

Orientation to 4th year Psychiatry

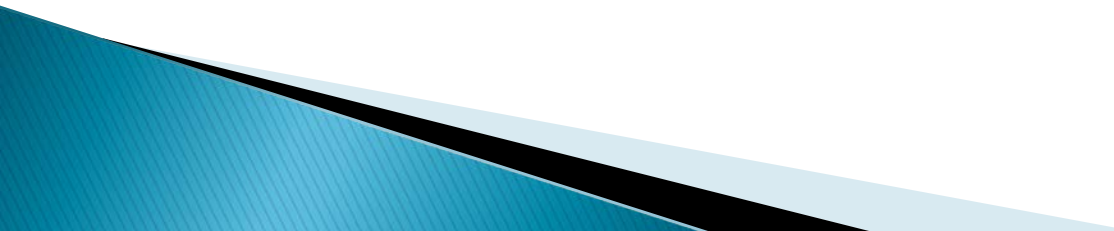
2012

Department of Psychological Medicine
University of Auckland



- ▶ Do you know everyone in the group?

Basic Knowledge that students need to know

- ▶ Psychiatric history taking
 - ▶ Mental status examination
 - ▶ Formulating a working differential diagnosis using DSM IV
 - ▶ Overview of Management
 - ▶ Observing ongoing interaction between patient, family and doctor; understanding why is this happening “now”
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Attitudes

▶ Respectful

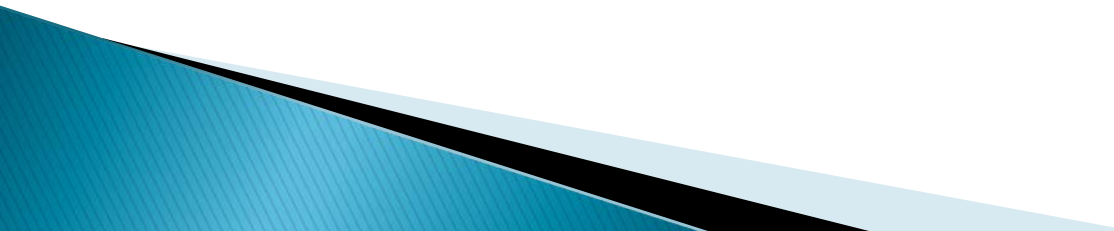
- towards patients, families, teams; lack of respect particularly on patients can result in failure;
- in lectures, workshops– minimise talking, TURN OFF cell phones, NO TXTNG
- Promptness***
- Flippant comments, un-PC remarks***

▶ Team work– writing notes, researching , getting lab results, referrals; interviewing and presenting cases

▶ Openness to learning– ask questions all the time (medical colleagues, non medical team members), book, journals, patients, families, support groups, movies etc)

▶ Fun– learning about the mind, self discovery, family dynamics, about yourself and partners

