Checklist	Case Checklist via CANVAS	Upon completion of this clerkship, student is responsible for completing the case checklist in CANVAS with preceptor confirmation.
End of Clerkship Reflections <i>from the Student</i>	Evaluation of Clerkship Evaluation of Preceptor Evaluation of Self Via E*Value	Upon completion of this clerkship student is responsible for completing evaluations of clerkship, preceptor, self via E*Value.
Online Learning Cases	OnlineMedEd Case X, Qbank and Lessons	Completion on each required Case X, Qbank questions and Lessons
Standardized Assessment	Subject Exam (COMAT)	Scaled Score of 82 or greater

All of above items are mandatory for successful course completion. Clinical Performance is assessed by each attending with whom the student has contact. Professionalism and work habits are a significant portion of the clinical assessment. These include the student attitude, demeanor, and interaction with attendings, peers, and staff. Character qualities and behaviors such as punctuality, teachability, honesty, bedside manner, and integrity are important for your professional development.

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

Required Textbooks

[Case Files Psychiatry, Sixth Edition \(LANGE Case Files\) available online](#)

[LWW Health Library Osteopathic Collection](#) (Click on “Medical Education” to access the Osteopathic Collection.)

[KCU Library Databases](#)

Recommended Resources

- [Diagnostic And Statistical Manual Of Mental Disorders, Fifth Edition, Text Revision \(DSM-5-TR\)](#)

- Suicide Prevention Resource Center (SPRC) <http://training.sprc.org/>
- U.S. Department of Health and Human Services: Agency for Healthcare Research and Quality (AHRQ) – National Guideline Clearinghouse <http://www.guidelines.gov/browse/by-topic.aspx>
- The United States Preventive Services Task Force is a suggested reference source for evidence-based health promotion/disease prevention *plans*. <http://www.uspreventiveservicestaskforce.org>
- Centers for Disease Control and Prevention <http://www.cdc.gov/>

Course Structure

Clerkships occur in various settings across the country and provide a wide variety of educational experiences giving students an opportunity to understand how context influences the diagnostic process and management decisions. Physicians routinely address complexities, including patients with multiple concerns, various psychosocial issues, and different, sometimes conflicting behaviors that influence their health and health care. Due to the breadth of care provided by physicians it is not possible to list all potential patient presentations that physicians competently manage. The required elements within the clinical curriculum are progressive and accomplished across the continuum of the required clerkships.

Students will rotate in assigned clinical settings in order to complete the required clerkships. Preceptors will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among clerkships, this standardized curriculum is provided. In order to successfully complete the required clerkships, students must fulfill requirements specified by their preceptor and complete the required elements of the standardized curriculum.

The KCU-COM standardized core curriculum has been designed for the purpose of ensuring that students understand expectations and work to achieve competency in the diagnosis and management of common illnesses. In so doing, students will gain an appreciation for appropriate utilization of a variety of treatment modalities.

Osteopathic Medical Education Core Competencies

The AACOM has identified competencies that all osteopathic students should develop during their training. These help ensure that students are able to demonstrate and/or develop specific skills. These overarching competencies and objectives are specifically addressed in the clinical clerkship syllabi and specific topics we anticipate students will be exposed to in this course are labeled with the corresponding competency. The competencies are:

Competency 1: Osteopathic Philosophy & Osteopathic Manipulative Medicine

Graduates are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT). The education goal is to train a skilled and competent osteopathic practitioner who remains dedicated to lifelong learning and to practice habits consistent with osteopathic principles and practices.

Competency 2: Medical Knowledge

Graduates are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in lifelong learning activities, including research.

Competency 3: Patient Care

Graduates must demonstrate the ability to effectively treat patients, providing medical care that incorporates osteopathic principles and practices, empathy, awareness of behavioral issues, preventive medicine and health promotion.

Competency 4: Interpersonal & Communication Skills

Graduates are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health-care teams.

Competency 5: Professionalism

Graduates are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, lifelong learning, and sensitivity to diverse patient populations. Graduates should be cognizant of their own physical and mental health in order to effectively care for patients.

Competency 6: Practice-Based Learning & Improvement

Graduates must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

Competency 7: Systems-Based Practice

Graduates are expected to demonstrate an understanding of healthcare delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.

