



The Florida State University  
College of Medicine

# Psychiatry Clerkship

**BCC 7150**

**2013-2014**

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# Instructors

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## ***Education Director***

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## ***Clerkship Directors***

<b>Campus</b>	<b>Director</b>
Fort Pierce	Jacob Samander, MD
Daytona	Wendy Welch, MD
Orlando	Herndon Harding, MD
Pensacola	Ed Mobley, MD
Sarasota	John Kieffer, MD
Tallahassee	Eileen Venable, MD

# Course Overview

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## ***Description***

The **Psychiatry Clerkship** is a required six-week clinical experience 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 clerkship faculty. A variety of learning opportunities are offered in community-based settings 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 six-week Psychiatry Clerkship is to provide the student with an experience that emphasizes patient evaluation and treatment in multiple settings. Diverse opportunities at the different campuses also provide an extensive array of complementary and enriching experiences. 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 hospitalized psychiatric patients to gain an appreciation for the full range 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 content 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](#) (DSM-IV), and emphasize psychopharmacology, mandatory procedures and diagnosis.

The Education Director and Clerkship Director at each campus will regularly review E\*Value from student encounters to ensure that students are meeting clerkship objectives for a variety of diagnoses, and procedures. It is very important that students record patient encounters in E\*Value 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 Clinical Subject Exam in psychiatry. The best way to prepare for this examination is to complete the required readings and exercises devised by the Psychiatry Education Director and 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 9 through 11 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 supervised by one or more psychiatric clerkship faculty. Students will follow the same work schedule as their faculty 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 and to complete 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.

## ***Required Diagnoses & Procedures***

A list of required 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 E\*Value 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 [“Psychiatry Orientation 11 Steps 2013-2014”](#) guide for details on grading and due dates; the list is as follows:

The diversity in patient diagnoses and the opportunities for procedures that are required to meet clerkship objectives are assured by the Clerkship Director. The Education Director directly monitors student data through the E\*Value 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 see patients with the required diagnoses and/or perform mandatory procedures, a plan may be implemented to address this shortfall.

Diagnosis (Required)
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

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 (Must be entered into E\*Value)

- 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 medication review.

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

Definitions used for E\*Value entry (Level of Care)

## **Inpatient**

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

Ask or Answer 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**.

Following your established patient alone prior to rounding with your attending and then participating on rounds: **moderate**.

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 physician offices do not have sufficient space for students to perform independent patient evaluations, even if the student is just a “fly on the wall” but listening and observing, this is counted 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:**

The required textbook is Kaplan and Sadock's [Concise: Textbook of Clinical Psychiatry](#), Third Edition. It can be accessed online through the FSU COM library. The book chapters have been grouped into six weekly reading assignments. Each section is designed to help master psychiatry content necessary to perform well in the clerkship and understand the essentials of psychiatry practice. ONLY AFTER YOU READ THE TEXT SHOULD YOU USE THE QUESTION AND ANSWER STUDY GUIDES. These are valuable for testing knowledge, but are inadequate as the primary method of learning. Also, when an interesting or novel patient is seen in clinic, be sure and read about the condition they have while details are fresh in your memory. It is okay to read out of sequence. This is about learning and not about rigid adherence to schedule. ([See also page 18, "Suggested Material and Additional Resources."](#))

### **Week 1**

This section is devoted to the basics: examining, signs, symptoms, lab tests, diagnosis, medications, etc.

Chapter 1	Psychiatric History and Mental Status Examination
Chapter 2	Physical Illness and Psychiatric Disorder
Chapter 3	Laboratory Tests in Psychiatry
Chapter 4	Signs and Symptoms in Psychiatry
Chapter 5	Classification in Psychiatry
Chapter 6	Diagnostic Formulation, Treatment Planning, and Modes of Treatment in Children and Adolescents
Chapter 30	Emergency Psychiatric Medicine
Chapter 32	Biological Therapies

### **Week 2**

This section is devoted to major mental illnesses psychiatrists treat.

Chapter 10	Schizophrenia
Chapter 11	Other Psychotic Disorder
Chapter 12	Mood Disorders
Chapter 13	Anxiety Disorders
Chapter 22	Adjustment Disorders
Chapter 23	Personality Disorders

### **Week 3**

This section is devoted to major mental illnesses that are either medical, neurological, an addiction, etc.

Chapter 7	Delirium, Dementia, Amnesic, and Other Cognitive Disorders and Mental Disorders Due to a General Medical Condition
Chapter 8	Neuropsychiatric Aspects of HIV Infection and AIDS
Chapter 9	Substance-Related Disorders

Chapter 19	Eating Disorders
Chapter 20	Normal Sleep and Sleep Disorders

#### **Week 4**

This section is everything you ever wanted to know about child and adolescent psychiatry.

