PSYCHIATRY CLERKSHIP LEARNING OBJECTIVES

Lisa Streyffeler, PhD
Assistant Professor & Chair
Department of Behavioral Medicine, Medical Humanities & Bioethics
(515) 271-7846

GENERAL DESCRIPTION

Required Rotation
The required clinical rotation in psychiatry is a minimum of four (4) weeks in duration and is intended to be a structured clinical experience under direct supervision of physicians who assume responsibility for the care of patients. The psychiatry clerkship utilizes a wide variety of clinical settings including adult and child outpatient and inpatient settings. For most students, this will be their only supervised learning experience in Psychiatry. In such a short time, all of Psychiatry cannot possibly be covered. This must, therefore, be considered an introductory experience.

Purpose
Studies show that medical patients regularly present a wide range of psychiatric issues and emergencies to non-psychiatrists. This makes the physician’s office the main site of suicide prevention, psychiatric assessment and risk management. Therefore, the main objective of this rotation is for the student to develop a sufficient base of knowledge and clinical skill to be able to screen for and recognize the presence of common mental disorders in patients, accurately diagnose core psychiatric concerns, suggest appropriate treatment modalities, utilize appropriate consultation, and make effective referrals.

COURSE OBJECTIVES

General Overview
By the end of the clinical rotation, students will be able to:

- Utilize diagnostic criteria to arrive at an accurate diagnosis and describe effective interventions for patients displaying symptoms of several major categories of psychiatric disorders.
- Demonstrate the ability to develop an appropriate and thorough list of differential diagnoses based on information presented by other students
- Perform mental status assessments and psychiatric evaluations while caring for patients who exhibit symptoms of a psychiatric disorder
- Hypothesize the relationship between selected medical conditions and psychiatric symptoms
- Write the results of a comprehensive psychiatric history and evaluation in an accurate, organized and systematic manner
- Orally present psychiatric findings in a clear and effective manner to patients, family members, and appropriate medical personnel
- Design a treatment plan that demonstrates: 1) familiarity with the biological, psychological and social aspects of treatment planning, and 2) awareness of the patient, family and community resources
- Summarize the indications, basic mechanisms of action, common side effects and important drug interactions of each class of commonly used psychotropic medication
- Explain how culture and social context can impact patient illness and treatment
- Demonstrate respectfulness and sensitivity to professional boundaries as a member of a multidisciplinary treatment team
- Describe the legal and ethical issues pertinent to the care of psychiatric patients in both general medical and psychiatric settings and apply these to individual cases
- Analyze the possible impact of one’s own reaction to patients (countertransference) on patient care

Preparation
This rotation builds upon the knowledge base provided in the Behavioral Medicine and Psychiatry courses taken in the first and second years of medical school. Students are strongly encouraged to review this information on the Department of Behavioral Medicine Desire 2 Learn (D2L) site prior to beginning this rotation (see references below) and prior to taking the post-rotation exam. Students are also urged to read chapters 1-6 in the required Psychiatry Clerkship Guide prior to the start of the rotation.
Osteopathic Core Competencies
The clinical and cognitive objectives of this rotation are designed to address the Core Competencies of the Osteopathic Student and Professional developed by the American Osteopathic Association. Specific Core Competencies are noted in parentheses for each major set of objectives as follows: Osteopathic Philosophy and Osteopathic Principles and Practice (OPP), Medical Knowledge (MK), Patient Care (PC), Interpersonal and Communication Skills (ICS), Professionalism (P), Practice-Based Learning and Improvement (PLI), and Systems-Based Practice (SBP).

