

It is the sole responsibility of the student to check AIMS for schedule updates on a daily basis!

**Northeast Ohio Medical University
College of Medicine**

**Psychiatry Clerkship, 83005
6 Credit Hours
Course Syllabus
AY 2019-20**

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COURSE DESCRIPTION

General Description

The Northeast Ohio Medical University College of Medicine M3 Psychiatry Clerkship is a six-week clinical rotation. The core curriculum is designed to provide for the acquisition of clinical competence and basic knowledge in psychiatry, the development of interpersonal skills and the promotion of attitudes commensurate with high standards of professionalism. A foundation for continued learning and self-improvement will be established, and an awareness of the role of systems within psychiatric practice will be developed. The core competencies will serve as a framework for the educational experiences that include didactics, case conferences, self-directed learning assignments and patient care activities.

Course Type

This course is solely a College of Medicine Course for M3 students taking place at medical facilities under the supervision of clinical site supervisors and their designated staff.

Course Enrollment Requirements

Successful completion of M1 and M2 years of study.

Trainings	Screenings	Immunizations
HIPPA BLS OSHA ACLS Responsible Conduct of Research Human Subjects Research	Criminal Background Check Toxicology Screen TB Test	Hepatitis B, MMR, Tdap, Varicella (required upon matriculation) Flu shot

Call and Work Hours

All students will be assigned to take call a minimum of two times during the six-week rotation.

Call will be under the supervision of the on-call psychiatry resident or faculty member and will take place in the emergency room. The Clerkship Coordinator will assign call schedules and provide information at orientation regarding student responsibilities, sleeping facilities and meal reimbursements. Students on call must be available as required at all times.

In compliance with guidelines established by the Liaison Committee on Medical Education (LCME), students will not be required to work longer hours than residents.

Inpatient Service

Student will be assigned to both inpatient services and to subspecialty experiences, as available. In the interest of continuity, the inpatient service experience will be at least two weeks long. In this setting, the student will be exposed to a wealth of clinical material and gain experience with a wide spectrum of psychiatric disorders. While on the inpatient services, the student will spend time on secure units.

Outpatient Experience

Students based in Akron and at Northcoast Behavioral Healthcare will be assigned on an individual basis to an attending psychiatrist or psychiatry resident and will spend the equivalent of one afternoon with the preceptor. **It is the responsibility of the student to contact the attending/resident to determine a mutually agreeable time for the outpatient experience.**

During the **first week** of the clerkship, the student should contact his/her assigned outpatient preceptor for scheduling purposes. This experience will offer a brief and initial exposure to complex patients in general adult psychiatry who are seen in the outpatient setting.

For students assigned to Heartland Behavioral Healthcare, Mercy Health St. Elizabeth Youngstown Hospital and MetroHealth Medical Center, your site director will discuss with you the possibility of an outpatient experience.

The Psychiatry Clerkship outpatient experience will allow the student to:

- develop expertise in the techniques of the psychiatric interview with particular emphasis on the focused evaluation in addition to the complete history and physical;
- acquire basic factual information with respect to psychopathology and differential diagnosis of psychiatric problems as well as opportunities for health maintenance and illness prevention;
- recognize and understand the role of psychological, social and economic factors in the diagnosis and treatment of each patient's illness;
- develop basic skills in psychiatric decision making which reflect the use of multiple resources including psychologists, therapists, counselors, primary care physicians and family members;
- acquire a sense of the physician's professional role as assumed in an outpatient experience; and
- develop learning skills further, including problem solving, independent study and use of the literature.

Subspecialty Experiences

Akron students will have the opportunity to spend time in selected subspecialty experiences that include Psychiatric Emergency Services, Consultation Liaison Psychiatry, Community Psychiatry and Substance Abuse. Canton and Cleveland students will have the opportunity to spend time on a forensic unit, in a community outpatient setting or on neurology.

COURSE ADMINISTRATION

Dr. Lori Pittinger is Clinical Experiential Director for the Psychiatry Clerkship and in collaboration with Dr. David Sperling, Senior Director of Clinical Experiential Learning, and Dr. Susan Nofziger, Director of M3 Clinical Experiences, provides oversight for the clerkship. In her role as Clinical Experiential Director, Dr. Pittinger is responsible for ensuring that implementation of the Psychiatry Clerkship curriculum is comparable across all teaching sites.



