AY 2026-2027 Psychiatry Clerkship

Psychiatry Clerkship Leadership

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Clerkship Description

The MSIII clerkship in Psychiatry is combined with Internal Medicine, Family Medicine, Emergency Medicine, and Neurology to comprise a 24-week block known as ***Medicine and the Mind***. The Medicine and the Mind clerkship is a full-time clinical rotation.

The primary goals of this rotation are to help students:

1) Learn to identify and screen for the diagnostic criteria of common psychiatric disorders.
2) Recognize and diagnose various presentations of common psychiatric disorders in the population.
3) Understand the interface between psychiatric and medical conditions.
4) Understand the basic evaluation and management of patients who have concomitant medical and psychiatric conditions in various psychiatric and medical treatment settings.
5) Assess and treat common psychiatric disorders using evidence -based medicine.
6) Understand the risks and benefits of common medications and other treatments used in psychiatric disorders, including how to discuss these issues more effectively with patients in a patient-centered manner.
7) Demonstrate patient-centered care in the co-management of medical and psychiatric conditions.
8) Understand psychiatric presentations of medical illness as well as psychiatric effects of medications used in various medical conditions.
9) Understand and use the biopsychosocial model and treatment team approach to provide effective and holistic treatment for psychiatric and medical disorders.

10) Observe and understand how different systems (medical, psychiatric, community, hospital, government, legal, etc.) interact and affect how we provide psychiatric and medical care for patients.
11) Understand how psychiatric patients and conditions are viewed from the perspectives of different specialties in the block to provide a more holistic view of the patient regardless of the specialty the student chooses to pursue.
12) Build on their development as a student doctor and as a future practicing physician. They will gain knowledge in recognizing their limitations but, more importantly, they will learn techniques on how to increase their knowledge base in medicine and in the care of patients overall that will extend into their residency training and on to their professional careers.

Clerkship Objectives

Competency	***Objectives***
Knowledge for Practice (KP) **Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.**	1. The student should recognize common psychiatric disorders seen in a variety of settings, ranging from the chronically, mentally ill to ambulatory patients. The conditions the student will be asked to evaluate and help manage include the following (PC 1.1-1.7, 1; KP 2.3- 2.4; PBL&I 3.1- 3.5): • Schizophrenia Spectrum and other psychotic disorders • Anxiety Disorders • Neurocognitive Disorders • Depressive Disorders • Bipolar and Related Disorders • Personality Disorders • Substance-Related and Addictive Disorders • Neurodevelopmental Disorders • Somatoform disorders • Other disorders/conditions 2. The student will be exposed to emergency psychiatry and will participate in risk assessments. The student should know the following (PC 1.1-1.9; KP 2.4-2.5; PBL&I 3.1- 3.5; SBP 6.2, 6.4, IC 7.2-7.4): a. Suicidal/homicidal patient b. Crisis intervention c. Treatment methods in emergencies 3. The student should be able to recognize common psychiatric disorders seen in children and adolescent patients, including conditions not previously listed such as neurodevelopmental disorders and disruptive mood dysregulation disorder (PC 1.1-1.7; KP 2.3-2.4; PBL&I 3.1- 3.5). 4. The student will become proficient in conducting a complete psychiatric evaluation, mental status exam, biopsychosocial formulations, scales or instruments, and laboratory methods used in psychiatry (PC 1.1-1.7; KP 2.3-2.6; PBL&I 3.1- 3.5; Prof 5.1- 5.7; SBP 6.1-6.4; PPD 8.5) 5. The student will work to become proficient in developing a treatment plan, including appropriate suggestions for pharmacotherapy and/or psychotherapies (PC 1.2, 1.5, 1.6; KP 2.2, 2.4) 6. The student will also have exposure to forensic psychiatry and psychiatric syndromes associated with medical illnesses. (PC 1.3, 1.5; KP 2.1, 2.2, 2.5; IC 7.2)

Patient Care (PC) **Provide patient-centered care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.**	1. The student will work to become proficient in doing a complete psychiatric evaluation, including a present and past psychiatric history, developmental history, family history, educational history, sociocultural history, substance abuse history, medical history, and a mental status exam. (PC 1.1-1.7; KP 2.3- 2.6; ICS 4.3; Prof 5.1-5.7) 2. Based on a complete psychiatric evaluation, the student needs to develop and document a comprehensive differential diagnosis, use scales or instruments, identify a diagnostic plan for appropriate laboratory and medical examination, and a treatment plan derived from the biopsychosocial formulation. (PC 1.2, 1.3, 1.5; KP 2.3- 2.6; PBL&I 3.1, 3.5; SBP 6.1-6.4; PPD 8.1, 8.4) 3. The student will need to assess and document the patient's potential for self-harm, harm to others, and appropriate interventions. (PC 1.1-1.9; KP 2.1, 2.3, 2.5; PBL&I 3.2; ICS 4.1, 4.2, 4.3; Prof 5.1-5.6; SBP 6.2; IC 7.2, 7.4; PPD 8.1, 8.2, 8.3) 4. The student will learn to do appropriate follow-up evaluations on inpatients and outpatients, and document these evaluations and treatment suggestions in a timely fashion. (PC 1.1-1.9; KP 2.1- 2.3; PBL&I 3.2, 3.3, 3.4; ICS 4.1-4.4; Prof 5.1- 5.7)
Interpersonal and Communication Skills (ICS) **Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.**	1. The student will develop interpersonal skills, which will facilitate an effective therapeutic relationship with culturally diverse patients, and their families. (ICS 4.1, 4.2, 4.3) 2. The student will demonstrate interpersonal skills that reflect an underlying attitude of respect for others, the desire to gain an understanding of another's position and reasoning, a belief in the intrinsic worth of all human beings, the wish to build collaboration, and the desire to share information in a consultative, rather than dogmatic, fashion. (ICS 4.1, 4.3) 3. The student will be expected to (ICS 4.1- 4.4; PC 1.8; KP 2.6; Prof 5.1, 5.6): a. Listen to and understand patients and their families b. Communicate effectively with patients and their families, using verbal, nonverbal, and writing skills as appropriate. c. Foster a therapeutic alliance with their patients, as indicated by the patient's feelings of trust, openness, rapport, and comfort in the relationship with the student. d. Transmit information to patients and families in a clear meaningful manner. e. Educate patients and their families about medical, psychological and behavioral issues. f. Appropriately utilize interpreters and communicate effectively with patients and families who speak another language. g. Communicate effectively and respectfully with physicians and other health professionals to share knowledge and discuss the management of patients.

