

# Welcome to Psychiatry

## Junior Psychiatry Clerkship Syllabus

Loma Linda University  
School of Medicine  
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## **GOALS AND OBJECTIVES OF THE PSYCHIATRY CLERKSHIP**

### Goals

The goals of the Psychiatry Clerkship are:

1. To enable the non-psychiatry physician to arrive at a psychiatric clinical diagnosis, to determine the psychiatric needs of the patient, and to decide how those needs might best be met.
2. For the non-psychiatry physician to be able to assess and to become more sensitive to the psychosocial aspects of illness and patient care.
3. To provide an introduction to clinical psychiatry; which may influence some students to enter psychiatry as their specialty choice.

### Psychiatry Objectives

By the end of the Psychiatry Clerkship, the student should:

1. Be able to perform a brief psychiatric evaluation, including a mental status examination, within a one-hour period of time. (This time limit should not be construed to include a physical examination. This time limit also assumes a cooperative patient.)
2. Be able to compose a comprehensive psychiatric evaluation on a patient the student followed on the ward, including a rudimentary discussion of possible contributory psychodynamic factors.
3. Be able to discuss a differential diagnosis (using DSM-IV criteria) when presented with a live patient, a simulated patient, a videotape, or a case history.
4. Know when to refer a patient to a psychiatrist.
5. Be able to recognize the psychiatric manifestations of common medical illnesses and psychiatric complications of medical and surgical therapies.
6. Be able to suggest a treatment plan for major mental disorders, including:
  - a. Additional diagnostic studies
  - b. Psychotropic medications or other somatic therapy
  - c. Psychotherapy: brief, insight-oriented, interpersonal, supportive, psychoanalysis, cognitive, behavioral, individual, group, and family
  - d. Aftercare resources around the Clerkship site
  - e. Family intervention
7. Know the criteria in the State of California for involuntary detention for psychiatric evaluation and treatment.
8. Be able to detect and evaluate suicide risk factors.
9. Be able to suggest appropriate indications for the use of the following types of drugs (with examples of selected medications):
  - a. Antipsychotics
  - b. Antidepressants
  - c. Mood stabilizers
  - d. Anticonvulsants
  - e. Anti-Parkinsonian agents
  - f. Antianxiety agents
  - g. Psychostimulants and modafinil
  - h. Cognitive enhancers
10. Know the signs of toxicity and side effects of the above drugs and appropriate treatment of these.

11. Be able to discuss indications for electroconvulsive therapy (ECT) along with risk/benefits, legal constraints, and treatment parameters.
12. Be able to define and apply the following forensic terms or concepts:
  - a. Competency to refuse treatment
  - b. Informed consent
  - c. Confidentiality
  - d. Obligation to warn
13. Be able to recognize, diagnose, and suggest treatment considerations for alcoholism and other drug-abuse disorders.
14. Be able to recognize and discuss commonly employed psychological defense mechanisms.
15. Be able to describe significant genetic, environmental, and epidemiological factors in major mental illness.
16. In appropriate patients, be able to discuss the role spiritual and/or religious factors may have.
17. The student will participate in the following required actions:
  - a. Evaluation of current psychological stressors and strengths
  - b. Evaluation of faith/religious factors or resources
  - c. Evaluation of community or cultural issues or resources
  - d. Treatment planning by a multidisciplinary treatment team
  - e. Supportive psychotherapy in the context of medication management
  - f. Group psychotherapy
  - g. Electroconvulsive therapy
  - h. Placement of a patient on a 5150
18. Evaluate and consider treatment options for the following patient types:
  - a. Depressive Disorder
  - b. Anxiety Disorder
  - c. Suicidal Ideation
  - d. Personality Disorder
  - e. Bipolar Disorder
  - f. Substance Disorder
  - g. Sleep Disorder
  - h. Somatization Disorder
19. Be able to effectively communicate with patients and patients families
20. Be able to effectively communicate with physicians as part of the medical team
21. Be able to effectively communicate with non-physician health professionals as members of the health care team
22. Be able to explain the importance of race, ethnicity and cultural in clinic seeking mental health treatment
23. Address the basic scientific and ethical principles of clinical and transitional research and the methods for conducting such research
24. Be able to discuss diagnosis, prevention, appropriate reporting or treatment of the medical consequences of the following societal problems:
  - a. Alcohol
  - b. Child Abuse
  - c. Domestic Violence
  - d. Drug Abuse
  - e. Homelessness
  - f. Smoking

