

**SYLLABUS FOR THE PSYCHIATRY CLERKSHIP**  
**\*\*FOR PA STUDENTS\*\***

(9/28/2015)

**I. LEARNING OBJECTIVES**

At the completion of the Psychiatry Clerkship, students should be able to demonstrate mastery of the following attitudes, skills and knowledge:

<b>OBJECTIVE</b>	<b>TAUGHT BY</b>	<b>EVALUATED BY</b>
<b>Attitudes</b>		
1. Students should develop respectful attitudes toward patients with psychiatric disorders, and be able to connect with their underlying humanity.	Orientation Residents & Attendings	Residents & Attending
2. Students should demonstrate effective communication strategies and professional behaviors with patients, families, and other members of the team caring for the patient.	Residents & Attendings	Residents & Attending
3. Students should understand the importance of self-reflection. Students should understand how to identify and manage their internal feelings (countertransference) while retaining a therapeutic stance towards their patients.	Orientation Residents & Attendings	Residents & Attending
4. Students should pay attention to and be able to discuss issues of professional boundary management in the context of the doctor-patient relationship.	Orientation Residents & Attendings	Residents & Attending
<b>Skills</b>		
1. Students should be able to conduct a psychiatric screening interview including chief complaint, history of present illness, past medical history, past psychiatric history, family history, social and developmental history and mental status examination.	Residents & Attendings	Residents & Attending

OBJECTIVE	TAUGHT BY	EVALUATED BY
<b>Skills, cont...</b>		
2. Students should be able to demonstrate mastery of the format of the mental status examination and be able to present individual patient findings from the mental status examination in that format.	Residents & Attendings	Residents & Attending
3. Students should be able to present pertinent initial history, physical examination, and mental status examination in morning work rounds and be able to present pertinent changes in their patient's during subsequent work rounds.	Residents (if student requests)	Residents & Attending
4. Students should be able to write patient data and review pertinent laboratory and other diagnostic findings in the usual medical format.	Residents & Write-up Tutor	Residents & Attending
5. Students should be able to write a bio-psycho-social formulation and a broad multi-axial differential diagnosis.	Residents, Attendings, & Didactics	Attending & Residents
6. Students should be able to write a treatment plan for the patient, including plans for further evaluation to test various diagnostic possibilities.	Residents & Attendings	Attending & Residents
7. Students should be able to write progress notes reflecting pertinent changes in their patient in the patient's chart.	Residents & Attendings	Residents & Attending
8. Students should be aware of the scientific literature in psychiatry and be able to apply it in the care of their patients.	Residents & Attendings	Residents, Attending, and Presentation to Teams

OBJECTIVE	TAUGHT BY	EVALUATED BY
<b>Knowledge</b>		
<p>1. Students should know the major DSM-V signs and symptoms for the following disorders and be able to apply these major criteria in diagnostic interviews. Students should be able to apply the full DSM-V criteria for the following disorders when developing a differential diagnosis for their patient write-ups:</p> <ul style="list-style-type: none"> <li>A. ADHD/Learning Disability</li> <li>B. Adjustment Disorder</li> <li>C. Autism/Pervasive Developmental Disorders</li> <li>D. Bipolar Disorder</li> <li>E. Borderline Personality Disorder</li> <li>F. Eating Disorders</li> <li>G. Delirium</li> <li>H. Dementia</li> <li>I. Dysthymic Disorder</li> <li>J. Generalized Anxiety Disorder</li> <li>K. Major Depressive Disorder</li> <li>L. Obsessive Compulsive Disorder</li> <li>M. Panic Disorder</li> <li>N. Post-Traumatic Stress Disorder</li> <li>O. Schizophrenia</li> <li>P. Substance Abuse &amp; Dependence</li>   <li>Q. Substance Intoxication &amp; Withdrawal</li> </ul>	<p>Psychiatry Faculty Presenters &amp; Facilitators</p>	<p>Residents &amp; Attending</p>
<p>2. Students should be able to state the indications, mechanism of action (where known), and major side effects of the following somatic treatments:</p> <ul style="list-style-type: none"> <li>A. Antipsychotics (both typical agents and atypical agents)</li> <li>B. Antidepressants (selective serotonin reuptake inhibitors, tricyclic antidepressants, and monoamine oxidase inhibitors)</li> <li>C. Benzodiazepines</li> <li>D. Mood stabilizers (Lithium, valproate, carbamazepine)</li> <li>E. Medications for Substance Abuse (Antabuse, Clonidine, Methadone)</li> <li>F. Electroconvulsive Therapy</li> </ul>	<p>Psychiatry Faculty Presenters &amp; Facilitators</p>	<p>Residents &amp; Attending</p>

