



### Syllabus Psychiatry Clerkship

Course No.:	<b>OM 7080</b>	Course Title:	Psychiatry
Credit Hours:	4 weeks, 4 credit hours for each rotation	Course Director: Department Chair:	Yadi Fernandez Sweeny, PsyD, MS, CRNA CRNA-UCLA School of Medicine
Term - Dates:	Variable in OMS III academic year	Level:	OMS III

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### Educational Goal

#### Description:

The onsite and/or virtual rotation in Psychiatry will be offered during the third year and may, in rare instances, be taken later, or as an elective. Successful completion will be required for graduation with the D.O. degree. This will be a four-week onsite or online/virtual rotation during which the student will

demonstrate and apply concepts of diagnosis and treatment to virtual patients with mental/emotional disorders. The course is intended as a practical application and demonstration of concepts cover in the first and second year courses of classroom study in Behavioral Science and Psychiatry.

**Purpose of the Rotation:**

The purpose of the clinical psychiatric rotation is to provide the student both didactic and virtual experience in the recognition and management of the patient with psychiatric illness. This rotation is meant, not only to enhance the student's knowledge and abilities in the field of psychiatry, but also to allow him or her to understand personal limitations and when to consult and refer when appropriate. It is hoped that this rotation will allow the student to apply and reinforce basic and more advanced psychiatric concepts so that he/she more properly treat future patients in whatever specialty he/she may choose, more competently. Specific expected competencies include development of interviewing and assessment skills, development of diagnostic and management plans, and inter-professional communication. The goal of this rotation is to develop, in each student, competence in the basic areas of clinical psychiatry which are applicable and important to the functioning of any physician practicing medicine.

**Preparing for the Rotation**

**Requirements for plenary/didactic week**

- Review the orientation presentation recorded in May 2021 by Dr. Sweeny posted on Elentra for incoming OMS III students. There is also a corresponding Plenary Power Point posted in Elentra.
- Review lectures and Power Points from FOM8 specific to psychiatric disorders.
- Please see section below on reading recommendations for textbooks, articles and online sources (symptommedia.com clinical cases).
- The Mental Status Exam is the backbone of a psychiatric assessment. Please be sure to review both the FOM8 MSE lecture and Power Point in addition to Plenary ppt.
- Please see Elentra on Psych SOAP Note: "How To's of Writing a Psych SOAP Note" Power Point.

**Preparing for Your Physical Exam:**

- A reminder: the Psych OSCE following your rotation will include the PE as medically indicated.

**Expectations During the Rotation**

**Assignments:**

There are several different ways that students will be learning under current COVID-19 conditions. When possible, students will be in the traditional 4-week rotation with an attending and resident with

involvement in the direct care of patients presenting with the full spectrum of psychiatric conditions. Other students will have exposure in an outpatient setting or both inpatient and outpatient clinic setting. When needed, students will be in virtual rotation with Dr. Sweeny and Psychiatry faculty team.

Regardless of the mixture of experiences a student is scheduled to have, the learning objectives and the curriculum for this rotation are the same. What differs is the additional online materials the student will need to use to supplement the didactic content and diagnoses encountered at each rotation site.

**Online Clinical Case Review** Those students doing completely virtual rotations will submit a list of their daily symptommedia cases directly to Dr. Sweeny (submission protocol to be confirmed). Five cases per day during first 3 weeks of rotation, none during 4<sup>th</sup> week).

**COMAT Review Session** – 4<sup>th</sup> week of rotation for all students with Dr. Sweeny. Didactic and clinical case review of core areas of psychiatry shelf exam: Anxiety Disorders/Trauma Related Disorders/Obsessive Compulsive Disorder; Depressive, Bipolar and Related Disorders; Neurocognitive Disorders; Neurodevelopmental Disorders; Gender Dysphoria; Disruptive Developmental Disorder; Personality Disorders; Psychiatric Illness due to Another Medical Condition; Schizophrenia and Other Psychotic Disorders; Sleep-Wake Disorders; Somatic Symptom and Related Disorders; Substance Related and Addictive Disorders/Eating Disorders

**SOAP Notes:** Onsite 4-week rotations will not require SOAP note submission on Elentra. Each rotation site will include teaching on Mental Status Exam and formulation of a Psychiatry SOAP note. It is expected that the medical student will learn, formulate, and discuss Psych SOAP notes with attending and/or resident while on rotation.

**SOAP Notes Instruction and Submission - Virtual rotations only:** There are 2 SOAP notes per week required for the first 3 weeks only. SOAP notes will not be required during the 4<sup>th</sup> week of the rotation in support of focused study time for the COMAT exam.

**Weekly Zoom meetings with students on in person rotations:** with Dr. Sweeny and Psychiatry faculty to reinforce essential core content on COMAT and discussion of Psychiatry/Psychology/Behavioral Medicine assessment/cases in the holistic care of patients. Specific day and time of meetings may vary weekly.

**Bi-weekly Zoom meetings with students on 100% Virtual Rotations** with daily symptommedia case assignments.

**Mandatory End of Psychiatry Rotation Multiple Choice Quiz** posted on Elentra during 4<sup>th</sup> week of rotation. Please note quiz completion is a requirement in order to pass the rotation.

## Core Psychiatry Clerkship Learning Objectives

The students will be expected to:

### Attitudes:

1. Develop and demonstrate respectful attitudes toward patients with psychiatric disorders and be able to connect with their underlying humanity. (COMP/AOA core competencies 1,3,4; Institutional outcomes 2,3,8)
2. Demonstrate effective communication strategies and professional behaviors with patients, families, and other members of the health team caring for the patient. (COMP/AOA core competencies 1,3,4,5; Institutional outcomes 3,4,5,8)
3. Develop ongoing awareness of and ability to discuss professional boundary management in the context of doctor-patient relationship. (COMP/AOA core competencies 3,4,5; Institutional outcomes 1,3,4,5,8)
4. Identify and understand the importance of self-reflection. Develop appropriate management skills in working through internal feelings (countertransference) while maintaining a therapeutic stance toward the patients. (COMP/AOA core competencies 1,3,4,5; Institutional outcomes 1,3,5,6,8)

### Professional Behaviors:

1. Be timely.
2. Wear appropriate attire.
3. Be professional always.
4. Ask for mid-rotation feedback from senior resident attending.
5. Record cases and procedures in T-Res
6. Observe or participate in all recommended procedures; for procedures not observed, please see Symptommedia video links.

