



The Florida State University  
College of Medicine

**BCC 7150**

# **Psychiatry Clerkship**

**2012-2013**

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## Instructors

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### ***Education Director***

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### ***Clerkship Directors***

Campus	Director
Fort Pierce	Dr. Jacob Samander
Daytona	Dr. Wendy Welch
Orlando	Dr. Herndon Harding
Pensacola	Dr. Lawrence Mobley
Sarasota	Dr. John Kieffer
Tallahassee	Dr. Eileen Venable

## Course Overview

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### *Description*

The **Psychiatry Clerkship** is a required six week clinical course that provides third year students with a solid foundation in the fundamentals of the evaluation, diagnosis, treatment, and appropriate referral of patients with mental health disorders. The student will be assigned to one or more preceptors. A variety of learning opportunities are offered in community-based programs at the six Regional Campuses and include inpatient and outpatient psychiatry treatment programs, emergency departments, consultations/liaison services, residential treatment programs, correctional facilities and others.

The goal of the required 6 week Psychiatry rotation is to provide the student with an experience that emphasizes evaluation and treatment in multiple settings. Diverse opportunities at the different campuses provide an extensive array of complementary and enriching experiences as well. For example, students may be exposed to the treatment of coexisting psychiatric and medical illnesses through consultations done in a general hospital. They may likewise gain skills necessary to intervene and treat the most acutely ill patients in urgent care settings, such as the emergency room. ECT may be an additional experience offered on some campuses.

All major psychiatric diagnostic categories will be addressed including: affective disorders, anxiety disorders, psychotic disorders, alcohol and substance abuse disorders, geriatrics disorders, children and adolescent disorders, somatization disorders, oppositional defiant disorder, autism, pervasive developmental disorder, and personality disorders. (Though the focus is primarily on adults, there will be exposure to the care of adolescents and children when possible.) When appropriate, basic science correlations are also addressed.

In the outpatient setting, students will be provided opportunities to both observe and to participate directly in patient care under the supervision of the clerkship faculty psychiatrist. Students at times may follow patients in the hospital setting to

gain an appreciation for the range of severity of psychiatric illnesses and the variety of treatment options that are available to those with severe illness. Learning the skills needed for interventions and treatments done in the most acutely ill patients will be achieved from time spent in emergency rooms and other urgent care areas. Delivery of care to all populations is taught. (Examples include Children, Adolescents, Adults, Elderly, Cultural Diversity as well as special needs populations like the developmentally disabled.) There is also exposure to the diagnosis and treatment of substance abuse and alcoholics.

The students must demonstrate an understanding of how patients with diverse cultures, religions, and belief systems perceive symptoms, diseases, and health care in general. Due to our distributed model, our students will see demographic influences on health care. Students must have self-awareness of any personal biases they may have regarding the delivery of health care in regards to gender, culture, race or any other bias.

The core psychiatry curriculum will be delivered through an Internet based self-study format. A schedule of required readings that address essential topics will be provided. In addition, Clerkship Directors at each regional campus will meet with students a minimum of once every week for case presentations, discussion of required readings and to provide feedback on student performance. These small groups also emphasize the course goals and objectives, demonstrate an understanding of the Diagnostic and Statistical Manual of Mental Disorders 4<sup>th</sup> Edition (DSMIV), and emphasize psychopharmacology and mandatory procedures and diagnosis.

The Education Director, along with the Clerkship Director at each campus will review the Clinical Data Collection System (CDCS) encounters every other week to ensure that students are meeting the psychiatry clerkship objective for a variety of diagnoses, and procedures. It is very important that students record patient encounters in CDCS at least once a week so that this data will be available and current. As this rotation moves to a competency based program becoming proficient in the core competencies is what is important.

As described elsewhere in this syllabus, the criteria for determining the final grade is based on clinical performance as assessed by the clerkship faculty member and the score obtained on the National Board of Medical Examiners shelf examination in psychiatry. The best way to prepare for this examination is to complete all of the required readings and exercises devised by the Psychiatry Education Director and done in consultation with the regional campus Clerkship Directors.

Ethical issues will be discussed on a case by case basis as they present themselves in the clinical setting.

## **Course Components**

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### ***Self - Study Readings***

Specific readings that encompass the most salient features of psychiatry have been developed and are listed on pages 12 through 14 of this syllabus. These assignments are divided into weekly blocks and are structured to maximize the student's understanding of the subject matter over the course of the six-week clerkship.

