**BASIC PSYCHIATRY INTRODUCTION**

**\* Please note that in spring of 2020 all lectures and small groups sessions will occur via Zoom. You will be provided with a Zoom link that can be used to attend the lectures and small groups.**

Your **Basic Psychiatry** sequence, based on your patient interviews, is integrated with your CVPR, Neuroscience, and DEMS blocks, and will introduce you to people with common psychiatric problems. No matter your specialty choice, most of you will practice psychiatry since much of medicine involves treating people with combined medical and psychiatric issues. For instance, depression, anxiety, and substance use disorders are among the most common medical complaints, and often present in patients with cardiovascular, renal or pulmonary illnesses.

Psychiatric illnesses—which impact how we feel, think, and behave—are brain diseases caused by a combination of genetic vulnerability and life experience. They are among the medical diseases that are the most responsive to treatment. In the past 35 years, psychiatric research has made major strides in the precise diagnosis and successful treatment of these illnesses. At one time, seriously mentally ill people were warehoused in public institutions; today most who suffer from a mental illness—including those that can be extremely debilitating, such as schizophrenia—can be treated effectively and lead full lives.

The term **"mental illness" is misleading** since it implies a false distinction between "mental" and "physical" disorders. The brain influences, and is influenced by, experience. Eric Kandel, psychiatrist, neuroscientist, and Nobel Laureate, outlined five principles for a framework for psychiatry and the neural sciences:

1. All mental processes…derive from operations of the brain.
2. …genes and specifically combinations of genes…exert significant control over behavior… (Therefore) one component contributing to the development of major mental illness is genetic.
3. Altered genes do not…explain all of the variance of a given major mental illness. Social or developmental factors also contribute very importantly…Behavior and social factors exert actions on the brain (and) … learning produces alterations in gene expression…
4. Alterations in gene expression induced by learning give rise to changes in patterns of neural connections…
5. Insofar as psychotherapy or counseling is effective and produces long-term changes in behavior, it presumably does so through learning, by producing changes in gene expression. (Eric Kandel, Am J Psychiatry 155:4, April 1998)

**BASIC PSYCHIATRY - YEARS ONE AND TWO**

We believe learning is enhanced by working with real patients. Since no patient is the same, each group will have different experiences but all groups will have the opportunity to conduct 13 patient interviews in the spring and fall. Therefore, we organized your basic psychiatry curriculum around required group patient interviews in addition to “mini” & regular lectures.

We ask you to utilize our booklet, the **CU MEDICAL STUDENT ASSESSMENT OF COMMON PSYCHIATRIC PROBLEMS,** which includes a description of **THE 30-MINUTE INTERVIEW** plus the **PSYCHIATRIC SCREENS,** throughout your psychiatry curriculum, including during your 3rd-year psychiatric care block.

The General Goals of Basic Psychiatry

1. To practice and begin to master **THE 30-MINUTE INTERVIEW** (e.g. during CVPR with patients with anxiety, depression and with a history of cardiovascular, renal, or pulmonary disease).
2. To learn to observe a patient’s feelings, thinking and behavior and to develop the vocabulary required to discuss the **Mental Status Examination** (MSE)
3. To develop a basic fund of knowledge regarding depression, anxiety and suicide.
4. To utilize **appropriate screens e.g. depression, anxiety and suicide,** examples found in the ***CU MEDICAL STUDENT ASSESSMENT OF COMMON PSYCHIATRIC PROBLEMS.***
5. Ultimately, to conduct such an interview with particular attention paid to:

* the use of **summarizing** during interviews
* identifying why the patient volunteered to be interviewed (the **“why now”** domain)
* risk for **dangerous behaviors** e.g. suicide
* the patient’s **current biggest worry**

1. Be able to describe the presentations, etiologies, treatments of basic psychiatric problems.

Keys to successful groups

1. Commitment to express your ideas in collegial ways
2. An effective group depends on **your participation, so speak up.**
3. Commitment to **independent learning,** as demonstrated in the group discussions.

**Sequence Structure**

15 required group meetings on selected Wednesdays 10:30-11:50, 8-9 students/2 psychiatry faculty).

