



Edward Via College of Osteopathic Medicine

MED 8090/MED 8095

Clinical Psychiatry and Psychiatry Modules

Academic Year 2024 - 2025

ROTATION SYLLABUS



Aaron Hawkins, MD

Discipline Chair, Neuropsychiatry and
Behavioral Sciences
Auburn Campus

Phone: 334-442-4011

ahawkins@auburn.vcom.edu



Paul Switzer, MD, DHA

Discipline Chair, Neuropsychiatry and Behavioral
Sciences

Carolinas Campus

Phone: 864-327-9878

pswitzer@carolinas.vcom.edu



Brian Wood, DO

Discipline Chair, Neuropsychiatry and Behavioral Sciences
Virginia Campus

Phone: 540-231-3725

bwood@vt.vcom.edu

I. Rotation Description

We are fortunate to be part of a revolutionary age in medicine, particularly Osteopathic Medicine, in which we further our knowledge of not only origins of diseases but the complexity of human beings daily. A tremendous part of this new understanding involves the essence of the human condition, the mind. Although we understand more about the physiology and chemistry of the brain than ever before, we increasingly recognize it as more than a reductionist sum of its individual parts. Rather, it is a never-ending frontier of medical research and discovery. We as osteopathic physicians continue to view our patients as just that, not an accumulation of ailments or symptoms, and through our philosophy of the interaction of mind, body and spirit, we attempt to understand the patient, not just the disease. Neuropsychiatry must also be understood within this context as it serves a crucial role in healthcare. As a department it is our mission to improve healthcare in general and especially to strive for improvement of mental health care, which often plays a vital role in the overall functioning of the patient. We encourage this mission through increasing

community awareness, support of continuing education and practice initiatives for our diverse clinical faculty, and most importantly by passing on our passion for discovery and knowledge to future generations of osteopathic physicians.

Our faculty is comprised of leaders in the field of mental health from diverse backgrounds and skills. They are all actively engaged in clinical practice as well as teaching and are uniquely dedicated to the concept of education in medicine. Many are researchers and have contributed to our profession and scientific understanding of psychiatric conditions.

The exposure to the psychiatry clinical rotation is where many students will choose Psychiatry as a future practice. In addition, the knowledge gained from the psychiatry rotation is essential to the practice of primary care. Primary care physicians must learn to recognize and provide timely referral of psychiatric disorders and to co-manage psychiatric patients who have additional medical conditions.

During the core rotation in psychiatry, the student will learn through many resources, including but not limited to clinical patient exposure, preceptor mentoring, completion of case modules for the rotation, and clinical conferences. Students are expected to complete their assignments for both the psychiatry and the longitudinal OMM course. Students will be exposed to a wide variety of clinical settings in which the practice of psychiatry occurs including inpatient, outpatient, emergency and consultation settings. Each site may expose students to different areas; however, basic knowledge of all areas should be attained. Students should review their [specific site instructions and information](#) for a more detailed description of their specific practice setting.

II. Course Goals and Objectives

A. Goals of the Course

- To acquire the knowledge, skills and competencies that are required to evaluate and treat patients with acute and chronic mental illnesses, also considering the social and spiritual aspects of the patient.
- To develop the ability to research psychiatric medical literature and scientific resources for information that affects the patient's condition, treatment and outcomes and the ability to evaluate and apply scientifically valid information to maximize the outcome of the patient.
- To gain a solid base of psychiatric pharmacology and the uses of medication in treating psychiatric mental illnesses.
- To gain an understanding of basic psychotherapeutic principles and their clinical uses in treating patients with psychiatric disorders.
- To learn through many resources, including but not limited to, clinical patient exposure, preceptor mentoring, completion of the on-line case-based curriculum for the rotation, and clinical conferences.

B. Clinical Performance Objectives

While the end-of-rotation exam is derived from the didactic curriculum and objectives described above in the "Clinical Modules – Required Curriculum" section, the end-of-rotation evaluation completed by your preceptor is based on clinical core competencies. These core competencies reflect student performance in 6 key areas: communication, problem solving, clinical skills, medical knowledge, osteopathic medicine and professional and ethical considerations. Your end-of-rotation evaluation from your preceptor will be based directly on your performance in these 6 core competencies as described below.

1. **Communication** - the student should demonstrate the following clinical communication skills:
 - a. Effective listening to patient, family, peers, and healthcare team
 - b. Demonstrates compassion and respect in patient communications

- c. Effective investigation of chief complaint, medical and psychosocial history specific to the rotation
 - d. Considers whole patient: social, spiritual & cultural concerns
 - e. Efficiently prioritizes essential from non-essential information
 - f. Assures patient understands instructions, consents & medications
 - g. Presents cases in an accurate, concise, well organized manner
- 2. Problem Solving** – the student should demonstrate the following problem-solving skills:
- a. Identify important questions and separate data in organized fashion organizing positives & negatives
 - b. Discern major from minor patient problems
 - c. Formulate a differential while identifying the most common diagnoses
 - d. Identify indications for & apply findings from the most common radiographic and diagnostic tests
 - e. Identify correct management plan considering contraindications & interaction
- 3. Clinical Skills** - the student should demonstrate the following problem-solving skills:
- a. Assesses vital signs & triage patient according to degree of illness
 - b. Perform good auscultatory palpatory & visual skills
 - c. Perform a thorough physical exam pertinent to the rotation
- 4. Osteopathic Manipulative Medicine** - the student should demonstrate the following skills in regards to osteopathic manipulative medicine
- a. Apply osteopathic manipulative medicine successfully when appropriate
 - b. Perform and document a thorough musculoskeletal exam
 - c. Utilize palpatory skills to accurately discern physical changes that occur with various clinical disorders
 - d. Apply osteopathic manipulative treatments successfully
- 5. Medical Knowledge** – the student should demonstrate the following in regards to medical knowledge
- a. Identify & correlate anatomy, pathology and pathophysiology related to most disease processes
 - b. Demonstrate characteristics of a self-motivated learner including demonstrating interest and enthusiasm about patient cases and research of the literature
 - c. Are thorough & knowledgeable in researching evidence-based literature
 - d. Actively seek feedback from preceptor on areas for improvement
 - e. Correlate symptoms & signs with most common disease
- 6. Professional and Ethical Behaviors** - the student should demonstrate the following professional and ethical behaviors and skills:
- a. Is dutiful, arrives on time & stays until all tasks are complete
 - b. Consistently follows through on patient care responsibilities
 - c. Accepts & readily responds to feedback, is not resistant to advice
 - d. Assures professionalism in relationships with patients, staff, & peers
 - e. Displays integrity & honesty in medical ability and documentation
 - f. Acknowledges errors, seeks to correct errors appropriately
 - g. Is well prepared for and seeks to provide high quality patient care
 - h. Identifies the importance to care for underserved populations in a non-judgmental & altruistic manner

