Course Report: Introduction to Clinical Psychiatry

MSEC Meeting June 7th, 2011
Preface

Brief History:
- Assigned task of ICP course director in May 2010

Directed to redesign course
- Process
  - Reviewed 2008-10 ICP student course feedback
  - Reviewed course materials 2008-10 ICP
Key Points to Student Feedback:

- Need a text
- All lecture power points should be available/posted to D2L
- Need more emphasis on information covered on Behavioral Science Subject Exam re Psychiatry portion, and more coverage of core concepts
- Need to be clear that shelf is on Behavioral Science and not Clinical Psychiatry
- Course Director needs to be present at all lectures to facilitate relevant test question generation
- Course Director needs to be accessible
- Course needs to be organized
- Too much “caving” to student pressure to “throw out” test questions
- Need more quizzes and or tests—not just a midterm and a final
Organization:

- **Clinical Faculty:**
  - Martha Bird, M.D.
  - Norman Moore, M.D.
  - Merry Miller, M.D.
  - Ramsey McGowen, Ph.D.
  - Steve Shulruff, M.D.
  - Will Dalton, Ph.D.
  - Julie Culligan, Ph.D.
  - Jamison Hirsch, Ph.D.

- **Course Director, Lecturer**
  - Lecturer
  - Lecturer
  - Lecturer
  - Lecturer
  - Lecturer
Organization

- Clinical Faculty:
  - Paul Kelley, M.D.
  - William Finger, Ph.D.
  - Heidi Vermette, M.D.
  - Steve Smith, Ph.D.
  - Pramod Shah, M.D.
  - Tom Schact, Ph.D.
  - Lecturer
  - Lecturer
  - Lecturer
  - Lecturer
  - Lecturer
1. Objectives

By the end of this course, the student will be able to:

- Describe and employ the DSM-IV-TR multi-axial diagnostic system when presented with a clinical case vignette
- Demonstrate familiarity with the basics of a psychiatric interview including the importance of thorough history taking and with the components of the mental status examination
- Recognize the symptoms of the major mental illnesses and their treatment (both psychotherapeutic and biologic), and be able to employ that knowledge to develop a differential diagnosis and treatment plan as applied to clinical case vignettes
1. Objectives Continued (2)

- Identify the key role that life stressors and dysfunctional thoughts/behaviors play in the development and maintenance of physical and mental health conditions, and apply that knowledge to determine intervention/communication strategies as applied to clinical vignettes.

- Apply principles of effective communication/crisis intervention strategies when applied to clinical vignettes.

- Demonstrate familiarity with communication styles/skills that can be utilized to either enhance or minimize patients motivation to change unhealthy behaviors as applied to clinical vignettes.
1. Objectives Continued (3)

- Integrate developmental, social, environmental, and biological history into a cohesive whole to aide in better understanding the myriad of factors which profoundly affect patient care and outcome as applied to clinical vignettes.
- Function comfortably and knowledgably in future practice with individuals with mental illness.
- Perform satisfactorily on Psychiatry-related items on USMLE Step 1.
2. Core Content

- Content divided as follows:
  - Review of DSM-IV TR, psychiatric assessment, mental status exam
  - Major mental illnesses including:
    - Delirium/Dementias
    - Eating Disorders
    - Personality Disorders
    - Child Psychiatric Disorders
    - Somatoform Disorders
    - Sexual Dysfunction
    - Anxiety Disorders
    - Depressive Disorders
2. Core Content Continued (2)

- Major Mental Illnesses Continued:
  - Bipolar Disorder
  - Psychoses
  - Impulse Control Disorders
  - Alcohol Abuse/Dependence
  - Other Drugs of Abuse/Dependence

- The Stress Response
- Behavioral Medicine
- Obesity
- Suicide
- The Psychotherapies
- Motivational Interviewing
3. Teaching Methods

- Text Book
- Journal articles on several lecture topics about which the text was less thorough/insufficient
- DSM-IV TR Criteria Referenced
- Lecture Power Points
- Live patient interviews
- Video’s of live or simulated patients
- Quiz/test Study Guides
4. Evaluation Methods

- **Total of five quizzes/exams**
  - One 30-40 minute quiz following every 6-8 lectures
    - 25 questions each
    - Multiple choice
    - Primarily clinical vignettes
  - One 2 hour comprehensive final
    - 75 questions
    - Multiple choice
    - Primarily clinical vignettes
- **NBME Behavioral Science Subject Exam**
5. Grading Structure

- **Quizzes**: 15% each (45% of total grade)

- **Comprehensive Final Exam**: 55%

- **Perfect Attendance**: 1% to final grade (Attendance taken)

