Psychiatry Clerkship Syllabus for Medical Students
Course # CLK-119

Department of Psychiatry and Behavioral Neuroscience
Stritch School of Medicine

Period 6BC
November 16, 2009 – December 23, 2009

Department of Psychiatry and Behavioral Neuroscience

Clerkship Coordinator is located in:
Educational Affairs Office:
SSOM Room 320
Telephone Number: (708) 216-2109

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SECTION I: ADMINISTRATIVE

PSYCHIATRY CLERKSHIP SERVICE ASSIGNMENT 6BC PSYCHIATRY ROTATION

HINES VA INPATIENT (708) 202-2817

SUPERVISOR			
ATTENDING	RESIDENT	RESIDENT	STUDENTS
Dr. Martin			Ryan Carreon
Dr. Martin			Diana Flint
Dr. Martin			Tiffany Dugan
Dr. Ripeckyj (Geriatrics)			James Martin
Dr. Ripeckyj (Geriatrics)			Michael Redinger
Dr. Asadi (Substance Abuse)			Elizabeth Klein

HINES INTAKE (708)

SUPERVISOR			
ATTENDING	RESIDENT	RESIDENT	
Dr. Cherian			Tayyab Khan
Dr. Cherian			Naseem Helo

HINES VA CONSULTS (708) 202-3259

SUPERVISOR			
ATTENDING	RESIDENT	RESIDENT	
Dr. Mulligan			Kirstyn Brownson
Dr. Mulligan			Monika Krezalek
Dr. Mulligan			Jason Somogyi

LOYOLA CONSULTS PGR 68777-11155

SUPERVISORS			
ATTENDING	RESIDENT	RESIDENT	
Drs. Rao & Meresh			Kimberly Schreiber
Drs. Rao & Meresh			Michael Voronov
Drs. Rao & Meresh			Shawn Prakash

MADDEN (708) 338-7103

SUPERVISOR			
ATTENDING	RESIDENT	RESIDENT	
Madden			Tara Abraham
Madden			Catherine Huml
Madden			Ann Jayaram
Madden			Vijaya Rao
Madden			Adrienne Jones

2. CLINICAL SITE ORIENTATIONS:

TUESDAY, NOVEMBER 17, 2009 WEEK ONE

- **Loyola Consultation Service students** meet with Dr. Meresh at 8:30 a.m., Bldg. 105 Conference Room 1945.
- **Hines students** will meet with Dr. Davis in the Hines Psychiatry Bldg., 1st floor, North Wing, Room 1088 at 9:00 a.m. Dr. Davis may be contacted at 202-2470 or paged at 988-5431.
- **Madden students** should report to the Administrative Office at 9:00 a.m. and ask to speak with Dr. Sharpe.

6BC Psychiatry Clerkship Lecture Schedule

WEEK 1 – Monday, November 16, 2009			
Bldg/Rm	**Time**	**Lecture Title**	**Lecturer**
SSOM/360	8:15-9:15	Clerkship Orientation	David Schilling, MD
	9:15-11:00	On Call Assessment & Mental Status Exam	David Schilling, MD
	11:00-12:15	Interviewing	Karen Hadley, MD
	12:15-1:00	LUNCH BREAK	
Hines VA Bldg 1/Rm F-439	1:00-3:00	VA Computer Orientation	
SSOM/360	3:30-4:30	Suicide Assessment	Megha Chadha, MD

WEEK 1 – Tuesday, November 17, 2009			
Bldg/Rm	**Time**	**Lecture Title**	**Lecturer**
SSOM/360	12:00-1:00	SPPAM Orientation	David Schilling, MD
	1:00-2:30	Personality Disorders	Heather Eisele, MD
	2:30-4:30	Psychotropic Medications	Sittanur Shoush, MD

WEEK 1 – Wednesday, November 18, 2009			
Bldg/Rm	**Time**	**Lecture Title**	**Lecturer**
SSOM/345	1:00-4:00	Schizophrenia Learning Block	David Schilling, MD

WEEK 1 – Friday, November 20, 2009			
Bldg/Rm	**Time**	**Lecture Title**	**Lecturer**
SSOM/360	12:00-1:00	SPPAM Demo	Tyler Clark
	1:00-2:00	Neuropsychiatry Learning Block	Murali Rao, MD
	2:00-3:00	Neuropsychiatry Case Studies	Sukanya Pillai, MD
	3:00-4:00	Neuropsychological Testing in Dementia	Margaret Primeau, PhD

WEEK 2 – Thursday, November 26, 2009	**HAPPY THANKSGIVING!**	**NO CLASSES**
Friday, November 27, 2009	**President's Day**	**NO CLASSES**

WEEK 3 – Tuesday, December 1, 2009			
Bldg/Rm	**Time**	**Lecture Title**	**Lecturer**
SSOM/360	3:00-4:00	Somatoforms	Iveta Boyanchek, MD

WEEK 3 – Wednesday, December 2, 2009 **~ PCM-3 ~**

WEEK 3 – Thursday, December 3, 2009			
Bldg/Rm	**Time**	**Lecture Title**	**Lecturer**
SSOM/360	2:00-4:30	Bipolar Learning Block	Jennifer Kurth, MD

WEEK 4 – Wednesday, December 9, 2009 **~ CLINICAL SKILS ~**

WEEK 6 – Monday, December 21, 2009			
Bldg/Rm	**Time**	**Lecture Title**	**Lecturer**
SSOM/460	5:00-7:00	Pharmacology Review	Sittanur Shoush, MD

WEEK 6 – Wednesday, December 23, 2009			
Bldg/Rm	**Time**	**FINAL EXAM**	
SSOM/460	8:30-11:30	Multiple Choice Exam	
SSOM/360	12:30-3:00	Video OSCE Exam	

- **STUDENT ASSIGNMENTS FOR LECTURES**

  Week 1, Monday, November 16, 2009
  Be rested and ready to go.