III. Rotation Design

A. Educational Modules

Educational modules using lectures, cases, and other forms of delivery are used for third year curriculum. Each student must complete a post-rotation exam to assure that the expected basic content or medical knowledge has been acquired during the rotation. In addition to the experiences received in

the clinical training sites, students are expected to read the content of the assigned textbooks and online materials in order to complete the entire curriculum assigned for the clinical module.

B. Formative Evaluation

Student competency-based rating forms are used by the preceptor to evaluate each student's clinical skills and the application of medical knowledge in the clinical setting. These forms are only completed by the clinical faculty member or preceptor. Performance on rotations will be evaluated by the primary clinical faculty member precepting the student. VCOM uses a competency-based evaluation form which includes the osteopathic core competencies. These competencies evaluated include:

- a. Medical knowledge;
- b. Communication;
- c. Physical exam skills;
- d. Problem solving and clinical decision making;
- e. Professionalism and ethics;
- f. Osteopathic specific competencies; and
- g. Additional VCOM values.

Student competency is judged on clinical skill performance. Each skill is rated as to how often the student performs the skill appropriately (i.e. unacceptable, below expectation, meets expectation, above expectation, exceptional).

C. Logging Patient Encounters and Procedures

During the clinical years students need to develop the clinical competencies required for graduation and post-graduate training. These competencies are evaluated in many different ways: by faculty observation during rotations, by examinations, by the COMLEX Level 2 CE examination, and VCOM's OMS 3 summative examinations. In order to develop many of these competencies and meet the objectives required for graduation, VCOM needs to ensure that each student sees enough patients and an appropriate mix of patients during their clinical years. For these reasons, as well as others discussed below and to meet accreditation standards, VCOM has developed requirements to log patient encounters and procedures.

Each day, students are required to log all patient type/clinical conditions and procedures/skills that they encounter that day into the VLMS application.

- Within the daily log, the Clinical Discipline Chairs have also identified a specific set of patient presentations and procedures that each student is expected to see/do during the course of the rotation. This list serves as a guide for the types of patients the clinical faculty think students should encounter during the rotation. The list does not include every possible diagnosis or even every diagnostic entity students must learn. The list reflects the common and typical clinical entities that the faculty feels VCOM students should experience.
- Students must learn more than they will experience during clinical rotations. The log does not reflect the totality of the educational objectives during the rotation. Clinical experience is an important part, but only a part, of your rotation requirement. Students may discover they have not seen some of the presentations/procedures on the list during the rotation; however, they should arrange to see these problems in the fourth year or learn about them in other ways through the other course materials provided. Students need to commit themselves to extensive reading and studying during the clinical years. "Read about patients you see and read about patients you don't see".

One of the competencies students must develop during their clinical training involves documentation. Documentation is an essential and important feature of patient care and learning how and what to document is an important part of medical education. The seriousness and accuracy with which

students maintain and update their patient logs are measures of professionalism. Students must review these logs with their preceptor prior to the end of the rotation period, as required by the final preceptor evaluation form. Students are encouraged to periodically review their VLMS entries with their preceptor during the rotation period.

Throughout the year, data is reviewed by Clinical Affairs, the curriculum committees, and administration to ensure the clinical experiences meet the objectives of the rotation and to assess the comparability of experiences at various sites. The logs serve to:

- Demonstrate student exposure to patients with medical problems that support course objectives.
- Demonstrate level of student involvement in the care of patients.
- Demonstrate student exposure to, and participation in, targeted clinical procedures.
- Demonstrate student exposure to patient populations in both inpatient and outpatient settings.
- Demonstrate comparability of experiences at various clinical sites.
- Quantify for students the nature and scope of their clinical education and highlight educational needs for self-directed learning.

Students will receive a report at the end of the OMS 3 year that outlines the patient encounters the student was involved in throughout their rotations. These individual log reports can be shared during interviews/audition rotations/future credentialing to demonstrate the scope of their clinical experiences.

IV. Credits

MED 8090: 4 credit hours

MED 8095: 1 credit hour

V. Course Texts and Reference Materials

A. Required Textbooks

- Black, D.W. *Introductory Textbook of Psychiatry*, 7th ed. American Psychiatric Publishing, Inc., 2021. ISBN: 978-1615373123 (retail price \$98.80)
- American Osteopathic Association, & Chila, A. *Foundations of Osteopathic Medicine*, 3rd ed. Baltimore, MD: Lippincott Williams & Wilkins, 2010. ISBN: 978-0781766715
- Kuchera, Michael, Kuchera, William. *Osteopathic Considerations in Systemic Dysfunction*, Revised 2nd ed., Greyden Press, Dayton, OH: 1994. ISBN:978-1570741548 (retail price \$55.00)
- Nicholas, Alexander, and Evan Nicholas. *Atlas of Osteopathic Techniques*, 4th ed. Baltimore, MD: Lippincott, Williams & Wilkins, 2023. ISBN: 978-1975127480978-1451193411 (retail price \$179.99) – Available in VCOM's eLibrary in LWW Osteopathic Medicine Collection
- Seffinger, Michael. *Foundations of Osteopathic Medicine*, 4th ed. Philadelphia, PA: Wolters Kluwer Health, 2019. ISBN: 978-1496368324 (retail price \$142.99) – Available in VCOM's eLibrary in LWW Osteopathic Medicine Collection

