

SYLLABUS FOR THE PSYCHIATRY CLERKSHIP

(10/10/2011)

I. LEARNING OBJECTIVES

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

OBJECTIVE	TAUGHT BY	EVALUATED BY
Attitudes		
1. Students should develop respectful attitudes toward patients with psychiatric disorders, and be able to connect with their underlying humanity.	Orientation Residents & Attendings Interview & Write-up Tutors	Residents & Attendings Interview & Write-up Tutors
2. Students should demonstrate effective communication strategies and professional behaviors with patients, families, and other members of the team caring for the patient.	Residents, Attendings, & Interview Tutor	Residents, Attendings, & Interview Tutor
3. Students should understand the importance of self-reflection. Students should understand how to identify and manage their internal feelings (countertransference) while retaining a therapeutic stance towards their patients.	Orientation Residents & Attendings Interview & Write-up Tutors	Residents & Attendings Interview & Write-up Tutors
4. Students should understand the importance of self-reflection with patients at the end-of-life.	"Psychiatry at the Interface with Medicine" Attending & Residents, End-of-Life Faculty	End-of-Life Faculty
5. Students should pay attention to and be able to discuss issues of professional boundary management in the context of the doctor-patient relationship.	Orientation Residents & Attendings Interview & Write-up Tutors	Residents & Attendings Interview & Write-up Tutors
Skills		
1. Students should evaluate a variety of patients with core psychiatric disorders in a variety of intensive care and medical settings. Students should have exposure to patients with less severe presentations of mental illness and the opportunity to see patients living successfully despite having a mental illness.	Residents and Attendings on "Patients in Crisis", "Psychiatry at the Interface with Medicine" and Outpatient experience	Patient Log Review

OBJECTIVE	TAUGHT BY	EVALUATED BY
Skills, cont...		
2. Students should be able to conduct a psychiatric screening interview including chief complaint, history of present illness, past medical history, past psychiatric history, family history, social and developmental history and mental status examination.	Interview Tutor demonstration & Residents	Residents, Attendings & Interview Tutor
3. Students should develop comfort in being able to interview a patient at the end-of-life and interact with the patient's family and the patient's caregivers.	End-of-Life Faculty, Residents & Attendings on "Psychiatry at the Interface with Medicine" component	End-of-Life Faculty
4. Students should be able to demonstrate mastery of the format of the mental status examination and be able to present individual patient findings from the mental status examination in that format.	Interview Tutor & Residents	Residents, Attendings, & Interview Tutor
5. Students should be able to present pertinent initial history, physical examination, and mental status examination in morning work rounds and be able to present pertinent changes in their patient's during subsequent work rounds.	Residents (if student requests)	Residents & Attendings
6. Students should be able to write patient data and review pertinent laboratory and other diagnostic findings in the usual medical format.	Residents & Write-up Tutor	Residents, Attendings & Write-up Tutor
7. Students should be able to write a bio-psycho-social formulation and a broad multi-axial differential diagnosis.	Residents, Attendings, Write-up Tutor, & "Case Based Learning" lecture	Write-up Tutor
8. Students should be able to write a treatment plan for the patient, including plans for further evaluation to test various diagnostic possibilities.	Residents, Attendings, and Write-up Tutor	Write-up Tutor

OBJECTIVE	TAUGHT BY	EVALUATED BY
Skills, cont...		
9. Students should be able to write progress notes reflecting pertinent changes in their patient in the patient's chart.	Residents & Attendings	Residents & Attendings
10. Students should be aware of the scientific literature in psychiatry and be able to apply it in the care of their patients.	Residents, Attendings & Write-up Tutor	Residents, Attendings, Write-up Tutor, and Presentation to Teams
11. Medical students should have the skill of motivational interviewing to aid in counseling their patients.	Brief Motivational Interview (BMI) Workshop	Dr. Fortin, et. al.