### Skills:

At the end of the rotation the student should be able to:

1. Complete a psychiatric history in a manner that facilitates formation of a therapeutic alliance. Recognize relevant physical findings from virtual case studies and practice a complete mental status examination. (COMP/AOA 3 Institutional outcomes 1, 2, 3)
2. Use osteopathic medical knowledge, evidence-based medicine, and osteopathic principles and practices in the diagnosis and management of mood and anxiety disorders and of childhood developmental disorders. Use osteopathic practices as an additional management tool for patients with psychiatric complaints. (COMP/AOA 1, 3; Institutional outcomes 1, 2, 3)
3. Identify psychopathology, formulate differential diagnoses, and develop assessment and treatment plans for psychiatric patients. Explain the importance of Osteopathic principles and philosophy in diagnosis and treatment plan development. (COMP/AOA 1, 2, 3; Institutional outcomes 1,2,3,4,8)

4. Demonstrate knowledge of the pertinent initial history, physical examination, and mental status examination, and be able to write a pertinent SOAP note with the patient's health status. (COMP/AOA core competencies 1, 2, 3, 4, 5, 7; Institutional outcomes 1, 2, 3, 4, 8)
5. Understand the use of laboratory testing, imaging tests, psychological tests, and consultation to assist in the diagnosis of persons with neuropsychiatric symptoms. (COMP/AOA 3; Institutional outcomes 1, 2, 3, 4)
6. Understand the emergency management and referral of a person with neuropsychiatric symptoms. (COMP/AOA 3; Institutional outcomes 1, 2, 3)
7. Identify and understand the neuropsychiatric consequences of substance abuse and dependence. (COMP/AOA 3; Institutional outcomes 1, 2, 3, 7)
8. Recognize, and discuss management options for persons with major mental illnesses commonly seen in outpatient and inpatient settings. (COMP/AOA 2, 3; Institutional Outcomes 1, 2, 3)
9. Understand the structure of the mental health system and legal issues important in the care of psychiatric patients. (COMP/AOA 7; Institutional outcomes 1, 2, 3, 5, 8)
10. Understand the indications, basic mechanisms of action, common side effects, and drug interactions of each class of psychotropic medications and explain how to select and use these agents to treat mental disorders. (COMP/AOA 2, 3; Institutional outcomes 1, 2, 3, 7)
11. Develop an awareness of and understanding of the evidence-based psychotherapies as of Cognitive Behavioral Therapy, and other individual or group therapies. (COMP/AOA core competencies 1, 3, 4, 6, 7; Institutional outcomes 1, 2, 4, 7)
12. Show a proficiency in the ability to research literature in psychiatric patient care (COMP/AOA core competences 6; Institutional outcomes 1, 2, 7)
13. Understand the importance to work effectively with other health professionals in settings including group therapy, inpatient psychiatric wards. (COMP/PAOA 3, 4; Institutional outcomes 1, 2, 3, 4)
14. Demonstrate an understanding of restraints and limitations imposed on both the doctor and the patient by financial, insurance, and medical-legal issues (including issues of confidentiality, obtaining informed consent in a patient with a psychiatric disorder, involuntary treatment, and Tarasoff issues). (COMP/AOA core competencies 2, 3, 5; Institutional outcomes 1, 2, 8)
15. Demonstrate knowledge with the ability to state the indications, mechanism of action (where known), and major side effects of the following psychopharmacological treatments: (COMP/AOA core competencies 1,2,3,6; Institutional outcomes 1,2,7)
  - a. Antipsychotics
  - b. Antidepressants
  - c. Anxiolytics/Sedatives-Hypnotics
  - d. Mood Stabilizers
  - e. Medications for Substance Use Disorders
  - f. Cholinesterase Inhibitors and Related Anti Dementia Drugs for the Elderly
  - g. Electroconvulsive
  - h. Therapy ADHD drugs

16. Demonstrate knowledge of Demonstrate knowledge and understanding regarding consultation-liaison issues and how psychiatry impacts other medical specialties and how other medical specialties impact psychiatry in particular case presentations. (COMP/AOA core competencies 2, 3, 4, 5, 6, 7; Institutional outcomes 1, 2, 3, 4)
17. Demonstrate proficiency in the knowledge of the major DSM 5 signs and symptoms for the Disorders listed under Psychiatry Diagnosis. Be able to apply these major criteria in diagnostic interviews, as well as when developing a differential diagnosis for their patient. (COMP/AOA core competencies 1, 2, 3, 6; Institutional outcomes 1, 2, 7)
18. Apply evidence-based medicine to determine whether it is appropriate to use psychotherapy, pharmaceuticals, or osteopathic treatments in various clinical encounters with patients who have psychiatric disorders. (COMP/AOA 6; Institutional outcomes)

### Summary of Requirements

1. Complete symptommedia cases as assigned based on whether rotation is onsite and/or virtual rotation.
2. Complete all other required assignments.
3. Prepare for COMLEX using practice uWISE test bank questions.
4. Attend weekly ZOOM sessions with department chair, Dr. Sweeny.
5. Observe all required procedures in person or by viewing videos.
6. For those in clinical settings these additional requirements must be followed
  - a. Be professional.
  - b. Attend all conferences and meetings available to students.
  - c. Practice the behaviors/attitudes and professions activities listed above.

### Rotation Expectations

During this rotation, the student is expected to do the following:

1. Understand the function of the Psychiatry team.
2. Complete the assigned symptommedia clinical cases (see below).
3. [www.Symptommedia.com](http://www.Symptommedia.com)  
Logon User ID: WesternU  
PW: Westernu12  
PLEASE DO NOT SHARE symptommedia logon information. The site is intended for WesternU students only.
4. Complete the assigned reading.
5. Perform an in person or virtual history and mental status exam with SOAP note on assigned psychiatric patient clinical vignettes. See previous SOAP requirement listed in syllabus.

## Required Educational Assignments

1. Complete 30 question multiple-choice quiz last week of rotation. Pass Psychiatry COMAT exam

### **Required: Symptommedia Assignments:**

Online mental health education and training film library – clinical cases (DSM 5 diagnostic criteria and assessments).

- Must view as many of case film clips as possible during the rotation (5 per day minimum during 100% virtual rotation). Cases will reinforce didactic content and support learning in preparation for COMAT and Psych OSCE

**Symptommedia Assignments:** Psychiatry DSM 5 Clinical Cases; Psychology Lifespan Development relevant to boards and patient assessment; Behavioral Medicine

### **Assessment Tools**

CAGE questionnaire

Mental Status Exam

- [Mental Status Exam B-1](#)

### **Mental Status Examination Measures**

- [Poor Concentration](#)
- [Impaired Immediate Recall](#)
- [Impaired Long Term Memory](#)
- [Impaired Short Term Memory](#)

### **Mental Status Exam Series**

- [Mental Status Exam B-1](#)
- [Mental Status Exam B-2](#)
- [Mental Status Exam B-3](#)
- [Mental Status Exam B-4](#)
- [Mental Status Exam B-5](#)
- [Mental Status Exam B-6](#)

### **Anger Assessment Series**

- [Anger Assessment A-1](#)
- [Anger Assessment A-2](#)
- [Anger Assessment A-3](#)

### **Anxiety Assessment Series**

- [Anxiety Assessment A-1](#)
- [Anxiety Assessment A-2](#)
- [Anxiety Assessment A-3](#)
- [Anxiety Assessment A-4](#)

- [Anxiety Assessment with Primary Diagnosis Obsessive Compulsive Disorders – Tic-Related](#)
- [Anxiety Assessment with Primary Diagnosis Opiate Use Disorder, Moderate](#)