  Week 1, Tuesday, November 17, 2009
  Review Syllabus pages 1-6
  Read SPPAM orientation packet and review potential presentation topics come ready to pick a tentative topic and to schedule your presentation.

  Week 1, Wednesday, November 18, 2009
  Read/review lecture handout "Schizophrenia and Other Psychiatric Disorders"
  Read Expert Consensus Treatment Guidelines for Schizophrenia
  Read the Patient with First Episode Psychosis
  Answer the questions from Readiness Assessment Test (this is ungraded)

  General comment:
  You will benefit from reading over, even superficially, any and/or all lecture handouts prior to attending the lecture.

- Electronic Library References Psychiatry Clerkship:

  E-Books
  Kaplan and Saddock Comprehensive Text
  DSM IV TR

  Database in Ovid
  PsycINFO

  E-Journals
  American Journal of Psychiatry
  Psychiatric Services
  Psychosomatics
  Academic Psychiatry

OUTPATIENT EXPERIENCE

Loyola, Madden & Hines students are required to spend time in Psychiatric Out-Patient Clinics. You are encouraged to try to spend as much time as possible in outpatient clinic. Use your student log "yellow card:" to document your clinic experience. This requires attendings/residents initials. Resident clinic may be either at Loyola Fahey Clinic (Building 54) or Hines VA Mental Health Clinic.

Ryan Carreon	Dr. Lim John.Lim@va.gov	Kirstyn Brownson	Dr. Ali	68777-14725
Diana Flint	Dr. Lim John.Lim@va.gov	Monika Krezalek	Dr. Ali	68777-14725
Tiffany Dugan	Dr. Lim John.Lim@va.gov	Adrienne Jones	Dr. Hadley	68777-16895
Jim Martin	Your supervising attending	Kimberly Schreiber	Dr. Hadley	68777-16895
Michael Redinger	Your supervising attending	Michael Voronov	Dr. Shoush	68777-16893
Elizabeth Klein	Dr. Tsai at Extension 3289	Shawn Prakash	Dr. Shoush	68777-16893
Jason Somogyi	Dr. Tsai at Extension 3289	Tara Abraham	Dr. Chadha	68777-16894
		Catherine Huml	Dr. Chadha	68777-16894
		Ann Jayaram	Dr. Pillia	68777-12629
		Vijaya Rao	Dr. Pillia	68777-12629

It is required students contact the above Attending or Resident by the end of the first week of the rotation to set up a mutually agreeable time to be at the clinic. Please remember to give your service attending/resident sufficient notice regarding the date that you will be in the Out-Patient Clinic. If there is any trouble contacting the above, please contact Dr. Hadley (pager 68777-16895) or Dr. Shoush (pager 68777-16893).

Hines Clinic

Dr. Cherian Students Report to room 1087C as assigned: **Monday Hines 12:45 pm Clinic**	
Ryan Carreon	November 30, 2009
Diana Flint	December 7, 2009
Tiffany Dugan	December 14, 2009

Dr. Philips Students Report to room 1081 as assigned: **Thursday Hines 8:00 a.m. Clinic**	
Jim Martin	December 3, 2009
Michael Redinger	December 10, 2009
Elizabeth Klein	December 17, 2009

Loyola Outpatient Clinic (LOC)
New Patient Visit (NPV) Clinic

Wednesday NPV Clinic	**The clinic runs until 5:00 p.m. – you are expected to be in clinic the entire time**	
Tara Abraham	November 25, 2009	Report to Mary Kenny, RN – Rm. 4131 @ 12:20 PM
Catherine Huml	November 25, 2009	Report to Lisa Beck, LCSW –Rm. 4122 @ 12:50 PM
Ann Jayaram	December 16, 2009	Report to Mary Kenny, RN – Rm. 4131 @ 12:20 PM
Vijaya Rao	December 16, 2009	Report to Lisa Beck, LCSW –Rm. 4122 @ 12:50 PM

Thursday NPV Clinic	**The clinic runs until 4:30 p.m. – you are expected to be in clinic the entire time**	
Adrienne Jones	November 19, 2009	Report to Lisa Beck's Office – Fahey Bldg/Rm 212 @ 1:15 PM

Alternates
Clinic Opportunities must schedule ahead of time to insure single student attends
Loyola Child Clinic--email Dr. Gutierrez to scheduled MGutier@lumc.edu
Geriatric/Memory Clinic--email Dr. Rao to Schedule MRao@lumc.edu

Other Clinical Experiences:
It's okay to go with fellow students to inpatient units, with the exception of Madden. If you're on Consultation Liaison and want to go to milieu therapy such as an AA group or community meeting, contact a student on that service and go together.

ON CALL EXPERIENCE

During your Psychiatry Clerkship, each student must complete two "school night" calls and one overnight call. A "school-night" is Sunday through Thursday. An overnight call is Friday or Saturday. Occasionally a student will be required to complete four "school nights" only.

Call hours are as follows:

Monday – Thursday	4:30 p.m -10:00 p.m.
Friday	4:30 p.m. - 8:00 a.m.
Saturday	8:00 a.m. - 8:00 a.m.
Sunday	8:00 a.m. -10:00 p.m.

Reporting for call:

Monday – Friday	Promptly page the resident at 4:30. Stow belongings in Loyola's call room. Meet on call resident at Hines or Loyola at 4:45.
Saturday- Sunday	Report to the Loyola hospital cafeteria at 8:00 AM for shift change.

While on call, students will be under the direct supervision of the psychiatric residents on call. **It is the student's responsibility to contact the resident on call and remain in constant communication with their resident with or without a pager.** This can be done by paging the resident **(pager #68777-11155)** and giving the resident your pager number or cell phone number. Lack of availability of the student due to pager malfunctioning will **NOT** be acceptable.

