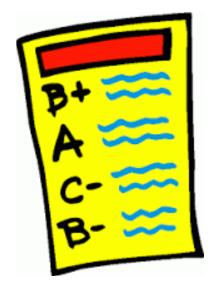
Undergraduate Psychiatry A Guide to Faculty 2021-2022

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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)

MD Program UNIVERSITY OF TORONTO

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
- ¹⁄₂ 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/ at a more convenient time.

ENCOUNTERS	Goal	Real
anxiety disorder/symptoms	2	R
childhood behavioural disorder	1	R
delirium OR dementia	1	R
mood- bipolar mania or bipolar depression	1	R
mood - depression	1	R
personality disorders	1	R
psychotic disorder (NOT schizophrenia)	1	R
schizophrenia	1	R
substance abuse - alcohol or drug	1	R
	10	

PROCEDURES	Goal	Real	Level of Involvem.
assessment of capacity	1		A
assessment of child & family	1		A
assessment of violence/agitation	1		A
ECT	1		A
medication monitoring	1		A
MMSE or MOCA	1	R	В
legal certification forms	1		A
suicide risk assessment	2	R	B
	9		

	Patient Information				
Date	Real?	Notes			

Patient Information			
Date	Real?	Level	Notes

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

Date:

Trainee:		

Level:_____ Time in Rotation:
□ Early
□ Mid
□Late

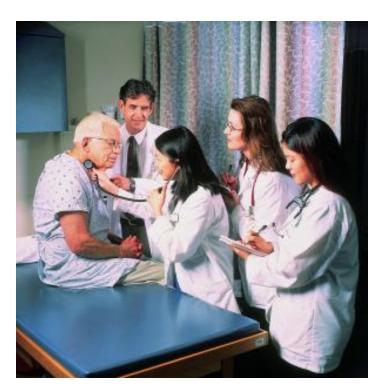
Clinical Setting	Hospital Inpatient Hospital Ambulator	ry Emergency Community
Clinical Presentation	Age: Sex: Presenting Complaint:	First Assessment Follow- up
Complexity	Low Medium	🗆 High
Description of Encounter	Direct Observation of Encounter	Case-based Discussion
Focus of Assessment (choose one)	Delineate Current Symptoms (HPI) Assess Capacity for Treatment Education for Diagnosis or Treatment Cognitive Testing (MOCA/MMSE) Other (describe):	 Discharge Counselling Suicide Risk Assessment Assessment of Violence/Agitation Medication Monitoring Certification of Patient (Assessment & Notice)

CONSIDER SOME OF THE FOLLOWING DESCRIPTORS WHEN PROVIDING ASSESSMENT & FEEDBACK			
MEDICAL EXPERT	COMMUNICATOR	PROFESSIONAL	
 factually correct information 	 clarifies patient's statements 	 incorporates patient perspective 	
 logical use of questions 	 picks-up and responds to cues 	 respectful communication 	
 follows recognized framework 	 uses empathy 	 seeks and applies feedback 	
 elaborates on clinical reasoning 	 explains rationale 	 identifies limitations 	
 accurate use of terminology 	 attends to timing 	 respects privacy 	

FEEDBACK ON ENCOUNTER/DISCUSSION	
Areas of Strength:	Areas for Further Development:
Agreed Further Action:	Additional Comments:
Review DSM-5 criteria specifically:	
Read further about	
Repeat encounter in this setting	
Attempt with higher complexity patient	
Attempt in a new setting	
Follow-up with Supervisor for ongoing teaching & exposure	2

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)



	Unsatisfactor	y Needs Im	provement 2	Okay 3	Good 4	Excellent 5	N/A
1. Allocates Time for Teaching	0	0	-	0	0	0	0
 Schedules special sessions exclusively for studen Allocates time for teaching during clinical rounds Is punctual & available 	ts						
	Uni	satisfactory 1	Needs Improvemen 2	ıt	ay Goo	d Excellent	t N/A
2. Creates a Climate of Trust, Concern, Responsibility & Curiosity	C)	0	0) 🔾	0
 Shows an interest in students' concerns; relates to Makes students feel they are part of the team Promotes the development of students' individual Demonstrates enthusiasm about teaching and ask 	learning agend	as	s				
	Unsatisfactor	y Needs Im	provement 2	Okay 3	Good 4	Excellent 5	N/A
3. Provides Orientation	0	0	-	Ō	0	0	0
 Presents major objectives at the beginning of the Identifies clearly your responsibilities regarding pa 							
	Unsatisfactor	y Needs Im	provement 2	Okay 3	Good 4	Excellent 5	N/A
4. Establishes Clinical Credibility	•	0	-	Õ	Ō	0	0
 Demonstrates clinical skill with patients in history Demonstrates clinical skill in psychotherapy, clinic 							
	Unsatisfactor	y Needs Im	provement 2	Okay 3	Good	Excellent	N/A
5. Listens to Case Presentations	•	0	-	Ő	Ō	0	0
 Listens carefully and limits questions Uses students' presentations as a springboard for discussion and analysis 							
	Unsatisfactor	y Needs Im	provement	Okay	Good	Excellent	N/A

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valuation Form Preview

6. Direct Supervision	1	2	3	4	5 ()	0
 Directly observes assessment interviews Reviews written notes and chart orders 						
	Unsatisfactory 1	Needs Improvement 2	Okay 3	Good 4	Excellent 5	N/A
7. Provides Evaluation	0	0	\bigcirc	\bigcirc	0	\bigcirc

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* \square Ask the nurse \Box Ask the on call staff □ Arrange a 1-2 observed interviewsminiACE



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?

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



Any questions?

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

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