Professionalism (PROF) **Demonstrate understanding of and behavior consistent with professional responsibilities and adherence to ethical principles**	1. The student will demonstrate a. Respect, compassion, and integrity (Prof 5.1). b. Responsiveness to the needs of patients and society that supersedes self-interest. c. Accountability to patients, society, and the profession (Prof 5.3). d. A commitment to excellence and ongoing professional development (Prof 5.7). 2. The student will demonstrate a commitment to ethical principles pertaining to the provision or withholding of clinical care (Prof 5.4). 3. The importance of confidentiality of patient information and informed consent shall be stressed to the student. (Prof 5.2) 4. The student will demonstrate sensitivity and responsiveness to the patient's culture, age, gender, and disabilities (Prof 5.1, 5.6; ICS 4.1, 4.3). 5. Plagiarism is unacceptable. All reference sources must be clearly annotated when a student presents scientific knowledge, in clinical notes or otherwise. (Prof 5.6) 6. The student will participate in collegial and respectful discussions with team members, teachers, and peers. (ICS 4.2) 7. Students must check their schedules daily and are expected to arrive at all assigned duties on time. (Prof 5.7) 8. Failure to attend scheduled duties without appropriate notification to the Program Coordinator and the appropriate preceptor is considered unprofessional behavior and will be addressed by the Clerkship Director and/or Assistant Clerkship Director. (Prof 5.7) 9. The student will complete all assignments promptly as outlined in the syllabus, and upload them to the appropriate place as defined by clerkship directors/coordinators.
Practice-Based Learning and Improvement (PBL & I) **Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning.**	1. The student will demonstrate a well-rounded knowledge of the delineated psychiatric disorders and the various treatment modalities. (PBL&I 3.1) 2. The student will recognize and accept his or her limitations in knowledge and clinical skills (PBL&I 3.1). 3. The student will develop a mindset that accepts the absolute need for lifelong learning. (PBL&I 3.1, 3.3) 4. The students will maintain a log of the cases they have seen so the clerkship director can be certain the student is getting the necessary exposure to a variety of psychiatric conditions. This is essential to develop the necessary clinical skills and knowledge base in psychiatry. The student will also have appropriate supervision while developing their caseload. (PBL&I 3.5) 5. The students will demonstrate the ability to review and critically assess the scientific literature to promote a higher quality of care (PBL&I 3.4).

Systems-Based Practice (SBP) **Demonstrate an awareness of and responsiveness to the larger context and system of health care as well as the ability to call on other resources in the system to provide optimal care.**	1. The student will be able to discuss how Internal Medicine, Family Medicine, Neurology, Emergency Medicine, and Psychiatry overlap and the importance of their interactions. One half-day per week will be designated for didactic sessions, many of which will be shared topics for all specialties. (6.1) 2. The student will appreciate the impact of managed care through exposure to a variety of systems. Students will be exposed to a wide variety of systems that treat psychiatric patients, including inpatient care of the acute and chronically mentally ill, day hospitals, and/or ambulatory clinics for higher functioning patients. This allows for consideration of the level of care that provides evidence-based treatment efficacy and cost-effectiveness. (6.2, 6.4) 3. The student will understand how various mental health professionals interact to meet the emotional needs of a patient through their exposure to treatment teams. Students will participate in the treatment team of their supervising psychiatric physician. (6.1, 6.2) 4. The student will be able to describe how the various modes of treatment delivered by the variety of mental health professions work together to meet the needs of a psychiatric patient. Students will participate in groups or individual therapy sessions with other mental health professionals. (6.2, 6.3) 5. The student will demonstrate an appreciation of how the mental health system has developed to accommodate the cultural diversity found in El Paso. El Paso offers a unique experience to understand how the various systems have been developed to meet the needs of our culturally diverse population. (6.2, 6.4) 6. The student will develop an understanding of the structures that may contribute to unequal access and care for vulnerable patients.
Interprofessional Collaboration (IC) **Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.**	1. The student will understand the roles of each member of the interprofessional team and utilize their contributions to the care of the patient. (7.1) 2. The student will engage in the care of patients on an interprofessional team consisting of residents, attending psychiatrists, psychologists, social workers, pharmacists, licensed professional counselors, mental health technicians, and nurses in a manner that optimizes the care the patients receive. (7.1) 3. The student will define their role in the team with guidance from the upper-level resident and will work with the others in the team to provide safe and effective care of the patient. (7.2) 4. The student will demonstrate the ability to function as a team member by completing the tasks assigned in a timely manner and at times will be expected to take a leadership role in regard to coordinating tasks for others in the team. (7.3) 5. The student will learn to recognize and respond appropriately to any conflict that arises between involved healthcare professionals in the team and comport themselves professionally and courteously with the guidance of the upper-level resident and/or attending. (7.4)