B. Recommended Textbooks

- Murphy, M.J., & Cowan, R.L. *Blueprints Psychiatry*, 6th ed. Malden, MA: Blackwell Publishing, 2018. ISBN: 978-1496381347 (retail price \$68.99) – Available in VCOM's eLibrary in LWW Clerkship Collection
- Ganti, L., Kaufman, M.S., & Blitzstein, S.M. *First Aid for the Psychiatry Clerkship*, 6th ed. McGraw-Hill, 2022. ISBN: 978-1264257843 (retail price \$61.00)

VI. Course Grading and Requirements for Successful Completion

A. Requirements

- Attendance according to VCOM and preceptor requirements as defined in the [College Catalog and Student Handbook](#).
- Review of the syllabus topics, learning objectives, and reading assignments:
 - In addition to the learning experience in the clinical site, the clinical curriculum consists of the reading assignments and learning objectives that are included in this syllabus, as well as clinical case modules that are derived from some, but not all, of the learning objectives. A student's success as a physician will depend upon the learning skills they develop during this core rotation, as guided by this syllabus and clinical case modules. National boards, residency in-training examinations, and specialty board examinations require ever increasing sophistication in student's ability to apply and manipulate medical knowledge to the clinical context.
- Completion and submission of 20 clinical case modules:
 - The clinical case modules were developed by VCOM Discipline Chairs and are intended to provide an OMS 3 student with a clinical, patient-centered approach to the learning content of this rotation. The modules should not be approached as rote learning, but should provide structured, clinically focused learning from the evidence base for this rotation. The same module may be included under multiple topics in the syllabus to show its relevance to the topic, but students only need to complete the module once. The clinical case modules must be submitted in Canvas **by no later than 5 PM on the day of your end of rotation exam** at: <https://canvas.vcom.edu>. **Failure to do so will result in a deduction of 5 points from your end-of-rotation exam score.**
 - [Module 1: Mental Status Exam and Diagnosis](#)
 - [Module 2: Psychiatric Emergencies](#)
 - [Module 3: Neurocognitive Disorders](#)
 - [Module 3B: Neurocognitive Disorders](#)
 - [Module 4: Substance Related and Addictive Disorders](#)
 - [Module 5: Schizophrenia](#)
 - [Module 6: Mood Disorders](#)
 - [Module 7: Anxiety Disorders](#)
 - [Module 8: Obsessive Compulsive and Related Disorders](#)
 - [Module 9: Trauma or Stress Related Disorders](#)
 - [Module 10: Somatoform Symptoms Disorders and Dissociative Disorders](#)
 - [Module 11: Feeding and Eating Disorders](#)
 - [Module 12: Personality Disorders](#)
 - [Module 13: Child Psychiatry and Neurodevelopmental Disorders](#)
 - [Module 14: Disruptive, Impulse-Control, and Conduct Disorders](#)
 - [Module 15: Paraphilias](#)
 - [Module 16: Geriatric Psychiatry](#)
 - [Module 17: Psychopharmacology](#)
 - [Module 18: Psychotherapy](#)
 - [Module 19: Legal Issues](#)

- Logging patient encounters and procedures in VLMS:
 - **Students are required to log daily** - Students are **required to log all patient type/clinical conditions and procedures/skills that they encounter that day** into the VLMS application at: <https://vlms.app/login.html>
 - Within the daily log, the Clinical Discipline Chairs have also identified a specific set of patient presentations and procedures that each student is expected to see/do during the course of the rotation. This list serves as a guide for the types of patients the clinical faculty think students should encounter during the rotation. The list does not include every possible diagnosis or even every diagnostic entity students must learn. The list reflects the common and typical clinical entities that the faculty feels VCOM students should experience.
 - Students should log only an encounter with or exposure to a real patient.
 - Simulated patients, case presentations, videos, grand rounds, written clinical vignettes, etc. should not be logged even though they are all important ways to learn clinical medicine. Many of these educational experiences, along with self-directed reading, are necessary preparation for COMLEX Level 2 and postgraduate training. This log, however, focuses on a unique and critical component of clinical training, namely, involvement with “real” patients.
 - Longitudinal care of a patient that results in a new diagnosis or secondary diagnosis should be entered as a new entry instead of editing the original entry.
 - Multiple encounters with the same patient that do not result in a new diagnosis or procedure should not be logged. However, if multiple encounters result in a new diagnosis or a new procedure is performed, these should be entered as a new entry.
 - Student involvement with patients can occur in various ways with different levels of student responsibility. The most “meaningful” learning experience involves the student in the initial history and physical exam and participation in diagnostic decision making and management. A less involved but still meaningful encounter can be seeing a patient presented by someone else at the bedside. Although the level of responsibility in this latter case is less, students should log the diagnoses seen in these clinical encounters. Patient experiences in the operating or delivery room should also be logged.
 - All students must review these logs with their preceptors prior to the end of the rotation period, as required by the final preceptor evaluation form. Students are encouraged to periodically review their VLMS entries with their preceptor during the rotation period. These reviews should stimulate discussions about cases and learning objectives, as well as identify curriculum areas the student may still need to complete.
 - Failure to log daily results in the following:
 - First notification: Email warning outlining consequences
 - Second notification: Meeting with the Associate Dean
 - Third notification: Behavioral contract
 - Fourth notification: Students will receive an IP “In-Progress” grade for the rotation until logging for the rotation is completed.
 - Fifth notification: Referral to PESB/Honor Code (whichever is most appropriate), which could lead to sanctions and/or permanent record in the student file or MSPE.

