

Clinical Clerkship Curriculum Psychiatry



AUC Clinical Curricula Guide to Duty Hours, Minimum Experience and Procedure Thresholds, Learner to Teacher Ratios, and Recognition

- In all rotations, AUC expects that students will follow the most recent ACGME duty-hour requirements for PGY-1 level residents, as specified for each rotation area.
- In all rotations, AUC expects that students who are required to be on call will be accommodated as required by the ACGME for residents on call.
- Each core rotation will indicate a minimum threshold experience to help prepare the student gain competency.
Psychiatry - Formulate a differential diagnosis based on the findings from the history and mental status examination and identifying the most likely diagnoses.
- Each student must have adequate direct exposure with an attending and/or resident physician during the majority of the rotation. There should be no more than two learners (student and any other learner on the service) per resident or three learners for an attending. Lectures, library, or video are considered direct exposure.
- Each student must have recognition of the site where training is being performed. This includes direct knowledge of the student being trained at the site with written verification and appropriate badging of the student as a visiting student or other appropriate designation.

Psychiatry

Student Core Clerkship Curriculum

Psychiatry is a core clerkship of six weeks duration. All psychiatry core clerkships are conducted at teaching hospitals that have an ACGME accredited residency in psychiatry, or are listed by the ACGME as participating institutions in a psychiatry residency program; at a Federally Qualified Health Center that is listed by ACGME as a participating institution in a psychiatry residency program where parts of the clerkship are conducted in a hospital or outpatient site by board certified psychiatrists; or in the U.K. at a SIFT-approved hospital that has a psychiatry department with certified psychiatrists. An extensive curriculum has been developed and frequently revised.

This curriculum is intended to serve as a basis for instruction to medical students during their core clerkship in psychiatry and is not intended to list or describe every common entity seen during a psychiatry core clerkship. However, it is expected that the student should have exposure to a wide range of psychiatric conditions commonly encountered in the hospital or ambulatory setting; and furthermore, should also participate in typical disciplines such as care of the dying, addictionology, and gerontology. It is also anticipated that students will learn through didactic lectures and independent reading the specific issues required to deal with the clinical problems presented. The curriculum is intended to provide a common level of knowledge, proficiency and procedural competency for any student at any site. It incorporates key strategic goals:

1. Vertical integration of basic science and clinical curricula.
2. Competency-based learning and evaluation.
3. Bridging of typical resident curriculum guidelines including ACGME competencies.
4. Adherence to current standards in medical education and the practice of medicine.

COMPETENCIES

Patient Care

Students must develop an appropriate skill set including clinical attitude that will permit them to communicate with, evaluate, and treat patients in a compassionate and ethical fashion, which fosters adequate disclosure of information in a therapeutic atmosphere of health maintenance, healing, and support. Students must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Students should demonstrate specific skills, including:

1. Obtaining a patient's history in a logical, organized and thorough or appropriately focused manner.
2. Performing a physical examination for a patient in a logical, organized, respectful and thorough or appropriately focused manner.
3. Identifying problems with which a patient presents, appropriately synthesizing these into logical clinical syndromes and prioritizing them into a problem list that clearly identifies those that are active versus those that are chronic or resolved.
4. Formulating a differential diagnosis based on the findings from the history and mental status examination and identifying the most likely diagnoses.
5. Using the differential diagnosis to help guide diagnostic test ordering and sequencing and based on performance characteristics of tests selecting the diagnostic studies with the greatest likelihood of providing useful results at a reasonable cost.
6. Interpreting specific diagnostic tests and procedures that are ordered to evaluate patients who present with common symptoms and diagnoses encountered in the practice of internal medicine..
7. Formulating an initial therapeutic plan, explaining to what extent the plan is based on pathophysiologic reasoning and scientific evidence of effectiveness and monitoring the response to therapy.
8. Recognizing when to screen for certain conditions based on age and risk factors and what to do with the screening tests.
9. Consistently observing universal precautions.

Potential Evaluation Methods

Direct observation of history and physical on patient or OSCE, chart review, case presentation, global rating, simulation lab.

MEDICAL KNOWLEDGE

Students must develop an adequate knowledge base in order to recognize and acutely manage and triage emergent psychiatric situations encountered in general medical practice in the office, the inpatient and the emergency room setting. Students must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Students

should be able to define, describe and discuss:

- 1) Core topics for which knowledge is to be demonstrated
 - a) Anxiety disorders
 - i. Include traumatic disorders
 - ii. Adjustment disorders
 - b) Mood disorder
 - i. Depressive
 - ii. Bipolar spectrum
 - c) Substance use disorders
 - i. Appearance of overdose, intoxication, and withdrawal by class of drug.
 - d) Psychotic disorders
 - e) Cognitive disorders
 - f) Personality disorders
 - g) Sexuality
 - i. Sexual counseling in general medical practice
 - ii. Sexual dysfunction
 - iii. Gender identity and disorders identity
 - iv. Paraphilias
 - h) Obesity and eating disorders
 - i) Child development and childhood disorders
 - Recognition of behavioral and physical signs of:*
 - i. Normal development
 - ii. Anxiety, depression, or abuse
 - iii. Developmental lag or arrest
 - iv. Childhood disorders
 - Understand and apply techniques to elicit data:*
 - i. Identifying and interviewing caregivers
 - ii. Interviewing children of different ages
 - iii. Recognition of psychiatric presentation of common medical, neurological, and potentially surgical conditions providing parental guidance.
 - j) Forensic issues
 - i. Competence vs. insanity
 - ii. Duty to report
 - iii. Duty to protect or warn
 - iv. Domestic violence and child protection
 - k) Neuroscience and psychopharmacology
 - i. Psychotropic theory, side effects interactions
 - ii. Psychotropic factors in non-psychiatric medications

- l) Psychiatric emergencies
 - i. Identification and evaluation
 - ii. Management
- m) Medical therapeutics
 - i. Recognition of effects and side effects of psychotropic medications, including the mimicking of medical illness
 - ii. Recognition of psychiatric effects and symptoms produced by common medications
 - iii. Recognition of common drug interactions between psychotropics and psychotropics and other categories of medications
 - iv. Recognition of signs, symptoms, and laboratory findings in overdose, and toxicity of common agents

2) Core cases to know in some detail

- a) Schizophrenia
- b) Anxiety disorder
- c) Dementia
- d) Depression
- e) Bipolar disorder
- f) Substance abuse
- g) Somatoform disorders

Potential Evaluation Methods

Written psychiatric evaluations and progress notes, case presentations, simulations, and global evaluation.

INTERPERSONAL AND COMMUNICATION SKILLS

Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, as well as professional associates. Students are expected to:

1. Develop the skills requisite to use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
2. Prepare and present, written and oral, comprehensive and focused, psychiatric evaluations of inpatient and outpatient cases that include all relevant mental status and personality features.
3. Demonstrate respect for patients' privacy when dealing with protected health information and follow HIPPA standards.
4. Work effectively with others as a member of a health care team, incorporating skills in interprofessional communication and collaboration.
5. Ability to develop a therapeutic and ethically sound relationship with patients.
6. Recognize the importance of patient preferences, perspectives, and perceptions regarding health and illness and strategies to successfully negotiate treatment plans and patient adherence.

7. Recognize specific methodologies for eliciting histories of and gaining patient participation in managing:
- Psychiatric emergencies
 - Child development and child abuse issues
 - Substance abuse issues
 - Mental competency and acceptance of treatment issues

Potential Evaluation Methods

Global evaluation, observation of interviews and clinical simulations.

PROFESSIONALISM

Students must demonstrate a commitment to carrying out the responsibilities as a student and future professional, adherence to ethical principles, and sensitivity to a diverse patient population. Students should develop and demonstrate specific skills, including:

1. Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities.
2. Demonstrate professional behavior in areas of reliability, honesty, responsibility, helpfulness, selflessness, appearance and initiative.

Potential Evaluation Methods:

Observation and rating by attending physicians, residents, nurses, and patients (global rating); OSCE and chart review.

PRACTICE-BASED LEARNING AND IMPROVEMENT

Involves the investigation and evaluation of patient care, appraisal and assimilation of scientific evidence, and improvements in patient care. Students should develop and demonstrate specific skills, including:

1. Analysis, location, evaluation and assimilation of evidence from scientific studies.
2. Demonstration of knowledge of scientific study design and statistical methods.
3. Use of information technology.

Potential Evaluation Methods

Faculty and resident evaluations.

SYSTEMS-BASED PRACTICE

Students must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Students should develop and demonstrate specific skills, including:

- 1) The methods of deductive reasoning, forward thinking and pattern recognition in clinical decision-making.
- 2) How critical pathways or practice guidelines can be used to guide diagnostic test ordering and therapeutic decision-making.
- 3) The indications for testing, range of normal, critical values, pathophysiologic

implications of abnormal results and the relative cost of diagnostic tests and procedures commonly encountered in the practice of internal medicine.

- 4) The basic ethical principles in medicine, including autonomy, beneficence, nonmaleficence, truth telling and confidentiality and respect for autonomy (informed choice).
- 5) The general types of preventive care mental health issues that should be addressed on a routine basis in adult patients and children.
- 6) An approach to the understanding diagnosis, work –up, and treatment of patients with emotional disorder and the differentiation of emotional disorder from medical conditions which produce psychiatric symptomatology.
- 7) The application of knowledge of neuroanatomy, neurophysiology, biochemistry, pathophysiology, pharmacology, microbiology and epidemiology to psychiatric functioning.
- 8) The key sources for obtaining updated information on issues relevant to the medical management of the adult patient and key questions to ask when critically appraising medical articles.