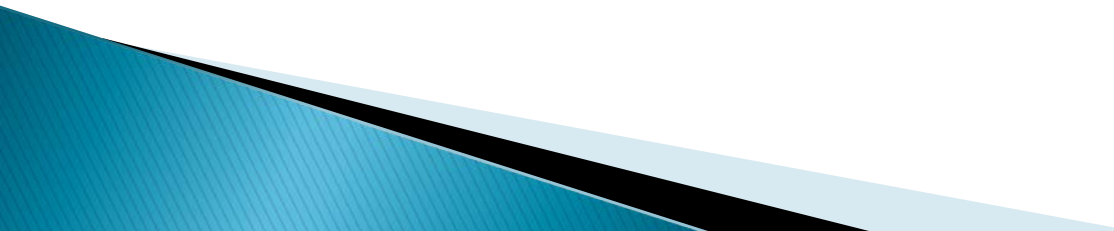
Patient Contact

- ▶ Huge variation depending on clinical placement
 - ▶ Observed interviews, chasing lab results, doing physicals, doing write ups to plain observation (outpatient clinics)
 - ▶ Make sure 4th year and 6th year psychiatry placements are complementary (in-patient versus out-patient)
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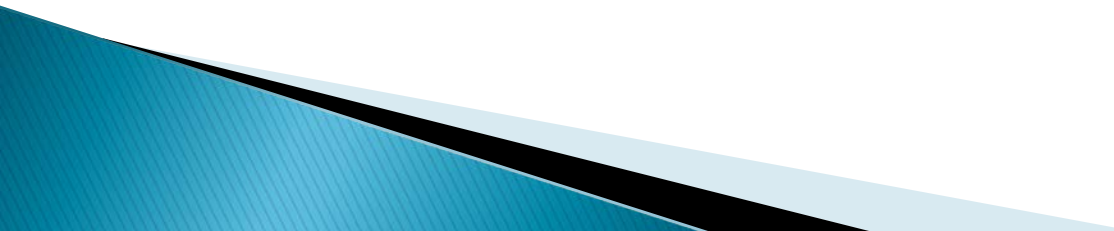
Precautions

- ▶ Dangerous or disinhibited patients (psychotic, manic, intoxicated, head injured)
- ▶ Can see patients alone after clearance from consultant or registrar

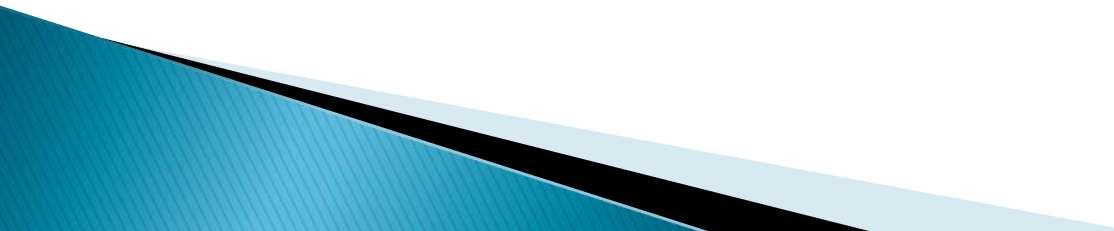
Attire

- ▶ Suggestion is smart casual
 - ▶ Avoid ties unless specifically instructed by consultant; avoid scarves, shorts, mini skirts, short tops that expose abdomen, jandals, lots of jewelry
 - ▶ Ask yourself– “ Will my patients respect me as a medical professional with this attire?”
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Attachment Locations

- ▶ Phone numbers and addresses will be provided
 - ▶ Ask Saira if still unsure
 - ▶ Some are assigned in areas which are somewhat difficult to access by public transport– make changes/ swaps early
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Overall Structure for 6 weeks

- ▶ 1st 3 days campus teaching
 - ▶ Thursday Workshops
 - ▶ On call nights with registrar
 - ▶ Midrun– ask for feedback from supervisor
 - ▶ 5 ½ weeks of clinical exposure
 - ▶ Switching within regions for a few days (must inform consultants involved)
 - ▶ Remember that you have 4 more weeks as a TI to round-up your clinical psychiatry experience
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Assessment*

- ▶ End of year assessment
 - SAQ's numerical
- ▶ Course Work
 - CAT D/P/F
 - 3 case histories D/P/F
 - Ward (Supervisor) D/P/F
 - Logbook Pass/ Fail
- ▶ Students must pass all the components of the Internal Assessment to pass the course
- ▶ Overall Distinction: Distinction in Ward and Case History*
 - * might be revised to Distinction in 2 out of 3 (Supervisor report, Case History, Video Examination)

Internal Assessment

- Ward grade/ Supervisor Report
- CAT
 - Present to team; marked by your supervisor; marking sheet handed in last week
 - No need to submit GATE frame; but use GATE frame principles in analyzing your paper

