

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

**Northeast Ohio Medical University
College of Medicine**

**Psychiatry Clerkship, 83005
Course Syllabus
AY 2021-22**

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COURSE LEADERSHIP

Dr. Lori Pittinger is Clinical Experiential Director for the Psychiatry Clerkship and is responsible for ensuring that implementation of the Psychiatry Clerkship curriculum is comparable across all teaching sites. She can be reached by email for any student questions or concerns and will be available for face-to-face appointments via teleconference or in person. The Clerkship Site Directors and their institutions are also listed below. 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.

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BASIC COURSE INFORMATION

Course Description

The Northeast Ohio Medical University College of Medicine M3 Psychiatry Clerkship is a five- 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 Enrollment Requirements

Successful completion of M1 and M2 years of study.

Trainings	Screenings	Immunizations
BLS OSHA ACLS HIPAA Responsible Conduct of Research Human Subjects Research	Criminal Background Check Toxicology Screen TB Test	Hepatitis B, MMR, Tdap, Varicella (required upon matriculation) Flu shot COVID vaccination strongly encouraged.

Clerkship Structure

- **First Day Reporting**
First day reporting information varies by clinical site. Please see OASIS for first day reporting information.
- **Inpatient Service**
Student will be assigned to both inpatient services and to subspecialty experiences, as available. 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' outpatient experience will offer a brief and initial exposure to complex patients in general adult psychiatry who are seen in the outpatient setting.
- **Subspecialty Experiences**
Students may also have the opportunity to spend time in selected subspecialty experiences that include Psychiatric Emergency Services, Consultation Liaison Psychiatry, Community Psychiatry, a forensic unit and Substance Abuse.
- **Call and Work Hours**
All students will be assigned to take call during the five-week rotation. Call will be under the supervision of the on-call psychiatry resident or faculty member. 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. In compliance with guidelines established by the Liaison Committee on Medical Education (LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents.

All 5-week clerkships (FM, OBGYN, Pediatrics Surgery and Psychiatry) will schedule **one half day of independent study time during the last week of the clerkship**. This time can

be used to make up missed clinical assignments from earlier in the clerkship, complete enrichment activities, or as time to prepare for the upcoming shelf exam.

Clerkship 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.

The recommended 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. Please use it as a supplement to your chosen methods of learning

- **ADMSEP Modules**

All students are required to complete 14 online ADMSEP modules

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

- **Aquifer Addiction (CARE) Modules**

Students are required to complete cases 1-9.

Following are the instructions to gain access to the cases for first time users*:

1. Go to: https://www.meduapp.com/users/sign_in
2. Enter your institutional e-mail under “Need to Register?” option

Need to Register?

Enter your institutional email

Register

3. Click “Register” button.
4. An email will be sent to you. Follow the instructions in the email to set up your account.

Once in the system, please hit the blue “Launch CARE” icon at the top of the screen and then the highlighted CARE button on the left of the screen to find these modules within Aquifer.

- **Additional Recommended Resources**

MedEd Portal Psychiatry Resources:

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

CLERKSHIP OBJECTIVES

Clerkship educational program objectives are consistent across all seven clerkships and are aligned with [NEOMED's College of Medicine Program Objectives](#). Throughout the clerkships, students will continue to learn and refine skills, knowledge, attitudes, and professional behavior to move towards demonstrating entrustable behaviors. These competencies form the basis for the Student Performance Evaluation that is used to assess student performance in all clerkships.

