PSYCHIATRY CORE ROTATION

Welcome to your Psychiatry rotation in Austin, TX. Our goals are to provide an overview of psychiatry, including the recognition and management of psychiatric problems. In addition we hope to enhance your understanding of the doctor-patient relationship and improve your interviewing skills, allowing you to integrate psychosocial factors in treating patients.

Course Director: Ruth Levine, M.D. Course Coordinator: Mary Lou Montgomery
6.234 Rebecca Sealy 6.220 Rebecca Sealy
Ext. 79667  Ext. 79675

Shoal Creek Coordinator: Theresa Powell 512-324-2036  tpowell@seton.org
Psychiatry Clerkship Director, UTMB-Austin & Site Director Shoal Creek: Lisa Carchedi, MD 512-324-2000 x11593  lrcarchedi@seton.org

Brackenridge Coordinator: Candice Russell (512) 324-7860  Site Director, “Brack”: Larry Hauser, M.D 512-454-7741
ASH Coordinator: Dalia Wallace: (512) 419-2148  ASH Site Director: Eulon (Ross) Taylor, MD 512-419-2148

Required Text:
2) If assigned @ Brackenridge: You will be given the “Little Black Book of Psychiatry” to use

Suggested:
3) Kaplan & Sadock's Pocket Handbook of Clinical Psychiatry, Lippincott Williams & Wilkins. ISBN: 0-7817-2532-1

CLINICAL ACTIVITIES
Your Austin Coordinator and/or faculty will advise you of your rotation schedules. You will be assigned an attending for each rotation and will be working with residents on the same unit. The attending and resident physicians will orient you to their services, each of which has its own schedule for rounds, teaching conferences, team meetings, and therapy sessions. Services vary in the responsibility assigned to students. Be sure you understand what your role is to be, and what expectations your attending and resident physicians have for you. The average workday is from 8 am to 5 pm; however this may vary depending on work site. Check with your resident or attending to determine your routine hours.

PATIENT LOG
The patient logbook is an opportunity for you to receive immediate feedback on your patient evaluations and allows you to gain knowledge and skills in the field of Psychiatry. You should complete a minimum of 6 out of 9 patient problems listed. The logbook is worth 15% of your final grade including the final H&P write up, so students should apply themselves in this area. Make copies of these pages and get as many done as possible before they are due so as to be able to turn the best ones in.

More detailed requirements are as follows:
1) All completed logbook entries should be handed into the Shoal Creek Coordinator except for the final (2nd) H&P that will also be emailed to the Galveston Coordinator (Ms Montgomery).
2) Three (total) out of 6 of these logbook entries must be turned in by the 3rd Friday of the rotation.
3) Each logbook entry must be a different diagnosis.
4) Two of the 6 entries will be H&P write ups--The 1st H&P (logbook entry only-not the actual H&P) is due to the Shoal Creek Coordinator by the 3rd Friday of the rotation. The 2nd H&P (logbook entry AND actual H&P) is due by the end of the 5th week and also counts as one of the 6 required entries.
5) The remaining entries are due by the last day of the rotation at 5:00pm.
6) At least 3 of the 6 logbook entries must be signed by faculty (non-resident) physicians.

More specifically, you will be evaluated on and need to have a minimum of two of the following:
1) Observed psychiatric initial interviews
2) Oral presentations of psychiatric assessments including presumed diagnosis, differential diagnosis and treatment plan.
3) Formal write-up of history and physical examination (as noted above)
The 2nd H&P, which will be sent to both the Shoal Creek and Galveston Coordinators at the end of the 5th week, will be anonymously graded by Austin faculty members using an on-line template identical to the one in your syllabus. Your resident/attending physician does not have to sign off on your 2nd H&P for the logbook entry. Do not write your name on your 2nd (electronic) H&P—use your student number. Label the H&P with the logbook diagnosis it matches.

- It is the student’s responsibility to get each logbook entry signed and returned by the required due date(s).
- If you do not turn in signed logbook pages by the last day of the rotation, 1 point will be deducted from your logbook grade for every day late.
- The logbook is the minimum number of patient encounters required. Students are encouraged to refine their skills and seek feedback prior to completing their logbooks if at all possible.
- Students are encouraged to copy their forms, complete multiple logbook entries during the rotation, and then submit the best ones by the dates they are due.
- Notify your attending/resident physicians if an interview/presentation/write up you are doing is meant for a logbook entry.
- Expect that your attending/resident physician will ask questions related to the Knowledge, Attitudes and Skills topics listed for that particular logbook diagnosis. That you use clinical applications to study patients and their psychopathology will better prepare you for the final exam and a career requiring lifelong learning.