OBJECTIVE	TAUGHT BY	EVALUATED BY
Knowledge		
<p>1. Students should know the major DSM-IV signs and symptoms for the following disorders and be able to apply these major criteria in diagnostic interviews. Students should be able to apply the full DSM-IV criteria for the following disorders when developing a differential diagnosis for their patient write-ups:</p> <ul style="list-style-type: none"> A. ADHD/Learning Disability B. Adjustment Disorder C. Autism/Pervasive Developmental Disorders D. Bereavement/Complicated Bereavement E. Bipolar Disorder F. Borderline Personality Disorder G. Delirium H. Dementia I. Dysthymic Disorder J. Generalized Anxiety Disorder K. Major Depressive Disorder L. Obsessive Compulsive Disorder M. Panic Disorder N. Post-Traumatic Stress Disorder O. Schizophrenia P. Somatization Disorder Q. Substance Abuse & Dependence R. Substance Intoxication & Withdrawal 	<ul style="list-style-type: none"> A. Aversa B. Rohrbaugh C. Aversa D. Ellman E. Cleves-Bayon F. Rohrbaugh G. Chiles H. Edelen I. Aversa J. Cleves-Bayon K. Wilkins L. Cleves-Bayon M. Cleves-Bayon N. Cleves-Bayon O. Cleves-Bayon P. Cleves-Bayon Q. Papsun R. Substance Abuse Faculty S. Substance Abuse Faculty 	<p>Residents, Attendings, Interview Tutor & Write-up Tutor</p>
<p>2. Students should recognize which common medical disorders and medications may contribute to the onset or worsen the course of the above disorders, and include these in their presentations and patient write-ups.</p>	<p>Self-directed learning and didactics. Review of Wyzynski & Wyzynski, "A Case Approach to Medical-Psychiatric Practice"</p>	<p>Write-up Tutor, Residents & Attendings, especially on "Psychiatry at the Interface with Medicine" component</p>

OBJECTIVE	TAUGHT BY	EVALUATED BY
Knowledge, cont...		
<p>3. Students should be able to state the indications, mechanism of action (where known), and major side effects of the following somatic treatments:</p> <ul style="list-style-type: none"> A. Antipsychotics (both typical agents and atypical agents) B. Antidepressants (selective serotonin reuptake inhibitors, tricyclic antidepressants, and monoamine oxidase inhibitors) C. Benzodiazepines D. Mood stabilizers (Lithium, valproate, carbamazepine) E. Medications for Substance Abuse (Antabuse, Clonidine, Methadone) F. Electroconvulsive Therapy 	<ul style="list-style-type: none"> A. Jean-Baptiste B. Cleves-Bayon C. Cleves-Bayon D. Cleves-Bayon E. Substance Abuse Faculty F. F. Cleves-Bayon 	Residents, Attendings & Write-up Tutor
<p>4. Students should be aware of the evidence-base for the efficacy of CBT. Students should understand psychodynamic approaches to treatment. Students should be aware of other complementary modalities like hypnotherapy.</p>	Faculty (CBT) Fried (psychodynamic psychotherapy) Sirkin (hypnotherapy)	Residents, Attendings & Write-up Tutor
<p>5. Students should have supervised experience in the evaluation and treatment of patients in crisis, often with suicidal ideation.</p>	ER Tutor	Residents, Attendings & Write-up Tutor
<p>6. Students recognize medico-legal implications of involuntary hospitalizations, obtaining informed consent in a patient with a psychiatric disorder, and confidentiality issues.</p>	Norko/Fox	Resident & Attending

II. IMPLEMENTATION

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

1. Patient Evaluation

Patient evaluation and work with treatment team is the *central experience* of the clerkship in Psychiatry. During both the "Patients in Crisis" and "Interface with Medicine" components, students should evaluate and follow at least 2-4 patients each week.

Each work-up should include:

A. INTERVIEW OF THE PATIENT

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

B. MENTAL STATUS EVALUATION

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

C. PHYSICAL EXAMINATION

The initial physical examination, including neurological examination, should be supervised by a physician who is able to bear medical responsibility for the patient. The write-up of findings should be checked and reviewed with the student by an experienced resident or faculty member. The student should be aware that conducting a physical exam may have unintended meaning for patients and always have another person present for a full physical examination. If parts of the PE are deleted the student should understand the rationale for not carrying out the examination.

D. COLLATERAL INTERVIEW

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

E. WRITTEN PRESENTATION

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

The Department of Psychiatry wants to ensure that each student on the clerkship has a sufficiently diverse clinical experience. The Medical Student Education Committee has determined that each student should work with at least one patient from each of the following diagnostic groups:

1. Cognitive Disorder
2. Mood Disorder
3. Personality Disorder
4. Psychotic Disorder
5. Substance Use Disorder

In order to ensure that students have this diverse experience, students must document patient encounters in their patient log. Students should review their log of clinical experiences with their attending at the beginning of the second 3 week rotation. Your attending will help you identify patients with those disorders that you need in order to ensure a diverse experience.

