# 4a. Psychiatry Curriculum

## **PSYCHIATRY**

Course title **Psychiatry** Course type Core rotation Duration 6 weeks

Major hospital sites Mercy Medical Center, Rockville Centre, NY

Jackson Park Hospital, Chicago, IL

**Clinical chair Dr. Ronald Brenner Assistant chair Dr. Sumeet Singh** 

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## CLINICAL CHAIR: DR. RONALD BRENNER ASSISTANT CLINICAL CHAIR: DR. SUMEET SINGH

#### 1. COURSE OVERVIEW:

**COURSE Psychiatry Core Rotation** 

**LENGTH** 6 weeks **METHODS OF EVALUATION**Attendance

Attitude, professional behavior,

Patient evaluation, case presentation and summaries [written and oral]

Knowledge of differential diagnosis, initial and ongoing therapies

Technical skills, where required

Oral and written quizzes

NBME Clinical clerkship examination

Mid-course [three week] formal feedback session [not part of final grade]

**GRADING** 75% - Preceptor Evaluation

10% - Logs

10% - Final Examination [NBME]

5% - Attendance

Notes: A minimum passing grade on each area listed above is required to receive a final grade.

No grade will be given until complete clinical logs and multimedia assignments have been completed and submitted

**Note:** See the XUSOM Academic Policies and Procedures Manual for students for information on overall academic and financial policies governing all rotations.

#### 2. COURSE DESCRIPTION:

The clerkship in Psychiatry familiarizes the student with the psychological aspects of human behavior in health and disease, and the diagnosis and management of psychiatric interviews and on performing mental status examinations. The student observes interviews and conducts psychiatric examinations under supervision.

During the clinical rotations, students spend a period of time on an inpatient psychiatric service where they apply the training received under supervision of house staff and clinical faculty. In most instances students also receive experience with outpatient psychiatry, child psychiatry, and substance rehabilitation programs.

This course will be taught through a series of lectures, group discussions, observation, Grand Rounds, clinical/hospital interaction, assignments, and case studies under the direction of the doctors and/or senior residents at the hospital, clinic, or private office. Students will further demonstrate knowledge of the core through completion of case studies and assignments as determined by the doctors and/or senior residents.

### 3. COURSE OBJECTIVES:

Upon successful completion of this course the student will be able to:

- Conduct an adequate psychiatric examination that is compassionate, appropriate, and effective in children, adolescents and adults including the geriatric population;
- Understand the diagnostic requirements for the common psychotic and affective disorders, in order to be able to provide a reasonable differential diagnosis for each patient [DSM-5];
- · Identify common psychiatric emergencies and reasons for involuntary commitment;
- Describe the standard treatment for the common psychiatric disorders, in order to be able to develop an initial treatment plan;
- Identify and describe the common side effects of frequently used drugs and other treatment modalities in psychiatry;
- Understand the association between psychiatric and other illnesses;
- Understand the relationship of psychiatry to medical practice;
- Realize the importance of a professional and compassionate doctor/patient/family relationship and to develop the necessary skills for this.

# 4. OBJECTIVES OF CLINICAL SKILLS TRAINING (MODIFIED AND ADOPTED FROM ASSOCIATION OF AMERICAN MEDICAL COLLEGE (AAMC) GUIDELINES FOR UNDERGRADUATE MEDICAL EDUCATION (UME):

- 1. The ability to understand the nature of, and demonstrate professional and ethical behavior in, the act of medical care. This includes respect, responsibility and accountability, excellence and scholarship, honor and integrity, altruism, leadership, cultural competency, caring and compassion, and confidentiality.
- 2. The ability to engage and communicate with a patient, develops a student-patient relationship, and communicate with others in the professional setting, using interpersonal skills to build relationships
- 3. For the purpose of information gathering, guidance, education, support and collaboration.
- 4. The ability to apply scientific knowledge and method to clinical problem solving.
- 5. The ability to take a clinical history, both focused and comprehensive.
- 6. The ability to perform a mental and physical examination;
- 7. The ability to select, justify and interpret selected clinical tests and imaging;

- 8. The ability to understand and perform a variety of basic clinical procedures;
- 9. The ability to record, present, research, critique and manage clinical information.
- 10. The ability to diagnose and explain clinical problems in terms of pathogenesis, to develop basic differential diagnosis, and to learn and demonstrate clinical reasoning and problem identification;
- 11. The ability to understand and select clinical interventions in the natural history of disease, including basic preventive, curative and palliative strategies
- 12. The ability to understand and to formulate a prognosis about the future events of an individual's health and illness based upon an understanding of the patient, the natural history of disease, and upon known intervention alternatives.

