

## Psychiatry Clerkship Survival Guide: Des Moines

### General Clerkship Information

Dress Code: White coat not required. Dr. Butt wears scrubs. When asked, Dr. Butt did not have a preference for the students. When doing outpatient, wear professional dress. Wear your ID badge at all times.

On the first day - You'll have orientations with Dr. Cheyne, Dr. Morse (zoom into IC), Erin (coordinator at BMC), and Dr. Dolphin-Shaw (DSM Clerkship Director). This will be to 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 (if DMU students are also on psych rotation, they will also know where these are). This will allow you to enter and exit the unit as you need.

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 (round both Sat and Sun morning with whichever attending is on-call that weekend)
  - 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.
    - Students typically arrive between 7:30-8. Pre-rounding is at students' leisure, but most get started around 8:00.
    - *If you are rounding with Dr. Butt:* get his cell number and text him when you are finished pre-rounding (both pre-chart and see your patients). You will do bedside rounds with him which usually begin around 10am. At 11am there is a team meeting with Dr. Butt, the social worker, the nurse, and the medical practitioner for your team. You will not be expected to present your patients but are expected to be in attendance.
    - *If you are rounding with Dr. Dolphin-Shaw:* Pre-round on your patients (pre chart + see the patients) and meet Dr. Dolphin Shaw at 9am in the resource room. Here, you will do table rounds, they will be quick, and the social worker will be present.
    - 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. You will round with Dr. Butt or Dr. Dolphin Shaw – if you are unsure which team you are rounding on for a specific morning, text Dr. Dolphin Shaw and she will let you know. 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 (there are template sheets in the resident room):
  - 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 if 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.)
- Dr. Butt and Dolphin Shaw only take 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.
- Following rounds, you will have time to work on notes while waiting for new admissions. For the first patient you admit, ask the admitting psychiatrist how they prefer their presentations/notes. Direct quotes from the patients each day are expected. They do not expect you to present an assessment and plan (this can be awkward in the setting of bedside rounds). As most psychiatry patient treatment plans are algorithm-based and do not change much from day-to-day, psychiatrists

at Broadlawn do not spend much time teaching about this and focus much more on coping skills and being able to have a therapeutic conversation with your patient.

- Sarah Grady, PharmD is the psychiatric pharmacist at BMC. She is AMAZING. She will sometimes have teaching sessions with her students at noon and I highly encourage you to go to them! She breaks things down by receptors, so it makes it really 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 and 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: currently Dr. Butt is not doing these, but he will resume sometime during 2022. Here are details regarding his previous ECT schedule: Dr. Butt does ECT treatments on Monday, Tuesday, and Friday mornings. He usually starts around 7:15-7:30. You will just be expected to watch, but feel free to ask in order to get more involved.
- If you finish your notes, update the lists, have no new admissions, and no classes scheduled for the afternoon, then you can use the time to study. Dr. Dolphin Shaw tells students they can leave by 3:00, if nothing is going on. (no one will actually “dismiss” you).
- You work one weekend- both Saturday and Sunday. You will pre-round, round with the attending, and then write the notes. You will likely be done by noon both days. If you are rounding with someone other than Dr. Butt or Dr. Dolphin-Shaw, try to contact them before to ask what you should do before rounds (some, like Dr. Miller, will expect you only to pre-chart on the patients).
- A few times during the clerkship you will be in various outpatient clinics or go to the substance abuse rehab program. One 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!

## **The 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. (I would consider it more useful at the beginning of the clerkship!).
- Uworld: the psych questions for sure, 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 and predictive of the exam scores.
- 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 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. Three of the quizzes are open book and can be completed any time. The other five are closed book, and timed (~5 mins for 4 questions) and must be done in a certain time period (usually from 11am-midnight on a specific day). 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 zoom 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. Cheyne to determine what to ask a possibly 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. Cheyne.
  - Screen for suicide in each patient. Do not forget to admit the patient, if needed.

### Pearls

- Read the First Aid for Psychiatry book early on 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: 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.
  - 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).
  - Also commonly tested are internal medicine causes of psychiatric issues (e.g. hypo/hyperthyroidism, hypercalcemia, Wilson disease) and genetic disorders - Lesch-Nyhan, 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; 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.