Psychiatry Clerkship (Required Third Year Course)

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Course Description
The Psychiatry Clerkship is integrated within the 8-week, full-time Psychiatry and Neurology Clerkship to enhance students’ understanding of the interplay between brain and behavior, and to introduce current clinical applications of modern neuroscience. Our goal is to provide students with the psychiatric knowledge essential for the general practice of medicine.

The Psychiatry Clerkship provides opportunities to develop the understanding and skills needed to work with patients of all kinds. We hope to stimulate curiosity about the human mind, and your desire to practice medicine with a comprehensive approach to health and disease. We welcome you to this course and hopes it will fulfill your needs and expectations.

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Clerkship Objectives

At the end of the Psychiatry Clerkship, the student should be able to:

1) Recognize the signs and symptoms of clinically significant depression, anxiety, delirium, dementia, personality disorders, psychosis, eating disorders, and substance abuse disorders, and psychiatric emergencies.

2) Know the diagnostic criteria and effective interventions for adjustment, depression, anxiety, somatization, personality, psychotic, eating, childhood developmental disorders (including learning disorders, mental retardation, and autistic spectrum disorders), attention deficit hyperactivity and substance abuse disorders. Know the diagnostic criteria and effective interventions for delirium and dementia.

3) Perform and interpret a mental status exam and clinical interview with a psychiatrically complex patient.

4) Present the results of a comprehensive psychiatric history and evaluation orally and in writing.

5) Work in a multidisciplinary team with good, professional interactions.

Required Texts
Weekly readings are assigned from two books: *Blueprints Clinical Cases in Psychiatry*, by Hoblyn, Neugroschl & Caughey, 2002 (2nd edition) and *Synopsis of Psychiatry, Behavioral Sciences/Clinical Psychiatry* (10th edition) by Kaplan & Sadock (Lippincott, Williams and Wilkins). Both are required reading for the clerkship and can be purchased at the CHS Bookstore.

Course Requirements
1) Perform clinical interviews and mental status examinations with at least 10 psychiatric patients that cover all fourteen core diagnoses and enter them in your PDA patient log.

2) Present in written and oral form the results of clinical interviews of these patients.**

3) Attend and participate in multidisciplinary treatment planning meetings.

4) Observe diagnostic interviews and psychiatric interventions by psychiatric residents and attending psychiatrists.

5) Attend Psychiatric Grand Rounds presentations.

6) Attend all and participate in Monday seminars and problem-based learning small group sessions.

7) Read and discuss appropriate portions of the recommended texts as well as pertinent journal articles.

8) Participate in mid-rotation evaluation and feedback regarding areas of strength and weaknesses to be improved.

9) Complete four self-assessment quizzes located on ANGEL (one per week). These mirror many of the final shelf exam questions and highlight specific subject areas to concentrate on. Compliance (not scored results) is mandatory & noted for grading.

**Students will be observed conducting a psychiatric history and mental status exam and given feedback on this observation by an attending psychiatrist on the psychiatry clerkship. This evaluation must occur and be documented on the UCLA
Psychiatry Clerkship Observation Sheet and returned to the student coordinator (Carla Vera, #C8-238) by mid-point of the clerkship to receive clerkship credit. These check sheets can be turned in when on the UCLA campus on Monday afternoons either directly to Carla or placed in the drop-box next to her office (form in orientation packet).

**Grading Policy**

Students will receive a Pass or Fail grade, and a narrative statement for their file in the Dean’s office.

Students are evaluated by the site supervisors for their clinical work. As with other clerkships, an important part of the evaluation consists of the narrative comments provided by the residents and attending psychiatrists. These comments are used by the Dean’s office, usually verbatim, in the body of the Dean’s letter sent with applications for internships and residencies. These may include statements regarding general attitude, level of participation, knowledge and abilities with regard to patient care, and with the team.