OBJECTIVE	TAUGHT BY	EVALUATED BY
<b>Knowledge, cont...</b>		
3. Students should be aware of the evidence-base for the efficacy of CBT. Students should understand psychodynamic approaches to treatment.	Psychiatry Faculty Presenters	Residents & Attending
4. Students should have supervised experience in the evaluation and treatment of patients in crisis, often with suicidal ideation.	Attendings/Residents	Residents & Attending
5. Students recognize medico-legal implications of involuntary hospitalizations, obtaining informed consent in a patient with a psychiatric disorder, and confidentiality issues.	Psychiatry Faculty Presenters	Resident & Attending

## II. IMPLEMENTATION

The objectives of the clerkship in psychiatry will be met in the following manner:

### 1. Patient Evaluation

Patient evaluation and work with treatment team is the *central experience* of the clerkship in Psychiatry. Students should evaluate and follow at least 2-4 patients each week.

Each work-up should include:

#### A. INTERVIEW OF THE PATIENT

Students should progress from observing interviews to eventually performing interviews independently. Initial interviews may be conducted in collaboration with an experienced faculty member or resident acting as tutor or clinical preceptor in the same room with the student. Students should continue to seek direct supervision if they or faculty deem this appropriate or if the patient's state suggests direct supervision is indicated.

#### B. MENTAL STATUS EVALUATION

The mental status evaluation should assess mood, affect, psychotic ideation, thought disorder, suicidal and homicidal ideation, insight/judgment and a full cognitive exam.

#### C. PHYSICAL EXAMINATION

The initial physical examination, including neurological examination, should be supervised by a physician who is able to bear medical responsibility for the patient. The write-up of findings should be checked and reviewed with the student by an experienced resident or faculty member. The student should be aware that conducting a physical exam may have unintended meaning for

patients and always have another person present for a full physical examination. If parts of the PE are deleted the student should understand the rationale for not carrying out the examination.

D. COLLATERAL INTERVIEW

A collateral interview with family or significant others is conducted whenever possible to corroborate findings and to aid in treatment planning. Other team members will usually also participate in collateral interviews.

E. WRITTEN PRESENTATION

Students should collaborate with attendings and residents to complete initial and follow-up progress notes on patients they are following.

2. **Presentation to Team**

Students are expected to present at least one concise literature review on a topic to be determined by the attending and the student. A brief summary of the literature review, initialed by the attending, should be handed in at the end of the rotation with the student's write-ups.

3. **Didactic Seminars/ Conferences**

**PLEASE NOTE...** All of the lecture notes, articles, and other presentation materials related to the Psychiatry Clerkship Lecture Series can be found on the Psychiatry Clerkship Homepage on BlueDogs at <https://bluedogs.med.yale.edu>

A. PSYCHOPATHOLOGY

Diagnosis and treatment of psychosis and schizophrenia, mood disorders, anxiety disorders, personality disorders, dementia, delirium, and eating disorders.

B. PSYCHOPHARMACOLOGY

Diagnosis and treatment of common psychiatric disorders in medical patients. Antipsychotics and antidepressants and their side effects in medically ill patients, dementia and delirium.

C. CASE BASED LEARNING

After a case is presented, a group discussion highlights diagnosis, formulation and treatment from a biological, psychological and social perspective.

D. SUBSTANCE ABUSE ASSESSMENT AND TREATMENT

What is substance abuse? What is the physician's role in diagnosis and treatment? Nicotine, alcohol, opiate, cocaine, and marijuana dependencies and other substance of abuse.