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Hospital Sites and Clerkship Site Directors

The facilities for clinical instruction in the Psychiatry Clerkship are those institutions and residency training programs that have committed themselves to the Northeast Ohio Medical University College of Medicine for participation in the undergraduate training of the NEOMED students.



Lori A. Pittinger, M.D.
Cleveland Clinic Akron General



Florence Kimbo, MD
Heartland Behavioral
Healthcare



Lendita Haxhiu-Erhardt, M.D.
MetroHealth System

Daniel Ionescu, M.D.
Northcoast Behavioral Healthcare



David W. Deckert, M.D.
Summa Health System,
St. Thomas Hospital



Muhannad Kassawat, M.D.
Mercy Health St. Elizabeth
Youngstown Hospital

Orientation

The clerkship begins with orientation focusing on clerkship goals and objectives, student responsibilities, schedules and assessment methods. Students will be provided information on relevant hospital policies and procedures, personnel contact information, meal allowances, if provided, and parking. The orientation will include instruction on the risks of infection, techniques for reducing the spread of infection and site specific hospital protocol to be followed in the event of exposure to an infectious or environment hazard or other injury.

First Day Reporting

First day reporting information varies by clinical site. Please see the AIMS M3 site for first day reporting information.

COURSE GOALS

Course Sequence and Links with College of Medicine Program Courses

This course immerses students in the clinical setting after their first two foundational years of medical education. This course introduces students to multiple medical disciplines in the clinical and simulated setting which prepares them for selecting electives in their M4 year.

Clerkship Goals

The overall goal of the Psychiatry Clerkship is the mastery of basic core competencies that are essential for practice as a competent physician, regardless of career focus. These competencies include the following.

Upon completion of the Psychiatry Clerkship, the student will be able to provide compassionate, effective patient care reflecting the ability to:

- Collect an accurate, thorough database in a timely manner and with utmost comfort to the patient. The database should include:
 - a comprehensive psychiatric history and physical examination,
 - the identification of psychosocial stressors,
 - a thorough mental status examination,
 - laboratory testing,
 - psychological testing, when indicated, and
 - a family interview.
- Analyze and synthesize data using the biopsychosocial model to generate a relevant differential diagnosis according to DSM-5.
- Formulate an initial interdisciplinary treatment plan to include further diagnostic evaluation and patient management strategy.
- Discuss diagnosis and treatment with the patient and/or family.

Core Clerkship Learner Objectives

Upon completion of the clerkship the student will demonstrate knowledge of:

- Signs and symptoms of psychiatric disorders including psychosomatic, organic and substance abuse disorders.
- Biological and psychological testing available and their indications.
- Biological, sociological and psychological theories of etiology.

- Treatment strategies including pharmacotherapy, psychotherapy, electroconvulsive therapy and social interventions.
- Interdisciplinary team approach to patient care.
- Criteria for recognition of the suicidal or homicidal patient.

Upon completion of the clerkship, the student will demonstrate development in the following areas in relation to interpersonal and communication skills:

- Clear, respectful communication with patients, family members and health care providers.
- Use of active listening and empathic, appropriate non-verbal skills in patient interviews.
- Written documentation of patient encounters that is relevant, organized and legible.
- Oral presentation of patient encounters that is logical and organized.
- Establishment of an effective physician/patient relationship.

The student will demonstrate a commitment to professionalism through the development of a set of attitudes and values that reflect:

- A doctor/patient relationship built on a basic acceptance of and concern for the patient with a non-judgmental approach.
- Appropriate behavior and conduct during patient and staff encounters.
- Appropriate appearance and demeanor.
- The importance of monitoring one's own emotional responses to the patient and maintaining objectivity in all professional contacts.
- The need for reliability, responsibility and confidentiality as it relates to all patient contacts and duties.
- A commitment to ethical principles as they relate to patient care.
- An awareness of one's own strengths and limitations and a willingness to incorporate constructive feedback into practice.

Upon completion of the clerkship, the student will demonstrate an awareness and appreciation of the importance of continual assessment and evaluation of patient care practices as evidenced by:

- The use of information technology to further educate and alter patient care practices.
- Knowledge of the design, methods and evidence used in scientific studies.
- The use of critically analyzed, population-based evidence to improve patient care practices.
- The development of patterns of self-directed lifelong learning.