Personal and Professional Development (PPD) **Demonstrate the qualities required to sustain lifelong personal and professional growth.**	1. The student will take responsibility for the care and treatment of their patients but also recognize when to seek assistance from the other members of the treatment team in regard to the best care for their patient. (8.1) 2. The student will demonstrate healthy coping mechanisms when challenged with stressful situations in the care of their patients or when overwhelmed with the responsibilities of being a mental health care provider. They will maintain professionalism and empathy for those who are under their care as well as to the other members of the team. These skills will be demonstrated by their supervisors and will be open for discussion with them. (8.2) 3. The student will master the ability to adapt to changing and difficult situations in the care of patients and in dealing with system-based practice medicine by showing flexibility and accomplishing tasks overall. (8.3) 4. The student will show the ability to utilize or suggest using all known available resources when confronted with ambiguous or uncertain situations that arise in the care of their patient and demonstrate mature and strong coping mechanisms in the process. (8.4) 5. The students with initiative will show enthusiasm and interest in learning by selecting topics that interest them or that would help the treatment team in their care of the patient during their clinical experiences and research those topics. After they explore the topic via critically appraised scientific articles, textbooks, and other resources, the goal of presenting to the treatment team would be in order. (8.5)

Clerkship Components

The Psychiatry Clerkship consists of the following:

Inpatient Psychiatry: 3 weeks
• Inpatient Psychiatry (1-2 weeks)
  ○ El Paso Psychiatric Center (EPPC),
  ○ Rio Vista Behavioral health.
• One (1) call shift
• Consultation/Liaison (C/L) (1-2 weeks)
  ○ Adult (UMC) and/or Child (EPCH)
	Outpatient Psychiatry: spans 9 weeks of block ambulatory time
	• Full or half-days at any Resident or Faculty Clinics
	  ○ Alameda
	  ○ Mesa
	  ○ Transmountain
	  ○ Community

Integration Threads

X Geriatrics	X Patient Safety	X Communication Skills
X Basic Science	_ Pain Management	X Diagnostic Imaging
X Ethics	X Chronic Illness Care	_ Clinical Pathology
X Professionalism	_ Palliative Care	__ Clinical and/or Translational Research
X EBM	_ Quality Improvement	

Basic Science

- Psychiatry Seminar on Neurotransmitters
- Pharmacological treatment of common psychiatric disorders

Geriatrics

- Seminars on Delirium, Dementia, and Depression in the elderly

Ethics and Professionalism

- Discussion of Ethics and Professionalism in Psychiatry
- Boundary considerations

Communication Skills in Psychiatry

- Psychiatry Seminar on Interview Techniques
- OSCE Practice seminar

Student Responsibilities and Mandatory Clerkship Activities

Outpatient Psychiatry	**Outpatient Required Assignments:** • Two (2) Progress Notes • One (1) observed comprehensive/new outpatient psychiatric evaluations • One (1) Healthcare Matrix formulation. Refer to Elentra for more details and instructions. • Three (3) outpatient scales/ screening instruments. • Oplog: minimum of 15 patients (please review other Oplog requirements in *Appendix C*) • Three outpatient preceptor assessments of student performance. ***A minimum of 1 assessment (of the total of 6 required in the block) should be obtained from faculty.*** • All documentation due by the end of the clerkship • **All assignments must be completed on provided clerkship forms (found on Elentra) and require preceptor signatures and dates. Assignments printed from Cerner/Centricity will NOT be permitted.**
	Specific Child Outpatient objectives: • Understand how to gather psychiatric history in child and adolescent (1.1) • Understand the main psychiatric conditions with Child and Adolescent. (2.1) • Learn mental status exams and interview techniques. (1.1, 2.5) • Establish professional relationships and effective communication with patients and their families (4.1) • The student should be able to recognize common psychiatric disorders seen in children and adolescent patients, including conditions not previously listed such as neurodevelopmental disorders and disruptive mood dysregulation disorder (PC 1.1-1.7; KP 2.3-2.4; PBL&I 3.1- 3.5). • Able to understand the importance of interprofessional treatment of mental health problems (7.2, 7.3) • Have knowledge about different modalities of psychotherapies: individual, family and group (1.6) • Able to understand the importance of tailor treatment in order to meet the individual needs of children and families. (1.2)
	Students will be assigned to different clinics daily (A.M. and P.M. shifts) with various resident/fellow/attending preceptors. Students are required to participate in patient care, write notes, and use scales/instruments. They will collect histories, conduct mental status exams, and formulate diagnoses and treatment plans under the supervision of resident/faculty preceptors.