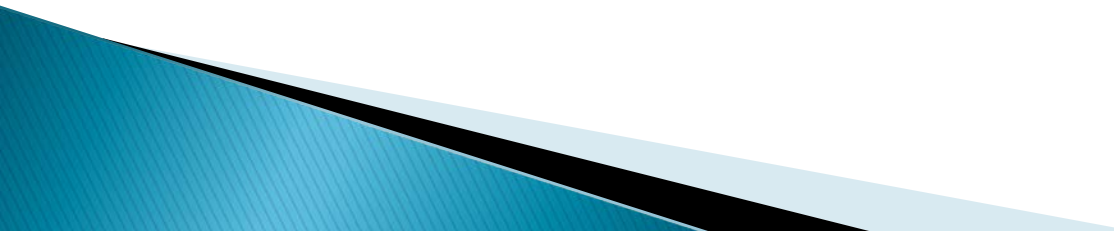
Case Histories

- Case Histories
 - 3 case histories submitted
 - recommended to be reviewed with consultant/ registrar
 - expectations/ level of detail found in the student notes
 - see Student Notes for further instructions and example
 - case history issues:
 - bad spelling or grammar can affect your grade
 - If English is second or third language, please ask a native English speaker to review/ proofread
 - Poor timeline; keep time line clear in the History of Presenting Complaint and Past Psychiatric History
 - Very complex cases where student is unable to address pertinent issues; avoid diagnostic dilemmas
 - Safety issues not well described and or inadequately managed in the discussion

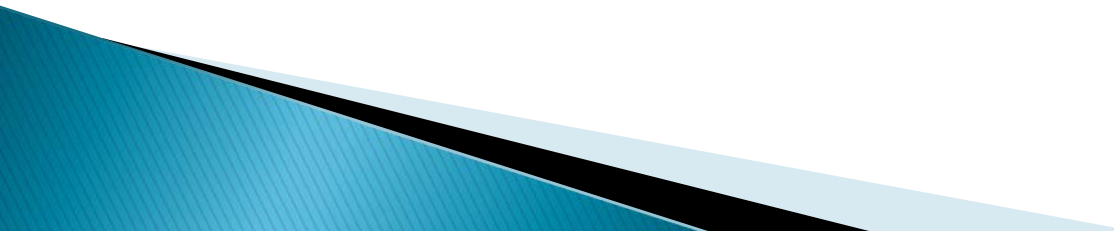
Internal Assessment*

- Logbook (must fulfill most tasks; pass or fail)
 - Based on patient contact
 - Checklist of tasks to guide learning
 - Tasks 6,7,9 highly recommended but not required
 - If patient not available for task 6,7– use teaching software
 - For substance abuse, attend Alcoholics Anonymous meeting
 - For ECT, view surgeon’s own account of his ECT
 - www.ted.com/index.php/talks/view/id/189
 - If task is not possible, consultant should write a brief note and sign the task as “ not possible during the run”

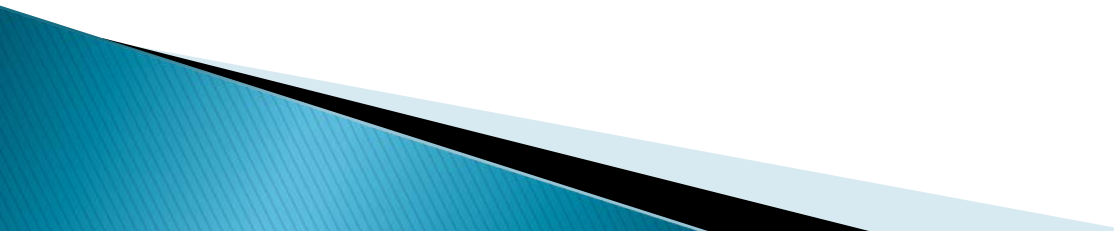
Logbook issues:

- 1) Unfulfilled tasks which are not countersigned by supervisor
 - 2) Unanswered questions/ blanks
 - 3) Incomplete Mental State Exams, particularly safety
 - 4) Poor reflection of cases
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Submitted at the end of the run

- ▶ Logbook
 - ▶ 3 case histories
 - ▶ CAT
 - ▶ Clinical supervisor report + CAT mark
 - ▶ Course evaluation
 - ▶ Self care project–optional
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- ▶ Can be submitted before the last day; no extensions
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Feedback/ Evaluation of Course