Upon completion of the clerkship, the student will demonstrate knowledge of systems issues that impact psychiatric care as evidenced by:

- An awareness of socioeconomic barriers to care and how to optimize a patient's access to appropriate treatment.
- Participation in a multidisciplinary team approach to patient care.
- Recognition of system complexities and how they affect the delivery of health care.
- Efforts to provide high quality care at reasonable cost to patients.

Instructional Methods/Learning Strategies

A variety of learning strategies will be used during the clerkship to help students achieve their goals. Strategies include but are not limited to:

- Patient encounters (inpatient, private office, clinics, hospice centers)
- Standardized patient encounters
- Teaching rounds
- Small group discussions
- Conferences and lectures
- Practice-based Learning and Improvement (PBLI) Project
- Textbooks

Organized reading and study materials will be available to support learning about assigned subjects and psychiatric problems of assigned patients, and to prepare for comprehensive written examinations. This source material will include enumeration of concepts to be learned and specific details pertinent to these concepts. These materials will be supplemented by conferences and lectures, which may include oral quiz sessions covering the assigned topics and by selective patient assignments appropriate to the curriculum plan.

The net effect of the several avenues instruction is to provide a framework designed to help the student acquire the knowledge of selected subjects in psychiatry, to appreciate the pathophysiologic mechanisms involved, to use the scientific method of problem solving, to develop proficiency in selected basic skills and to develop a professional attitude of responsibility and empathy toward patients. A significant advantage of this overall approach is early development of the capabilities and habits which will support each medical student in a life-long study of medicine.

Pathway Articulation

Not applicable.

Academic Integrated Management System (AIMS)

The on-line learning and collaboration system, Academic Integrated Management System (AIMS) will be used to post all education materials including, but not limited to, course syllabus, schedules, assignments, and instructional materials including any core curriculum lecture videos.

It is the sole responsibility of the student to check for course updates on a daily basis.

COURSE GRADE

Final Grade Determination

Assignment/Assessment	% of Final Grade	Grade Criteria	Type of Feedback	Date Scheduled/Due

Assignment/Assessment	% of Final Grade	Grade Criteria	Type of Feedback	Date Scheduled/Due
Final Grade Report Form <ul style="list-style-type: none"> • Patient Care • Interpersonal and Communication Skills • Knowledge for Practice • Practice-Based-Learning and Improvement • Systems-Based Practice • Professionalism • Interprofessional Collaboration • Personal and Professional Development 	50%	See overall Clerkship Syllabus including (1) behavioral anchors for each rating in each competency element and (2) the formula for final rating/grade	Rubric with Narrative Feedback	Feedback is recorded throughout the clerkship via student evaluation forms. The Clinical Grade will be generated at the conclusion of the course by the clerkship site director submitted to for final review and grade assignment to the Clinical Experience Director.
Clinical Skills Experience Portfolio (CSEP)	0%	Satisfactory completion	Checklist of required activities	Mid-course and end of rotation meeting with Site Director
National Board of Medical Examiners (NBME) subject exam	50%	Fail \leq 68; Pass 69-85; Pass with Commendation \geq 86	Numerical score and Fail, Pass or Pass with Commendation	Last Friday of the course
Total Course	N/A			

Practice-Based Learning and Improvement (PBLI) Project

Students are required to complete a self-directed Practice-based Learning and Improvement (PBLI) Project specific to each clerkship (except Emergency Medicine). PBLI is important because physicians should monitor the quality of their own work, improve their work and keep

up with developments in medicine. PBLI is based on the belief that physicians should be leaders in making change rather than reacting to changes made by others and the belief that positive changes in one's own practice behavior can have positive effects on large systems. Specific examples include: increasing preventive care, improving chronic disease management and enhancing patient safety. See the Clerkship Guide for additional details on PBLI.

