

Psychiatry & Behavioral Sciences
AMBULATORY COMMUNITY SELECTIVE
SYLLABUS

Director of Undergraduate Education:

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Goals:

1. To enhance diagnostic and therapeutic skills in the care of patients with primary psychiatric conditions
2. To develop an understanding of the role of psychiatrists in the community

Objectives:

Medical Knowledge and Skills Objective:

1. Demonstrate knowledge of the diagnosis and management of common psychiatric conditions including (but not limited to) adjustment disorders, major depressive disorders, anxiety disorders, bipolar disorder, attention deficit hyperactivity disorder, substance abuse, dementia, and schizophrenia.

Career Development Objective:

1. The student should become aware of the rewards and challenges of practicing psychiatry in the community.

Advocacy Objectives:

1. Identify and list local mental health resources available to patients in the community, including organizations that assist with education and advocacy for patients with psychiatric illnesses.
2. Identify and list common barriers to mental health care commonly encountered by patients of all socioeconomic brackets.
3. Write and turn in a resource list that can be used by patients and physicians in the community.

Health Care Systems/Practice Management Objective:

1. Describe practice management issues that are important in the practice that you serve.

Service Learning Objective:

1. Participate in one or more community service activities in your community

CAM Objectives:

1. Identify alternative medicine practices that patients utilize in the practice that you serve.
2. Identify the advantages and disadvantages (including risks) of the alternative medicine practices you identify.

Overview of Course Activities:

The student will be assigned a site preceptor who is a practicing Texas psychiatrist. The student will spend a majority of the course working with the preceptor in an office setting, evaluating at least 2 outpatients per day. The patients can be seen either alone or with the preceptor at the discretion of the preceptor. The student will participate in the activities in which the preceptor is involved including office practice, nursing home care, office management, continuing medical education programs, emergency room call, civic activities, and medical staff meetings. Students will not be assigned to preceptors who are relatives. Students will complete and turn in a comprehensive report of barriers to mental health care encountered by patients in the community, a list of resources and advocacy groups available to patients.

Weekly Schedule of Activities:

Usual hours: Hours to be determined by preceptor (Note: Call responsibilities at the discretion of the preceptor. Students will have at least one half day per week for independent study/completion of formal course requirements)

Absence:

This course follows the absence policy of the School of Medicine as defined by the Curriculum Committee.

Students must report all anticipated absences in advance to the course coordinator for approval. Examples of absences that will be approved include residency interviews and examinations. Documentation will be required from the student to confirm their participation in these approved activities. Unanticipated absences (e.g. illness) must be reported to the course coordinator and the community preceptor the morning of the absence. Any unexcused absence will result in a failing grade for the course. School of Medicine Policy dictates that students are not permitted any more than three excused absences per course. More than three excused absences will result in an incomplete and will require the student to make up the absences to complete the course and receive a

passing grade. The Undergraduate Education Committee of the Department of Psychiatry & Behavioral Sciences will determine the make-up time.

Evaluation and Appeals:

Students are encouraged to seek continuing feedback from their preceptors during the rotation, particularly at the mid-rotation point.

The final grade will be dependent on the preceptor's evaluation of student performance and participation, as well as the thoughtful and timely completion of the written reports. Each component must be completed satisfactorily in order to receive a passing grade. Preceptors will complete the standard student evaluation form designed by the Ambulatory Community Selective Committee and submit this to the Course Coordinator. An example of this evaluation form is attached to this syllabus. The final grade for the course will be assigned by the Course Director based on the preceptor evaluation form and completion of the written assignments.

Appeals of course grades follow the School of Medicine Appeals Policy 7.1.18 as outlined in the Institutional Handbook of Policies and Procedures. Course grades must be appealed in writing to the Course Director within ten working days from the time that the grade is made available. The Undergraduate Education Committee will render a decision on the student's appeal within ten days of meeting to discuss the appeal. Further appeals of this decision again follow the SOM Appeals Policy (see Institutional Handbook).

Students will also be asked to complete an evaluation of the course, the community site, and preceptor. These evaluations are essential to making future improvements and their completion is mandatory.

