

MEDD 431: Clerkship (48 credits)

Course Overview

This 12-month course follows the initial two years of medical school. The overall goal is to provide students with core experiences across the breadth of medicine through both clinical and academic learning opportunities. Students will interact with patients under the supervision of Clinical Faculty members in order to develop a solid foundation of knowledge, skills, and abilities described by the UBC Exit Competencies. Clinical activities will occur in ambulatory, hospital-based, rural/remote settings, and specialist clinics. The types of specialist clinics may vary from site to site, taking into account local availability and accessibility to specialists. Variability in clinical exposure will draw on the strengths of each site.

Clinical Learning Objectives: Psychiatry

Psychiatry is a rotation within the Brain and Body (BB) Block.

The BB Block provides students exposure to and experience with clinical activities including examination, diagnosis, on-going management and discharge planning of patients in an Internal Medicine clinical teaching unit (CTU) environment. Additionally, students provide care for both adults and children, enabling the student to complete a diagnostic evaluation and formulate an appropriate treatment plan for a patient presenting with a mental health concern.

Psychiatry consists of 6 weeks within the 12-week "Brain and Body (BB)" Block.

By the end of their time in Psychiatry, the student will be able to:

1. Conduct an appropriately complete history and hypothesis-driven examination in a timely fashion, demonstrating the ability to take a complete and accurate psychiatric history and perform a mental status examination (MSE). (*Mapped to WBA direct observation #1: "Obtain a history adapted to the patient's clinical situation" and WBA direct observation #2: "Perform a physical examination adapted to the patient's clinical situation"*)
2. Propose and justify a preferred diagnosis (diagnoses) and differential diagnosis (diagnoses) using the DSM-5 based on the clinical interview and mental status examination (MSE). (*Mapped to WBA #3: Formulate and justify a prioritized differential diagnosis"*)
3. Generate and concisely document an appropriate written assessment including relevant patient health information, problems, and plans under the supervision of residents and faculty.
4. Select and interpret laboratory investigations, drug screens and diagnostic imaging in the context of the medical workup of a psychiatric patient. (*Mapped to WBA direct observation #4: "Formulate an initial plan of investigation based on the diagnostic hypotheses"*)
5. Formulate appropriate biopsychosocial treatment, management, and prevention plans using the principles of evidence-based medicine. This includes outlining the pharmacological properties and common side effects of medications listed in the rotation objectives and recognizing the common and serious drug-drug interactions and adverse drug reactions with those medications. (*Mapped to WBA direct observation #6: "Formulate and implement and appropriate care plan"*)

6. Participate with allied health professionals to manage discharge planning for patients with difficult functional and social situations, as well as facilitate medical and/or psychiatric follow-up.
7. Demonstrate effective communication with patients, their families, and the health care team. *(Mapped to WBA direct observation #10: "Communicate care plan with patients and their caregivers in an empathetic manner")*
8. Manage personal and patient safety by describing the role of the Mental Health Act in British Columbia, using behavioural and pharmacological strategies to manage an agitated patient, stating situations where physicians have a legal duty to report, assessing and evaluating suicide and homicide risk, and differentiating non-suicidal self-injury/self-injurious behaviour from suicide attempts.
9. Establish and maintain effective working relationships with colleagues, other health care professionals, and patients incorporating the fundamental elements of ethical decision-making when making ethical decisions in clinical encounters.
10. Practice effective personal management skills including time management, task prioritization, selection and utilization of the most appropriate learning materials, resources and methods, accurate self-assessment and acceptance of feedback with subsequent improvement of performance.
11. Function as a reliable member of the healthcare team, abiding by UBC and Faculty of Medicine codes of professional conduct fulfilling a responsibility to patient and their families, and to colleagues and other health professionals.

It is expected that the student is likely to encounter the following clinical cases ("must-sees"):

1. Alcohol use / abuse / withdrawal (psychiatry perspective)
2. Anxiety disorder
3. Bipolar / manic episode
4. Child behaviour and development problems
5. Depressive episode
6. Neurocognitive disorder (dementia)
7. Personality disorder
8. Psychosis
9. Sleep disorder
10. Substance (non-alcohol) use/abuse/withdrawal, overdose/poisoning (psychiatry perspective)

It is expected that the student will have the opportunity to participate in the following procedures (“must-dos”):

1. Cognitive Assessment (MMSE; MOCA)
2. ECT (During the COVID-19 pandemic, viewing the neurostimulation module on Entrada will meet this logging requirement. Live/direct observation of ECT is not expected during the pandemic as it is considered an AGMP)
3. Extrapyramidal side effects physical examination (e.g. AIMS)
4. Mental Health Act certification
5. Psychiatry interview, full under supervision