- Students are expected to cover Loyola and Hines VA Hospitals' inpatient units with the resident. This includes both emergency rooms and all emergency consults at both facilities.
- On call is the ideal setting for encountering "fresh" patients for evaluation. Because of this, it is expected the student see patients throughout the night. You're paying $150 for a day of psychiatry education—get your money's worth.
- Lecture vs. call. The student can report for call after the lecture. Though the student has the option to have call or lecture take priority. Either is okay. If you have any problems or questions contact the clerkship director or the clerkship coordinator.
- Students on call are expected to present a case at the next morning report (Monday through Friday). Students on call Tuesdays are expected to present a case at Thursday's morning report.

Post call students are expected to participate in educational exercises. If there are issues regarding this you need to notify the Coordinator: aandel@lumc.edu

8. MORNING REPORT

Hines, Madden, and Loyola students are required to attend morning report at 8:00 a.m. as scheduled below.

Monday Fahey Center Bldg 54,Rm 214 "The Porch"	Tuesday Maguire Bldg 105 Room 1940	Wednesday	Thursday Hines Bldg 228 Room 1023	Friday Hines Bldg 228 Room 1088
Kimberly Schreiber	Shawn Prakash		Kimberly Schreiber	Shawn Prakash
Michael Voronov	Jim Martin		Michael Voronov	Jim Martin
Kirstyn Brownson	Michael Redinger		Kirstyn Brownson	Michael Redinger
Monika Krezalek	Ann Jayaram		Monika Krezalek	Ann Jayaram
Jason Somogyi	Vijaya Rao		Jason Somogyi	Vijaya Rao
Tara Abraham	Ryan Carreon		Tara Abraham	Ryan Carreon
Catherine Huml	Dianna Flint		Catherine Huml	Dianna Flint
Tayyab Khan	Tiffany Dugan		Tayyab Khan	Tiffany Dugan
Naseem Helo	Elizabeth Klein		Naseem Helo	Elizabeth Klein
	Adrienne Jones			Adrienne Jones

NOTE: If post-call on Tuesday a.m. go to morning report not SPPAM. Notify SPPAM faculty of reason for absence. Students on call Tuesdays present a case at Thursday's morning report.

IF THERE IS NO ONE SCHEDULED TO BE ON CALL PRIOR TO A MORNING REPORT, THERE WILL NOT BE A MORNING REPORT.

STUDENTS PRESENTING PSYCHIATRIC ASPECTS OF MEDICINE (S.P.P.A.M.) SCHEDULE:

8:00 AM - Room 360 – November 1, 8, 15, 17

Evaluators: Dr. Jamie Birris and Dr. David Lynn

Students: Kimberly Schreiber, Michael Voronov, Kirstyn Brownson, Monika Krezalek, Jason Somogyi, Tara Abraham, Catherine Huml, Tayyab Khan, Naseem Helo.

4:00 PM - Room 360 – November 1, 8, 15, 17

Evaluators: Dr. Patricia Mumby and Dr. Margaret Primeau

Students: Shawn Prakash, Jim Martin, Michael Redinger, Ann Jayaram, Vijaya Rao, Adrienne Jones, Ryan Carreon, Diana Flint, Tiffany Dugan, Elizabeth Klein.

SPPAM ATTENDANCE: An important part of the SPPAM experience is presenting to an audience. Thus, it is important that students attend all of their group's SPPAM sessions. If your schedule allows, you are encouraged to attend presentations of the other groups.

See your SPPAM Orientation handout for further details about SPPAM

10. Clinical Skills Experience

All clerkship students will participate in a clinical skills exercise at the medical school's Clinical Skills Center. This exercise is graded and will be worth 30 points or 6.7% of the overall clerkship grade. Feedback on each student's performance will be provided by both the Standardized Patient and a faculty member or senior resident.

The clinical skills experience for this clerkship is scheduled for the evening of Wednesday the fourth week. Further details will be sent to you by e-mail.

CLERKSHIP EXAM & VIDEO OSCE

The clerkship exam is 150 multiple-choice questions. The exam is composed of questions from the Association of Directors of Medical Educators in Psychiatry (ADMSEP) question bank.

On exam day there will also be a video OSCE. You will watch a 30-minute video of a patient interview and you will then have 90 minutes to do a write up on a form that will be provided.

The Clerkship Coordinator is in charge of administrating and proctoring the exam. Maintaining the integrity of the exam and the testing conditions are of the utmost importance. Student cooperation with the Clerkship Coordinator is essential. Any reported irregularities will be treated seriously.

EXAM DELAY POLICY

The start and/or end times of the exams can be delayed due to various circumstances beyond our control, e.g., technological problems, inclement weather, etc. Our primary concern is to ensure the safety of our students, faculty and staff. Therefore, please allow for up to a two-hour start time delay and/or extra time beyond the scheduled end time when planning the rest of your activities on an exam day, e.g., flights, appointments, etc.

EXAM PREPARATION

The following list covers roughly 80-90% of the topics/material you should be familiar with so that you will be prepared for the clerkship exam. Sources for you to study include the lectures, lecture readings and the clerkship textbook. Included in some lecture handouts are multiple-choice questions (and answers). Lastly, you will also learn from your residents and attendings at your clinical sites as well as through your own efforts in reading around patients or other clinical questions. Good luck.

CATEGORY: Diagnostic Issues & Patient Management

- TOPIC: Delirium & Dementia
- TOPIC: Eating Disorders
- TOPIC: Anxiety Disorders
- TOPIC: Schizophrenia, Schizoaffective Disorder & Other Psychoses
- TOPIC: Affective Disorders-Bipolar Disorder, Major Depression and other Depressive Disorders
- TOPIC: Somatoform Disorders & Malingering & Factitious Disorder
- TOPIC: Personality Disorders
- TOPIC: Substance Abuse: Opiates, Cocaine, Alcohol Abuse/Dependence, PCP, LSD, Marijuana; Benzodiazepine Withdrawal

CATEGORY: Psychopharmacology & Biological Psychiatry

- TOPIC: Lithium and Mood Stabilizers
- TOPIC: Benzodiazepines and Anxiolytics
- TOPIC: Antipsychotic Medications
- TOPIC: Antidepressants
- TOPIC: Side Effects of Medications
- TOPIC: Neurotransmitters, Dopamine System, Catecholamine System, Serotonin System
- TOPIC: ECT

