

Acting Internship in Psychiatry

MEL 8611 Advanced Training in Adult Psychiatry

Educational Goals:

Serious mental illness can disrupt a person's mood and thought processes to the extent that they require 24 hour care for further evaluation and stabilization. During this month, you will learn about inpatient psychiatric care for acutely ill patients through functioning as a "junior" resident. Important domains of assessment include your skills in the following areas: communication, coordination of care, information management and specialty specific procedures (risk assessment, interviewing etc.).

Learning Objectives:

1. Develop a more in-depth understanding psychopathology and how it presents in an acute fashion
2. Improve skills for interviewing patients with psychiatric disease
3. Be able to conduct a risk assessment for suicide and violence
4. Be able to create a biopsychosocial formulation
5. Improve skills in using psychotropic medication including how to select an initial agent (understanding the pharmacology of various agents and possible medication interactions) and the necessary medical monitoring for these medications
6. Gain a greater familiarity with psychotherapy interventions for acutely ill patients including milieu management, crisis intervention, individual and family therapy.

Activities during the rotation:

You will function as much like as resident as possible during the rotation interfacing directly with the faculty member regarding your patients care. You will be expected to do the following:

1. Perform an initial interview for a minimum of two new patients per week who are admitted to the teaching service
2. Conduct daily follow up interviews and examinations with patients under your care
3. Document the above meetings in the medical record
4. Contact collateral sources as appropriate (and with patient consent)
5. Present your finding from patient interviews and collateral sources to the supervising faculty member in an organized fashion with your diagnostic impressions and treatment plan
6. Participate in daily treatment team planning meetings including discharge planning
7. Conduct or attend family meetings as needed for your patients

Required activities:

1. Students must complete the logbook on a weekly basis – expectations are to see at least two new patients per week and following 3-5 patients during a week's time
2. Students must prepare *a minimum* of two biopsychosocial formulations for patients where the student conducts the initial interview. These may or may not be included in the patient record, however, a copy of these (without patient identifying information) must be turned into the course director for inclusion in your file.
3. Students must complete *a minimum* of two discharge summaries for their patients that they give to the supervising faculty member to review. This may or may not be included in the medical record as dictated by the facility rules, however, students can create a discharge summary in a word document to be reviewed for educational purposes.
4. Students must prepare at least one brief, ten minute presentation on a learning topic that they identified from a patient under their care. Students should conduct a literature search on the patient care question and present the conclusions from that search to the team they are working with for the month.
5. Please turn in your logbook, 2 case formulations, 2 discharge summaries and a copy of your presentation to Mrs. Crump for your file at the completion of the rotation.

Evaluation:

1. Faculty are expected to meet with the student at the end of the 2nd week of the rotation to discuss formative feedback. This is required to assist students in identifying their areas of weakness while affording them the opportunity to work on improving these skills during the remaining 2 weeks. This is intended to be a discussion, however, a form has been designed to create a framework for the feedback and should be completed (see attached).
2. At the end of the rotation, the faculty will complete a summative evaluation (see attached)

Biopsychosocial formulation: Psychiatric symptoms represent final common pathways in human behavior. The same symptoms can result from different pathophysiologic processes or a variety of life events. The formulation helps to integrate the impact of various factors on the presentation of symptoms for a specific patient and this will be used to guide the treatment planning. The biopsychosocial formulation should begin with a one line introduction summarizing the patient’s age and presenting symptoms. It is followed by a discussion of the biologic, psychological and social factors contributing to the patient’s presentation.

Below are common items discussed in the formulation:

Biologic:	Psychological	Social:
<ul style="list-style-type: none">• Family psych history• Effects of alcohol or drugs• Effects of prescription meds• General medical condition effects on CNS• Neuroimaging or labs• Compliance with meds	<ul style="list-style-type: none">• Eriksonian stage• Defense mechanisms• Personality style, traits or disorders• Coping mechanisms• Psychological testing• Recurrent life events (abandonment, grief, trauma etc.)• Relationship patterns• How pt has dealt with adversity in the past	<ul style="list-style-type: none">• Marital stress• Money problems• Housing problems• Problems with social support• Pending law suit

Discharge Summary outline:

1. Discharge Diagnoses (axis I – V)
2. HPI (circumstances leading to hospitalization, current sx’s w/ pertinent + and – sx’s)
3. Brief past psych history
4. MSE at admission
5. Relevant physical exam findings and laboratory information
6. Consults
7. Hospital course (try to organize by topics such as behavior on unit, med trials and results)
8. Condition at discharge/prognosis (including MSE at discharge)
9. Discharge medication with doses and instructions
10. Follow up plan (apt date/time(s) for psychiatry, psychotherapy, other medical providers)

CC reports to outpatient providers (give address if possible)

The following are two Evaluation Forms. The Attending/Evaluator will complete the “USF Health Electives - Psychiatry” student evaluation form through E*Value at the end of the rotation period. The student is to complete the Subinternship Evaluation Form (SSE) at the midpoint of the rotation. The student should use the Key Code on the top of the form in entering information in the left-hand column. Once completed, the student meets with the Attending/Evaluator who then completes the right side of the form. Please return the Subinternship Evaluation Form (SSE) to the Department of Psychiatry – mail or FAX 813-974-2478.