Students will:

1. Gather hypothesis directed patient information with a focus on psychopathology and perform a comprehensive psychiatric assessment and mental status examination in an empathic manner for those presenting with psychiatric disorders.
2. Develop and prioritize a differential diagnosis of psychiatric problems according to DSM-5 and recommended diagnostic testing for patients presenting with psychiatric symptoms such as altered mental status, agitation, depression, acute trauma, etc.
3. Generate an interdisciplinary assessment and management plan that includes pharmacotherapy, psychotherapy, social interventions, discharge planning, as well as reasoning for the treatment plan for those patients presenting with depression, substance abuse, suicidal ideation, trauma.
4. Apply medical knowledge of clinical disorders-to patient evaluations, specifically to those patients with psychosis, mood disorders and neurocognitive disorders.
5. Apply knowledge of evidence-based medicine to answer patient care related questions.
6. Demonstrate empathetic, honest, and bi-directional communication with patients and families and develop expertise in the techniques of the psychiatric interview, including gathering a detailed developmental and relationship history, identifying psychosocial stressors, and recognizing the psychotic, suicidal, or homicidal patient.
7. Demonstrate clear, effective, and thorough communication with the interprofessional health care team including psychologists, social workers, pharmacists, therapists, counselors, medical consultants, and family members in both written and verbal forms.
8. Display professional behavior and a commitment to ethical principles including respecting patient autonomy and demonstrating non-judgmental, empathic responsiveness to patient needs that supersedes self-interest.
9. Formulate individual learning goals based on personal strengths and limitations, respond appropriately to feedback, and seek help when needed.
10. Identify and address potential barriers to communication with patients, families, and colleagues, including linguistic, educational, and cultural diversity, the psychosocial determinants of health, and patient/family preferences.

Clinical Skill Experience Portfolio (CSEP)

The Psychiatry 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:

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

The CSEP list represents the minimum number and type of experiences required in the clerkship. The expectation is that you will participate in a broader array of clinical experiences

that become available to you during your rotation. A list of supplemental or alternative activities is also available in CANVAS in the unlikely event that a student is not exposed to a particular experience. Students are required to review their CSEP with the Clerkship Site Director at both the midpoint and the end of the clerkship to review student progress and completion of items.

M3 Clerkships Clinical Skills Experience Portfolio Content		
Psychiatry Clerkship		
Diagnosis		
Agitated Patient	Bipolar Disorder	Psychotic Disorders
Alcohol/Substance Abuse	Dementia	Sleep Disorders
Altered Mental Status	Depression	Suicidal Ideation
Anxiety Disorders	Personality Disorders	Trauma History
Physical Examination		
Assessment for cognition-Mini Mental Status Examination (MMSE) or similar	Mental Status Examination	
Additional Clinical Activities		
Complete two supervised H&Ps before end of week two	Submit case history by end of week two (see outline in syllabus)	Submit case history by end of clerkship (see outline in syllabus)
Additional Learning Activities		
Develop and submit personal rotation goals by end of week one	Complete 14 required ADMSEP modules	Actively participate in care of at least thirty patients
Review progress on personal goals midway and submit progress by end of clerkship	Review two articles and one clinical case prior to mental health and primary care conference	Complete assigned Aquifer CARE modules
Complete mid-course feedback session with site director	Complete PBLI presentation	

LEARNING ACTIVITIES

Students will have access to lectures, either live or virtual, and the opportunity to participate in case conferences, depending on the clerkship site. Students at all sites are required to attend any lectures, conferences or Grand Rounds listed on their schedule for their site.

Instructional Methods/Learning Strategies

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

- Patient encounters (inpatient, private office, clinics, hospice centers)
- Supervised H&Ps
- Teaching rounds
- Small group discussions
- Conferences and lectures
- Practice-based Learning and Improvement (PBLI) Project
- Textbooks
- Reflective Practice
- ADMSEP online cases
- Aquifer Addition (CARE) modules

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.

Practice-Based Learning and Improvement (PBLI) Project

Students are required to complete a self-directed Practice-based Learning and Improvement (PBLI) Project specific to each clerkship (except in Emergency Medicine). PBLI is important because physicians should monitor the quality of their own work, improve their work and keep up with developments in medicine. PBLI is based on the belief that physicians should be leaders in making change rather than reacting to changes made by others and the belief that positive changes in one's own practice behavior can have positive effects on large systems. Specific examples include: increasing preventive care, improving chronic disease management and enhancing patient safety.