Clinical Objectives
I. Clinical Interview Skills (MK, PC, ICS, P)
The development of an effective interview style is basic to the practice of medicine and is fundamental to psychiatry since it is the major source of clinical information in the discipline. In their interactions with patients, students are expected to demonstrate the ability to:
- Listen carefully and communicate clearly (ICS)
- Identify the patient’s verbal and non-verbal presentation of information (MK, PC)
- Establish rapport with children, adolescents, adults, elderly patients and those who are culturally diverse (ICS)
- Demonstrate an empathic, compassionate, non-judgmental attitude toward all patients regardless of their problems, personal characteristics or cultural background (P)
- Utilize open and closed-ended approaches in their questioning style (ICS)
- Utilize silence and facilitating comments appropriately (ICS)
- Form a working alliance that enables the patient to share sensitive, potentially embarrassing and shame-inducing information (PC, ICS)
- Demonstrate appropriate probing skills and gentle confrontation of a patient (ICS)
- Recognize, and appropriately manage, transference and countertransference in patient interactions (PC, P)

During the clerkship, students will interview one (1) patient with health risk-taking behaviors (e.g., smoking, drinking, drug use, eating disorder, self-harm, non-cooperation with psychiatric recommendations) utilizing motivational interviewing techniques designed to facilitate behavioral change (see Zimmerman et. al. article under Required Texts & Article section below)

II. Assessment & Evaluation (MK, PC, ICS, PLI, SBP)
a. Mental Status Examinations
During the clerkship, students will:
- Conduct two (2) brief mental status exams and one (1) complete Mental Status Examination on patients with as wide a range of ages as possible
- Present the findings from these examinations orally and in writing for consultation and critique to the preceptor or other designated mental health professional

b. Psychiatric History & Evaluation (OPP, MK, PC, ICS, PL, SBP)
During the clerkship, students will conduct, write-up and present orally for consultation and critique at least one (1) complete psychiatric history and evaluation of a patient that covers all the areas outlined in the required text, Psychiatry Clerkship Guide, Chapter 8.

c. Risk Assessment (MK, PC, ICS, PLI)
During the clerkship, students will conduct and discuss with the preceptor or other designated mental health professional:
- At least two (2) risk assessments from two (2) or more of the following four areas -
  1. Substance Use Disorder evaluation
  2. Suicide, homicide, or self-harm
  3. Depression
  4. History of family/intimate partner violence (e.g., child abuse, incest, domestic abuse, elder abuse) or traumatic experience (e.g., rape, accidents, disasters, genocide, war)
- And at least one (1) assessment from one (1) or more of the following areas: sleep disorders, grief and loss, anxiety, and eating disorders

d. Differential Diagnosis (MK, PC, ICS, PLI)
During the clerkship, students will:
1. Make a differential diagnosis for every patient they interview or observe with their supervising physician using the Desk Reference to the Diagnostic Criteria from DSM-5
2. Interview or observe with the supervising physician, or other designated mental health professional, appropriate patients presenting with as many of the following problem areas as possible:
   a. Neurodevelopmental disorders
   b. Schizophrenia spectrum and other psychotic disorders
   c. Bipolar and related disorders
   d. Depressive disorders
   e. Anxiety disorders
   f. Obsessive-compulsive and related disorders
   g. Trauma- and stressor-related disorders
   h. Dissociative disorders
   i. Somatic symptom and related disorders
   j. Feeding & Eating disorders
   k. Substance-related and addictive disorders
   l. Neurocognitive disorders
   m. Personality disorders
   n. Medication-Induced Movement disorders & other adverse effects of medication
   o. Psychiatric aspects of general medical patients
   p. Psychiatric emergency situations

The focus of these interviews will be on signs, symptoms and history of the presenting concern(s).

III. Treatment Planning & Review
During the clerkship, students will design and present for consultation and critique a treatment plan for at least one (1) patient that demonstrates all of the following:
   • Familiarity with the psychopharmacological, psychotherapeutic and social aspects of treatment planning (MK)
   • Awareness of patient, family and community resources (SBP)
   • Awareness of the importance of on-going risk assessment, prognosis, follow-up and re-evaluation. (PC)

