

## **Psychiatry Clerkship Survival Guide: Des Moines**

### **General Clerkship Information**

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

On the first day - You'll have orientations with Dr. Craig, Dr. Morse (skype into IC), Erin (coordinator at BMC), Dr. Dolphin-Shaw (DSM Clerkship Director), and Dr. Butt. They will go over expectations for the clerkship, show you around Broadlawns, and get you acquainted. 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. Residents will help you with this!

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.

### **The Schedule**

- 4 weeks of inpatient Psychiatry at Broadlawns + one weekend (both Sat and Sun)
  - Locations: There are two inpatient psychiatry floors. The top level has higher acuity patients, whereas the lower level has patients that are transitioning towards discharge. The resident room—where you will keep your stuff and write notes--and Dr. Butt's office are downstairs (LL) near the lower level patient area. There is a second room next to the resident room that can be used to watch IC Zoom classes.
  - Students are expected to arrive around 7:30 am. Pre-rounding is at students' leisure, but most get started around 8:00 am. Rounding with Dr. Butt usually begins around 10 am before the team meeting at 11 am. Before rounding, complete the following:
    - Grab patient lists for the upper and lower levels in the nurses' station on the upper level. This will help you know if there are any new patients. Dr. Butt is your attending and typically runs the orange team. Speak to the residents as well as the other medical students to decide which patients you will be taking. You will usually follow the same patients each day (for continuity) and will pick up new patients as they come in. You will typically have 4 patients at a time on weekdays and weekend shifts.

- Check overnight nursing report for each patient in the Broadlawns EMR. Make sure to record how many hours the patient slept the night before. Also, look at the MAR to see if the patient was compliant with meds and if they requested PRNs.
- During pre-rounds, you will ask each patient the same questions (ask the residents if they can print out a sheet with all the questions):
  - How did you sleep? (Ask the patient how many hours they think they slept)
  - Rate your mood 1-10. Any anxiety?
  - How are you feeling?
  - How are you eating?
  - Any thoughts of paranoia, A/V hallucinations, homicidal thoughts, or suicidal thoughts?
  - Any medical concerns?
  - If the patient is discharging soon, discuss coping skills with the patient (taking a walk, music, showering, talking to the people that are supportive to them, etc.) as well as what they will do in the event that their symptoms worsen, they have side effects from the medications, or their coping skills don't work for them and they are distressed (i.e. call 911, come to the ER, etc.)
- There are team table rounds at 11 am on the upper level. The team meetings consist of the RNs, Dr. Butt, 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 are PAs and ARNPs on the team that address all the medical concerns. They will lead the admission H&P to address all the medical problems. You should see your patients before the 11 am table rounds and mention any medical concerns to them at this time.
- There will be a pharm student assigned to Dr. Butt's team. They will have a medication list for each patient every day. This can be helpful.
- 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 give you a template on your first day. Complete as much of the note as possible. Direct quotes from the patients each day are expected. Take a stab at the assessment and plan. Dr. Butt or the residents will alter anything they need to.

- Sarah Grady, PharmD is the psychiatric pharmacist at BMC. She is AMAZING. She will sometimes have teaching sessions with her students at noon and highly encourage you to go to them! She breaks things down by receptors, so it makes it easy to remember the side effects for all the drugs. Also, feel free to ask her questions and pick her brain about psychotropic meds.
- New patients will come in usually mid-day. You should attend the admission intake in order to help write the admission H and 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).
- ECT consults: Dr. Butt does ECT treatments on Monday, Tuesday, and Friday mornings. He usually starts around 7:15-7:30 am. You will just be expected to watch, but feel free to ask to get more involved.
- By the end of the day, you will be expected to update patient lists for each team (blue, purple, yellow, green, and orange). These lists are for the overnight resident. Dr. Dolphin-Shaw will show you how to update the notes on your first day.
- If you finish your notes, update the lists, have no new admissions, and no classes scheduled for the afternoon, then usually you can use the time to study. Students are usually dismissed by 3:30, if nothing is going on.
- You work one weekend - both Saturday and Sunday. You will pre-round, round with the attending, and then write the notes. You will hopefully be done by noon both days.
- A few times during the clerkship you will be in various outpatient clinics or go to the substance abuse rehab program. One night and afternoon you will stay later to work with the crisis team in the BMC ER; this team is made up of social workers and nurses. They are usually the first people to interact with the patients, and these visits are very interesting! These are all a nice break from inpatient and give you a chance to see how most psychiatrists in practice work.

### The Test

- 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.

### **Other 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. (Consider it a must read towards the beginning of the clerkship!).
- UWorld: the psych questions should be reviewed, also the medicine questions under the systems “poisoning & occupational exposure” and “psychiatric/behavioral & substance abuse” are useful.
- Amboss: the psychiatry shelf question set
  - If you don’t have UWorld or Amboss, that’s okay! Many people didn’t do many practice questions and did great on the exam. The key is to know the diagnostic criteria, drugs, overdoses, and types of therapy.
- NBME practice tests: These are \$20 per test (unless you can find the copies floating around) 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. They felt that the more difficult questions are overrepresented on the practice exams, and thus scored better on the actual exam in every case. Only gives you the answers you miss, however.
- 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 are better resources to study for the shelf exam than this book.
- A printout of the Blueprints for Psychiatry Medication Chapter will be provided for you and is another good basic review of some psychiatric medications with their side effect profiles.

### **Other Requirements**

- Quizzes
  - There are multiple required quizzes online that are required throughout the clerkship. Half of the quizzes are open book and occur before Zoom classes. The

other half are open book and can be completed anytime. 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.

- Case Conferences/Patient Presentations
  - You will skype into Iowa City for most of 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.
- Suicide Assessment
  - You and the other student will work with Dr. Craig to determine what to ask a possible suicidal patient. You will then practice with a simulated patient. This exercise is particularly helpful for the OSCE!
- OSCE
  - The Psychiatry OSCE will consist of 1 bread and butter psychiatry patient presenting for the first time. You must pass the OSCE, but the points do not matter for your grade. You will receive extra points towards your grade for reviewing your video interview with Dr. Craig
    - Screen for suicide in each patient. DO NOT forget to admit the patient, if needed.

### Other Information

- Read the First Aid for Psychiatry book ASAP to have a better overarching understanding of psychiatry.
- Test questions love to focus on two things:
  - Time frames: Knowing how long a patient must be showing symptoms 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: some of these are strange to be honest. Know how to differentiate schizoaffective disorder from schizophrenia and major depressive disorder from adjustment disorder with depressed mood as those are notoriously tested. The Online Med Ed videos were generally 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 and how to distinguish the two. **Remember:** Sarah Grady, PharmD is the psychiatric pharmacist at BMC. Ask her questions and pick her brain about psych meds.

- A trick for the drugs: 1<sup>st</sup> generation antipsychotics (with the notable exceptions of pimozide and haloperidol) all end in “**azine**.” 2<sup>nd</sup> generation antipsychotics all end in “**apine**” or “**idone**” with the exception of **aripiprazole**, which is fitting because it is a **D<sub>2</sub> partial agonist** (all the others are **D<sub>2</sub> 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 (i.e. a Lesch-Nyhan question could be on your 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 at a slight advantage). Neuro and psych like to claim some of the same disorders (frontotemporal dementia, Alzheimer’s disease, delirium, 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.