The goals of the project are to:

- investigate and evaluate patient care practices,
- appraise and assimilate scientific evidence, and
- improve patient care practices

For each clerkship (except Emergency Medicine), students will be required to:

- Formulate a focused clinical question directly related to a current patient care situation
- Complete the PPICO for the clinical question
- Conduct a literature search to answer the question
- Evaluate the literature selection for relevance to the question, and reliability and validity of the article
- Make a formal presentation of the case, clinical question, search process and findings based on the requirements of your site.

Failed Practice-Based Learning and Improvement (PBLI) project:

- Student must repeat project with new topic in same specialty discipline as the failed project.
- Student must contact the Course Director to schedule remediation presentation.

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.

Student-Specified Individual Learning Goals

The Liaison Committee on Medical Education (LCME), the accrediting body for medical schools, expects that the curriculum provide opportunities for self-directed learning experiences that involve medical students' self-assessment of learning needs and the independent identification, analysis and synthesis of information relative to their learning needs. Therefore, at the beginning of each clerkship rotation, each student will identify 3-5 learning goals, as appropriate. At the end of each clerkship,

students will reflect on their attainment of their self- identified goals. Students will submit their goals and a summary of the achievement of those goals via a link on CANVAS, which will provide a cumulative record of their personal learning goals for the entire clerkship year. Students also will be expected to make their site directors aware of their goals so that the clerkship learning experience may be enhanced and/or feedback provided accordingly.

Specifically, students must upload the initial goals for each clerkship by 5:00 p.m., Friday of the first week of each clerkship. At the end of the clerkship, and prior to the final assessment meeting, students must record their progress toward achievement of each goal and prepare to discuss the status with their site director. Guidelines for writing SMART goals are provided on the CANVAS site.

Formative and Mid-course Feedback

The Psychiatry Clerkship places emphasis on providing students with continuous feedback on their knowledge, skills and attitudes. Your final grade report form will reflect the feedback provided to you throughout the rotation. Mid-rotation and end-of-rotation communication will be scheduled during the clerkship for you to:

- discuss your performance based on the assessment forms completed by faculty during the week of the rotation and a self-assessment of your performance,
- review clinical progress via your Clinical Skills Experience Portfolio,
- plan activities for the week to match your learning objectives and individual learning goals, and
- address any problems or concerns.

CANVAS and OASIS

The online learning and collaboration system, CANVAS and OASIS, will be used in M3 to post clerkship educational materials including, but not limited to, course and clerkship syllabi, clerkship materials and core curriculum lecture videos. The web address for CANVAS is: <https://web.neomed.edu/web/ats/Canvas/discovery.html>. The web address for OASIS is <https://neomed.oasisscheduling.com/>. It is the sole responsibility of the student to check for updates daily.

COURSE GRADING AND ASSESSMENT

Assignment/ Assessment	Grade Criteria	Type of Feedback	Date Scheduled/Due
Student Performance Evaluation	Behavioral anchors for each rating in each competency and formula for final rating/grade.	Rubric with Narrative Feedback	Feedback is recorded throughout the clerkship via student evaluation forms. The Clinical Grade will be generated at the conclusion of the course by the clerkship site director submitted to for final review and grade assignment to the Clinical Experience Director.
Clinical Skills Experience Portfolio (CSEP)	Satisfactory completion required	Checklist of required activities	Mid-course and end of rotation meeting with Site Director
Practice-Based Learning and Improvement Project (PBLI)	Satisfactory completion required	Checklist of required items	Completion by the last Friday of the course
National Board of Medical Examiners (NBME) subject exam	See Table below	Numerical score and Fail, Pass or Pass with Commendation	Last day of the course

National Board of Medical Examiners Subject Examination

The National Board of Medical Examiners (NBME) subject examination is the final written examination for each clerkship except Emergency Medicine. It will be administered at the NEOMED Rootstown Campus, virtually by NEOMED or at designated Prometric Center in Toledo and Columbus area the last day of each clerkship. For additional details, see academic policy titled “Administration of Examinations at Remote Sites” in the Compass. Reporting time and location for each examination administered on NEOMED’s campus is posted on AIMS. Following is a summary of expected performance. The subject examination score is an equated percent correct score that represents mastery of the content domain assessed by the examination. Cut lines are based on the most recent recommendations of the National Board of Medical Examiners. Hofstee Compromise recommended passing score is used for minimum passing score. Minimum Pass with Commendation score is set at the 70th percentile nationally within Hofstee Compromise range of acceptable minimum honors scores. [NBME content examples](#) for each clerkship can be accessed through this [link](#).