IV. Case Management
By the end of the clerkship students will be able to:
   • Present orally, and in writing, concise and well organized case summaries to supervising physicians, other professional team members, patients, appropriate family members, and referral sources (ICS, SBP)
   • Write complete, accurate and succinct progress notes in a timely fashion using electronic medical records when appropriate and available (P, PC)
   • Write admission and discharge summaries where appropriate (PC, P, PLI)
   • Recognize and evaluate medication side-effects and reactions (MK)
   • Anticipate, recognize, evaluate, and manage common psychiatric emergencies (MK, PC, PLI)
   • Demonstrate necessary safety measures in working with psychiatric patients (PC)
   • Evaluate the effectiveness of ongoing treatment (MK, PC)
   • Develop patient follow-up plans and periodic reassessment schedules (PC, PLI)
   • Conduct ongoing risk assessment screenings (PC, P)
   • Demonstrate a working knowledge of the psychiatric health care delivery system (MK, SBP)
   • Discuss important issues related to making referrals to appropriate community agencies, clinics and other mental health professionals (P, SBP)
   • Discuss important issues related to the appropriate termination and transfer of psychiatric patients (MK, P, SBP)

V. Professionalism & Ethics
Students are expected to demonstrate the ability to:
   • Be punctual and available to staff and patients, as delineated by the preceptor (P)
   • Maintain role-appropriate appearance, demeanor, behavior and relationships with staff and patients (P)
   • Work cooperatively within a multidisciplinary team framework (P, SBP)
• Reliably complete tasks and assignments (P)
• Demonstrate commitment to the confidential nature of mental health information (MK, P)
• Actively seek and utilize case consultation and supervision (P, SBP)
• Be receptive to suggestions and change behavior in response to feedback from supervisors, staff and, when appropriate, patients (P, SBP)
• Recognize and appropriately address signs of stigma within patients and/or family members related to having a mental disorder

During the clerkship, students will prepare and orally present for discussion with their preceptor or other designated mental health professional one (1) case study of a common ethical issue in psychiatry.

**Required Readings – Cognitive Objectives** (MK)
The clerkship rotation is primarily a clinical experience that requires the integration of a substantial body of knowledge and the development of skill in its clinical application. Students are expected to read the material listed below, as well as material assigned by their supervising physician, during the rotation. Successful completion of this rotation, and performance on the post-rotation exam, will require comprehension of the material listed below.

**Clerkship Texts & Article (* = main text)**


I. Clinical Interview
   a. Techniques and Special situations
      (*Psychiatry*, Ch. 1)
   b. Behavioral Change
      (*Zimmerman, Stages of Change*)

II. Assessment & Evaluation
   a. Psychiatric Examination, Mental Status & Report
      (*Psychiatry*, Ch. 2)
   b. Diagnostic classification – DSM-5
      (*Psychiatry*, Ch. 1)
   c. Differential Diagnosis – Mental Disorders

Neurodevelopmental Disorders
(*Desk Reference, pp. 17-44; Psychiatry*, Ch. 4)
Schizophrenia & Psychotic Disorders
(*Desk Reference, pp. 45-64; Psychiatry*, Ch. 5)
Depressive Disorders
(*Desk Reference, pp. 93-114; Psychiatry*, Ch. 6)
Bipolar and related disorders
(*Desk Reference, pp. 65-92; Psychiatry*, Ch. 6)
Anxiety Disorders
(*Desk Reference, pp. 115-128; Psychiatry*, Ch. 7)
Obsessive-compulsive and related disorders
(*Desk Reference, pp. 129-140; Psychiatry*, Ch. 8)
Trauma- and stressor-related disorders
(*Desk Reference, pp. 141-154; Psychiatry*, Ch. 9)
Somatic Symptom Disorders, Factitious Disorders and Malingering
(*Desk Reference, pp.161-168; Psychiatry*, Ch. 10)
Dissociative Disorders
(*Desk Reference, pp. 155-160; Psychiatry*, Ch. 10)
Feeding and Eating Disorders
(Desk Reference, pp. 169-176; Psychiatry, Ch. 11)
Sleep-Wake Disorders
(Desk Reference, pp. 181-200; Psychiatry, Ch. 12)
Sexual Dysfunctions, Paraphilias and Gender Dysphoria
(Desk Reference, pp. 201-218, 333-340; Psychiatry, Ch. 13)
Disruptive, Impulse-Control, and Conduct Disorders
(Desk Reference, pp. 219-226; Psychiatry, Ch. 14)
 Substance-Related and Addictive Disorders
(Desk Reference, pp. 227-284; Psychiatry, Ch. 15)
Neurocognitive Disorders
(Desk Reference, pp.285-320, 341-342; Psychiatry, Ch. 16)
Personality Disorders
(Desk Reference, pp. 321-332; Psychiatry, Ch. 17)
Medication Induced Movement Disorders
(Desk Reference, pp. 345-354)

e. End-of-Life Care, Death, Dying & Bereavement
   (Synopsis, Ch. 34)
f. Geriatric Psychiatry
   (Synopsis, Ch. 33)
g. Psychological Testing, Laboratory Tests & Brain Imaging
   (Synopsis, Ch. 5)