Inpatient and CL Psychiatry	**Inpatient/CL Required Assignments:** • Two (2) Progress Notes • One (1) observed comprehensive/new inpatient psychiatric evaluations • One (1) Healthcare Matrix formulation. Refer to Elentra for more details and instructions. • Three (3) outpatient scales/ screening instruments • Oplog: minimum of 15 patients (please review other Oplog requirements in *Appendix C*) • Three inpatient preceptor assessments of student performance. ***A minimum of 1 assessment (of the total of 6 required in the block) should be obtained from faculty.*** • All documentation due by the end of the clerkship • **All assignments must be completed on provided clerkship forms (found on Elentra) and require preceptor signatures and dates. Assignments printed from Cerner/Centricity will <u>NOT</u> be permitted.**
	Specific Consult-Liaison Objectives • Demonstrate the ability to perform a psychiatric interview and a mental status examination (1.1) • Identify the principle psychiatric issues facing medical and surgical patients. (1.3) • Describe the questions necessary to conduct a suicide risk assessment. (2.5) • Demonstrate the ability to recognize psychiatric emergencies among general medical patients (1.5) • Demonstrate knowledge about medical-legal interventions (5.5) • To understand cultural factors in patient care (2.5, 4.1) • Understand the main therapeutic interventions (1.2, 1.6)

Practicum

- Practicum is held on **Friday afternoons from 1-5p** in the EPPC Basement, Room 131 or 132 (confirm location with coordinator/preceptor). Attendance is mandatory and participation is required.
- Session format
  - **Case discussions:** Each student will present an interesting case they have seen on rotations. They should highlight unique aspects of the case, ask the preceptor questions about the case, or teach peers something interesting they learned. Each student is expected to spend a minimum of 15 minutes discussing their case.
    - ***Students should complete the Practicum Case Report Form to be emailed to the coordinator, session preceptor, and uploaded to the provided practicum Box link (link to be provided on Elentra, see coordinator with questions).***
    - Note: The case report form is NOT a graded assignment. You receive credit for participation by turning in a form. The form is used to ensure that you came prepared to discuss a case.
    - It is not necessary for the case you write up to be related to the didactic topic of the week.
  - **Didactic:** Resident, fellow, or faculty preceptor will present on a preassigned psychiatric topic in an interactive small-group session. This session is meant to supplement regular didactic sessions and help fill any gaps students may feel exist in their understanding of psychiatric patients, disorders, and treatments, as well as aid in studying for NBME.
- At the end of the session, students will evaluate their preceptor and the session content. This feedback will remain confidential and anonymous, and will be used by clerkship leadership to help improve teaching among preceptors.
- Preceptors will also provide feedback on the session and if any students stood out in terms of excellent or poor performance. Feedback will remain confidential for review by clerkship leadership and may be used to provide feedback to students formally or informally; it may also be considered when grading.

One weekday call at EPPC will be assigned:

- Monday, Tuesday, Wednesday, Thursday, or Friday 5:00pm - 9:00pm; **students may not stay later**.
- Please refer to ELENTRA for assigned day.
- Complete at least one psychiatric evaluation on a new patient who presented to the hospital. If a new patient is not available, an FULL inpatient assessment of an existing patient will suffice.
- Students will present their case to a Senior Resident at 7:30 am the Friday after their call assignment. Students will participate in standard educational activities after presenting their case to resident/fellow.

	Students are **required** to participate in group psychotherapy sessions with attending psychiatrist and therapist's approval whether it is virtual or in-person as clinically indicated. Students are required to participate in treatment teams of the attending physician. This will allow students to learn to coordinate the care of their patient with other mental health professionals.
	Students are **required** to attend **morning report** at 8:00am sharp Monday-Friday while on inpatient service at EPPC. No cell phones, laptops, or other electronics are permitted during this activity.
	Students are **required** to attend **Psychiatry Grand Rounds** on the first Friday of the month at noon. In-person or virtual (if applicable) attendance is acceptable.

Clerkship Locations

Psychiatry Clerkship Locations and Contact Information*						
Location	**Rotations**	**Contact****	**Faculty**	**Address**	**Phone****	**Notes**
El Paso Psychiatric Center (EPPC)	Inpatient	Steve Rodriguez	Christopher Castaneda, MD Sobia Khurram, MD Ames Marquez, MD	4615 Alameda	(915)532-2202	**Pass front desk→ scan yellow EPPC badge→ through the first set of double doors**
Rio Vista	Child Inpatient	Jessica Mendoza	Mohamed Ataalla, MD	1390 Northwestern Dr, 79912	(915)209-4513	
UMC C/L	Adult C/L		Peter Thompson, MD Silvina Tonarelli, MD Dayle Alonso, MD Sonia Joutteaux, MD	4615 Alameda Ave	(915)544-1200	**Meet in EPPC Basement room 135**
El Paso Children's Hospital	Child C/L		Fernando Doval, MD	4845 Alameda Ave		**Meet in EPPC Basement room 0119**
Adult Outpatient Psychiatry Clinic (OPC)	Outpatient		Patricia Ortiz, MD Peter Thompson, MD Silvina Tonarelli, MD Salvador Aguirre, MD	4615 Alameda EPPC Basement Department of Psychiatry	(915)215-5850	**Meet at preceptor's office/student area EPPC Basement**