CVPR Spring, MSI

1. In your first group, outline group expectations, 30-minute interview format, review the Mental Status Examination (MSE) and discuss SOAP note writing.
2. Second group, interview patient with depression, screen for depression. Begin to utilize the 30-minute interview. Group discussion focused on the interview, the experience of interviewing, observations of the patient and the mental status examination.
3. Third group, group discussion about the prior week’s interview and preparatory work for today’s interview. Then interview patient with anxiety & evaluate for symptoms of depression & anxiety. Group discussion focused on this week’s interview, the experience of interviewing, observations of the patient and the mental status examination.
4. Fourth group, group discussion about the prior week’s interview and preparatory work for today’s interview. Then interview patient with cardiovascular, pulmonary or renal disease – evaluate for depression, anxiety, past/current safety concerns. Group discussion focused on this week’s interview, the experience of interviewing, observations of the patient and the mental status examination.

Neuroscience Fall, MSII

5. Interview patient with PTSD.

6. Interview patient and family with autism.

7. Interview patient with dementia or traumatic brain injury (and/or their family).

8. Interview patient with chronic pain.

9. Interview patient with an anxiety disorder.

10. Interview patient with schizophrenia or bipolar illness.

11. Interview patient with schizophrenia or bipolar illness.

12. Interview patient with substance use disorder.

Metabolism Fall, MSII

1. Interview physician who has psychiatric or physical disease.

14. Interview patient with an eating disorder.

15. Final group, time for discussion about the group and 12-step reflections.

**ASSESSMENT OF STUDENT PERFORMANCE**

* Since your group work is critical for your education, at the end of your first four groups, you will provide us with anonymous feedback about your group experience and make suggestions for improvement. See a copy of this form on a separate page.
* You will also receive **formative narrative feedback** about your group work, which is meant to maximize your group experience and, therefore, **will not** become part of your academic file.
* Only a copy of **the final assessment** **of your group** at the end of the Basic Psychiatry Sequence will be sent to the Dean’s Office. You will also be asked to provide us with an anonymous evaluation of your group experience at that time as well.
* The assessment of your group work is based on your participation, your written work, oral presentations and patient interviews. The assessment form outlines the key behavioral anchors that will be assessed.

**SPRING 2020 FEEDBACK OF GROUP LEADER PERFORMANCE**

***THIS FORM WILL BE COMPLETED BY THE STUDENTS ELECTRONICALLY IN NEW INNOVATIONS UPON COMPLETION OF THE FOUR PSYCHIATRY SESSIONS IN THE CVPR BLOCK.***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | To what extent have you been able to express your ideas in a collegial way? | | | | | | | | | |
|  |  | Not at all |  | A little |  | Somewhat |  | Mostly |  | Always |
|  |  | | | | | | | | | |
| 2. | To what extent have you personally been able to promote the work of the group? | | | | | | | | | |
|  |  | Not at all |  | A little |  | Somewhat |  | Mostly |  | Always |
|  |  | | | | | | | | | |
| 3. | What have you done well? | | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | | | |
| 4. | Please comment on any areas you would like to improve. | | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | | | |
| 5. | To what extent did you receive useful feedback? | | | | | | | | | |
|  |  | Not at all |  | A little |  | Somewhat |  | Mostly |  | Always |

6. What would improve the feedback you received?

**SPRING 2020 FEEDBACK OF STUDENT PERFORMANCE**

***THIS WILL BE COMPLETED BY THE GROUP LEADERS ELECTRONICALLY IN NEW INNOVATIONS UPON COMPLETION OF THE FOUR PSYCHIATRY SESSIONS IN THE CVPR BLOCK. SPRING PERFORMANCE FEEDBACK IS FOR STUDENTS ONLY AND WILL NOT BE PART OF THE PERMANENT STUDENT FILE. THE ASSESSMENT AT THE END OF THE BASIC PSYCHIATRY SEQUENCE WILL BECOME PART OF THE STUDENT FILE.***

