

PSYCHIATRY CLERKSHIP LEARNING OBJECTIVES

J. Jeffrey Means, M.Div, PhD
Associate Professor & Chair
Department of Behavioral Medicine
(515) 271-1627

Office for Clinical Affairs
515-271-1629
Fax: 515-271-1727

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:

- Recognize the clinical presentation of psychiatric disorders commonly seen in medical practice
- Recognize the effect of medical conditions on psychiatric symptoms
- Know the diagnostic criteria and effective interventions for the major categories of psychiatric disorders outlined in the Diagnostic & Statistical Manual of Mental Disorders–IV–TR (DSM-IV-TR)
- Comfortably perform a short mental status assessment on a variety of patients
- Perform a comprehensive mental status exam & psychiatric evaluation of a patient
- 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
- Work effectively on a multidisciplinary treatment team with respectful professional interactions and boundaries
- Describe the legal and ethical issues pertinent to the care of psychiatric patients in both general medical and psychiatric settings

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 Angel 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 patients (P)
- Utilize open and close-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 with preceptor or other designated mental health professional

b. Psychiatric History & Evaluation (OPP, MK, PC, ICS, PL, SPB)

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 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 abuse evaluation
2. Suicide, homicide, or self-harm
3. Depression
4. History of family violence (child abuse, incest, domestic abuse, elder abuse) or traumatic experience (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. Multiaxial Differential Diagnosis (MK, PC, ICS, PLI)

During the clerkship, students will:

1. Make a multiaxial differential diagnosis for every patient they interview or observe with their supervising physician using the Desk Reference to the Diagnostic Criteria from DSM-IV-TR
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. Autism spectrum disorders
 - b. ADHD
 - c. Cognitive disorders
 - d. Mood disorders
 - e. Anxiety disorders, including PTSD
 - f. Grief & loss
 - g. Dissociative disorders
 - h. Somatoform disorders
 - i. Sexual dysfunctions
 - j. Personality disorders
 - k. Substance abuse
 - l. Dual diagnosis
 - m. Schizophrenia and/or other psychotic disorders
 - n. Psychiatric aspects of medical patients
 - o. Psychiatric emergency

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 biological, psychological 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)

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. There is substantial overlap of content in the readings below, especially in the Mental Disorders material listed in II.d. below. Therefore, students are urged to use the Pocket Handbook as their primary reference, and then supplement their reading with the other required texts and article.

- I. Clinical Interview
 - a. Techniques and Special situations
 - b. Behavioral Change
(Zimmerman, *Stages of Change*)
- II. Assessment & Evaluation
 - a. Definition and recognition of common psychiatric signs and symptoms
(Guide, Chap. 11-16; Pocket, Glossary)
 - b. Psychiatric Examination, Mental Status & Report
(Guide, Chap. 8; Pocket, Chap. 2 & 3)
 - c. Diagnostic classification – DSM-IV-TR
(Desk Reference; Guide, Chap. 7; Pocket, Chap. 1)
 - d. Multiaxial Differential Diagnosis – Mental Disorders
Delirium, Dementia, Amnesic Disorders, Other Cognitive Disorders and
Mental Disorders Due to a General Medical Condition Not Elsewhere
Classified
(Desk Reference, pp.83-104; Guide, Chap. 27; Pocket, Chap. 7, 8 & 9)
Neuropsychiatric Aspects of HIV & AIDS
(Pocket, Chap. 10)
Substance-Related Disorders
(Desk Reference, pp.105-151; Guide, Chap. 26; Pocket, Chap. 11)
Schizophrenia & Psychotic Disorders
(Desk Reference, pp. 153-165; Guide, Chap. 22; Pocket, Chaps. 12 & 13)
Mood Disorders
(Desk Reference, pp. 167-208; Guide, Chap. 23 & 24; Pocket, Chap. 14)
Anxiety Disorders
(Desk Reference, pp. 209-227; Guide, Chap. 25; Pocket, Chap. 15)
Somatoform Disorders, Factitious Disorders and Malingering
(Desk Reference, pp.229-238, 309-310; Guide, Chap. 34; Pocket, Chap. 16)
Dissociative Disorders
(Desk Reference, pp. 239-243; Guide, Chap. 33; Pocket, Chap. 17)
Sexual Dysfunctions, Paraphilias and Gender Identity Disorders

- (Guide, Chap. 20 & 31; Pocket, Chap.18)
- Eating Disorders & Obesity
(Desk Reference, pp. 263-266; Guide, Chap. 21 & 29; Pocket, Chap. 19)
- Sleep Disorders
(Desk Reference, pp. 267-279; Guide, Chap. 19; Pocket, Chap. 21)
- Impulse Control and Adjustment Disorders
(Desk Reference, pp. 281-286; Guide, Chap. 32; Pocket, Chap. 22)
- Personality Disorders
(Desk Reference, pp. 287-297; Guide, Chap. 28; Pocket, Chap. 24)
- Psychological Factors Affecting Medical Condition & Medication Induced
Movement Disorders
(Desk Reference, pp. 300-304; Guide, Chap. 36; Pocket, Chap. 31)
- Infant, Child and Adolescent Disorders
(Desk Reference, pp. 51-81; Guide, Chap. 35; Pocket, Chap. 26)
- e. End-of-Life Care, Death, Dying & Bereavement
(Pocket, Chap. 28)
- f. Geriatric Psychiatry – Assessment, Suicide & Elder Abuse
(Handbook, Chap. 22; Pocket, Chap. 27)
- g. Laboratory tests & brain imaging
(Guide, Chap. 10; Appendices B, C & D; Pocket, Chap. 5 & 6)
- III. Treatment Planning & Review
 - a. Psychotherapy – models (e.g., psychodynamic, cognitive, behavioral, sensorimotor) and formats (e.g., individual, relationship, family, group)
(Guide, Chap. 2 & 3; Pocket, Chap. 29)
 - b. Psychopharmacology
(Guide, Appendix A; Pocket, Chap. 30)
 - c. Electroconvulsive Therapy (ECT)
(Guide, pp. 194-197; also see Index; Pocket, pp. 156, 192, 493-494)
- IV. Case Management
 - a. Risk Factors & Psychiatric Emergencies
(Guide, Chap. 1, 17 & 18; Pocket, Chap. 25)
- V. Professionalism & Ethics
(Guide, Chap. 1-6; Pocket, Chap. 32)

