DES MOINES UNIVERSITY
OSTEOPATHIC AND PODIATRIC MEDICINE ◆ HEALTH SCIENCES

PSYCHIATRY CLERKSHIP LEARNING OBJECTIVES

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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:

i. 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

ii. 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, 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 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 abuse and/or dependence 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. 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. Schizophrenia and/or other psychotic disorders
m. Psychiatric aspects of medical patients
n. 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)
- 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. 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, Amnestic 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
(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/Psychiatry

http://angel.dmu.edu/webapps/portal/Introduction to Medical Ethics

http://angel.dmu.edu/webapps/portal/Medical Ethics & Legal Topics in Medicine

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, 3rd Edition, Baltimore, MA: Lippincott Williams & Wilkins, 2008.

Schatzberg, Alan, Jonathan Cole and Charles Debattista. Manual of Clinical Psychopharmacology, 7th Edition. American Psychiatric Publishing, 2010.

Stead, Latha, S. Matthew Stead, Matthew S. Kaufman. First Aid for the Psychiatry Clerkship, 3rd Edition, McGraw-Hill Medical Publishing Division, 2011.

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. The Psychiatry Post-Rotation exam 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. **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 video-taped/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.

REQUIRED ASSIGNMENT

As an additional learning resource, students **are required** to view video clips 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.

Additional Note: *A new DSM-5 manual is available as of the end of May 2013. Please discuss with your preceptor whether you will be required to work from the DSM-IV-TR or the DSM-5. All references in this document pertain to the DSM-IV-TR. For post-rotation exam purposes, we recommend study of the DSM-IV-TR through the 2013-2014 academic year.*

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
  - Suicide, homicide, and/or self-harm
  - 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 a multiaxial 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:
  - Autism spectrum disorders
  - ADHD
  - Cognitive disorders
  - Mood disorders
  - Anxiety disorders, including PTSD
  - Grief & loss
  - Dissociative disorders
  - Somatoform disorders
  - Sexual dysfunctions
  - Personality disorders
  - Substance abuse
  - Dual diagnosis
  - Schizophrenia and/or other psychotic disorders
  - Psychiatric aspects of medical patients
  - 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