**1. Please rate the student’s commitment to openly expressing ideas in collegial ways and promoting the work of the group:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Poor** | **Fair** | **Good** | **Very Good** | **Outstanding** |
| Inattentive, does not participate. Comments are terse. |  | Attentive & collegial. Comments add to discussion but are often reiterations of what is already known or has already been said. |  | Effectively facilitates group to expand knowledge and understanding. |

**2. Please rate the quality of the student’s interaction with patients:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Poor** | **Fair** | **Good** | **Very Good** | **Outstanding** |
| Little or no rapport with patients. Doesn’t track/listen to patients, Q & A interview, overlooks key domains. |  | Engages, tracks & listens to patients; **summarizes** to organize interview. Asks relevant questions and elicits MSE information. | Clarifies patient responses while maintaining good rapport. | Able to establish rapport and gather information at the level of a third or fourth year student. |

3. **Please rate the student’s fund of knowledge, clinical reasoning, and commitment to independent learning, as demonstrated in the group discussions and written work:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Poor** | **Fair** | **Good** | **Very Good** | **Outstanding** |
| Little participation; does not come prepared with questions. Demonstrates little desire to expand knowledge base. |  | Actively participates in discussions, but adds little new information/viewpoints. Questions raised and written work tend to reflect more basic level understanding. |  | Consistently raises perspectives/knowledge that lead to the increased understanding of the whole group. Questions raised and written work reflect a deeper understanding in the clinical presentation. |

**4. Please rate the student’s level of professionalism:**

|  |  |  |
| --- | --- | --- |
| **Poor** | **Fair** | **Good** |
| Comes late, or unprepared, or misses sessions. Appears not interested in patients. | Often not prepared. | Arrives on time, prepared, interested and appropriate |

**5. COMMENT ON STUDENT STRENGTHS AND POSSIBLE AREAS FOR IMPROVEMENT:**

**What is your assessment of this student’s overall performance in your group (circle one)?**

**Poor Fair Good Very Good Outstanding**

**BASIC PSYCHIATRY IN CVPR: Depression, Anxiety, Grief, and Suicide**

Depression, suicide, anxiety and grief are clinically connected, often etiologically related, and interact bi-directionally with cardiac, pulmonary and renal disease. For instance, the burden of chronic physical illness is an important risk factor for depression and suicide. The risk of suicide in people with chronic renal disease is similar in magnitude to the suicide risk in other chronic illnesses, such as chronic pulmonary disease and stroke. Depression and anxiety adversely impact morbidity and mortality associated with cardiac, renal and pulmonary disease. (We will cover schizophrenia later, but patients with schizophrenia also have an increased risk of dying from heart disease and suicide when compared with the general population).

Unfortunately, anxiety, depression and suicide are often overlooked and under-treated in all medical settings. While 80% of patients with depression can be effectively treated, less than 50% get the help they need. (Depression and Heart Disease, NIMH Depression Publications No. 02-5004, May 2002). Depression affects 6% of men and 18% of women at any one time. Lifetime risk is 20-25% for women and 7-12% for men. Unipolar depression is the 4th leading cause of early death and disability worldwide. More than half of patients who die by suicide see their doctor in the month before they do it. Panic attacks are often misinterpreted as heart attacks and anxiety disorders are the most common psychiatric diseases in the general population.

In depression, the HPA axis is hyperactive with increased corticotrophin-releasing hormone, reduced function of glucocorticoid receptors and higher cortisol levels following the dexamethasone suppression test. Corticosteroids mobilize FFA causing **endothelial inflammation** and **excessive clotting,** and are associated with HTN, high cholesterol and glucose dysregulation. Endothelial shearing stress can lead to vascular damage and plaque formation. In addition, depressed patients may have excess norepinephrine which can stimulate platelet activity, also contributing to clotting. There is altered autonomic function in depressed patients and decreased heart-rate variability is associated with increased risk of ventricular arrhythmias and sudden death. Decreased heart-rate variability has been observed in people with panic disorder, depression and schizophrenia. Variability is decreased when sympathetic activity overrides parasympathetic influences via the vagus nerve. Depressed patients also have greater BP variation, a predictor of cardiac events. (Kemp DE et al Heart Disease and Depression. Cleveland Clinic Journal of Medicine. Vol 70:9 pp 745-761 Sep 2003)

**GOALS**

**The general goals of Basic Psychiatry are:**

1. To practice and begin to master **THE 30-MINUTE INTERVIEW** (e.g. during CVPR with patients with anxiety, depression and with a history of cardiovascular, renal, or pulmonary disease).