Competency 8: Health Promotion/Disease Prevention

Graduates are expected to coordinate preventive health care across providers. Collaborate within a patient-centered team and demonstrate preventive health principles by modeling a healthy lifestyle.

Competency 9: Cultural Competencies

Graduates are expected to demonstrate an understanding of the scope of culture and the elements that form and define it. Understand the public health implications of cultural competence in health care. Demonstrate familiarity with basic religious and cultural beliefs that affect patients' understanding of the etiology of their illness and/or the efficacy of their treatment.

Competency 10: Evaluation of Health Sciences Literature

Graduates are expected to utilize current technologies, e.g. websites, online search engines, PDA-based programs, information services, and journals to locate health science literature. Apply critical concepts from statistics, epidemiology, and research design to evaluate health science literature.

Competency 11: Environmental and Occupational Medicine (OEM)

Graduates are expected to understand the policy framework and major pieces of legislation and regulations related to environmental and occupational health (i.e. regulations essential to workers' compensation, accommodation of disabilities, public health, worker safety, and environmental health and safety, etc.).

Competency 12: Public Health Systems

Graduates are expected to apply understanding of the interaction of public health and health care systems in the practice of osteopathic medicine as it affects health promotion and disease prevention. Recognize differences among public health systems, epidemiological systems, and individual systems in the utilization of resources and in the practice of osteopathic medicine.

Competency 13: Global Health

Graduates are expected to identify and treat individual patients with varying cultural beliefs regarding health, disease, and patient care. Compare and contrast differing non-U.S. health care systems.

Competency 14: Interprofessional Collaboration

Graduates are expected to respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care. Act with honesty and integrity in relationships with patients, families, and other team members. Engage other health professionals (appropriate to the specific care situation) in shared patient centered problem solving for effective team-based care.

[Osteopathic Core Competencies for Medical Students](#), American Association of Colleges of Osteopathic Medicine, in conjunction with all U.S. Osteopathic Medical Schools (2012)

Core Entrustable Professional Activities for Entering Residency

Just as the anticipated topics a student will see are tagged to the correlating Osteopathic Competency, we also will label the EPA associated. Over the past several years, program directors have increasingly expressed concern that some medical students are not prepared for residency. While both allopathic and osteopathic medical schools must show that their students' meet specific competencies to maintain accreditation, this alone was not ensuring that the students were able to assume the increased responsibility inherent with starting residency programs as graduates of medical or osteopathic medical schools. For this reason, in 2013 ten schools were chosen to pilot the initial institution of EPA requirements and in 2016 a report was issued by AACOM that, with the unified pathway for residency match, osteopathic schools should include EPAs in their curriculum.

Core Entrustable Professional Activities for Entering Residency are:

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

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

[Core Entrustable Professional Activities for Entering Residency: Curriculum Developers' Guide, American Association of Medical Colleges](#)

Course Expectations

Students learn the fundamentals of an approach to the evaluation and management of frequently occurring, complex, concurrent, and ill-defined problems across a wide variety of acute and chronic presentations. The expectation for these required clerkships *includes progressive competency in performance of:*

- Application of basic sciences **Medical Knowledge (MK)**, including anatomy, microbiology, pharmacology, physiology, biochemistry, as well as **Osteopathic Principles and Practices (OPP)** into the diagnosis and intervention of common medical conditions in the course of **Patient Care (PC)**.
- Effective **Interpersonal and Communication Skills (ICS)** incorporating knowledge, behaviors, critical thinking, and decision-making skills related to:
 - Historical assessment
 - Physical examination
 - Osteopathic structural exam
 - Application of osteopathic manipulative medicine when clinically indicated
 - Outlining a differential diagnosis for presenting complaints
 - Devising an evidence-based, cost-effective diagnostic approach
 - Appropriate interpretation of diagnostic studies
 - Discriminating between available therapeutic modalities
- Understanding **Practice-Based Learning and Improvement (PBLI)** and the impact of epidemiology, evidenced-based medicine, best clinical practices, clinical guidelines, and the delivery of quality health care on **PBLI**.
- Appropriate use of technology (e.g., web-based, handheld computer) to support patient education and disease prevention activities.
- Demonstrating **Professionalism (P)** in upholding the highest moral and ethical standards in interactions with members of the health care team and with patients.
- Awareness of and responsiveness to **Systems-Based Practices (SBP)** in the context of the health care systems including the critical role of family physicians within the health care system, and identifying system resources to maximize the health of the individual and the community.

