

# Psychiatry Clinical Appointment – 4<sup>th</sup> year – Kandy Time Table *(From 03-03-2014 to 29-03-2014)*

## Batch of 2009/10 – Group 6

### Week 01

Monday 03-03-2014	Tuesday 04-03-2014	Wednesday 05-03-2014	Thursday 06-03-2014	Friday 07-03-2014	Saturday 08-03-2014
<b>Introduction to appointment</b> 8.00am-8.30am Dr. GSSRD (A), (B), (C), (D)	<b>Introduction to Signs and Symptoms in Psychiatry</b> 8.00am-11.00am  Dr. PG  (A), (B), (C), (D)	<b>Aspects of MSE - General appearance</b> 8.00am-9.00am (A), (B), (C), (D)	<b>Aspects of MSE - Speech</b> 8.00am-9.00am (A), (B), (C), (D)	<b>Aspects of MSE - Mood</b> 8.00am-9.00am (A), (B), (C), (D)	<b>Aspects of MSE - Thought</b> 8.00am-9.00am (A), (B), (C), (D)
<b>Introduction to Psychiatry</b> 8.30am-9.00am Dr. GSSRD  (A), (B), (C), (D)		<b>Ward work</b> Dr.WALW 9.00am-12noon (B)	<b>Ward work</b> Dr.WALW 9.00am-12noon (B)	<b>Ward work</b> Dr.WALW 9.00am-12noon (A)	<b>Ward work</b> Dr.WALW 9.00am-12noon (A), (B)
		<b>Adult Clinic - THK</b> Dr. WALW 9.00am-12noon (A)	<b>ECT</b> (B)-4, (C)-4	<b>Adult Clinic - THK</b> Dr. WALW 9.00am-12noon (B)	<b>ECT</b> (A)-4, (D)-4
			<b>Day Centre</b>  (A)		<b>Day Centre</b>  (C)
<b>Bio Psychosocial model of Disease</b> 9.00am-9.45am <u>Ref 2</u> Dr. GSSRD (A), (B), (C), (D) Tea Break (9.45am - 10.00am)		<b>Ward Work</b> Dr. SA 9.00am-12noon (D)	<b>Ward Work</b> Dr. SA 9.00am-12noon (C)	<b>Ward Work</b> Dr. SA 9.00am-12noon (C)	<b>Ward Work</b> Dr. SA 9.00am-12noon (D)
		<b>Ward Round</b> Dr. SA 9.00am-12noon (C)	<b>Ward Round</b> Dr. SA 9.00am-12noon (D)	<b>Child Clinic –</b> Dr. SA <i>Sirimavo BSCH</i> 9.00am-12noon (D)	
		<b>History taking</b> 10.00am-12noon <u>Ref 1</u> Dr. TR  (A), (B), (C), (D)	<b>Shadow HO</b> (B)-1 (D)-1	<b>Shadow HO</b> (B)-2 (C)-1	