E. PSYCHOLOGICAL EVALUATION AND TREATMENT

A series of lectures including (1) Mental Status Examination, (2) Neuropsychological Testing, (3) Psychodynamic Psychotherapy, (4) Cognitive Behavioral Therapy.

G. SELECTED TOPICS

Law & Psychiatry, Depression and the Heart, Sexual Dysfunction, Hypnosis

H. DEPARTMENTAL GRAND ROUNDS - Friday mornings (not in July and August).

I. SERVICE CONFERENCES

Clinical service may have case conferences and intake conferences, especially related to evaluation, assessment and diagnosis and treatment. Other specialized site-specific teaching conferences may be offered.

#### 4. Evaluations

Students will have a written evaluation of their performance by their ward attending and resident (if applicable). These evaluations will be collected and summarized in one final evaluation. The evaluations are completed utilizing the electronic evaluation system used by the Medical School and the PA Program. We emphasize that evaluations are meant to help students only - to reinforce strengths and identify areas for improvement.

### III. RECOMMEND TEXT

Psychiatry, 3<sup>rd</sup> Edition, Janis L. Cutler, Oxford University Press. ISBN 978-0-19-932607-5. \$62.36. eBook. (AN 754152)

**Persistent link to this record (Permalink):** <http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=754152&site=ehost-live>

**Cut and Paste:** "<http://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=754152&site=ehost-live>"

**Database:** eBook Collection (EBSCOhost)

First Aid for the Psychiatry Clerkship, A Student-to-Student Guide. Stead, Kaufman, Yanofski (2011, 3<sup>rd</sup> Edition). ISBN 978-0-07-173923-8, \$36.81

### IX. ADDITIONAL RESOURCES

- Clinical Skills Initiative Modules are available through the ADMSEP (Association of Directors of Medical Student Education in Psychiatry) Website on the following topics:
  1. Bipolar Disorder
  2. Personality Disorders
  3. A Case Study of Dementia
  4. PTSD
  5. Adolescent Depression
  6. The Psychiatric Interview

These modules, which include sample patient videos, can be found at the following site:  
<http://www.admsep.org/csi-eModules.php>

\*iPad users will need to download the free Puffin app and open the ADMSEP website in the app.

- The following program from MedEdPortal provides very brief, easy-to-navigate video clips of actors portraying various parts of the MSE:  
<http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf>





PATIENT'S INITIALS	AGE	DIAGNOSES	TYPES OF DISORDERS (check all that apply)				
			Cognitive Disorder	Mood Disorder	Psychotic Disorder	Personality Disorder	Substance Use Disorder

## PORTFOLIO OF CLERKSHIP EXPERIENCES

**The Department of Psychiatry asks that you compile a Portfolio of materials that reflect important learning experiences you have had on the clerkship. Upon the completion of your Psychiatry Clerkship you will need to turn in the following to construct your individual portfolio:**

1. Two work notes, signed by your attending and/or resident
2. Article and/or outline from the presentation you made to your team. Please note that the topic for your presentation should be different from the literature searches related to your patient write-ups.
3. Patient Log Sheet
4. Mid-clerkship Feedback Form

**Students will be eligible for Honors only if they complete their portfolio within two weeks of the end of the clerkship.**

Please turn these materials in at the end of your rotation. The materials should be brought to Jennifer's office at the following address:

Yale University Department of Psychiatry  
300 George Street, Suite 901, Room 27  
New Haven, CT 06511  
203-785-2089; jennifer.dolan-auten@yale.edu

Please be sure to complete evaluations of your attending, resident, and site/service on line at [yale.medhub.com](http://yale.medhub.com)

## PSYCHIATRY CLERKSHIP OUTLINE OF RESPONSIBILITIES

Welcome to the psychiatry clerkship. The following constitutes general guidelines of what is expected of you, and what you should expect from us during your psychiatry clerkship rotation. Although minor variations may exist on different teams and different sites, the basic format will apply to all.