Subject Examination	Failing Range	Passing Range	Pass with Commendation
Family Medicine Clerkship	≤ 60	61-79	≥ 80
Internal Medicine Clerkship	≤ 58	59-79	≥ 80
Obstetrics/Gynecology Clerkship	≤ 63	64-81	≥ 82
Pediatrics Clerkship	≤ 58	59-82	≥ 83
Psychiatry Clerkship	≤ 68	69-85	≥ 86
Surgery Clerkship	≤ 59	60-78	≥ 79

Final Clerkship Grade Categories

Evaluation of student performance is expressed as one of the following permanent grades: Honors, High Pass, Pass or Fail. Academic Incomplete or Incomplete are temporary grades assigned by the Clerkship Site Director, which indicate work in the course is incomplete. This grade may be the result of excused absences or academic deficiencies identified in a clerkship or NBME assessment. If the Incomplete is not completed within the stated time frame (not to exceed one calendar year), the “Incomplete” will become a Fail grade. Students can view assessment data on OASIS. ***Please refer to [COM Grade Categories Policy](#) for further detail.**

Final Clerkship Grade Category	Clinical Performance Grade	National Board of Medical Examiners (NBME) Grade
Honors (H) (only applicable to clerkships that require a NBME subject exam)	“Pass with commendations” (provided there are no individual ratings of “below expectations” for any of the individual objectives)	“Pass with commendations”
High Pass (HP)	“Pass with commendations” (provided there are no individual ratings of “below expectations” for any of the individual objectives)	Pass the NBME subject exam on first attempt
	“Pass” (provided there are no individual ratings of “below expectations” for any of the individual objectives)	Pass with commendations
Pass (P)	Pass	Pass
	Pass	NBME subject exam not required
Fail (F)	Fail	Pass
	Pass	Fail*
	Fail	NBME subject exam not required
Incomplete (I) or Academic Incomplete (AI)	*Temporary grade indicating that work in the course is incomplete. This grade may be the result of excused absences or academic deficiencies identified in a clerkship or NBME assessment.	

Grade Dispute

Grade Dispute guidelines are set forth [in NEOMED’s College of Medicine policy Grade Dispute A](#)

Grade Dispute is a formal request to change a Final Grade based on: 1) arithmetic, procedural or clerical error, 2) arbitrariness and capriciousness or 3) prejudice. Only Final Grades may be disputed. If a student disagrees with his/her Final Grade for a clerkship, the student must first discuss the matter with the Clerkship Site Director assigning the grade **within five (5) working days** of posting of the Final Grade Report Form, as well as notify, in writing M3-M4GradeDispute@neomed.edu regarding the intent. Please refer to the policy for additional details on grade disputes.

Course Remediation

Guidelines specified in the *Compass* will be followed. Remediation is a privilege. Students are not guaranteed the opportunity to remediate. Student professionalism, for example, or lack thereof, may be factored into the decision to offer remediation.

“Below Expectations” rating in four or more individual items on the Student Performance Evaluation Form (SPEF):

- Student must repeat clerkship in its entirety including the subject exam. The highest grade for a repeated clerkship is “Pass”.
- Repetition of clerkship will be scheduled by the College of Medicine /and Enrollment Services.
- *Exception: Aggregate professionalism or performance concerns may result in referral to the Committee on Academic and Professional Progress (CAPP) rather than remediation.

