

It is the sole responsibility of the student to check AIMS for schedule and site updates on a daily basis!

**Northeast Ohio Medical University
College of Medicine**

Psychiatry Clerkship, 40005

**Course Syllabus
2018-19**

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COURSE DESCRIPTION

The Northeast Ohio Medical University College of Medicine M3 Psychiatry Clerkship is a six-week clinical rotation. The core curriculum is designed to provide for the acquisition of clinical competence and basic knowledge in psychiatry, the development of interpersonal skills and the promotion of attitudes commensurate with high standards of professionalism. A foundation for continued learning and self-improvement will be established, and an awareness of the role of systems within psychiatric practice will be developed. The core competencies will serve as a framework for the educational experiences that include didactics, case conferences, self-directed learning assignments and patient care activities.

COURSE ADMINISTRATION

Clinical Experiential Director and Course Directors

Dr. Lori Pittinger is Clinical Experiential Director for the Psychiatry Clerkship and in collaboration with Dr. David Sperling, Clerkships Course Director, and Dr. Susan Labuda Schrop, Clerkships Course Co-Director, provides oversight for the clerkship. In her role as Clinical Experiential Director, Dr. Pittinger is responsible for ensuring that implementation of the Psychiatry Clerkship curriculum is comparable across all teaching sites.



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Hospital Sites and Clerkship Site Directors

The facilities for clinical instruction in the Psychiatry Clerkship are those institutions and residency training programs that have committed themselves to the Northeast Ohio Medical University College of Medicine for participation in the undergraduate training of the NEOMED students.



Lori A. Pittinger, M.D.
Cleveland Clinic Akron General



Lendita Haxhiu-Erhardt, M.D.
MetroHealth System

Florence Kimbo, MD
Heartland Behavioral
Healthcare



Muhammad N. Momen, M.D.
Northcoast Behavioral Healthcare



David W. Deckert, M.D.
Summa Health System,
St. Thomas Hospital

COURSE GOALS

The overall goal of the Psychiatry Clerkship is the mastery of basic core competencies that are essential for practice as a competent physician, regardless of career focus. These competencies include the following.

Upon completion of the Psychiatry Clerkship, the student will be able to provide compassionate, effective patient care reflecting the ability to:

- Collect an accurate, thorough database in a timely manner and with utmost comfort to the patient. The database should include:
 - ❖ a comprehensive psychiatric history and physical examination,

- ❖ the identification of psychosocial stressors,
- ❖ a thorough mental status examination,
- ❖ laboratory testing,
- ❖ psychological testing, when indicated, and
- ❖ a family interview.
- Analyze and synthesize data using the biopsychosocial model to generate a relevant differential diagnosis according to DSM-5.
- Formulate an initial interdisciplinary treatment plan to include further diagnostic evaluation and patient management strategy.
- Discuss diagnosis and treatment with the patient and/or family.

CORE CLERKSHIP LEARNER OBJECTIVES

Upon completion of the clerkship the student will demonstrate knowledge of:

- Signs and symptoms of psychiatric disorders including psychosomatic, organic and substance abuse disorders.
- Biological and psychological testing available and their indications.
- Biological, sociological and psychological theories of etiology.
- Treatment strategies including pharmacotherapy, psychotherapy, electroconvulsive therapy and social interventions.
- Interdisciplinary team approach to patient care.
- Criteria for recognition of the suicidal or homicidal patient.

Upon completion of the clerkship, the student will demonstrate development in the following areas in relation to interpersonal and communication skills:

- Clear, respectful communication with patients, family members and health care providers.
- Use of active listening and empathic, appropriate non-verbal skills in patient interviews.
- Written documentation of patient encounters that is relevant, organized and legible.
- Oral presentation of patient encounters that is logical and organized.
- Establishment of an effective physician/patient relationship.

The student will demonstrate a commitment to professionalism through the development of a set of attitudes and values that reflect:

- A doctor/patient relationship built on a basic acceptance of and concern for the patient with a non-judgmental approach.
- Appropriate behavior and conduct during patient and staff encounters.
- Appropriate appearance and demeanor.
- The importance of monitoring one's own emotional responses to the patient and maintaining objectivity in all professional contacts.
- The need for reliability, responsibility and confidentiality as it relates to all patient contacts and duties.
- A commitment to ethical principles as they relate to patient care.
- An awareness of one's own strengths and limitations and a willingness to incorporate constructive feedback into practice.

Upon completion of the clerkship, the student will demonstrate an awareness and appreciation of the importance of continual assessment and evaluation of patient care practices as evidenced by:

- The use of information technology to further educate and alter patient care practices.
- Knowledge of the design, methods and evidence used in scientific studies.
- The use of critically analyzed, population-based evidence to improve patient care practices.
- The development of patterns of self-directed lifelong learning.

Upon completion of the clerkship, the student will demonstrate knowledge of systems issues that impact psychiatric care as evidenced by:

- An awareness of socioeconomic barriers to care and how to optimize a patient's access to appropriate treatment.
- Participation in a multidisciplinary team approach to patient care.
- Recognition of system complexities and how they affect the delivery of health care.
- Efforts to provide high quality care at reasonable cost to patients.