Clinical Skill Experience Portfolio (CSEP)

The Internal Medicine Clinical Skills Experience Portfolio (CSEP) is an electronic checklist of clinical experiences developed for the clerkship and designed for students to use to track their progress in developing knowledge and skill in the following areas:

- Diagnoses/Symptoms/Clinical Scenarios
- Physical Examinations
- Procedures/Technical Skills
- Additional Clinical Activities
- Additional Learning Activities

All items listed on the CSEP are required; i.e., students must document exposure to all of the listed experiences. Students are required to submit their CSEP electronically to the Clerkship Site Director for review at both the midpoint and the end of the clerkship. See Appendix D for a complete list of Psychiatry CSEP Requirements.

See instructions below for accessing and entering data into CSEP:

- Links to clerkship-specific content for each CSEP are posted on AIMS M3 Clerkship Site homepage. Follow the link for CSEP and enter your Banner ID number (excluding the @ character and initial zeros);
- Click the fields in which you wish to enter information. Please be sure to mark Patient Type, Setting and Level of Responsibility for each item;
- click **“Submit”** when you have finished.
- You do not need to put in your email address because you will receive a copy automatically whenever you submit.
- To send a copy of your CSEP to your Clerkship Site Director or preceptor, enter their e-mail address at the bottom of the form.
- You can return to the site as often as necessary throughout the rotation to update your entries. All previous entries will be preserved.

Formative and Mid-course Feedback

The Psychiatry Clerkship places emphasis on providing students with continuous feedback on their knowledge, skills and attitudes. Your final grade report form will reflect the feedback provided to you throughout the rotation. A mid-rotation meeting may be scheduled around the middle of the clerkship for you to:

- discuss your performance based on the assessment forms completed by faculty during the week of the rotation and a self-assessment of your performance,
- review clinical progress via your Clinical Skills Experience Portfolio,

- plan activities for the week to match your learning objectives, and
- address any problems or concerns.

An end-of-rotation meeting will be scheduled to:

- discuss your performance since mid-rotation,
- review your Clinical Skills Experience Portfolio,
- review clerkship objectives and your initial learning plan to assess if and how all objectives were met, and
- review your feedback forms.

Narrative Feedback

Summative feedback will be provided on the Final Grade Reporting Form by Site Directors

Course Remediation

Students should refer to the Course Guide for information related to course remediation.

Students who would like to access NEOMED resources available for academic support may contact the Learning Center at 330-325-6758, in the NEOMED Office of Student Affairs.

Remediation contracts may be signed by the Director of M3 Clinical Experiences, however, if a student is referred to CAPP for academic or professionalism issues, the opportunity to remediate will be the decision of CAPP. Students referred to CAPP should continue with their academic program; however, remediation opportunities cannot be approved until they are approved by CAPP.

COURSE TEXTBOOKS AND INSTRUCTIONAL RESOURCES

Required Textbooks and Resources

Reading during the clerkship should include both textbooks and journal literature. Students should read about specific problems encountered with their own patients, as well as subjects of general importance in psychiatry. Specific reading assignments from both text and the periodic literature may be required at the discretion of the Clerkship Site Director or other designees. Specific weekly reading assignments are outlined in Appendix B.

The required textbook for the clerkship is:

Black, DW and Andreasen, NC. Introductory Textbook of Psychiatry. 6th Edition. American Psychiatric Publishing, Inc. 2014. *This book was chosen because of its readability and clarity. It is an excellent introduction to psychiatry.*

ADMSEP Modules

All students are required to complete 14 online ADMSEP modules

<http://www.admsep.org/csi-emodules.php?c=emodules-description&v=y>

Recommended Resources

MedEd Portal Psychiatry Resources:

<https://www.mededportal.org/search/?t=42&t=42.48&t=42.48.212&q=>

COURSE POLICIES

Students should refer to the Clerkship Guide for a full list of Clerkship Course Policies.

COURSE SCHEDULE

Clerkship schedules will be made available to the students on the first day of each clerkship. For reporting instructions, refer to AIMS.

Lectures, Case Conference Series, Morning Report, and Grand Rounds

Students will have access to lectures, either live or recorded, and the opportunity to participate in case conferences, depending on the clerkship site. Students at all sites are required to attend any lectures, conferences or Grand Rounds listed on their schedule for their particular site. Morning Report is required for all Akron students on Tuesday, Thursdays, and Fridays. Clinical case conferences are offered by the Clinical Experiential Director for those students in Akron and will be listed on the schedule.

