# PBSCI

# P-General Psychiatry Subinternship - Spokane

Draft | Spring 2018

#### **Course Information**

Prefix (Required)

**PBSCI** 

Department

Psychiatry and Behavioral Sciences (Seattle)

Course Number (Required)

689

College/School

School of Medicine

Campus

Seattle

Course Title (Required)

Abbreviated Title (Required)

P-General Psychiatry Subinternship - Spokane

P-GEN PSYCH SUBI SPO

First Effective Quarter/Year (Required)

Spring 2018

Last Effective Quarter/Year

#### **Course Description**

Students function as interns under the supervision of house staff and attending psychiatrists. Further development of their diagnostic and therapeutic skills emphasized. Special areas of interest, such as family intervention, substance abuse, psychoses, neuropsychiatry, community psychiatry, administration, research pursued. (Four or six weeks, full-time).

Recommended Preparation

#### **Course Prerequisites**

Satisfactory completion of required psychiatry clerkship; permission of instructor

**General Education Requirements** 

**Elective Lists** 

Anticipated Student Type

Anticipated Enrollment

3-6

# **Proposal Information**

#### Justification (Required)

This course is being created to give medical students an option to take a general psychiatry clerkship in Spokane, WA. This course is a clone of PBSCI 688, but held in Spokane, WA and meets clinical elective requirements for the MD professional program.

#### Administrative Contact Information (Required)

Gayle Schneider

#### **Credits**

Credit Type (Required)

Range

Range Credits (Required)

8to16

Multiple, Range or 0 Credit Comment

Repeatable Credit

## **Activities and Hours**

In-classroom Instructional and Additional Hours (Required)

Hours/Week

Lecture

**Quiz Section** 

Seminar

Laboratory

Studio

Other

40+

**Non-instructional Hours** 

TOTAL

40+

**Explanation and Justification for "Other" Instructional Hours** 

Clerkship, 4 weeks full-time

# **Evaluation Details**

#### **Evaluation Details (Required)**

Students will be evaluated by Attendings, Fellows, Residents, and other healthcare providers.

# **Distance Learning**

**Distance Learning** 

**Distance Learning** 

# **Grading System**

### **Grading (Required)**

Standard or Credit/No Credit grading

Prior course in the sequence is

Sequenced (Hyphenated) Courses

of

# **Scheduling**

#### **Quarters Offered**

Autumn

Winter

Spring

Summer

**Odd or Even Years** 

Not specified

Instructor Name

# **Learning Objectives**

Learning Objectives (Required)

(Insert updated learning objective here)

Curricular	Relationship	0
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Offered Jointly With

**Overlapping Courses** 

**Jointly Offered Course Departments** 

**Overlapping Course Departments** 

**Equivalent Courses** 

Potentially Affected Colleges, Schools, or Departments

**Equivalent Course Departments** 

# **Supporting Documents**

File/Description

# **Administrative Information (Read-only)**

**Added Date** 

**Dropped Date** 

**Date Approved as Distance Learning**