### ***Self - Study***

Self-study is an essential part of the learning process. Students are responsible for identifying personal gaps in knowledge and for securing the resources needed to address such gaps. These resources include, but are not limited to, textbooks (electronic and hard copy), faculty, and the medical literature.

### ***Clerkship Clinical Experience***

This is an apprenticeship experience with one or more psychiatric clerkship faculty members. Students will follow the same work schedule as their attending physicians, with the exception that students will attend Doctoring 3 (Wednesday afternoons) and the community-based longitudinal course (one half-day per week). Students are expected to perform psychiatric evaluations in their respective clinical settings, as well as the procedure requirements.

### ***Call and Emergency Psychiatry***

The student may have the opportunity to work in the urgent care or emergency setting. Possibilities include general hospital emergency rooms, direct admission centers for inpatient behavioral medicine centers, triage in outpatient facilities, etc. Psychiatry does not have a mandatory call.



## ***Student Work Hours***

Students will adhere to the ACGME rules regarding the workweek, which include working no more than 80 hours per week, no more than 24 hours continuously (except an additional 6 hours may be added to a 24 hour period to perform wrap-up duties). Students will have at least one of every seven days completely free from educational activities or requirements.

## ***Mandatory Diagnosis & Procedures***

A list of mandatory diagnoses and mandatory procedures was developed for the third year psychiatry clerkship based upon the objective of the clerkship and the mission of the FSUCOM. Following review of the CDCS data, it was determined that there are adequate patient numbers at all clinical sites to meet the objectives of the clerkship. Regardless of the setting in which they are seen, students are exposed to a variety of diagnoses, and this was felt to be the most important goal of the clerkship.

\* \* See blackboard and the “12 Easy Steps to Pass Psychiatry” orientation guide for details on grading and due dates; the list is as follows:

<b>Diagnosis (Mandatory)</b>
Major Depression and/or Dysthymia
Bipolar Disorder
Generalized Anxiety Disorder or any Anxiety Disorders (OCD)
Panic Disorder
Schizophrenia or any Psychotic disorders
ADHD adult or child
Substance Disorders
Personality Disorders
Dementia

The diversity in patient diagnoses and the opportunities for procedures that are required to meet clerkship objectives are assured by the Clerkship Director and Education Director, who directly monitors student data through the CDCS electronic patient encounter system on an every other week basis. If a targeted condition is not encountered by the student by the end of week 3, an alternative experience will be arranged.

For the student unable to meet the mandatory diagnoses and/or mandatory procedures requirements, a plan may be implemented to address this shortfall. Possibilities include, but are not limited to: reassigning the student to a different faculty member, identifying specific patients for the student to see, having the student see a standardized patient, assigning the student to a computer (DXR) or paper based case, or assigning the student to read about a patient with the target diagnoses and discussion with faculty. The clerkship director will assist with this if necessary, along with the Education Director.

### ***Procedure Requirement (Mandatory and Must Be Logged into CDCS)***

- 1) Demonstrate proficiency in performing a Mini-mental Status Exam.
- 2) Demonstrate proficiency in performing a Mini-COG Exam.
- 3) Demonstrate proficiency in performing a depression assessment using a Depression Screening Tool.
- 4) Demonstrate proficiency in performing a mental status exam.
- 5) Demonstrate proficiency in performing a medicine review.

The clinical setting's needed to accomplish these objective requirements was discussed above.

Definition used in the CDCS (***Level of Care***)

#### **Inpatient**

A tag along, just observing rounds and not doing anything....**not counted**

Answering questions/Ask questions/offer minimal thoughts.....**minimal**

Involved in the discussion about treatment, write a soap note, writing orders, talking to the nurse/staff about the plan, taking some kind of responsibility for the patient care ...**moderate**

**Moderate** would be following your established patient alone prior to rounding with your attending and then participating on rounds.

Performing a substantial part of the exam ( some or all of the basic components: history of present illness, past psych history, psychosocial history, physical exam, past medical history, review of systems, family history, conclusions, differential diagnosis, treatment plan, etc.)... **maximal**

## Outpatient

Because most preceptor's offices do not have sufficient space for a great deal of independent patient evaluations, even if the student is just a "fly on the wall" but listening and observing an evaluation counts as a **minimal contact**

A **moderate contact** is achieved when the student participates in the evaluation by asking/answering questions, offering therapeutic suggestions concerning treatment, writing a note, prescription.....assuming some independent task about patient care, following an established patient alone and presenting.