- **NBME Behavioral Science Subject Exam**: 2% added to final grade for score at or above the 50th% as per NBME national norms)
5. Grading Structure Continued (2)

- **Extra credit out of class learning activities**: 1.5-2% added to final score on quizzes or final exam (attendance taken)

- **Grading Scale**:
  - 89.5% and above: A
  - 79.5% and above: B
  - 69.5% and above: C
  - Less than 69.5%: F
Re NBME Behavioral Science Subject Exam:

- Per the NBME, in 2003 this exam consisted of the following topics with the amount of focus as follows:
  - Psychological & social factors influencing patient behavior: 5-10%
  - Patient interviewing, consultation, & interactions with the family: 10-15%
  - Medical ethics, jurisprudence, & professional behavior: 5-10%
  - Progression through life cycle: 1-5%
  - Nutrition including vitamin deficiencies & eating disorders: 1-5%
  - Central & peripheral nervous system: 50-55%
Re NBME Behavioral Science Subject Exam (2):

- Normal processes (brain stem, brain, motor systems, autonomic nervous systems): 5-10%
- Psychopathologic disorders: 30-40%
- Principles of therapy & pharmacodynamic general principles: 5-10%
- Gender, ethnic, & behavioral considerations affecting disease treatment & prevention (including psychosocial, cultural, occupational, & environmental): 5-10%

- The majority of the above topics are covered in various MS1 & MS2 classes that comprise the Behavioral Sciences. Additionally, NBME expects that some of the topics eg CNS & PNS are embedded from other non-behavioral science classes. As my class is not exclusively or even predominantly tested on this exam, I required the exam but the score could only help and not hurt a students grade.
My Overall Evaluation of this Course is: 4.7
### 6. Summary of Student Feedback

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<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tr>
<td>- Generally high quality and interesting guest lecturers (especially Dr.’s McGowen &amp; Vermette)</td>
<td>- Too many guest lecturers such that overarching themes connecting the different topics were sometimes lost</td>
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<td>- Prefer more lectures by Dr. Bird</td>
<td>- Need to better align objectives of the guest lecturers with the course objectives</td>
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<td>- Study guides very useful</td>
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<td>- Material covered thorough and relevant for shelf exam</td>
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## Summary of Student Feedback (2)

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<tbody>
<tr>
<td>▶ Extra credit options helpful to grade and relevant to becoming a more knowledgeable clinician</td>
<td>▶ Hard to develop a “flow” to course due to multiple guest lecturers</td>
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<td>▶ Overall good textbook</td>
<td>▶ Better coordinate timing of tests between other MS2 classes</td>
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<td>▶ Too difficult or detailed quiz questions</td>
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6. Summary of Student Feedback (3)

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<td>Course director very accommodating to students and made appropriate changes through the year based on student feedback</td>
<td>Pass around sign in sheet instead of “roll call” for attendance</td>
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<td>Have longer quizzes and essentially make them a test; have more block tests (at least 4 of them) and then a comprehensive final to facilitate learning and help improve grades</td>
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Summary of Student Performance

Quiz 1 | Quiz 2 | Quiz 3 | Final Exam | Final Average
---|---|---|---|---
A | A | A | A | A
B | B | B | B | B
C | C | C | C | C
D | D | D | D | D
F | F | F | F | F

Number of Students

Quiz 1: 17 A, 10 B, 2 C, 4 D, 0 F
Quiz 2: 21 A, 19 B, 20 C, 1 D, 1 F
Quiz 3: 23 A, 27 B, 11 C, 1 D, 1 F
Final Exam: 46 A, 11 B, 11 C, 5 D, 1 F
Final Average: 33 A, 24 B, 6 C, 0 D, 0 F
Plans for Change

- Sign in sheet for roll (needed to document attendance for extra credit for perfect attendance)
- One “give-me” unexcused absence allowed and can still qualify for extra credit for perfect attendance
- Study guide for all lectures to be issued earlier, and to better reinforce main objectives to be mastered
- More lectures by me
- More guidance to guest lecturers re objectives for class
- More “hands-on” learning activities to coordinate with lectures
Plans for Change (2)

- Consider change to 4 tests and a final (versus 3 quizzes and a final)
- Better coordinate timing of testing with other MS2 Classes
Thanks

I appreciate the extensive, timely, and always graciously given help of three QCOM faculty members:

- Dr. Ramsey McGowen
- Dr. Michelle Duffourc
- Dr. John Kalbfleisch

Thanks for your kind words, moral and technical support, wisdom, and humor—it was invaluable