Course Objectives

Student Learning Objectives for Psychiatric Presentations

At the end of the clerkship, for each common symptom, students should be able to:

- Differentiate among common etiologies based on the presenting symptom. **(PC)**
- Elicit a focused history and perform a focused physical examination. **(ICS)**
- Recognize “don’t miss” conditions that may present with a particular symptom. **(PC)**
- Discuss the importance of a cost-effective approach to the diagnostic work-up. **(SBP)**

- Describe the initial management of common and dangerous diagnoses that present with a particular symptom. **(ICS)**

Core Presentations for Psychiatric Care

Common causes are listed.

Topic	Topic-Specific Objectives	Acute (6 months or less)	Chronic/ Serious	Osteopathic Clinical Skills	AOA Comp	EPA
Anxiety	<ul style="list-style-type: none"> Compare and contrast clinical presentations of anxiety disorders in children and adults. (MK) Anxiety special populations Discuss the role of anxiety and anxiety disorders in the presentation of general medical symptoms, the decision to visit a physician or when to refer to a mental health specialist. (PC, ICS) State guidelines for prescribing SSRI's and benzodiazepines. (MK, PC) Assessment of Anxiety Disorders 	Panic Disorder Acute Stress Disorder Adjustment Disorder	Social Phobia PTSD OCD	Understand the important links between perception and emotion in the physician patient relationship Central Processing from Perception to Emotion	1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10, 12, 13
Psychotic Disorders (not included in mood disorders or substance abuse disorders)	<ul style="list-style-type: none"> Discuss assessment of dangerousness in a psychotic patient. (PC) Emergency Assessment List the general medical and Axis I psychiatric disorders that may present with psychotic symptoms. (MK, PC) Assessment of Psychosis 	Brief Psychotic Disorder Schizophreni form	Schizophrenia Delusional Disorder Shared Psychotic Disorder Schizoaffective		1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 9, 10, 12, 13
Substance Abuse	<ul style="list-style-type: none"> Discuss the signs of intoxication addiction and withdrawal. (MK) Identify typical presentations of substance abuse in general medical practice. (MK, PC) List the psychiatric disorders that share significant comorbidity with substance-related disorders and discuss some criteria for determining whether the comorbid disorder should be treated independently. (PC). Assessment Substance Related Disorders http://www.niaaa.nih.gov/alcohol-health	Hallucinations Volatile inhalants Alcohol <ul style="list-style-type: none"> Intoxication Withdrawal 	Nicotine Sedatives Opioid Cannabis Performance drugs Alcohol <ul style="list-style-type: none"> Abuse Dependence 		1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10, 12, 13
Topic	Topic-Specific Objectives	Acute (6 months or less)	Chronic/ Serious	Osteopathic Clinical Skills	AOA Comp	EPA
Somatoform Disorders	<ul style="list-style-type: none"> List the psychiatric disorders that have high comorbidity with somatoform disorders. (MK) Be able to evaluate and make proper diagnostic and treatment decisions. (PC) Be able to make treatment recommendations for patients with Pain Disorder and Somatization. (MK,PC) Somatoform Disorders	Conversion Disorder	Pain Disorder Somatization Disorder Factitious Disorder Hypochondriasis	Understand the impact of somatic dysfunction and its effective treatment upon mental health Somatizing Patient Nociception and Pain	1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10