## School of Medicine Objectives

### **1. Medical Knowledge and Clinical Reasoning**

*Students will continue to improve their knowledge base in the biomedical sciences and will learn how to apply this knowledge to effective patient care.*

- a. Continue to acquire sufficient clinical and basic science knowledge to pass USMLE Step II Clinical Knowledge and provide competent patient care under supervision.
- b. Develop diagnostic reasoning and analytic problem-solving skills in order to establish appropriate diagnoses and treatment plans.
- c. Demonstrate the ability to use medical knowledge and information obtained from the medical history, physical examination and diagnostic studies to establish appropriate differential diagnoses and treatment plans that consider relative risks and benefits;
- d. Determine which laboratory tests and radiographic procedures are appropriate for diagnosing common medical problems and how the use of these tests impact the quality and cost of medical care;
- e. Apply knowledge about relieving pain and principles of end-of-life care to supervised patient care activities in the hospital, outpatient and hospice settings;

### **2. Clinical Skills**

*Students will develop the clinical skills that are integral to the safe and competent practice of medicine.*

- a. Demonstrate ability to obtain an accurate and comprehensive patient-centered medical history;
- b. Perform an organized, accurate and appropriately sensitive physical exam, including the screening physical exam, the disease-specific physical exam and a preventive medicine oriented physical exam;
- c. Demonstrate effective use of technology to retrieve, filter, analyze, manage and use biomedical information and other patient specific information to solve problems and make patient-care decisions or provide education;
- d. Demonstrate sufficient diagnostic skills necessary for success in each of the core clerkships;
- e. Identify the role and importance of translational research and investigation in the care of patients;
- f. Critically analyze and evaluate the source and validity of new basic and clinical science information that applies to the practice of medicine;
- g. Demonstrate proficiency in the clinical activities and technical procedures that are listed in the School of Medicine skills log and departmental skills logs;
- h. Use the scientific method to establish the causation of disease and evaluate the efficacy of traditional and non-traditional therapies;

### **3. Whole Person Care**

*Students understand and apply the University philosophy of wholeness into their personal and professional lives.*

- a. Demonstrate ability to integrate psycho-social and spiritual care with the physical care of patients;
- b. Plan a strategy for wholeness, including implementation of your wholeness strategies;

### **4. Interpersonal and Communication Skills**

*Students will develop effective interpersonal and communication skills that will enable them to effectively interact with peers, faculty, patients and their families and other health care providers, including those from diverse backgrounds (e.g., cultural, ethnicity, gender, generational, socioeconomic and religious). (This outcome addresses the following university outcomes: Students demonstrate effective communication skills in English; Students demonstrate effective use of technology appropriate to the discipline; Students understand the importance of embracing and serving a diverse world; Students demonstrate the importance of collaborating with others within and across disciplines;)*

- a. Demonstrate oral and written communication skills necessary for effective interactions with peers, faculty, patients and their families and other health care providers;

- b. Demonstrate effective use of technology (e.g., database searches, learning management/assessment systems/medical notes/test results);
- c. Demonstrate the ability to incorporate cultural and religious beliefs and practices when addressing medical problems, concerns and anxieties of patients from diverse cultures and socioeconomic backgrounds, including differing approaches to health, wellness and human suffering;
- d. Demonstrate willingness to serve as a member of the health care team and effectively use the contribution that each member of the team can make to a patient's recovery;
- e. Demonstrate respect for differing values, cultures and beliefs, including diversity in sexual orientation, gender, age, race, ethnicity and spirituality of patients, peers, faculty and other health care providers;

### **5. Medical Professionalism**

*Students will develop professionalism in excellence and scholarship, accountability and responsibility and altruistic behaviors. (This outcome addresses the following university outcome: Students understand the importance of integrating LLU's Christ-centered values in their personal and professional lives.)*

