Course No.: OM 7080  
Course Title: Psychiatry  
Credit Hours: 4 weeks, 10 credit hours for each rotation  
Director: Christopher Heh, M.D.  
Term - Dates: Variable in OMS III academic year  
Level: OMS III

Educational Goal

Purpose of the Rotation
The purpose of the clinical psychiatric rotation is to provide the student both didactic and practical experience in the recognition and management of the patient with pathologic psychiatric issues. It will also provide a foundation for development of insight as to counseling techniques and coping mechanisms for both the student and the patient. This rotation is meant, not only to enhance the student’s knowledge and abilities in the field of psychiatry, but also to allow him or her to understand personal limitations and when to consult and refer when appropriate. It is hoped that this rotation will allow the student to apply and reinforce basic and more advanced psychiatric concepts so that he may master board examinations, and more properly treat his or her future patients in whatever specialty he or she may choose, more competently.

Description
The rotation in Psychiatry office/hospital setting will be offered during the third year and may, in rare instances, be taken later, or as an elective. Successful completion will be required for graduation with the D.O. degree. This will be a four-week office/hospital rotation during which the student will demonstrate and apply concepts of diagnosis and treatment to patients with mental/emotional disorders. The course is intended as a practical application and demonstration of concepts covered in the first and second year courses of classroom study in behavioral science and psychiatry. The student will also be instructed in more detailed discussion of basic clinical psychiatric issues in the office and hospital setting.

Goals
The goals of this rotation are to develop, in each student, competence in the basic areas of clinical psychiatry which are applicable and important to the functioning of any physician practicing medicine.

Core Psychiatry Clerkship Learning Objectives

Attitudes:

1. Develop and demonstrate respectful attitudes toward patients with psychiatric disorders, and be able to connect with their underlying humanity. *(COMP/AOA core competencies 1,3,4; Institutional outcomes 2,3,8)*

2. Demonstrate effective communication strategies and professional behaviors with patients, families, and other members of the health team caring for the patient. *(COMP/AOA core competencies 1,3,4,5; Institutional outcomes 3,4,5,8)*
3. Develop ongoing awareness of and ability to discuss professional boundary management in the context of doctor-patient relationship. (COMP/AOA core competencies 3,4,5; Institutional outcomes 1,3,4,5,8)

4. Identify and understand the importance of self-reflection. Develop appropriate management skills in working through internal feelings (countertransference) while maintaining a therapeutic stance toward the patients. (COMP/AOA core competencies 1,3,4,5; Institutional outcomes 1,3,5,6,8)

Skills:
At the end of the rotation the student should be able to:

1. Demonstrate knowledge and recognition of the most common and important psychiatric disorders in children, adolescents, adults, and geriatric patients. (COMP/AOA core competencies 2, 3; Institutional outcomes 1, 2)

2. Perform an adequate mental status examination including complete medical, psychiatric, and social history. (COMP/AOA core competencies 1, 2, 3, 4; Institutional outcomes 1, 2, 3)

3. Demonstrate knowledge regarding appropriate testing procedures (laboratory, radiologic, psychometric) necessary to complete a thorough psychiatric evaluation. (COMP/AOA core competencies 2, 3, 7; Institutional outcomes 1, 2, 3)

4. Demonstrate the ability to present pertinent initial history, physical examination, and mental status examination in work rounds and be able to present pertinent changes in their patient’s health status during subsequent work rounds. (COMP/AOA core competencies 1,2,3,4,5,7; Institutional outcomes 1,2,3,4,8)

5. Demonstrate an understanding of the difference between patients in outpatient and inpatient settings. (COMP/AOA core competencies 2, 3, 6, 7; Institutional outcomes 1, 2)

6. Demonstrate an understanding of both inpatient and outpatient medication management. (COMP/AOA core competencies 2, 3, 6, 7; Institutional outcomes 1, 2)

7. Demonstrate a working knowledge of treatment plan development for both inpatient and outpatient treatment. (COMP/AOA core competencies 2, 3, 6; Institutional outcomes 1, 2, 7)

8. Demonstrate an awareness of, and anticipate and deal with, complications of both medication management and psychotherapy. (COMP/AOA core competencies 2, 3; Institutional outcomes 1, 2)

9. Demonstrate an ability to determine the least restrictive, yet most therapeutically beneficial treatment setting for various degrees of acuity. (COMP/AOA core competencies 2, 3, 6, 7; Institutional outcomes 1, 2)

10. Demonstrate an understanding of treatment strategies in child, adolescent, adult, and geriatric populations. (COMP/AOA core competencies 2, 3; Institutional outcomes 1, 2)

11. Show a proficiency in the ability to research literature in psychiatric patient care. (COMP/AOA core competencies 6; Institutional outcomes 1, 2, 7)

12. Demonstrate knowledge and understanding regarding consultation-liaison issues and how psychiatry impacts other medical specialties and how other medical specialties impact psychiatry in particular case presentations. (COMP/AOA core competencies 2, 3, 4, 5, 6, 7; Institutional outcomes 1, 2, 3, 4)

