Welcome to your 8-week term in psychiatry. This logbook is to be completed during the two placements and handed in to the site supervisor on the last day of term.

The term includes four full days of lectures all of which will be held in the Black Dog Lecture Theatre at Prince of Wales Hospital.

The term will consist of two clinical placements at your teaching hospital, notionally one in a general service and one on a more specialised service. The placements will be allocated on your first day at the teaching hospital.

These clinical attachments are to be marked on the PSYCHIATRY LEARNING PLAN – Attachment Grading Sheet. You should register two learning plans on e Med and forward the email confirmation of your registration numbers to the Student Coordinator (j.andrews@unsw.edu.au) during the term.

There is a tutorial program at each hospital consisting of tutorials about interviewing patients with mental disorders and tutorials based on various set topics (listed below). It is expected that you will do the set reading for the set topic tutorials prior to the tutorial. Articles to supplement the tutorials are found on Moodle. The tutor may seek answers to the questions provided in the log book – these give an indication of the knowledge you should have on the topic at the end of the course.

Schizophrenia
Mood Disorders
Anxiety Disorders
Personality Disorders
Organic/Old Age Disorders
Child & Adolescent Disorders
Psychiatry in Physical Medicine
Mental Health Act

Attendance and adequate participation at the set topic tutorials must be signed off by the tutor at the end of each tutorial.

Instead of the written exam at the end of the term, to facilitate learning throughout the term, you will be required to complete a short answer question (Weeks 2-7 inclusive), at a set time. You will sit together in a room and be given 15 minutes to answer the question. The topic for the short answer question will not necessarily relate to the tutorial topic for that week. Short answers will be marked out of 10 and are worth 24% of your final mark. Conversion of marks will be done by the School. The topics examinable each week by short answers will be:

Week 2 – Schizophrenia and psychotic disorders
Week 3 - Mood Disorders
Week 4 - Anxiety Disorders
Week 5 - Personality Disorders
Week 6 – Psychogeriatrics/ Neuropsychiatry/ Mental Health Act/ Drug & Alcohol
Week 7 - Child & Adolescent – any other topic

Write up one case history from each of your two attachments. Give them to the clinical supervisor at each site by the end of week 4 & 7. For details on the case histories see the guidelines on the School website. Each case history is marked out of 10 and each hospital has their own method for allocating this task.
**Observed experiences:** Students should observe eight of the following procedures. Each procedure should be documented in half a page mentioning background, procedure, comment then marked and signed off by the clinician you watched. This should be done at the time of doing the observation.

- ECT
- CBT,
- Family therapy,
- Psychoeducation,
- Consultation liaison assessment
- Drug and alcohol assessment
- Neuropsychiatric assessment
- DBT
- Observe consultant interview
- Day patient attendance
- Child and adolescent assessment
- Child and adolescent management
- Rehabilitation assessment
- Magistrate or mental health review tribunal
- Attend a home visit
- Psychogeriatric assessment
- Acute assessment in ED/PEC
- Medication group
- Outreach service
- Forensic psychiatry experience (eg prison visit / court visit / forensic psychiatry assessment etc)
- Write a multiple choice question and provide the scoring rationale

The **clinical interview and viva** will be held in Week 8. Students should be examined by two examiners (including at least one psychiatrist). In metropolitan sites students will be rotated to one of the other teaching hospitals for the Viva examination. In the rural sites the Viva examination will be at their own hospital. The format for the viva should be as follows:

**Format:** Approx. 50 minutes

30 minutes - student patient interview

2 minutes – thinking time

5 minutes - student to present a summary of the case to examiners including: history/mental state/diagnosis/formulation

14 minutes - questions from examiners covering issues to do with history/mental state/diagnosis/formulation and clinical management

**Overall course assessment marking scale**

The final mark for the Psychiatry course is based on the following assessments (weightings in brackets):

<table>
<thead>
<tr>
<th>Marks</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Attachments/Learning Plan (incorporating observed experiences and tutorial participation). Overall F/P Mark to be given by site supervisor</td>
<td>26</td>
</tr>
<tr>
<td>2 cases</td>
<td>20</td>
</tr>
<tr>
<td>1 question each in week 2-7 (marked out of10) ie 6 short answer questions These marks will be converted to a score out of 4 by the School</td>
<td>24</td>
</tr>
<tr>
<td>Clinical viva</td>
<td>30</td>
</tr>
</tbody>
</table>