- a. Demonstrate accountability and responsibility by acknowledging one's limits in knowledge or ability, demonstrating initiative for own learning and responding to feedback appropriately;
- b. Demonstrate excellence and scholarship through preparedness for educational activities and contributions in small groups;
- c. Demonstrate commitment to values through behaviors, such as, integrity, compassion and teamwork;

### **6. Ethical and Spiritual Foundation**

*Students will integrate ethical and Christ-centered principles of conduct in their personal and professional lives.*

- a. Apply principles of ethical decision-making in the patient care environment;
- b. Demonstrate respectful and ethical conduct in interactions with peers, faculty and patients;
- c. Accept responsibility for upholding ethical and professional standards in one's own life and among one's colleagues;

### **7. Preparation for Lifelong Learning**

*Students develop a commitment to discovery and lifelong learning.*

- a. Initiate independent learning activities to find out "why" and "how" through questioning and extra reading;
- b. Seek relevant information by gathering and interpreting clinical data and research reports;
- c. Demonstrate problem-solving skills by analysis and prioritization of information and proposing reasonable options;
- d. Engage in self-reflection to monitor performance and select educational activities to meet learning needs; Explore career options through elective rotations;

## **METHODS OF ACHIEVING GOALS AND OBJECTIVES**

The Department of Psychiatry expects that all students will achieve the goals and objectives of the Clerkship by attending to the following responsibilities:

1. Caring for a minimum of three psychiatric patients at any one time while on inpatient and C&L rotations and at least four patients per day in ambulatory sites. Such care includes:
  - a. Psychiatric evaluation, including mental status examination, diagnosis, and treatment plan
  - b. Physical exam including neurologic examination where appropriate
  - c. Participation in various treatment modalities
  - d. Writing progress notes under supervision of intern or licensed physician
  - e. Understanding of at least some of the psychodynamic factors operating in his/her patients
2. Attending scheduled Clerkship activities. Students should seek to see as many patients as possible at their assigned site. In most cases, this means remaining at the clinical site until 5 pm or until the time of the scheduled seminar.
3. Participating in night and weekend "on-call" activity as scheduled by the Clerkship office.
4. Participating in scheduled seminars/conferences, both those in the Clerkship seminar series and any required by the specific sites to which a student is assigned.
5. Completing required reading and activity assignments from required textbook.
6. Readings in the recommended textbook.

### **Professional Attributes to be fostered during Psychiatry Clerkship**

- Students will demonstrate excellent and scholarship through preparedness for educational activities such as on-line quizzes, ECT observership, and the OSCE. Small group participation and contribution is expected during live lectures and Journal Club.
- Students must demonstrate commitment to values through behaviors, such as integrity, compassion, teamwork, accountability, and altruism. This commitment is assessed and noted in clinical performance evaluations.
- Students must demonstrate accountability and responsibility by acknowledging one's limits in knowledge or ability, demonstrating initiative for own learning and feedback appropriately. This is assessed in reflection papers, by online quizzes to assess autonomous learning, and on clinical evaluations.

## Course Information

During this six-week period, you will spend one week at an addictions unit, and the rest of your five weeks will be spent at one two-week and one three-week Psychiatry site.

You will be required to complete 1 online quiz on the assigned reading topics. After the week's end the quiz will be removed from online and no credit will be awarded. Quiz questions will come directly out of your required textbook: Andreason and Black Introductory Textbook of Psychiatry, 6th Ed. 2014. All Psychiatry Clerkship students are required to purchase this textbook.

Some rotation basics: Students on inpatient rotations should not wear ties. You will be evaluated on your clinical rotations by your attending (often with input from the residents working with you).

Contacting patients' families: unlike other rotations, before contacting ANYONE (family, friends, spouse) you must have the patient's consent, preferably written in the chart. This is very important.

Call: during the clerkship you will be assigned call. Please refer to your syllabus for expectations on call. Any switching of calls MUST go through Jonelle.

ECT: you will be assigned one morning at ECT. Your rotation is aware that you will be absent from the service for a few hours on the morning of ECT. Prior to ECT please fill out the green question sheet in order to receive full credit. ECT is located at the Outpatient Surgical Center at the FMO. Please wear your white coat (but not scrubs) to ECT.