### 5. LINKAGE WITH THE EDUCATIONAL OBJECTIVES OF XUSOM:

#### **XUSOM Educational objective Course objectives** Learning Assessment methods methods Preceptor The Science and Practice Of Medicine · Understand the diagnostic Lectures requirements for the common Evaluation Apply scientific principles and a multidisciplinary body of scientific psychotic and affective disorders, Group knowledge to the diagnosis, management, and prevention of clinical, discussions Log books in order to be able to provide a epidemiologic, social and behavioral problems in patient care and reasonable differential diagnosis Observation Multimedia related disciplines. for each patient [DSM-5] assignments Understand the variation in the expression of health and disease Identify and describe the Grand through critical evaluation of both patients and the scientific literature. common side effects of On-call rounds Apply knowledge of study design and statistical methods to the frequently used drugs and other evaluation appraisal of clinical studies and other information on diagnostic and treatment modalities in Clinical/ therapeutic effectiveness psychiatry hospital interaction, Assignments Case studies **Clinical Competence** Conduct an adequate psychiatric Lectures Preceptor examination that is Evaluation Obtain a sufficient level of medical knowledge to understand the basic compassionate, appropriate, and Group effective in children, adolescents discussions Log books facts, concepts, and principles essential to competent medical practice. Exhibit the highest level of effective and efficient performance in data and adults including the geriatric Observation Multimedia gathering, organization, interpretation and clinical decision making in population assignments the prevention, diagnosis, and management of disease. Grand Communicate effectively using caring and respectful behaviors when rounds On-call interacting with patients, families and members of the health care evaluation Clinical/ Perform all technical procedures accurately and completely, to the hospital extent considered essential for the area of practice and level of interaction, education Understand and appropriately use medically related information Assignments Effectively use the resources of the entire health care team in treating Case studies disease, preventing future health problems and maintaining the health of individuals The Social Context Of Medicine Identify common psychiatric Lectures Preceptor emergencies and reasons for Evaluation Understand and respond to factors that influence the social, behavioral, Group involuntary commitment and economical factors in health, disease and medical care working to discussions Log books be able to provide care that is of optimal value. Observation Multimedia Advocate for quality patient care and assist patients in dealing with assignments system complexities Grand Begin to understand the complexities of the entire health care practice rounds On-call and delivery system, managers, payers, providers, organizations and evaluation bureaucracy in defining access, cost, value and outcomes

Clinical/ hospital interaction,

Assignments

Case studies

Describe the standard treatment Lectures for the common psychiatric disorders, in order to be able to develop an initial treatment plan; discussions Log books

Preceptor Evaluation Group

Observation Multimedia

assignments Grand

rounds On-call

evaluation Clinical/

hospital interaction,

Assignments

Case studies

Realize the importance of a Lectures professional and compassionate doctor/patient/family relationship Group and to develop the necessary

skills for this

illnesses;

Understand the relationship of

psychiatry to medical practice

Preceptor Evaluation

discussions Log books

Observation Multimedia

assignments

evaluation

Grand rounds On-call

Clinical/ hospital interaction,

Assignments

Understand the association between psychiatric and other

Case studies Lectures Preceptor Evaluation

Group

discussions Log books

Observation Multimedia assignments

Grand rounds

On-call evaluation

Clinical/ hospital interaction,

Assignments

Case studies

## **Professionalism**

Communication

- Display the personal attributes of compassion, honesty and integrity in relationship with patients, families, and the medical community.
- Adhere to the highest ethical standards of judgment, conduct and accountability as each applies to the health care milieu.

Demonstrate effective and compassionate interpersonal

and sustain effective medical care.

communication skills toward patients and families necessary to form

Present information and ideas in an organized and clear manner to

Understand the complexity of communication including non-verbal,

explanatory, questioning and writing in a culturally appropriate context

educate or inform patients, families, colleagues and community.

- Demonstrate a critical self-appraisal in his/her knowledge and practice of medicine, as well as received and give constructive appraisal to/from patients, families, colleagues and other healthcare professionals.
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities

#### **Lifelong Learning**

- · Understand the limits of personal knowledge and experience and demonstrate the intellectual curiosity to actively pursue the acquisition of new scientific and clinical knowledge and skills necessary to refine and improve his/her medical practice, assure excellent care of patients, or to contribute to the scientific body of medical knowledge throughout
- Understand the concepts of analyzing practice experience and perform practice-based improvement activities using a systematic methodology
- Understand methods to obtain and use information about their own population of patients and the larger population from which their patients are drawn

#### 6. OVERALL CURRICULUM:

#### Note to the student:

- This is a suggested weekly curriculum undertaking a minimum of two modules or topics per week.
- By the end of the rotation, the student should have covered all topics listed.