The **maximum or comprehensive** contact is made by performing a substantial part of the exam ( some or all of the basic components: history of present illness, past psych history, psychosocial history, physical exam, past medical history, review of systems, family history, conclusions, differential diagnosis, treatment plan, etc.)

## ***Weekly Topics:***

Here is a breakdown of the topics for each of the six weeks located in the Lange: Current Diagnosis and Treatment in Psychiatry, 2<sup>nd</sup> Edition by Ebert, Loosen, Leckman, Nurcombe; McGraw Hill.

### **Week 1**

Chapter 1	Clinical Decision Making in Psychiatry
Chapter 2	Psychiatric Epidemiology
Chapter 3	Psychiatric Genetics
Chapter 4	The Psychiatric Interview
Chapter 9	Psychopharmacologic Interventions
Chapter 12	Diagnostic Formulation, Treatment Planning, and Modes of Treatment in Children and Adolescents
Chapter 18	Mood Disorders
Chapter 31	Intellectual Disability
Chapter 32	Learning Disorders
Chapter 33	Motor Skills Disorder and Communication Disorders
Chapter 34	Autism and the Pervasive Developmental Disorders
Chapter 35	Attention-Deficit/Hyperactivity Disorder
Chapter 49	Consultation-Liaison Psychiatry

### **Week 2**

Chapter 13	Preventative Psychiatry
Chapter 19	Anxiety Disorders
Chapter 20	Posttraumatic Stress Disorder and Acute Stress Disorder
Chapter 21	Obsessive-Compulsive Disorder
Chapter 36	Oppositional Defiant Disorder and Conduct Disorder
Chapter 37	Substance-Related Disorders in Adolescents
Chapter 38	Depressive Disorders in Children and Adolescents
Chapter 39	Pediatric Bipolar Disorder
Chapter 40	Suicidal Behavior in Children and Adolescents

### **Week 3**

Chapter 10	Behavioral and Cognitive-Behavioral Interventions
Chapter 16	Schizophrenia
Chapter 17	Other Psychotic Disorders
Chapter 41	Anxiety Disorders in Children and Adolescents
Chapter 42	Child Maltreatment
Chapter 43	Posttraumatic Stress Disorder in Children and Adolescents following a Single-Event Trauma
Chapter 44	Tourette Disorder and Obsessive-Compulsive Disorder in Children and Adolescents
Chapter 45	Developmental Disorders of Attachment, Feeding, Elimination, and Sleeping

### **Week 4**

Chapter 6	Psychological and Neuropsychological Assessment
Chapter 14	Delirium, Dementia, and Amnesic Syndromes
Chapter 15	Substance-Related Disorders
Chapter 46	Gender Identity Disorder
Chapter 47	Psychological Reactions to Acute and Chronic Systemic Illness in Pediatric Patients
Chapter 50	Forensic Psychiatry

### **Week 5**

Chapter 22	Somatoform Disorders
Chapter 23	Factitious Disorders and Malingering
Chapter 24	Dissociative Disorders
Chapter 25	Sexual Dysfunction and Paraphilias
Chapter 26	Eating Disorders
Chapter 27	Sleep Disorders
Chapter 28	Impulse-Control Disorders
Chapter 29	Adjustment Disorders
Chapter 30	Personality Disorders

## Week 6

Chapter 5	Diagnostic Encounter for Children and Adolescents
Chapter 7	Diagnostic Evaluation for Children and Adolescents
Chapter 8	Developmental Psychology
Chapter 11	Psychodynamic and Social Interventions
Chapter 48	Emergency Psychiatry

## ***Mandatory Psychiatric Exam Write-Up***

1. Based on the observations of clerkship director and/or the clerkship faculty, the student will demonstrate the ability to:
  - a. Perform a complete psychiatric examination that will include identifying data, history of present illness, a psychosocial history, past psychiatric history, past medical history, current medical problems, alcohol/substance abuse history and a mental status exam, summation and differential diagnosis. Then write up a 1-5 page paper. Each student must:
    - i. Send a copy via email to Dr. Lee
    - ii. See blackboard for due date and grading
  - b. OR a student may wish to pick any psychiatric topic and make a 13-15 slide PowerPoint presentation. Each student:
    - i. Must send a copy via email to Dr. Lee
    - ii. Will have the same due date as the psychiatry exam paper
    - iii. (Recommended only) Consider presenting PowerPoint to your preceptor office, or at Doctoring 3 to your peers.