Attendance: you are allowed one missed day during the clerkship for illness. Any subsequent days off sick must have MD note. Special accommodations are made for funerals. Seminar attendance is MANDATORY. To note, this clerkship used to have lectures on a daily basis from 3-6pm, which nobody was fond of. Moving to an online format has made things a lot better; however, it means that the actual lectures on your schedule taught by live humans are super important to attend.

Miscellaneous: please contact Jonelle for any questions during the clerkship. You may also contact Dr Perea at mperea@my2way.com for urgent issues. You are allowed to take the Thursday before the Mock Board off to study for your examination. Be sure to let your clinical rotations know about this ahead of time. The last thing to cover is texting: please refrain from texting on your phones or pagers during rounds, patient care, and any other teaching times. It is considered disrespectful and could lead to you being asked to put your devices away and negative comments being put in your Dean's Letter.

**Some Basics:** Why do you need to understand how to diagnose and manage psychiatric disease?

1) *You WILL have patients with psychiatric illnesses*

- Annual prevalence of mental health and addictive disorders is 28.1%<sup>1</sup>
- 30-40% of outpatients and up to 30% of inpatients have psychiatric disorders<sup>2,3</sup>

2) *You WILL have to diagnose these patients*

- Only 8 out of 100 patients with a disorder actively seek mental health/addictive services<sup>4</sup>
- Only 5.9% of these patients seek help from mental health professionals<sup>4</sup>

3) *You WILL have to treat these patients*

- The average wait for a psychiatric intake appointment in Los Angeles County is 6-8 weeks<sup>5</sup>
- Of patients who seek help, more than 80% prefer to be treated by their own primary physician<sup>6</sup>

## **Loma Linda University School of Medicine Student Work Hours Policy**

### **Background**

Loma Linda University School of Medicine recognizes the importance of balance and wholeness in student's lives. It is also imperative that students gain valuable clinical experience, which includes caring for patients during night and weekend hours. In addition to the educational value of caring for patients in these hours, it is also essential that students develop professionalism and altruism in learning to put patients' needs ahead of their own. Part of professionalism is for students to develop personal habits (work, study, rest, etc.) that allow them to present themselves for duty prepared to learn and care for patients.

Student safety is of the utmost importance. Students who are too tired to drive home after working will be allowed to use a call room in the hospital to rest until they believe they are safe to drive home.

### **Policy**

In general, students should not work more than interns and residents. Therefore the residency work hour limitations will also apply to students as follows:

1. Students will not work more than 80 hours per week when averaged over four weeks.
2. Students will have one day in seven off, when averaged over four weeks.
3. Students will either be held to the intern limitation of 16 hours maximum work shift, or the senior resident limitation of 24 hours maximum work shift, with an additional 4 hours allowed for handoff of care and educational activities. Clerkship educational committees will designate which of these standards apply to their rotation, and inform the students prior to beginning the rotation.
4. Students should have 8 hours free of duty between work shifts.
5. After a 24 hour shift, students should have 14 hours free of duty.

Work hours activities include patient care and all required educational activities. Studying, reading and academic preparation do not count towards the work hour maximums. Travel time to rotations does not count as work hours. Students may attend church on Saturday or Sunday if student is not assigned to weekend call. Student may switch assigned weekend call with another student if he/she would like to attend church.

Clerkship directors are responsible for monitoring student work hours. Work hour compliance should be confirmed with students at the mid-rotation evaluation, and at the end of the clerkship. Students who believe that they are being asked to violate work hour limitations should first meet with the Clerkship Director. If the clerkship director is not available, or does not address the student's concerns to their satisfaction, they should meet with the Associate Dean for Clinical Education or the Senior Associate Dean for Medical Education.



## Passing the Psychiatry Clerkship: Clinical Evaluation, Quizzes, Tests, and OSCE

### *Clinical Evaluations*

Your overall clinical grade will come from a combination of evaluations from your rotations. You will have two evaluations marked "Site 1" and "Site 2" that correspond with your assigned 2 and 3 week rotations. In order to report grades on a timely basis, it is the responsibility of the student to get their completed rotation evaluation from their evaluating Resident/Attending and turn it in to Jonelle Rodriguez. Students are required to turn in their completed rotation evaluations by the end of the Clerkship to avoid a grade of *In Progress*. To pass the Clerkship, all evaluations must be at or above "Appropriate" or "Marginal." Additionally, there must be no written comments expressing concern about the student's performance on the rotation.