**Week 02**

<b>Monday</b> <i>10-03-2014</i>	<b>Tuesday</b> <i>11-03-2014</i>	<b>Wednesday</b> <i>12-03-2014</i>	<b>Thursday</b> <i>13-03-2014</i>	<b>Friday</b> <i>14-03-2014</i>	<b>Saturday</b> <i>15-03-2014</i>
<b>Aspects of MSE – Abnormal thought</b> 8.00am-9.00am (A), (B), (C), (D)	<b>Aspects of MSE - Perception</b> 8.00am-9.00am (A), (B), (C), (D)	<b>Aspects of MSE – Cognitive Function</b> 8.00am-9.00am (A), (B), (C), (D)	<b>Aspects of MSE - Insight/Judgment</b> 8.00am-9.00am (A), (B), (C), (D)	<b>Relevant Physical Examination</b> 8.00am-9.00am (A), (B), (C), (D)	<b>MSE Revisited</b> 8.00am-9.00am (A), (B), (C), (D)
<b>Ward work</b> Dr.WALW 9.00am-12noon (A)	<b>Ward work</b> Dr.WALW 9.00am-12noon (B)	<b>Ward work</b> Dr.WALW 9.00am-12noon (A)	<b>Ward work</b> Dr.WALW 9.00am-12noon (A)	<b>Ward work</b> Dr.WALW 9.00am-12noon (B)	<b>Ward work</b> Dr.WALW 9.00am-12noon (A), (B)
<b>Ward Round</b> Dr. WALW 9.00am-12noon (B)	<b>Ward Round</b> Dr. WALW 9.00am-12noon (A)	<b>Adult Clinic - THK</b> Dr. WALW 9.00am-12noon (B)	<b>ECT</b> (A)-3, (D)-3	<b>Adult Clinic - THK</b> Dr. WALW 9.00am-12noon (A)	<b>ECT</b> (B)-3, (C)-3
			<b>Day Centre</b>  (B)		<b>Day Centre</b>  (D)
<b>Ward Work</b> Dr. SA 9.00am-12noon (C), (D)	<b>Ward Work</b> Dr. SA 9.00am-12noon (D)	<b>Ward Work</b> Dr. SA 9.00am-12noon (C)	<b>Ward Work</b> Dr. SA 9.00am-12noon (D)	<b>Ward Work</b> Dr. SA 9.00am-12noon (D)	<b>Ward Work</b> Dr. SA 9.00am-12noon (C)
<b>ECT</b>  (A)-2, (C)-2	<b>Adult Clinic – THK</b> Dr. SA 9.00am-12noon (C)	<b>Ward Round</b> Dr. SA 9.00am-12noon (D)	<b>Ward Round</b> Dr. SA 9.00am-12noon (C)	<b>Child Clinic –</b> Dr.SA <i>Sirimavo BSCH</i> 9.00am-12noon (C)	
<b>Shadow HO</b> (A)-3 (C)-3	<b>Shadow HO</b> (B)-3 (D)-3	<b>Shadow HO</b> (A)-4 (C)-4	<b>Shadow HO</b> (A)-1 (D)-4	<b>Shadow HO</b> (B)-4 (D)-1	

**Week 03**

<b>Monday</b> <i>17-03-2014</i>	<b>Tuesday</b> <i>18-03-2014</i>	<b>Wednesday</b> <i>19-03-2014</i>	<b>Thursday</b> <i>20-03-2014</i>	<b>Friday</b> <i>21-03-2014</i>	<b>Saturday</b> <i>22-03-2014</i>
<b>Depression</b> 8.00am-9.00am <u>Ref 3</u> (A), (B), (C), (D)	<b>Bipolar Affective Disorder</b> 8.00am-9.00am <u>Ref 4</u> (A), (B), (C), (D)	<b>Suicidal Risk Assessment</b> 8.00am-9.00am <u>Ref 3</u> (A), (B), (C), (D)	<b>Alcohol Dependence</b> 8.00am-9.00am <u>Ref 5</u> (A), (B), (C), (D)	<b>Anxiety Disorders</b> 8.00am-9.00am <u>Ref 8</u> (A), (B), (C), (D)	<b>Schizophrenia</b> 8.00am-9.00am <u>Ref 10</u> (A), (B), (C), (D)
<b>Ward work</b> Dr.WALW 9.00am-12noon (D)	<b>Ward work</b> Dr.WALW 9.00am-12noon (C)	<b>Ward work</b> Dr.WALW 9.00am-12noon (D)	<b>Ward work</b> Dr.WALW 9.00am-12noon (D)	<b>Ward work</b> Dr.WALW 9.00am-12noon (C)	<b>Ward work</b> Dr.WALW 9.00am-12noon (C), (D)
<b>Ward Round</b> Dr. WALW 9.00am-12noon (C)	<b>Ward Round</b> Dr. WALW 9.00am-12noon (D)	<b>Adult Clinic - THK</b> Dr. WALW 9.00am-12noon (C)	<b>ECT</b> (A)-1, (D)-2	<b>Adult Clinic - THK</b> Dr. WALW 9.00am-12noon (D)	<b>ECT</b> (C)-1, (B)-2
			<b>Day Centre</b>  (C)		<b>Day Centre</b>  (A)
<b>Ward Work</b> Dr. SA 9.00am-12noon (A), (B)	<b>Ward Work</b> Dr. SA 9.00am-12noon (A)	<b>Ward Work</b> Dr. SA 9.00am-12noon (B)	<b>Ward Work</b> Dr. SA 9.00am-12noon (A)	<b>Ward Work</b> Dr. SA 9.00am-12noon (A)	<b>Ward Work</b> Dr. SA 9.00am-12noon (B)
<b>ECT</b>  (B)-1, (D)-1	<b>Adult Clinic – THK</b> Dr. SA 9.00am-12noon (B)	<b>Ward Round</b> Dr. SA 9.00am-12noon (A)	<b>Ward Round</b> Dr. SA 9.00am-12noon (B)	<b>Child Clinic –</b> Dr. SA <i>Sirimavo BSCH</i> 9.00am-12noon (B)	
<b>Shadow HO</b> (D)-2 (B)-2	<b>Shadow HO</b> (C)-2 (A)-2	<b>Shadow HO</b> (D)-3 (B)-3	<b>Shadow HO</b> (D)-4 (A)-3	<b>Shadow HO</b> (C)-3 (A)-4	