2. To learn to observe a patient’s feelings, thinking and behavior and to develop the vocabulary required to discuss the **Mental Status Examination** (MSE).

3. To develop a basic fund of knowledge regarding depression, anxiety and suicide.

4. To utilize **appropriate screens e.g. depression, anxiety and suicide,** examples found in the ***CU MEDICAL STUDENT ASSESSMENT OF COMMON PSYCHIATRIC PROBLEMS.***

**ORGANIZATION**

25-minute talks, 10:00-10:25 am, on **April 1, 8, 22 and May 6, 2020** followed by patient groups, 10:30-11:50 am. (See syllabus for groups and group leaders.)

Reading assignments for each date are below. Handouts are required reading. Exam questions may be derived from the lecture, Power point presentations or handout materials.

After patient interviews, students participate in group discussions about the interview, the experience of interviewing, observations of the patient and the mental status examination. **Be ready to discuss the interview, at the next meeting.**

**Overview of Procedures for Small Groups in CVPR block 2020.**

**Week 1:**

Introductions.

Review learning objectives.

Set group ground rules and expectations (e.g., What dress is expected for interviewers? Are laptops or other

devices allowed to be used during interview? Respect for confidentiality of interviewees. Being respectful of interviewees/peers during the interviews and group discussions.).

Discuss group procedures (below).

Discuss the importance of observing the patient (not simply listening to what they say), reading patient cues, not rigidly following a pre-set question order but following up on important content provided by the interviewee, use of open-ended vs. closed ended questions based on patient presentation, careful attention to phrasing of questions, discussion of the mental status exam.

Assign students to conduct the CVPR interviews (i.e., Depression, Anxiety and Suicide) and the first two Neuroscience block interviews (i.e., PTSD and Developmental Disorders).

Complete the SOAP note exercise regarding note organization.

**Group procedures starting Week 2:**

**General timing:** Students should arrive promptly following the lecture.

~15-25 minutes – Discussion of last week’s interview and/or preparation of students for today’s interview.

~30-45 minute interview conducted by one student. At the end, the interview is opened to allow other student

questions.

~25 minute discussion of today’s interview.

**General procedures, Interview, SOAP note (note procedures for 4/1 and 4/8 interview differ slightly, see below):**

**Student A** is assigned to conduct the 30-minute interview.

**Student B** is assigned to take written notes during interview, write an MSE/SOAP1 note and submit it to faculty co-leaders by that Friday night. Faculty provide this student written feedback/critiques of the MSE/SOAP note (by Monday evening prior to next small group) and may request that the student provide a revision. **Other students** provide comments on the interview or a reflection about the case by Friday night to the faculty co-leaders. Faculty also share a summary of student reflections with the group (group email) with faculty comments added. At interview 2 student B conducts interview, while student C takes notes and prepares MSE/SOAP, etc.

**Friday night**

Student C prepares MSE/SOAP note and submits the MSE/SOAP note to their faculty by Friday night. Faculty provide written critiques by Monday evening. Other students email reflections about interview by Friday night. Faculty share reflections and added comments with the group.

**Friday night**

Student D prepares MSE/SOAP note and submits the MSE/SOAP note to their faculty by Friday night. Faculty provide written critiques by Monday evening. Other students email reflections about interview by Friday night. Faculty share reflections and added comments with the group.

**Friday night**

Student B prepares MSE/SOAP3 note and submits the MSE/SOAP note to their faculty by Friday night. Faculty provide written critiques by Monday evening. Other students email reflections about interview by Friday night. Faculty share reflections and added comments with the group.