Professionalism:

Students are reminded of the UTMB Honor Pledge:

“On my honor, as a member of the UTMB community, I pledge to act with integrity, compassion, and respect in all my academic and professional endeavors.”

While off-campus the student is expected to continue to adhere to the Student Conduct Policy 7.1.3 outlined in the Institutional Handbook of Policies and Procedures. It is also very important to recognize that the highest standards of professional behavior are expected from all members of the health care team. Information on professional behavior is part of the clinical evaluation and significant irregularities in behavior may result in a failing clinical score, outweighing other positive demonstration of clinical skills.

Student Performance Evaluation Form

UTMB School of Medicine Ambulatory Community Selective

Student Name: _____ Student PID #: _____ Selective Period: _____

Instructor Name: _____ Selective Name: _____ Selective Course #: _____

This form must be completed by the student's faculty supervisor for the student to receive a final grade. All ratings of 'Exceeds' or 'Below' expected level of performance must be accompanied by explanatory comments. Please note this information may be included in the Medical Student Performance Evaluation (Dean's Letter of Evaluation).

1. Knowledge Acquisition Skills – How well does the student independently seek information, identify relevant sources, use a variety of sources (including technology when appropriate), critically analyze resources, refer to and appraise relevant information appropriately, and/or is prepared for discussions or elective activities?

Comment required to justify any rating above or below expected level of performance:

- Exceeds expected level of performance _____
- At expected level of performance** _____
- Below expected level of performance _____
- Cannot evaluate this item _____

2. Problem-solving Skills - How well does the student integrate basic science and clinical concepts, demonstrate understanding of concepts and issues as they apply to the problem or concept at hand, critically revise hypotheses or strategy towards approaching the problem, derive differential diagnoses and treatment plans, and/or define differences in normal and abnormal conditions?

Comment required to justify any rating above or below expected level of performance:

- Exceeds expected level of performance _____
- At expected level of performance** _____
- Below expected level of performance _____
- Cannot evaluate this item _____

3. Communication Skills - How well does the student express relevant information about concepts, ask questions, balance listening and speaking, and/or qualify personal commentary as such among healthcare team members and patients?

Comment required to justify any rating above or below expected level of performance:

- Exceeds expected level of performance _____
- At expected level of performance** _____
- Below expected level of performance _____
- Cannot evaluate this item _____

4. Professionalism – How well does the student accept and use feedback, recognize and abstain from academic dishonesty, demonstrate respect and courtesy to peers, staff, patients and faculty, demonstrate sensitivity to gender/ethnicity/cultural issues when raised, and/or is punctual and attends all meetings as well as protects healthcare information?

Comment required to justify any rating above or below expected level of performance:

- Exceeds expected level of performance _____
- At expected level of performance** _____
- Below expected level of performance _____
- Cannot evaluate this item _____

5. Clinical Interaction/Data Gathering Skills – How thorough and accurate are patient interviews, physical exams, patient education/counseling, oral patient presentation to faculty/peers, and written documentation?

Comment required to justify any rating above or below expected level of performance:

- Exceeds expected level of performance _____
- At expected level of performance** _____
- Below expected level of performance _____
- Cannot evaluate this item _____

6. Technical Skills – How well does the student acquire and demonstrate the following skills: procedures appropriate to the clinical setting, research (laboratory) techniques?

Comment required to justify any rating above or below expected level of performance:

- Exceeds expected level of performance _____
- At expected level of performance** _____
- Below expected level of performance _____
- Cannot evaluate this item _____

- 7. Written Assignment** – If applicable, did the student complete the written assignment and turn it in for your evaluation?
Comment required to justify any rating above or below expected level of performance:
- Completed** _____
 - Not completed _____

- Please comment on the student's depth of thought on this written assignment:
Comment required to justify any rating above or below expected level of performance:
- Exceeds expected level of performance _____
 - At expected level of performance** _____
 - Below expected level of performance _____
 - Cannot evaluate this item _____

8. Comments regarding summary of student performance / goals for future development:

FINAL GRADE (Check one) _____ **Satisfactory** _____ **Fail**

Your signature confirms that this student spent at least 50% of their time in the clinical setting.

Instructor Signature: _____ Date: _____