- Rotation evaluations:
 - Student Site Evaluation: Students must complete and submit at the end of rotation. See the VCOM website at: <https://intranet.vcom.edu/clinical> to access the evaluation form.
 - Third-Year Preceptor Evaluation: It is the student's responsibility to ensure that all clinical evaluation forms are completed and submitted online or turned into the Site Coordinator or the Clinical Affairs Office at the completion of each rotation. Students should inform the Clinical Affairs Office of any difficulty in obtaining an evaluation by the preceptor at the end of that rotation. See the VCOM website at: <https://www.vcom.edu/academics/clinical-education-third-year/forms> to access the evaluation form.
 - Mid-Rotation Evaluation: The mid-rotation evaluation form is not required but highly recommended. See the VCOM website at: <https://www.vcom.edu/academics/clinical-education-third-year/forms> to access the mid-rotation evaluation form.
- Successful completion of the end-of-rotation written exam:

The content of the end-of-rotation exams will be based upon the learning objectives and reading assignments, including OMM, in this syllabus, and the clinical case modules and their associated references.

B. Grading

Students must pass both the "module" and "rotation" portions of the course. All rotations have a clinical rotation grade and clinical modules/exam grade. Failure to submit all of the case module files using the Canvas link provided above **by no later than 5 PM on the day of your end of rotation exam will result in a deduction of 5 points from your end-of-rotation exam score. VLMS logs are due no later than 5 PM on the day of your end of rotation exam.**

Clinical Grading Scale and GPAs						
OMS 3 End-of-Rotation Exam Grades			OMS 3 AND OMS 4 Clinical Rotation Grades		Other Grades	
A	90-100	4.0	H	Honors	IP	In Progress
B+	85-89	3.5	HP	High Pass	INC	Incomplete
B	80-84	3.0	P	Pass	CP	Conditional Pass
C+	75-79	2.5	F	Fail	R	Repeat
C	70-74	2.0			Au	Audit
F	<70	0.0				

C. Remediation

Students who fail a clinical rotation, fail an end-of-rotation exam twice, or who have more than one first attempt failure on end-of-rotation exams within an academic year (even if the student has successfully remediated the prior end-of-rotation exam on the second attempt) will be referred to the Promotion Board. If a student fails the professionalism and ethics portion of the evaluation he or she may be removed from the rotation and referred to the Professional and Ethical Standards Board. No grade will be changed unless the Office of Clinical Affairs certifies to the Registrar, in writing, that an error occurred or that the remediation results in a grade change.

- **Failure of an End-of-Rotation Exam**

Students must pass each end of rotation exam with a C (70%) or better to receive a passing grade for the clinical medical knowledge module. Students who fail an end of rotation exam but pass the clinical rotation evaluation component have a second opportunity to pass the exam

within 28 days of notification. If the student passes the remediation exam, the remediated exam grade will be the grade recorded on the transcript and be GPA accountable.

If the student fails the end of rotation exam a second time, the student will receive an “F” grade for the rotation and will be brought before the Promotion Board. If the student is allowed to repeat the rotation, all components of the rotation must be repeated, and the repeated rotation must be with a different preceptor than the one from the original rotation that the student failed. Once repeated, the transcript will show both the initial clinical medical knowledge module course and the initial clinical rotation competency evaluation course, as well as the repeated clinical medical knowledge module course and the repeated clinical rotation competency evaluation course. The repeated courses will have the letter “R” at the end of the course number to reflect that they are repeated. Both the grade earned for the initial courses and the repeated courses will be recorded on the transcript, but only the repeated courses will be GPA accountable, regardless of whether the initial or repeated course grade is higher.

- **Failure of a Rotation**

If a student fails the clinical rotation evaluation the student will receive an “F” grade for the rotation and will be brought before the Promotion Board. If the student is allowed to repeat the rotation, all components of the rotation must be repeated, and the repeated rotation must be with a different preceptor than the one from the original rotation that the student failed. Once repeated, the transcript will show both the initial clinical medical knowledge module course and the initial clinical rotation competency evaluation course, as well as the repeated clinical medical knowledge module course and the repeated clinical rotation competency evaluation course. The repeated courses will have the letter “R” at the end of the course number to reflect that they are repeated. Both the grade earned for the initial courses and the repeated courses will be recorded on the transcript, but only the repeated courses will be GPA accountable, regardless of whether the initial or repeated course grade is higher.

- **Failure to Make Academic Progress**

In general, students should show a progression of improvement in clinical performance throughout rotations. Repeated poor or failing performance in a specific competency area on the evaluation form across more than one rotation may also be a reason for a required remediation at the discretion of the Associate Dean for Clinical Affairs in consultation with the clinical chair, the preceptor, and the Promotion Board. Those students who receive a mere “Pass” on multiple rotations will be counseled about overall performance and may be required to complete an additional rotation at the end of the year. Any additional curriculum or required remediation will be based on the performance measure. Those students who continually score in the "unsatisfactory" category or repeated "performs some of the time, but needs improvement" consistently and do not improve over time or who fail one or more rotations may be deemed as not making academic progress and, as a result, may be referred to the Promotion Board and be required to complete additional curriculum. Multiple rotation failures may result in dismissal.

Poor ratings on the clinical rotation evaluation in the professional and ethical areas of the assessment are addressed by the Associate Dean for Clinical Affairs. The Associate Dean may design a remediation appropriate to correct the behavior or if needed, may refer the student to the Professional and Ethical Standards Board. In the case of repeated concerns in a professional and/or ethical area, the Associate Dean for Clinical Affairs may refer the student to the Campus Dean for a referral to the Professional and Ethical Standards Board or Promotion Board. The Campus Dean will act upon this referral depending on the severity and the area of the performance measure. Poor ratings in this area will include comments as to the exact nature of the rating.

VII. Academic Expectations

Grading policies, academic progress, and graduation requirements may be found in the [College Catalog and Student Handbook](#).