USF Morsani College of Medicine

PSYCHIATRY SUBINTERNSHIP EVALUATION FORM

HQ= High quality work; AQ=Adequate work in this area; NY=Competency not yet attained in this area

SSE=Student Self Evaluation

STUDENT NAME: _____

Date: _____

<u>SSE</u>		<u>HQ</u>	<u>AQ</u>	<u>NY</u>
	PATIENT CARE			
<input type="checkbox"/>	History-taking skills Patient-centered, logical, organized, complete and efficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Physical exam skills Exam performed with skill, logic, efficiency and maximal patient comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Differential diagnosis skills and clinical reasoning Completeness, prioritization and justification of diagnoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Selection and interpretation of diagnostic test(s) Test selection, justification, and interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Formation of treatment plan Logical, evidence based, patient-centered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Written documentation Balances completeness and conciseness, fluent, logical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Oral presentations Balances completeness and conciseness, fluent, logical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Values-centered patient care Optimizes patient interactions based on awareness of own and patient's values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Promotion of prevention and wellness in patient care Promotes prevention strategies and wellness counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Application of health care systems and financing in care Demonstrates how knowledge of patients' insurance and other financial needs affects the care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Procedural skills (e.g. suturing, phlebotomy) Technically proficient, sensitive to patient needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SSE		HQ	AQ	NY
	KNOWLEDGE			
	Application of knowledge			
	Demonstrates knowledge of relevant medical literature and pathophysiology and incorporates it into patient care			
	PRACTICE-BASED LEARNING			
	Response to Feedback			
	Solicits feedback, receives it well and demonstrates improvement			
	Self-improvement			
	Grows clinically and professionally during the session/clinic/clerkship			
	COMMUNICATION			
	Communication with medical team			
	Clear, appropriate, consistently adds to the harmony and efficiency of the team			
	Communication of diagnostic and treatment plans with patient and family			
	Clear, adjusted to patient/family understanding, culture and social needs			
	Communication with other health professionals in the care of patients			
	Communicates effectively with non-MD practitioners and facilitates team approach to care			
	PROFESSIONALISM			
	Reliability			
	Timely, punctual; manages stress and personal-work conflicts effectively			
	Flexibility			
	Demonstrates flexible response to change			
	Confidence			
	Shows appropriate assertiveness that puts colleagues and patients at ease			
	Respect for staff and colleagues			
	Shows admiration and respect, enhancing full cooperation among healthcare professionals			
	Respect for patients and families			
	Respects confidentiality, shows altruism, works to reduce stigmatizing of patient groups			
	Evaluator's Signature _____	Date: _____		

**USF Health
Electives - Psychiatry**

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: MEL_8611_AI Psych: Adv Adult Inpatient
Form: *Eval of Student by Educator: Clinical Elective

The student's performance at this time is evaluated at what level of training for the following competencies:
 (Question 1 of 12 - Mandatory)

Patient Care	Observer	Beginning 3rd Year Student	3rd Year Student	4th Year Student	Intern	N/A
History-taking skills Patient-centered, logical, organized, complete and efficient.	1.0	2.0	3.0	4.0	5.0	0
Physical exam skills Exam performed with skill, logic, efficiency, and maximal patient comfort	1.0	2.0	3.0	4.0	5.0	0
Differential diagnosis skills and clinical reasoning Completeness, prioritization, and justification of diagnoses	1.0	2.0	3.0	4.0	5.0	0
Selection and interpretation of diagnostic test(s) Test selection, justification, and interpretation	1.0	2.0	3.0	4.0	5.0	0
Formation of treatment plan Logical, evidence based, patient-centered	1.0	2.0	3.0	4.0	5.0	0
Written documentation Balances completeness and conciseness, fluent, logical	1.0	2.0	3.0	4.0	5.0	0
Oral presentations Balances completeness and conciseness, fluent, logical	1.0	2.0	3.0	4.0	5.0	0
Values-centered patient care Optimizes patient interactions based on awareness of own and patient's values.	1.0	2.0	3.0	4.0	5.0	0
Promotion of prevention & wellness in patient care Promotes prevention strategies and wellness counseling	1.0	2.0	3.0	4.0	5.0	0
Application of health care systems & financing in care Demonstrates how knowledge of patients' insurance and other financial needs affects the care plan.	1.0	2.0	3.0	4.0	5.0	0
Procedural skills (e.g. suturing, phlebotomy) Technically proficient, sensitive to patient needs	1.0	2.0	3.0	4.0	5.0	0