2. Outpatient Experience

Students will be able to select an outpatient experience where they will participate in treating patients living in the community despite having a mental illness. Students should focus on how the patient's psychiatric difficulties affect relationships with family and friends, romantic relationships, job, school, housing and other social/environmental issues. The student should think about strategies to enable the patient to successfully manage these issues.

3. Evaluations

On the "Patients in Crisis" component, students will have a written evaluation of their performance by their ward attending and resident. On the "Psychiatry at the Interface with Medicine" component, students will have a written evaluation from their attending and resident. Written evaluations from the write-up tutor, interview tutor, and outpatient clinic attending will be completed. These evaluations will be collected and summarized in one final evaluation. We emphasize that evaluations are meant to help students only - to reinforce strengths and identify areas for improvement.

III. REVIEW OF WRITTEN EVALUATION WITH FACULTY TUTOR (1 hr per week)

While on the "Patients in Crisis" rotation, students should complete two in-depth patient write-ups. These write-ups should include a complete history, physical examination results, laboratory results, bio-psycho-social formulation, and differential diagnosis. A treatment plan should include plans for further evaluation and biological, psychological, and social treatment interventions (see outline for Student Write-ups for Patient Evaluations). The student should access the psychiatric literature and read at least one paper pertinent to the patient's presentation. The student should demonstrate in the write-up how the literature influenced their work with the patient. The student should review and discuss written work with a faculty member acting as clinical preceptor. In this one-to-one setting, a dialogue based on the student's experience and his or her independent reading about the patient should focus on areas of interest and/or difficulty for the individual student. The tutorial should test the student's clinical reasoning about the patient and the extent to which the student has acquired relevant knowledge and is able to bring it to bear upon his or her discussion of the

patient. The ability of the student to be self-reflective about the feelings the patient evokes in them and how to remain therapeutic with the patient despite these feelings should be discussed.

You will meet with your “write-up tutor” only during the time you are on the “Patients in Crisis” inpatient/day hospital rotation. Contact your write-up tutor on the first or second day of the “Patients in Crisis” rotation.

IV. OTHER WRITTEN WORK

- A. While on the “Psychiatry at the Interface with Medicine” component, students should choose two write-ups of a patient seen on the service to include in their portfolio.
- B. While on the “Psychiatry at the Interface with Medicine” component, students should select a patient to complete their “End-of-Life” training write-up.

Please be careful about distributing these written materials as they contain very confidential information about the patient.

V. INTERVIEWING AND MENTAL STATUS EXAMINATION TUTORIAL (1 hr per week)

In this weekly meeting with faculty/resident preceptor, students will interview a patient and complete a mental status examination in the presence of a faculty/resident preceptor. This tutorial, based at the students’ “Patients in Crisis” setting, will help the student improve interviewing skills and ability to conduct a mental status examination. This tutorial will help the student practice screening interviews with patients who present special challenges like mood disorders (either very depressed or manic), psychotic disorders, and/or personality disorders. Students should select patients they have not worked with extensively to do a screening interview. During the tutorial the student should orally present a mental status exam based on data gleaned from the interview. [See “Outline for Students Write-ups for Patient Evaluations” for an example of a format for a mental status exam.]

You will meet with your “interview tutor” each week of the rotation to practice your interview and mental status evaluation skills. The tutorial will occur at the “Patients in Crisis” site (your inpatient site). In order to find an appropriate patient when you are not on the “Patients in Crisis” component, check the bottom of the Tutor Schedule and call the person who is listed as the medical student liaison for that unit.

VI. ER Tutorial

While on the “Psychiatry at the Interface with Medicine” component, students will be assigned to an evening tutorial in which they will evaluate a patient in crisis, often with suicidal ideation. Students will learn to assess and manage patients with suicidality.

VII. Presentation to Team

Students are expected to present two concise literature reviews on topics to be determined by the attending and the student. These literature reviews should be completed on both the “Patients in Crisis” and “Psychiatry at the Interface with

Medicine” components of the rotation. A brief summary of these literature reviews should be handed in at the end of the rotation.