CATEGORY: Forensic Psychiatry

- TOPIC: Involuntary Commitment, Informed Consent, Duty to Warn/Protect

CATEGORY: Emergency Psychiatry

- TOPIC: Suicide, Suicide Risk
- TOPIC: Violent Behavior and the Management of the Violent Patient

CATEGORY: Patient Assessment

- TOPIC: Interviewing & Mental Status Examination
- TOPIC: Psychiatric Signs and Symptoms
- TOPIC: Psychiatric Diagnosis

CATEGORY: Psychodynamics and Psychotherapy

- TOPIC: Defense Mechanisms
- TOPIC: Psychotherapies

GRADING POLICIES

Overall Clerkship Grade Policy:
The contributions of each educational exercise towards the overall clerkship grade are as follows:

	Max points	Percentage of grade
Attending/Service Evaluation	150	150/435 = 34.4%
Clerkship Exam	150	150/435 = 34.4%
SPPAM presentation	75	75/435 = 17.2%
Video OSCE	30	30/435 = 6.8%
Standardized Patient Exercise	30	30/435 = 6.8%

The final grade assignment is based on the total number of points earned out of the 435 maximum**.**
The overall clerkship grade is determined as follows: Ex: Mean=400, SD=12

- Honors: greater than the mean +1 standard deviation — Honors ≥413
- High Pass: mean to mean +1 standard deviation — High Pass 400-412
- Pass: 2 standard deviations below the mean to the mean — Pass 376-399
- Fail: less than 2 standard deviations below the mean — Fail <376

The final grade for the psychiatry clerkship will be Honors, High Pass, Pass, Fail, Unsatisfactory or Incomplete per the SSOM grading system.

Clerkship Clinical Floor Grade
At about week five of the clerkship, provide your supervising clinical attending(s) the Clerkship Floor Evaluation form provided in your orientation packet. The supervising clinical attending will complete the clinical evaluation form and then review the evaluation with the student. At this time, if the student has any concerns regarding the clinical evaluation he/she may discuss this with the supervisor. When the clinical evaluations have been reviewed, both the attending and student sign the form. The attending is responsible for returning the form.

While the supervising clinical attending is ultimately responsible for the evaluation, they are encouraged to consider the resident's input. In the event the student has worked with more than one attending, the attendings may do a composite evaluation or each attending may fill out a separate evaluation. In the event of multiple attending evaluations, each evaluation will be weighted by the amount of clinical time the student spent with each attending.

Clerkship Exam
Students must pass the clerkship exam to pass the clerkship. A passing grade is 70% or 105/150 questions correctly answered. In the event the student scores less than 105, the student will still pass if their score is within 2 standard deviations of their specific clerkship group's test mean.

Students Presenting Psychiatric Aspects of Medicine (SPPAM)
Faculty facilitators or senior resident facilitators will evaluate the individual student presentation. The final numerical evaluation is the average of the SPPAM faculty evaluations. Alternatively, the SPPAM faculty may fill out one composite evaluation for the student's presentation.

Failure and Remediation
Failure of floor performance will result in an overall clerkship failure.

If a student fails the clerkship exam or SPPAM presentation, he/she will receive a grade of U (unsatisfactory) for the clerkship. The student will be given the opportunity to remediate the exam or the SPPAM presentation within 30 working days from the time the grades are submitted to the Registrar's Office. Upon successful remediation, a revised grade of Pass or Pass* (depending on the original grade) will be submitted to the Registrar's Office. If the remediation is unsuccessful, the student will fail the Psychiatry Clerkship. This is in accordance with the policy as stated in the Stritch School of Medicine Academic Policy Manual, Part II.

Students will not be required to remediate the Standardized Patient or Video OSCE exercise due to a poor performance in that particular activity. In the event of an overall clerkship failure, these activities may play a role in the remediation of the clerkship.

Grade Reporting
The final grade will be reported to the Registrar within 30 days of the last day of the clerkship. Once you have completed your evaluation of the clerkship and the Registrar has processed all documentation, they will be release to LUMEN.

SECTION II: PSYCHIATRY CLERKSHIP OBJECTIVES

Psychiatry Clerkship Objectives

1. **Acquire Knowledge of Psychiatry**
   A. To learn about psychiatric illnesses, especially those that are common and those that are particularly serious;
   B. To apply this knowledge to compile appropriate differential diagnosis, to make a diagnosis, and to propose treatment options in patient care situations.

2. **Gain Clinical Experience in Patient Care**
   To demonstrate the ability to work as part of a treatment team in the care of patients with psychiatric illnesses. This ability includes:
   A. Interviewing patients:
      To perform a diagnostic evaluation/risk assessment to determine the need for in-patient admission or out-patient treatment;
      To (re)-assess as part of the initial in-patient History and Physical;
      To do a complete history including substance history, and social history;
      To monitor patient's progress during in-patient or out-patient treatment;
      To assess patient's ability to give informed consent;
      To perform a Mental Status Exam and a Mini-Mental Status Exam.

   B. Documenting interviews and patient care of:
      Diagnostic evaluations/risk assessment in the ER, out-patient, or other clinical settings;
      In-patient History and Physicals;
      In-patient daily notes to monitor the patient's status and the ongoing treatment plan;
      Out-patient notes to monitor the patient's status and the ongoing treatment plan;
      Assessment of informed consent situations.

   C. Communicating clearly:
      To present interview findings to the treatment team; this includes the initial diagnostic evaluation or follow up interviews of patients;
      To participate in the psychoeducation of patients and their families regarding pertinent clinical issues.

   D. Organizing Clinical Work
      To contribute to the optimal efficiency of the treatment team in coordinating and carrying out the treatment plan.