#### **CAGE Questions Series**

- [CAGE Questions A-1](#)
- [CAGE Questions A-2](#)

#### **Depression Assessment Series**

- [Assessment to Evaluate Insight or Treatment in Patients with Depression A-1](#)
- [Depression Assessment A-1](#)
- [Depression Assessment A-2](#)
- [Depression Assessment A-3](#)
- [Depression Assessment A-4 with Primary Diagnosis PTSD](#)

#### **Gun Safety Assessment Series**

- [Gun Safety Assessment A-1](#)
- [Gun Safety Assessment A-2](#)

#### **Healthy Thinking Assessment Series**

- [Healthy Thinking Assessment A-1](#)
- [Healthy Thinking Assessment A-2](#)

#### **Loss and Grief Assessment Series 1**

- [Loss and Grief Assessment A-1 \(Loss of Sister\)](#)
- [Loss and Grief Assessment A-2 \(Loss of Girlfriend due to Mass Shooting\)](#)
- [Loss and Grief Assessment A-3 \(Loss of Friends due to Mass Shooting\)](#)

#### **Loss and Grief Assessment Series 2**

- [Loss and Grief Assessment A-6 \(Loss of a Friend due to Suicide\)](#)
- [Loss and Grief Assessment A-7 \(Loss of Identity Post Military Career\)](#)
- [Loss and Grief Assessment A-8 \(Loss of Daughter due to Overdose \)](#)

#### **PTSD Brief Screening Assessment Series**

- [PTSD Brief Screening Assessment A-1](#)
- [PTSD Brief Screening Assessment A-2](#)
- [PTSD Brief Screening Assessment A-3](#)
- [PTSD Brief Screening Assessment A-4](#)

#### **Substance Use Assessment Series**

- [Substance Use Assessment A-1](#)
- [Substance Use Assessment A-2](#)
- [Substance Use Assessment A-3](#)
- [Substance Use Assessment A-4](#)
- [Substance Use Assessment A-5](#)



### **Substance Use Assessment Series 2**

- [Substance Use Assessment A-6](#)
- [Substance Use Assessment A-7](#)
- [Substance Use Assessment A-8](#)
- [Substance Use Assessment A-9](#)
- [Substance Use Assessment A-10](#)
- [Substance Use Assessment A-11](#)

### **Suicide Assessment Series**

- [Suicide Assessment A-1](#)
- [Suicide Assessment A-2](#)
- [Suicide Assessment A-3](#)
- [Suicide Assessment A-4](#)
- [Suicide Assessment A-5](#)

### **Trauma Assessment Series**

- [Trauma Assessment A-1](#)
- [Trauma Assessment A-2](#)
- [Trauma Assessment A-3](#)

### **DSM 5**

#### **Trauma and Stressor-Related Disorders**

##### **Adjustment Disorders**

- [Adjustment Anxiety Disorder](#)

##### **Post-Traumatic Stress Disorder**

- [Post-Traumatic Stress Disorder: Car Accident](#)
- [Post-Traumatic Stress Disorder: Combat Veteran](#)
- [Post-Traumatic Stress Disorder: Sexual Assault](#)

##### **Personality Disorders**

- [Antisocial Personality Disorder Version 1](#)
- [Antisocial Personality Disorder Version 2](#)
- [Avoidant Personality Disorder](#)
- [Borderline Personality Disorder](#)
- [Dependent Personality Disorder](#)
- [Histrionic Personality Disorder Version 1](#)
- [Histrionic Personality Disorder Version 2](#)
- [Narcissistic Personality Disorder](#)
- [Obsessive Compulsive Personality Disorder](#)
- [Paranoid Personality Disorder](#)
- [Schizoid Personality Disorder](#)
- [Schizotypal Personality Disorder](#)

### **Other Specified Personality Disorders**

- [Passive Aggressive Personality Disorder \(in DSM-III\)](#)

### **Anxiety Disorders**

- [Agoraphobia](#)
- [Generalized Anxiety Disorder](#)
- [Panic Disorder](#)

### **Bipolar and Related Disorders**

- [Bipolar I Disorder with Mood-Congruent Psychotic Features](#)
- [Bipolar I Disorder with Mood-Congruent Psychotic Features \(After Treatment\)](#)

### **Depressive Disorders**

- [Major Depressive Disorder with Melancholic Features](#)
- [Major Depressive Disorder with Anxious Distress](#)
- [Major Depressive Disorder with Peripartum Onset](#)
- [Major Depressive Disorder with Seasonal Pattern](#)

### **Dissociative Disorders**

- [Dissociative Amnesia without Dissociative Fugue \(With localized or selective amnesia as opposed to general amnesia\)](#)

### **Other Conditions That May Be a Focus of Clinical Attention**

- [Conditions for Further Study Persistent Complex Bereavement Disorder](#)
- [Relationship Distress with Spouse or Intimate Partner; Phase of Life Problem](#)

### **Nonadherence to Medical Treatment**

- [V65.2 Malingering](#)

### **Schizophrenia Spectrum and Other Psychotic Disorders**

- [Brief Psychotic Disorder](#)
- [Delusional Disorder-Erotomanic](#)
- [Delusional Disorder-Jealous](#)
- [Delusional Disorder-Mixed](#)
- [Delusional Disorder-Persecutory](#)
- [Delusional Disorder Persecutory Type with Bizarre Content](#)
- [Delusional Disorder-Somatic](#)
- [Schizophrenia \(with delusions, disorganized speech of derailment type, and negative symptoms of diminished emotional expression\)](#)

### **Obsessive-Compulsive and Related Disorders**

- [Body Dysmorphic Disorder](#)

### **Somatic Symptom and Related Disorders**

- [Conversion Disorder \(Functional Neurological Symptom Disorder\) with weakness or paralysis](#)
- [Conversion Disorder \(Functional Neurological Symptom Disorder\) with weakness or paralysis](#)
- [Illness Anxiety Disorder Version 1](#)
- [Illness Anxiety Disorder Version 2](#)
- [Illness Anxiety Disorder Version 3](#)

### **ADHD Series**

- [ADHD Combined Presentation A-1](#)
- [ADHD Combined Presentation A-2](#)
- [ADHD Combined Presentation A-3](#)
- [Rule/Out ADHD Combined Presentation](#)
- [Rule/Out ADHD Combined Presentation; Rule/Out Alcohol Use Disorder, Moderate](#)
- [Rule/Out ADHD Combined Presentation; Rule/Out Malingering](#)

### **Child & Adolescent Series**

- [Conduct Disorder – Adolescent-Onset Type](#)
- [Disruptive Mood Dysregulation Disorder](#)
- [Oppositional Defiant Disorder](#)
- [Posttraumatic Stress Disorder B-1](#)
- [Separation Anxiety Disorder](#)
- [V62.4 Social Exclusion or Rejection and V69.9 Problem Related to Lifestyle](#)