### STUDENTS ARE EXPECTED TO:

1. Follow patients assigned to you by the team (2-4 patients at any time), and report on the progress during ward/attending rounds. Log their diagnoses on the patient log sheet.
2. Complete a history, physical examination and write-up on patients assigned by attendings or residents.
3. Assist residents with routine chores (data-gathering, etc.) necessary for the care of the patient.
4. Write progress notes in the medical record with supervision by treatment team.
5. V Actively participate in the didactic curriculum.
6. Complete and present a concise literature review on a topic determined by the student and the attending.

### During the rotation the students **will not**:

1. Write orders

### THE ATTENDING PHYSICIAN IS EXPECTED TO:

Students should follow a variety of patients including mood disorders, psychotic disorders, personality disorders, and substance use disorders.

1. Attendings should work with the resident to assign patients for the student to follow. A guide is for the student to follow 2-4 patients at any one time.
2. Encourage student participation in rounds by having the student present daily progress reports.
3. Participate with the resident in the process of reviewing student progress notes and co-signing these notes as appropriate.
4. Suggest and discuss reading material relevant to the students' cases. Encourage presentation of this material at rounds when appropriate. **Each student must present one concise literature review on a topic determined by the attending and the student.**
5. Closely observe and facilitate the interactions between housestaff and students.

6. Review the student's progress with team members familiar with their work and discuss the student's progress and level of performance (in person) after two weeks and again at the end of the rotation.

**THE WARD RESIDENT IS EXPECTED TO:**

1. Assign new cases to the students in consultation with the attending. In making these assignments the resident will consider the diagnoses and socio-demographics of the patients the student has already worked with and will select those cases most suitable for advancing the medical education of the student.
2. Discuss with the student a formulation and plan of care for patients assigned to the student.
3. Help the student become fully informed of all developments in that student's cases.
4. Review student progress notes within 24-48 hours of admission and counter-sign notes as appropriate.
5. Suggest specific readings directly relevant to each patient worked up by the student.
6. Discuss each student's level of performance at two weeks and again at the end of the rotation.

## **COGNITIVE TESTING**

Brief cognitive screening tests are routinely used in psychiatry, and several are available for clinical use. Choice of cognitive test may be influenced by patient history, degree of cognitive impairment, the clinical setting, or other factors. Keep in mind that these tests are best used as *screening tools*, giving a clinician a sense of the severity of cognitive impairment as well as allowing the clinician to track cognitive impairment over time. These tests should *not* be considered diagnostic tools nor should they take the place of a thorough diagnostic work-up, as cognitive impairment has many potential etiologies (e.g., dementia, delirium, etc). The most commonly used cognitive screening tests are listed below and examples are included in this packet when possible.

### **Mini-Mental State Exam (MMSE)**

- Well-known and widely-used 30-point test
- Tests orientation, memory, attention, naming, language, visuospatial ability (but not executive function)
- Score  $\geq 25$  considered normal but may be influenced by age/education
- May not be sensitive enough to detect Mild Cognitive Impairment
- Copyright issues

### **Montreal Cognitive Assessment (MOCA)**

- 30-point test
- Tests orientation, memory, attention, language, executive function (clock drawing and Trails B)
- Score  $\geq 26$  considered normal
- Useful for screening for Mild Cognitive Impairment
- No copyright issues

### **Saint Louis University Mental Status Examination (SLUMS)**

- 30-point test
- Tests memory, attention, calculations, language, visuospatial abilities, executive function
- Score  $\geq 27$  considered normal for pts with high school education
- Useful for screening for Mild Cognitive Impairment
- No copyright issues

**MONTREAL COGNITIVE ASSESSMENT (MOCA)**  
Version 7.1 Original Version

NAME :

Education :

Sex :

Date of birth :

DATE :