13. Demonstrate an understanding of restraints and limitations imposed on both the doctor and the patient by financial, insurance, and medical-legal issues (including issues of confidentiality, obtaining informed consent in a patient with a psychiatric disorder, involuntary treatment, and Tarasoff issues). (COMP/AOA core competencies 2, 3, 5; Institutional outcomes 1, 2, 8)
14. Develop an awareness of and understanding of the evidence-base for the efficacy of Cognitive Behavioral Therapy, a general understanding of psychodynamic approaches to treatment, and an awareness of other complementary modalities like group psychotherapy. (COMP/AOA core competencies 1,3,4,6,7; Institutional outcomes 1,2,4,7)

15. Demonstrate knowledge with the ability to state the indications, mechanism of action (where known), and major side effects of the following psychopharmacological treatments: (COMP/AOA core competencies 1,2,3,6; Institutional outcomes 1,2,7)
   A. Antipsychotics (both typical and atypical agents)
   B. Antidepressants (Selective Serotonin Reuptake Inhibitors, Selective Norepinephrine Reuptake Inhibitors, Tricyclics and Monoamine Oxidase Inhibitors)
   C. Anxiolytics/Sedatives-Hypnotics (Benzodiazepines)
   D. Mood Stabilizers (Lithium, Valproate, Carbamazepine)
   E. Medications for Substance Use Disorders (Naltrexone, Naltrexone Extended Release Methadone, Disulfiram, Buprenorphine, Acamprosate)
   F. Cholinesterase Inhibitors and Related Drugs for the Elderly (Donepezil, Rivastigmine, Galantamine, Memantine)
   G. Electroconvulsive Therapy
   H. AD/HD drugs (Ritalin, Adderall, Clonidine, Strattera, etc...)

16. Demonstrate proficiency in the knowledge of the major DSM 5 signs and symptoms for the Disorders listed under Clinical Experience. Be able to apply these major criteria in diagnostic interviews, as well as when developing a differential diagnosis for their patient. (COMP/AOA core competencies 1,2,3,6; Institutional outcomes 1,2,7)

**Rotation Faculty**

Christopher Heh, M.D. Chair, Department of Psychiatry
cgeh@westernu.edu

Yadi Fernandez Sweeny, PsyD. Assistant Professor of Psychiatry
Psychiatry Clerkship Director
yfernandez-sweeny@westernu.edu

OAA Administrative Support:
Stephanie White, D.O., Assistant Dean of Clinical Education
swhite@westernu.edu, (909) 469-8414, all student appointments scheduled through the student portal https://otrs.westernu.edu/otrs/customer.pl

Marisa Orser, B.S., Manager of Rotations Department (909) 469-5253
Desiree Croucher, Lead Rotations Coordinator
Hina Ahmed, Rotations Coordinator
Kassidy Conlee, Rotations Coordinator
Cynthia Lalley, Rotations Coordinator
compsite@westernu.edu
Instructional Methods

Scheduled rotation time will be used for supervised patient care, case presentations and independent studying.

Texts and Media

1. Sadock & Sadock: Kaplan & Sadock’s Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry. Tenth Edition; Lippincott Williams & Wilkins
2. Desk Reference to the Diagnostic Criteria from DSM 5; American Psychiatric Association

NOTE: Individual preceptors may include other resources. You will be notified of these resources by each preceptor.

Rotation Format, Evaluation, Grading, and Student Feedback

Rotation Schedule
Each site will provide students with a schedule on their first day of the rotation. These schedules are rarely available prior to the start of the rotation.

Expectations
During the rotation, the student is expected to do the following:

- The student should have a current required textbook in psychiatry. The preceptor may require or recommend a particular text. The text should be reviewed prior to the rotation and used as ready reference during the rotation.
- The student should be expected to attend, assist, and participate in a prompt and appropriate manner.
- The student should be familiar with a wide range of patient issues and be prepared to involve him or herself in the treatment of the patient as appropriately directed by the preceptor.
- Attend lectures arranged for or given by the preceptor, as directed.
- Attend group therapy sessions, treatment planning sessions, adjunctive therapy sessions, and any meetings pertaining to the psychiatric patients, as directed by the preceptor.
- Students should be prepared to provide a formal evaluation and treatment plan of various patients he/she observes.
- The student should be prepared to answer questions and have working knowledge of various medications, treatment modalities, and psychiatric conditions.
- The student should be prepared to answer questions regarding all phases of psychiatric treatment in both informal questioning and formal written testing throughout the clinical rotation.

Evaluations
The evaluation of the student is based upon, but not limited to the following:

- Rapport with patients, staff, treatment team, and attendings
- Demonstration of medical skills related to patient contact
- Presentation of case materials for psychiatric patients
- Knowledge of disease processes and pathogenesis in psychiatric patients
Demonstration of consultation skills
Knowledge of therapeutics for psychiatric patients
Attendance and participation in lectures, conferences, and meetings
Ability to relate diagnoses and treatment plans to medical literature
Facility of physician/patient, physician/family, physician/physician communication
Completion of paperwork assignments (psychiatric assessments, progress notes, orders, etc.) regarding psychiatric patients

General Policies

Policy on Disability Accommodations: To obtain academic accommodations for this rotation, students with disabilities should contact the Center for Disability Issues and the Health Professions and the system coordinator within ten days of the beginning of the system. Disability Services can be reached at 909.469.5380.

