

Psychiatry Clerkship Survival Guide: Des Moines

On the First Day: Make sure to get a chipped bracelet from the nurse manager at Broadlawns. This will allow you to enter and exit the unit as you need.

Dress Code: White coat required. Dr. Butt wears scrubs, the residents wear professional dress. When asked, Dr. Butt did not have a preference for the students. When doing outpatient, wear professional dress.

Schedule

- 4 weeks of inpatient Psychiatry at Broadlawns + one weekend (both Sat and Sun)
 - **Rounding** usually begins around **8:30AM**.
 - Prior to rounding each day you should:
 - ✓ Get overnight form with sleep hours for each patient from folder in nurses' station.
 - ✓ Check overnight nursing report for each patient in Broadlawns EMR.
 - ✓ Dr. Ahmar Butt is currently the main inpatient psychiatry attending physician at Broadlawns. On rounds he has some questions he asks all patients:
 - How did you sleep? (Ask the patient how many hours they think they slept)
 - Rate your mood 1-10.
 - How are you feeling?
 - How are you eating?
 - Any thoughts of paranoia, A/V hallucinations, homicidal thoughts, or suicidal thoughts?
 - Any medical concerns?
 - There are **team table rounds** at **10AM** on the lower level. You may round on a few patients before team rounds, but most of the rounding happened after. The team rounds consist of the RNs, Dr. Butt, a resident, PA, medical students, pharmacy student, social worker, and substance abuse counselor.
 - Dr. Butt only takes care of the psych component of the patient. There is a PA on the team that addresses all the medical concerns. The PA will lead the admission H&P to address all the medical problems. You should see your patients before the 10AM table rounds and mention any medical concerns to the PA at this time.
 - There will be a pharmacy student assigned to Dr. Butt's team. They will have a medication list for each patient every day. Make sure you get a copy of this for rounding.
 - Following rounds you will have time to work on notes while waiting for new admissions. Dr. Butt has a particular way he likes you to write notes and he will show you how on your first day. Dr. Butt will document the final assessment and plan.
 - ✓ Dr. Butt will send you a template to use- complete as much of the note as possible. Take a stab at the assessment and plan. Dr. Butt will alter anything he needs to.

- ✓ He likes direct quotes from the patients each day as a chief complaint.
- New patients will come in usually mid-day and you should attend the admission intake in order to help write the admission H&P note afterwards, but other healthcare providers will attend the admission interview with you and ask most of the questions for the first few times (until you are ready to lead the interview).
- Try and attend the noon lecture at Broadlawns if at all possible (they often have good lectures and of course free food). If you finish your notes and no new admissions are scheduled for the afternoon then usually you can leave for free study time afterwards (1:00 or 2:00PM).
- You **work one weekend- both Saturday and Sunday**. You will pre-round, round with the attending physician, and then write the notes. You will hopefully be done by noon both days.
- You will need to arrive early (**7:15AM**) at least twice during your 4 weeks to be able to see ECT (Electroconvulsive Therapy). ECT sessions now take place at Broadlawns. The anesthesiologist will probably allow you to assist with ventilations, push drugs, watch monitors, etc.
- A few afternoons during the clerkship you will be in various outpatient clinics or go to the substance abuse rehab program. One night you will stay later to see how social work admits new patients who come in after hours. These are all a nice break from inpatient and give you a chance to see how most psychiatrists in practice work.
- A psychiatric residency program started in July 2018. For the most part, you work alongside the resident. Dr. Butt will usually assign separate patients so there is no overlap with the resident and medical student each completing a note on the same patient.
- **Food:** you get **\$40** to spend at the Broadlawns cafeteria. Neither morning report nor noon conference are required, but these are opportunities to learn and get free food.

Exam

- National Shelf Exam
 - Usually regarded as less difficult than other Shelf Exams, but you still need to make sure you study for this one!
 - Psychiatric drugs are especially tested, as well as illicit drug overdoses.
 - There are some good shelf resources on ICON. The University of Arkansas “High Yield Areas” guide was especially helpful (this was already printed and in our orientation packet). Be sure to read this early on to guide your studying.

Study Resources

- First Aid for Psychiatry: the edition has been updated for DSM-V (a copy is provided for you to use). This is very good for overview and diagnostics. (Recommended as a must read towards the beginning of the clerkship.)
- NBME tests. These are \$20 per test, but are very indicative of the difficulty of the exams. Some students bought some of these during clerkships where there was a shelf exam at the end. It's

been suggested that the more difficult questions are overrepresented on the practice exams, and thus the students scored better on the actual exam in every case. Only gives you the answers you miss though.

