Undergraduate Psychiatry
A Guide to Faculty 2021-2022

Carla Garcia – Director UG Psychiatry Education
Kien Dang– Associate Director UG Psychiatry Education
I did not see John enough...

• I did not observe John enough during the rotation- I was away for a conference. How can I evaluate him?
I am not a psychiatrist? I do not see residents or medical students so how does this apply to me?
Roadmap

• Psychiatry Curriculum
• What do students want?
• What does our staff ask?
• Scenarios and discussion
Where may students get exposure to psychiatry/psychiatrists?

Year 1  Toronto Patient-Centred Integrated Curriculum (TOPIC)  
        Integrated Clinical Experience (ICE)  
        Portfolio  
        Health Science Research (HSR)  
        PsycLE/PsycLE(R), Advocacy Mentoring Initiative (AMI)

Year 2  Case Based Learning (CBL) and ICE2  
        Psychiatry weeks 46, 47, 48, 49 PLUS  
        Week 64 – Medical Psychiatry

Year 3  6 week Psychiatry Block (@ 9 hospital sites)  
        Portfolio Marking exams/OSCEs/Question writing

Year 4  Electives/ Selectives and Fusion session (full day)
Psychiatry clerkship 2021-2022

• 1 day of didactic core lectures centralized and front loaded: week 1
• Sites deliver:
  – Interviewing course
  – Personality disorders course
  – Narrative Reflective Competency (NRC)
• Child Psychiatry: 2 x ½ days
• Caselog: 19 clinical encounters and procedures
• ½ day Selective in week 6- optional
Psychiatry clerkship 2021-2022

- Mastery Exercise
  - 40 Multiple Choice Questions (MCQs)
  - 8 Clinical Decision Making Scenarios (CDMs)
- Narrative Reflective Competency (NRC)
- Clinical Evaluation
- Professionalism Evaluation
- Caselog: 19 clinical encounters and procedures
- 6 formative interviews (miniACE-CBD)
  - COMING IN MARCH: EPA pilot
## PSYCHIATRY

Use this sheet to manually record your patient encounters/procedures. Then transfer the data to Case Logs accessed through MedSIS at [http://medsis.utoronto.ca/](http://medsis.utoronto.ca/) at a more convenient time.

### Encounters

<table>
<thead>
<tr>
<th>ENCLOSED</th>
<th>GOAL</th>
<th>REAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>anxiety disorder/symptoms</td>
<td>2</td>
<td>R</td>
</tr>
<tr>
<td>childhood behavioural disorder</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>delirium OR dementia</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>mood- bipolar mania or bipolar depression</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>mood - depression</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>personality disorders</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>psychotic disorder (NOT schizophrenia)</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>schizophrenia</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>substance abuse - alcohol or drug</td>
<td>1</td>
<td>R</td>
</tr>
</tbody>
</table>

- Total: 10

### Procedures

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>GOAL</th>
<th>REAL</th>
<th>LEVEL OF INVOLVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>assessment of capacity</td>
<td>1</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>assessment of child &amp; family</td>
<td>1</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>assessment of violence/agitation</td>
<td>1</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>ECT</td>
<td>1</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>medication monitoring</td>
<td>1</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>MMSE or MOCA</td>
<td>1</td>
<td>R</td>
<td>B</td>
</tr>
<tr>
<td>legal certification forms</td>
<td>1</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>suicide risk assessment</td>
<td>2</td>
<td>R</td>
<td>B</td>
</tr>
</tbody>
</table>

- Total: 9

### Patient Information

<table>
<thead>
<tr>
<th>DATE</th>
<th>REAL?</th>
<th>LEVEL</th>
<th>NOTES</th>
</tr>
</thead>
</table>

### Student

1. Please input all entries into Case Logs on a regular basis.
2. Mid Rotation – Please bring an updated printout of your rotation.
3. End Rotation – Please email an updated printout of your rotation to the Course Director

### Legend

- **Goal** - Number of Encounters/Procedures
- **Real** - "R" - must be a real patient
- **Level of Involvement (Minimum)**
  - A. Observe procedure
  - B. Perform with assistance or assist someone else
  - C. Perform independently
## Mini-ACE – Mini - Assessment of Clinical Encounter