VIII. Didactic Seminars/ Conferences

PLEASE NOTE... All of the lecture notes, articles, and other presentation materials related to the Psychiatry Clerkship Lecture Series can be found on the Psychiatry Clerkship Homepage on E-Value at www.e-value.net

A. PSYCHOPATHOLOGY

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

B. PSYCHOPHARMACOLOGY

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

C. CASE BASED LEARNING

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

D. SUBSTANCE ABUSE ASSESSMENT AND TREATMENT

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

E. PSYCHOLOGICAL EVALUATION AND TREATMENT

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

F. END-OF-LIFE CARE

Students will meet with End-of-Life Care faculty to present and discuss their experiences with patients, families, and staff.

G. SELECTED TOPICS

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

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

IX. SERVICE CONFERENCES

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

X. STRUCTURE OF THE PSYCHIATRIC CLERKSHIP

I. “Patients in Crisis” (3 weeks) – Primary Goal: Integrate into the team structure and help provide treatment to patients on inpatient, ER, or intensive day hospital setting.

In addition:

1. Meet with Interview Tutor.
2. Complete two detailed write-ups.
3. Review two write-ups with Write-up Tutor (& have Tutor sign write-ups).
4. Discuss presentation topic with attending/resident and present to team. Save outline/articles to include in portfolio.
5. Attend outpatient experience ½ day each week.
6. Attending Tuesday evening workshops and Thursday afternoon didactics.

II. “Psychiatry at the Interface with Medicine” (3 weeks) – Primary Goal: Integrate into the team structure and help provide evaluation and treatment of patients in ER or CL settings.

In addition:

1. Meet with Interview Tutor at “Patients in Crisis” site.
2. Save two write-ups from ER or CL service with attending’s initials to include in portfolio.
3. Discuss presentation topic with attending/resident and present to team. Save outline/articles to include in portfolio.
4. Complete “End-of-Life” experience and write-up. Save write-up to include in portfolio.
5. ER Evening Tutorial.
6. Attend outpatient experience ½ day each week.
7. Attending Tuesday evening workshops and Thursday afternoon didactics.

III. Outpatient Site – ½ day per week for six weeks.

Attend clinic and participate in patient evaluation/treatment.

IV. Patient Log

At the beginning of your second 3 week rotation, review your patient log with your attending. The attending will help you identify patients with the appropriate diagnoses to ensure that you have a sufficiently diverse clinical experience on the clerkship.

XI. RECOMMEND TEXT

The recommended textbook for the Psychiatry Clerkship is “CURRENT Diagnosis & Treatment Psychiatry”, Second Edition (LANGE CURRENT Series) by Michael Ebert, Peter Loosen, Barry Nurcombe, and James Leckman (Paperback - Mar. 7, 2008). ISBN #978-0-07-142292-5, \$64.34.

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

**YALE UNIVERSITY SCHOOL OF MEDICINE
PSYCHIATRY CLERKSHIP**

Patient Log

Student's Name: _____ **Date:** _____

Each time you assess a new patient, please fill out the following information so that you can track the diagnoses of patients you are seeing. Review this log with your attending at the beginning of your second 3 week rotation.

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

PATIENT'S INITIALS	AGE	DIAGNOSES	TYPES OF DISORDERS				
			Cognitive Disorder	Mood Disorder	Psychotic Disorder	Personality Disorder	Substance Use Disorder

PORTFOLIO OF CLERKSHIP EXPERIENCES

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

1. Four patient write-ups:
 - Two from "Patients in Crisis" with your write-up tutor's initials/signature. These write-ups should include a literature search for each case.
 - Two from "Psychiatry at the Interface with Medicine" with your attending's initials/signature.
2. End-of-Life write-up (please bring two copies if turning in on Thursday of week 6; one for your portfolio and one for the EOL session with Dr. Ellman).
3. Articles and/or outline from the presentation you made to your teams on both the "Patients in Crisis" and the "Psychiatry at the Interface with Medicine" components of the rotation.
4. The "Certificate of Completion" from Dr. Fortin's Brief Motivational Interview (BMI) Workshop.
5. Patient Log Sheet
6. Mid-Clerkship Feedback Form

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

Jennifer Dolan-Auten will meet with your group after the last lecture on the last Thursday of the rotation. This is a good time to turn in the items for your portfolio. If you are not prepared to turn things in at that time, you can bring them by Jennifer's office at the end of the rotation at the following address:

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

Please be sure to complete all evaluations of your tutors/attendings/residents/lectures on line at www.e-value.net