CAPP Standards for Unsatisfactory Performance and Academic Action:

CAPP standards in the *Compass* are not limited to but include the following for referral to CAPP:

- Aggregate performance and/or professionalism concerns
- Failure of multiple subject exams
- Failure of any remediation
- Failure of a repeated clerkship

COURSE POLICIES & PROCEDURE

Students are responsible for:

- Knowing where they are supposed to be at all times.
- Asking for guidance if unsure (not knowing expectations is not acceptable).
- Performing according to the articulated guidelines – study them, know them and perform.
- Owning their education.
- Defining their learning agenda each day.
- Following all Hospital Institutional Policies as instructed

Students should refer to the **NEOMED Policy Portal for a full list of Clerkship Course Policies** (<https://www.neomed.edu/policies/>) and the NEOMED *Compass*, 2021-2022, for further details.

Policy	Description	Additional Information
Attendance and Time Off Clerkships	Attendance guidelines for all sessions are set forth in NEOMED’s policy Attendance at Instructional Sessions	<ul style="list-style-type: none"> • Absences must be discussed your site director and an Absence Notification Form must be submitted to NEOMED after a make-up plan is discussed.

		<ul style="list-style-type: none"> Request to present at a professional conference or fulfill a professional obligation should be completed online at least 6 weeks in advance. Religious Holiday Observation requests should be submitted for the first half of the year by July 1st and by November 1st for those holidays falling after January.
Curriculum Contact Hours	In compliance with guidelines established by the Liaison Committee on Medical Education (LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents.	
Clinical Supervision & Safety	Students should be appropriately supervised in learning situations that involve patient care and the activities supervised should be within the scope of practice of the supervising health care professional	<ul style="list-style-type: none"> Follow OSHA guidelines and appropriate patient safety procedures (handwashing, mask, gloves) as directed by the clinical site. If you are in doubt, err on the side of caution by taking a chaperone (fellow student, attending, nurse or security).
Mistreatment	Any issues or concerns regarding the clerkship, house staff, personnel, patient availability, etc., should be addressed to the Clerkship Site Director. Any issues or concerns regarding the course, course faculty and staff, etc., should be addressed to the CED of Associate Dean of Experiential Education.	<ul style="list-style-type: none"> Issues or concerns should be addressed as quickly as possible to foster early resolution. Concerns regarding misconduct also may be reported confidentially or anonymously using the Inappropriate Behavior Reporting Form. Students who feel they have been harassed or discriminated against should discuss the matter with their Associate Dean of Experiential Education, the Director of Student Wellness and Counseling, or the Chief Student Affairs Officer.
Professionalism	NEOMED students sign and are held to the “ Expectations of Student Conduct and Professional Behavior ” and must abide by all student policies contained within <i>The Compass</i> . Failure to do so may result in referral and review by either CAPP or the Student Conduct Council.	<ul style="list-style-type: none"> Hospitals and their academic departments reserve the right to determine appropriate attire for their sites and may impose additional requirements.

APPENDICIES

Appendix A. 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>General Anxiety</p>
<p>Low mood for < 2 weeks</p> <p>Sleep</p> <p>Interest</p> <p>Guilt/worthlessness</p> <p>Energy Concentration</p> <p>Appetite/weight gain</p> <p>Psychomotor slowing</p> <p>Suicide:</p> <ul style="list-style-type: none"> • hopelessness • plan • access 	<p>Excess worry</p> <p>Restless/edgy Easily</p> <p>fatigued Muscle</p> <p>tension Loss of sleep</p> <p>Organizing/praying</p>
<p>Social Phobia</p>	<p>Specific Phobias</p>
<p>Performance Situations:</p> <ul style="list-style-type: none"> • fear of embarrassment • fear of humiliation • fear of criticism 	<p>Heights</p> <p>Crowds</p> <p>Animals</p>
<p>Body Dysmorphic Disorder</p>	<p>Eating Disorder</p>
<p>Excess concern with appearance or certain part of body</p> <p>Avoidance behavior</p>	<p>Binging/purging/restriction/amenorrhea Perception of body image or weight</p>
<p>Obsessive/Compulsive Disorder</p>	<p>Borderline Personality</p>
<p>Intrusive/persistent thoughts Recognized as excessive/irrational Repetitive behaviors:</p> <ul style="list-style-type: none"> • washing/cleaning • counting/checking 	<p>Fear of abandonment/rejection</p> <p>Unstable relationships Chronic emptiness</p> <p>Low self-esteem Intense anger/outbursts Self-damaging behavior</p> <p>Labile mood, impulsivity</p>