**Week 04**

Monday 24-03-2014	Tuesday 25-03-2014	Wednesday 26-03-2014	Thursday 27-03-2014	Friday 28-03-2014	Saturday 29-03-2014
<b>Case Presentation on Depression</b> 8.00am-9.00am (A), (B), (C), (D)	<b>Case Presentation on Bipolar Affective Disorder</b> 8.00am-9.00am (A), (B), (C), (D)	<b>Case presentation on Alcohol Dependence</b> 8.00am-9.00am (A), (B), (C), (D)	<b>Case Presentation on Dementia</b> 8.00am-9.00am (A), (B), (C), (D)	<b>Case Presentation on Anxiety Disorders</b> 8.00am-9.00am (A), (B), (C), (D)	<b>Formative Evaluation</b>
<b>Ward work</b> Dr.WALW 9.00am-12noon (C)	<b>Ward work</b> Dr.WALW 9.00am-12noon (D)	<b>Ward work</b> Dr.WALW 9.00am-12noon (C)	<b>Ward work</b> Dr.WALW 9.00am-12noon (C)	<b>Ward work</b> Dr.WALW 9.00am-12noon (D)	
<b>Ward Round</b> Dr. WALW 9.00am-12noon (D)	<b>Ward Round</b> Dr. WALW 9.00am-12noon (C)	<b>Adult Clinic - THK</b> Dr. WALW 9.00am-12noon (D)	<b>ECT</b> (B)-4, (C)-2	<b>Adult Clinic - THK</b> Dr. WALW 9.00am-12noon (C)	
			<b>Day Centre</b>  (D)		
<b>Ward Work</b> Dr. SA 9.00am-12noon (A), (B)	<b>Ward Work</b> Dr. SA 9.00am-12noon (B)	<b>Ward Work</b> Dr. SA 9.00am-12noon (A)	<b>Ward Work</b> Dr. SA 9.00am-12noon (B)	<b>Ward Work</b> Dr. SA 9.00am-12noon (B)	
<b>ECT</b>  (A)-4, (C)-4	<b>Adult Clinic – THK</b> Dr. SA 9.00am-12noon (A)	<b>Ward Round</b> Dr. SA 9.00am-12noon (B)	<b>Ward Round</b> Dr. SA 9.00am-12noon (A)	<b>Child Clinic –</b> Dr. SA <i>Sirimavo BSCH</i> 9.00am-12noon (A)	
<b>Shadow HO</b> (C)-1 (A)-1	<b>Shadow HO</b> (D)-1 (B)-1	<b>Shadow HO</b> (C)-2 (A)-2	<b>Shadow HO</b> (C)-3 (B)-2	<b>Shadow HO</b> (D)-2 (B)-3	