Transmountain Clinic (OPTM)	Outpatient		Kristine Glass, MD Alma Monroy, MD	2000 B Transmountain Rd, 4th Floor	(915)215-8506	
Emergence Health Network (EHN)†	Outpatient	Deborah Saenz	Kristine Glass, MD Patricia Ortiz, MD	Telehealth		Telehealth
PeriPAN (CAP)	Outpatient		Kristine Glass, MD Sarah Martin, MD	2000 B Transmountain Rd, 1st Floor		Perinatal Psychiatry Access Network
EHN ChAMHPs†	Child Outpatient	Krista Wingate	Cecilia DeVargas, MD Fernando Doval, MD	8500 Boeing Drive		
EHN CSC Clinic†	Child Outpatient	April Corral	Cecilia DeVargas, MD Fernando Doval, MD	8500 Boeing Drive 2400 Trawood (Monday AM only)		Coordinated Specialty Care, First-episode psychosis
Aliviane	Child Outpatient	Alicia Saldana	Fernando Doval, MD Jency Sachidanandam, MD	7722 North Loop Dr	(915)782-4000	
Child Guidance Center (CGC)	Child Outpatient	Georgina Rankin	Sarah Martin, MD Jency Sachidanandam, MD	2701 Yandell Dr, 79903	(915)562-1999	
TCHATT/CPAN (CAP)	Child Outpatient	Crystal Carrillo	Sarah Martin, MD Jency Sachidanandam, MD	2000 B Transmountain Rd, 1st Floor		Texas Child Health Access Through Telemedicine (TCHATT) Child Psychiatry Access Network (CPAN)
Child and Adolescent Outpatient Clinic (CAP)	Child Outpatient		Sarah Martin, MD Jency Sachidanandam, MD	2000 B Transmountain Rd, 1st Floor		
Providence Children's Specialty Clinic	Child Outpatient		Shivani Mehta, MD Carla Alvarado, MD	2101 N. Oregon		Community Faculty private practice

** Locations are subject to change during a block; students will be provided any new information as soon as possible.*
*** If no contact is listed, clerkship coordinator is the contact.*
† There are several different EHN clinics and addresses. Check Elentra or with coordinator if there are questions.

General Clerkship Requirements

Expected Throughout the Clerkship

- Professional and respectful behavior in all settings, including didactics. This includes an eagerness to learn and participate in clinical care or other activities as appropriate to the treatment team.
- Attendance at all required educational activities, including didactics, morning report, call, clinical rotations, and grand rounds.
- White coats and badges are to be worn AT ALL TIMES while on psychiatry rotations.
- Appropriate cell phone and laptop/tablet use – no texting, emailing, etc. when expected to be attentive to faculty/presenter/patient.
- Update Op-Log on a weekly basis
- Enter duty hours daily
- **All assignments must be completed on provided forms found on Elentra, with preceptor signatures and dates – assignments printed from Cerner/Centricity will not be permitted**

Grand Rounds
Psychiatry grand rounds are held every first Friday of the month. Attendance at grand rounds is MANDATORY for students on inpatient and CL, and is RECOMMENDED for everyone else in the Mind and Medicine block, if able to attend.

Assignment Summary/ Portfolio Contents

Documentation of each student's experience during the Psychiatry component of the combined clerkship block is contained in an individually assigned student portfolio in Elentra (Elentra folder). Students should upload assignments in a **professional manner** to their portfolios weekly. Scanned documents should be legible and appear professional. **Assignments should be in PDF format ONLY and files should be named as directed:**

File name format and examples: **Assignment type – inpatient/outpatient - #**
Comprehensive Evaluation Outpatient 1
Progress note Inpatient 2
Matrix inpatient 1
Scale outpatient 4

The portfolio is used to document student progression toward the learning objectives of the clerkship and its contents are used for mid-clerkship review and final clerkship assessment.

It is the student's responsibility to alert the clerkship coordinator if they are having difficulty accessing or otherwise using their Elentra folder, or if they have any questions on how to upload assignments in a professional manner.

Any student who fails to upload assignments on time (before MCF and End-of-Block) or who uploads assignments in an unprofessional manner, as determined by the clerkship director or assistant clerkship director who grades the student, will be subject to disqualification from receiving Honors in the professionalism competency and may result in a Needs Improvement grade in professionalism.

Summary of assignment requirements

Inpatient	Outpatient	TOTAL
1 **Observed** Comprehensive Psychiatric Evaluation	1 **Observed** Comprehensive Psychiatric Evaluations	2 Observed Comprehensive Psychiatric Evaluations
2 progress notes	2 progress notes	4 progress notes
3 scales	3 scales	6 scales[+]
1 Health Care Matrix	1 Health Care Matrix	2 Health Care Matrices
3 preceptor assessments	3 preceptor assessments	6 preceptor assessments
3 formative tests	3 formative tests	6 formative tests
15 OpLog entries	15 OpLog entries	30 OpLog entries**
		1 PowerPoint presentation
* All assignments are to be reviewed, signed, and dated by preceptors		
** Review the required diagnostic categories		
[+] **Maximum of two** of the same scale can be submitted for assignment purposes (e.g., 2 PHQ-9s, 2 GAD-7s, 2 MOCAs will fulfill requirements, but students will benefit from demonstrating the ability to administer/assess a variety of scales.		

Assignments

Note on Student Assignment Forms

Observed Comprehensive Psychiatric Evaluations and Progress Notes are to be completed using forms provided on Elentra; they include all the necessary components, including tips and hints that are important for grading. We understand that you will assist with writing notes in the EMR for many rotations. However, these clinical notes do not always include all sections we look for when grading. We also cannot differentiate what portion the student wrote and what portion the preceptor(s) wrote. Using the forms provided also allows the student the freedom to document more thorough information, if obtained, and develop their own assessment and plan, even if it does not align with the preceptor's. Notes should reflect the student's ability to obtain relevant information, document that information, and develop their own

formulations, assessments (including diagnosis and differentials), and plans. **EMR notes will NOT be accepted for assignment purposes.** Students may "copy-paste" from the EMR notes into the provided forms ONLY those sections that the student wrote.

Handwritten notes are acceptable if handwriting is legible. Typing notes is not mandatory, but is recommended.

