Psychiatry Clerkship Objectives

Building on knowledge and skills learned during earlier units, (particularly MF5), by the end of this core rotation, the clerk should be able to:

1. Demonstrate knowledge of the clinical features, epidemiology, etiology, diagnosis, differential (including medical), and assessment/management of:

   - Psychotic Disorders
   - Mood Disorders (including in post-partum, seasonal, GMC)
   - Anxiety Disorders
   - Personality Disorders
   - Substance Use Disorders (including concurrent disorders, and screening assessment tools e.g. CAGE, AUDIT, MAST)
   - Geriatric and Cognitive Disorders
     - geriatric age-related mood, psychosis, anxiety disorders
     - Delirium and Dementia
   - Child and Adolescent Psychiatry (pediatric manifestation of common disorders, pediatric treatment issues and their controversies)
     - Neurodevelopmental disorders: intellectual disabilities, autism spectrum disorder, genetic syndromes (e.g. Down, Fragile X, Fetal Alcohol), learning and communication disorders, AD/HD and treatments.
     - Disruptive behaviour disorders (ODD, CD)
     - Mood and anxiety disorders (incl. separation and school anxiety, and DMDD), use of SSRI in pediatric population
     - Eating disorders
     - Key points in assessment of child and family functioning
   - Somatoform disorders
   - Medical Psychiatry
   - Trauma- and stressor-related disorders
   - Amnestic and Dissociative disorders
   - Other: Impulse control disorders, Factitious Disorder and Malingering

2. Employ procedures and clinical skills so as to be able to:

   - Conduct a general interview:
     - learn specific skills that convey empathy
     - take a psychiatric history in an empathic manner that enables the assessment and integration of relevant medical, psychological, and social factors (biopsychosocial model)
     - adapt their interview techniques to deal with common sorts of "special" situations/patients: e.g., children, the elderly, those who don't speak English, those with communication or cognitive problems, use of interpreters, family members for collateral, etc.
     - adapt their interview techniques to deal with common sorts of "challenging" styles: e.g., silent, over-talkative, angry, seductive, suspicious, passive, dependent, defensive, evasive patients, or those who deny they need help
   - Perform a mental status examination of a patient with psychiatric illness
   - Conduct a suicide risk assessment and management
   - Assess and manage violence/agitation/homicidity
   - Assess (including relevant physical exam) and manage substance use
   - Assess and manage acute psychosis
Assess and manage other psychiatric emergencies/crises and acute presentations:
- toxicidromes and withdrawal
- overdoses: e.g. TCA, acetaminophen
- severe drug reactions: NMS, serotonin syndrome, dystonia
- medical conditions with possible psychiatric presentation e.g. catatonia, delirium

Assessment of cognitive deficits (and use of screening instruments e.g. MMSE, MOCA, etc.)

Assess self-care

Assess capacity

Assess a sexual and trauma history

Assess sleep history and provide counselling

Assess the appropriate use of psychotherapy, incorporating knowledge of:
- An overview of psychotherapy (indications, efficacy, impact, types, etc.)
- use of motivational interviewing across disciplines

Propose a preliminary understanding of a patient in a biopsychosocial model including being able to:
- reach reasonable hypotheses about a patient’s pre-morbid personality, coping styles, and their link to the present predicament
- specify relevant medical considerations, including substance and medication misuse
- recognize relevant environmental and social stresses
- describe the level of everyday functioning and realistic goals for improvement

Recommend medication management, monitoring and counselling, including:
- Classes of psychiatric medications and their indications
- Medication counselling: indications, choice, side effects, etc.
- Pre-medication work-up
- Medication monitoring and work-up
- Side effects (blood tests and physical e.g. AIMS)
- metabolic syndromes and monitoring
- Special populations (pediatric, geriatric, pregnancy)
- Acute syndromes/reactions (NMS, dystonia, serotonin syndrome, toxicity)

Assess the appropriateness for ECT and TMS: indications for use, side effects

Demonstrate psychoeducation skills with respect to diagnoses, medications, prognosis, family education

Demonstrate proficiency in documentation and communication in psychiatry

3. Practice non-stigmatizing attitude and advocacy towards those experiencing mental illness in demonstrating:

- Knowledge of indications for referral to psychiatry
- Knowledge of legal issues, the Mental Health Act and when to invoke it, including issues related to:
  - risk to self and others, obligatory reporting
  - use of Legal Certification Forms under the Mental Health Act
  - duty to warn, exceptions to requirement for consent
  - role of Community Treatment Orders (CTO)
  - capacity and informed consent, right to refuse treatment, exceptions to requirement for consent
- Knowledge of the determinants of health and outcomes in mental illness (e.g. poverty, immigration, cultural factors)
- Knowledge of social interventions and resources
  - Demonstrate understanding of the health care provider’s role in patient advocacy
  - Finding and working with social agencies (e.g. shelters, food banks, CMHA, substance use resources, CAS/FACS, etc.)
  - Understanding indications for OW and ODSP
- Knowledge of the impact of stigma of mental illness upon patients, and society, and the role of advocacy