Phase 3 Psychiatry

Name ..........................................................Student Number ..............................

Hospital for Clinical Placement .................................................................

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 as well as to your site administrator.

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 each topic prior to the tutorial. Articles to supplement the tutorials are found on eMed and give an indication of the knowledge you should have on the topic at the end of the course.

Schizophrenia
Mood Disorders
Anxiety Disorders
Drug & Alcohol
Child & Adolescent Disorders
Organic/Old Age Disorders
Cognitive Evaluation
Psychiatry in the General Hospital

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

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 - Drug & Alcohol
Week 6 - Child & Adolescent
Week 7 - Psychogeriatrics/Neuropsychiatry/Cognitive Evaluation or any other topic

During your first clinical placement you will also be required to write up one case history. This must be submitted via eMed by close of business on the final day of week 4. You should then note the number of your submission and forward this and the assignment submission form to your clinical attachment site supervisors and copy this email to the Student Coordinator, Judy Andrews (j.andrews@unsw.edu.au) For details on the case history see the guidelines in the Course Guide on eMed. The case history is marked out of 10 and contributes 20% of your overall course grade.
**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.

- Observe consultant interview
- Day patient attendance
- Child and adolescent assessment
- 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 (e.g. prison visit / court visit / forensic psychiatry assessment etc.)
- ECT
- CBT
- Family therapy
- Psychoeducation
- Consultation liaison assessment
- Drug and alcohol assessment
- Neuropsychiatric assessment
- Cognitive evaluation
- Attendance at outpatient clinic
- Any other relevant experience that is approved by your supervisor

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 the student’s home 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>
</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>
</tr>
<tr>
<td>Case History</td>
</tr>
<tr>
<td>1 question each in week 2-7 (marked out of10) i.e. 6 short answer questions These marks will be converted to a score out of 4 by the School</td>
</tr>
<tr>
<td>Clinical viva</td>
</tr>
</tbody>
</table>

**Criteria for Failing Term:**

1. An Unsatisfactory grade on the learning plan
2. Unsatisfactory (outright fail) grade for the clinical viva after resit examination
3. Total mark less than 50
<table>
<thead>
<tr>
<th>Topic</th>
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<th>Learning Objectives</th>
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</table>
[http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=booktext&D=books2&AN=01337673/3rd_Edition/3&XPATH=/OVIDBOOK%5b1%5d/METADATA%5b1%5d/TBY%5b1%5d/AUTHORS%5b1%5d](http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=booktext&D=books2&AN=01337673/3rd_Edition/3&XPATH=/OVIDBOOK%5b1%5d/METADATA%5b1%5d/TBY%5b1%5d/AUTHORS%5b1%5d)  
[http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=booktext&D=books2&AN=01412563/9th_Edition/5&XPATH=/OVIDBOOK%5b1%5d/METADATA%5b1%5d/TBY%5b1%5d/EDITORS%5b1%5d](http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=booktext&D=books2&AN=01412563/9th_Edition/5&XPATH=/OVIDBOOK%5b1%5d/METADATA%5b1%5d/TBY%5b1%5d/EDITORS%5b1%5d)  
Metabolic monitoring algorithm for young persons prescribed antipsychotic medication.  
ORYGEN Youth Health Psychosis factsheets (series of 4)  
Media article on a family’s perspectives on the experience of schizophrenia  
[http://www.carlagrossetti.com/two-of-us-norbert-and-richard-schweizer/](http://www.carlagrossetti.com/two-of-us-norbert-and-richard-schweizer/) | a) To discuss symptoms in schizophrenia and other psychoses (positive; negative; mood)  
b) To consider common comorbidities in schizophrenia and other psychoses (alcohol and other substance misuse; physical health) and the need to be holistic in approach  
c) To appreciate common risk issues (vulnerability to exploitation; suicidal thoughts and acts; risk to others)  
d) To be sensitive to impact on family; to provide patient-centred and family-centred care |
<table>
<thead>
<tr>
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</table>
b) To be able to undertake an assessment of risk in somebody with a mood disorder  
c) To understand the main treatment options for mood disorders  
d) To be able to discuss diagnosis, treatment and prognosis of mood disorders with patients and their relatives |
b) To be able to differentiate between different anxiety disorders, including generalized anxiety, panic disorder, social phobia, health anxiety, obsessive-compulsive disorder and post-traumatic stress disorder.  
c) To understand common co-morbidities which occur with anxiety disorders.  
d) To have a basic understanding of both pharmacological and non-pharmacological methods of managing anxiety. |
<table>
<thead>
<tr>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>Attendance</td>
<td>Duncan Raistrick (2000). Management of alcohol detoxification. Advances in Psychiatric Treatment, vol. 6, pp. 348–355  <a href="http://apt.rcpsych.org/content/6/5/348.full.pdf">http://apt.rcpsych.org/content/6/5/348.full.pdf</a></td>
<td>b) For the students to be aware of the physiological effects of different classes of substances that can be abused</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Sadock, B.J. (2008). Kaplan &amp; Sadock's concise textbook of clinical psychiatry (3rd ed.). Philadelphia: Lippincott Williams &amp; Wilkins. – Chapter 9 (Substance related disorders)  <a href="http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&amp;CSC=Y&amp;NEWS=N&amp;PAGE=booktext&amp;D=books2&amp;AN=01337673/3rd_Edition/3&amp;XPATH=/OVIDBOOK%5b1%5d/METADATA%5b1%5d/TBY%5b1%5d/AUTHORS%5b1%5d">http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://ovidsp.ovid.com/ovidweb.cgi?T=JS&amp;CSC=Y&amp;NEWS=N&amp;PAGE=booktext&amp;D=books2&amp;AN=01337673/3rd_Edition/3&amp;XPATH=/OVIDBOOK%5b1%5d/METADATA%5b1%5d/TBY%5b1%5d/AUTHORS%5b1%5d</a></td>
<td>c) To ‘create’ a patient history in a bio-psycho-social framework and use this to chart a management plan.</td>
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<tr>
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<tr>
<td></td>
<td></td>
<td>d) Be aware of treatment options in Child and Adolescent Psychiatry</td>
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<tr>
<td>Topic</td>
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b) To understand the different types and the main treatment options for dementia  