**Objectives for the first clinical appointment.**

**By the end of the first clinical appointment the student should be able to,**

1. Demonstrate that he/she can take a psychiatric history and perform a mental state examination on patients.

In the mental state examination, the student should focus on developing skills to recognize psychopathology in the following areas,

- Speech- Flight of ideas, Pressure of speech
- Mood- Anxiety, Depressed mood, Elated mood, Irritable mood, Euthymic mood, Reactive vs. Non-reactive mood
- Thought content – Delusions, Overvalued ideas and Obsessions
- Thought form
- Perceptual abnormalities – Hallucinations, Illusions, Imagery
- Orientation and cognitive functions
- Insight

Demonstrate the following while interviewing and interacting with patients,

- a. Good communication and interviewing skills
- b. Empathy towards patients
- c. Respect of patient's rights
- d. Ability to take informed consent for medical procedures
- e. Ability to maintain patient confidentiality appropriately

2. Describe the 'Bio psychosocial model' of disease. Describe how psychiatric diseases have both physical and psychological aspects.

3. Describe the,

- Aetiology of depression
- Be able to list the ICD-10 criteria for diagnosis of depression
- Demonstrate the ability to diagnose depression
- Demonstrate the ability to assess risk of suicide in a patient with depression

4. Regarding bipolar affective disorder,

- Describe the clinical features of bipolar affective disorder
- Demonstrate the ability to diagnose a manic episode
- To be able to list common causes for relapse in patients with bipolar effective disorder

5. Demonstrate the ability to do the following tasks (Regarding substance use):

- List the substances commonly misused in this country.
- Be able to give advice regarding low-risk level (safe level) of alcohol use.
- Obtain and document information regarding alcohol/other substance use
- Define the terms Problem drinking, Alcohol misuse and Alcohol dependency.
- Clinically diagnose binge drinking, alcohol misuse, alcohol dependency and acute alcohol withdrawal syndrome.
- Be able to discuss the aetiological factors that contribute towards alcohol dependency.
- Describe how depression maybe associated with alcohol misuse/dependency

6. Regarding delirium,

- Demonstrate ability to diagnose delirium (according to ICD 10 criteria)
- List the common causes of, and common clinical presentations of delirium

7. Regarding dementia,

- Define the term dementia
- Should be able to describe the common problems faced by family/ care-givers looking after a patient with dementia

8. Regarding anxiety disorders,

- Demonstrate the ability to diagnose the main anxiety disorders (Generalized anxiety disorder, Panic disorder, Social phobia and Obsessive compulsive disorder) according to ICD 10 diagnostic criteria

9. Regarding stress,

- Explain the term stress. Discuss the nature of stress in Sri Lanka.
- List the disorders caused by stress.

10. Regarding schizophrenia,

- List the ICD10 diagnostic criteria for schizophrenia.
- Describe the clinical features of schizophrenia, using 1<sup>st</sup> rank symptoms.
- Demonstrate the ability to clinically detect patients with schizophrenia

11. List the common postpartum disorders. Describe the clinical features of maternal blues, postpartum depression and postpartum psychosis.

12. Demonstrate ability to discuss why patients with psychiatric illness may have poor treatment compliance and poor engagement with psychiatric services. The student should be able to demonstrate a knowledge of how stigma and cultural attitudes and practices may affect attitudes of patient and family.

13. List common psychiatric disorders in Sri Lanka.

14 Risk assessments - Suicide, Homicide

15 Liaison Psychiatry