			Body Dysmorphic			
School Difficulties	<ul style="list-style-type: none"> State the indications for psychological assessment in children and list some of the common tests in a psychometric evaluation. (PC, MK) List a differential diagnosis and outline the evaluation of academic performance and behavioral problems in children. (PC, PBLI) Summarize the etiologic hypotheses, clinical features, epidemiology, pathophysiology, course, comorbid disorders, complications, and treatment for attention-deficit hyperactivity disorder and conduct disorder. (MK) <p>Oppositional Defiant Disorder http://www.cdc.gov/ncbddd/adhd/diagnosiss.html</p> <ul style="list-style-type: none"> Conduct disorder https://www.cdc.gov/childrensmentalhealth/behavior.html 	Oppositional Defiant Disorder (ODD) Conduct Disorder ADHD	ADHD (in young adult-adult) Speech and Language disorders Learning Disorders Written Expression disorders	Know the Seven Aphorisms for the Successful Physician Life Stage	1, 2, 3, 4, 5, 6	1, 2, 3, 4, 5, 6, 7, 9, 10, 13
Mental Status Change	<ul style="list-style-type: none"> Discuss categories of the mental status exam, common abnormalities and their common causes. (MK) Make a clear and concise case presentation and incorporate feedback for continued learning and improvement. (ICS, PBLI) Assess and record mental status changes, and alter hypotheses and management in response to these changes. (PC) <p>Delirium/Dementia</p>	Delirium Metabolic Medication Infections Substances	Dementia Alzheimer's Vascular Parkinson's Disease Lewy Body	Understand the psycho social aspects of dementia and/or delirium Elder patient with Dementia	1, 2, 3, 4, 5, 6	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 13

Acute Presentation Topic (MK)	Recommended Assignment link Case Files Collection: Case Files: Psychiatry
Clinical Medicine –Psychiatry	Case 46 (Delirium)
Clinical Medicine –Psychiatry	Case 16 (Panic Disorder)
Clinical Medicine –Psychiatry	Case 6 (Schizophrenia Paranoid)
Clinical Medicine –Psychiatry	Case 23 (PTSD)
Clinical Medicine –Psychiatry	Case 43 (Alcohol Withdrawal)

Additional acute care measures that may be encountered can be found in course syllabi FMED 301, IMED 301 OBGY 301, PEDS 301, and SURG 301.

Student Learning Objectives for Chronic Disease Presentations

At the end of the clerkship, for each core chronic disease, students should be able to:

- Elicit a focused history that includes information about adherence, self-management, and barriers to care. **(ICS)**
- Assess improvement or progression of the chronic disease. **(PC)**
- Communicate respectfully with patients who do not fully adhere to their treatment plan. **(P)**
- Perform a focused physical examination that includes identification of complications. **(PC)**
- Describe major treatment modalities. **(ICS)**
- Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments, appropriate surveillance, and tertiary prevention. **(PBLI)**
- Document a chronic care visit. **(PC)**
- Communicate appropriately with other health professionals (e.g., physical therapists, nutritionists, counselors). **(PBLI, SBP)**

Core presentations for Chronic Psychiatric Diseases

Many patients have more than one chronic disease. In caring for these patients, continuity increases efficiency and improves patient outcomes. Similar to diagnosis in acute care, continuity allows the psychiatrist to address surveillance, treatment, and shared goal-setting of multiple issues in progressive stages. Students should understand, however, that a follow-up visit with a patient for a chronic psychiatric disease is different than an initial visit with a patient and also different from an acute problem visit. A chronic disease follow-up visit can be differentiated into stable, unstable, and exacerbated; in the latter, the visit may take on attributes similar to an acute care visit.

Many psychiatric conditions do not present with clearly acute or chronic manifestations. The time frame often varies from a few hours to several months, if not years before proper diagnosis is made. The goal of this clerkship is to help the students make the proper diagnosis sooner rather than later and provide proper treatment recommendations and develop skills to assist with patient management. Students will realize after a psychiatry rotation, the extreme importance of developing the doctor-patient therapeutic relationship.

Students should also learn that a therapeutic physician-patient relationship facilitates negotiation and improves physician and patient satisfaction and outcomes. Chronic disease care focuses on six fundamental areas: self-management, decision support, delivery system design, clinical information system, organization of health care, and community support. Psychiatrists strive to empower patients to actively engage in their own care and work as the leader or member of a team of professionals with complementary skills such as nurses, social workers, behavioral therapists, and counselors.