PSYCHIATRY CLERKSHIP OUTLINE OF RESPONSIBILITIES

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

STUDENTS ARE EXPECTED TO:

1. Follow patients assigned to you by the team (2-4 patients at any time), and report on the progress during ward/attending rounds. Log their diagnoses on the patient log sheet.
2. Complete a history, physical examination and write-up on patients assigned by attendings or residents.
3. Assist residents with routine chores (data-gathering, etc.) necessary for the care of the patient.
4. Write progress notes in the medical record with supervision by treatment team.
5. While on the "Patients in Crisis" component, prepare two detailed patient write-ups. Students should refer to the "Guidelines for Student Write-ups for Patient Evaluations".
6. Complete write-ups on other patients assigned by the team. Save two write-ups from the "Psychiatry at the Interface with Medicine" component for your portfolio.
7. Attend the outpatient clinic experience on a weekly basis. Think about how the patient's psychiatric disorder interferes with social functioning and consider methods to help the patient improve their functioning.
8. On the "Psychiatry at the Interface with Medicine" component, select and interview a patient, complete a write-up, and attend the "End-of-Life" seminar as outlined in the "End-of-Life" section. Include in your portfolio.
9. Research and read information relevant to a major aspect of a patient's illness. Include these papers along with your write-ups.
10. Select patients to interview with the interview tutor to demonstrate skill in eliciting historical information and completing a mental status examination.
11. Actively participate in the didactic curriculum.
12. Complete and present a concise literature review on a topic determined by the student and the attending on both the "Patients in Crisis" and the "Psychiatry at the Interface with Medicine" components of the rotation. Include in your portfolio.

13. Complete the Psychiatry Clerkship Portfolio within two weeks of the end of the rotation.

Each student is expected to complete the clerkship requirements within two weeks of the end of the clerkship. Failure to do so raises concerns about the student's professionalism and diligence, and this will be reflected in the clerkship grade as well as in the comments sections of the final evaluation that will be written at the end of the clerkship.

The school is of course also concerned that the students who are not meeting requirements might be having personal or academic difficulties that need attention. For this reason, students who do not complete clerkship requirements will be required to meet with their academic advisor and/or the Associate Dean for Student Affairs.

If a student has not fulfilled the requirements within two weeks of the end of the clerkship rotation, the following steps will be taken:

- Per the Medical School policy, the student and their academic advisor will be notified that the requirements have not been fulfilled (i.e., the students will receive an email stating that the portfolio is incomplete, the knowledge assessment has not been taken, a write-up has not been handed in, etc.).
- Per the Medical School policy, the student has 30 days beyond the two week grace period after the end of the clerkship rotation to fulfill the requirements (i.e., hand in the portfolio, take the knowledge assessment, submit a required write-up, etc.). During these 30 days the student will be assigned a grade of "incomplete". The student will not be eligible for "Honors" even after fulfillment of the requirements.
- Per the Medical School policy, if the students still has not completed the requirements 6 weeks after the end of the clerkship rotation, a grade of "fail" will be given.

During the rotation the students will not:

1. Write orders
2. Include their write-ups in the medical record due to issues of confidentiality.

THE ATTENDING PHYSICIAN IS EXPECTED TO:

On the "Patients in Crisis" component, students should follow a variety of patients including mood disorders, psychotic disorders, personality disorders, and substance use disorders. On the "Psychiatry at the Interface with Medicine" component, students should consult on a variety of patients including cognitive disorders, mood disorders in the context of medical illness, and competency evaluations.

1. Attendings should work with the resident to assign patients for the student to follow. A guide is for the student to follow 2-4 patients at any one time.
2. Encourage student participation in rounds by having the student present daily progress reports.
3. Participate with the resident in the process of reviewing student progress notes and co-signing these notes as appropriate.

4. Suggest and discuss reading material relevant to the students' cases. Encourage presentation of this material at rounds when appropriate. **Each student must present one concise literature review on a topic determined by the attending and the student during each three week block.**
5. Closely observe and facilitate the interactions between housestaff and students.
6. Review the student's progress with team members familiar with their work and discuss the student's progress and level of performance (in person) after two weeks and again at the end of the rotation.