Some campuses will ask you to do both. If so, please send both via email to Dr. Lee.

## Competencies-Objectives-Assessment

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The following objectives were developed internally. Please see education program objectives (competency statement) for the FSUCOM with 6 competency domains.

**By the completion of the Clerkship, the student will be expected to master the following objectives:**

### **Skills** (Patient Care, Medical Knowledge, and Communication Skills)

1. Based on the observations of clerkship director and/or the clerkship faculty, the student will demonstrate the ability to:
  - b. Perform a complete psychiatric examination that will include identifying data, history of present illness, a psychosocial history, past psychiatric history, past medical history, current medical problems, alcohol/substance abuse history and a mental status exam, summation and differential diagnosis. Then write up a 1-5 page paper. Each student must:
    - i. Send a copy via email to Dr. Lee
  - OR make a 13-15 slide PowerPoint presentation
    - i. Send a copy via email to Dr. Lee
    - ii. (Recommended only) present it to your preceptors or at Doctoring 3 to your peers
  - c. Perform a problem - focused exam.
  - d. Perform a “mini - mental status” exam.
  - e. Do a risk assessment for suicide or potential to do harm to others and discuss an intervention plan.
  - f. Verbally present a case. The presentation will include identifying data, history of present illness, a psychosocial history, past psychiatric history, past medical history, current medical problems, alcohol/substance abuse history and a mental status exam, summation, differential diagnosis and a treatment plan.
2. Based on review of the clerkship director and clerkship faculty, the student will demonstrate the ability to:
  - a. Dictate or write a case in a form satisfactory for a medical record.
  - b. Use technology to locate evidence based psychiatric information.

3. Based on the observations of clerkship director and / or the clerkship faculty, and with some weight given to the surveys completed by 10 patients on each student, the student will demonstrate the ability to:
  - a. Keep boundaries, recognize transference issues and set limits with patients.
  - b. Verbally communicate in a manner understood by the patient and effective for gathering history.
4. Using technology to access current Evidence-Based Medical Information (e.g. PDA), the student will demonstrate the ability to research relevant psychiatric topics. Such information will be appropriately utilized for patient evaluation and diagnosis, in treatment plan formulation, or while preparing reports or presentations on psychiatric topics. Mastery of this skill may be demonstrated by using a PDA to determine the potential interactions between psychotropic and other medications.

### ***Knowledge (Medical Knowledge and Practice-Based Learning)***

1. Based on the observations of clerkship director and / or the clerkship faculty during patient rounds, case presentations, small group discussions, and independent required readings the student will demonstrate knowledge in the following core areas:
  - a. Mental illnesses to include major depression, dysthymic disorder, bipolar disorder, adjustment disorders, generalized anxiety disorder, panic disorder, social phobia, obsessive-compulsive disorder, substance and alcohol abuse, Personality disorder, schizophrenia/psychoses, dementia and deliriums, somatoform disorders, factitious disorders, malingering and sleep disorders.
  - b. Demonstrate an understanding of the use of The Diagnostic and Statistical Manual of Mental Disorders 4<sup>th</sup> Edition (DSM-IV).
  - c. Psychopharmacology to include the usage of anxiolytics, antidepressants (and ECT), antipsychotics, mood stabilizing agents, anticholinergics, acetyl cholinesterase inhibitors, psychostimulants, and beta blockers in appropriate treatment of the mentally ill.
2. During discussions with the faculty regarding the comprehensive evaluation and management of a psychiatric patient, the student will demonstrate an understanding of the following:
  - a. The co-morbidity of mental, neurological and medical illnesses.
  - b. The use of laboratory tests and various types of scans (CT, PET, MRI, etc.) to evaluate for mental illness or for the ongoing monitoring of medications. (Lithium level, etc.)
3. The student will construct and present to faculty an organized treatment plan addressing the findings of the evaluation. In addition to recommending medications using the principles of psychopharmacology, this presentation will demonstrate to the faculty:



- a. Recognition of the signs, symptoms and risk factors for suicide, homicide and withdrawal from drugs and alcohol.
  - b. The ability to assess for the need for inpatient hospitalization.
  - c. The ability to apply the basic concepts of various psychotherapies and propose ways to incorporate them into a treatment plan. (Psychotherapies include but are not limited to psychoanalysis, cognitive behavioral therapy, behavioral therapy, supportive psychotherapy, and brief/time limited psychotherapy.)
4. For diagnostic clarification or treatment planning, the student will demonstrate to faculty:
  - a. A conceptual understanding of the indications for psychological testing.
5. From the patient evaluation, the student will demonstrate to faculty:
  - a. Recognition of the signs of abuse in all ages.
  - b. The differing presentations of mental illness over the life span. (e.g. children, adolescents, adults, and the elderly).