Topic	Topic-Specific Objectives	Chronic (greater than 12 months)	Osteopathic Clinical Skills	AOA Comp	EPA
Mood Disorders	<ul style="list-style-type: none"> Know mood disorders presentation. (MK) Describe common presentations of depressive disorders in non-psychiatric settings. (PBLI) Develop an approach to evaluating and treating mood disorders in a general medical practice. (PBLI, PC) http://behavenet.com/mood-disorder Conducting Assessments	Depressed Mood Psychotic symptoms (Depressed) Psychotic symptoms Depressive Disorder NOS Dysthymic Disorder Major Depressive Disorder Elevated Mood Bipolar Mood Disorder (Type 1,2) (Schizoaffective Disorder)		1, 2, 3, 4, 5, 6	1, 2, 3, 4, 5, 6, 7, 9, 10, 13
Personality	<ul style="list-style-type: none"> Develop a differential diagnosis for a person presenting with psychosis, including identifying historical and clinical features that assist in the differentiation of general medical, substance induced, affective, schizophrenic, and other causes. (MK, PC) Personality disorders http://behavenet.com/psychosis	Paranoid , Schizoid, Schizotypal Antisocial , Narcissistic , Borderline , Histrionic Obsessive/Compulsive , Avoidant , Dependent		1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10
Eating Disorders	<ul style="list-style-type: none"> Summarize the etiologic hypotheses, clinical features, epidemiology, course, comorbid disorders, complications, and treatment for bulimia. (MK, PC) Discuss the role of the primary care physician in the prevention and early identification of eating disorders. (PBLI, PC) List the medical complications and indications for hospitalization in patients with eating disorders. (PK, PC) Eating Disorder Assessment Eating Disorder-Treatment: Eating Disorder Videos (Academy for Eating Disorders)	Anorexia Nervosa Bulimia Binge eating disorder	Understand the impact the holistic philosophy of osteopathic medicine has on the approach to patients with mental health disorders Mind-Body Medicine	1, 2, 3, 4, 5, 6	1, 2, 3, 4, 5, 6, 7, 9, 10, 13
Developmental Delay	<ul style="list-style-type: none"> Discuss the etiologies, epidemiology, clinical features, and psychiatric comorbidity of mental retardation. (ICS, PC) Intellectual Disabilities	Autism Spectrum Disorder Language Social Impairment Cognitive Impairment Developmental Language Disorder		1, 2, 3, 4, 5, 6	1, 2, 3, 4, 5, 6, 7, 9, 10, 13

Chronic Psych Presentation Topic (MK)	Recommended Assignment link Case Files Collection: Case Files: Psychiatry
Clinical Medicine –Psychiatry	Case 13 (Major Depression, Recurrent)
Clinical Medicine –Psychiatry	Case 2 (Autism Spectrum Disorder)
Clinical Medicine –Psychiatry	Case 31 (Bulimia Nervosa)
Clinical Medicine –Psychiatry	Case 32 (Anorexia Nervosa)
Clinical Medicine –Psychiatry	Case 57 (Borderline Personality Disorder)

Additional chronic disease care measures that may be encountered can be found in course syllabi FMED 301, IMED 301, OBGY 301, PEDS 301, and SURG 301.

Student Learning Objectives for Preventive Care Presentations

At the end of the clerkship, for preventive care measures, students should be able to:

- Define wellness as a concept that is more than “not being sick.” **(PC)**
- Define primary, secondary, and tertiary prevention. **(PBLI)**
- Identify risks for specific illnesses that affect screening and treatment strategies. **(PBLI)**
- For women: elicit a full menstrual, gynecological, and obstetric history. **(ICS)**
- For men: Identify issues and risks related to sexual function and prostate health. **(PC)**
- Encourage lifestyle changes to support wellness (weight loss, smoking cessation, safe sexual practices, exercise, activity, nutrition, diet). **(PBLI)**
- Find and apply the current guidelines for adult immunizations. **(PBLI, SBP)**
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender. **(PBLI, SBP)**

Core Presentations for Preventive Psychiatric Care

Each patient will have a unique combination of primary, secondary, and possibly tertiary prevention recommendations based on his/her risk factors and current diseases. In addition, patient preferences, time constraints, and variability in insurance coverage limit the ability to provide all recommended clinical prevention services for every patient. Creating an individualized health promotion plan requires a preventive medicine knowledge base and skills in negotiation and patient education. It should be stressed that clinical prevention can be included in every office visit.