### *Quizzes*

Each week there will be three quizzes online that correlate with the week's assigned readings. The weekly assigned readings and text information can be found in **Supplemental Documents on Canvas**. Failure to complete the three quizzes by the week's end will result in no credit being given and lowering your overall Clerkship grade. All quiz questions are taken directly from your required text book by Andreason and Black. A total of 70% on the quizzes is required to pass the Clerkship.

### *Addictions Test*

After your Addictions rotation, you will be tested with a written examination. If you fail this test you will be given another chance to remediate it to pass the course. However, your original score on the exam will count toward your total grade. All test questions can be found in your online Addictions handout (in **Study Guides**) and online supplementary flashcards are available to help you prepare for the test. A total of 70% is required to pass the Addictions Test.

### *In House Final Examination*

The In House Final is designed to help you prepare for the NBME Subject Examination. The best way to prepare for this test is to study your Psychopathology Notes from Dr. Bolton's course. A total of 70% is required to pass the In House Final.

### *NBME Subject Examination*

At the end of the Clerkship you will take the NBME examination. The Mock Board Guide is available online to help you prepare for this examination (in **Study Guides**). **You are relieved from your rotations on Thursday, the day before your examination to help prepare for the Mock Board.** Your rotation sites will need to be reminded that your last day on site is Thursday on the final week of the Clerkship. A score of 67 or greater is required to pass the Mock Board.

### *OSCE*

The Psychiatry OSCE focuses on your ability to build rapport with your patients while ensuring their safety from self-harm. Your online OSCE Guide (in **Study Guides**) will help to prepare you for the OSCE, which counts for 30% of your clinical grade. Asking your residents on service to watch you interview a patient will also help to prepare you for the OSCE. A "Pass" is required to receive full credit for the OSCE.

## Grades and Ranking

**Grades and Ranking** - Each student will receive:

- **Two scale scores for ranking purposes:** an **academic** score and a **clinical** score
- **One overall grade** (*Honors, High Pass, Pass, Marginal Pass, or Unsatisfactory*)

### How Ranking Works:

- Your academic scale score will be comprised of a merge of tests:
  1. The cumulative percentage correct on your quizzes (including ECT worksheet)
  2. The Addictions week exam
  3. The In-house Final exam
  4. The Psychiatry Subject Exam
- Your clinical scale score will be a computation based on:
  1. Your clinical performance evaluations (70%), and
  2. Your OSCE performance (30%)

### How Grades Work:

#### *Requirements for a High Passing Grade*

Each student must:

- Demonstrate satisfactory **clinical performance** (defined below)
- Achieve a cumulative percentage of 85-90% for the **quizzes**.
- Achieve a score of 85-90% on the **In-house final exam**.
- Achieve a score of 85-90% on the **Addictions Exam**
- Demonstrate adequate skills on the **OSCE** on the initial examination
- Pass the **Psychiatry Subject Examination** with a score of 80 or greater

#### *Requirements for a Passing Grade*

Each student must:

- Demonstrate satisfactory **clinical performance** (defined below)
- Achieve a cumulative percentage of 75-85% for the **quizzes**.
- Achieve a score of 75-85% on the **In-house final exam**.
- Achieve a score of 75-85% on the **Addictions Exam**
- Demonstrate adequate skills on the **OSCE** (may be re-taken during the Clerkship)
- Pass the **Psychiatry Subject Examination** with a score of 64 or greater

#### *Requirements for a Marginal Passing Grade*

Each student must:

- Demonstrate satisfactory **clinical performance** (defined below)
- Achieve a cumulative percentage of 70% -75%for the **quizzes**.
- Achieve a score of 70%-75% on the **In-house final exam**.
- Achieve a score 70%-75% on the **Addictions Exam** (may be re-taken during the Clerkship)
- Demonstrate adequate skills on the **OSCE** (may be re-taken during the Clerkship)
- Pass the **Psychiatry Subject Examination** with a score of 64 or greater