A. Attendance

Attendance for all clinical rotation days is mandatory. The clinical site will determine the assigned days and hours to be worked within the rotation period. Students are required to attend any orientation the clinical site sets as mandatory prior to any rotation or the clinical year. The orientation sessions vary by site and are required to maintain assignment to the site. Although the clinical site determines the assigned days and hours to be worked, VCOM has established the following guidelines:

- 4-week rotations may not be less than 20, eight-hour days for a total of a minimum of 160 hours and often average 180 hours or greater.
 - Students may be required to work up to 24 days in a 4-week period or 25 days in a 1-month rotation, including call and weekends at the discretion of the clinical site.
 - If the clinical site requires longer daily hours or shift work, the student may complete the required hours in less than 20 days with the following specifications:
 - Students should not work greater than an average of 12 out of every 14 days.
 - Students should not work more than 12 hours daily, exclusive of on-call assignments.
 - If on-call hours are required, the student should not be on duty for greater than 30 continuous hours.
 - Students may be required to work weekends but in general should have 2 weekends per month free and an average of 2 of 7 days per week free.

It should be noted that preceptors will have final determination of the distribution of hours, which may vary from this policy but should not in general be less than 160 hours for a 4-week rotation. The institution's DSME and assigned clinical faculty determine clinical duty hours. Students are responsible to the assigned clinical faculty and are expected to comply with the general rules and regulations established by the assigned clinical faculty, and/or the core hospital(s), or facility associated with the rotation.

The average student clinical day begins at 7 am and ends at 7 pm. Students are expected to work if their assigned clinical faculty is working. Some rotations assign students to shifts and in such cases the student may be required to work evening or night hours. If on-call hours are required, the student must take the call; however, the student should not be on duty for greater than 30 continuous hours. Students may be required to work weekends, but in general should have two weekends per month free and two of seven days per week free. Student holidays are determined by the clinical site and follow those of other students and/or residents from the clinical site. Students must be prompt and on time for the clinical rotation.

Students are expected to arrive on time for all clinical rotations. If a student is late, he or she must notify the site coordinator and the preceptor prior to or at the time they are scheduled to arrive. Students must have a reason for being late such as illness or vehicle issues and it is not anticipated that this would occur more than one occasion AND it is important the student call in prior to being late. Repeated tardiness is considered as unprofessional behavior and is a reason for dismissal from a rotation. Students with repeated tardiness will be referred to the PESB. Tardiness is defined as more than 5 minutes after the scheduled time the preceptor designates as the expected arrival time.

The Office of Clinical Affairs requires that the medical student complete and submit an Excused Absence Clinical Rotations Approval form for any time "away" from clinical rotations. Forms are available at: <https://www.vcom.edu/academics/clinical-education-third-year/forms>. The student must have this form signed by their preceptor and others designated on the form to obtain an excused

absence and must be provided to the DSME and the Office of Clinical Affairs through the site coordinator. The form must be completed prior to the beginning of the leave. If an emergency does not allow the student to submit this prior to the absence, the “Excused Absence Clinical Rotations Approval” form must be submitted as soon as the student is physically able to complete the form. In addition to completion of the form, students must contact the Department of Clinical Affairs, the Site Coordinator, and the preceptor’s office by 8:30 AM on the day they will be absent due to an illness or emergency. No excused absence will be granted after the fact, except in emergencies as verified by the Associate Dean for Clinical Affairs.

Regardless of an excused absence, students must still complete a minimum of 160 hours for a 4-week rotation in order to pass the rotation. Any time missed must be remediated during the course of the rotation for credit to be issued. Students may remediate up to four missed days or 48 hours missed during any rotation period by working on normal days off. OMS 3 students who have any unexcused absences will be referred to the PESB.

B. Prohibited Use of External Accelerators

At times, there may be lectures on VCOMTV where completion will be documented as part of passing the course (these will be clearly indicated in the course syllabus). For these lectures, the use of an external accelerator is prohibited, as VCOMTV is unable to track completion through these programs. If a student uses an external accelerator for these assignments, they will be required to re-watch the lecture(s) in VCOMTV within the required timeline. Failure to document a student’s completion of these assignments within the required timeline due to use of an external accelerator may result in failure of the course.

VIII. Professionalism and Ethics

It is advised that students review and adhere to all behavioral policies including attendance, plagiarism, dress code, and other aspects of professionalism. Behavioral policies may be found in the [College Catalog and Student Handbook](#).

A. VCOM Honor Code

The VCOM Honor Code is based on the fundamental belief that every student is worthy of trust and that trusting a student is an integral component in making them worthy of trust. Consistent with honor code policy, by beginning this exam, I certify that I have neither given nor received any unauthorized assistance on this assignment, where “unauthorized assistance” is as defined by the Honor Code Committee. By beginning and submitting this exam, I am confirming adherence to the VCOM Honor Code. A full description of the VCOM Honor Code can be found in the [College Catalog and Student Handbook](#).

IX. Syllabus and Rotation Schedule

Please use this syllabus as a guide, paying particular attention to the learning objectives as an outline of what you are expected to know for each topic/module. Refer to the rotation calendar for specific dates of exams.

The faculty of the course will make every effort to adhere to the syllabus and rotation schedule; however, the Office of Clinical Affairs reserves the right to make changes to the syllabus; including changes to examinations, quizzes, modules, homework or other assignments; and/or the schedule with as much advance notice as possible. These changes will be communicated to the students in writing via Canvas or email.

X. Clinical Curriculum

In addition to the topics below with reading references and learning objectives, students must also complete the assigned clinical cases. The content of the end-of-rotation exams will be based upon the learning objectives and reading assignments, including OMM, in this syllabus, and the clinical case modules

and their associated references. The clinical case modules must be submitted in Canvas at: <https://canvas.vcom.edu>

1. Mental Status Exam and Diagnosis

Reading Assignment: Textbook of Psychiatry, Chapters 1 and 2

Additional Required Learning Material:

- [Mental Status Exam Study Guide](#)
- [The Psychiatric SOAP Note](#)
- [Examination of the Patient with Psychiatric Complaints](#)

Module: [Module 1: Mental Status Exam and Diagnosis](#)

Learning Objectives:

- a. The student will understand the clinical significance, mechanics and relevance of the mental status exam and its application to diagnosis of psychiatric illnesses in the DSM-5 format including the following:
 - i. Identify the components of a mental status exam.
 - ii. Be able to utilize and discuss appropriate utilization of the mental status exam.
 - iii. Discuss use of the Diagnostic and Statistical Manual in psychiatric diagnosis.
 - iv. Identify the concepts and method of psychiatric diagnosis as outlined in the DSMV-5.
 - v. Identify the components of and discuss the significance/use of each DSM-5 in patient diagnosis.