Health Promotion (PBLI/SBP)	Recommended Assignment
Legal and Ethical Issues in the Prevention and Treatment of Alcohol Use Disorders. (PBLI, P)	http://pubs.niaaa.nih.gov/publications/Social/Module9Legal&EthicalIssues/Module9.html

Additional preventative care measures that may be encountered can be found in course syllabi FMED 301, IMED 301, OBGY 301, PEDS 301, and SURG 301.

Programmatic and Course Research

As a part of the ongoing mission of Kansas City University to improve teaching excellence, there may be research conducted in this class in regards to student study strategies, student views on learning, and the efficacy of classroom pedagogy. Other activities for which performance will be measured (i.e., assignments and exams) are no different from those that would be completed by students in a class where research was not being conducted. Any pedagogical interventions used in this class as a part of the research study will be consistent with professional standards for responsible teaching practices. Throughout the research process student data will be collected anonymously and securely. Final data values will not contain personal identifiers. Upon request, student data can be withheld from the research study.

Policies & Procedures

Students are expected to present and conduct themselves in a professional manner at all times. Students are required to read, understand, and adhere to all the policies and procedures as outlined in the [Clinical Education Guidelines](#).

Department of Clinical Education Contacts

Contact information for faculty and staff of the Department of Clinical Education can be accessed [here](#).

ADDENDUM Curriculum B

This scenario is provided given a clerkship is shortened due to unforeseen circumstances, will provide part in person clerkship experience and part online experience, and/or student is at a site that is using a 2 week virtual/2 week in-person curriculum.

In the event student is assigned to this scenario, the following are the clerkship requirements:

INSTRUMENT(S) OF STUDENT EVALUATION AND ASSESSMENT

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 - *OnlineMedEd Case X, QBank Questions and Lessons*
 - *Completion of Case Presentation*
 - *Telemedicine SPE/MBE Cases*
 - *End of Clerkship Reflections from the Student*
 - *PSYC COMAT Subject Exam*

OnlineMedEd Case X, Qbank Questions and Lessons

Required OnlineMedEd Case X cases, Qbank questions and lessons have been added to core clerkship curriculum and must be completed prior to receiving a final grade and credit. While students are encouraged to work through all OnlineMedEd cases, only the following are required to be completed by the last day of the clerkship.

[OnlineMedEd Log In](#)

Complete the following CASE X Cases

[Psychiatry 1](#)
[Psychiatry 2](#)
[Psychiatry 3](#)
[Psychiatry 4](#)

[Peds Psych 1](#)
[Peds Psych 2](#)
[Peds Psych 3](#)

Review the following Psychiatry Lessons:

[Anxiety Disorders](#)
[Impulse Control](#)
[OCD and Related Disorders](#)
[PTSD](#)
[Mood Disorders](#)
[Mood Life and Death](#)
[Psychotic Disorders](#)
[Eating Disorders](#)
[Personality Disorders](#)
[Dissociative Disorders](#)

[Catatonia](#)
[Peds Neurodevelopmental](#)
[Peds Behavioral](#)
[Psych Pharm I](#)
[Psych Pharm II](#)
[Addiction](#)
[Addiction II Drugs of Abuse](#)
[Sleep Physiology](#)
[Sleep Disorders](#)
[Somatic Symptom Disorders](#)

Complete the following Qbank Questions:

Eighty Nine [89] [Psychiatry Qbank Questions](#)

Case Checklist

In order to reasonably standardize the psychiatry medicine experience for all KCU students across many sites, **students will be required to complete a case checklist of common acute and chronic problems, and health maintenance visits.** If a student has been unable to see a patient with a particular problem, the student can supplement their experience with content from OnlineMedEd, or receive case-based instruction about that problem or visit type from their preceptor. The preceptor will sign off the list, acknowledging that the student has completed the expected encounters, and understands the principles presented.

Completion of Case Presentation

The student shall develop **one [1] case** considering a given scenario from below. In the presentation, student will record themselves doing the presentation and submit in canvas for faculty review. Accepted uploaded files types include .mov, mp4 and wmv. Other file types may not be accepted if they cannot be opened by the grader. Professional dress and white coat is required.

A **complete** history and physical exam will be prepared in the Power Point presentation (as it would be documented in the patient's medical record, including the osteopathic structural exam). The students should record themselves presenting the case as they would present the case to their attending physician.