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Last edited 7/25/19

Appendices

Appendix A. Outline for Patient Workup

Chief Complaint :

In the words of the patient.

History of Present Illness (Onset, Duration, Course)

- Why present now/precipitants/stressors? _____
- When it started? _____
- How long it lasts/frequency? _____
- What is it like? Impact on life? _____

Current Stressors

For episodic illnesses, describe first episode

- Onset: _____
- Participants: _____
- Duration: _____
- Rx response: _____

Psychiatric Review of Systems:

<p>Depression (“Sigecaps”)</p>	<p>General Anxiety</p>
<p>Low mood for < 2 weeks</p> <p>Sleep</p> <p>Interest</p> <p>Guilt/worthlessness</p> <p>Energy</p> <p>Concentration</p> <p>Appetite/weight gain</p> <p>Psychomotor slowing</p> <p>Suicide:</p> <ul style="list-style-type: none"> • hopelessness • plan • access 	<p>Excess worry</p> <p>Restless/edgy</p> <p>Easily fatigued</p> <p>Muscle tension</p> <p>Loss of sleep</p> <p>Organizing/praying</p>
<p>Social Phobia</p>	<p>Specific Phobias</p>
<p>Performance Situations:</p> <ul style="list-style-type: none"> • fear of embarrassment • fear of humiliation • fear of criticism 	<p>Heights</p> <p>Crowds</p> <p>Animals</p>
<p>Body Dysmorphic Disorder</p>	<p>Eating Disorder</p>
<p>Excess concern with appearance or certain part of body</p> <p>Avoidance behavior</p>	<p>Binging/purging/restriction/amenorrhea</p> <p>Perception of body image or weight</p>
<p>Obsessive/Compulsive Disorder</p>	<p>Borderline Personality</p>
<p>Intrusive/persistent thoughts</p> <p>Recognized as excessive/irrational</p> <p>Repetitive behaviors:</p> <ul style="list-style-type: none"> • washing/cleaning • counting/checking 	<p>Fear of abandonment/rejection</p> <p>Unstable relationships</p> <p>Chronic emptiness</p> <p>Low self-esteem</p> <p>Intense anger/outbursts</p> <p>Self-damaging behavior</p>

	Labile mood and impulsivity
Mania (“Giddiness)	Psychosis
Grandiose Increased activity: Goal directed/high risk Decreased judgment Distractible Irritability Need less sleep Elevated mood Speedy talking Speedy thoughts	Hallucinations/illusions Delusions Self-reference: <ul style="list-style-type: none"> • people watching you • people talking about you • message from media Thought blocking/insertion Disorganization: <ul style="list-style-type: none"> • speech • behavior

Post-Traumatic Stress Disorder	Antisocial Personality
<p>Experienced/witnessed event</p> <p>Persistent re-experiencing</p> <p>Dreams/flashbacks</p> <p>Avoidance behavior</p> <p>Hyper-arousal:</p> <ul style="list-style-type: none"> • increased vigilance/concentration • increased startle 	<p>Forensic history:</p> <ul style="list-style-type: none"> • arrests • imprisonment <p>Aggressiveness/violence</p> <p>Lack of empathy/remorse</p> <p>Lack of concern for safety:</p> <ul style="list-style-type: none"> • self • others <p>Childhood conduct disorder</p>
Panic Attacks	
<p>Trembling</p> <p>Palpitations</p> <p>Nausea/chills</p> <p>Choking/chest pain</p> <p>Sweating</p> <p>Fear:</p> <ul style="list-style-type: none"> • dying • going crazy <p>Anticipatory anxiety</p> <p>Avoidance</p> <p>Agoraphobia</p>	

Current Psych Meds

Psychiatric History

Previous Psychiatric Treatment/Counseling/Suicide Attempts/Violence

Previous Diagnosis

Medications/Treatment

Family Psychiatric History

Psychiatric Diagnosis/Visits/Counseling/Suicide Attempts

Substance Use

Suicide Attempts

Medical History

Previous Illnesses and Treatment

Surgeries/Hospitalizations

Head Injury (+/-LOC) and Workup/Imaging or History of Seizures?