**Criteria for Failing Term:**

1. An Unsatisfactory grade on the learning plan
2. Unsatisfactory fail grade for the clinical viva after resit examination
3. Total mark less than 50
<table>
<thead>
<tr>
<th>Topic</th>
<th>Resources</th>
<th>Questions</th>
</tr>
</thead>
</table>
2. You are the parent of a young person experiencing their first inpatient admission treatment of psychosis. What are the most pressing questions you would have for their treating psychiatrist at your first meeting one week after your son/daughter's admission? And what would be the 'best practice' answers provided by the clinician? |
|                  |                                                                             |                                                                                                                                                                                                          |
2. What is the role of the GP in managing bipolar disorder?                                                                                                                                               |
2. Compare agoraphobia and social phobia.                                                                                                                                                                |
<p>| Personality Disorders | 1. DSM criteria                                                           | 1. Consider the advantages at the clinical level to defining personality disorders categorically versus dimensionally.                                                                                       |
|                  | 2. Parker, G. (1997). Special feature: The etiology of personality disorders: A review and consideration of research models. <em>Journal of Personality Disorders</em>, 11 (4), 345-369. | 2. On theoretical grounds, and in terms of how research might best proceed to understand the nature of personality disorders, how do dimensional and categorical models each advance such considerations? |</p>
<table>
<thead>
<tr>
<th>Topic</th>
<th>Resources</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Old Age&lt;br&gt;1. <a href="#">Phillips, J., Pond, D. and Shell, A.</a> (2010). Quality Dementia Care Series: No time like the present: the importance of a timely dementia diagnosis. Alzheimer's Australia.</td>
<td>2. What are the common organic causes of mental syndromes such as secondary delusional or hallucination disorder, organic mood disorder or organic anxiety disorder?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delirium &lt;br&gt;1. How would you distinguish delirium from dementia?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Old Age&lt;br&gt;1. Describe the management of the dementia and the key clinical features of Alzheimer's disease, vascular dementia, Lewy body dementia and the fronto-temporal dementia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. How does depression in late life differ from that occurring in younger adults, re aetiology, clinical features, treatment and prognosis?</td>
</tr>
<tr>
<td></td>
<td>2. <a href="#">Sandberg, S., Barton, J.</a> Historical development. In S. Sandberg (Ed.), Hyperactivity and attention disorders of childhood (2nd Ed.) (pp. 1-29). Cambridge University Press</td>
<td>2. Discuss the advantages and disadvantages of medication treatments in Child Psychiatry.</td>
</tr>
<tr>
<td></td>
<td>3. <a href="#">Draper, B.</a> (2007, October 12). Dementia – behavioural and psychological symptoms. Medical Observer, 31-34.</td>
<td>1. Case A 9-year-old boy is referred after refusing to go to a school camp and complaining of abdominal pain on some school days. He also was described as having excess blinking on some occasions. His parents met at university, and came from different ethnic backgrounds, causing the maternal family to initially reject the father – who still resents this. The patient and his 10-year-old sister, who does very well at school, are both close to the mother. Suggest a provisional multi-axial assessment.</td>
</tr>
<tr>
<td><strong>Psychiatry in Physical Medicine</strong>&lt;br&gt;Attendance</td>
<td>1. <a href="#">Mayou, R., Farmer, A.</a> (2002). ABC of psychological medicine: Functional somatic symptoms and syndromes. British Medical Journal, 325 (7358), 265-268.</td>
<td>Please imagine that you are a JRMO on a relief term, covering a number of very different wards and consider the following questions for each location.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. For each clinical situation, what other information would you need before a referral to consultation liaison psychiatry?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. What would you hope to achieve from the referral?</td>
</tr>
<tr>
<td>Topic</td>
<td>Resources</td>
<td>Questions</td>
</tr>
<tr>
<td>-------</td>
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</tr>
</tbody>
</table>
2. Describe the responsibilities of a medical practitioner in dealing with involuntary admission to a mental health facility. |
Observation 1 (background, procedure, comment): tutors initial
Observation 2 (background, procedure, comment) tutors initial
Observation 3 (background, procedure, comment): tutors initial
Observation 4 (background, procedure, comment) tutors initial
Observation 5 (background, procedure, comment): tutors initial
Observation 6 (background, procedure, comment) tutors initial
Observation 7 (background, procedure, comment): tutors initial
Observation 8 (background, procedure, comment) tutors initial
# PSYCHIATRY LEARNING PLAN – Attachment Grading Sheet 2013