**Trainee:**  
**Level:**  
**Time in Rotation:**  
**Date:**  

<table>
<thead>
<tr>
<th>Clinical Setting</th>
<th>□ Hospital Inpatient</th>
<th>□ Hospital Ambulatory</th>
<th>□ Emergency</th>
<th>□ Community</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Clinical Presentation</th>
<th>Age: _____</th>
<th>Sex: _____</th>
<th>□ First Assessment</th>
<th>□ Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting Complaint:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complexity</th>
<th>□ Low</th>
<th>□ Medium</th>
<th>□ High</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description of Encounter</th>
<th>□ Direct Observation of Encounter</th>
<th>□ Case-based Discussion</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Focus of Assessment (choose one)</th>
<th>□ Delineate Current Symptoms (HPI)</th>
<th>□ Discharge Counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Assess Capacity for Treatment</td>
<td>□ Suicide Risk Assessment</td>
</tr>
<tr>
<td></td>
<td>□ Education for Diagnosis or Treatment</td>
<td>□ Assessment of Violence/Agitation</td>
</tr>
<tr>
<td></td>
<td>□ Cognitive Testing (MOCA/MMSE)</td>
<td>□ Medication Monitoring</td>
</tr>
<tr>
<td></td>
<td>□ Other (describe):</td>
<td>□ Certification of Patient (Assessment &amp; Notice)</td>
</tr>
</tbody>
</table>

## CONSIDER SOME OF THE FOLLOWING DESCRIPTORS WHEN PROVIDING ASSESSMENT & FEEDBACK

<table>
<thead>
<tr>
<th>MEDICAL EXPERT</th>
<th>• factually correct information</th>
<th>• logical use of questions</th>
<th>• follows recognized framework</th>
<th>• elaborates on clinical reasoning</th>
<th>• accurate use of terminology</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COMMUNICATOR</th>
<th>• clarifies patient’s statements</th>
<th>• picks-up and responds to cues</th>
<th>• uses empathy</th>
<th>• explains rationale</th>
<th>• attends to timing</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PROFESSIONAL</th>
<th>• incorporates patient perspective</th>
<th>• respectful communication</th>
<th>• seeks and applies feedback</th>
<th>• identifies limitations</th>
<th>• respects privacy</th>
</tr>
</thead>
</table>

## FEEDBACK ON ENCOUNTER/DISCUSSION

<table>
<thead>
<tr>
<th>Areas of Strength:</th>
<th>Areas for Further Development:</th>
</tr>
</thead>
</table>

Areas of Strength:  
Areas for Further Development:  

<table>
<thead>
<tr>
<th>Agreed Further Action:</th>
<th>Additional Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Review DSM-5 criteria specifically:</td>
<td></td>
</tr>
<tr>
<td>□ Read further about</td>
<td></td>
</tr>
<tr>
<td>□ Repeat encounter in this setting</td>
<td></td>
</tr>
<tr>
<td>□ Attempt with higher complexity patient</td>
<td></td>
</tr>
<tr>
<td>□ Attempt in a new setting</td>
<td></td>
</tr>
<tr>
<td>□ Follow-up with Supervisor for ongoing teaching &amp; exposure</td>
<td></td>
</tr>
</tbody>
</table>
What Students Ask For

*input from students*
What the medical students want from their supervisors?

• Be available (I am available by pager/text)
• Tell students your expectations (I expect you to--)
• Show enthusiasm (we love what we do)
• Excite them about your practice- (recruitment)
• Provide a culture of observation- (interviews)
• Provide feedback- (this is my feedback)
• Know Case log/Syllabus requirements (review)
1. Allocates Time for Teaching
- Schedules special sessions exclusively for students
- Allocates time for teaching during clinical rounds
- Is punctual & available

2. Creates a Climate of Trust, Concern, Responsibility & Curiosity
- Shows an interest in students’ concerns; relates to students as individuals
- Makes students feel they are part of the team
- Promotes the development of students’ individual learning agendas
- Demonstrates enthusiasm about teaching and asks for feedback from students