Medications

PCP

Review of Systems

Central Nervous

Head & Neck

Cardiovascular

Respiratory

Gastrointestinal

Genitourinary

Musculoskeletal

Dermatologic

Social History

Place of Birth

As a Child (family structure, parents' occupations, relationship with parents, siblings, friends, abuse, trauma)

As a Teen (friends, relationships, school activities, sex, trouble, relationship with parents, trauma)

As an Adult (work, finances, education, relationships, family, goals for future, trends in functioning, military history, spirituality, trauma)

Legal History

Substance Abuse History

Mental Status Examination

Appearance

Behavior

Eye Contact

Psychomotor Activity

Speech

Emotion: Mood and Affect

Thought Process and Thought Content

Perception

Concentration and Memory

Insight and Judgment

Suicidal/Homicidal thoughts/plans/intent

Folstein Mini Mental Status Examination

- | | |
|--|--|
| <input type="checkbox"/> Orientation (10) | <input type="checkbox"/> Immediate Recall (3) |
| <input type="checkbox"/> Time | <input type="checkbox"/> Attention (5) |
| • year | <input type="checkbox"/> Delay Recall (3) |
| • season | <input type="checkbox"/> Naming (2) |
| • month | <input type="checkbox"/> Repetition (1) |
| • date | <input type="checkbox"/> 3-stage command (3) |
| • day | <input type="checkbox"/> Reading (1) |
| <input type="checkbox"/> Place | <input type="checkbox"/> Copying (1) |
| • floor | <input type="checkbox"/> Writing (1) |
| • building | |
| • city | |
| • province | |
| • country | |

Labs

Treatment

(Remember all dimensions: Biological, Psychological, Social. Include acute treatment changes/recommendations along with rationale for each and also include recommendations for any outpatient follow up.)

Outline for the Mental Status Examination

Mental Status Exam:

Alert and oriented x 3

Appearance (*casually groomed and dressed; disheveled; unkempt*)

Behavior (*friendly and cooperative; hostile; guarded*)

Eye contact (*good, fair, poor, occasional*)

Psychomotor abnormalities (*agitated, retarded, WNL*)

Mood (*euphoric, euthymic, dysphoric, depressed, anxious*)

Affect (*full, flat, blunted, restricted*)

Speech (*normal rate, volume and articulation?*)

Thought process (*organized; tangential; loose associations; flight of ideas, disorganized*)

Thought content (*largest part of mental status exam*)

List pertinent positives, then pertinent negatives (*Example: patient preoccupied with interpersonal difficulty*)

Anhedonic + Anxiety + Paranoid (*Cognitive distortions noted. Patient denied: SI, HI and hallucinations*)

Memory (*intact for immediate, recent and remote*)

Concentration (*evaluated via world and serial 7s*)

Knowledge/intelligence (*evaluated by presidents, governor of Ohio*)

Abstraction

Similarities

Reality testing

Potential to act out

Judgment

Insight

Appendix B. Reading Assignments for the Psychiatry Clerkship

Reading during the clerkship should include both textbooks and journal literature. Students should read about specific problems encountered with their own patients, as well as subjects of general importance in psychiatry. Specific reading assignments may be made as part of the individual clerkship sites. The required textbook for the Psychiatry Clerkship is: Black, DW and Andreasen, NC. Introductory Textbook of Psychiatry. 6th Edition. American Psychiatric Publishing, Inc. July 2014. This book was chosen because of its readability and clarity. It is an excellent introduction to psychiatry. The reading assignments for the clerkship are:

Week 1

<u>Chapter</u>	<u>Title</u>
1	Diagnosis and Classification
2	Interviewing and Assessment
3	The Neurobiology and Genetics of Mental Illness
18	Psychiatric Emergencies
21	Psychopharmacology and Electroconvulsive Therapy

Week 2

<u>Chapter</u>	<u>Title</u>
5	Schizophrenia and Other Psychotic Disorders
6	Mood Disorders
7	Anxiety Disorders
8	Obsessive-compulsive and Related Disorders
9	Trauma- and Stressor-Related Disorders

Week 3

<u>Chapter</u>	<u>Title</u>
15	Substance-related and Addictive Disorders
16	Neurocognitive Disorders

Week 4

<u>Chapter</u>	<u>Title</u>
10	Somatic Symptom Disorders and Dissociative Disorders
11	Feeding and Eating Disorders
12	Sleep-Wake Disorders
14	Disruptive, Impulse-control, and Conduct Disorders

Week 5

<u>Chapter</u>	<u>Title</u>
4	Neurodevelopmental (child) Disorders
13	Sexual Dysfunction, Gender Dysphoria, and Paraphilias
19	Legal Issues
20	Behavioral, Cognitive and Psychodynamic Treatments

Week 6

Study!

