Ward Expectations for TI's in Psychiatry

Students are assigned to clinics or in-patient units for 4 weeks. We encourage students to swap among different units so that they get a more rounded exposure of psychiatry. Make sure that the consultants involved are made aware of these proposed swaps well ahead of time. You have to obtain their permission to do the swaps.

There are down times during the run and these are perfect opportunities to study for the OSCE. Aside from reading the recommended references listed below, remember to review your fourth year notes.

In the middle of the run, you are required to sit down with your consultant and discuss how things are going for you. This is a good time to get feedback regarding your performance as a TI. This is also an opportunity for you to express your needs/ thoughts about the run. Your consultant has to document in your marking sheet if a feedback session has occurred. We are instituting a formal feedback process in response to comments from past TIs that they were never provided any feedback by their supervisors.

During your ward run, you are encouraged to interview patients with your consultants/ registrars. You are also expected to assist in writing notes, reviewing medical records, doing physical and neurologic exams as well as following labs. You are not expected to do on-call but it is highly encouraged.

Since you are dealing with sensitive histories, you are expected to respect the confidentiality of your patients. You cannot discuss their cases with anyone outside the treatment team.

Because medical records are electronic, it is easy to look up files. You cannot look up files outside of your case load. These can be tracked. Students have been severely sanctioned because of this.

You are not allowed to do non work related surfing of the internet on work computers. A student has been censured for an incident in 2007.

Please discard and delete all hard/electronic copies of histories, reports, notes on patients.

On your last day in psychiatry (day of the OSCE) you are expected to hand in your ward marking sheet to Saira Khan. You are also expected to fill out an evaluation form for your run.

Viva / OSCE:

The Viva/OSCE is a standardised observed clinical assessment in psychiatry for interns at the end of their 4 week run. The main goal of the Viva is to assess the intern's skills in several areas:

1 Interviewing skills which includes ability to make rapport, eye contact, use of open ended vs close ended questions, following up leads, gathering pertinent information and exploring social/family background.
2 Ability of intern to make patient feel at ease
3 Ability to perform and report properly a mental status examination
4 Ability to summarise a case succinctly
5 Ability to come up with a working diagnosis and differential diagnosis using the DSM4 5 axis
6 Ability to formulate a safe and appropriate management plan using the biopsychosocial model
7 Ability to explain to a patient, in layman's terms their diagnosis, situation, treatments

Actual Process:

A scenario is provided to the intern ie. "You are the locum GP in a surgery and a new patient arrived complaining of low mood". The intern is given 15 minutes to interview an actor/patient. The interview is videotaped for quality control purposes. It is expected that the intern should obtain all the necessary information to make a diagnosis during this limited time. After 15 minutes, the interview is discontinued and the intern is assessed by the examiner/s. The question and answer portion lasts for 15 minutes.

Though the examiners can ask anything relevant to the case, the usual questions focus on:

1 brief summary of the case

2 mental state findings
3 multiaxial diagnosis - 5 axes plus differentials
4 safety management
5 biopsychosocial management

Most interns do well in the OSCE. The very small minority who do not fare well fail because of the following:

1 poor rapport with the patient (ie checklist type of interrogation)
2 inability to elicit safety risks (to self , others or self care)
3 unable to follow important cues
4 superficial formulation
5 inadequate details in the management

OSCE MARKING: -see separate sheet

Tips on surviving the OSCE

1 View practice OSCE videos/ CDrom.
2 Arrange practice interviews with your respective consultant/registrar or even classmates (at least twice).
3 Know how to diagnose and manage the following mental disorders
   a major depression and bipolar disorder (depressed or manic)
   b schizophrenia and schizoaffective disorder
   c anxiety disorders GAD, panic, social phobia, OCD, PTSD
   d somatoform disorders
   e cognitive disorders - dementia and delirium
   f substance abuse/dependence
   g personality disorders

Interns in the past are generally good in diagnosing depression and schizophrenia but are marginal or poor with the rest.

Remember that co-morbidity is quite common. A depressed patient can have anxiety symptoms or a psychotic patient may be self medicating with alcohol.

4 Know the mental status examination by heart and be able to report it systematically and confidently (BOTTAMIS/ BOATPIS).

5 Have a watch so you can monitor the time (15 minutes). Make sure that by the 10^{th} - 12^{th} minute, you have reviewed PASSS (see below) particularly safety.