Didactic Presentations

Groups of students will be assigned to teach relevant psychiatric topics to their peers using material presented in the provided textbook, "*Introductory Textbook of Psychiatry, 7th Edition, Black*," and other supplemental material as provided. Please refer to Elentra for topic assignment and schedule. An electronic copy of the presentation (PowerPoint files ONLY) is due to the Clerkship Coordinator and Directors by midnight the Wednesday before (seven days) the presentation date for review and feedback. Late submissions will affect professionalism grade. See Elentra for didactic grading rubric.

Preceptor/Elentra Assessments

Students are responsible for requesting timely feedback (preceptor assessments) from any preceptor with whom they had a meaningful working relationship. This should be done at least every 1-2 weeks as appropriate. Students should strive to obtain assessments from six DIFFERENT preceptors. Assessments from the same preceptor may be accepted if more than ONE MONTH passed between rotations. ***By Mid-Clerkship Feedback, a minimum of three (3) evaluations/assessments are expected. At the end of the Block, a minimum of six (6) evaluations/assessments are expected, with at least one (1) from a faculty preceptor.*** Obtaining more than six preceptor assessments is allowed and encouraged.

Quizzes

Six (6) quizzes are assigned on the Canvas website that review common psychiatric disorders and topics to help prepare for NBME. Students are responsible for making sure they have access to this system early in the block and should forward any questions to the coordinator. A **minimum passing grade of 70%** is required on all quizzes. Number of attempts, scores, and time to complete quizzes are recorded and may be considered when assessing effort. Students should have at least three (3) quizzes completed by mid-clerkship feedback (MCF), and all six (6) are due by the end of the block. Students are required to upload a screenshot of their quiz grades to Elentra for MCF **prior** to their meeting time and again at the end of block to reflect final scores.

Missed Events – In Addition to Common Clerkship Policies

Attendance: Students are expected to be present and ready to participate in patient care at their rotation sites at the assigned time. Excessive tardiness, absences, or frequent requests to leave early may result in a lower rating on professionalism competency.

In the event of absence:

- Student must notify the attending physician or resident (preceptor) at the rotation site
- Student must notify the Psychiatry Clerkship Program Coordinator before the shift begins by e-mail or phone.
- Per Common Clerkship Policies, students must also notify PLFELPClerkshipAbsence@ttuhsc.edu.

Absences of more than 2 days on the clerkship rotation must be reviewed by the Clerkship Director or Assistant Clerkship Director. The student may be required to make-up time at the discretion of Clerkship Director or Assistant Clerkship Director. Failure to meet the make-up time/assignment may result in an incomplete for the course.

Reading Materials

The reading assignments will be tied into the weekly topics of Psychiatry didactics. Reading assignments are from Introductory Textbook of Psychiatry, Sixth Edition by Donald W. Black and Nancy C. Andreasen, and other sources as directed.

Op Log Expectations

Please see Appendix C for a complete list of required patient encounters for the Psychiatry Clerkship.

Students should monitor their OpLog dashboard to ensure they are on track to complete the requirement. If a required encounter is not seen during the rotation, an alternate assignment is required. Students are responsible for informing the Clerkship Director or Coordinator that you have not completed a required patient encounter in time for an alternative experience to be arranged. Progress will be reviewed at the Mid-Clerkship meeting. After Mid-clerkship evaluations, it is the student's responsibility to inform the Coordinator when and how (clinical encounter or alternate experience) the requirements were satisfied.

Psychiatry Assessment

Mid-Clerkship Feedback (MCF)

Clerkship leadership will schedule MCF approximately halfway through the psychiatry portion of the student's rotation, as best allowed by scheduling and director availability. Students are REQUIRED to upload all assignments completed up to that point to Elentra for review and feedback, as directed by the clerkship coordinator, including **Canvas quiz grades and Oplog dashboard.** Students should aim to have at least half of their assignments completed (signed and dated by preceptor) and uploaded to Elentra by MCF. *Unsigned assignments are acceptable at MCF for the purpose of receiving director feedback; however, the final upload is required to have a preceptor signature.*

> ***Any student who fails to upload an acceptable amount of assignments or who uploads assignments in an unprofessional manner, as determined by the clerkship director or assistant clerkship director who conducts the MCF, will be subject to disqualification from receiving Honors in the professionalism competency and may result in a Needs Improvement grade in professionalism.***

Grading policy – In Addition to Common Clerkship Policies

Final Clerkship Assessment

- Covers eight competencies based on Educational Program Goals and Objectives using input from selected sources identified below, as well as NBME and OSCE performance, MSPE comments, and notes to the student.
- Grades in each competency are: Needs Improvement; Pass; or, Honors.
- Clerkship grades are: Fail; Pass; or, Honors.
- Students must honor a minimum of four competencies (in addition to honoring the NBME) to honor the clerkship.