3. **Foster Independent Learning**
   To be able to read around/research/learn about a clinical topic(s) not covered in a formal didactic session;
   To organize and present a topic with appropriate supporting visual materials;
   To read provided/recommended materials which are part of, or are about topics not covered in, formal didactic sessions.

4. **Professionalism**:
   Students will

   A. Care conscientiously for patients with the highest standard of professional, ethical and moral conduct in all circumstances associated with the patients' illnesses.
   B. Display behaviors that foster and reward the patient's trust in the physician, such as appropriate dress, grooming, punctuality, honesty, respect for patient's confidentiality and other norms of behavior in professional relationships with patients.
   C. Converse appropriately and behave with personal integrity in interactions with peers, faculty, residents, and non-physician staff.
   D. Recognize and accept own limitations in knowledge and clinical skills and commit to continuous improvement in knowledge and ability.

5. Social and Community Context of Healthcare

Students will:

A. Demonstrate an understanding that some individuals in our society are at risk for inadequate healthcare, including the mentally disabled, and chemically dependent,
B. Implement strategies to access healthcare services for patients who need advocacy and assistance;
C. Under supervision develop diagnostic and treatment strategies that are cost-effective, sensitive to limited resources, and do not compromise quality of care; and
D. Demonstrate knowledge of non-biological determinants of poor health,
E. Demonstrate and understanding of the unique process that is individual in assuring continuity of care with the community where there is limited access to resources.

SECTION III: EXPECTATIONS OF MEDICAL STUDENTS

IN PATIENT UNIT ADMISSIONS AND ON-CALL ASSESSMENTS

1. **History and Physicals**-See Oral Presentation: Organization/Content, pg. 15 for details
    - Histories should have a complete HPI with the Chief Compliant, an adequate description of pertinent signs and symptoms that stem from the Chief Complaint or other positive findings in the general psychiatric screening, a risk assessment, and Pertinent Negatives.
    - Histories should be well organized, easy to follow, and in general follow a clear time course. Write concisely.
    - Components of assessment include substance history, past psychiatric history, family psychiatric history, Past Medical History (include neuro history), medications, allergies, and social history.
    - Labs that are pertinent or pending
    - Physical exam with proper emphasis on Neurological exam
    - Mental Status Exam
    - Assessment (the 5 Axis)
    - Plan

    H & P's are done on all admissions.

2. **Progress Notes**: SOAP notes
    - S-Subjective
      Pertinent things the patient tells you during the course of your interview with the patient.
    - O-Objective
      Includes Vitals, pertinent physical exam findings, Mental Status Exam, labs, other test results
    - A-Assessment
      5 Axis and/or a problem list that is being addressed during the admission
    - P-Plan
      What is being done or is yet to be done to address the diagnosis/problem that is listed directly above

    (You may have multiple Assessment and Plan sections)

    Progress notes need to be done daily on each patient unless instructed otherwise by your service.
    The 1st progress note after the admission should be especially rich with information as all the initial labs are completed in the work-up to rule out medical sources of psychiatric illness.

3. **Pre-rounds**
    - Prior to attending led work rounds. Medical student should review their patient's charts for any events that happened overnight or over the weekend. Check for results of any pending lab tests, consults, radiology studies, etc. Read chart of any new admissions (if a team with another student(s), divide the new admits among yourselves)
    - Begin to meet with your patients. Depending on time constraints before work rounds, your interviews with known patients may be brief check ins. (Have longer interview later) For new patients begin the H & P. If pressed for time, get the HPI now, the rest later.

4. **Interviews**
    - See Interviewing Skills Worksheet, pg. 14 for details

5. **Presentations of patients to service**
    - See Oral Presentation: Organization/Content, pg. 15 for details
6. **Mental Status Exam**
    - Be able to describe all the aspects of a mental status exam. Appearance & Behavior, Speech, Mood & Affect, Thought Process, Thought Content (including perception) Cognition, Judgment & Insight
    - Be able to properly perform a Mini-Mental Status Exam on patients

7. **Participation in work rounds**
    - Know your patients. Be able to do brief or full presentation as needed. An important aspect of this is obtaining and reviewing old records. (This can require some extra work.)
    - Be able to show you pre-rounded and are on top of your patient's situations.

- Demonstrate your growing knowledge of psychiatry as you ask pertinent questions and answer attending's questions during rounds. Important areas to focus on are:
  1. describing various areas of the Mental Status Exam
  2. the signs and symptoms to look for in making a diagnosis (i.e. read around your patients)
  3. coming up with a reasonable and complete differential diagnosis
  4. being able to reason why one diagnosis of the differential is more or less likely than another based on what is known
  5. Awareness of the treatment plan objectives for each patient
- Able to work with other members of the team to get all the work done. This includes covering for other team members when necessary and providing other team members pertinent information about your patient when you need coverage.

8. Discharge Planning

- Assemble team work rounds directives, treatment team meetings, social work input, etc.
- Work with social work, patient's family, and the patient to set up as ideal a situation for the patient as possible for follow up out-patient treatment so as to adequately address the biological, psychological, and social aspects of the patient's illness.
- Participate in family meetings for purposes of psycho education of both family and the patient. Patient psycho education is not limited to family meetings.

Consult Service

New patients

- Similar to H&P's on in-patient unit or on call. Typically cases will be assigned by the senior resident first thing in the morning or as the consults come in.

Ongoing patients

- Daily notes unless told otherwise by service attending until the team signs off on case.
- Pre-rounds may be more difficult. To do a thorough job you may need to touch base with someone on the patient's primary service and be up to date. The need to do this will vary with the specifics of the situation.

EXPECTATIONS FOR FEEDBACK TO STUDENTS

Students should expect regular feedback from their attendings and residents on the work the students do. This includes feedback on:

- written H&P's,
- written SOAP notes,
- supervised interviews,
- presentations and specific aspects of presentations (risk assessment, mental status exam etc.)
- general participation in work rounds

Feedback, ideally, should be often, but brief-perhaps 1-2 minutes a day or every other day. Feedback should include identifying what the student has done correctly or especially well as well as constructive criticism and instruction on things the student needs to work on to improve.