6 Force yourself to use open ended questions the first few minutes of the interview. You will gain more information from open ended questions the first few minutes rather than asking a litany of checklist questions

7 DO NOT FORGET to check for current suicidal/homicidal ideation, plan and intent; screen for these items in a non-intrusive manner; screen for self care issues. Examples of self care issues include the following: for eating disorder patients- eating, drinking fluids; for dementia or manic patients- management of finances, wandering onto traffic/ bush; for dementia patients- leaving stove on, forgetting to take life saving medications like insulin; for manic patients- sexual indiscretions.

8 Mnemonic PASSS (as in PASSs your OSCE) can be helpful. These are the minimum items you should elicit in an interview

P - psychotic symptoms

A - affective symptoms; depression and manic

S - safety risks to self/others

S - substances and alcohol

S - stressors

9 When you are presenting the case to the examiners - talk to them as if you are discussing a case to a colleague. Report the salient features of the case and MSE with confidence. Look at them in the eye (but don't stare!) and pretend as if you are just discussing your own patient to another doctor. If they do not interrupt your reporting - discuss your

case from summary - mental state findings - diagnosis - management seamlessly.

10 While discussing your diagnosis and differentials - justify why you considered them and what goes against them.

11 While discussing your management - discuss the rationale why you are doing so. Discuss safety issues/risk management first to get it out of the way. Forgetting to discuss safety risks can mean failing the whole OSCE. Remember that if you have safety concerns regarding your patient, if appropriate, you can always invoke the Mental Health Act. Management of unsafe patients range from hospitalisation, admission to respite, utilising respite nurses, crisis team visits, involvement of family/support or more frequent community visits. Know what the appropriate interventions are for the different clinical situations.

12 Report to the examiners other information you want to obtain to completely manage your patient. This often includes historical information from family members/ supports, medical records, laboratory investigations, physical and neurological examinations. Be specific and know why you want the information.

13 For medications - try to be specific with a drug you are familiar with, discuss the dose and the expected side effects.

14 Be familiar with the different psychological interventions - their definitions and uses. Be able to explain these interventions using layman's terms. Use social interventions if necessary (ie housing assistance, income support, increasing family involvement).

15 Recommended references include: Management of Mental Disorders by Gavin Andrew and Mark Oakley Brown and Mark Zimmerman's- Interview Guide for Evaluating DSM IV Psychiatric Disorders and the Mental Status Examination. Other excellent references are:

   a. http://eprints.utas.edu.au/287/
   b. General Practice Psychiatry by Blashki

16 Make sure you practice with the teaching software that we specifically developed for Auckland medical students. This is the Psychiatry Assessment Teaching Software or PATS. You can access this from

Grafton Information Commons. CD's are also available from the department. In the future, this will be available at Philson as well.

Please contact Dr Tony Fernando or Saira Khan if you need clarification about your run, OSCE or if you need any assistance with your psychiatry review. Dr Fernando is generally available on Thursdays for student consultations. For Dr Fernando's contact: a.fernando@auckland.ac.nz or +6421 644356. For Saira: s.khan@auckland.ac.nz or 3737599 extension 86751.

For the OSCE:

Know the **key features of each condition in each diagnostic group**. The student should also know how to **manage** all of the following the conditions using the biopsychosocial model.

Diagnostic Groups (Mnemonic: PMASC PMS)

Psychotic disorders
- Schizophrenia
- Schizoaffective d/o
- Schizophreniform
- Delusional d/o
- Brief Psychotic Disorder

Mood disorders
- Adjustment d/o
- Major Depressive d/o (know subtypes- postpartum, depression with psychosis, atypical)
- Bipolar d/o (2 phases)
- Dysthymia

Anxiety d/o
- GAD, Social phobia, OCD
- PTSD, Panic d/o

Somatization d/o
- Somatoform
- Hypochondriasis
- Pain d/o
- Conversion d/o
- Body Dysmorphic d/o

Cognitive Disorders
- Delirium
- Dementia

Personality Disorders
- Clusters A,B,C
- Must know borderline PD and antisocial PD well

Medical Condition causing psychiatric presentation
- Know the different medical conditions that can cause psychiatric symptoms. Examples include: thyroid d/o, Cushings, pheochromocytoma; CNS infections, tumours, ischemic conditions; connective tissue conditions

Substance Abuse and Substance Dependence