STUDENT ASSIGNMENT

Students will be assigned to one of three communities, Akron, Canton or Cleveland, for the clerkship. All sites offer the benefits of a major teaching center with outstanding attending faculty. The clerkship teaching sites are commonly bound by shared learning objectives as well as a common didactic and clinical curriculum. Teaching sites are closely monitored to ensure comparability. The depth and scope of clinical encounters during the six-week clerkship are comparable among sites as evidenced by student feedback, clerkship evaluations and NBME subject examination scores. Students assigned to Summa/St. Thomas Hospital, Cleveland Clinic Akron General, Heartland, and Northcoast will be receiving e-mails (a month or so before your scheduled rotation) from both Cleveland Clinic Akron General and Summa Health System regarding Psychiatry Clerkship. Please understand that the NEOMED Psychiatry Residency is a Program shared between Cleveland Clinic Akron General and Summa Health System.

Orientation for the Psychiatry Clerkship for all students assigned to the above-mentioned sites will take place at Cleveland Clinic Akron General. Students assigned to these hospitals will spend some time on both Akron General and Summa campuses. You will receive additional information at the orientation on the first day of Psychiatry clerkship.

FIRST DAY REPORTING

In addition to the information provided below, students may receive first-day reporting information directly from their clinical sites. If that information differs from the information provided below, please follow the instructions provided directly by the sites.

| Where and When to Report on First Day of Clerkship | | |
|--|-----------|--|
| You will need your student ID, white coat and license plate number. | | |
| Cleveland Clinic Akron General | 7:30 a.m. | Cleveland Clinic Akron General , Medical Education Office located in the Ground Floor Annex to Main Hospital. <i>Park in employee Lot A across from main entrance to hospital.</i> |
| Heartland Behavioral Healthcare | 7:30 a.m. | Cleveland Clinic Akron General , Medical Education Office located in the Ground Floor Annex to Main Hospital. <i>Park in employee Lot A across from main entrance to hospital.</i> Following orientation at Cleveland Clinic Akron General, at 1 p.m. report to Heartland Behavioral Healthcare, Main Entrance. |
| MetroHealth System | 8:00 a.m. | MetroHealth Medical Center , Graduate Medical Education Office (A-107) located on the main floor of the Towers entrance to MetroHealth Main Campus and situated in the courtyard hallway near the gift shop. <i>(Note: Students will be notified by email of any change in reporting time or location.)</i> |
| Northcoast Behavioral Healthcare | 7:30 a.m. | Cleveland Clinic Akron General , Medical Education Office located in the Ground Floor Annex to Main Hospital. <i>Park in employee Lot A across from main entrance to hospital.</i> Following orientation at Cleveland Clinic Akron General, report to Northcoast Behavioral Healthcare, McKee Building , main entrance receptionist. |
| Summa Health System- St. Thomas Hospital | 7:30 a.m. | Cleveland Clinic Akron General , Medical Education Office located in the Ground Floor Annex to Main Hospital. <i>Park in employee Lot A across from main entrance to hospital.</i> Following orientation at Cleveland Clinic Akron General report to Summa Health System, St. Thomas Hospital, Fourth Floor, Department of Psychiatry. <i>Park in the open lot west of the hospital.</i> |

ORIENTATION

The clerkship begins with orientation focusing on clerkship goals and objectives, student responsibilities, schedules and assessment methods. Students will be provided information on relevant hospital policies and procedures, personnel contact information, meal allowances, if provided, and parking. The orientation will include instruction on the risks of infection,

techniques for reducing the spread of infection and site specific hospital protocol to be followed in the event of exposure to an infectious or environment hazard or other injury.

LEARNING STRATEGIES

A variety of learning strategies will be used during the clerkship to help you achieve your goals. Strategies include but are not limited to:

- Patient encounters (inpatient, private office, clinics)
- Standardized patient encounters
- Teaching rounds
- Small group discussions
- Conferences and lectures
- Practice-based Learning and Improvement Project (PBLI)
- Textbooks

Organized reading and study materials will be available to support learning about assigned subjects and psychiatric problems of assigned patients, and to prepare for comprehensive written examinations. This source material will include enumeration of concepts to be learned and specific details pertinent to these concepts. These materials will be supplemented by conferences and lectures, which may include oral quiz sessions covering the assigned topics and by selective patient assignments appropriate to the curriculum plan.

The net effect of the several avenues instruction is to provide a framework designed to help the student acquire the knowledge of selected subjects in psychiatry, to appreciate the pathophysiologic mechanisms involved, to use the scientific method of problem solving, to develop proficiency in selected basic skills and to develop a professional attitude of responsibility and empathy toward patients. A significant advantage of this overall approach is early development of the capabilities and habits which will support each medical student in a life-long study of medicine.

INPATIENT SERVICE

Student will be assigned to both inpatient services and to subspecialty experiences, as available. In the interest of continuity, the inpatient service experience will be at least two weeks long. In this setting, the student will be exposed to a wealth of clinical material and gain experience with a wide spectrum of psychiatric disorders. While on the inpatient services, the student will spend time on secure units

OUTPATIENT EXPERIENCE

Students based in Akron and at Northcoast will be assigned on an individual basis to an attending psychiatrist or psychiatry resident and will spend the equivalent of one afternoon with the preceptor. **It is the responsibility of the student to contact the attending/resident to determine a mutually agreeable time for the outpatient experience.** During the **first week** of the clerkship, the student should contact his/her assigned outpatient preceptor for scheduling purposes. This experience will offer a brief and initial exposure to complex patients in general adult psychiatry who are seen in the outpatient setting.

For students in Canton and Cleveland (Metro), your site director will discuss with you the possibility of an outpatient experience.

