BASIC PSYCHIATRY INTRODUCTION

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, substance use disorders, and sleep difficulties are among the most common medical complaints, and often present in patients with cardiac, 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 which 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. Once, 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 14 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. You will complete a write-up after each interview.

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 psychiatry 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 describe your patient’s feeling, thinking and behavior, and summarize your findings in the Mental Status Examination
3. Utilize appropriate screens e.g. depression, anxiety and suicide found in the CU MEDICAL STUDENT ASSESSMENT OF COMMON PSYCHIATRIC PROBLEMS;
4. Ultimately, to conduct such an interview with particular attention paid to:
   - the **eight domains** of the psychiatric evaluation
   - 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**

5. Be able to describe the presentations, etiologies, treatments of basic psychiatric problems AND their relationship to medical illness.

**Keys to successful groups**

- Commitment to express your ideas in **collegial** ways
- An effective group depends on your participation, so speak up,
- Commitment to **independent learning**, as demonstrated in your SOAP notes.

**Sequence Structure**

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

No matter who does the interview, all students complete and turn in a write-up after each patient interview. Your group leaders will give you feedback on your work.

**CVPR Spring, MS1**

1. In your first group, outline group expectations, 30-minute interview format and the Mental Status Examination (MSE)
2. Second group, interview patient with depression, screen for depression. Begin to utilize the 30-minute interview. Complete the MSE.
3. Third group, interview patient with anxiety & evaluate for symptoms of depression & anxiety, specifically panic. Complete the MSE.
4. Fourth group, interview patient with cardiovascular, pulmonary or renal disease – evaluate for depression, anxiety, suicide. Complete the MSE.

**Neuroscience Fall, MSII**

5. Interview patient with PTSD.
6. Interview patient and family with autism.
7. Interview patient with dementia (and/or their family).
8. Interview patient with chronic pain.
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**

13. Interview physician who has psychiatric or physical disease.
15. Interview patient with thyroid disorder.
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 below.

- You will also receive formative feedback about your group work which is meant to maximize your group experience and this will not become part of your academic file.

- Only a copy of the final assessment of your group and cognitive performance 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, patient interviews, and your write-ups. The assessment form below outlines the key behavioral anchors that will be assessed.

- In addition to an evaluation of your group work, your final assessment will contain a cognitive portion based on your performance on the psychiatry questions included on your regular block examinations (In year one, most of the questions will come from the “Pearls and Pitfalls” sections of your handouts) plus your performance on the NBME Behavioral Science “shelf” exam, which you will take in December 2012.