### ***Attitudes and Behaviors (Professionalism)***

1. With patient write-ups and during case presentations and discussions with the clerkship director and faculty, the student must demonstrate the ability to remain objective and non-judgmental toward a patient, regardless of lifestyle and life choices.
2. Regardless of setting (e.g. inpatient ward, ambulatory care centers, hallways, and waiting rooms) the student will demonstrate and appreciate the importance of confidentiality of psychiatric information. This will be based on faculty observation.
3. During discussions with faculty, the student will be able to discuss the basic ethical issues in psychiatry (e.g. involuntary treatment, duty to warn, reporting abuse and boundaries with patients).
4. The student must demonstrate to faculty the ability to recognize circumstances that require a psychiatric referral, particularly in the primary care setting, and acknowledge professional limitations. During case presentation and conferences, the student will be able to discuss when such a referral is appropriate.
5. During case discussions with faculty or participation in multidisciplinary treatment team meetings, the student will demonstrate an appreciation of the following in aftercare planning and community mental health:
6. The biases against the mentally ill in society and patient advocacy when appropriate.
7. The barriers to treatment for the mentally ill (e.g. medical systems, third party payers, and the patient himself).
8. The community resources available for different demographic groups and the appropriate organizations to contact in if assistance is needed (e.g. Social Services, or Council on Aging, etc.)

## Policies

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### ***Americans with Disabilities Act***

Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's Director of Student Counseling Services and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

[The Office of Student Counseling Services](#)

Medical Science Research Building G146

Phone: (850) 645-8256 Fax: (850) 645-9452

This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center

97 Woodward Avenue, South

Florida State University

Tallahassee, FL 32306-4167

Voice: (850) 644-9566

TDD: (850) 644-8504

[sdrc@admin.fsu.edu](mailto:sdrc@admin.fsu.edu)

<http://www.fsu.edu/~staffair/dean/StudentDisability>

### ***Academic Honor Code***

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. (Florida State University Academic [Honor Policy](#))

## ***Attendance Policy***

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules **See page 30** of [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation.

## ***Library Policy***

The [COM Maguire Medical Library](#) is primarily a digital library that is available 24/7 through secure Internet access. Library resources that support this course are available under “Course Pages” on the library website. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection may be borrowed through interlibrary loan.

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## **Required Materials**

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The physical resources necessary for this course are in place. At each of the regional campuses the student learning areas are complete with computers, and access to videoconference equipment. Affiliation agreements with participating hospitals allow FSU medical students to have access to psychiatric patients in the hospital setting. An extensive, high-qualified clinical faculty has been recruited and is in place, and additional members are recruited as needed.

A daily electronic log of their patients will be kept by the students and transmitted weekly into the CDCS System. The Clerkship Director and Education Director will insure that appropriate patients are being seen, and that the patient mix reflects common psychiatric disorders, age and race.

There is a mechanism in place for student midpoint performance feedback. There is a mechanism in place for an end of rotation debriefing conducted by the Clerkship Director.

## ***Required Text***

- 1) Lange: Current Diagnosis and Treatment in Psychiatry, 2<sup>nd</sup> Edition by Ebert, Loosen, Leckman, Nurcombe; McGraw Hill.

## Suggested Materials

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- 1) Diagnostic and Statistical Manual of Mental Disorders 4<sup>th</sup> Edition (DSM IV), 2000
- 2) Comprehensive Textbook of Psychiatry, 8<sup>th</sup> edition, 2005, Kaplan and Sadock
- 3) Practice Guidelines for the Treatment of Psychiatric Disorders 2006, American Psychiatric Association
- 4) Other pertinent articles, chapters and PowerPoint contributed by staff, students and from other sources will be placed on Blackboard.

## Grading

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\*All students All mandatory diagnosis, procedures, and Psychiatric write –ups or PowerPoint must be completed and logged into CDCS by 5:00 p.m. on the last Friday of the rotation to qualify for Honors. must look at blackboard. The 12-step orientation gives grading specifics and all due dates.

The standardized clerkship policy can be found on the [Office of Medical Education website](#) and in the [FSUCOM Student Handbook](#) -page 31.