The Psychiatry Clerkship outpatient experience will allow the student to:

- develop expertise in the techniques of the psychiatric interview with particular emphasis on the focused evaluation in addition to the complete history and physical;
- acquire basic factual information with respect to psychopathology and differential diagnosis of psychiatric problems as well as opportunities for health maintenance and illness prevention;
- recognize and understand the role of psychological, social and economic factors in the diagnosis and treatment of each patient's illness;
- develop basic skills in psychiatric decision making which reflect the use of multiple resources including psychologists, therapists, counselors, primary care physicians and family members;
- acquire a sense of the physician's professional role as assumed in an outpatient experience; and
- develop learning skills further, including problem solving, independent study and use of the literature.

SUBSPECIALTY EXPERIENCES

Akron students will have the opportunity to spend time in selected subspecialty experiences that include Psychiatric Emergency Services, Consultation Liaison Psychiatry, Community Psychiatry and Substance Abuse. Canton and Cleveland students will have the opportunity to spend time on a forensic unit, in a community outpatient setting or on neurology.

Subspecialty experience descriptions are contained in Appendix A. Locations and reporting instructions for outpatient and subspecialty experiences are contained in Appendix B.

CLINICAL SKILL EXPERIENCE PORTFOLIO

The Psychiatry Clerkship Clinical Skills Experience Portfolio (CSEP) is an electronic checklist of clinical experiences developed for the clerkship and designed for students to use to track their progress in developing knowledge and skill in the following areas:

- Diagnosis/Symptoms/Clinical Scenarios
- Physical Examinations
- Procedures/Technical Skills
- Additional Clinical Activities
- Additional Learning Activities

It is the student's responsibility to arrange instruction, supervision and validation of each required skill. The CSEP will serve as an important guide to assessing clinical competency and performance. All items listed on the CSEP are required; i.e., students must document exposure to all of the listed experiences. Students are required to submit their CSEP electronically to the

Clerkship Site Director for review at both the midpoint and the end of the clerkship. **The CSEP will be reviewed for completeness as part of the grading process.**

See instructions below for accessing and entering data into CSEP:

- Links to clerkship-specific content for each CSEP are posted on AIMS M3 Clerkship Site homepage. Follow the link for CSEP and enter your Banner ID number (excluding the @ character and initial zeros);
- Click the fields in which you wish to enter information. Please be sure to mark Patient Type, Setting and Level of Responsibility for each item;
- click “**Submit**” when you have finished.
- You do not need to put in your email address because you will receive a copy automatically whenever you submit.
- To send a copy of your CSEP to your Clerkship Site Director or preceptor, enter their e-mail address at the bottom of the form.
- You can return to the site as often as necessary throughout the rotation to update your entries. All previous entries will be preserved.

PATIENT ASSIGNMENT

Patients will be assigned by the mentor to the student for evaluation and management. Students will be assigned an average of three new patients per week. Complete history-taking and physical examination (H&P) including a mental status examination are to be performed and a written report promptly completed on every new patient that is actively followed in the hospital during the clerkship.

The student will:

- interview the patient, obtaining a comprehensive history,
- perform a complete physical examination, if indicated,
- conduct a complete mental status examination,
- order and interpret necessary laboratory data,
- interview family members, as appropriate,
- order psychological testing and review the results,
- formulate the case according to the biopsychosocial model, and
- present the case in both oral and written form including diagnosis, etiology, treatment plan and prognosis,

The faculty member will:

- assign to the student an appropriate number of patients to ensure adequate clinical experience,
- observe the medical student's performance and give appropriate feedback,
- discuss with the student topics pertinent to the differential diagnosis and treatment of each patient,
- review the student's written case report and give feedback,
- require formal oral presentation of the case and give feedback,
- encourage the student to observe his mentor interviewing, evaluating and treating patients, and

- conduct ward rounds and discuss each patient with the student.

Two case histories are to be submitted for critical review and feedback. These are to be typed or neatly printed using the Outline for Patient Workup and Outline for Mental Status Examination contained in Appendix C. The first is to be handed in no later than the end of week 3 and the second on the final day of the clerkship. Students based in Akron will submit their histories to Margie Haubert at haubertm@summahealth.org at both the end of week 3 and on the last day of the clerkship; students rotating at Northcoast Behavioral Healthcare will submit their histories to Dr. Muhammad Momen; students at MetroHealth System will submit theirs to Dr. Lendita Haxhiu-Erhardt; and students at Heartland Behavioral Health Care will submit theirs to Dr. Kimbo. A physical exam is not necessary, but please include it if you have done one.

All student written patient reports must be reviewed by the supervising resident or faculty and cosigned, and then may be entered into the patient's chart, as directed by the site.

SUPERVISION OF HISTORIES AND PHYSICALS

Within the first two weeks, students are required to complete two history and physical examinations (H&Ps) under the supervision of the resident or attending physician. If the student is then felt to be capable, subsequent interviews may be conducted alone. "Double teaming" a newly admitted patient on an occasional basis is encouraged as it facilitates exchange between the resident and the student at the bedside. However, this should not be done routinely. The student will be observed doing an H&P periodically throughout the six-week rotation. The student's H&P report should be reviewed by the appropriate resident or physician and any necessary corrections or comments made. Before the student's H&P may become part of the hospital record, it must be countersigned by the appropriate resident or physician. This countersigned H&P does not supplant the official H&P.