### **Eating Disorder Series**

- [Anorexia Nervosa Binge-Eating Purging](#)
- [Anorexia Nervosa Restricting Type Moderate](#)
- [Anorexia Nervosa Restricting Type Moderate B-2](#)
- [Binge Eating Disorder](#)
- [Bulimia Nervosa](#)

### **First Responder Series**

- [Posttraumatic Stress Disorder B-2 \(Police Officer 1\)](#)
- [Posttraumatic Stress Disorder B-4 \(EMT\)](#)
- [Posttraumatic Stress Disorder B-5 \(Nurse\)](#)
- [Posttraumatic Stress Disorder B-6 \(Doctor\)](#)
- [Posttraumatic Stress Disorder B-7; Other Specified Trauma- and Stressor-Related Disorder: Persistent Complex Bereavement Disorder \(Firefighter\)](#)

### **OCD Series**

- [Obsessive-Compulsive and Related Disorders: Hoarding Disorder with Excessive Acquisition](#)
- [Obsessive-Compulsive and Related Disorders: Tourette’s Disorder \(Tic Disorder\); Obsessive-Compulsive Disorder](#)
- [Obsessive-Compulsive and Related Disorders: Trichotillomania \(Hair-Pulling Disorder\); Obsessive-Compulsive Disorder](#)

### **Sleep-Wake Disorders Series**

- [Insomnia Due to a Medical Condition](#)
- [Insomnia Due to a Mental Disorder; Major Depressive Disorder in Partial Remission; Relationship Distress with Spouse or Intimate Partner](#)

### **Substance-Related and Addictive Disorders**

- [Alcohol Use Disorder](#)
- [Opioid Use Disorder, Moderate](#)
- [Opioid Use Disorder, Severe](#)
- [Opioid Use Disorder; Alcohol Use Disorder; Cannabis Use Disorder; Tobacco Use Disorder; Stimulant Use Disorder \(cocaine\); and with Possible Sedative, Hypnotic, Anxiolytic Use Disorder](#)
- [Stimulant Disorder, Moderate, Cocaine](#)
- [Stimulant Use Disorder – A, Severe, Cocaine](#)
- [Stimulant Use Disorder – B, Severe, Cocaine](#)

### **Violence Series**

- [Adjustment Disorder with Anxiety](#)
- [Adolescent Antisocial Behavior; Alcohol Use Disorder, Severe; Other or Unknown Substance Use Disorder; Severe](#)
- [Dissociative Amnesia](#)
- [Posttraumatic Stress Disorder; Alcohol Use Disorder; Other or Unknown, Conviction or Civil Proceedings with Imprisonment](#)

### **DSM 5 Military Series**

#### **Mood Disorders**

- [Major Depressive Disorder A-1](#)

#### **Other Conditions That May Be a Focus of Clinical Attention**

- [Other Health Service Encounters for Counseling and Medical Advice: Sex Counseling V65.49](#)

#### **Trauma- and Stressor-Related Disorders**

- [Adjustment Disorder with Anxiety A-1](#)
- [Adjustment Disorder with Depressed Mood and Traumatic Brain Injury \(TBI\) \(Difficulty adjusting to wrist and head injuries from work-related accident\)](#)
- [Adjustment Disorder with Mixed Anxiety and Depressed Mood](#)

#### **Trauma- and Stressor-Related Disorders**

- [Military Family: Spouse of a Veteran with Post Traumatic Stress Disorder](#)
  - [Post Traumatic Stress Disorder with Derealization A-1](#)
  - [Post Traumatic Stress Disorder and Traumatic Brain Injury \(TBI\) A-3](#)
  - [Post Traumatic Stress Disorder & Alcohol Use Disorder A-4](#)
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**DSM 5 & ICD 10 Guided Case Studies and Assessment Tools**

**Ali, Alcohol Use Disorder, Moderate**

**DSM 5 Guided Case Study**

- [Ali, Core Video: Alcohol Use Disorder, Moderate](#)

**ICD 10 Guided Case Study**

- [Ali, Core Video: F10.20 Alcohol Use Disorder, Moderate](#)

**Assessment Tools**

- [Ali, Alcohol Use Disorder, Alcohol Assessment](#)
- [Ali, Alcohol Use Disorder, Anxiety Assessment](#)
- [Ali, Alcohol Use Disorder, AUDIT](#)
- [Ali, Alcohol Use Disorder, Depression Assessment](#)
- [Ali, Alcohol Use Disorder, Substance Use Assessment](#)
- [Ali, Alcohol Use Disorder, Trauma Assessment](#)

**Arnie, Opioid Use Disorder, Mild**

**DSM 5 Guided Case Study**

- [Arnie, Core Video: Opioid Use Disorder, Mild](#)

**ICD 10 Guided Case Study**

- [Arnie, Core Video: F11.10 Opioid Use Disorder, Mild](#)

**Assessment Tools**

- [Arnie, Opioid Use Disorder, Alcohol Assessment](#)
- [Arnie, Opioid Use Disorder, Anxiety Assessment V1](#)
- [Arnie, Opioid Use Disorder, Anxiety Assessment V2](#)
- [Arnie, Opioid Use Disorder, DAST](#)
- [Arnie, Opioid Use Disorder, Depression Assessment](#)
- [Arnie, Opioid Use Disorder, Drug Abuse Assessment](#)
- [Arnie, Opioid Use Disorder, OCD Assessment V1](#)
- [Arnie, Opioid Use Disorder, OCD Assessment V2](#)

**Chad, Gambling Disorder Series**

**DSM 5 Guided Case Study**

- [Chad, Gambling Disorder](#)

**ICD 10 Guided Case Study**

- [Chad, F63.0 Gambling Disorder](#)

**Cooper, Major Depressive Disorder, Single Episode, Severe**

**DSM 5 Guided Case Study**

- [Cooper, Core Video: Major Depressive Disorder, Single Episode, Severe](#)

### **ICD 10 Guided Case Study**

- [Cooper, Core Video: F32.20 Major Depressive Disorder, Single Episode, Severe](#)

### **Assessment Tools**

- [Cooper, Major Depressive Disorder, Single Episode, Severe, Alcohol Use Assessment](#)
- [Cooper, Major Depressive Disorder, Single Episode, Severe, Depression Assessment – Interests](#)
- [Cooper, Major Depressive Disorder, Single Episode, Severe, Depression Assessment – Mood Thinking and Energy](#)
- [Cooper, Major Depressive Disorder, Single Episode, Severe, Depression Assessment – Sleep](#)
- [Cooper, Major Depressive Disorder, Single Episode, Severe, Substance Use Assessment](#)
- [Cooper, Major Depressive Disorder, Single Episode, Severe, Suicide Assessment Version 1](#)
- [Cooper, Major Depressive Disorder, Single Episode, Severe, Trauma Assessment](#)

### **Gil, Bipolar I Disorder, Current or Most Recent Episode Hypomanic Series**

#### **DSM 5 Guided Case Study**

- [Gil, Core Video: Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 1](#)
- [Gil, Core Video: Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 2](#)
- [Gil, Core Video: Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 3](#)
- [Gil, Core Video: Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 4](#)