Chapter 33	Child Psychiatry: Assessment, Examination, and Psychological Testing
Chapter 39	Attention-Deficit Disorder
Chapter 40	Disruptive Behavior Disorders: Oppositional Defiant Disorder and Conduct Disorder
Chapter 41	Feeding and Eating Disorders of Infancy and Childhood
Chapter 44	Other Disorders of Infancy, Childhood, and Adolescence
Chapter 45	Mood Disorders and Suicide in Children and Adolescents
Chapter 46	Anxiety Disorders of Infancy, Childhood and Adolescence
Chapter 47	Early-Onset Schizophrenia
Chapter 48	Child Psychiatry: Additional Conditions That May Be a Focus of Clinical Attention
Chapter 49	Psychiatric Treatment of Children and Adolescents

#### **Week 5**

This section contains less commonly seen conditions that are still important. Week 5 also covers human sexuality, various types of psychiatric services and treatments and covers psychotherapy.

Chapter 14	Somatoform Disorders
Chapter 15	Factitious Disorders
Chapter 16	Dissociative Disorders
Chapter 17	Human Sexuality
Chapter 18	Gender Identity Disorders
Chapter 21	Impulse-Control Disorders Not Elsewhere Classified
Chapter 24	Psychosomatic Medicine
Chapter 25	Consultation-Liaison Psychiatry
Chapter 26	Psychiatry and Reproductive Medicine
Chapter 27	Relational Problems
Chapter 28	Problems Related to Neglect or Abuse
Chapter 29	Additional Conditions That May Be a Focus of Clinical Attention
Chapter 31	Psychotherapies

## Week 6

The last section of readings covers geriatrics and end of life issues as well as developmental/neurological disorders, legal issues and ethics in psychiatry.

Chapter 50	Geriatric Psychiatry
Chapter 51	End of Life Issues
Chapter 34	Mental Retardation
Chapter 35	Learning Disorders
Chapter 36	Motor Skills Disorders: Developmental Coordination Disorder
Chapter 42	Tic Disorders
Chapter 37	Communication Disorders
Chapter 38	Pervasive Developmental Disorders
Chapter 43	Elimination Disorders
Chapter 52	Clinical-Legal Issues in Psychiatry
Chapter 53	Ethics in Psychiatry

## ***Mandatory Project:***

The student must complete one (1) of the following projects and submit it to [lawrence.mobley@med.fsu.edu](mailto:lawrence.mobley@med.fsu.edu) **by the Thursday of the final clerkship week.**

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. Mobley and the clerkship director.
  - ii. See blackboard for due date and grading

OR

- b. The 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. Mobley and the clerkship director.
  - ii. Will have the same due date as the psychiatry exam paper
  - iii. (Recommended only) Consider presenting PowerPoint to your preceptor's office or during the weekly session with your clerkship director to your peers.

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

# 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 complete 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:
  - 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. Mobley

**OR** make a 13-15 slide PowerPoint presentation

  - i.
    - ii. (Recommended only) present it to your preceptors or at Doctoring 3 to your peers
  - b. Perform a problem - focused exam.
  - c. Perform a "mini - mental status" exam.
  - d. Do a risk assessment for suicide or potential to do harm to others and discuss an intervention plan.
  - e. 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 5<sup>th</sup> Edition (DSM-V).
  - 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.

## **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 E\*Value 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***

[Concise: Textbook of Clinical Psychiatry](#) 3<sup>rd</sup> Edition 2008. Kaplan and Sadock

# Suggested Materials and Additional Resources

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1. [Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> Edition](#) (DSM V), 2013 (E-Book available through Library Course pages)
2. [Comprehensive Textbook of Psychiatry, 9<sup>th</sup> edition](#), 2009, Kaplan and Sadock
3. [Practice Guidelines for the Treatment of Psychiatric Disorders](#) 2006, American Psychiatric Association
4. [Current Diagnosis and Treatment in Psychiatry, 2<sup>nd</sup> Edition](#) by Ebert, Loosen, Leckman, Nurcombe; McGraw Hill.
5. Other pertinent articles, chapters and PowerPoint contributed by staff, students and from other sources will be placed on Blackboard.
6. NBME Clinical Science Mastery Series

The National Board of Medical Examiners (NBME) expanded its self-assessment services to include the new Clinical Science Mastery Series. Built to the same content specifications as the NBME clinical science subject examinations, this web-based series provides self-assessments for US and international medical students who want to assess their knowledge of the clinical sciences covered during a clerkship or medical education course.

**For a fee of \$20.00 each, you can purchase self-assessments** through the [Self-Assessment Interactive Website](#).

The self-assessments are available for of the following Subject Examinations:

- Clinical Neurology
- Medicine
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry
- Surgery

## Grading

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\*All students All mandatory diagnosis, procedures, and Psychiatric write –ups or PowerPoint must be completed and logged into E\*Value by 5:00 p.m. on the last Friday of the rotation to qualify for Honors.

The [Orientation 11 Steps](#), found in the Psychiatry Clerkship 2013-2014 Blackboard site, gives grading specifics and all due dates.

The standardized clerkship policy can be found on the [Office of Medical Education website](#) and by [Clicking Here](#) .