Potential Evaluation Methods

Written psychiatric evaluations and progress notes, case presentations, simulations, global evaluation

Didactic Teaching Sessions

Students are expected to attend regular didactic sessions within the psychiatry department as well as clinical conferences except where clinical urgency dictates an absence. These sessions may include (but are not limited to):

- Clinical rounds on a daily basis
- Team conferences
- Patient group therapy
- Grand rounds
- Lectures for third-year psychiatry students
- Journal clubs on assigned service
- Attending/resident/student team approach, with teacher-learner ratio within ACGME guidelines

Clinical Assignments and Evaluation of Clinical Performance

Regular assignments:

- Specific patients to follow for the duration of their hospital stay, evaluations to be completed under supervision.
- Opportunities to contact and retrieve information from family members and other contacts with information regarding the patient.
- Arranging consultations with other services
- Attendance at team meetings, rounds, and discussion groups which you feel will be useful to them.

Written Assignments:

- Require a comprehensive case write up of one patient a week to be handed in.
- Minimum of 4 write-ups per rotation.
- Progress notes if not permitted in the chart may be done separately and kept in a binder on the unit.
- Prepared forms may be created as Word Files and used in an overwriting fashion on the students laptops and then submitted in paper form or electronically
- Students are to be given access to electronic records for data retrieval and entry as permitted under HIPPA guidelines as these opportunities are available

Work Hours

Students are encouraged to take night call with their team, but must never exceed ACGME duty hour standards for residents in internal medicine.

Resources

- 1) Library
- 2) Internet access and psychiatric data base availability

Final evaluation and outcome measure:

NBME subject exam and attending written evaluation and narrative report.

ADDENDUM

Preparatory General Review for Didactic Evaluation (NBME subject examination)

One's knowledge of psychiatry should approximate that of a general practitioner who will encounter psychiatric issues in terms of office practice, emergency room care, and inpatient care of psychiatric patients and non-psychiatric patients who appear to have psychiatric issues. As psychiatry touches all facets of medical practice one can expect considerable cross over in any psychiatric examination.

Students should be able to differentiate:

- A psychiatric illness from a medical illness with psychiatric presentation
- A medication side effect with psychiatric manifestations whether from a psychotropic medication, a medication given for a non-psychiatric purpose, a drug interaction, a medication overdose, a medication withdrawal
- A normal developmental issue in a pediatric patient from a psychiatric disorder, a childhood psychiatric disorder from a parenting problem
- A psychiatric disorder from a neurological disorder
- Reporting obligations mandated by government regulation

Students should be generally knowledgeable to provide patient counseling on:

- Child developmental issues and psychiatric illnesses
- Medico legal psychiatric issues including competence and mental illness, age of majority and guardianship and power of attorney issues, end of life issues.

- Sexual development and sexual disorders
- Appropriate human behavior in a variety of situations

Students should know how to handle the following clinical situations:

- Suicide, violence, and abuse risk assessment
- Obtunded patients in the ER, what are the common clinical and laboratory findings associated with the different common intoxications
- Substance Abuse, signs of intoxication or overdose
- Side effects and toxic effects of common psychiatric medications versus side effects of non-psychiatric medications, versus disease states in clinical presentations
- Management of an angry, suicidal, agitated, psychotic or non-psychotic patient
- Mental competence
- Assess the need for psychiatric referral or hospitalization
- Assess the need for medical workup in a psychiatric patient
- Whether parent counseling or child counseling is needed in common childhood complaints
- Appropriate professional behavior

Case types to review

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- Anxiety disorders
- Substance abuse
- Major depression versus bipolar depression
- Schizophrenia
- Somatoform disorders
- Behavioral disorders of childhood
- Cognitive disorders

Common Differential Diagnoses

- Key Concept what is added or subtracted from one diagnostic category to differentiate it from other
- Psychosis: schizophrenia, bipolar, cognitive, substance-induced disorder, borderline personality or paranoid personality
- Depression: adjustment disorder, dysthymia, major depressive disorder, bipolar depression, drug-induced, secondary to medical cause or substance or substance abuse disorder, PTSD, secondary to another mental disorder, cognitive disorder, personality disorder
- Anxiety: adjustment disorder, primary anxiety disorder, part of another mental disorder, medical condition, secondary to a medical disorder or substance or substance abuse disorder, cognitive disorder, personality disorder
- Childhood behavioral disorder: ADHD, oppositional defiant disorder, conduct disorder, learning disability, depression, bipolar disorder, mental retardation, childhood psychotic disorder
- Somatoform: somatoform disorder, factitious disorder, malingering, physical disorder with psychological factors, reaction to a physical disease

- Cognitive change: dementia, delirium, focal cognitive deficit, pseudo
- Dementia, substance-induced, depression, bipolar, anxiety disorder
- Substance problem: abuse, dependence, medication side effect, drug interaction