c) Be able to consider organic causes of common psychiatric presentations  

d) To understand differences in aetiology, presentations, treatments and multidisciplinary management of psychiatric conditions in old age  

e) To be aware of conditions peculiar to late life such as senile squalor, paranoid states and late-onset schizophrenia  

f) To be able to investigate a psychiatric patient for ‘organicity’  

g) To be able to perform a competent bedside cognitive assessment of a patient  

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<thead>
<tr>
<th>Attendance</th>
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<tbody>
<tr>
<td>Satisfactory Participation</td>
<td>□</td>
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</tr>
<tr>
<td>Tutors initial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topic</td>
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</table>

b) Recognise the differential diagnoses that can cause patients to present with cognitive complaints including common psychiatric (e.g. depression, anxiety), medical (e.g. endocrine, neurological, delirium), and degenerative (e.g. Alzheimer’s dementia, vascular dementia) disorders  
c) Be familiar with the Mini-Mental State Examination (MMSE), Addenbrooke's Cognitive Examination Revised (ACE-R), Frontal Assessment Battery (FAB), and other commonly used cognitive tests  
d) Recognise the importance of confounders affecting cognitive assessment (e.g. assessment timing, medication effects, interview setting)  
e) Recognise the limitations of cognitive assessment tools (e.g. ceiling effects, practice effects) |

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<tr>
<td>Satisfactory Participation</td>
<td>□</td>
</tr>
</tbody>
</table>

Chapter 10, in particular 'Diagnosis and Clinical Features', 'Laboratory Examination and Pathology' and 'Differential Diagnosis' in 10.3 (Dementia) and tables 10.3-1, 10.3-3, 10.5-2 and 10.5-5  

Chapter 2.1 (The Neuropsychiatric Approach to the Patient) for those interested in an overview of Neuropsychiatry  

<table>
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http://er.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://dx.doi.org/10.1016/j.maturitas.2014.05.010  
http://www.clinmed.rcpjournals.org/content/5/6/580.full.pdf+html | a) To understand the ways in which mental health problems commonly present in the general hospital wards  
b) To understand that all doctors (not just psychiatrists) need to be able to identify and manage comorbid mental health problems  
c) To appreciate the complexities around diagnosing depression and/or anxiety in the setting of co-morbid physical health problems  
d) To understand how to assess capacity and the legal framework for providing medical care in the absence of patient consent |
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 7 (background, procedure, comment): tutors initial
Observation 8 (background, procedure, comment) tutors initial
<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>
</table>
| **Patient Assessment and Management** | Clinical skills in assessing and managing patients with psychiatric disorders. | • 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. | • 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. | F           P-          P          P+ |
| **Effective Communication** | Interviewing skills in psychiatry. | • Participate in interviewing skills tutorials.  
• Practice interviewing patients. | Demonstrate adequate skills in performing a psychiatric interview | F           P-          P          P+ |
| **Teamwork** | Role of multidisciplinary team members. | • Attend and contribute to team meetings/ward rounds.  
• Liaise with other clinical staff in management of patients. | • Satisfactory feedback from clinical staff.  
• Demonstrate understanding of roles of other disciplines in management | F           P-          P          P+ |
| **Self-directed learning and critical evaluation** | Responsibilities of doctor in unit. | Attend at least 80% of all scheduled activities. | Satisfactory attendance at clinical placement, clinics etc | F           P-          P          P+ |
| **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 Wk 2. | N/A F           P-          P          P+ |

Comments

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.