Psychiatry Final Clerkship Assessment

Selected sources considered for competency grading

***All competencies graded as: Needs improvement, Pass, or Honors**

Competency	Components	Source
Patient Care & Procedural Skills	○ Obtains a complete psychiatric history and performs an appropriate mental status examination. ○ Develops a biopsychosocial formulation and generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings. ○ Provides preventive healthcare services and promotes health in patients ○ Performs appropriate follow-up evaluations and documents findings in a timely manner.	- Preceptor Assessments - Interactions with patients and families - OpLog - Comprehensive Evaluations - Progress Notes - Biopsychosocial Formulations - Assessments and Plans - Scales - Healthcare matrices
Knowledge for Practice	○ Can compare and contrast normal variation and pathological states commonly encountered in Psychiatry. ○ Demonstrates knowledge of common psychiatric disorders across inpatient, outpatient, consultation-liaison, emergency, child/adolescent, and geriatric settings. ○ Applies biopsychosocial formulation, clinical tools/scales, laboratory methods and behavioral science knowledge to diagnosis and management. ○ Understands basic psychopharmacology, psychotherapy options, and emergency psychiatry principles. ○ Recognizes psychiatric manifestations of medical illness and medication-related psychiatric effects.	- Preceptor Assessments - OpLog - Didactic Presentation - Healthcare matrices - Comprehensive Evaluations - Progress Notes - Assessments and Plans - Biopsychosocial formulations - Scales - Quizzes

Interpersonal & Communication Skills	○ Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds. ○ Educates patients and families using language that is understandable and clinically meaningful. ○ Communicates clearly in oral presentations and written documentation. ○ Communicates effectively with interpreters, residents, faculty, and other health professionals.	- Preceptor assessments - Participation in morning report - Interactions with treatment team and patients/families - Comprehensive Evaluations - Progress notes - Didactic Presentation - Scales - Practicum performance
Practice-Based Learning & Improvement	○ Demonstrates a comprehensive and evolving understanding of core psychiatric disorders and evidence-based treatment modalities through active, self-directed learning ○ Accurately recognizes and acknowledges personal limitations in knowledge and clinical skills, and appropriately seeks guidance, supervision, and educational resources to address these gaps. ○ Takes initiative in expanding clinical knowledge and skills through regular review of medical literature and by fostering a mindset that emphasizes the essential importance of lifelong learning. ○ Maintains an accurate and up-to-date log of clinical encounters to ensure adequate exposure to a broad spectrum of psychiatric conditions, while engaging in supervised clinical practice to progressively develop clinical competence.	- Preceptor assessments - Effort and initiative to learn and participate in patient care - Demonstration of acceptance of feedback through improvement in assignments or behavior - Didactic Presentations - Op-Log - Assessment and Plans - Quizzes - Demonstration of engagement in of research or literature review
System-Based Practice	○ Recognizes how psychiatry interfaces with internal medicine, family medicine, neurology, emergency medicine, and community systems. ○ Appreciate the role of interdisciplinary collaboration in patient care; participates in multidisciplinary teams to understand how various mental health professionals and treatment modalities work together to meet patient needs. ○ Understands level-of-care decisions, transitions of care, and the system implications of psychiatric illness. ○ Uses available resources and systems appropriately to support safe, effective, and continuous care. ○ Recognizes how different healthcare systems, levels of care, cost	- Preceptor Assessments - Participation in treatment and disposition planning - Biopsychosocial Formulation - Healthcare matrices - Assessment and Plans - Didactic Presentations

	considerations, and structural factors influence access, delivery, and equity of psychiatric care across diverse populations.	
Professionalism	○ Demonstrates respect, compassion, integrity, accountability, punctuality, and reliability. ○ Maintains confidentiality, appropriate boundaries, and ethical conduct in clinical and academic work. ○ Shows sensitivity to culture, age, gender, disability, and other patient-specific factors. ○ Completes responsibilities on time and behaves professionally with peers, faculty, staff, and patients. ○ Dress and grooming appropriate for the setting.	- Preceptor Assessments - Interactions with preceptors, patients/families, treatment teams, clerkship team, peers - Clinical and Academic Performance - Timeliness of assignments and attendance - Attitude, eagerness to learn, receptiveness to feedback - Flexibility, handling conflict and adversity, problem solving - Proper appearance and dress - Checkout process complete
Interprofessional Collaboration	○ Works effectively with residents, attendings, nurses, social workers, therapists, case managers, and other team members. ○ Understands the role of each team member and integrates their contributions into patient care. ○ Participates respectfully in team discussions and collaborates in developing and refining care plans. ○ Learn to recognize and respond appropriately to any conflict that arises between involved healthcare professionals in the team and comport themselves professionally and courteously with the guidance of the upper-level resident and/or attending.	- Preceptor Assessments - Participation in morning report - Flexibility and response to conflict/adversity - Effort and initiative to engage in patient care - Interactions with treatment teams, preceptors, staff - Biopsychosocial formulations - Healthcare Matrices
Personal and Professional Development	○ Takes ownership of patient care appropriate to level of training while recognizing when to seek help. ○ Demonstrates resilience, flexibility, initiative, and constructive response to conflict or adversity. ○ Shows commitment to ongoing growth, professional identity formation, and lifelong learning.	- Preceptor Assessments - Receptiveness to feedback - Flexibility and response to conflict/adversity - Effort and initiative to learn - Comprehensive evaluations - Progress notes - Assessment and Plans - Overall academic performance and demonstrated progression in objective academic achievement

Sample Competency Grading Rubric (Sample clinical* factors considered in grading)