III. Treatment Planning & Review
a. Psychotherapy – models (e.g., psychodynamic, cognitive, behavioral, sensorimotor) and formats (e.g.,
   individual, relationship, family, group)
   (Synopsis, Ch. 28)
b. Psychopharmacology
   (Synopsis, Ch. 29)
c. Electroconvulsive Therapy (ECT)
   (Synopsis, Ch. 30)

IV. Case Management
a. Risk Factors & Psychiatric Emergencies
   (Psychiatry, Ch. 18, Synopsis, Ch. 23)

V. Professionalism & Ethics
   (Synopsis, Ch. 36)

Additional Helpful Resources
Des Moines University, D2L sites for Behavioral Medicine, Psychiatry, and Ethics I and II courses

For online DSM-5 related texts, go to: http://dsm.psychiatryonline.org.dmu.idm.oclc.org/dsmLibrary.aspx
DMU has an online subscription to this resource. You will need to use your DMU login information. On campus, you may
also access the DMU LibGuide at http://lib.dmu.edu/su/publichealth/mentalhealth

American Psychiatric Association Education and Training Resources http://education.psychiatry.org/Home


Division, 2016.

If additional video examples of psychiatric interviews would be helpful to you, the University of Nottingham has several
excellent teaching videos posted on YouTube (e.g. https://www.youtube.com/watch?v=ZB28gfSmz1Y) that you may wish
to watch.

For those of you who find whiteboard video teaching useful, you may want to check
out https://onlinemeded.org/psychiatry.  His video on psychiatric pharmacology may be particularly useful for you if you

Revised: 07/19/16
need a review of this area (although remember that this is the presentation by a single internist, and therefore not considered a definitive source in the same way as Sadock’s *Synopsis of Psychiatry* is).

**Implementation**

Course objectives are to be accomplished in a College affiliated hospital or clinical facility, under direct supervision. Basic objectives **must** be covered during the rotation to assure adequate student preparation for Board examinations and other evaluations such as the post-rotation examination. The use of diverse methods appropriate to the individual and the clinical site are encouraged, but patient-centered teaching is optimal.

**Didactic methods to achieve required objectives include:**
- reading assignments
- lectures
- computer-assisted programs (if available)
- student attendance/participation in formal clinical presentations by psychiatric faculty

**Clinically oriented teaching methods may include:**
- specifically assigned and supervised psychiatric case responsibilities
- participation in clinic visits, daily patient rounds and conferences
- supervised and critiqued clinical work-ups of patients admitted to the service
- assigned case-oriented readings and case presentations

**Three levels of achievement are identified:**
- familiarity with a variety of evaluation and treatment procedures through observation and assisting
- proficiency in clinical procedures through actual supervised performance
- awareness of the availability of various evaluation and treatment procedures and their use

**REQUIRED DIDACTIC SEMINAR**

Those rotating in greater Des Moines are required to attend the in-person didactic on campus; those outside the area will attend a separate Skype videoconference session each week. Should you need to miss a week, you must contact Dr. Streyffeler to discuss a makeup assignment.

**EVALUATION**

In addition to completion of the post-rotation examination, students will be evaluated by their attending physician.