F = 40%  P- = 50%  P = 65%  P+ = 85%

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.
# 2016 Viva Capability Evaluation Mark Sheet

**Student Name_________________ Student No__________________**

**Examiner 1____________________ Examiner 2__________________**

## Clinical Interview

<table>
<thead>
<tr>
<th>Task</th>
<th>F</th>
<th>P-</th>
<th>P</th>
<th>P+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listen attentively, engage patient and maintain respect - initiate session appropriately, good use of open and closed questions, picks up verbal and non-verbal cues, elicits patient’s perspective, sensitive and avoids overly interrogative style, respect boundaries</td>
<td>F</td>
<td>P-</td>
<td>P</td>
<td>P+</td>
</tr>
<tr>
<td>Elicit a relevant clinical history of the presenting illness- establish reason for presentation, course and nature of symptoms, demonstrate clinical reasoning in the approach to questioning, asks additional questions required to establish likely diagnosis and inform treatment options</td>
<td>F</td>
<td>P-</td>
<td>P</td>
<td>P+</td>
</tr>
<tr>
<td>Gather relevant other history and relevant physical examination and test results- ask patient about family &amp; social support, cultural &amp; lifestyle factors, employment issues; elicit relevant past medical and family history, as well as specific risk factor history where appropriate</td>
<td>F</td>
<td>P-</td>
<td>P</td>
<td>P+</td>
</tr>
<tr>
<td>Psychiatric knowledge and problem definition – demonstrates through their sequence of history taking, investigation requests and explanation to the patient that they have an understanding of key features of the case, including likely and important differential diagnoses</td>
<td>F</td>
<td>P-</td>
<td>P</td>
<td>P+</td>
</tr>
<tr>
<td>Safe practice: identifies and responds to signs of patient distress, asks about a history of self-harm and other dangerous, aggressive or harmful behaviour; undertakes an appropriate risk assessment</td>
<td>F</td>
<td>P-</td>
<td>P</td>
<td>P+</td>
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</table>

## Case Presentation and Management

<table>
<thead>
<tr>
<th>Task</th>
<th>F</th>
<th>P-</th>
<th>P</th>
<th>P+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpret patient history and clinical presentation – identifies key aspects of patient history and clinical presentation, able to adequately describe the mental state examination and able to provide an appropriate provisional diagnosis and/or list of differential diagnoses</td>
<td>F</td>
<td>P-</td>
<td>P</td>
<td>P+</td>
</tr>
<tr>
<td>Interprofessional communication: clear and concise presentation of findings, able to explain and justify conclusions and management plan in discussion, demonstrates ability to recognise and respond to critical information, requires minimal prompting to elicit relevant information</td>
<td>F</td>
<td>P-</td>
<td>P</td>
<td>P+</td>
</tr>
<tr>
<td>Judgement and approach to management: recognises crucial information, logical approach (e.g. refining diagnosis, exploring options in treatment), approach is appropriate to the clinical context, adapts approach to additional information</td>
<td>F</td>
<td>P-</td>
<td>P</td>
<td>P+</td>
</tr>
<tr>
<td>Application of psychiatric and medical knowledge: applies relevant knowledge correctly, depth of understanding demonstrated in clinical approach and in discussion with examiners, approach demonstrates learning from clinical experiences and integrates medical knowledge</td>
<td>F</td>
<td>P-</td>
<td>P</td>
<td>P+</td>
</tr>
<tr>
<td>Safe practice: recognises life-threatening or potentially serious aspects, considers potential adverse consequences of actions, demonstrates safe judgement, aware of ethical and/or legal implications of actions</td>
<td>F</td>
<td>P-</td>
<td>P</td>
<td>P+</td>
</tr>
</tbody>
</table>

## Examiner’s Comments

**Overall Evaluation**

(please note, while the marks provided above should inform the overall evaluation, a ‘fail’ mark in one or more component does not mandate nor is required for an unsatisfactory overall evaluation)

- **Unsatisfactory with serious concerns (outright fail)**
  
  (student will have to repeat the clinical interview and viva examination before being able to pass the Psychiatry term)

- **Unsatisfactory but with less serious concerns**
  
  (student will be given 50% for the viva examination and will be allowed to pass if they have satisfactorily completed all other components of their Psychiatry term)

- **Satisfactory**
  
  (student will be given a score based on the marks provided above)
Orientation to clinical placement

Each student should have orientation at the attachment site that should include the following:

- Site layout
- Conduct on the site
- Patient consent/confidentiality
- Attendance requirements
- Clothing
- Personal safety and local procedures for interviewing patients
- Local procedures for the use of duress alarms
- Term requirements and assessments
- Fire evacuation procedures
- Other key pieces of information as relevant to each site

Orientation to the clinical placement was given by

_______________________________

Date: _______________ Signature: _____________________________

I received orientation to my clinical placement at _____________________ Hospital.

Student’s signature: _____________________________

If a student’s clinical attachment is split over two sites e.g. St John of God, Justice Health, Sydney Clinic or Wesley Hospital they should also be given an orientation to the second site and have it signed off.

Orientation to the clinical placement was given by

_______________________________

Date: _______________ Signature: _____________________________

I received orientation to my clinical placement at _____________________ Hospital.

Student’s signature: _____________________________
Head of School: Professor Philip Mitchell

Course Convenor: A/Prof Samuel Harvey

Student Coordinator: Judy Andrews

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Email: j.andrews@unsw.edu.au

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