Appendix C. Mental Health and Primary Care Conference

Drs. Erik Messamore and Erica Stovsky and Chris Paxos, PharmD

Learner Objectives

By the end of this session the student will be able to:

- describe the conditions that lead to premature mortality in patients with serious mental illness
- explain the rationale for using various classes of medications to treat serious mental illness
- outline the adverse metabolic effects of these medications
- explain the importance of primary care to people with serious mental illness

Article Link:

Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes
Diabetes Care, Volume 27, Number 2, February 2004

<http://care.diabetesjournals.org/content/27/2/596.full.pdf> (last accessed March 8, 2017)

Article Link:

Primary Care Issues in Patients with Mental Illness
American Family Physician Volume 78, Number 3, August 1, 2008

<http://www.aafp.org/afp/2008/0801/p355.pdf> (last accessed March 8, 2017)

Psychiatry Case

Mary Jones is a 32-year-old African-American female diagnosed with schizophrenia at age 25. She has been hospitalized on numerous occasions, and in spite of treatment, she has persistent negative symptoms including apathy, social withdrawal and emotional blunting. She has some odd mannerisms and appears distracted as she enters the exam room. Mary has not worked since she was first diagnosed with mental illness. She receives SSI (\$537 monthly) and lives alone in a subsidized apartment near downtown Akron. Recently, her mother, who was her main support system, has been placed in a nursing home following a stroke. Mary's father has diabetes mellitus, type 2 which led to end stage renal disease. He receives hemodialysis. Mary has two older sisters who are busy with their teenage children and trying to adjust to their mother's illness. Mary is a poor historian. She is accompanied by her mental health case manager who answers many of your questions. This is the first time Mary has seen a primary care provider for several years. You note her appearance is disheveled, skin is dry and several cavities are evident on examination. Her case manager reports that Mary smokes about 30 cigarettes daily. It is not believed that she has a history of or currently uses/abuses alcohol or other drugs. She is generally cooperative with the exam, but her verbal and motor responses are slow. The reason for this visit is a follow up to a hospitalization for pneumonia and dehydration and to establish her with a primary care clinician (i.e., a "primary care home"). At the time of her first visit to the clinic her physical exam and laboratory findings are as follows:

- Height = 65"
- Weight = 120 lbs.
- Waist circumference = 30"
- BMI = 20.01
- BP = 120/70
- FBS = 90
- LDL = 110
- HDL = 40
- TG = 125

Because of her incomplete response to earlier trials of several antipsychotics, she was started on clozapine (Clozaril®), and the dose has been slowly titrated to 300 mg. BID over the next twelve months. She has had an excellent response to clozapine. She is no longer apathetic and is much more communicative. Her volunteer job at the local library evolved into a part time paid position. She is able to use public transportation and visits her mother weekly in the nursing home. Her sisters have noticed a significant difference in her behavior, and the three of them are having lunch together once per month. She joined a nearby church and is attending services regularly. She takes great pride in her job and is very pleased with the additional freedom her earned income has provided. However, she is unhappy about her considerable weight gain. She

continues to smoke but has cut down to one pack per day (20 cigarettes) and worries that she will gain even more weight if she cuts down more on her smoking. While she is considerably more active since starting the clozapine, she does not do any regular exercise. She eats mostly fast food and frozen, pre-prepared food.

Her physical exam and laboratory findings at the end of twelve months of treatment are as follows: Height = 65”

- Weight = 162 lbs.
- Waist circumference = 37”
- BMI = 27.01
- BP = 140/90
- FBS = 142
- LDL = 175
- HDL = 32
- TG = 275

She presents to her appointment with a request to change her antipsychotic medication because she does not want to be fat.

Appendix D. Psychiatry CSEP

M3 Clinical Skills Experience Portfolio (CSEP)

Clerkship Required Clinical Activities

Psychiatry

AY 2019-20

At what clinical site is your rotation?