COURSE TEXTBOOKS AND INSTRUCTIONAL RESOURCES

Required Textbooks and Resources

Reading during the clerkship should include both textbooks and journal literature. Students should read about specific problems encountered with their own patients, as well as subjects of general importance in psychiatry. Specific reading assignments from both text and the periodic literature may be required at the discretion of the Clerkship Site Director or other designees. Specific weekly reading assignments are outlined in Appendix D.

The required textbook for the clerkship is:

Black, DW and Andreasen, NC. *Introductory Textbook of Psychiatry*. 6th Edition. American Psychiatric Publishing, Inc. 2014. *This book was chosen because of its readability and clarity. It is an excellent introduction to psychiatry.*

ADMSEP Modules

All students are required to complete 14 online ADMSEP modules

<http://www.admsep.org/csi-emodules.php?c=emodules-description&v=y>

Recommended Resources

MedEd Portal Psychiatry Resources:

<https://www.mededportal.org/search/?t=42&t=42.48&t=42.48.212&q=>

LECTURES, CASE CONFERENCE SERIES, MORNING REPORT AND GRAND ROUNDS

Students at all teaching sites will have access to lectures, either live or recorded, and the opportunity to participate in case conferences. Medical students at Akron sites are required to attend the case conference and lecture series. Morning Report is required for Akron student on the inpatient service in Akron and for all students on the post call morning; morning report is not considered a formal teaching conference. Students on a subspecialty are not required to attend morning report. Canton and Northcoast students taking call on a Sunday are not required to return to Akron for morning report on Monday morning. There is no morning report on Saturday or Sunday. Clinical case conferences are offered each week by senior faculty as well as the Clinical Experiential Director. Students are required to attend the case conferences and grand rounds scheduled at their assigned teaching site. A list of the weekly lecture/case conference series can be found in Appendix E.

MENTAL HEALTH AND PRIMARY CARE CONFERENCE

The promotion of mental health and the diagnosis and treatment of mental illness are essential elements of primary health care services. As such, students will participate in a presentation and case discussion focused on primary mental health care. In preparation for the conference, students will review two selected articles and one clinical case. Links to the articles, clinical case and learning objectives can be found in Appendix F.

CALL AND WORK HOURS

All students will be assigned to take call a minimum of two times during the six-week rotation.

Students assigned to the Akron, Canton and Northcoast clinical sites will take call in Akron as follows:

January – June at Summa Health System Akron City Hospital

July – December at Cleveland Clinic Akron General

Cleveland clinical site students will take call at MetroHealth System.

Call will be under the supervision of the on-call psychiatry resident or faculty member and will take place in the emergency room. The Clerkship Coordinator will assign call schedules and provide information at orientation regarding student responsibilities, sleeping facilities and meal reimbursements. Students on call must be available as required at all times. For more detailed information, please see Appendix G.

In compliance with guidelines established by the Liaison Committee on Medical Education (LCME), students will not be required to work longer hours than residents.

MINIMUM PERFORMANCE REQUIREMENTS

To meet the minimum requirements necessary to satisfactorily complete the Psychiatry Clerkship, the student must:

- maintain professional appearance and behavior at all times
- perform all required activities
- complete the Clinical Skills Experience Portfolio (CSEP)
- submit two case histories to the Clerkship Site Director
- complete and present a Practice-based Learning and Improvement Project
- obtain approval of the Clerkship Site Director prior to any absence
- pass the National Board of Medical Examiners (NBME) subject exam
- complete the end of clerkship evaluation (feedback) survey

Appendix A

Subspecialty Experiences

Psychiatric Emergency Services

Portage Path Behavioral Health is offering a one-week elective at Psychiatric Emergency Services (PES), the 24/7 psychiatric emergency room for Summit County. Students will observe first hand psychiatric emergencies and crises and will have the opportunity to assess patients immediately. This is a great opportunity to understand the management of acute agitation, intoxication, confusion, delirium, psychosis and suicidal or homicidal depression. Additional options on quiet days may include ride-along with the probate officer or observing activities in Mental Health Court. Students will be expected to assess, treat and write-up one patient daily under the direct supervision of faculty.

Consultation-Liaison Psychiatry Service

During the Consultation-Liaison Service rotation the M3 student will:

- Gain an understanding of the emotional factors at work in serious illness.
- Develop facility in distinguishing psychosis from anxiety and mood disorders.
- Recognize the hallmarks of the factitious disorders and participate in devising a plan of management.
- Learn to recognize the myriad manifestations of delirium, as well as gain an understanding of its evaluation and management.
- Begin to practice sound psychopharmacologic therapies in complex medical settings.
- Develop liaison relationships with other physicians, nursing staff and families of patients.

The consultation service is established at both Summa Health System and Cleveland Clinic Akron General. Hours are 8:00 am to 5:00 pm, Monday through Friday. The student will gather history, complete a mental status examination, present to the attending psychiatrist and then observe psychiatric intervention. M3 students will provide a maximum of two consultations a day.

M3 students receive direct supervision by the psychiatry resident on service and by the attending psychiatrist during daily rounds. Knowledge is assessed by question and answer during rounds and by the consultation-liaison content of the USMLE shelf copy examination in Psychiatry.

Substance Abuse

The Substance Abuse elective is a one-week introduction to the practice of addiction medicine. Students are directly involved at the inpatient level on the detoxification floor and throughout the hospital via the chemical dependency consultation service. Diagnosis, detoxification and treatment options are typically addressed in this setting. Students also participate in the intensive outpatient program at Ignatia Hall, which includes group therapy, individual therapy and educational lectures. It is at this level of care that the foundation for recovery is established. Students also accompany a physician for individual follow up for patients who have completed the outpatient program and are maintained on Suboxone.