Students are expected to report to their clinical sites daily. **All absences must be made up. Absences must be reported, preferably in advance, to the site attending and the clerkship coordinator, Carla Vera, 310/206-5110.**

Students are evaluated by their small group tutors at the end of the rotation. This feedback focuses on participation in case based patient educational sessions. **Students are expected to attend all lectures and PBL small groups and to participate in discussions. Missed seminars will need to be made up by completing the cases discussed in class.**

At the completion of the rotation, each student’s performance is evaluated. The final evaluation is based on: 1) clinical performance as evaluated by the site supervisor(s), 2) score on the Psychiatry Shelf Exam, and 3) evaluation by the seminar tutors and attendance at seminar sessions. **All three components need to be passed to pass the clerkship.**

The written examination (Psychiatry Shelf Exam) will be given the last Monday of the entire 8-week block from 8-10:30 a.m. (check orientation paperwork for exact location). **The exam cannot be taken at the end of the 5 weeks of clinical experience, as students will not have completed the full 8 weeks of didactics.** Students must score at or above the 11th percentile for national norms in order to pass the Psychiatry Shelf Exam. If the written examination is failed, arrangements must be made with the Student Affairs Office to take a makeup Shelf exam. A second failure could result in repeating the clinical rotation. Failure of the clinical portion of the rotation will result in additional clinical work, to be determined on an individual basis. **All absences need to be made up before a final grade is assigned.**

To obtain a Letter of Distinction in the Psychiatry clerkship a student must: 1) demonstrate to the attending and resident physicians on the clinical units the student’s superlative clinical and interpersonal skills in caring for psychiatric patients and working with the interdisciplinary team, 2) demonstrate an excellent understanding of the basic content material of the clerkship on the Psychiatry shelf examination, and 3) be an active and prepared participant in the small group learning. This means that a student must be nominated by a clinical supervisor, AND
score at or above the 80th percentile on the shelf examination to be given a Letter of Distinction.

Clinical Responsibilities
1) On each clinical rotation students will have individual patients assigned to them for evaluation and follow-up.
2) Students will be responsible for doing write-ups following their evaluation of each patient assigned. The exact format will be outlined by the clinical supervisor.
3) In general, initial write-ups of hospitalized psychiatric patients should be completed within 24 hours of evaluation, and initial outpatient and consultation evaluations should be completed within 48 hours of evaluation.
4) In conjunction with their faculty supervisors and/or psychiatric residents, students will be responsible for formulating and implementing appropriate diagnostic and therapeutic plans for assigned patients.
5) Students will coordinate their follow-up of patients with the treatment team, and will document their follow-up with progress notes in the patient charts.
6) Students may also be responsible for part or all of their patients’ discharge summaries. Discharge summaries should generally be completed within 24 hours of discharge, and should be reviewed and signed by appropriate site supervisors.

Call Schedules
Students do not take overnight call on the Psychiatry clerkship. Specific details of call vary by site, but it will generally be once a week, and will involve covering psychiatric patients seen in the Emergency Department between 5 pm and 11 pm.

Weekend Duty/Days Off
Clerkship expectations for Psychiatry are Monday through Friday. Students may make up missed days at some sites by attending weekend rounds. They are otherwise not expected to be on the wards on weekends.

Absences
It is the student’s responsibility to notify his/her team in advance of any absence. For each day that a student misses from the rotation, the course chair or site director may require the student to make up the time. If a student misses more than one day per 2-weeks of any rotation, the student may be asked to repeat the rotation at the site director’s discretion.

Schedule Prior to Exams
Call should not be taken within two days before the final exam for the clerkship. Since the exam is given on the last Monday of the rotation, this does not present an issue.

Physicianship Initiative
Students are expected to exhibit professional behaviors throughout their medical school training. If you are found in violation of any of the following during a rotation by a faculty member, resident, or staff, the clerkship director will prepare and discuss with you a Physicianship Form. The Form will be forwarded to the Office of Student Affairs where it will be kept separate from your official record unless a second citation should be incurred.
1. **Reliability and Responsibility:** Fulfilling responsibilities to peers, instructors, patients, other health professionals, and oneself; providing accurate, non-misleading information.
2. **Self Improvement and Adaptability:** Accepting constructive feedback, and incorporating this feedback when making changes in his/her behavior; Accepting responsibility for one’s failures.

3. **Relationships with Peers, Faculty, and Other Members of the Health Care Team:** Relating well to fellow students, faculty or staff; demonstrating sensitivity to other members of the health care team.

4. **Relationships with Patients and Families:** Establishing rapport and demonstrating sensitivity in patient care interactions; maintaining professional boundaries with patients or members of their families.

5. **Professional Behavior:** Respecting the diversity of the patients cared for; resolving conflicts professionally; dressing and acting in a professional manner.

Final 6/26/07; 7/24/07; 10/4/07; 1/8/08; 2/22/08; 3/18/08