**Wednesday Week 4**

Student B, who prepared the MSE/SOAP from the prior interview,

conducts the 30 minute interview.1

Student C takes notes

**Wednesday Week 5**

Student C, who prepared the MSE/SOAP from the prior interview,

conducts the 30 minute interview.1

Student D takes notes

**Wednesday Week 3**

Student A conducts the 30 minute interview1

Student B takes notes2

Footnotes:

1 Some groups may wish to have the interviewing student remain after the group for a brief period to provide personalized feedback on interviewing. Feedback is essential to fostering learning, but some feedback on strengths and weaknesses of their interview may best be provided in a private setting. Some groups may decide to discuss this within the group setting.

2 All students will submit a SOAP note following the 4/8 group. A single student will be assigned to write the note for each subsequent interview.

3 During the CVPR block we are only interested in students writing and presenting the Subjective and Objective (MSE) sections of the SOAP note. Once the Neuroscience block begins we ask that students complete a full SOAP note.

For students who require more extensive revisions of their written work (MSE/SOAP), the faculty may invite them to provide additional MSE/SOAP notes over the course of the small group.

After your last spring group, students complete anonymous feedback about their group experience. Group leaders complete formative feedback about student performance**.** (See assessment forms in syllabus.)

**GROUP SCHEDULE AND GOALS**

**4/1, Group 1**:

**Read** handouts. Cover sequence organization and expectations, the Mental Status Examination. Outline group goals and the evaluation of psychiatric illness. Groups might also discuss issues of patient confidentiality and group ground rules, e.g. groups are not “therapy” groups, appropriate dress when interviewing, use of electronics during the interviews, etc. Discuss & practice how patient information will be collected using the **30-MINUTE INTERVIEW.**

One student will be scheduled to conduct each interview.

Complete a SOAP note exercise focusing on note organization.

Discuss psychiatric interviewing.

**4/8, Group 2**:

***Depression:*** (read handout)

**Interview patient with depression**. Students will practice the **30-MINUTE INTERVIEW and appropriate screens.** Evaluate for depression. Discuss findings and issues.

**Students will be able to demonstrate knowledge of:**

1. Symptoms/presentation of depression and grief, particularly in medical settings, and be able to differentiate depression from normal grief.
2. Bi-directional relationship of depression & grief with medical illness: cardiac, pulmonary, renal disease, including increased mortality in survivors.
3. Basic etiologies of depression: risk factors, genetics, life experiences, basic neurobiology.
4. Very basic psychotherapeutic and pharmacologic treatments of depression & grief.

Brief discussion about the lecture topic and approach to the interview, prepping the assigned student.

One student conducts the interview. At the end, faculty open the interview for others students to ask questions.

**All students complete a SOAP note** and submit by Friday at midnight. Faculty provided written feedback by the Monday evening prior to the next interview.

**4/22, Group 3**:

***Anxiety*** : (readhandout). Discuss previous interview and MSE. **Interview patient with anxiety.** Practice the **30-MINUTE INTERVIEW and appropriate screens.** Evaluate for depression and anxiety. Discuss findings and issues.

**Students will be able to demonstrate knowledge of:**

1. Symptoms/presentation of anxiety, particularly in medical settings.
2. The relationship of anxiety with depression and impact on pulmonary disease.
3. Basic etiologies of anxiety disorders: risk factors and patient vulnerabilities, genetics, life experiences, stress and basic neurobiology.
4. Very basic psychotherapeutic and pharmacologic treatments of anxiety disorders.

Brief discussion about (1) the prior interview and (2) today’s topic area and approach to the interview, prepping the assigned student.

One student conducts the interview. At the end, faculty open the interview for others students to ask questions.

**One student completes the SOAP note** and submits it to their faculty by Friday night. Faculty provide written feedback by the Monday evening prior to the next interview.

**Other students submit a reflection** on the interview or case to their faculty by Friday night. Faculty collect student reflections and add their own comments and send these materials back to all students (group email) by Monday evening prior to the next interview.

Reflections: We want you to get in the habit of reading relevant material after seeing patients. What might you want to know more about – could you do a quick review (e.g., UpToDate or in PubMed) and submit a relevant abstract or a summary of what you found? We want you to also be thoughtful about the volunteer’s you see and their experiences – what is it like to live with depression? What is their experience with the medical system? What is their experience with their family, co-workers, significant others? How might putting yourself in their shoes impact how you might wish to practice in the future? Think about life patterns – how might you predict this would impact your work with this patient if you were to see them longitudinally? What questions seem unanswered – how might you try to address this in a follow up appointment? How might you have approached asking about a sensitive topic? Considering the interview, what went well and what could have gone better? Why?