Tentative Schedule

| | | |
|------------------|----|--|
| Monday | AM | Intensive Outpatient Program (3 rd Floor) |
| Tuesday | AM | Suboxone Maintenance (SPA 6 th Floor) |
| Wednesday | AM | Intensive Outpatient Treatment |
| Thursday | AM | Inpatient CD Rounds (Detox Floor – Consult Services) |
| Friday | AM | Inpatient CD Rounds (Detox Floor – Consult Services) |

Community Psychiatry at Portage Path

Community Psychiatry at Portage Path provides a one-week exposure to patients seeking care at an outpatient community mental health agency. The student will participate in a variety of activities throughout the week including new patient assessments and group psychotherapy.

Appendix B

Subspecialty and Outpatient Experience Locations

Psychiatry Emergency Services at Portage Path Behavioral Health

Contact Dr. Brar at 330.434.1214 the Friday before you begin this rotation.

Report on Monday at 8:30 a.m. to the main entrance of Portage Path Behavioral Health Psychiatry Emergency Services located at 10 Penfield Avenue, Akron, OH 44310. **Ask for Dr. Brar or the charge nurse.**

Directions to Portage Path Behavioral Health-Psychiatry Emergency Services (PES) from Summa Health System St. Thomas Hospital

- go north on OH-261/North Main Street toward Olive Street
- turn Left onto Olive Street
- turn Right onto North Howard Street
- turn Left onto Penfield Avenue
- 10 Penfield Avenue is on the left

Directions to Portage Path Behavioral Health-Psychiatry Emergency Services (PES) from Cleveland Clinic Akron General

- head northeast on Wabash Avenue toward West Cedar Street
- turn left onto West Exchange Street
- take the 1st right onto Dart Avenue
- take the OH-59 north ramp on the left
- merge onto OH-59 east
- turn left onto North Howard Street
- turn left onto Penfield Avenue
- 10 Penfield Avenue is on the left

Community Psychiatry Services at Portage Path Behavioral Health

Contact Dr. Moore at jmoore@portagepath.org the Friday before you begin this rotation.

Directions to Portage Path Behavioral Health Community Psychiatry Services (PPES2) from Summa Health System St Thomas Hospital

- head south on North High Street toward the All American Bridge
- turn left onto East Exchange Street
- take 2nd left onto South Broadway Street
- 340 South Broadway is on the left

Directions to Portage Path Behavioral Health Community Psychiatry Services (PPES2) from Cleveland Clinic Akron General

- head northeast on Akron General Avenue toward West Cedar Street
- turn right onto West Exchange Street
- turn left onto South Broadway Street
- 340 South Broadway is on the left

**Consultation-Liaison Psychiatry at Summa Health System-St. Thomas Hospital
Contact Dr. Ivan at 330.971.0554 the Friday before you begin this rotation.**

Dr. Mansour's Private Office 3200 West Market Street, Suite 205, Fairlawn, OH 330.836.6825

- follow 76 West/77 North to Exit 133-Ridgewood/Miller Road
- follow Miller Road to West Market Street
- turn left onto West Market Street
- follow West Market Street until you see the Hilton Hotel (across from Summit Mall)
- turn left at second Hilton Hotel driveway (shares drive with Hilton Hotel)

**Community Support Services 150 Cross Street, Akron, OH 330.253.9388
From Summa Health System-St. Thomas Hospital**

- follow Y-Bridge toward downtown Akron
- continue onto High Street
- make left onto Thornton Street
- cross Broadway
- make left onto Wolf Ledges Parkway
- make left onto Cross Street
- watch on left for white brick building with blue shutters
- park in lot next to building and use rear entrance to building

From Cleveland Clinic Akron General

- make right onto Cedar Street
- make right onto High Street
- make left onto Thornton Street
- cross Broadway
- make left onto Wolf Ledges Parkway
- make left onto Cross Street
- watch on left for white brick building with blue shutters
- park in lot next to building and use rear entrance to building

Alcohol, Drug Addiction & Mental Health Services Board at County of Summit ADM Board
1867 West Market Street, Suite B-2, Akron, OH 44312
Dr. Smith 330.564.4083

From Summa Health System-St. Thomas Hospital

- head west on Olive Street toward North Howard Street
- turn left onto North Howard Street
- turn right onto West North Street
- turn right onto West Market Street

From Cleveland Clinic Akron General

- head northeast on Akron General Avenue toward West Cedar Street
- turn left onto West Exchange Street
- turn right onto Ross Drive
- turn left onto West Market Street

The ADM Board is located behind the Acme Store in Building B in the Fairway Center with Summit County Public Health. The ADM Board office is on the right as you enter the building. Ask to be directed to the Maggie Carroll Smith Room.

Consultation-Liaison Psychiatry at Cleveland Clinic Akron General

Contact Dr. Zaraa (Cell: 330.329.6229) the Friday afternoon before you begin this rotation.

Report on Monday at 8:00 a.m. to Dr. Zaraa's office located on the 4th floor of the Ambulatory Care Center, Department of Psychiatry, at Cleveland Clinic Akron General.