### **ICD 10 Guided Case Study**

- [Gil, Core Video: F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 1](#)
- [Gil, Core Video: F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 2](#)
- [Gil, Core Video: F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 3](#)
- [Gil, Core Video: F31.0 Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Part 4](#)

### **Assessment Tools**

- [Gil, Bipolar I Disorder, Current or Most Recent Episode Hypomanic, Substance Use Assessment A-1](#)

### **Greg, Cannabis Use Disorder, Moderate**

#### **DSM 5 Guided Case Study**

- [Greg, Core Video: Cannabis Use Disorder, Moderate, Part 1](#)
- [Greg, Core Video: Cannabis Use Disorder, Moderate, Part 2](#)

### **ICD 10 Guided Case Study**

- [Greg, Core Video: F12.20 Cannabis Use Disorder, Moderate, Part 1](#)
- [Greg, Core Video: F12.20 Cannabis Use Disorder, Moderate, Part 2](#)

### **Assessment Tools**

- [Greg, Cannabis Use Disorder, Moderate, Alcohol and Substance Use Assessment](#)
- [Greg, Cannabis Use Disorder, Moderate, Anxiety Assessment](#)
- [Greg, Cannabis Use Disorder, Moderate, AUDIT](#)
- [Greg, Cannabis Use Disorder, Moderate, Cannabis Use Scale Assessment](#)
- [Greg, Cannabis Use Disorder, Moderate, Depression Assessment](#)
- [Greg, Cannabis Use Disorder, Substance Use Assessment](#)

## **Mr. Smith, Catatonia Associated with Schizophrenia**

### **DSM 5 Guided Case Study**

- [Mr. Smith, Catatonia Associated with Schizophrenia, Part 1](#)
- [Mr. Smith, Catatonia Associated with Schizophrenia, Part 2](#)
- [Mr. Smith, Catatonia Associated with Schizophrenia, Part 6 Echolalia](#)
- [Mr. Smith, Catatonia Associated with Schizophrenia, Part 7 Echopraxia and Echolalia](#)

### **ICD 10 Guided Case Study**

- [Mr. Smith, F06.1 Catatonia Associated with F20.9 Schizophrenia, Part 1](#)
- [Mr. Smith, F06.1 Catatonia Associated with F20.9 Schizophrenia, Part 2](#)
  
- [Mr. Smith, F06.1 Catatonia Associated with F20.9 Schizophrenia, Part 6 Echolalia](#)
- [Mr. Smith, F06.1 Catatonia Associated with F20.9 Schizophrenia, Part 7 Echopraxia and Echolalia](#)

## **Mrs. Warren, Schizophrenia Spectrum**

### **DSM 5 Guided Case Study**

- [Mrs. Warren, Rule/Out Schizophrenia demonstrating negative symptoms, Part 1](#)
- [Mrs. Warren, Rule/Out Schizophrenia demonstrating symptoms of paranoia, Part 3](#)
- [Mrs. Warren, Rule/Out Schizophrenia demonstrating the symptom of self-reference, Part 5](#)
- [Mrs. Warren, Schizophrenia demonstrating the symptom of a somatic delusion, Part 6](#)
- [Mrs. Warren, Schizophrenia demonstrating the symptom of a grandiose delusion, Part 7](#)
- [Mrs. Warren, Schizophrenia demonstrating the symptom of a thought-insertion delusion, Part 9](#)
- [Mrs. Warren, Schizophrenia demonstrating the delusional symptom of thought broadcasting, Part 10](#)
- [Mrs. Warren, Schizophrenia demonstrating the symptoms of thought blocking and of a thought-withdrawal delusion, Part 11](#)
- [Mrs. Warren, Schizophrenia demonstrating the delusional symptom that someone else controls her behaviors / movements, Part 12](#)
- [Mrs. Warren, Delusional Disorder Persecutory Type, Part 13](#)
- [Mrs. Warren, Delusional Disorder Referential Type, Part 15](#)
- [Mrs. Warren, Delusional Disorder Grandiose Type, Part 17](#)
- [Mrs. Warren, Delusional Disorder Erotomanic Type, Part 18](#)
- [Mrs. Warren, Delusional Disorder Thought Insertion, Part 19](#)
- [Mrs. Warren, Delusional Disorder Thought Broadcasting Type, Part 20](#)
- [Mrs. Warren, Delusional Disorder Thought Blocking and Thought Withdrawal Type, Part 21](#)
- [Mrs. Warren, Delusional Disorder Delusions of Control Type, Part 22](#)

## **Nicole, Opioid Use Disorder, Moderate, Doctor Shopping**

### **DSM 5 Guided Case Study**

- [Nicole, Core Video: Opioid Use Disorder, Moderate, Doctor Shopping](#)

### **ICD 10 Guided Case Study**

- [Nicole, Core Video: F11.20 Opioid Use Disorder, Moderate, Doctor Shopping](#)

### **Assessment Tools**

- [Nicole, Opioid Use Disorder, AUDIT](#)
- [Nicole, Opioid Use Disorder, DAST](#)
- [Nicole, Opioid Use Disorder, Depression Assessment](#)
- [Nicole, Opioid Use Disorder, Opiate Withdrawal Assessment](#)
- [Nicole, Opioid Use Disorder, Trauma Assessment V1](#)
- [Nicole, Opioid Use Disorder, Trauma Assessment V3 with Sexual Assault](#)

### **Sam, (Adolescent) Bipolar I Disorder, Current or Most Recent Episode Manic, Severe DSM 5 Guided Case Study**

- [Sam, Core Video: \(Adolescent\) Bipolar I Disorder, Current or Most Recent Episode Manic, Severe, Part 1](#)
- [Sam, Core Video: \(Adolescent\) Bipolar I Disorder, Current or Most Recent Episode Mania, Part 2, in Full Remission](#)
- [Sam, \(Adolescent\) Bipolar I Disorder, Current Episode Depressed, Severe](#)
- [Sam, \(Adolescent\) Bipolar I Disorder in Partial Remission, Most Recent Episode Depressed with Anxious Distress](#)

### **ICD 10 Guided Case Study**

- [Sam, Core Video: F31.40 \(Adolescent\) Bipolar I Disorder, Current or Most Recent Episode Manic, Severe, Part 1](#)
- [Sam, Core Video: F31.74 \(Adolescent\) Bipolar I Disorder, Current or Most Recent Episode Mania, Part 2, in Full Remission](#)
- [Sam, \(Adolescent\) F31.4 Bipolar I Disorder, Current Episode Depressed, Severe](#)
- [Sam, \(Adolescent\) F31.75 Bipolar I Disorder in Partial Remission, Most Recent Episode Depressed with Anxious Distress](#)

