

## 675M INPATIENT ADULT PSYCHIATRY

**Course Description:** This four-week clinical rotation provides an opportunity for hands-on experience for the students in the process of recognizing, diagnosing, and treating mental disorders using the latest neuropharmacological advances in brain research as well as more traditional psychotherapeutic approaches. Each student participates fully in patient care, clinical teaching, and conferences. Students conduct daily therapy sessions, monitor all ongoing lab work, diagnostic tests, medical problems and medication needs and response to medications in their patients. Students give reports to the attending physician during daily rounds and coordinate patient care with ancillary staff such as social workers, occupational therapists and case managers.

**Department:** Psychiatry & Human Behavior

**Prerequisites:** UC Irvine students must have successfully completed the basic science curriculum, and Psychiatry Clerkship. Extramural students must be in the final year of undergraduate medical education.

**Restrictions:** None

**Elective Director:** Aaron Kheriaty, M.D. UC Irvine Medical Center, Department of Psychiatry & Human Behavior, 101 The City Drive South Neuropsychiatric Center Route 88, Building 3 Orange, CA 92868 (714) 456-5770 [akheriat@uci.edu](mailto:akheriat@uci.edu)

**Instructing Faculty:** Jody Rawles (UCIMC), Larry Faziola (UCIMC)

**Course Website:** None

**Who to Report to First Day:** Resident on the unit

**Location to Report on First Day:** contact site coordinator

**Time to Report on First Day:** 8 a.m.

**Site Coordinator:** Kelly Fulford, UC Irvine Medical Center, Office of Educational Affairs, 101 The City Drive South, Building 22A, Room 2108, Orange, CA 92868, (714) 456-6882, [kfulfor@uci.edu](mailto:kfulfor@uci.edu)

**Site:** UC Irvine Medical Center

**Periods Available:** Throughout the year.

**Duration:** 4 weeks

**Number of Students:** 1

**Scheduling Coordinator:** UC Irvine students please email [comsched@uci.edu](mailto:comsched@uci.edu) or call (714) 456-8462 to make a scheduling appointment. Please read the following information carefully. Any student enrolled at a U.S. LCME medical school will use VSAS to apply. To apply please refer to this website <http://www.aamc.org/programs/vsas/> International and osteopathic students will not use VSAS. To apply please refer to the application link towards the top-left of this page.

**Course Objectives:** At the end of this rotation the student will be able to...

During the rotation, the student should be able to demonstrate through oral or written communication with attending physicians and staff and through documentation in patient records, and in a manner judged by the attending physicians and staff as satisfactory, an understanding of:

- The purpose of the psychiatric interview;
- The purpose and form of the psychiatric work-up;
- The major manifestations and differential diagnosis of the following psychiatric disorder: Cognitive, Substance-Related, Schizophrenia, Mood, Anxiety, Somatoform, Sexual, Sleep, Personality, Factitious, Dissociate and Amnestic, Geriatrics, and Childhood Disorders;
- The major groups of psychopharmacologic agents used in psychiatric care, including their indications, effects, side effects and contraindications, with particular reference to

antipsychotics, anti depressants, mood stabilizers, anti anxiety agents, sedatives, and stimulants.

- An understanding of the major psychosocial interventions and their indications, including the use of psychotherapy, family and social case work;
- The legal and psychological principles of treating the violent, the suicidal, the incompetent, and the uncooperative patient;
- Familiarity with the major services available to the mentally ill and methods of referral to such services.

In the course of the rotation or at its conclusion, the student should demonstrate through behavior and communication with attending physicians and staff and in a manner judged satisfactory by them.

- Respect, empathy, responsiveness, and concern regardless of the patient's problems or personal characteristics; C3
- Compassion for the burden carried by psychiatric patients and their families; C2,C3,C4
- Curiosity about biological, psychological, and social aspects of mental disorders; D1, C4
- Sensitivity to student-patient similarities and differences in gender, ethnic background, sexual orientation, socioeconomic status, educational level, political views, and personality traits; C2,C3
- Self scrutiny and willingness to acknowledge one's own responses and limitations; B7, C1,D4
- Professionalism at all times, regardless of one's own feelings, and awareness of boundaries in professional settings and ways to avoid violating them; B7, C1, C5, D2
- Cooperation with others involved in the care of patients; C1,C5
- Accountability and reliability in dealing with patients, families , and other professionals;C1, C5, D2
- Capacity to maintain confidentiality at all times. C2

In the course of the rotation or at its conclusion, the student should demonstrate through behavior observed by attending physicians and staff, and in a manner judged satisfactory by them, the capacity to:

- Conduct interviews with psychiatric patients with due recognition of and response to verbal and non verbal cues of comfort and discomfort; B1, B2
- Collect and document information from patients, relatives, other informants, and records, leading to diagnosis and management; B1
- Formulate a differential diagnosis and treatment plan for each patient studied, incorporating biological, psychological and social influences; B1, B3
- Assess and begin emergency management and referral of a person with neuropsychiatric symptoms; B3, B6
- Recognize of a wide range of disturbed behavior (not just one "mental illness"); B2,B5
- Suggest and initiate consultations from other experts with the approval of attending physicians; B3, B6, C5
- Communicate concerns about patients to attending physicians and others involved in the care of the patient; B6, C1
- Review scientific information bearing on the care of the patient and share such information with attending physicians, staff, and fellow students, in the form of oral or written reports; B4, C4
- Manage strong emotional displays from patients and their families, including feelings of grief, shame, anger, anxiety, and mistrust; B1, C1, C3
- Communicate with the incoherent, the disoriented, the over talkative and the silent patient; B1, B2
- Take steps, when appropriate, to safeguard the safety and well being of patients and others by communicating promptly such concerns to others involved in the care of patients; B3, B6, C2

## Key Topics:

- Psychiatric disorders and their symptoms
- Treatment of psychiatric disorders through multiple modalities including pharmacology, psychotherapy, and social interventions
- Psychosocial impacts of psychiatric disorders

## Competencies:

- Conduct interviews with psychiatric patients with due recognition of and response to verbal and non-verbal cues of comfort and discomfort;
- Collect and document information from patients, relatives, other informants, and records, leading to diagnosis and management;
- Formulate a differential diagnosis and treatment plan for each patient studied, incorporating biological, psychological and social influences;
- Assess and begin emergency management and referral of a person with neuropsychiatric symptoms;
- Recognize of a wide range of disturbed behavior (not just one "mental illness");
- Communicate concerns about patients to attending physicians and others involved in the care of the patient;
- Review scientific information bearing on the care of the patient and share such information with attending physicians, staff, and fellow students, in the form of oral or written reports;
- Manage strong emotional displays from patients and their families, including feelings of grief, shame, anger, anxiety, and mistrust;
- Communicate with the incoherent, the disoriented, the over-talkative and the silent patient;
- Take steps, when appropriate, to safeguard the safety and well-being of patients and others by communicating promptly such concerns to others involved in the care of patients;
- Take active steps to protect one's own safety and well-being in matters of security, infection control, and emotional stress, through seeking help from others and through paying proper attention to one's own personal and family needs.
- The major manifestations and differential diagnosis of the following psychiatric disorder: Cognitive, Substance-Related, Schizophrenia, Mood, Anxiety, Somatoform, Sexual, Sleep, Personality, Factitious, Dissociative and Amnestic, Geriatrics, and Childhood Disorders;
- The major groups of psychopharmacologic agents used in psychiatric care, including their indications, effects, side effects and contraindications, with particular reference to antipsychotics, anti-depressants, mood stabilizers, anti-anxiety agents, sedatives, and stimulants. Additionally required is knowledge of the uses of electroconvulsive therapy;
- An understanding of the major psychosocial interventions and their indications, including the use of psychotherapy, group therapy, couples therapy, family and social case work;
- The legal and psychological principles of treating the violent, the suicidal, the incompetent, and the uncooperative patient

## Attitudes and Commitments:

- Respect, empathy, responsiveness, and concern regardless of the patient's problems or personal characteristics;
- Compassion for the burden carried by psychiatric patients and their families;
- Curiosity about biological, psychological, and social aspects of mental disorders;
- Sensitivity to student-patient similarities and differences in gender, ethnic background, sexual orientation, socioeconomic status, educational level, political views, and personality traits;
- Self scrutiny and willingness to acknowledge one's own responses and limitations;
- Professionalism at all times, regardless of one's own feelings, and awareness of boundaries in professional settings and ways to avoid violating them;

- Cooperation with others involved in the care of patients;
- Accountability and reliability in dealing with patients, families, and other professionals;
- Capacity to maintain confidentiality at all times;

**Educational Activities:**

- Inpatient clinical management
- Outpatient clinical management
- Didactics
- Problem based learning
- Grand rounds
- What Students Should do to Prepare for the Rotation:
- Be familiar with the major diagnostic categories in DSM-IV
- Be familiar with the different classes of medications that are used in psychiatry

**Clinical Responsibilities of the Student:** Students are responsible for admission, history, physical and discharge summaries in conjunction with the appropriate supervisors. They conduct daily therapy sessions, monitor all ongoing lab work, diagnostic tests, medical problems and medication needs and response to medications in their patients

**Patient Care Responsibilities:** Not stated

**Call Schedule of the Student:** None

**Procedures to be Learned by the Student:** not stated

**Percentage of Time Student will Participate in Ambulatory Setting:** None

**Conference/Lecture/Small Group Sessions:** There are no standardized lectures for this rotation.

**Course Hours Weekly Summary:**

40.0	Inpatient
40.0	Total

**Content Theme Integration:** None

**Recommended Reading:**

- Kaplan and Sadock, Synopsis of Psychiatry

**Official Grading Policy:** The student will receive a grade of Honors, Pass or Fail. The student's final grade will be submitted on the standard UC Irvine elective form. The student will be evaluated by attendings and residents in the areas of interest, participation, completion of work undertaken, and quality of understanding, knowledgebase, professionalism. If the student fails the elective a grade of "F" will be permanently recorded on his/her transcript. The student can repeat the course for a second grade, however, the "F" will not be removed from the transcript.