Diagnoses/Symptoms/Clinical Scenarios

In all cases, active participation with real patients is strongly encouraged. Active participation means collecting the history and/or performing the physical exam and/or generating an assessment and plan and/or documenting the encounter and/or presenting the patient.

*Please choose all options that apply for each diagnosis, e.g., if you actively participate in the care of a real patient and complete an online case for a diagnosis, please mark both "patient" and "online case" under "patient type." **All students, at minimum through completion of an online case, must document experience with all diagnoses.** If "patient" is marked in the first column, please also complete the setting (hospitalized or not hospitalized) and level of responsibility (actively participated or observed).*

Abbreviations for the text and online resources

ADMSEP: Association of Directors of Medical Student Education in Psychiatry

MedEd Portal: MedEd Portal Publications Psychiatry <https://www.mededportal.org/search/?t=42&t=42.48&t=42.48.212&q>

ITP: Introductory Textbook of Psychiatry, Donald W. Black, M.D. (6th Edition, 2014)

BatesVG: Bates' Visual Guide-Physical Examination

Bates Guide: Bates' Guide to Physical Examination and History Taking Textbook

AIMS: AIMS cases and videos

	Patient Type		Setting		Level of Responsibility	
	Patient	Online Case	Hospitalized	Not hospitalized	Actively participated in care	Observed
<u>ADHD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Adverse medication reaction</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Agitated patient</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Alcohol/substance abuse</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Altered mental status</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Anxiety disorders</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Autism spectrum disorders</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Bipolar disorder</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Delirium</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Dementia</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Depression</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Dissociative disorders</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Eating disorders</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Obsessive-compulsive disorder</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sleep disorders</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Personality disorders</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Psychotic disorders</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Somatic symptom disorders</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Suicidal ideation</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Trauma disorders</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Exam

Recommended level of responsibility for all below is “perform with supervision.” If patient is marked in the first column, please also document the setting and level of responsibility.

	Patient Type		Setting		Level of Responsibility	
	Patient	Simulated patient	Hospitalized	Not hospitalized	Performed with supervision	Assisted Observed

	Patient Patient	patient Type	hospitalized Setting	hospitalized Setting	supervision Level of Responsibility	Assisted	Observed
Assessment for cognition-Mini mental status exam (MMSE) or similar (PS)	<input type="checkbox"/>	Simulated patient	<input type="checkbox"/>	Not hospitalized	Performed with supervision	<input type="checkbox"/>	<input type="checkbox"/>
Mental status examination (PS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Clinical Activities

	Yes	No
Complete two supervised H and Ps before end of Week Two	<input type="checkbox"/>	<input type="checkbox"/>
Submit case history by end of Week Three (see outline in syllabus)	<input type="checkbox"/>	<input type="checkbox"/>
Submit case history by end of Week Six (see outline in syllabus)	<input type="checkbox"/>	<input type="checkbox"/>

Additional Learning Activities

	Yes	No
Review clerkship goals in syllabus.	<input type="radio"/>	
Clarify and submit rotation personal goals by end of Week One.	<input type="radio"/>	
Review progress on personal goals by end of Week Three.	<input type="radio"/>	
Submit progress on personal goals by end of Week Six.	<input type="radio"/>	
Complete 14 required ADMSEP modules.	<input type="radio"/>	
Review two articles and one clinical case prior to mental health and primary care conference.	<input type="radio"/>	
Complete PBLI presentation.	<input type="radio"/>	
Active participation in care of at least 30 patients.	<input type="radio"/>	
Will have completed end-of-clerkship feedback survey by the deadline.	<input type="radio"/>	

Enter an e-mail address to send someone (e.g., site director) a copy of your log **in electronic form**.

You do not need to put in your email address because you will receive a copy automatically whenever you submit.

Note: Submission of the CSEP to the Clerkship Site Director between Monday and Friday of the final week of the clerkship **is a clerkship requirement**.

E-mail Recipient

Additional E-mail Recipient

With your submission of your CSEP, you attest to the accuracy and validity of its contents. Confabulated or misrepresented information is considered an Honor Code violation.

Submit

Northeast Ohio Medical University