Presentation must include the History and Physical, the clinical, laboratory, and diagnostic findings. A differential diagnosis and a plan for workup and treatment. Discharge and/or follow-up planning will be presented as well as preventive and long-term goals. The student will select one of the following cases.

Student Last Name Begins with A-I:

1. Vascular Dementia
2. Obsessive Compulsive Disorder

Student Last Name Begins with J-P:

1. Narcissistic Personality
2. Bipolar Disorder

Student Last Name Begins with Q-Z:

1. Psychosis Secondary to Medical Disorder / Medication
2. Anorexia / Bulimia

Telemedicine SPE/MBE Cases

The student shall participate in **one [1] SPE/MBE cases** during the four [4] week clerkship. Students will receive scheduling dates and times for their cases. Due to availability, some cases may be scheduled after business hours and/or on weekends. Please note that scheduling changing requests will not be allowed. Professional dress and white coat is required.

Students will submit the following assignments per each SPE case:

1. Create a SOAP note for each case
2. Complete self-reflection assignment

There is no SOAP or self-reflection for the Manikin Based Encounter (MBE)

Subject (End of Clerkship) Exams

Students must pass a National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Test (COMAT) upon completion of each 3rd year core discipline.

Students are expected to study for these exams with similar rigor as all other high stakes examinations.

Exam Blueprint

Students may be awarded Honors (H) for excellent performance on a Subject Exam. Passing (P) and Honors (H) are benchmarked against the NBOME academic-year norms for all students in that discipline. Honors may not be awarded or may be removed if the student receives marks demonstrating below expectations ratings, recommendation of failure, or professionalism concerns in the Clinical Competency Assessment.

Students are allowed to remediate any subject exam without it being considered a failed clerkship. The highest subject exam score and clerkship grade achieved after a remediation is Pass. If student fails the remediated subject exam, the clerkship and the subject exam must be repeated. After successful completion of remediated clerkship and remediated subject exam the clerkship grade earned is Fail/Pass (F/P). Student may be referred to Student Progress Committee (SPC) and required to present their case if two [2] or more subject exam failures occur during the same academic year.

End of Clerkship Reflections

Students are responsible to complete End of Clerkship Reflections through E*Value at the end of every clinical experience to include:

- Evaluation of self and the Clerkship
- Evaluation of the Preceptor

Completion of these reflections are required prior to receiving a final grade or credit for any clerkship. Students are encouraged to provide accurate comments regarding the preceptor/clerkship experience. All information submitted in the reflections is anonymous and

will be de-identified for anonymity before being released to the site or preceptor the following academic year.

Evaluation & Grading

To be successful in this course the student must achieve the minimum score required in each component listed below. The final grade of Pass/Fail/Honors for the core rotation is derived from the following components:

Component	Evaluation Tool	Minimum Score Required
Clinical Competency Assessment from Preceptor	Clinical Clerkship Evaluation via E*Value	Upon completion of this clerkship students should perform the behaviors outlined within the "expected" level of each competency rated on the clinical clerkship evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.
Standardized Case Checklist	Case Checklist via CANVAS	Upon completion of this clerkship, student is responsible for completing the case checklist in CANVAS with preceptor confirmation.
End of Clerkship Reflections <i>from the Student</i>	Evaluation of Clerkship Evaluation of Preceptor Evaluation of Self Via E*Value	Upon completion of this clerkship student is responsible for completing evaluations of clerkship, preceptor, self via E*Value.
Online Learning Cases	OnlineMedEd Case X, Qbank and Lessons	Completion on each required Case X, Qbank questions and Lessons
Case Presentation	Canvas	Submission of required case presentation
Telemedicine SPE/MBE Cases	Standardized Patient Encounter/Manikin Based Encounter	Completion of each scheduled case
Standardized Assessment	Subject Exam (COMAT)	Scaled Score of 82 or greater

All of above items are mandatory for successful course completion. Clinical Performance is assessed by each attending with whom the student has contact. Professionalism and work habits are a significant portion of the clinical assessment. These include the student attitude, demeanor, and interaction with attendings, peers, and staff. Character qualities and behaviors such as punctuality, teachability, honesty, bedside manner, and integrity are important for your professional development.

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