Required Clerkship Texts & Article (* = main text)

Desk Reference to the Diagnostic Criteria from DSM-IV-TR. Arlington, VA: American Psychiatric Association, 2000.

Manley, Myrl (Ed.) Psychiatry Clerkship Guide, 2nd Edition. Philadelphia, PA: Mosby Elsevier, 2007.

*Sadock, Benjamin J. Sadock's Pocket Handbook of Clinical Psychiatry, 5th Edition, Philadelphia, PA: Lippincott Williams & Wilkins, 2010.

Sadock, Benjamin and Virginia Sadock. Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, Tenth¹⁰th Edition. Philadelphia, PA: Lippincott Williams & Wilkins, 2007.

Zimmerman, Gretchen, Cynthia Olsen and Michael Bosworth. "A 'Stages of Change' Approach to Helping Patients Change Behavior." American Family Physician, 61 (5): 1409-16, 2000.

Additional Helpful Resources

Des Moines University, Department of Behavioral Medicine Angel Sites:

[http://angel.dmu.edu/webapps/portal/Behavioral Medicine](http://angel.dmu.edu/webapps/portal/Behavioral%20Medicine)

<http://angel.dmu.edu/webapps/portal/Psychiatry>

[http://angel.dmu.edu/webapps/portal/Introduction to Medical Ethics](http://angel.dmu.edu/webapps/portal/Introduction%20to%20Medical%20Ethics)

[http://angel.dmu.edu/webapps/portal/Medical Ethics & Legal Topics in Medicine](http://angel.dmu.edu/webapps/portal/Medical%20Ethics%20&%20Legal%20Topics%20in%20Medicine)

American Psychiatric Association Education and Training Resources

<http://www.psych.org/MainMenu/EducationCareerDevelopment/MedicalStudents/EducationandTraining.aspx>

American Psychiatric Association. Ethics Primer of the American Psychiatric Association, Washington, DC: American Psychiatric Press, Inc., 2001.

Sadock, Benjamin J. and Virginia A. Sadock. Concise Textbook of Clinical Psychiatry, 2nd Edition, Baltimore, MA: Lippincott Williams & Wilkins, 2004.

Schatzberg, Alan, Jonathan Cole and Charles DeBattista. Manual of Clinical Psychopharmacology, 6th Edition. American Psychiatric Publishing, 2007.

Stead, Latha, S. Matthew Stead, Matthew S. Kaufman. First Aid for the Psychiatry Clerkship, 2nd Edition, McGraw-Hill Medical Publishing Division, 2005.

Wedding, Danny and Margaret Stuber. Behavior & Medicine, 5th Edition, Cambridge, MA: Hogrefe & Huber Publishers, 2010.

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

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. Post-Rotation exams will be available online through the **NBOME website** and should be arranged, by the student, through the DME's office, library or clinical education office at each institution. This exam will provide the student an opportunity to be informed of his or her progress in the clerkship. **The examination must be taken on Thursday or Friday during the last week of the rotation.**

Passing score for the initial exam is **70%**.

Retake exam will be available to those who fail the initial exam; **70%** is the passing score for the retake. The retake is to be taken within 3 weeks of the initial exam date via the DMU Angel website. A score of 70% will be reported to the office of Clinical Affairs for any passing score.

Those failing the retake will be required to complete an **oral exam** with at least two members of the DMU Department of Behavioral Medicine faculty. The student will need to notify the Chair or his or her academic assistant (or contact Clinical Affairs) immediately following the **failure of the retake exam so that an oral exam may be scheduled at DMU**. The final exam grade will be determined by the Department of Behavioral Medicine at the completion of the oral exam. A score of 70% will be reported to the office of Clinical Affairs for any passing score. The student is responsible to make all arrangements, including the scheduling of the exam time with the Department academic assistant (Debra Bustad), scheduling time away from their current rotation, and travel expenses. **The oral exam will be video-taped.**

REQUIRED ASSIGNMENT

As an additional learning resource, students **are required** to view a video depicting five (5) psychiatric cases and case discussions during their Psychiatric Clerkship. For maximum learning, students are urged to review these cases at the start of their clerkship. Directions for accessing these video presentations are available on the Psychiatry Clerkship Angel Site.

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 four areas:
 - o Substance abuse evaluation
 - o Suicide, homicide, and/or self-harm
 - o Depression
 - o 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:
 - o Sleep disorders
 - o Grief & loss
 - o Anxiety
 - o Eating disorders
- Make a multi-axial 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:
 - o Autism spectrum disorders
 - o ADHD
 - o Cognitive disorders
 - o Mood disorders
 - o Anxiety disorders, including PTSD
 - o Grief & loss
 - o Dissociative disorders
 - o Somatoform disorders
 - o Sexual dysfunctions
 - o Personality disorders
 - o Substance abuse
 - o Dual diagnosis
 - o Schizophrenia and/or other psychotic disorders
 - o Psychiatric aspects of medical patients
 - o Psychiatric emergency

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