THE WARD RESIDENT IS EXPECTED TO:

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

THE INTERVIEW TUTOR IS EXPECTED TO:

1. During the first session, conduct a psychiatric interview and mental status examination that can be observed by the student.
2. Observe at least four patient interviews conducted by the student.
3. Provide constructive feedback to the student on interview techniques.

THE WRITE-UP TUTOR IS EXPECTED TO:

1. Review write-ups submitted by the student. The two write-ups from the "Patients in Crisis" component should be detailed and closely conform to the write-up outline at the end of this section.
2. Provide constructive feedback to the student on identification of pertinent data, structure, differential diagnosis, and bio-psycho-social treatment planning.

ER TUTOR

1. Meet with the student and evaluate a patient in crisis in the Psychiatry Emergency Room.
2. Teach the student about evaluation of suicidality and techniques for managing suicidal patients.

OUTPATIENT ATTENDING

1. Meet with the student and allow the student to participate in patient evaluation and treatment.
2. Discuss issues pertinent to the bio-psycho-social treatment of outpatients.
3. Discuss how the patient's psychiatric problems interfere with the patient's social structure. Discuss methods by which the patient might be helped to overcome these problems.

**GUIDELINE FOR STUDENT WRITE-UPS FOR
PATIENT EVALUATIONS**

It is assumed that there may be modifications in this outline in particular write-ups, since a variety of patients in a variety of different circumstances will be evaluated by the student. If a section of the outline is omitted, a statement should be included explaining why.

*****TWO WRITE-UPS ON THE "PATIENTS IN CRISIS" COMPONENT OF THE ROTATION
SHOULD FOLLOW THIS OUTLINE CLOSELY*****

I. Identifying Data:

Age, sex, marital status, ethnic and cultural background, religious affiliation, education, occupation, housing situation.

***(Student write-ups should utilize the patient's initials only to maintain confidentiality.)

II. Referral Source

III. Sources of information:

Names of informant(s), relation of informant(s) to the patient, reliability of informant(s).

IV. Chief Complaint

- A. Statement of the problem in the patient's own words.
- B. Voluntary or certified hospital status.

V. Present Illness:

- A. Sign and symptoms.
- B. Duration of symptomatology.
- C. Suicidal or homicidal ideas or plans.
- D. Longitudinal development of symptoms (reactive, episodic, chronic).
- E. Changes in functioning-interests, mood, work or school, interpersonal relationships.
- F. Vegetative-changes in output of energy, sleep, food intake, weight, sexual functioning.
- G. Precipitating factors in environment (psychosocial stressors like family/interpersonal difficulties, financial/occupational difficulties), and the patient's response to these including ingestion of drugs or alcohol, medication, toxins, accidents.
- H. Current attempts to solve present problem (including psychiatric treatment and the use of psychotropic medications).
- I. Current substance use.

VI. Past Psychiatric History:

Previous episodes, previous treatment (inpatient or outpatient), use of psychotropic medications, past suicidality or homicidality.

VII. Medical History

- A. Complete medical history and review of symptoms, including childhood diseases affecting development of the nervous system, epileptic phenomena, head trauma.
- B. Current medications - including psychiatric
- C. Allergies

VIII. Substance Use History

- A. Review patterns of usage of all drugs: alcohol, nicotine, caffeine, and illicit drugs (cocaine, marijuana, opiates, inhalants, sedatives, amphetamines, hallucinogens).
 - 1. Recent and lifetime usage
 - 2. Frequency/quantity (average/minimum)
 - 3. Method/route of administration (IV, IN, oral)
- B. Presence and severity of drug-related medical and psychosocial problems (accidents, blackouts, violence, legal problems, etc.).
- C. History of attending 12-step meetings (like alcoholics Anonymous)

IX. Family History and Background:

- A. Socioeconomic, ethnic, and religious background.
- B. Family genogram-including ages and illnesses.
- C. Family history of:
 - 1. Mental disorder, including psychiatric and/or substance abuse symptoms, diagnosis, and treatment (inpatient or outpatient), and diagnosis.
 - 2. Deviant behavior patterns, such as delinquency
 - 3. Familial diseases

X. Developmental and Social History:

- A. Chronological outline of important life events arranged by date and age.
- B. Childhood and adolescence: birth history and infancy, developmental milestones, illnesses, separations or deaths of important family members or significant others.
- C. Sexual history and sexual orientation.
- D. Marital history
- E. School, military, and occupational history.
- F. Deviant behavior patterns, including any legal problems.