Attendings are required to give their students some mid rotation feedback at the three-week mark of the clerkship. Ideally, if feedback is happening on an ongoing basis, mid rotation feedback may be brief. At three weeks a review of the patient log (yellow card) with the attending is essential.

INTERVIEWING SKILLS WORKSHEET

Be able to demonstrate the following interviewing skills:

- ☐ Establishing rapport
- ☐ Appropriate use of open ended and close-ended questions
- ☐ Techniques for asking "difficult" questions
- ☐ Appropriate use of facilitation, empathy, clarification, confrontation, reassurance, silence and summary statements
- ☐ Asking about the patient's ideas, concerns, questions, and feelings about the illness and treatment
- ☐ Communicating information to patients in a clear fashion
- ☐ Demonstrate respect, empathy, responsiveness, and concern regardless of the patient's problems or personal characteristics?
- ☐ Demonstrate basic strategies for interviewing disorganized, cognitively impaired, hostile/resistant, mistrustful, circumstantial/hyper verbal, unspontaneous/hypoverbal, and potentially assaultive patients?
- ☐ Appropriate closure of the interview

Be able to avoid the following common interview mistakes:

- ☐ Interrupting the patient unnecessarily
- ☐ Asking long, complex, questions
- ☐ Asking questions in an interrogatory manner
- ☐ Ignoring patient's verbal or non-verbal cues
- ☐ Making sudden inappropriate changes in topic
- ☐ Indicating a patronizing or judgmental attitude by verbal or non-verbal cues
- ☐ Incomplete questioning about important topics
- ☐ Asking too many closed ended questions
- ☐ Asking leading questions
- ☐ Asking 2 questions at once

After the Interview

Are you able to

- ☐ Identify your emotional responses to patients?
- ☐ Identify strengths and weaknesses in your interviewing skills?
- ☐ Identify verbal and nonverbal expressions of affect in a patient's responses, and apply this information in assessing and treating patients?
- ☐ Demonstrate sensitivity to student-patient similarities and differences in gender, ethnic background, sexual orientation, socioeconomic status, educational level, political view, and personality traits

Psychiatric History

Be able to elicit and adequately record a complete psychiatric history

☐ chief complaint	☐ HPI	☐ past psych history	☐ substance history
☐ medical history	☐ medications	☐ family history	☐ social history

Mental Status Exam

- ☐ Be able to elicit appropriate information directly or indirectly from the interview

Physical/Neurological Exam

- ☐ Do a focused exam pertinent to situation
- ☐ Assess for the presence of a general medical illness in your patient
- ☐ Identify psych meds side effects

ORAL PRESENTATION: ORGANIZATION/CONTENT WORKSHEET

Chief Complaint
☐ Reason patient seen

History of Present Illness
☐ Introduction: brief description of patient, chief compliant stated
☐ Adequate description of signs and symptoms: later used in differential diagnosis
☐ Risk assessment for dangerousness, pertinent past dangerousness
☐ Pertinent negatives given; can later rule out other diagnosis

Organization of HPI
☐ Follows time course ☐ Time course unclear
☐ Easy to follow ☐ Hard to follow

Other History Areas
☐ Past Psych history:
- ☐ In-pt hospitalization? ☐ Suicide attempts?
- ☐ Out-pt treatment? ☐ Past medication trials? ☐ Compliance?

☐ Substance history:
- ☐ Cocaine ☐ Heroin ☐ MJ ☐ LSD ☐ PCP ☐ EtOH ☐ Other ☐ IV drug use
- ☐ Withdrawal risk ☐ Last use? ☐ Binges? ☐ Consistent use? ☐ Time period?
- ☐ Blackouts ☐ Seizures ☐ Shakes ☐ DT's
- ☐ Drug treatment history

☐ Medical history
- ☐ Current medical illnesses ☐ How psych illness affects med ill management

☐ Medications/ Allergies
- ☐ Medications ☐ Doses ☐ Time length ☐ Side effect problems
- ☐ Treatment effectiveness

☐ Social history
- ☐ Living situation ☐ Support systems ☐ Work

☐ Family history
- ☐ Relatives with psychiatric disorders ☐ Relative's treatments

☐ Pertinent labs

☐ Physical exam/Neuro exam

Mental Status Exam
☐ Appearance and Behavior ☐ Mood and Affect ☐ Speech
☐ Though Process ☐ Thought Content ☐ Cognition; MMSE
☐ Judgement and Insight
☐ Use of descriptive terms? ☐ Overuse of non-descriptive terms "good", "normal"?

Assessment
☐ 5 Axis given? ☐ Good differential diagnosis?

Plan

☐ **Adequately addresses situation (problem list)?**

SECTION IV: CLERKSHIP REGULATIONS

GENERAL RESPONSIBILITY AS CLERKSHIP MEDICAL STUDENTS

Medical students assume a dual role in their clerkship. One is that of a student. As a medical student you are acquiring the skills, experience, and expertise to assume the level of clinical responsibility of a resident and, later, an attending. In the capacity of a student you are offered various educational opportunities (lectures, PCM-3, SPPAM, etc) that are allowed to take precedence to your usual clinical responsibilities. It is up to you to take advantage of these opportunities as you assume responsibility for your medical education.

The second role in the clerkship is as a member of the treatment team in the care of patients. In this capacity, you are a professional. As a professional you have an obligation to contribute toward the optimal functioning of the treatment team in the care of the patients. This requires continual communication with your service (typically your resident) so that your availability for clinical assignments is maximized. It also may require flexibility in your personal schedule according to what is happening on your service at the time.

Attendance Policy

Attendance is required on a daily basis according to work load, generally between 8:00 a.m. and 5:00 p.m. Students are expected to be "in house" at these times. Please note, the day ends at 5:00 p.m. if all your work is done. If you must unexpectedly be absent, please report your absence to the Clerkship Coordinator (x62109) **AND** your primary service.