2. Psychiatric Emergencies

Reading Assignment: Textbook of Psychiatry, Chapter 18

Module: [Module 2: Psychiatric Emergencies](#)

Learning Objectives:

- a. The student will recognize the signs and symptoms of, know the assessment of and differential for, symptoms of psychiatric emergencies including immediate management and appropriate referral of patients, including the following:
 - i. Identify and manage those at increased risk of suicide.
 - ii. Formulate a differential of general medical causes for hallucinations, delusions, confusion, altered consciousness, and violent behavior.
 - iii. Recognize the signs and symptoms of common psychopharmacologic emergencies:
 - a) lithium toxicity,
 - b) neuroleptic malignant syndrome,
 - c) anticholinergic delirium, and
 - d) MAOI related to Hypertensive crisis.
 - iv. Identify the components of clinical assessment, differential, and stabilization of a person with violent, agitated, combative, or assaultive behavior due to psychiatric illness.
 - v. Describe the signs, symptoms, differential, and management of Acute Psychosis.
 - vi. Describe the psychiatric problems seen in battered women, adult and child abuse victims and know reporting requirements regarding abuse and neglect.
 - vii. Identify the indications for psychiatric hospitalization.
 - viii. Identify the procedures for establishing medical or psychiatric stability and appropriate admission.
 - ix. Summarize the process of psychiatric admission as it relates to:
 - a) Involuntary versus voluntary commitment.
 - b) The rules of involuntary commitment, civil commitment, and the role of the physician.

3. Neurocognitive Disorders

Reading Assignment: Textbook of Psychiatry, Chapter 16

Module:

- [Module 3: Neurocognitive Disorders](#)
- [Module 3B: Neurocognitive Disorders](#)

Learning Objectives:

- a. The student will recognize the signs and symptoms of brain disease of known etiology or pathophysiology and will identify the evaluation and management of a patient with the following neuropsychiatric disorders:
 - i. Identify the clinical features, differential diagnosis and emergent conditions associated with acute delirium.
 - ii. Discuss the prevalence of delirium in elderly hospitalized patients.
 - iii. Identify the epidemiology, the clinical features of, and the course for psychiatric manifestations of neurocognitive disorders due to the following:
 - a) Alzheimer's disease
 - b) Vascular disease
 - c) Substance induced syndromes, including alcohol
 - d) Parkinson's disease
 - e) HIV/AIDS
 - f) Lewy Body disease
 - g) Frontal temporal (Pick's) disease
 - h) Prion (Creutzfeldt-Jacob's) disease
 - i) Normal pressure hydrocephalus
 - j) Huntington's disease
 - iv. Summarize the medical evaluation and clinical management of a patient with mild or major neurocognitive disorder and be able to differentiate both.
 - v. Identify the possible neuropsychiatric manifestations of patients with:
 - a) Seizure disorder
 - b) Stroke
 - c) Head injury

4. Substance Related and Addictive Disorders

Reading Assignment: Textbook of Psychiatry, Chapter 15

Module: [Module 4: Substance Related and Addictive Disorders](#)

Learning Objectives:

- a. The student will identify, clinically evaluate and manage the neuropsychiatric consequences of substance abuse disorders, including:
 - i. Identifying the historical and clinical features of substance abuse and dependence (including denial)
 - ii. Discussing the epidemiology of substance abuse
 - iii. Identifying the dangers of co morbid disorders (psychiatric and substance abuse)
 - iv. Listing the questions that compose CAGE and other screening instruments.
 - v. Discussing the genetic neurobiological and psychosocial etiologies of alcoholism
 - vi. Describing the clinical features of intoxication and management of withdrawal from the following: cocaine, amphetamines, hallucinogens, cannabis, phencyclidine, barbiturates, opiates, caffeine, nicotine, benzodiazepines, and alcohol.
 - vii. State accepted guidelines for prescribing benzodiazepines and narcotics.

5. Schizophrenia Spectrum and Other Psychotic Disorders

Reading Assignment: Textbook of Psychiatry, Chapter 5

Module: [Module 5: Schizophrenia](#)

Learning Objectives:

- a. The student will recognize, evaluate, and manage persons with psychosis associated with schizophrenic, affective, general medical, and other psychotic disorders incorporating the following:
 - i. Define psychosis and the differential diagnosis for psychotic symptoms.
 - ii. Describe the genetic, neurobiological and environmental theories of etiology of schizophrenia.
 - iii. Describe the epidemiology of psychotic disorders.
 - iv. Summarize the treatment of schizophrenia spectrum and other psychotic disorders, including both pharmacologic and psychosocial interventions.
 - v. List the features that differentiate:
 - a) Brief Psychotic Disorder
 - b) Delusional Disorder
 - c) Schizophreniform Disorder
 - d) Schizophrenia
 - e) Schizoaffective Disorder

6. Mood Disorders

Reading Assignment: Textbook of Psychiatry, Chapter 6

Module: [Module 6: Mood Disorders](#)

Learning Objectives:

- a. The student will recognize and describe the following as they pertain to the treatment of patients with mood disorders:
 - i. Discuss the evidence for neurobiological, genetic, psychological, and environmental etiologies of mood disorders.
 - ii. Know the epidemiologic, prevalence rate, and lifetime risks of mood disorders.
 - iii. Describe the criteria for depressive, hypomanic and manic episodes.
 - iv. Identify the etiology, the management and prognosis of major depression with or without:
 - a) Melancholic features,
 - b) Psychotic features,
 - c) Atypical features,
 - d) Catatonic features,
 - e) Seasonal patterns, and
 - f) Postpartum onset.
 - v. Describe the prevalence of major depression in patients with general medical-surgical illness (acute MI, diabetes, CVA, hip fracture, CV surgery) and the impact on morbidity and mortality.
 - vi. Outline the clinical features of, diagnosis, and management of
 - a) Persistent Depressive Disorder (Dysthymia)
 - b) Premenstrual Dysphoric Disorder
 - c) Major Depressive Disorder
 - d) Bipolar Disorder