- ▶ End of the run
 - ▶ Done when requirements are handed in on the last week
 - ▶ Taken seriously– for future development of the course
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Readings

- ▶ Foundations of Clinical Psychiatry, Bloch and Singh, editors; 3rd edition
- ▶ Introductory Textbook of Psychiatry by Andreasen and Black, 3rd ed
- ▶ Interview Guide for Evaluating DSM IV Psychiatric Disorders and the Mental Status Examination by Mark Zimmerman
 - very practical in assessing patients

Readings

- ▶ General Practice Psychiatry edited by Blashki, Judd and Piterman
- ▶ Kaplan and Sadock's Comprehensive Textbook of Psychiatry
- ▶ <http://eprints.utas.edu.au/287/>
- ▶ Psychiatry online library database at Philson.
 - American Psychiatric Association Textbook of Psychiatry
 - DSM IV

Learning Resource

- ▶ Psychiatry Assessment Teaching Software (PATs) available at Grafton Information Commons and Philson
 - Will help with Mental Status Examination, Formulation of Diagnosis and Management Plan
 - Will help with Case History

Video examples of mental status findings

- ▶ http://www.hsc.wvu.edu/aap/Video/video_page.htm

Mid run check

- ▶ mid run evaluation with clinical teacher
 - Check on deficits, good points, passing? Failing?

Attendance

- ▶ Randomly checked in lectures, workshops
- ▶ In clinical attachment and lectures, you have to show up PROMPTLY
- ▶ If consultant is not around, make sure you report to another doctor (not nurses, SW) who will be responsible for checking on your performance—miscommunication have resulted in failures in the ward grade

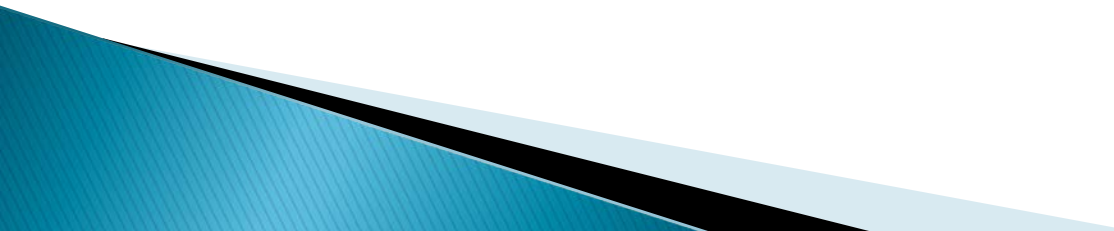
Honesty

- ▶ Logbook entries
 - ▶ Case histories
 - ▶ Examinations
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- ▶ Cheating is taken very seriously (fictitious entries in the logbook; plagiarizing books, electronic databases, charts without acknowledging source)

Confidentiality and Boundaries

- ▶ Patients and their families/ supports
- ▶ Patient records***
- ▶ Internet surfing***
- ▶ Case histories/ logbook–
 - Change identifying information (initials, DOB) !!!
 - Delete personal copies from personal computers, external hard drives
- ▶ Remember your “role” as part of the treatment team; not as a “friend”
- ▶ Asking sensitive questions i.e. sexual trauma, make sure discuss with consultant first if appropriate
- ▶ Facebook, tweeter implications; privacy settings, photos, postings
- ▶ If in doubt, consult with your supervisor or coordinator ASAP

Announcements for this group

- ▶ Wednesday Lunch!
 - ▶ Interested in psychiatry as a career– let us know
 - ▶ (8–10%)
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Coordinators

- ▶ Head of Department
 - Prof Rob Kydd
- ▶ Regional coordinators (contact ASAP if with issues/ questions)
 - Simon Bainbridge for Counties Manukau
 - Tony Fernando for Central Auckland
 - Wayne De Beer for Waikato
 - TBC for North Shore and West Auckland
 - James Cavney for Mason Clinic
- ▶ 4th year coordinator
 - Associate Professor Simon Hatcher
s.hatcher@auckland.ac.nz
 - Saira Khan s.khan@auckland.ac.nz
 - Or call the department 3737599 ext 86751