**Student Name:** [Student Name]

**Student Number:** [Student Number]

**eMed submission number:** [Site Supervisor]

**Hospital for Clinical Placement:** [Hospital for Clinical Placement]

**Site Supervisor:** [Clinical Supervisor]

**Clinical Attachment:** [Clinical Attachment]

<table>
<thead>
<tr>
<th>Relevant graduate capability</th>
<th>Learning Objective (what do you intend to learn?)</th>
<th>Strategies and resources (what do you intend to do?)</th>
<th>Assessment (what evidence will be required to show that you have succeeded?)</th>
<th>Supervisor’s comments/grade (F/P-/P/P+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Assessment and Management</td>
<td>Clinical skills in assessing and managing patients with psychiatric disorders.</td>
<td>Participate in the clinical assessment of inpatients and outpatients. Discuss with team consultant/registrar – diagnosis, formulation and management of patients. Regular review of inpatients and report during ward rounds.</td>
<td>Accurate reporting of history and MSE. Understand biopsychosocial factors in patient’s illness. Basic understanding of treatments and management principles. Satisfactory feedback from medical staff.</td>
<td>F  P-  P  P+</td>
</tr>
<tr>
<td>Effective Communication</td>
<td>Interviewing skills in psychiatry.</td>
<td>Participate in interviewing skills tutorials. Practice interviewing patients.</td>
<td>Demonstrate adequate skills in performing a psychiatric interview.</td>
<td>F  P-  P  P+</td>
</tr>
<tr>
<td>Teamwork</td>
<td>Role of multidisciplinary team members.</td>
<td>Attend and contribute to team meetings/ward rounds. Liaise with other clinical staff in management of patients.</td>
<td>Satisfactory feedback from clinical staff. Demonstrate understanding of roles of other disciplines in management.</td>
<td>F  P-  P  P+</td>
</tr>
<tr>
<td>Self-directed learning and critical evaluation</td>
<td>Responsibilities of doctor in unit.</td>
<td>Attend at least 80% of all scheduled activities.</td>
<td>Satisfactory attendance at clinical placement, clinics etc</td>
<td>F  P-  P  P+</td>
</tr>
</tbody>
</table>

**Student negotiated capability (optional)**

Using the appropriate form, students must submit 2 copies of their proposal (one to site coordinator & another to project supervisor) by the end of Week 2.

**Overall Grade for attachment**

- **Must be completed by site supervisor**
- **Satisfactory**
- **Unsatisfactory**

On completion of 4 week clinical attachment supervisor/consultant should mark & make comment then fax or send back to site supervisor (rather than relying on student to deliver this).

The grading system is outlined in detail overleaf.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>40%</td>
</tr>
<tr>
<td>P-</td>
<td>50%</td>
</tr>
<tr>
<td>P</td>
<td>65%</td>
</tr>
<tr>
<td>P+</td>
<td>85%</td>
</tr>
</tbody>
</table>

Please make a comment on the student’s performance as these are discussed in the portfolio exam at the end of Phase 3.

Thank you!
Grades
The following grades are used in all phases of the program for the assessment of assignments, projects and portfolios. The requirements for assignments and projects include assessment criteria for each relevant capability, and the grades below are used to recognise the standard of performance achieved in relation to those criteria. For the portfolio examination, the assessment criteria for each capability are detailed in the expectations for the graduate capabilities for the relevant phase. The specific examples in the statements below are illustrative only; they should not be interpreted as expanding or replacing the relevant assessment criteria for an assignment or project.

P+ Addresses the assessment criteria at a standard that exceeds what is normally considered satisfactory for students in the relevant phase of the program. This grade represents a clear distinction or high distinction. This level of performance involves the characteristics of a P performance, but might also demonstrate an unexpected level of expertise, originality, depth of thought, integration and/or understanding. Depending on the assessment criteria and the task this grade could recognise that the student’s work: demonstrates a high level of integration or understanding; prioritises competing issues appropriately, links seemingly unrelated aspects of a case through an understanding of the underlying biomedical or social sciences; extrapolates from a particular understanding to a new context - or from a particular case or plan of management to a new case or plan - making appropriate modifications in the process.

P Addresses the assessment criteria at a standard that is satisfactory for students in the relevant phase of the program. One or two aspects may not be well done, but the standard is still considered to be satisfactory. This grade represents a good pass or a credit. Depending on the assessment criteria and the task, this grade could recognise that the student’s work: answers the question; makes a good argument; draws on relevant evidence; shows some selectivity and judgment in deciding what is important and what is not; reports and interprets clinical details with due regard to the available evidence and an appropriate understanding of the underlying social and biomedical sciences; and/or proposes broadly effective management plans.

P- Addresses the assessment criteria at a standard that is barely satisfactory for students in the relevant phase of the program. This grade represents a low or conceded pass. The work demonstrates an understanding of one or a few basic aspects, but these are unintegrated and do not make a coherent statement or argument, or fail to address the key issue. Written work may rely too much on retelling other sources such as texts and lecture notes, with little evidence that the student is capable of transforming these into a personal understanding. A patient case report might omit significant features, or be interpreted without due regard to the available evidence or without an appropriate understanding of the underlying social and biomedical sciences. A management plan may contain irrelevant, ineffective or ill-advised elements.

F This grade is used when the student has misunderstood the assessment requirements, or failed to address the most important aspects. This grade represents a clear and substantial failure, which would need major work before it could be passed, or which suggests a level of performance significantly below that expected of students in the relevant phase of the program.
Head of School: Professor Philip Mitchell

Course Convenor: TBA

Student Coordinator: Judy Andrews

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