**GENERAL INFORMATION**

**Charts.** Charts are legal documents, use discretion in what you write in them. If you have questions about what information is appropriate to put in the chart ask your resident or attending physicians. Always indicate date and time of day. Sign your notes with a legible signature, followed by JMS. Remember to give accurate descriptions of patients’ behaviors. Old charts can be a good source of past history and collateral information. Find out from the ward clerk where these are filed. The ward clerk can also show you where forms and supplies are kept. Remember that patients may come in under different names, so try all of the names when making requests from the record room.

**Dress/Professionalism.** Please wear white coats and nametags in all patient care areas. This enables staff to identify you quickly. Please introduce yourself to the ward staff before using charts or seeing patients. Clothing should be professional attire and may vary by site. Usually when working on the inpatient psychiatry ward, men do not wear neckties unless they are the clip-on type, and women do not wear open-toed shoes. This is for safety and hygienic reasons. However it is recommended that each student consult with his/her resident or attending physician for guidelines on what to wear. No gum chewing, texting or personal phone calls when interacting with patients.

**Suicide Precautions.** Suicide precautions may involve searches conducted by nursing personnel of the patient and his/her possessions to remove harmful objects. Constant or frequent observation and confinement to the unit are also necessary. Note: If a patient conveys to you that they are suicidal or homicidal, make certain this information is relayed to the patient treatment team.

**Quiet Room.** Quiet rooms are used primarily to contain violent and combative patients. Always follow the directions of nursing or security personnel if you are dealing with a violent patient. They are trained to handle such individuals without getting hurt.

**Confidentiality.** Often patients may tell you sensitive information which they do not convey to others. Understand that you should not keep important information confidential from the treatment team. Outside the treatment team, confidentiality is very important. Do not discuss your patients casually with family or friends. Do not use names or specific information in public places (such as elevators or the cafeteria).

**Call.** All students must have TWO nights of call (except for those students who take night float). This gives you the chance to see acutely disturbed patients and individuals in crisis situations. Please get with your resident to choose a call date. Make sure to get your call evaluation completed at the time of the call. ALL students will take ONE call at their assigned sites in accordance with that site’s policy for call (length of time, when and where to go, etc). ALL students will take ONE night of call at Seton Shoal Creek (SSC) and work with a psychiatry resident. Students who are normally assigned at Brackenridge will take this call night during the week that they are assigned at SSC. Students assigned at Austin State Hospital (ASH) may take their night of call at SSC at any time during the rotation but must notify their attending physician on site. Students may NOT take call at SSC on Wednesday nights due to didactic scheduling. Students may take call on Saturday and Sunday nights with the hours being from 5pm-8am. It is the students’ responsibility to get their call forms verified and turn them in to the SSC Coordinator.
Absences. If you have to miss school for any reason you should immediately notify your resident and attending physicians with whom you are working. Contact the Seton Shoal Creek Coordinator (Theresa Powell) and the Course Coordinator in Galveston (Mary Lou Montgomery) by email. One unexcused absence is grounds for failure, and more than 3 excused absences will result in a "Withdrawal" or an "Incomplete" for the course, but in all cases will necessitate making up the time.

GRADE COMPONENTS:

Clinical Assignment (35%-Attending/Resident Evaluations): Faculty will grade your clinical performance on wards, in clinics and while on call. A sample grade sheet is included in the packet you received at the beginning of the rotation. The instructors who work with you will be evaluating such factors as personal integrity, cooperativeness, initiative and motivation, professional attitude, and interpersonal skills. Other areas of assessment include knowledge base, oral presentation, diagnostic skills, and quality of written work. Deficiencies in these areas may result in a lower grade. Please ask the attending physicians for feedback. Residents may also provide feedback based on their participation with you while you work with them on service.

Log Book Entries: (15% total--10% for logbook entries and 5% for graded (2nd) H&P): Please see section on Patient Log. Please see section on Graded History and Physical.

Exam (35%-NBME Subject Exam): Students are required to take the NBME Shelf Exam administered by the Instruction Management Office. The test is given the last day of the rotation in Austin. Please plan to be available all day as we are unable to guarantee the test time won't change due to unforeseen problems (i.e.: they are not received). NOTE: To pass the NBME Shelf Exam, your raw score must be 58 or higher as reported by the NBME.