In **general**, students who fail one Clerkship exam will be allowed to re-take the exam. For the purpose of determining the final grade, the original score on the failed test will be used to calculate the overall grade for the clerkship. Until passing, an *In Progress* grade is given. Prior to starting senior year, an *In Progress* grade must be remediated to a *Pass*. *Those who remediate Mock Boards can only receive a grade of Marginal Pass.* Those who fail a clinical evaluation (rotation evaluation) or more than one exam receive a grade of *Fail*. A failure of the clerkship will result in repeating all or part of the clerkship before being allowed to progress to the senior year and will involve close communication with the Dean's Office. *Deviations from this general rule may be deemed appropriate by the Clerkship Director based on an overall evaluation of the deficits or problems demonstrated by the student.*

### **Honors**

**A grade of "Honors" will be chosen by the clerkship director and will be based on:**

- 1. Excellent Test Scores** (Scoring an 90% or above on the Addictions Test, 90% or above on the In-House Final, 90% or above on the Quizzes and 90 or above on the Subject Exam **OR** a combined Academic Score of 90% or above)
- 2. Passing Clinical Evaluations**
- 3. Conducting oneself in a professional manner in the clinic and the classroom/educational settings**
- 4. Having submitted a high-quality review article or case formulation**

Submission of an article or formulation is necessary but not sufficient to achieve Honors.

Submission of an article or formulation satisfies this eligibility criteria; final determination of honors grades will include consideration of the other aspects listed above.

*Further information on requirements for an adequate case formulation or review article can be found on Canvas*

**The article or formulation must be turned in by the Monday after the end of the clerkship.**

## Psychiatry Clerkship Elements: Rotation Sites and Seminars

### *Rotation Sites and Schedule*

The patient-contact experience of the Psychiatry Clerkship consists of a one-week addictions treatment site experience and five weeks of psychiatry placements: a two-week rotation and a three-week rotation.

### *Mandatory Case Discussion Seminars*

During one week of the Clerkship you will be expected to attend mandatory live Case Discussion Lectures. Failure to attend a live lecture will result in an *In Progress* grade and makeup work assigned in order to pass the Clerkship. Late arrival (>15 minutes after the lecture starts) will result in a required article analysis (see below). Your rotation sites are aware of your need to leave to be on time for these live lectures at the BHI building. These seminars hone your skills in caring for a wide variety of psychiatric problems, some of which you may not have a chance to see on your rotations. Active participation is expected.

### Characteristics of the Article Analysis

You must choose a journal article relevant to the seminar topic. It may be either a review article or a research article. To be acceptable, the article must be:

- Not part of the assigned reading for that seminar
- Directly related to the subject of the seminar being made up
- Relevant to aspects of diagnosis, evaluation, or treatment (ie, not an article on brain PET findings that—although perhaps quite interesting—have no clear implications for current clinical practices)
- Dated no earlier than 2005
- From a peer-reviewed journal (one that is indexed in Index Medicus (Pub Med))

*Analyses of review articles must use this format:*

1. A statement of the problem being discussed
2. A summary of the main points made in the review
3. Your critique of the quality of the review article
4. A discussion of the article's relevance - What are the implications for how we should practice?

*Analyses of research articles must use this format:*

1. Describe the hypothesis being tested or the question the researchers are attempting to answer
2. A description of the methods of the study
3. A critique of the strengths and weaknesses of the methods
4. A description of the study's findings
5. Your conclusions from the study (these may differ from the authors' conclusions)
6. A discussion of the study's relevance - What are the implications for how we should practice?

There is no minimum-length requirement. The analysis will be judged on quality. However, it is very unlikely that a sufficient analysis could be written up in less than three pages. A copy of the article being analyzed must be included with the article analysis.

**If any seminar make-up requirements remain outstanding at the end of the Clerkship, the student will be given a designation of *In Progress*.** Designations of *In Progress* must be resolved prior to beginning the senior year. Requirements for resolution of the *In Progress* designation will be determined on a case-by-case basis. Article analyses are due on the last day of the Clerkship.

## Required Forms and Documentation

### All Students Must Turn In the Following:

#### *ECT Observation Sheets*

All students are required to observe electroconvulsive therapy, one of the most effective therapies available for refractory depression. The completed sheet is to be turned in to the ECT attending Psychiatrist at the time of your observation in order to receive credit. On page 22 you will find the ECT form. It also contains instructions on how to set up the observation experience and a set of questions that must be answered. Answers to the questions are expected to be written on the sheet before your scheduled ECT morning and will be discussed then.