<b>VISUOSPATIAL / EXECUTIVE</b>									
	<p>Copy cube</p>	Draw CLOCK (Ten past eleven) (3 points)				POINTS			
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]		
						Contour	Numbers	Hands	___/5
<b>NAMING</b>									
							___/3		
[ ]	[ ]	[ ]							
<b>MEMORY</b>	Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.	FACE	VELVET	CHURCH	DAISY	RED	No points		
	1st trial								
	2nd trial								
<b>ATTENTION</b>	Read list of digits (1 digit/ sec.).	Subject has to repeat them in the forward order				[ ] 2 1 8 5 4			
		Subject has to repeat them in the backward order				[ ] 7 4 2	___/2		
	Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors	[ ] FBACMNAAJKLBFAFKDEAAAJAMOF AAB				___/1			
	Serial 7 subtraction starting at 100	[ ] 93	[ ] 86	[ ] 79	[ ] 72	[ ] 65	___/3		
							4 or 5 correct subtractions: <b>3 pts</b> , 2 or 3 correct: <b>2 pts</b> , 1 correct: <b>1 pt</b> , 0 correct: <b>0 pt</b>		
<b>LANGUAGE</b>	Repeat : I only know that John is the one to help today. [ ] The cat always hid under the couch when dogs were in the room. [ ]						___/2		
	Fluency / Name maximum number of words in one minute that begin with the letter F [ ] _____ (N ≥ 11 words)						___/1		
<b>ABSTRACTION</b>	Similarity between e.g. banana - orange = fruit [ ] train - bicycle [ ] watch - ruler						___/2		
<b>DELAYED RECALL</b>	Has to recall words <b>WITH NO CUE</b>	FACE [ ]	VELVET [ ]	CHURCH [ ]	DAISY [ ]	RED [ ]	Points for UNCUED recall only ___/5		
<b>Optional</b>	Category cue								
	Multiple choice cue								
<b>ORIENTATION</b>	[ ] Date	[ ] Month	[ ] Year	[ ] Day	[ ] Place	[ ] City	___/6		
© Z.Nasreddine MD		<a href="http://www.mocatest.org">www.mocatest.org</a>		Normal ≥ 26 / 30		<b>TOTAL</b> ___/30			
Administered by: _____							Add 1 point if ≤ 12 yr edu		

# VAMC SLUMS Examination

Questions about this assessment tool? E-mail [aging@slu.edu](mailto:aging@slu.edu).

Name \_\_\_\_\_ Age \_\_\_\_\_  
Is patient alert? \_\_\_\_\_ Level of education \_\_\_\_\_

\_\_\_\_/1

\_\_\_\_/1

\_\_\_\_/1

\_\_\_\_/3

\_\_\_\_/3

\_\_\_\_/5

\_\_\_\_/2

\_\_\_\_/4

\_\_\_\_/2

\_\_\_\_/8

1. What day of the week is it?

2. What is the year?

3. What state are we in?

4. Please remember these five objects. I will ask you what they are later.  
Apple      Pen      Tie      House      Car

5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.

1 How much did you spend?  
2 How much do you have left?

6. Please name as many animals as you can in one minute.  
1 0-4 animals    2 5-9 animals    3 10-14 animals    4 15+ animals

7. What were the five objects I asked you to remember? 1 point for each one correct.

8. I am going to give you a series of numbers and I would like you to give them to me backwards.  
For example, if I say 42, you would say 24.  
1 87      2 649      3 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.

1 Hour markers okay  
2 Time correct

10. Please place an X in the triangle.

X

X

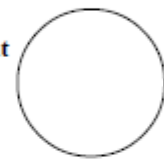
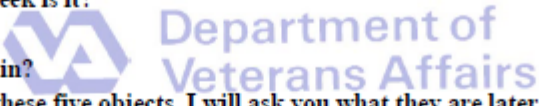
X

1 Which of the above figures is largest?

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.  
Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

1 What was the female's name?  
2 When did she go back to work?

1 What work did she do?  
2 What state did she live in?



TOTAL SCORE \_\_\_\_\_



SCORING			
HIGH SCHOOL EDUCATION			LESS THAN HIGH SCHOOL EDUCATION
27-30	.....	Normal	..... 25-30
21-26	.....	MNCD*	..... 20-24
1-20	.....	Dementia	..... 1-19

\* Mild Neurocognitive Disorder

SH Tariq, N Tumosa, JT Chibnall, HM Perry III, and JE Morley. The Saint Louis University Mental Status (SLUMS) Examination for Detecting Mild Cognitive Impairment and Dementia is more sensitive than the Mini-Mental Status Examination (MMSE) - A pilot study. *J Am Geriatr Psych* (in press).