Substance Abuse

Dr. Shein (Pager: 330.971.3488)

- on the first day, report at 8:30 a.m. to Summa Health System-St. Thomas Hospital, Intensive Outpatient Psychiatry (IOP)
- take elevator C to the 3rd floor
- enter through the double doors to the left of the Crystal Clinic reception desk
- let the receptionist know that you are there to work with Dr. Shein

NOTE: You will probably observe a group session before Dr. Shein arrives.

Appendix C

Outline for Patient Workup

Chief Complaint :

In the words of the patient.

History of Present Illness (Onset, Duration, Course)

- Why present now/precipitants/stressors? _____
- When it started? _____
- How long it lasts/frequency? _____
- What is it like? Impact on life? _____

Current Stressors

For episodic illnesses, describe first episode

- Onset: _____
- Participants: _____
- Duration: _____
- Rx response: _____

Psychiatric Review of Systems:

| | |
|---|--|
| <p>Depression (“Sigecaps”)</p> <p>Low mood for < 2 weeks Sleep Interest Guilt/worthlessness Energy Concentration Appetite/weight gain Psychomotor slowing Suicide:</p> <ul style="list-style-type: none"> • hopelessness • plan • access | <p>General Anxiety</p> <p>Excess worry Restless/edgy Easily fatigued Muscle tension Loss of sleep Organizing/praying</p> |
| <p>Social Phobia</p> <p>Performance Situations:</p> <ul style="list-style-type: none"> • fear of embarrassment • fear of humiliation • fear of criticism | <p>Specific Phobias</p> <p>Heights Crowds Animals</p> |
| <p>Body Dysmorphic Disorder</p> <p>Excess concern with appearance or certain part of body Avoidance behavior</p> | <p>Eating Disorder</p> <p>Binging/purging/restriction/amenorrhea Perception of body image or weight</p> |
| <p>Obsessive/Compulsive Disorder</p> <p>Intrusive/persistent thoughts Recognized as excessive/irrational Repetitive behaviors:</p> <ul style="list-style-type: none"> • washing/cleaning • counting/checking | <p>Borderline Personality</p> <p>Fear of abandonment/rejection Unstable relationships Chronic emptiness Low self-esteem Intense anger/outbursts Self-damaging behavior Labile mood and impulsivity</p> |
| <p>Mania (“Giddiness)</p> <p>Grandiose Increased activity: Goal directed/high risk Decreased judgment Distractible Irritability Need less sleep Elevated mood Speedy talking Speedy thoughts</p> | <p>Psychosis</p> <p>Hallucinations/illusions Delusions Self-reference:</p> <ul style="list-style-type: none"> • people watching you • people talking about you • message from media <p>Thought blocking/insertion Disorganization:</p> <ul style="list-style-type: none"> • speech • behavior |

| | |
|---|---|
| <p>Post-Traumatic Stress Disorder</p> <p>Experienced/witnessed event Persistent re-experiencing Dreams/flashbacks Avoidance behavior Hyper-arousal: <ul style="list-style-type: none"> • increased vigilance/concentration • increased startle </p> | <p>Antisocial Personality</p> <p>Forensic history: <ul style="list-style-type: none"> • arrests • imprisonment Aggressiveness/violence Lack of empathy/remorse Lack of concern for safety: <ul style="list-style-type: none"> • self • others Childhood conduct disorder</p> |
| <p>Panic Attacks</p> <p>Trembling Palpitations Nausea/chills Choking/chest pain Sweating Fear: <ul style="list-style-type: none"> • dying • going crazy Anticipatory anxiety Avoidance Agoraphobia</p> | |

Current Psych Meds

Psychiatric History

Previous Psychiatric Treatment/Counseling/Suicide Attempts/Violence

Previous Diagnosis

Medications/Treatment

Family Psychiatric History

Psychiatric Diagnosis/Visits/Counseling/Suicide Attempts

Substance Use

Suicide Attempts

Medical History

Previous Illnesses and Treatment

Surgeries/Hospitalizations

Head Injury (+/-LOC) and Workup/Imaging or History of Seizures?

Medications

PCP

Review of Systems

Central Nervous

Head & Neck

Cardiovascular

Respiratory

Gastrointestinal

Genitourinary

Musculoskeletal

Dermatologic

Social History

Place of Birth

As a Child (family structure, parents' occupations, relationship with parents, siblings, friends, abuse, trauma)

As a Teen (friends, relationships, school activities, sex, trouble, relationship with parents, trauma)

As an Adult (work, finances, education, relationships, family, goals for future, trends in functioning, military history, spirituality, trauma)

Legal History

Substance Abuse History

Mental Status Examination

Appearance

Behavior

Eye Contact

Psychomotor Activity

Speech

Emotion: Mood and Affect

Thought Process and Thought Content

Perception

Concentration and Memory

Insight and Judgment

Suicidal/Homicidal thoughts/plans/intent

Folstein Mini Mental Status Examination

- | | |
|--|--|
| <input type="checkbox"/> Orientation (10) | <input type="checkbox"/> Immediate Recall (3) |
| <input type="checkbox"/> Time | <input type="checkbox"/> Attention (5) |
| • year | <input type="checkbox"/> Delay Recall (3) |
| • season | <input type="checkbox"/> Naming (2) |
| • month | <input type="checkbox"/> Repetition (1) |
| • date | <input type="checkbox"/> 3-stage command (3) |
| • day | <input type="checkbox"/> Reading (1) |
| <input type="checkbox"/> Place | <input type="checkbox"/> Copying (1) |
| • floor | <input type="checkbox"/> Writing (1) |
| • building | |
| • city | |
| • province | |
| • country | |