7. Anxiety Disorders

Reading Assignment: Textbook of Psychiatry, Chapter 7

Module: [Module 7: Anxiety Disorders](#)

Learning Objectives:

- a. The student will recognize and describe the following as they relate to the evaluation and management of patients with anxiety disorders:
 - i. Describe the neurobiological, psychological, environmental, and genetic etiologies of anxiety disorder.
 - ii. Describe the clinical features of, diagnostic techniques, and management of the following anxiety disorders:
 - a) Specific Phobia
 - b) Social Anxiety Disorder
 - c) Panic Disorder, including distinguishing panic attack from panic disorder
 - d) Agoraphobia
 - e) Generalized Anxiety Disorder
 - f) Posttraumatic Stress Disorder
 - g) Acute Stress Disorder
 - h) Obsessive Compulsive Disorder
 - i) Phobias (social, agoraphobia)
 - j) Distinguished

8. Obsessive Compulsive and Related Disorders

Reading Assignment: Textbook of Psychiatry, Chapter 8

Module: [Module 8: Obsessive Compulsive and Related Disorders](#)

Learning Objectives:

- a. The student will recognize and be able to describe the concepts of etiology, pathology and assessment of patients presenting with symptoms of Obsessive Compulsive Disorder and related diagnoses.
 - i. Outline the DSM-5 diagnostic criteria for the following:
 - a) Obsessive-Compulsive Disorder
 - b) Body Dysmorphic Disorder
 - c) Hoarding Disorder
 - d) Trichotillomania
 - e) Excoriation Disorder
 - ii. Be able to discuss the general concepts and elements of management of the above diagnoses.
 - iii. Discuss appropriate biological and psychological theories of the etiology and pathophysiology of the above diagnoses.

9. Trauma or Stress Related Disorders

Reading Assignment: Textbook of Psychiatry, Chapter 9

Module: [Module 9: Trauma or Stress Related Disorders](#)

Learning Objectives:

- a. The student will recognize and understand concepts related to the etiology, symptom recognition and treatment of the trauma or stress related disorders.
 - i. Discuss generally accepted concepts of the environmental and physiological contributions to the development of trauma or stress related disorders.
 - a) Identify the areas of the immune system that are affected by stressors.
 - b) Describe the response of the HPA axis and sympathetic nervous system to stressors.
 - ii. Recognize DSM-5 criteria for the diagnosis of the following disorders:
 - a) Reactive Attachment Disorder

- b) Social Engagement Disorder
- c) Posttraumatic Stress Disorder
- d) Acute Stress Disorder
- e) Adjustment Disorders
- iii. Be able to recognize and discuss appropriate management strategies for the above diagnoses.
- iv. Discuss prevention and early intervention strategies for minimization of morbidity associated with traumatic experiences.

10. Somatoform Symptom Disorders and Dissociative Disorders

Reading Assignment: Textbook of Psychiatry, Chapter 10

Module: [Module 10: Somatoform Symptoms Disorders and Dissociative Disorders](#)

Learning Objectives:

- a. The student will recognize and be able to incorporate general DSM-5 concepts and criteria in the assessment and management of patients with the following somatic symptoms and dissociative disorders:
 - i. Recognize DSM-5 criteria for the diagnosis of the following:
 - a) Somatic Symptom Disorder
 - b) Conversion Disorder (Functional Neurological Symptom Disorder)
 - c) Illness Anxiety Disorder
 - d) Psychological Factors Affecting Other Medical Conditions
 - e) Factitious Disorder
 - f) Malingering
 - g) Dissociative Identity Disorder
 - h) Dissociative Amnesia
 - i) Depersonalization/Derealization Disorder
 - ii. Be able to discuss the proposed etiology of the above disorders.
 - iii. Be able to discuss appropriate treatment and management strategies for the above diagnoses including both pharmacological and other therapeutic modalities as indicated.

11. Feeding and Eating Disorders

Reading Assignment: Textbook of Psychiatry, Chapter 11

Module: [Module 11: Feeding and Eating Disorders](#)

Learning Objectives:

- a. The student will be able to achieve the following objectives as they relate to the treatment of feeding and eating disorders.
 - i. Recognize and be able to discuss the etiology, diagnosis and management of the following disorders and syndromes:
 - a) Pica
 - b) Rumination Disorder
 - c) Avoidant/Restrictive and Intake Disorder
 - d) Bulimia Nervosa
 - e) Binge Eating Disorder
 - f) Anorexia Nervosa
 - ii. Discuss leading theoretical models of the development of eating disorders.
 - iii. Identify the primary care physician's role in early recognition and prevention of eating disorders.
 - iv. List the medical complications and indications for hospitalization for patients with eating disorders.

12. Personality Disorders

Reading Assignment: Textbook of Psychiatry, Chapter 17

Module: [Module 12: Personality Disorders](#)

Learning Objectives:

- a. The student will achieve the following objectives as they pertain to the etiology, diagnosis and management of patients with pathological personality structure or disorders:
 - i. Describe the DSM-5 theoretical models of personality disorders including trait and dimensional models.
 - ii. Identify proposed neurobiological, genetic, developmental, behavioral and sociological factors which affect the development of personality disorders.
 - iii. Recognize general medical and other psychiatric disorders that may present with personality changes and may be confused with personality disorders.