### **Assessment Tools**

- [Sam, \(Adolescent\) Bipolar I Disorder, Current or Most Recent Episode Manic, Severe, Medication Compliance V1 with Poor Insight](#)
- [Sam, \(Adolescent\) Bipolar I Disorder, Current or Most Recent Episode Manic, Severe, Medication Compliance V3 with Good Insight and Poor Judgment](#)
- [Sam, \(Adolescent\) Bipolar I Disorder, Current or Most Recent Episode Manic, Severe, Mood, Medication Compliance, and Substance Use Assessment](#)
- [Sam, \(Adolescent\) Bipolar I Disorder, Current or Most Recent Episode Manic, Severe, Suicide and Self Harm Assessment V1](#)

### **Ryan, Autism Spectrum Disorder Series**

- [Autism Spectrum Disorder, Core Video](#)
- [Autism Spectrum Disorder, Mild](#)
- [Autism Spectrum Disorder, Moderate](#)
- [Autism Spectrum Disorder, Moderate Severe](#)
- [Autism Spectrum Disorder, Moderate Severe; Traumatized Presentation](#)
- [Autism Spectrum Disorder, Severe](#)
- [Not on the Autism Spectrum](#)



### **Coping Mechanisms & Defenses**

- [Denial 1](#)
- [Intellectualizing 1](#)
- [Projection 1](#)
- [Reaction Formation 1](#)
- [Repression 1](#)
- [Splitting 1](#)
- [Sublimation 1](#)
- [Suppression 1](#)

### **Human Development Stages**

#### **Erik Erikson**

##### **Stage 1**

- [Trust vs. Mistrust: Trust 1](#)
- [Trust vs. Mistrust: Mistrust 1](#)

##### **Stage 2**

- [Autonomy vs. Shame: Autonomy 1](#)
- [Autonomy vs. Shame: Shame 1](#)

##### **Stage 3**

- [Initiative vs. Guilt: Initiative 1](#)
- [Initiative vs. Guilt: Guilt 1](#)

##### **Stage 4**

- [Industry vs. Inferiority: Industry 1](#)
- [Industry vs. Inferiority: Inferiority 1](#)

##### **Stage 5**

- [Identity vs. Role Confusion: Identity 1](#)

##### **Stage 6**

- [Group Identity vs. Alienation: Group Identity 1](#)

##### **Stage 7**

- [Intimacy vs. Isolation: Intimacy 1](#)

##### **Stage 8**

- [Generativity vs. Stagnation: Generativity 1](#)

##### **Stage 9**

- [Integrity vs. Despair: Integrity 1](#)

## **Kohlberg Moral Developmental Stages**

### **Level 1**

- [Pre-Conventional Obedience and Punishment \(1\)](#)
- [Pre-Conventional Self-Interest Orientation \(1\)](#)

### **Level 2**

- [Conventional Interpersonal Accord and Conformity 1](#)
- [Authority and Social-Order Orientation](#)

### **Level 3**

- [Conventional Social Contract Orientation 1](#)
- [Conventional Universal Ethical Principles 1](#)

## **Mental Disorder / Illness Symptoms**

- [Adolescent Risk Taking](#)
  - [Clang Associations](#)
  - [Command Hallucinations](#)
  - [Compulsions](#)
  - [Concrete Thinking 1](#)
  - [Derailment](#)
  - [Flat Affect](#)
  - [Grandiose Delusions 1](#)
  - [Inappropriate Affect](#)
  - [Mania](#)
  - [Obsessions](#)
  - [Pressured Speech](#)
  - [Self Reference 1](#)
-

### **Case Conference/Case Presentation/Case Study**

Students may be able to attend one or more virtual case conferences. Students will be notified of dates and times as they are available.

### **Procedures - To Observe or Participate In**

Written Note: SOAP Note

ADHD Assessment

Assessment of Patient's decision-making capacity

Psychiatric history and evaluation

Comprehensive Mental Status Exam

Develop a differential diagnosis

Evidence based Depression Screening (i.e. PHQ-9)

Evidence based Substance Abuse Screening (CAGE)

Focused Neurologic Exam (AIMS Test)

Group Therapy Session (i.e. anger management, support group, pain mgmt.)

Individual/ Family Psychotherapy Session

Lifestyle Health Risk Assessment

Patient Counseling: Lifestyle changes to promote mental health

Mini Mental Status Examination (MMSE) and/or Montreal Cognitive Assessment (MOCA)

Neuropsychological Testing

Patient Counseling: Lifestyle Modification

Psychiatric history and evaluation

Assessment and Treatment of Depression

Assessment and Treatment of Bipolar Disorder I and II

Assessment and Treatment of Panic

Assessment and Treatment of Generalized Anxiety

Assessment and Treatment of Acute Drug Intoxication

Assessment and Treatment of Delirium

Assessment and Treatment of Dementia

Assessment and Treatment of Chronic Substance Use Disorder

Assessment and Treatment of Schizophrenia

Assessment and Treatment of Schizoaffective Disorder

Assessment and Treatment of Psychiatric Disorders due to General Medical Conditions

Cognitive Behavioral Therapy

Dialectical Behavioral Therapy

Motivational Interviewing

### **Core Topics of Study – Diagnoses/Conditions Required to Know**

ADHD/Learning Disorders Adjustment Disorder Autism Spectrum Disorder Bipolar Disorder

Borderline Personality Disorder and all other PD's

Delirium

Dementia

Drug Interactions in Psychiatry

Persistent Depressive Disorder (Major Depressive Disorder)

Eating Disorder

Factitious Disorder  
Generalized Anxiety Disorder (GAD)  
Grief reaction/Bereavement  
Mood Disorders  
Neuropsychiatric Disorders  
Obsessive Compulsive Disorder  
Psych: Other  
Panic Attacks/Panic Disorder  
Postpartum Depression  
Psychosis  
Post-Traumatic Stress Disorder  
Schizophrenia  
Somatization Disorder  
Substance Use Disorders

### **Skills (AACOM) Entrustable Professional Activities**

EPA 1: Gather a history and perform a mental status exam.  
EPA 2: Prioritize a differential diagnosis following a clinical encounter.  
EPA 3: Recommend and interpret common diagnostic and screening tests.  
EPA 4: Enter and discuss orders and prescriptions.  
EPA 5: Document a clinical encounter in the patient record.  
EPA 6: Provide an oral presentation of a clinical encounter.  
EPA 7: Form clinical questions and retrieve evidence to advance patient care.  
EPA 8: Give or receive a patient handover to transition care responsibility.  
EPA 9: Collaborate as a member of an interprofessional team.  
EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management.  
EPA 11: Obtain informed consent for tests and/or procedures.  
EPA 12: Perform general procedures of a physician.  
EPA 13: Identify system failures and contribute to a culture of safety and improvement

### **Psychiatry Topics List to be used as a guideline, not a strict schedule of reading.**

#### **WEEK 1:**

1. Interviewing skills
2. Psychiatric history, physical, and the mental status examination
3. Diagnosis, classification, and treatment planning
4. Diagnostic testing
5. Community and forensic psychiatry
6. Psychopharmacology
7. Psychotherapies
8. Osteopathic approach to Psychiatry
9. Osteopathic primary care approach to stress management

#### **WEEK 2:**

1. Psychiatric emergencies
2. Delirium, dementia, amnesic and other cognitive disorders
3. Substance-related disorders

4. Schizophrenia and other psychotic disorders
5. Mood disorders
6. Anxiety disorders
7. Personality disorders

**WEEK 3:**

1. Somatoform and factitious disorders
2. Dissociative and amnesic disorders
3. Eating disorders

**WEEK 4:**

Child and adolescent psychiatry  
Sexual dysfunctions and paraphilias

**PLEASE NOTE:** Topics are divided by each week of the rotation for simplicity. Try to cover all the topics well and complete your required Online MedED module and consult a board review book for an overview of all topics to study to prepare for the COMAT and your Boards.