- UWorld: Look at the psych questions for sure, also the medicine questions under the systems “poisoning & occupational exposure” and “psychiatric/behavioral & substance abuse” are useful. Recommended to try these questions before the actual shelf exam. Know drugs, overdoses, and types of therapy.
- Online Med Ed has a good psychiatry section and hits the high yield points.
- First Aid for the USMLE step 1 chapter in psychiatry. This is also good and even more condensed.
- Introductory Textbook of Psychiatry by Black and Andreasen (copy provided for you to use) is a much more detailed approach to the disorders, diagnostics, and treatments. The quiz questions come directly from the chapters in the book. **Use this for the quizzes ONLY**. There is better use of your time for the shelf.
- A printout of the Blueprints for Psychiatry Medication Chapter will be provided for you and is a good basic review of some psychiatric medications with their side effects profile.

Other Requirements

- Quizzes
 - There are multiple required quizzes both online and taken on paper that are required throughout the clerkship. The topics will have chapters associated with them in the Black and Andreasen textbook, which is where the questions and answers will come from. These are usually not too difficult but will have some tricky questions based on distinguishing one disorder from a similar disorder.
 - Also note that the paper quizzes will be taken just prior to sessions where you will Skype into Iowa City for a patient presentation. The quiz will cover the type of disorder planned for the patient presentation.
- Patient Presentations
 - You will Skype into Iowa City for these. You will observe a patient presentation/interview for a patient currently hospitalized at UIHC with one of the relevant disorders. This does not require any work from the observers in Iowa City or Des Moines.
- Patient-Based Assessment (PBA)
 - The Psychiatry PBA will consist of 2 cases of bread and butter psychiatry patients presenting for the first time. You must pass the PBA but the points do not matter for your grade. You will receive extra points towards your grade for reviewing one of your PBA video interviews with a Faculty member (Dr. Craig does these reviews with you).
 - ✓ Screen for suicide in each patient. **DO NOT forget to admit the patient.**
- AA meeting
 - During the course of the clerkship, you are required to attend one AA meeting or one NA meeting in the Des Moines area and write a reflection on the meeting. It is usually best to show up to the meeting place early and introduce yourself to the leader for the night

so they can introduce you to the group. It's also good to introduce yourself and explain that you're present to learn more about how these meetings function so you will be able to explain them to patients in the future. You are not required to speak during the meeting.

- ✓ These usually occur at churches and there are quite a few opportunities in downtown Des Moines. This was a very hopeful experience and the attendees were very receptive.

Pearls

- Read the **First Aid for Psychiatry book ASAP** in order to have a better overarching understanding of psychiatry.
- Test questions love to focus on two things:
 - Time frames: Knowing how long a patient has to be showing symptoms in order to meet diagnostic criteria for one disease but not another one. A lot of disorders (but not all of them) have **6 months** as the major cutoff point, so look for this in the question stem.
 - DSM criteria: Knowing how to differentiate schizoaffective disorder from schizophrenia and major depressive disorder from adjustment disorder from depressed mood are examples that can be especially tough. It's recommended to use UWorld – with questions like these sometimes you just have to miss them about 10 times before it makes sense. The Online Med Ed videos were good at distinguishing cutoffs for diseases.
 - Side effects of medications: Psychiatric medications have lots of side effects so these are **JUST AS IMPORTANT** to know as what disorders the medications are classically used for. Know the side effects that are unique to a certain drug/class of drugs. Know serotonin syndrome and neuroleptic malignant syndrome.
 - A trick for the drugs: 1st generation antipsychotics (with the notable exceptions of pimozide and haloperidol) all end in “azine.” 2nd generation antipsychotics all end in “apine” or “idone” with the exception of **aripiprazole**, which is fitting because it is a **D₂ partial agonist** (all the others are **D₂ antagonists**).
 - ✓ A lot of the drugs have similar endings regardless of generation and sound the same. You need to find a system that works for you.
 - ✓ It is helpful to think in classes of drugs for psych. Especially because the shelf will usually make you distinguish between drug classes and not between drugs within a class (unless there are notable side effects). So when you think SSRI- also think of all the drugs that are in that class.
 - Also commonly tested are internal medicine causes of psychiatric issues (hypo/hyperthyroidism, hypercalcemia, Wilson disease all come to mind) and genetic disorders (Example: A Lesch-Nyhan question could be on the shelf exam). Down syndrome, Fragile X syndrome, and fetal alcohol syndrome are all fair game. They will

also ask strange neurology questions on the exam as well (if you have neuro before psych you are definitely at a slight advantage and vice versa). Neuro and psych like to claim some of the same disorders (frontotemporal dementia, Alzheimer's disease, narcolepsy) so these can be tested on either exam. In total, these make up a smaller fraction of the exam so you will certainly pass if you can differentiate the different psychiatric disorders and know the various drugs and their side effects.