13. Child Psychiatry and Neurodevelopmental Disorders

Reading Assignment: Textbook of Psychiatry, Chapters 4, 9, 7, and 14

Module: [Module 13: Child Psychiatry and Neurodevelopmental Disorders](#)

Learning Objectives:

- a. The student will describe the process and indications for the psychiatric evaluation of children and adolescents at different developmental stages, including the following:
 - i. Describe common tests in psychometric evaluation.
 - ii. Define the value of data from multiple sources, teachers, parents, other nonphysicians.
 - iii. Describe the history, clinical findings, evaluation, and differential diagnosis for the following and the management of:
 - a) Attention deficit hyperactivity disorder
 - b) Conduct Disorder
 - c) Anxiety Disorder
 - d) Depression in children
 - e) Suicide risk
 - f) Mood disorders associated with physical or sexual abuse or neglect

14. Disruptive, Impulse-Control and Conduct Disorders

Reading Assignment: Textbook of Psychiatry, Chapter 14

Module: [Module 14: Disruptive, Impulse-Control, and Conduct Disorders](#)

Learning Objectives:

- a. The student will demonstrate understanding of the characteristics, clinical findings, and course, be able to describe the general diagnostic features, identify legal issues and risks surrounding treatment of, and be familiar with general guidelines which would dictate need for referral for each of the following diagnoses:
 - i. Oppositional Defiant Disorder
 - ii. Intermittent Explosive Disorder
 - iii. Conduct Disorder
 - iv. Pyromania
 - v. Kleptomania

15. Sexual Dysfunction, Gender Dysphoria and Paraphilias

Reading Assignment: Textbook of Psychiatry, Chapter 13

Module: [Module 15: Paraphilias](#)

Learning Objectives:

- a. The student will show familiarity and knowledge of the normal human sexual response and associated dysfunctions by demonstrating the following:
 - i. Discussing physiological and psychological aspects of normal human sexual behavior and the clinical characteristics of sexual abnormalities, including the following diagnoses:

- a) Disorders of desire, excitement, and orgasm in both males and females
- b) Gender Dysphoria
- c) Paraphilic Disorders
- ii. Discussing accepted treatment and management for the above diagnoses, including the risks and benefits of each.
- iii. Identifying the normal components of the human sexual response cycle.
- iv. Identifying and being familiar with potential treatment options for patients with sexual disorders, including pharmacological and psychotherapeutic treatments and combinations of both.
- v. Recognizing legal and ethical issues often encountered in the treatment of individuals with sexual disorders, including paraphilias and the physician's responsibility related to each.

16. Geriatric Psychiatry

Reading Assignment: Textbook of Psychiatry, Chapter 16

Module: [Module 16: Geriatric Psychiatry](#)

Learning Objectives:

- a. The student will achieve and discuss the following:
 - i. Define the features of cognitive screening evaluation.
 - ii. Describe the presentation and management of depression in the elderly.
 - iii. Identify symptoms of normal aging vs. those of cognitive disorders.
 - iv. Discuss aspects of healthy aging as they pertain to cognitive and emotional health in later life.
 - v. Describe the physician's role in diagnosing, managing, and reporting elder abuse, including legal requirements for reporting of abuse and/or neglect.

17. Psychopharmacology

Reading Assignment: Textbook of Psychiatry, Chapter 21

Module: [Module 17: Psychopharmacology](#)

Learning Objectives:

- a. The student will recognize and describe indications, pharmacokinetics, side effects, toxicity, drug interactions, and appropriate selection and use each of the following:
 - i. Anxiolytics
 - ii. Antidepressants
 - iii. Antipsychotic
 - iv. Mood stabilizers
 - v. Anticholinergic
 - vi. ECT and TMS

18. Psychotherapy (Behavioral, Cognitive and Psychodynamic Treatments)

Reading Assignment: Textbook of Psychiatry, Chapter 20

Module: [Module 18: Psychotherapy](#)

Learning Objectives:

- a. The student will recognize and describe the indications for, the techniques of, and contraindications to the following:
 - i. Psychodynamic therapy
 - ii. Psychoanalysis
 - iii. Cognitive and Behavioral Therapies (CBT, DBT, etc.)
 - iv. Group therapy
 - v. Family therapy
 - vi. Psycho educational interventions

19. Osteopathic Manipulative Treatments in Psychiatric Patients

Learning Objectives:

- a. Identify specific indications and contraindications for OMM in psychiatric patients.
- b. Identify methods to incorporate holistic care in the management of the patient with psychiatric disorders.
- c. Identify special considerations in developing OMM treatment plans for patients with a psychiatric diagnosis and/or abuse history.
 - i. Additional elements of consent
 - ii. Safety of patient and provider
- d. Identify and demonstrate OMM treatment approaches to the care of patients with depression, anxiety, and/or other psychiatric diagnoses.
 - i. Osteopathic techniques reviewed in lab may include any of the following techniques:
 - a) Direct Techniques
 - 1) Scalene ME
 - 2) Trapezius Inhibition
 - 3) Soft tissue and MFR Rib Raising -seated
 - 4) Suboccipital release
 - 5) Venous Sinus Technique
 - 6) MFR Linea Alba
 - 7) Pectoral Traction
 - 8) Direct MFR horizontal diaphragms
 - 9) Sacral Rocking
 - 10) ME Pubic symphysis
 - 11) Direct MFR Pelvic floor
 - b) Indirect Techniques
 - 1) Counterstrain Pectoralis m.
 - 2) CV4
 - 3) Indirect MFR horizontal diaphragms

20. Legal Issues in Psychiatry

Reading Assignment: Textbook of Psychiatry, Chapter 19

Module: [Module 19: Legal Issues](#)

Learning Objectives:

- a. The student will recognize and describe the indications for, the techniques of, and contraindications to the following:
 - i. Recognize the following legal concepts/terms and their relevance to psychiatric practice.
 - ii. Health Accountability and Portability Act (HIPPA)
 - iii. The Tarasoff rule
 - iv. Informed consent
 - v. Medical malpractice and negligence
 - vi. Boundary violations
 - vii. Summarize the general procedure and concept of involuntary commitment including the following:
 - a) General principles and laws affecting involuntary hospitalization
 - b) The physician's role in involuntary hospitalization
 - c) Potential abuse of involuntary hospitalization and legal protections against it.
 - viii. Recognize and understand the involvement of psychiatrists in criminal proceedings including:
 - a) Determination of competency to stand trial
 - b) Criminal responsibility and the criminal retention system
 - c) Mens rea and actus rea
 - d) The M'Naghten standard