Mania (“Giddiness)	Psychosis
<p>Grandiose</p> <p>Increased activity: Goal directed/high risk</p> <p>Decreased judgment</p> <p>Distractible</p> <p>Irritability Need</p> <p>less sleep</p> <p>Elevated mood</p> <p>Speedy talking</p> <p>Speedy thoughts</p>	<p>Hallucinations/illusions</p> <p>Delusions</p> <p>Self-reference:</p> <ul style="list-style-type: none"> • people watching you • people talking about you • message from media <p>Thought blocking/insertion</p> <p>Disorganization:</p> <ul style="list-style-type: none"> • speech • behavior
Post-Traumatic Stress Disorder	Antisocial Personality
<p>Experienced/witnessed event</p> <p>Persistent re-experiencing</p> <p>Dreams/flashbacks Avoidance behavior</p> <p>Hyper-arousal:</p> <ul style="list-style-type: none"> • increased vigilance/concentration • increased startle 	<p>Forensic history:</p> <ul style="list-style-type: none"> • arrests • imprisonment <p>Aggressiveness/violence</p> <p>Lack of empathy/remorse Lack of concern for safety:</p> <ul style="list-style-type: none"> • self • others <p>Childhood conduct disorder</p>
Panic Attacks	
<p>Trembling Palpitations</p> <p>Nausea/chills</p> <p>Choking/chest pain</p> <p>Sweating</p> <p>Fear:</p> <ul style="list-style-type: none"> • dying • going crazy <p>Anticipatory anxiety</p> <p>Avoidance</p> <p>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 Judgement

Suicidal/Homicidal thoughts/plans/intent

Folstein Mini Mental Status Examination

Orientation (10)

Time

- year
- season
- month
- date
- day

Place

- floor
- building
- city
- province
- country

Immediate Recall (3)

- **Attention (5)**
- **Delay Recall (3)**
- **Naming (2)**
- **Repetition (1)**
- **3-stage command (3)**
- **Reading (1)**
- **Copying (1)**
- **Writing (1)**

Labs

Case Formulation

Begin with summative paragraph describing your conceptualization of the case (How are you making sense of the story.) Then use biopsychosocial model and the 4 Ps to complete the picture of the case.

The chart below just gives you a simplified graphic of the 4 Ps biopsychosocial model; it's not meant to be something you fill out. Instead use a narrative format to cover the areas.

	Bio	Psycho	Social
Predisposing			
Precipitating			
Perpetuating			
Protective			

Case Summation

DSM V Diagnosis

Plan

Admit or Not to Admit (to what area, with what expectations for milieu therapy, any consults and rationale for all recommendations)

Treatment

(Remember all dimensions: Biological, Psychological, Social. Include acute treatment changes/recommendations along with rationale for each and also include recommendations for any outpatient follow up.)

Outline for the Mental Status Examination

Mental Status Exam:

Level of Arousal (alert, drowsy, obtunded, etc)

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 (*rate, volume and articulation*)

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

Thought content (*largest part of mental status exam-what is on your patient's mind*)-
delusions, preoccupations, obsessions, worries, suicidality, homicidality, cognitive distortions,
examples below:

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

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

COGNITIVE EXAM

Memory (*assessment of immediate, recent and remote*)

Concentration (*evaluated via world and serial 7s, ability to participate in interview*)

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

- **Abstraction**
- **Similarities**
- **Reality Testing**

- **Potential to act out Judgment**

Insight

Appendix B. Mental Health and Primary Care Conference

Drs. Erik Messamore and Erica Stovsky and Chris Paxos, PharmD

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.