**POST ROTATION EXAMINATION**

Des Moines University Department of Behavioral Medicine will require a mandatory, comprehensive examination for students completing their required Psychiatry clerkship rotation during Year 3. The Psychiatry Post-Rotation exam will be available online through the [NBOME website](https://www.nbome.org) and should be arranged, by the student, through the DME’s office, library or clinical education office at each institution. The examination **must be taken on Thursday or Friday during the last week of the rotation.** Passing score for this exam is a COMAT Standard Score of 80. **If the exam is not completed by the last Friday of the rotation, AND the student has not been granted an extension, the student will fail and be required to repeat that specific rotation.**

A remediation COMAT retake exam will be available to those who fail the first COMAT Psychiatry exam. It is the responsibility of the student to contact the Department academic assistant within 48 hours of being notified of an examination failure. The Psychiatry retake examination must be taken within 2 weeks of the date of notification of the initial failure. A standard score of 80 or greater is considered passing on the retake examination. For any passing score on the retake exam, a standard score of 80 will be reported to the office of Clinical Affairs. Failure to complete the retake exam within the specified time period will result in failure of the rotation.

Those failing the retake will be required to complete an **oral remediation exam** conducted by the Department faculty. The student is required to notify the department chair or academic assistant within 48 hours of the failure so that an oral exam can be scheduled. The student is responsible for making all arrangements, including time off from their current rotation as well as travel back to Des Moines University for the oral exam. The **oral remediation exam will be videotaped/recorded.** The final exam grade will be determined by the Department faculty members at the completion of the oral exam. For successful completion of the oral remediation exam a grade of “pass” will be reported to the office of Clinical Affairs. Failure of the oral examination will result in failure of the rotation and the student will need to retake the Psychiatry rotation and retake the NBOME-COMAT Psychiatry post rotation examination.
LEARNING ACTIVITY CHECK LIST

This check list can be used by students and supervising physicians to track completion of specific learning activities outlined above in the Clinical Objectives section. This list does not contain all the objectives for the rotation, and the Clinical Objectives section should be consulted for a more complete listing of all objectives.

I. Clinical Interview Skills
   □ Interview one (1) patient with health risk-taking behaviors utilizing motivational interviewing techniques designed to facilitate behavioral change

II. Assessment & Evaluation
   □ Conduct two (2) brief mental status exams and present the findings orally and in writing for consultation and critique
   □ Conduct one (1) complete mental status examination on a patient with as wide a range of ages as possible and present the findings orally and in writing for consultation and critique
   □ Conduct, write-up and orally present for consultation and critique one (1) complete psychiatric history and evaluation
   □ Conduct and report on two (2) risk assessments from two (2) or more of the following areas:
     ○ Substance abuse evaluation
     ○ Self-harm (including suicidality), and dangerousness
     ○ Depression
     ○ History of family violence (child abuse, incest, domestic abuse or elder abuse) or traumatic experience (rape, accidents, disasters, genocide, war)
   □ Conduct and report on one (1) risk assessment from one (1) or more of the following areas:
     ○ Sleep disorders
     ○ Grief & loss
     ○ Anxiety
     ○ Eating disorders
   □ Make differential diagnosis for every patient interviewed or observed with the supervising physician
   □ With a focus on signs, symptoms and history of presenting problem, interview or observe with the supervising physician, or other designated mental health professional, appropriate patients presenting with as many of the following problem areas as possible:
     ○ Neurodevelopmental disorders
     ○ Schizophrenia spectrum and other psychotic disorders
     ○ Bipolar and related disorders
     ○ Depressive disorders
     ○ Anxiety disorders
     ○ Obsessive-compulsive and related disorders
     ○ Trauma- and stressor-related disorders
     ○ Dissociative disorders
     ○ Somatic symptom and related disorders
     ○ Feeding & Eating disorders
     ○ Substance-related and addictive disorders
     ○ Neurocognitive disorders
     ○ Personality disorders
     ○ Medication-Induced Movement disorders & other adverse effects of medication
     ○ Psychiatric aspects of general medical patients
     ○ Psychiatric emergency situations

III. Treatment Planning & Review
   □ Design and present for consultation and critique a treatment plan for at least one (1) patient that demonstrates: 1) familiarity with the biological, psychological and social aspects of treatment planning, 2) awareness of patient, family and community resources, and 3) awareness of the importance of on-going risk assessment, prognosis, follow-up and re-evaluation

V. Professionalism & Ethics
   □ Prepare and orally present for discussion one (1) case study of a common ethical issue in psychiatry