3. Provides Orientation
- Presents major objectives at the beginning of the rotation
- Identifies clearly your responsibilities regarding patient care

4. Establishes Clinical Credibility
- Demonstrates clinical skill with patients in history taking and mental status
- Demonstrates clinical skill in psychotherapy, clinical psychopharmacology

5. Listens to Case Presentations
- Listens carefully and limits questions
- Uses students’ presentations as a springboard for discussion and analysis

6. Direct Supervision
- Directly observes assessment interviews
- Reviews written notes and chart orders

7. Provides Evaluation
What Our Faculty Ask

*We actually asked them*
What to do when...

- John is not interested. He wants to do surgery.

- What is his interest?
- How to link his interest to Psychiatry?
- How can Psychiatry make him a better physician?
I am concerned...

- John appears to be a weak clerk.

- What are his deficits?
  - Content deficit?
  - Process deficit?

- What is his level of training?
  - 1st vs last block

- Is he aware of your concerns?
John is concerned...

- I gave him a “3” and he tells me that Dr. H said “I did excellent” in the first 3 weeks of the rotation
- Know the mid term evaluation- formative
- Did you speak with Dr. H?
- Get the site director involved
- Speak with John re expectations/setting/objectives of the 2 different rotations
The Interview course ...

- John was busy with his iPad and giggled during the patient interview conducted by another student
- What about eating during the interview course?

- Did you talk about expectations?
- Professionalism issue?
- Do you need to inform his supervisor?
- What is the likely reaction of his fellow student and patient?
John seems overwhelmed...

- There is “so much” to study for and the assessments are hard—everyone says so.

- Limited exposure to Psychiatry in the first 2 years?
- We focus on Content and Process
- We provide feedback on exam by end of week 6
I did not see John enough...

- I did not observe him enough during the rotation - I was away for a conference

- Mid term feedback
- Case log requirements
- Ask the resident*
- Ask the nurse
- Ask the on call staff
- Arrange a 1-2 observed interviews - miniACE
John looks “unwell”

- If you suspect a mental illness or John confides in you...what to do?
  - You are not the therapist
  - You are not the treating MD
  - Ask John if he has help?
  - Ask John if he contacted the Office of Health Professions Student Affairs (OHPSA)?
  - Tell John re: help being available @ UofT
What will happen if...

- I give John a 2
- or professionalism lapse
- or below expectations evaluation?

- Meet face to face
- Get opinion from team or other supervisor (360)
- Try to identify “problem” early on
- Talk to site supervisor
- Student can ask to “talk to someone”
- Student can contest the evaluation
What happens if John fails?

- Clinical
- Written
- Professionalism

- Focused Learning Plan
- Remediation
- BOE decision
- Electives time
- CaRMS deadline
## What if I don’t like my teacher evaluation?

<table>
<thead>
<tr>
<th>Situation</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am disappointed and hurt by my evaluation.</td>
<td>Speak to site director.</td>
</tr>
<tr>
<td></td>
<td>Mentorship for faculty.</td>
</tr>
<tr>
<td></td>
<td>Faculty development for UG.</td>
</tr>
<tr>
<td>I disagree with specific comments or events.</td>
<td>Can document your concerns w your chief, site director.</td>
</tr>
<tr>
<td></td>
<td>Depending on severity of disagreement, see below.</td>
</tr>
<tr>
<td>I believe that this is a retaliatory evaluation by the student as I gave</td>
<td>There is a school based process for evaluations given in bad faith.</td>
</tr>
<tr>
<td>them difficult feedback.</td>
<td>If you suspect that this may happen/has happened, approach site director and/or chief.</td>
</tr>
</tbody>
</table>
Any questions?

- Site Director
- Site Administrator
- Elentra
  - meded.utoronto.ca
- MedSIS.utoronto.ca
- TES- minimum of 3

Carla.Garcia@uhn.ca
Kien.Dang@unityhealth.to
Undergrad.psych@utoronto.ca