**Reading List** – Reminder: the reading is divided by week for simplicity.

**Week 1:**

- 1. Introductory Textbook of Psychiatry, by Andreasen and Black 6th edition**
  - a. Chapter 2: The Psychiatric Interview
  - b. Chapter 21: Psychopharmacologic Interventions
  - c. Chapter 20: Behavioral and Cognitive-Behavioral Interventions
  - d. Chapter 17: Personality Disorders
- 2. DSM 5 Handbook of Differential Diagnosis**
  - a. Chapter 1: Differential Diagnosis Step by Step
  - b. Chapter 2: Decision Tree for Etiological Medical Conditions
  - c. Decision Tree for Suicidal Ideation or Behavior
- 3. The American Psychiatric Publishing Textbook of Psychiatry, 6th Edition**
  - a. Chapter 1: The Psychiatric Interview and Mental Status Examination
  - b. Chapter 2: DSM-5 as a Framework for Psychiatric Diagnosis
  - c. Chapter 3: Psychological Assessment
  - d. Chapter 4: Laboratory Testing and Imaging Studies in Psychiatry
  - e. Chapter 6: Clinical Issues in Psychiatry
  - f. Chapter 7: Ethical Aspects of Clinical Psychiatry
  - g. Chapter 36: Treatment of Culturally Diverse Populations
- 4. Foundations of Osteopathic Medicine 4th edition**
  - a. Chapter 18A: Psychoneuroimmunology – Basic Mechanisms
  - b. Chapter 19A: Mind-Body Medicine
  - c. Chapter 19B: Stress Management

**Week 2:**

- I. Introductory Textbook to Psychiatry, by Andreasen and Black 6th edition**
  - a. Chapter 7: Anxiety Disorders
  - b. Chapter 6: Mood Disorders
  - c. Chapter 5: Schizophrenia Spectrum and Other Psychotic Disorders

- d. Chapter 18: Psychiatric Emergencies
- e. Chapter 16: Delirium, Dementia, and Amnestic Syndromes
- II. DSM 5 Handbook of Differential Diagnosis**
  - a. Chapter 2
    - 1. Decision Tree for Depressed Mood
    - 2. Decision Tree for Anxiety
    - 3. Decision Tree for Panic
    - 4. Decision Tree for Elevated or Expansive Mood
    - 5. Decision Tree for Speech Disturbance
    - 6. Decision Tree for Insomnia
    - 7. Decision Tree for Aggressive Behavior
    - 8. Decision Tree for Impulsivity or Impulse-Control Problems
- III. The American Psychiatric Publishing Textbook of Psychiatry, 6th Edition**
  - a. Chapter 23: Substance-Related and Addictive Disorders
  - b. Chapter 24: Neurocognitive Disorders
  - c. Chapter 25: Personality Disorders

**Week 3:**

- I. The American Psychiatric Publishing Textbook of Psychiatry, 6th Edition**
  - a. Chapter 15: Dissociative Disorders
- II. Introductory Textbook of Psychiatry, by Andreasen and Black 6th edition**
  - a. Chapter 10: Somatic Symptom and Related Disorders
  - b. Chapter 11: Feeding and Eating Disorders
- III. DSM 5 Handbook of Differential Diagnosis**
  - a. Chapter 3: Differential Diagnosis by the Tables
    - 1. Somatic Symptom and Related Disorders

**Week 4:**

- I. The American Psychiatric Publishing Textbook of Psychiatry, 6th Edition**
  - a. Chapter 5: Normal Child and Adolescent Development
  - b. Chapter 8: Neurodevelopmental Disorders
  - c. Chapter 20: Sexual Dysfunctions
  - d. Chapter 22: Disruptive, Impulse-Control, and Conduct Disorders
  - e. Chapter 34: Treatment of Children and Adolescents

**Grading (See Example Below)**

**Evaluation/Grading:**

Grading in the virtual course will be credit/no credit. Credit for your clerkship will be based on successful completion of assigned symptommedia modules and assignments, completion of ECM 5 Online MedEd curriculum, which corresponds to your clerkship cases, passing the end of clerkship Multiple Choice 30 question quiz, and successfully passing the related COMAT exam.

Those doing hybrid or straight clinical work need to complete Online MedEd Curriculum and successfully complete all the clinical assignments made by the attending and successfully pass. Those students will be given standard grading with comments from the clinical attending.

Please note: Your attending/preceptor's evaluation is based on, but not limited to the following:

- Communication skills regarding patients
- Care provided to assigned patients
- Attendance and participation at conferences, morning reports lectures and meetings
- Completion and accuracy of paperwork on patients (Histories and Physicals, progress notes, treatment plans, presentations, hand-outs, etc.)
- Interaction with attendings, residents, students, medical staff, nursing, and ancillary personnel
- General knowledge base and knowledge applied to specific patients
- Motivation in the learning process
- Overall performance, participation, enthusiasm to learn, and effort to improve
- Mid-rotation grades should be given by the intern/resident/attending. The final grade should be given/reviewed with the student on the last day of the rotation

Rotation Faculty (See Example Below)	
OAA Administrative Support (Pomona)	OAA Administrative Support (Lebanon)
Marisa Orser, M.Ed Associate Director of Clinical Education Phone: (909) 469-5253	Jacquelyn Hakes Manager of Clinical Education and Rotations Office Phone: (541) 259-0212

Yadi Fernandez-Sweeny, PsyD. MS, CRNA Associate Professor Chair, Behavioral Medicine and Psychiatry <a href="mailto:Yfernandez-sweeny@westernu.edu">Yfernandez-sweeny@westernu.edu</a>
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### Texts and Media

**Required Textbook:**

1. Introductory Textbook of Psychiatry 6th ed, DSM-5 Edition Black, Donald W., Andreasen, Nancy C.
2. Desk Reference to the Diagnostic Criteria from DSM 5; American Psychiatric Association

*Instructions to access DSM 5 online:*

1. <http://www.westernu.edu/library-electronic-resources/>
2. Click the tab Psychiatry Online
3. Enter username and password

**Required Media:**

1. Access Symptommedia.com – Please do not share access information. This site is strictly for WU students.  
User: WesternU  
PW: Westernu12

**Optional Textbooks: For additional references**

1. Diagnostic and Statistical Manual of Mental Disorders 5th Edition (Text Revision) (Available online)
2. The American Psychiatric Publishing Textbook of Psychiatry, 6th Edition, Edited by Robert  
a. Hales M.D., M.B.A.; Stuart C. Yudofsky, M.D.; Laura Weiss Roberts, M.D., M.A.
3. DSM 5 Handbook of Differential Diagnosis: Michael B. First M.D.; American Psychiatric Association
4. Sadock & Sadock: Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical  
Psychiatry. Eleventh 11th Edition; Wolters Kluwer
5. Foundations for Osteopathic Medicine AOA 4th edition
6. Board review book is recommended, First Aid, Psychiatry Clerkship

**Instructional Methods**

1. Online interactive cases
2. Reading List
3. Psychiatry Plenary Session – recorded lectures; Power Point and lecture covering foundational  
concepts along with case study analysis.
4. Objective Structured Clinical Exam (OSCE): Interviewing and diagnostic skills, ability to integrate  
humanism during patient interaction.