Didactic Attendance and Quizzes (15%): Students are required to attend Wednesday morning sessions at Dell Children’s Hospital and Thursday afternoon didactic sessions at SSC. Quizzes will be given at the latter based on the assigned reading and will be in a format similar to what will be seen on the USMLE.

Ungraded Requirement: Completion of the following two items is mandatory by the end of the course. You will be graded on a pass/fail basis. You will get a log-in code and instructions for how to access the mid-term review.

1) FIVE Design-a-Case scenarios
2) Mid-Term Review

YOU MUST ACHIEVE A PASSING SCORE IN ALL AREAS in order to pass the course. If you fail any one of the above components (the NBME Subject Exam, Log Book or Clinical Assignments) you will be given a “PC” for the course. An opportunity will be given at the end of your third year to retake the portion of the clerkship, including the exam that was not completed successfully. Numerical Averages will be translated into H/HP/P/F as follows:

Honors = 93 or higher average grade on every individual component of the course (Exam, Clinical Evaluation, Didactics, Logbook)
High Pass = 90-100 average grade
Pass = 70-89 average grade
Fail = <70 or failing any component of the course
PC = Partial Competency
PC/P = Successfully completed remediation
PC/F = Failed remediation

Extra Credit: You may receive 2 points of extra credit to your logbook grade for taking an extra call at SSC. You make take your extra call at ASH, SSC or Brackenridge (For the latter, call = a weekend on call), but must arrange this with the coordinator at that site. Be aware that depending on where you’re assigned, you may have to work on a post-call day. If you want to take your extra call at SSC, check with the SSC Coordinator, Ms Powell, to pick a date for this. Be sure to have a call evaluation completed for this call also.
DIDACTICS
Each student needs to complete assigned readings to fully participate in that week’s discussion. Scheduled didactics for all students occur on Thursdays from 3-5pm and will usually consist of analyzing a clinical problem related to the week’s topic in a bio-psycho-social framework. Each site may also have unique curriculum opportunities (i.e., Grand Rounds), and students are encouraged to attend these as clinical duties permit, however attendance is not mandatory.

EVALUATIONS BY STUDENTS
Your evaluation of our curriculum is important. You are given evaluations to complete that are used to identify weaknesses and strengths in our teaching. Changes are made in response to student evaluations, which enable us to improve the rotation for subsequent groups. Evaluations of individual faculty and residents are not distributed so your individual responses cannot be identified. Anonymous evaluation comments are typed and given to faculty after you leave the rotation and after grades have been turned in. The evaluations will be given to you and collected at the exam.

REPORTING CONCERNS ABOUT A STUDENT’S PROFESSIONAL BEHAVIOR
Concerns about a student’s professional behavior, not defined as “academic dishonesty or unlawful behavior”, may be either directly observed by a course director or other faculty member with whom the student interacts. The course/clerkship director will try to discuss concerns directly with the student for spot correction of the action. S/he may also choose to submit an Early Concern Note (ECN) to the Director of Clinical Assessment and Professional Development (CAPD) who would then meet with the student to discuss the report and make recommendations regarding interventions. A student’s transcript may note if three or more ECN’s were received during medical school and professional remediation was prescribed.

FAILURE OF CLINICAL DUTIES DURING CLERKSHIP
If a student is failing to perform his or her clinical duties in a satisfactory manner despite the encouragement of the team and having received corrective feedback, the resident and attending physicians should notify their specific site coordinator (Dr. Larry Hauser—Brackenridge; Dr. Eulon (Ross) Taylor—ASH; Dr. Carchedi—SSC) to try and resolve the issue locally. If after verbal discourse with the student, no action plan or resolution is discovered, the Site Coordinator or attending in lieu of this person will contact Dr. Carchedi, the Psychiatry Clerkship Director for Austin, and Dr. Levine, the Course Director at UTMB. After meeting with the student, the resident and attending physicians via the site coordinator will notify the student in writing of the observed deficiencies along with a concrete plan of how to improve these in order to be successful in the rotation. This written notification should occur ideally before the end of the third week of the clerkship to allow a student due process and a chance to improve. An attending physician cannot award a failing grade unless the student was given notification, due process and the opportunity prior to the completion of the rotation to improve. A copy of the written notification will be delivered to the Office of Undergraduate Education at the same time it is presented to a student.