XI. Mental Status Exam:

- A. Initial appearance and behavior: dress, posture, facial expression, motor activity, physical characteristics, mannerisms, reaction to interview.
- B. Speech: fluency, rate, volume.
- C. Mood (subjective)
- D. Affect (objective)
 - 1. Range R
 - 2. Appropriateness A
 - 3. Intensity I
 - 4. Lability L
- E. Thought Process
Level of organization: presence of tangentiality, loose associations, flight of ideas.
- F. Thought content
 - 1. Symptomatology involving thoughts: obsessions, anxiety/phobias, somatic preoccupation.
 - 2. Presence of delusions, ideas of persecution, influence, reference.

G. Perceptions
Derealization, depersonalization or hallucinations.

H. Presence of suicidality or homicidality

I. Cognitive functions:
1. Mini Mental State (See last page of this outline)
2. Capacity for abstraction.
3. Judgement and insight.

XII. The Physical Examination:

Physical examination including complete neurological examination. Record all pertinent positive and negative findings.

XIII. Laboratory Results:

XIV. The formulation of the case:

A. Diagnostic Impressions

1. Using the standard nomenclature of the American Psychiatric Association (DSMIV), select the most likely diagnostic possibility that may apply. Discuss other possibilities for differential diagnosis and state the reasons for your choice.

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

B. Formulation:

Discuss the patient's biological, psychological, and social predisposition contributing to the development of the disorders.

1. Biological - induce epidemiologic, genetic, medical factors.

2. Psychological-

a. Vicissitudes of development both early and adult

b. Prominent psychological defense mechanisms.

c. Adaptive capacity-tracing psychological strengths and weaknesses.

3. Social - What social stresses was the patient under (i.e. family, interpersonal, economic, legal). Evaluate social strengths and weaknesses.

XV. Workup and Treatment:

Further workup including diagnostic tests and consultations looking for medical causes.

Further history from family and others. Specific treatment recommendations, including those plans which are practical with available resources.

A. Treatment of medical illness, d/c of meds, psychopharmacological interventions.

B. Psychological-psychotherapeutic interventions.

C. Social-environmental intervention, i.e., determination of locus of treatment, living arrangements, daily activities.

XVI. Prognosis:

Probable course and outcome of the present illness.

XVII. Literature review:

Briefly discuss one article from the scientific literature and explain how it would influence your care of this patient.

XVIII. Self Reflection:

1. How did you feel while working with this patient?
2. What was your understanding of why you felt this way? Did the patient consciously or unconsciously provoke these feelings in you?
3. Could these feelings have interfered with your work with this patient?
4. How might you remain therapeutic with this patient despite having these feelings inside?

COGNITIVE TESTING

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

Mini-Mental State Exam (MMSE)

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

Montreal Cognitive Assessment (MOCA)

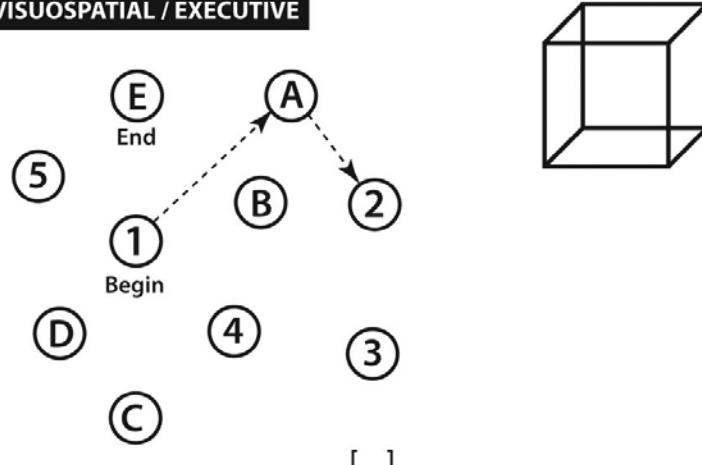
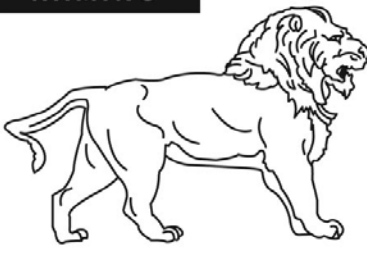
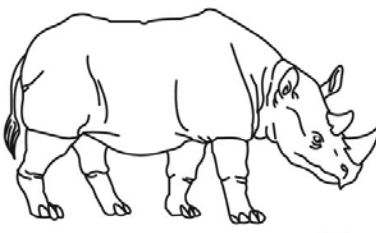
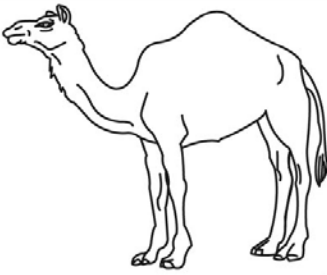
- 30-point test
- Tests orientation, memory, attention, language, executive function (clock drawing and Trails B)
- Score ≥ 26 considered normal
- Useful for screening for Mild Cognitive Impairment
- No copyright issues