Labs

Outline for the Mental Status Examination

Mental Status Exam:

Alert and oriented x 3

Appearance (*casually groomed and dressed; disheveled; unkempt*)

Behavior (*friendly and cooperative; hostile; guarded*)

Eye contact (*good, fair, poor, occasional*)

Psychomotor abnormalities (*agitated, retarded, WNL*)

Mood (*euphoric, euthymic, dysphoric, depressed, anxious*)

Affect (*full, flat, blunted, restricted*)

Speech (*normal rate, volume and articulation?*)

Thought process (*organized; tangential; loose associations; flight of ideas, disorganized*)

Thought content (*largest part of mental status exam*)

List pertinent positives, then pertinent negatives (*Example: patient preoccupied with interpersonal difficulty*)

Anhedonic + Anxiety + Paranoid (*Cognitive distortions noted. Patient denied: SI, HI and hallucinations*)

Memory (*intact for immediate, recent and remote*)

Concentration (*evaluated via world and serial 7s*)

Knowledge/intelligence (*evaluated by presidents, governor of Ohio*)

Abstraction

Similarities

Reality testing

Potential to act out

Judgment

Insight

Appendix D

Reading Assignments for the Psychiatry Clerkship

Reading during the clerkship should include both textbooks and journal literature. Students should read about specific problems encountered with their own patients, as well as subjects of general importance in psychiatry. Specific reading assignments may be made as part of the individual clerkship sites. The required textbook for the Psychiatry Clerkship is: Black, DW and Andreasen, NC. Introductory Textbook of Psychiatry. 6th Edition. American Psychiatric Publishing, Inc. July 2014. This book was chosen because of its readability and clarity. It is an excellent introduction to psychiatry. The reading assignments for the clerkship are:

Week 1

| <u>Chapter</u> | <u>Title</u> |
|----------------|--|
| 1 | Diagnosis and Classification |
| 2 | Interviewing and Assessment |
| 3 | The Neurobiology and Genetics of Mental Illness |
| 18 | Psychiatric Emergencies |
| 21 | Psychopharmacology and Electroconvulsive Therapy |

Week 2

| <u>Chapter</u> | <u>Title</u> |
|----------------|---|
| 5 | Schizophrenia and Other Psychotic Disorders |
| 6 | Mood Disorders |
| 7 | Anxiety Disorders |
| 8 | Obsessive-compulsive and Related Disorders |
| 9 | Trauma- and Stressor-Related Disorders |

Week 3

| <u>Chapter</u> | <u>Title</u> |
|----------------|---|
| 15 | Substance-related and Addictive Disorders |
| 16 | Neurocognitive Disorders |
| 17 | Personality Disorders |

Week 4

| <u>Chapter</u> | <u>Title</u> |
|----------------|--|
| 10 | Somatic Symptom Disorders and Dissociative Disorders |
| 11 | Feeding and Eating Disorders |
| 12 | Sleep-Wake Disorders |
| 14 | Disruptive, Impulse-control, and Conduct Disorders |

Week 5

| <u>Chapter</u> | <u>Title</u> |
|----------------|---|
| 4 | Neurodevelopmental (child) Disorders |
| 13 | Sexual Dysfunction, Gender Dysphoria, and Paraphilias |

19
20

Legal Issues
Behavioral, Cognitive and Psychodynamic Treatments

Week 6
Study!

Appendix E

Psychiatry Clerkship Lecture/Case Conference Series

Week 1

Diagnostic Classification
Introduction to Medical Interviewing
ER and On-Call Experience
Doctor-Patient Relationship
Assessment of the Psychiatric Patient
Psychiatric Interview/MSE
Terminology
Emergency Psychiatry

Week 2

Impulse Control Disorder
Anxiety Disorders
Mood Disorders
Somatoform/Factitious Disorders
Schizophrenia/Psychotic Disorders

Week 3

Psychological Testing
Sexuality/Eating Disorders
Personality Disorders
Delirium/Dementia
Substance Abuse

Week 4

Psychotherapy
Psychopharmacology (Mood Stabilizers)
Psychopharmacology (Anxiolytics)
Psychopharmacology (Antipsychotics)
Psychopharmacology (Anti-depressants)

Week 5

Forensic Psychiatry
Geriatric Psychiatry
Child/Adolescent Psychiatry
Dreams
MR, Learning and Motor Skills Disorder, Autistic Disorder, other Pervasive Developmental Disorders

Appendix F

Mental Health and Primary Care Conference

Mark Munetz, M.D, Janice Spalding, M.D., Chris Paxos, Pharm.D, and Kathleen Scott

Learner Objectives

By the end of this session the student will be able to:

- describe the conditions that lead to premature mortality in patients with serious mental illness
- explain the rationale for using various classes of medications to treat serious mental illness
- outline the adverse metabolic effects of these medications
- explain the importance of primary care to people with serious mental illness

Article Link:

Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes
Diabetes Care, Volume 27, Number 2, February 2004

<http://care.diabetesjournals.org/content/27/2/596.full.pdf> (last accessed March 8, 2017)

Article Link:

Primary Care Issues in Patients with Mental Illness
American Family Physician Volume 78, Number 3, August 1, 2008

<http://www.aafp.org/afp/2008/0801/p355.pdf> (last accessed March 8, 2017)