#### *Evaluations and Logs*

The following are to be turned in, preferably by the time of the Subject Exam but no later than 4 PM on the last day of the rotation:

- Patient logs from both Psychiatry sites. The mid-rotation form is used to track the numbers of patients that you have been involved with and is to be turned in at the time of your scheduled Journal Club. The Cumulative Form includes all items on the mid-rotation form as well as all of the patients that you have been involved with after the mid-rotation form was turned in.
- Student evaluations of attendings, residents, sites, and the seminars. An email will be sent to you with these required evaluations to complete by the end of the clerkship.

#### *Reflection Papers*

During your two clinical rotation sites you will be expected to complete reflection papers to help explore your reactions to your patient interactions. *There is no required length or format for these papers.* Please see supplemental documents on Canvas for more information on writing these papers. The best paper in each track will be awarded special commendation in the Dean's Letter documenting exceptional skills.

**If the above documents are not turned in by 2 PM on the final day of the Clerkship, the student will receive a designation of *In Progress* that will remain until the forms are turned in.**

## Psychiatry Observed Simulated Clinical Encounter (OSCE) Introduction and Instructions

### Philosophy Statement

Being a good doctor does not involve just thorough knowledge—it also involves good skills. One of the major purposes of our OSCE is to look at and help you hone one of your most important skills—developing good MD-patient rapport. We look at this OSCE not so much as a “TEST” but as a chance for you to practice, get feedback, and further develop critical skills. **If your skills need a bit more polish, we feel this is the time to do it.** We will ask some of you to take the OSCE a second time and will work with you prior to the second OSCE on improving your skills. **It is amazing how much difference a little added attention to this area can make.**

**You will all pass this OSCE—no one will have “failure” recorded as their final grade for this OSCE.** We will keep working with you until your skills meet our standards even if that requires time spent on remediation of the clerkship.

**Please read the following completely before arriving for your test.**

#### *Description of the OSCE*

In this OSCE, you will interview a Psychiatry resident who is simulating a patient with a complaint of either anxiety or depression. The nature, characteristics, and etiology of the anxiety or depressive symptoms will vary among the simulated patients.

You will have 20 minutes to interview the patient, then 10 minutes to write a progress note, and then will be given feedback on your performance.

#### *Evaluation of Your Skills*

You will be assessed on both the content and the process of your interview. Regarding content, we expect you to inquire about the critical areas necessary to arrive at an appropriate diagnosis and treatment plan. “Process” refers to the manner with which you conduct the interview. The process items you will be evaluated on are:

- Listened attentively to patient’s concerns
- Used sufficient open-ended questions at outset
- Avoided inappropriate use of a checklist
- Conveyed warmth and caring
- Made more than one empathic comment
- Inspired trust and confidence
- Responded appropriately to the emotions of the patient
- Used transitions when changing topics or broaching sensitive areas
- Used language understandable to the patient
- Clearly explained the patient's problem and a treatment plan
- Effectively brought the patient in as a partner in treatment planning

### *Request for an Additional Evaluation of Your OSCE Performance*

You may request to have an independent evaluation of your OSCE performance. Such requests must be made **within one week** of taking the OSCE. Dr. Perea will perform the evaluation unless she was one of the original evaluators, in which case another evaluator will be chosen. The independent evaluator will, without looking at the original evaluator's comments, review the videotape of your performance and perform a separate evaluation.

### *General Policies and Logistics*

You will be notified as to the time of your test several days before the examination is given. Please plan on taking this test when scheduled.

**The time you will be given to arrive is 10 minutes before the start of your exam. Do not be late. If you arrive after your exam begins, you will not be allowed to take the exam.**

### *General Procedure*

Please arrive at the OSCE lab in the Centennial Building at the time you are scheduled. (If you arrive early, please let the Program Coordinator know you are there.) Once you enter the hallway of the OSCE lab, please do not converse with students who have already completed their test.