Saint Louis University Mental Status Examination (SLUMS)

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

MONTREAL COGNITIVE ASSESSMENT (MOCA)
Version 7.1 Original Version

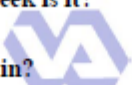
NAME : _____
Education : _____ Date of birth : _____
Sex : _____ DATE : _____

VISUOSPATIAL / EXECUTIVE		POINTS																		
 <p style="text-align: right; margin-right: 50px;">Copy cube []</p>	<p>Draw CLOCK (Ten past eleven) (3 points)</p> <p style="text-align: right;">[] /5</p>																			
NAMING																				
 []	 []	 []	___/3																	
MEMORY																				
Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>FACE</td> <td>VELVET</td> <td>CHURCH</td> <td>DAISY</td> <td>RED</td> </tr> <tr> <td>1st trial</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2nd trial</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		FACE	VELVET	CHURCH	DAISY	RED	1st trial						2nd trial						No points
	FACE	VELVET	CHURCH	DAISY	RED															
1st trial																				
2nd trial																				
ATTENTION																				
Read list of digits (1 digit/ sec.).	Subject has to repeat them in the forward order [] 2 1 8 5 4 Subject has to repeat them in the backward order [] 7 4 2	___/2																		
Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors		___/1																		
[] FBACMNAAJKLBAFAKDEAAAJAMOFAB																				
Serial 7 subtraction starting at 100 [] 93 [] 86 [] 79 [] 72 [] 65 4 or 5 correct subtractions: 3 pts , 2 or 3 correct: 2 pts , 1 correct: 1 pt , 0 correct: 0 pt		___/3																		
LANGUAGE																				
Repeat : I only know that John is the one to help today. [] The cat always hid under the couch when dogs were in the room. []		___/2																		
Fluency / Name maximum number of words in one minute that begin with the letter F [] ____ (N ≥ 11 words)		___/1																		
ABSTRACTION																				
Similarity between e.g. banana - orange = fruit [] train - bicycle [] watch - ruler		___/2																		
DELAYED RECALL																				
Has to recall words WITH NO CUE	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>FACE</td> <td>VELVET</td> <td>CHURCH</td> <td>DAISY</td> <td>RED</td> </tr> <tr> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> </tr> </table>	FACE	VELVET	CHURCH	DAISY	RED	[]	[]	[]	[]	[]	___/5								
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Optional																				
Category cue																				
Multiple choice cue																				
ORIENTATION																				
[] Date [] Month [] Year [] Day [] Place [] City		___/6																		
© Z.Nasreddine MD www.mocatest.org Normal ≥ 26 / 30		TOTAL ___/30 Add 1 point if ≤ 12 yr edu																		

VAMC SLUMS Examination

Questions about this assessment tool? E-mail aging@slu.edu.

Name _____ Age _____
Is patient alert? _____ Level of education _____

 Department of Veterans Affairs

1 1. What day of the week is it? /1

1 2. What is the year? /1

1 3. What state are we in? /1

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


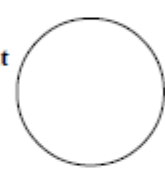
5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.
1 How much did you spend?
2 How much do you have left? /3

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

7. What were the five objects I asked you to remember? 1 point for each one correct. /5

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

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.
2 Hour markers okay
2 Time correct /4

1 10. Please place an X in the triangle.   /2

1 Which of the above figures is largest?

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

2 What was the female's name? /8
2 When did she go back to work?
2 What work did she do?
2 What state did she live in?

TOTAL SCORE _____



SAINT LOUIS
UNIVERSITY



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

* Mild Neurocognitive Disorder

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