**Rotation Format, Evaluation, Grading, and Student Feedback**

Additional information is located in the Clinical Education Manual at:

<http://www.westernu.edu/bin/ime/cem-2014.pdf>

**Assessment and Grading:**

The grade for the rotation is based on completion of all assigned symptommedia cases, submitted daily SOAP note (100% Virtual Rotations only), 30 question quiz, and COMAT.

**Preparation for COMAT:**

It is required that students pass COMAT. Please access a board review book and study from it throughout the rotation. It is also recommended that students do practice test questions using COMBANK or an alternate reputable resource. Dr. Sweeny will offer an optional COMAT Prep session at the beginning of the 4<sup>th</sup> week of rotation.

**Clinical Resources:**

The Boards and the COMAT examination are only one aspect of medical training and assessment. While a board review system is appropriate and important for these examinations, it is not sufficient to ensure students are becoming well-trained physicians.

**Selected Resources:**

The listed curricular resources are to ensure students have an understanding of the depth and breadth of the materials with which they should become competent. Symptom Media cases are required and are the basis of a Post Test grade. Every student should read every day to clarify and/or supplement the patients seen that day. Students should not use a board review book for their primary reading source. Board review books should be used for board prep and COMAT preparation. Again, the order in which students read the resource list is not important – it should align with individual learning styles, clinical experience, and individual student schedules.



**General Policies**

**Policy on Disability Accommodations:** To obtain academic accommodations for this rotation, students with disabilities should contact the Center for Disability Issues and the Health Professions and the system coordinator within ten days of the beginning of the system. Disability Services can be reached at 909.469.5380.

**Remediation Policy:** Refer to the Clinical Education Manual at <http://www.westernu.edu/bin/ime/cem-2014.pdf>.

**Attendance Policy:** Refer to the Clinical Education Manual at <http://www.westernu.edu/bin/ime/cem-2014.pdf>.

**Academic Dishonesty:** Complete confidence in the honor and integrity of the health professions student and health care professional is essential. Such confidence depends entirely on the exemplary behavior of the individual health care provider in his or her relations with patients, faculty, and colleagues. Strict honesty as a personal way of life should be nurtured during the period of education for professional service. The student shall conduct all aspects of his or her life with honor and integrity. This includes accountability to oneself and to relationships with fellow students, future colleagues, faculty, and patients who come under the student’s care or contribute to his or her training and growth, and members of the general public. This applies to personal conduct that reflects on the student’s honesty and integrity in both academic and non-academic settings, whether or not involving a University sponsored activity. Upon accepting admission to the University, each student subscribes to and pledges complete observance to the Standards of Academic and Professional Conduct as outlined in the University Catalog for each academic program. A violation of these standards is an abuse of the trust placed in every student and could lead to suspension or dismissal.

WU INSTITUTIONAL OUTCOMES	Health Professional Education
1. <b>Critical Thinking</b>	The graduate should be able to identify and solve problems that require the integration of multiple contexts when performing patient care.
2. <b>Breadth and Depth of Knowledge in the Discipline/Clinical Competence</b>	The graduate should be able to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.
3. <b>Interpersonal Communication Skills</b>	The graduate should be able to effectively use interpersonal skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.
4. <b>Collaboration Skills</b>	The graduate should be able to collaborate with clients and with other health professionals to develop a plan of care to achieve positive health outcomes for their patients
5. <b>Ethical and Moral Decision Making Skills</b>	The graduate should be able to perform the highest quality of care, governed by ethical principles, integrity, honesty, and compassion.

<p><b>6. Life Long Learning</b></p>	<p>The graduate should be able to engage in life-long, self-directed learning to validate continued competence in practice.</p>
<p><b>7. Evidence-Based Practice</b></p>	<p>The graduate should be able to utilize research and evidence-based practice and apply relevant findings to the care of patients.</p>
<p><b>8. Humanistic Practice</b></p>	<p>The graduate should be able to carry out compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unfailingly advocate for patient needs.</p>

<p><b>COMP/AOA CORE COMPETENCIES</b></p>	<p><b>Competency: Osteopathic Medical Students are part of an educational continuum that leads to residency and the curriculum provides the foundation for the following outcomes:</b></p>
<p><b>1. Osteopathic Philosophy and Osteopathic Manipulative Medicine</b></p>	<p>Graduates are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.</p>
<p><b>2. Medical Knowledge</b></p>	<p>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 life-long learning activities, including research.</p>
<p><b>3. Patient Care</b></p>	<p>Graduates must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion.</p>
<p><b>4. Interpersonal and Communication Skills</b></p>	<p>Graduates are expected to demonstrate interpersonal/communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.</p>
<p><b>5. Professionalism</b></p>	<p>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, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to provide effective care for patients.</p>
<p><b>6. Practice-Based Learning and Improvement</b></p>	<p>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.</p>

<p><b>7. Systems-based Practice</b></p>	<p>Graduates are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost- effective medicine.</p>
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<p><b>COMPARISON OF OUTCOMES STANDARDS: WU AND COMP</b></p>	<p><b>WU</b></p>	<p><b>COMP</b></p>
<p>Critical Thinking</p>	<p>1</p>	<p>1, 2, 3, 6</p>
<p>Breadth and Depth of Knowledge in the Discipline/Clinical Competence</p>	<p>2</p>	<p>1, 2, 3, 4, 5, 6, 7</p>
<p>Interpersonal Communication Skills</p>	<p>3</p>	<p>4</p>
<p>Collaboration Skills</p>	<p>4</p>	<p>4</p>
<p>Ethical and Moral Decision Making Skills</p>	<p>5</p>	<p>1, 3,5,6</p>
<p>Life Long Learning</p>	<p>6</p>	<p>1, 2, 3, 6, 7</p>
<p>Evidence-Based Practice</p>	<p>7</p>	<p>1, 2, 3, 6, 7</p>
<p>Humanistic Practice</p>	<p>8</p>	<p>3, 4, 5</p>

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