Psychiatry Case

Mary Jones is a 32-year-old African-American female diagnosed with schizophrenia at age 25. She has been hospitalized on numerous occasions, and in spite of treatment, she has persistent negative symptoms including apathy, social withdrawal and emotional blunting. She has some odd mannerisms and appears distracted as she enters the exam room. Mary has not worked since she was first diagnosed with mental illness. She receives SSI (\$537 monthly) and lives alone in a subsidized apartment near downtown Akron. Recently, her mother, who was her main support system, has been placed in a nursing home following a stroke. Mary's father has diabetes mellitus, type 2 which led to end stage renal disease. He receives hemodialysis. Mary has two older sisters who are busy with their teenage children and trying to adjust to their mother's illness. Mary is a poor historian. She is accompanied by her mental health case manager who answers many of your questions. This is the first time Mary has seen a primary care provider for several years. You note her appearance is disheveled, skin is dry and several cavities are evident on examination. Her case manager reports that Mary smokes about 30 cigarettes daily. It is not believed that she has a history of or currently uses/abuses alcohol or other drugs. She is generally cooperative with the exam, but her verbal and motor responses are slow. The reason for this visit is a follow up to a hospitalization for pneumonia and dehydration and to establish her with a primary care clinician (i.e., a "primary care home"). At the time of her first visit to the clinic her physical exam and laboratory findings are as follows:

- Height = 65"
- Weight = 120 lbs.
- Waist circumference = 30"
- BMI = 20.01
- BP = 120/70
- FBS = 90
- LDL = 110
- HDL = 40
- TG = 125

Because of her incomplete response to earlier trials of several antipsychotics, she was started on clozapine (Clozaril®), and the dose has been slowly titrated to 300 mg. BID over the next twelve months. She has had an excellent response to clozapine. She is no longer apathetic and is much more communicative. Her volunteer job at the local library evolved into a part time paid position. She is able to use public transportation and visits her mother weekly in the nursing home. Her sisters have noticed a significant difference in her behavior, and the three of them are having lunch together once per month. She joined a nearby church and is attending services regularly. She takes great pride in her job and is very pleased with the additional freedom her earned income has provided. However, she is unhappy about her considerable weight gain. She continues to smoke but has cut down to one pack per day (20 cigarettes) and worries that she will gain even more weight if she cuts down more on her smoking. While she is considerably more active since starting the clozapine, she does not do any regular exercise. She eats mostly fast food and frozen, pre-prepared food.

Her physical exam and laboratory findings at the end of twelve months of treatment are as follows:

- Height = 65"
- Weight = 162 lbs.
- Waist circumference = 37"
- BMI = 27.01
- BP = 140/90
- FBS = 142
- LDL = 175
- HDL = 32
- TG = 275

She presents to her appointment with a request to change her antipsychotic medication because she does not want to be fat.

Appendix G

On Call Instructions

Summa Health System- Akron City Hospital

January - June

Call begins at:

- **5:00 PM ON WEEKDAYS UNTIL 8:00 AM THE FOLLOWING MORNING.**
However, you are expected to continue with your assigned clinical rounds until Noon.
- **8:00 AM ON SATURDAY and SUNDAY AND ENDS AT 8:00 PM.**

The day of your scheduled on-call experience, you must contact the resident at 5:00pm. The resident will let you know where to meet to begin the call period. (If the on-call resident does not respond to the page, call the hospital operator and ask for the resident to be paged). If you are on call Monday-Thursday, you are expected to attend Morning Report with your resident the following morning. If you are on call Friday, Saturday or Sunday, you are expected to attend Morning Report Monday with your resident. Morning Report begins at 7:30 a.m., in the 4th floor Psychiatry Library.

Call room quarters for medical students are located on the 6th floor of the main hospital. The 6th floor is assessable via elevator "N" located next to the hospital Gift Shop. When exiting the elevator, turn left and follow the hallway to Rooms 607 and 608. The showers are located in the Respiratory Department and are accessible through the "key card" secured double doors. Call quarter phone numbers are as follows:

Room 607 - 330.375.4607

Room 608 - 330.375.4608

Main Unit - 330.375.4670

On Call Instructions

Cleveland Clinic Akron General

July – December

The Residents' call schedule will be available on the message board located in the Residents lounge at (Room 406).

Call begins at:

- **5:00 PM ON WEEKDAYS UNTIL 8:00 AM THE FOLLOWING MORNING.**
However, you are expected to continue with your assigned clinical rounds until Noon.
- **8:00 AM ON SATURDAY and SUNDAY AND ENDS AT 8:00 PM.**

On the day of your scheduled on-call experience, you must contact the resident at 5:00pm. The resident will let you know where to meet to begin the call period. If the on-call resident does not respond to your page, (call or email), call the hospital operator and ask for the resident to be paged.

Call room quarters for medical students are located on the 4th floor of the main hospital across from the blue elevators (recessed door with a combination lock, CODE 4-3-1). Use the female and male rooms on either end of the unit which have bunk beds next to the restrooms **OR** you can use the call room quarters located in the Dept. of Psychiatry, Suite 461. Your Cleveland Clinic Akron General lounge key will open this door. Ask the psychiatry resident on call which call quarter will work best.

To use the hospital paging system from a Cleveland Clinic Akron General phone:

- key in 444
- wait for the tone and message to enter the pager number
- key in the four digits for the pager you are trying to reach
- after three quick beeps, enter the pager by keying in the phone number where you can be reached
- after hearing “thank you for calling” hang up

7.24.2018

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