Remediation Policy: Refer to the Clinical Education Manual
Attendance Policy: Refer to the Clinical Education Manual

Academic Dishonesty: Complete confidence in the honor and integrity of the health professions student and health care professional is essential. Such confidence depends entirely on the exemplary behavior of the individual health care provider in his or her relations with patients, faculty and colleagues. Strict honesty as a personal way of life should be nurtured during the period of education for professional service. The student shall conduct all aspects of his or her life with honor and integrity. This includes accountability to oneself and to relationships with fellow students, future colleagues, faculty, and patients who come under the student’s care or contribute to his or her training and growth, and members of the general public. This applies to personal conduct that reflects on the student’s honesty and integrity in both academic and non-academic settings, whether or not involving a University sponsored activity. Upon accepting admission to the University, each student subscribes to and pledges complete observance to the Standards of Academic and Professional Conduct as outlined in the University Catalog for each academic program. A violation of these standards is an abuse of the trust placed in every student and could lead to suspension or dismissal.

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<thead>
<tr>
<th>WU INSTITUTIONAL OUTCOMES</th>
<th>Health Professional Education</th>
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<tbody>
<tr>
<td>1. Critical Thinking</td>
<td>The graduate should be able to identify and solve problems that require the integration of multiple contexts when performing patient care.</td>
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<tr>
<td>2. Breadth and Depth of Knowledge in the Discipline/Clinical Competence</td>
<td>The graduate should be able to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.</td>
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<tr>
<td>3. Interpersonal Communication Skills</td>
<td>The graduate should be able to effectively use interpersonal skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.</td>
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<tr>
<td>4. Collaboration Skills</td>
<td>The graduate should be able to collaborate with clients and with other health</td>
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professionals to develop a plan of care to achieve positive health outcomes for their patients

5. Ethical and Moral Decision Making Skills
The graduate should be able to perform the highest quality of care, governed by ethical principles, integrity, honesty and compassion.

6. Life Long Learning
The graduate should be able to engage in life-long, self-directed learning to validate continued competence in practice.

7. Evidence-Based Practice
The graduate should be able to utilize research and evidence-based practice and apply relevant findings to the care of patients.

8. Humanistic Practice
The graduate should be able to carry out compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unfailingly advocate for patient needs.

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<tr>
<th>COMP/AOA CORE COMPETENCIES</th>
<th>Competency: Osteopathic Medical Students are part of an educational continuum that leads to residency and the curriculum provides the foundation for the following outcomes:</th>
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<tbody>
<tr>
<td>1. Osteopathic Philosophy and Osteopathic Manipulative Medicine</td>
<td>Residents are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.</td>
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<tr>
<td>2. Medical Knowledge</td>
<td>Residents are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.</td>
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<tr>
<td>3. Patient Care</td>
<td>residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion.</td>
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<tr>
<td>4. Interpersonal and Communication Skills</td>
<td>residents are expected to demonstrate interpersonal/communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.</td>
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<tr>
<td>5. Professionalism</td>
<td>residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to provide effective care for patients.</td>
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<tr>
<td>6. Practice-Based Learning and Improvement</td>
<td>residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.</td>
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<tr>
<td>7. Systems-based Practice</td>
<td>residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.</td>
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<tr>
<th>COMPARISON OF OUTCOMES STANDARDS: WU AND COMP</th>
<th>WU</th>
<th>COMP</th>
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<tbody>
<tr>
<td>Critical Thinking</td>
<td>1</td>
<td>1, 2, 3, 6</td>
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<tr>
<td>Breadth and Depth of Knowledge in the Discipline/Clinical Competence</td>
<td>2</td>
<td>1, 2, 3, 4, 5, 6, 7</td>
</tr>
<tr>
<td>Interpersonal Communication Skills</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Collaboration Skills</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Ethical and Moral Decision Making Skills</td>
<td>5</td>
<td>1, 3, 5, 6</td>
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<tr>
<td>Life Long Learning</td>
<td>6</td>
<td>1, 2, 3, 6, 7</td>
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<tr>
<td>Evidence-Based Practice</td>
<td>7</td>
<td>1, 2, 3, 6, 7</td>
</tr>
<tr>
<td>Humanistic Practice</td>
<td>8</td>
<td>3, 4, 5</td>
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Major Topics to be covered in Clinical Experience & Reading Assignments:

A. ADHD/Learning Disorders
B. Adjustment Disorder
C. Autism Spectrum Disorder
D. Bipolar Disorder
E. Borderline Personality disorder and all other PD’s
F. Delirium
G. Dementia
H. Persistent Depressive Disorder
I. Generalized Anxiety Disorder
J. Major Depressive Disorder
K. Obsessive Compulsive Disorder
L. Panic Disorder
M. Post-Traumatic Stress Disorder
N. Schizophrenia
O. Somatization Disorder
P. Substance Use Disorders