*No paper or written materials (notes, texts, etc.) will be allowed during any portion of the test except for a blank page you will be given.*

When the first bell rings, you will enter the interview room itself, which will contain the simulated patient. From the moment you enter, please conduct yourself as you would if this were a genuine patient you were meeting for the first time. **Conclude your interview by explaining to the patient your understanding of his/her problem and your treatment plan, including the patient as a partner in treatment planning.** Your interview will be videotaped.

After your interview, you will be asked to sit outside the room for up to 10 minutes. During this time you will write a progress note while your evaluators compare notes and complete your evaluation. You will then be invited back into the room and given your evaluation and feedback.

### *Test Schedule*

The testing time will be divided as follows:

**2-3 minutes** outside of the interview room at the beginning will be allowed for you to organize your thoughts. Please do not communicate with other students during this period.

During this period, you may write notes on the paper provided for this purpose. (These notes must come from your own head and not from any other source, such as printed materials.) A bell will ring to signal that you are to enter the interview room and begin interviewing the patient.

**20 minutes** are then allowed for the actual interview. If you like, you may take notes during your interview of the simulated patient. Paper will be provided for this. A five-minute verbal warning will be given after you have been interviewing for 15 minutes. *This*

*would be a good time to begin your explanations of the patient's problem and your treatment plan if not already begun.* Another bell will ring when your 20 minutes are up.

**10 minutes** will then be provided for you to complete a progress note summarizing your patient encounter. You will be sitting in the hallway during this time and will be given a template to use for this note. During these 10 minutes your evaluators will be discussing your performance and completing their scoring.

**10 minutes** will then be given for your evaluators to call you back into the room and give you feedback on your skills and to give you your score. You will turn in the note to them at that time.

#### *Miscellaneous Issues and Frequently Asked Questions*

1. Do I have to do an MSE? Of course! The MSE begins the moment you first lay eyes on your patient and begin making observations.
2. Do I have to do the cognitive testing portion of the MSE? This you will have to decide on your own. Based on what you have learned in the Clerkship and your assessment of the patient, you must decide how much of a cognitive evaluation is needed.

### **Required Patient Encounter List**

Patient logs are turned in by Wednesday before your subject exam. Any missing required action or patient type (below) will require shadowing the clerkship director on the Thursday prior to your subject exam. Tally your patient experience. A resident or attending must sign off on your patient logs.

1. The student will participate in the following required actions:
  - a. Evaluation of current psychological stressors and strengths
  - b. Evaluation of faith/religious factors or resources
  - c. Evaluation of community or cultural issues or resources
  - d. Treatment planning by a multidisciplinary treatment team
  - e. Supportive psychotherapy in the context of medication management
  - f. Group psychotherapy
  - g. Electroconvulsive therapy
  - h. Placement of a patient on a 5150
2. Evaluate and consider treatment options for the following patient types:
  - a. Depressive Disorder
  - b. Anxiety Disorder
  - c. Suicidal Ideation
  - d. Personality Disorder
  - e. Bipolar Disorder
  - f. Substance Disorder
  - g. Sleep Disorder
  - h. Somatization Disorder



## On-Call Expectations

### 1. General

- A. If two students are on call at a time it is expected that both students will go together to see patients whether at the BMC of other sites, including East Campus Hospital, Loma Linda Medical Center, Loma Linda VA Hospital, etc.
- B. The psychiatry resident on call will assign patients and locations to you. It is expected that you will work with the resident on call
- C. If there is a need to switch call days Jonelle must be informed for the change to be valid.
- D. There is an on-call sheet for every call assignment. It is your duty to fill out the list of patients seen, to have the resident sign this sheet and to turn it in to Jonelle.

### 2. Weekdays

- A. Call begins at 5:00pm, or as soon as the seminar ends, and continues until 11pm. This means that any cases assigned before 11pm need to be completed but that no new cases will be assigned after 11pm.
- B. Go to the BMC as soon as the seminar ends to meet with the resident to obtain your assignment. If the resident is not present, have the resident paged to receive your assignment.

### 3. Weekends

- A. Weekend call is from 8am to 3:30pm. Your call schedule will tell you where to report at the BMC: Adult Unit versus Child and Adolescent Units.
- B. Go directly to your assigned unit and report to the resident on call to see what assistance is needed in preparing for morning rounds.
- C. When done rounding follow the on-call resident to see patients until 3:30pm.