1) Please see the SSOM Policy on Attendance, No Class Days and Absences Year 3 & 4.
2) For any questions or unusual situations please contact the Clerkship Director and/or Dean Wronski.

ON CALL POLICY

- **Switching call is strongly discouraged**. If a switch in necessary, find a student willing to switch. Both - students involved are required to email the clerkship coordinator aandel@lumc.edu at least ONE WEEK in advance of the call. You must switch a Friday for a Friday, Saturday for a Saturday, or Sunday for a Sunday. Mondays through Thursdays are exchangeable (except if it interferes with SPPAM/Morning Report). Remember, it is your responsibility to make sure that you have yourself covered and that you have done so in a timely manner.
- On call student attire need not be as formal as during the day, but should not be overly casual. Please use your common sense. Scrubs are not to be worn.
- A call report is to be turned in each time you are on call. These reports are helpful in determining the types and numbers of patients seen and the amount and quality of teaching done by the residents. Turn in your call reports promptly to the Medical Student Coordinator Room 1940 in the Maguire Center.
- You are to remain in the hospital for the duration of your assigned call. It is not acceptable to split the call with another student. It is not acceptable to go home because "it was slow" or to be unavailable during any portion of call.
- After call if a student is too tired to safely drive home, he or she should not drive. Instead they should get a cab from American Taxi (847-671-1133). For now, the receipt can be brought to Dean Sheehan for reimbursement. If there is need to take a cab back the next day because their car was left at school, the student should also bring that receipt for reimbursement. These reimbursements will be monitored to assure appropriate use of the system. The student's safety is paramount and students are encouraged to be safe and responsible, not to tough it out.
- Any irregularities in student reporting for on call duty or on call availability may, at the discretion of the clerkship director, result in making up the on call assignment and may have an affect on the student's clinical floor grade. Failure to complete the on call requirements will result in remediation of the call by the student. Failure to remediate the call will be reported to the Dean's Office as an incomplete clerkship.

BEHAVIORAL EXPECTATIONS

- Loyola University Chicago is committed to maintaining and environment that respects the dignity of all individuals. Accordingly, the Stritch School of Medicine does not tolerate mistreatment by or of its students, faculty, and staff. Our mission requires respect among all individuals, the creation and maintenance of a Any irregularities in student reporting for on call duty or on call availability may, at the discretion of the clerkship

director, result in making up the on call assignment and may have an affect on the student's clinical floor grade. Failure to complete the on call requirements will result in remediation of the call by the student. Failure to remediate the call will be reported to the Dean's Office as an incomplete clerkship.

BEHAVIORAL EXPECTATIONS

a) Loyola University Chicago is committed to maintaining and environment that respects the dignity of all individuals. Accordingly, the Stritch School of Medicine does not tolerate mistreatment by or of its students, faculty, and staff. Our mission requires respect among all individuals, the creation and maintenance of a positive learning environment, and a consciousness to model standards of behavior that are consistent with the Catholic and Jesuit heritage of our institution.

b) To maintain a positive learning environment, the following behaviors by medical students are considered unprofessional and unacceptable:
   - physical and verbal intimidation;
   - lying, cheating, and fabricating information;
   - sexual harassment and patterns of sexual innuendo; and
   - discriminatory actions based on race, gender, ethnicity, sexual orientation, or religion.

c) Among the faculty and house staff there is no tolerance for:
   - physical or verbal intimidation;
   - sexual harassment and innuendo;
   - abusive comments related to personal characteristics of another (race, gender, ethnicity, sexual orientation, religion);
   - insulting or belittling remarks in any situation, especially when dealing with individuals who are trying to learn and may not know the answer; and
   - allowing medical students and house staff under your supervision to verbally or physically intimidate, abuse, sexually harass, insult, or belittle another person.

What should medical students do if mistreatment occurs?

Medical students are reluctant to discuss mistreatment for fear of reprisal; yet they often desire that alleged mistreatment incidents undergo proper investigation. To address student concerns, Stritch provides informal channels through which students may discuss their concerns and receive counseling. During the psychiatry clerkship students need to bring their concerns directly to the clerkship director. Confidentiality will be respected as much as possible and serious efforts will be made to insure the student's grade is not negatively impacted by an incident. There are also formal reporting mechanisms through which complaints are investigated and appropriate remedies applied

21. **PROFESSIONALISM**

- **Patient Logs**

You are advised to keep up your pocket cards daily and enter them in the computer weekly. On Friday of week three, it is required your patient log be up to date. It will be evaluated that day to monitor your exposure to a diverse range of psychopathology. You must review your patient log (yellow card) with your supervising attending. Two weeks after the exam your log will be locked, and you will no longer be able to enter data. If you have not completed your log before that time, your clerkship competency "professionalism" will be marked as "meets concerns."

- **Keys**

The VA and Madden developed a policy that you will not pass the rotation until your keys are returned to the administrative office.

27. OPTIONAL LEARNING OPPORTUNITIES

- **Department of Psychiatry and Behavioral Neurosciences Grand Rounds**

All students are encouraged to attend the Loyola Psychiatric Grand Rounds (PGR) Thursdays at noon, in Case Method Room 360 in the Medical School Building 120. (There are no Grand Rounds July –August)

- **Community Psychiatry Experience at Hines**

On Fridays, one student can go out with the team of social workers and RN's to see veterans in their community. They have significant psychopathology. The program aims to assist them in living independently.