The student's performance at this time is evaluated at what level of training for the following competencies:
 (Question 2 of 12 - Mandatory)

Knowledge	Observer	Beginning 3rd Year Student	3rd Year Student	4th Year Student	Intern	N/A
Application of knowledge Demonstrates knowledge of relevant medical literature and pathophysiology and incorporates it into patient care	1.0	2.0	3.0	4.0	5.0	0

The student's performance at this time is evaluated at what level of training for the following competencies:
 (Question 3 of 12 - Mandatory)

Practice-Based Learning	Observer	Beginning 3rd Year Student	3rd Year Student	4th Year Student	Intern	N/A
Response to Feedback Solicits feedback, receives it well and demonstrates improvement	1.0	2.0	3.0	4.0	5.0	0
Self-improvement Grows clinically and professionally during the session/clinic/clerkship	1.0	2.0	3.0	4.0	5.0	0

The student's performance at this time is evaluated at what level of training for the following competencies:

(Question 4 of 12 - Mandatory)

Communication	Observer	Beginning 3rd Year Student	3rd Year Student	4th Year Student	Intern	N/A
Communication with medical team Clear, appropriate, consistently adds to the harmony and efficiency of the team.	1.0	2.0	3.0	4.0	5.0	0
Communication of diagnostic and treatment plans with patient and family Clear, adjusted to patient/family understanding, culture, and social needs	1.0	2.0	3.0	4.0	5.0	0
Communication with other health professionals in the care of patients Communicates effectively with non-MD practitioners and facilitates team approach to care	1.0	2.0	3.0	4.0	5.0	0

(Question 5 of 12 - Mandatory)

Professionalism	Did Not Meet Expectations*	Appropriate	Exceeds Expectations	N/A
Reliability Timely, punctual; manages stress and personal-work conflicts effectively	1.0	2.0	3.0	0
Flexibility Demonstrates flexible response to change	1.0	2.0	3.0	0
Confidence Shows appropriate assertiveness that puts colleagues and patients at ease	1.0	2.0	3.0	0
Respect for staff and colleagues Shows admiration and respect, enhancing full cooperation among healthcare professionals.	1.0	2.0	3.0	0
Respect for patients and families Respects confidentiality, shows altruism, works to reduce stigmatizing of patient groups.	1.0	2.0	3.0	0

*Please describe any deficiencies in professionalism. (Question 6 of 12)

(Question 7 of 12 - Mandatory)

	0-2 Sessions	3-10 Sessions	>11 Sessions
How many sessions (1/2 day) did you work with this student?	1.0	2.0	3.0

(Question 8 of 12 - Mandatory)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I would like this student to join our residency					
This student will be ready to be an intern next July					

(Question 9 of 12 - Mandatory)

	Yes*	No
Do you have any concerns about this student becoming a physician (If yes please explain in the box below)	1.0	2.0

Please provide an explanation of your concerns (Question 10 of 12)

RIME Definitions

Fail - Overall inadequate performance or unacceptable performance in any major area of evaluation. Little improvement with guidance. A recommendation of Fail means additional clinical rotation(s), usually at the clerkship year level, is/are needed to address deficiencies.

Inconsistent - Overall Marginal performance - performs acceptably in some areas but clearly needs improvement in others. Has shown some evidence of progress and may be able to perform acceptably following additional clinical experiences during Advanced clerkship timeframe without having to repeat the entire core clerkship.

Reporter - Obtains and reports basic information completely, accurately, and reliably. Works professionally with patients, staff, and colleagues. Distinctive personal qualities should be recognized in descriptive comments. Ownership to answer "WHAT" questions consistently/accurately.

Interpreter - Clearly more than typical work in most areas of evaluation. Consistently offers reasonable interpretations ("WHY") without prompting; good working fund of knowledge; an active participant in care. Consistent preparation for rounds/clinics. Promises of duty/expertise evident.

Manager - Outstanding ratings in most major areas of evaluation. Sub-intern level of patient care, actively suggests reasonable management.

Educator - Excellent general fund of knowledge, outstanding (broad/deep) knowledge on own patients. Strong qualities of leadership and excellence in interpersonal relationships. Able to take the lead with patients/families/ professionals on solutions. Promises of duty and growing expertise clearly evident and exceptional. (Question 11 of 12 - Mandatory)

Where is student in RIME?

Selection	Option
<input type="checkbox"/>	Fail
<input type="checkbox"/>	Inconsistent
<input type="checkbox"/>	Reporter
<input type="checkbox"/>	Interpreter
<input type="checkbox"/>	Manager
<input type="checkbox"/>	Educator

PLEASE COMMENT ON THIS STUDENT'S STRENGTHS AND WEAKNESSES, SPECIFICALLY ADDRESSING CONCERNS FROM THE ABOVE ITEMS (Question 12 of 12 - Mandatory)