**5/6, Group 4**:

***Suicide:*** (**read** handout)

Discuss previous interview and MSE**. Interview patient who has cardiovascular, pulmonary or renal disease.** Practice the **30-MINUTE INTERVIEW and appropriate screens.** Evaluate for depression, anxiety, and suicide. Discuss findings and issues. **Complete MSE and turn in to your group leaders by the Friday after the interview.**

**Students will be able to demonstrate knowledge of:**

1. The epidemiology of suicide, nationally and locally, with an understanding of the risk factors associated with suicide.
2. The symptoms/presentation of suicide, particularly in medical settings.
3. The association of suicide with medical illness: cardiac, pulmonary, renal disease.
4. Basic etiologies of suicide: risk factors and patient vulnerabilities, emotional traits, life experiences, and response to stress
5. Basic approaches to assessing suicidality

Brief discussion about (1) reflections regarding the prior interview and (2) today’s topic area and approach to the interview, prepping the assigned student.

One student conducts the interview. At the end, faculty open the interview for others students to ask questions.

**One student completes the SOAP note** and submits it to their faculty by Friday night. Faculty provide written feedback by the Monday evening prior to the next interview.

**Other students submit a reflection** on the interview or case to their faculty by Friday at midnight. Faculty collect student reflections and add their own comments and send these materials back to all students (group email) by Monday evening prior to the next interview.

During this small group session the faculty co-leaders will insure that a student is assigned to conduct the first interview in the Neuroscience block for your group.

**Professionalism:**

Academic Honesty Statement: Students are expected to adhere to the Honor Code of the University of Colorado School of Medicine which states that students must not lie, cheat, steal, take unfair advantage of others, nor tolerate students who engage in these behaviors. Please check the website for information on the Medical Student Honor Code. <http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/AcademicLife/HonorCouncil/Pages/default.aspx>

Students are also expected to:

Attend all small groups and arrive on time.

Contact the appropriate faculty for all voluntary and involuntary absences (see absences below).

Complete all small group requirements (SOAP note, interviews, reflections, group participation).

Exhibit professional behaviors in the small group interviews.

Attire for small groups: As a student of the University of Colorado Anschutz Medical Campus, you are expected to adhere to appropriate attire in the psychiatry small groups. The student conducting the interview are required to dress professionally (as they would in clinic). All other students are encouraged to avoid casual attire (e.g., crop tops, shorts, flip-flops, open toed shoes, ripped jeans) and professional dress is suggested for all students during interview sessions. Students are encouraged to consider the patient/volunteer perspective in considering their appearance and how this may impact the volunteer’s experience of the small groups.

Absences: As stated in the Medical School White Book:

“Some aspects of a student’s education experience at CUSOM require student participation. Some instructional methods, such as small group discussions, group labs or dissections, or topics, such as interprofessional teamwork, require all students to participate in order for the content (e.g., teamwork, physical exam skills) to be learned. In other words, required student attendance contributes not only to the learner him or herself, but also to creating a learning environment that enables his or her peers’ learning. As a full member of the CUSOM learning community, students are expected to participate in these types of required activities.”

Students may request that an absence be excused by contacting (1) the Associate Dean of the Essentials Core and (2) Dr. Sakai ([joseph.sakai@cuanschutz.edu](mailto:joseph.sakai@cuanschutz.edu)). Once an absence is approved, it is the responsibility of the student to inform their small group faculty.

Please see the following link for details and the relevant excerpts (below): <http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf>

“Possible reasons for requesting an absence include, but are not limited to a healthcare appointment (that could not otherwise be scheduled outside of a required session), religious observance, attendance at the wedding of a close relative, or participation in an academic function (e.g. academic conference). Requests must be presented well in advance, in writing, and reasonable documentation is required.”

“Absences due to an involuntary situation include but are not limited to personal illness or family emergency.”