- The individual preceptor, based on scheduling, patient population and other factors may alter the order of the topics or assignments.
- In addition, the student should complete all Skills Modules
- At the end of week 3, the student should request a formal feedback session from the preceptor on their progress.
- At the end of week 4, or beginning of week 5, the student should **ensure that Comprehensive Examination has been scheduled.**

#### Week 1:

- An introduction to Psychiatry.
- · Principles of Diagnosis.
- Emergency and Acute care.
- Suicidal Ideation.
- · Homicidal Ideation.
- · Neuroleptic Malignant Syndrome.
- · Mood Disorders.
- Major Depressive Disorders.
- Major Depressive Episode.
- · Dysthymic Disorder.
- · Seasonal Affective Disorder.
- · Manic Episode. Bipolar Disorder.
- · Mood Disorder Due to a Medical Condition.

#### **Week 1 Assignments**

Waldinger – Chapters 1, 2, 3, 4, 6, 15, 16
Access Medicine Psychiatry Case Files - #21, #9, #10, #12, #13, #15, #7, #14

#### Week 2:

- · Anxiety Disorders.
- · Panic Attacks.
- · Panic Disorder.
- · Specific Phobia.
- · Social Phobia.
- Acute Stress Disorder.
- · Posttraumatic Stress Disorder.
- · Generalized Anxiety Disorder.
- Obsessive-Compulsive Disorder.
- · Anxiety Due to a General Medical Condition.
- Eating Disorders

#### **Week 2 Assignments**

Waldinger – Chapters 8, 12, 17, 18 Access Medicine Psychiatry Case Files - #25, #20, #28, #22, #23, #18, #19, #17, #16

#### Week 3:

- · Schizophrenia and Other Psychotic Disorders.
- Schizophrenia.
- · Schizophreniform Disorder.

- · Schizoaffective Disorder.
- · Delusional Disorder.
- Brief Psychotic Disorder.
- Shared Psychotic Disorder (Folie a Deux) Medical Condition.
- · Personality Disorders.
- · Cluster A Personality Disorders.
- · Cluster B Personality Disorders.
- · Cluster C Personality Disorder

#### **Week 3 Assignments**

Waldinger – Chapters 5, 7 Kaplan and Saddock – Chapter 23

Access Medicine Psychiatry Case Files - #49, #50, #57, #53, #52, #55, #51, #56, #5, #48, #6, #54, #31, #32

#### Week 4:

- · Substance-related Disorders.
- Substance Intoxication.
- Substance Abuse.
- Substance Dependence.
- · Substance Withdrawal.
- · Alcohol-related Disorders.
- Caffeine-related Disorders.
- · Cannabis-related Disorders.
- Nicotine-related Disorders.
- · Cocaine -related Disorders.
- Amphetamine Related Disorders.
- · Opioid-related Disorders.

#### **Week 4 Assignments**

Waldinger – Chapters 11, 14, Appendix B, D, E Access Medicine Psychiatry Case Files – #38, #43, #45, #44, #59, #40, #39, #11, #41, #42

#### Week 5:

- · Sleep Disorders.
- · Stages of Sleep.
- · Insomnia.
- Sleep Apnea Syndrome.
- · Narcolepsy.
- · Circadian Rhythm Sleep Disorder.
- · Parasomnias.
- · Somatoform and Factitious Disorders,
- · Somatization Disorder.
- · Conversion Disorder.
- Hypochondriasis.
- · Factitious Disorder.

#### **Week 5 Assignments**

Waldinger - Chapter 8

Access Medicine Psychiatry Case Files - #27, #33, #30, #34, #60, #35, #29

#### Week 6:

- · Sexual and Gender Identity Disorders.
- Sexual Dysfunctions.
- · Paraphilias.
- · Gender Identity Disorders.
- Other Common Psychiatric
- · Disorders.
- · Adjustment Disorder.
- · Dissociative Disorder.
- · Delirium. Dementia.
- · Child Psychiatry.
- · Mental Retardation.

#### **Week 6 Assignments**

Waldinger - Chapters 9, 10, 12, 13

Access Medicine Psychiatry Case Files -#24, #3, #2, #8, #37, #26, #46, #58, #36, #47, #1, #18, #4

#### 7. LEARNING RESOURCES:

#### **REQUIRED READING**

Psychiatry for Medical Students, Third Edition, Robert J. Waldinger.

**URL to purchase book -** http://www.amazon.com/Psychiatry-Medical-Students-Robert- Waldinger/dp/ 0880487895/ref=sr\_1\_1?ie=UTF8&qid=1456851820&sr=8-

1&keywords=Psychiatry+for+Medical+Students+waldinger **OR Free PDF link (without chapter numbers)** - http://brain101.info/Psychiatry.pdf

#### 2. Synopsis of Psychiatry, Tenth Edition, Kaplan & Saddock

**URL to purchase book -** http://www.amazon.com/Kaplan-Sadocks-Synopsis-Psychiatry- Behavioral/dp/ 078177327X

#### SUPPLEMENTAL OR ALTERNATIVE READING

- 3. American Journal of Psychiatry
- 4. Archives of General Psychiatry
- 5. European Psychiatry
- 6. Journal of Clinical Psychiatry
- 7. Journal of Psychiatry
- 8. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition Washington D.C. American Psychiatric Association