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SECTION V: MISCELLANEOUS

FACULTY ROSTER

LOYOLA

Muralidhara Rao, M.D.	Acting Chairperson Associate Professor of Psychiatry
Angelos Halaris, M.D., Ph.D.	Assistant Dean for Transitional Research Professor of Psychiatry
Margaret Primeau, Ph.D.	Chief of Psychology Program Associate Professor of Psychiatry
Jennifer Kurth, D.O.	Assistant Professor of Psychiatry Director, Residency Training Program
David Schilling, M.D.	Vice-Chairperson for Education Director, Undergraduate Medical Education Clerkship Director Associate Professor of Psychiatry
Mary Lou Gutierrez, M.D.	Medical Director Ambulatory Services Child & Adolescent Psychiatry Program Assistant Professor of Psychiatry
Earlene Strayhorn M.D.	Director, Child & Adolescent Psychiatry Program Assistant Professor of Psychiatry
Patricia Mumby, Ph.D.	Director, Psychosocial Oncology
Edwin Meresh, M.D.	Assistant Professor of Psychiatry
Domeena Renshaw, M.D.	Professor Emeritus of Psychiatry

MADDEN MENTAL HEALTH CENTER

Robert Sharpe, M.D., FAPA	Clinical Assistant Professor of Psychiatry
Gabriel Valdes, M.D.	Assistant Professor of Psychiatry
Shabbir Zarif, M.D.	Assistant Professor of Psychiatry

HINES VA

Bruce Roberts, M.D.	Chief, Mental Health Services of Hines Mental Health Service Line Manager
Valerie Davis, M.D.	Chief of Psychiatry
Tom Nutter, M.D.	Assistant Chief of Psychiatry
Kamala Tummala, M.D.	Medical Director; Consultation-Liaison Service
Lakshmi Martin, M.D	Medical Director, Acute Inpatient Service
David Barthwell, M.D.	Medical Director, Substance Abuse Programs
Pavil Cherian, M.D.	Medical Director, Mental Health Intake Center
Mary Collins, M.D.	Staff Psychiatrist, Mental Health Intake Center and Mental Health Clinic

Soraya Asadi, M.D.	Staff Psychiatrist
Pradipkumar Desai, M.D.	Staff Psychiatrist
Chriatina Girgis, M.D.	Staff Psychiatrist
Gauri Khatkhate, M.D.	Staff Psychiatrist
David Lynn, M.D.	Staff Psychiatrist
Christy McMillan, M.D.	Staff Psychiatrist
Joshua Nathan, M.D.	Staff Psychiatrist
Laron Phillips, M.D.	Staff Psychiatrist
Chirag Raval, M.D.	Staff Psychiatrist
Andrew Ripeckyj, M.D.	Staff Psychiatrist
Chun Tsai, M.D.	Staff Psychiatrist
Wendy Yim, M.D.	Staff Psychiatrist

LOYOLA RESIDENTS

Name	PGY	Pager #
Nadia Alvi, D.O.	I	68777- 13606
Adam Brown, M.D.	I	68777- 10155
Matthew Niedzwiecki, M.D.	I	68777- 17554
Vidushi Savant, M.D.	I	68777- 14635
Alia Ali, M.D.	II	68777- 13446
Danielle Magness	II	68777- 13166
Robert Maydell	II	68777- 13066
Arvind Yekanath, M.D.	II	68777- 14947
* Sittanur Shoush, MD	III	68777- 16893
Megha Chadha, MD	III	68777- 16894
* Karen Hadley, MD	III	68777- 16895
Sukanya Pillai, MD	III	68777- 12629
Jabeen Ali, M.D.	IV	68777- 14725

Resident on call pager..... 68777-11155

* Co-chief Residents

6BC Students

Name	Pager Number	Email
Tara Abraham	68777-55581	tabraham@lumc.edu
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Kimberly Schreiber	68777-55629	kschreiber@lumc.edu
Jason Somogyi	68777-55627	jsomogyi@lumc.edu
Michael Voronov	68777-55553	mvorono@lumc.edu

OSHA REGULATIONS

1. All the patient care rooms in the Department of Psychiatry have a receptacle for biohazard waste attached to a wall. Please use this receptacle when disposing of needles and syringes.

2. If you are stuck by a needle between the hours of 7:00 a.m. and 4:00 p.m. please go to Loyola Employee health and report the incidence. If the incidence occurs after 4:00 p.m. go to the Loyola Emergency Room.

3. If you are stuck by a needle that has been used in patient care, the patient must be tested for the HIV virus. This is the law in the State of Illinois. The patient should be brought to employee health or the emergency room so the staff can set up the proper procedure for the testing.

4. If your clothes become contaminated with a patient's body fluids, go to the linen room, room 0317, located in the basement of Foster McGaw Hospital and get a set of scrubs. The staff requests that you change your clothes there. Put the contaminated clothes into a plastic bag. Loyola will send them out to be cleaned and they will be ready in a week. The clean clothes will be given to you when you return the set of scrubs to the linen room.

5. At the present time it is recommended that AZT be started within 4 hours of a needle stick. If the patient blood test shows negative for HIV you can discontinue the medication or continue the AZT until the 6 month follow up results are known.

6. Use gloves and Personal Protective Equipment whenever you come in contact with patient body fluids. The gloves and Personal Protective Equipment are located in the following areas of the Psychiatry Outpatient Department.
   a. The Record Room on the north wall, Room 206
   b. Room 207 on the west wall.
   c. Room 213 on the north wall.
   d. Room 226 on the west wall.
   e. Room 155 on the north wall.

7. Red Z, a coagulating liquid used to pour over blood spills, is located in the locked medication room in Room 207A.

8. Cavicide Spray, a bleach based disinfectant spray, is used on any surface that has been contaminated with body fluids. This is also kept in the locked medication room in Room 207A.

9. All contaminated garbage must be double bagged using the red biohazard bags. After they have been securely closed Housekeeping is called to take the bag. Contaminated bags of garbage are kept in room 225A until Housekeeping arrives.

10. The designated refrigerator for the storage of blood specimens or other potentially infectious specimens is in room 216. This refrigerator is marked with a biohazardous sign at all times.

Hines
Ask the head nurse about Fluid Precaution Policies. If you have an incidence at Hines between 7:00 a.m. and 4:00 p.m., go to the Loyola Employee Health Dept. If an incidence occurs after 4:00 p.m. go to the Loyola Emergency Room.

Westlake
Universal precaution policies will be handed out at the Westlake orientation