Competency	Honor	Pass	Needs Improvement
Medical Knowledge	MS **exceeds** in the ability to: • Describe in detail main psychiatric disorders • Apply knowledge to patient care in detail	MS **has** the ability to: • Describe main psychiatric disorders • Apply knowledge to patient care	MS has **difficulties** in: • Knowledge about main psychiatric disorders • Applying knowledge to patient care
Patient care	MS **exceeds** in the ability to: • Collect an accurate history • Assess mental status • Obtain collateral and review records • Narrowing a differential to 2-3 most likely • Formulate a detailed biopsychosocial treatment plan	MS **has** the ability to: • Collect an accurate history • Asses mental status • Narrow the differential • Formulate a basic biopsychosocial treatment plan	MS has **difficulties** in: • Collecting history from a patient or family interview • Assessing mental status • Narrowing the differential • Formulate a basic biopsychosocial treatment plan
Interpersonal Skills and Communication	MS **exceeds** in the ability to: • Document accurate medical information • Present patients in a thorough and concise manner • Easily develop rapport with the team, patients, and families	MS **has** the ability to: • Document medical information • Present patients • Develop rapport with team, patient, and families	MS has **difficulties**: • Working with the team, patients and families • Peer and team conflicts are evident • Difficulty transmitting information
Professionalism	MS **exceeds** in the ability to: • Have appropriate communication and body language • Be reliable • Take initiative in patient care • Always be punctual • Behave professionally	MS **has** the ability to: • Have appropriate communication and body language • Be reliable and punctual • Behave professionally	MS has **difficulties**: • Inappropriate jargon or body language • Frequently tardy or absent • Unreliable • Unprofessional dress • Unprofessional use of phone
Practice-Based Learning and Improvement	MS **exceeds** in the ability to: • Participate in self-directed learning • Show evidence of reading with critical interpretation • Eagerly collaborate • Contribute to the team and accept feedback in a very positive way	MS **has** the ability to: • Participate in self-directed learning • Contribute to the team in acceptable way • Accept feedback • To do scales or instruments	MS has **difficulties** in: • Accepting feedback • Being self-directed in learning • Showing interest in learning • Completing scales or instruments

	• Apply scales or instruments		
Systems-Based Practice	MS **exceeds** in the ability to: • Respect the hierarchy of the team • Effectively use thorough understanding of health care resources • Advocate for patients • Be an excellent team member • Accurately formulate a biopsychosocial diagnosis and treatment plan	MS **has** the ability to: • Respect the hierarchy of the team • Use and understand health care resources • Advocate for patients • Be a good team member	MS has **difficulties** in: • Functioning in a team • Recognizing and using health care resources • Advocating for patients

*Students are assessed on their demonstrated proficiencies in the above competencies in both the clinical and academic domains, as applicable.

AI Statement

TTUHSC EP may utilize institution-approved artificial intelligence (AI)-assisted tools to support teaching, learning, and grading processes. AI tools are used to enhance efficiency and consistency; however, they do not replace faculty expertise, professional judgment, or final decision-making authority. Examples of permitted AI-supported functions may include, but are not limited to: assignment completion support where explicitly allowed, verification of submission completeness, preliminary rubric-aligned feedback, similarity checks, scoring assistance, and workflow efficiency improvements. Faculty are responsible for reviewing and verifying AI-generated outputs prior to assigning grades or providing final feedback.

Student use of AI tools (including generative AI platforms) is governed by course-specific guidelines. In some assignments, AI use may be permitted; in others, it may be limited or prohibited. Students are responsible for understanding and adhering to these expectations. Any AI-generated or AI-assisted content must be appropriately disclosed and cited in accordance with course instructions to maintain academic integrity. Failure to follow course AI guidelines may constitute academic misconduct.

Students should be aware that AI-generated content may contain inaccuracies, incomplete information, or embedded bias. Students remain responsible for the accuracy, originality, and integrity of all submitted work.

Faculty retain full responsibility for final evaluation of student performance. Students may request clarification regarding grading processes or feedback and may appeal decisions through established institutional procedures.

Student Resources

Office of Accessibility Services

TTUHSC EP is committed to providing access to learning opportunities for all students with documented learning disabilities. To ensure access to this course and your program, please contact the Office of Accessibility Services (OAS) by calling 915-215-4398 to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively, so students are encouraged to register with OAS as soon as possible. More information can be found on the OAS website: https://elpaso.ttuhsc.edu/studentservices/accessibility/default.aspx

Counseling Assistance

TTUHSC EP is committed to the well-being of our students. Students may experience a range of academic, social, and personal stressors, which can be overwhelming. If you or someone you know needs comprehensive or crisis mental health support assistance, on-campus mental health services are available Monday- Friday, 9 a.m. – 4 p.m., without an appointment. Appointments may be scheduled by calling 915-215-TALK (8255) or emailing support.elp@ttuhsc.edu. The offices are located in MSBII, Suite 2C201. Related information can be found at https://elpaso.ttuhsc.edu/studentservices/student-support-center/get-connected/ Additionally, the National Suicide Prevention Lifeline can be reached by calling or texting 988.

Reporting Student Conduct Issues

Campus community members who observe or become aware of potential student misconduct can use the Student Incident Report Form to file a report with the Office of Student Services and Student Engagement. Student behaviors that may violate the student code of conduct, student handbook, or other TTUHSCEP policies, regulations, or rules are considered to be student misconduct. This includes, but is not limited to, plagiarism, academic dishonesty, harassment, drug use, or theft.

TTUHSC El Paso Campus CARE Team

The university CARE Team is here to support students who may be feeling overwhelmed, experiencing significant stress, or facing challenges that could impact their well-being or safety. If your professor notices any signs that you or someone else might need help, they may check in with you personally and will often connect you with the CARE Team. This is not about being "in trouble"—it's about ensuring you have access to trained professionals who can offer support and connect you to helpful resources. Additionally, if you have any concerns about your own well-being or that of a fellow student, please don't hesitate to reach out to let your professor know. You can also make a referral to the CARE Team using CARE Report Form. Your health, safety, and success are our top priorities, and we're here to help.