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Teaching Psychiatric Principles to Pre-Clinical PA Students

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Goals for this Spotlight Session

- Share Northwestern University Feinberg School of Medicine PA Program approach to teaching the psychiatric assessment principles.
- Identify key elements of psychiatric assessment that may be incorporated in the preclinical year education.
- Observe examples of educational methodologies and resources that are useful in teaching psychiatric assessment.
- Compare/contrast your own pre-clinical year curricula with this and with others.
- Allow you to adapt educational methodologies and resources shared during this session.



Preparing Future PAs for Psychiatry, Mental and Behavioral Health Roles

- Overarching Principles
 - ARC-PA standards
 - PANCE Blueprint
 - PA Competencies
 - Public policy
- Role of PA Educators
 - Selecting curriculum content
 - Designing curriculum
 - Assessing students
 - Assessing and improving curriculum



One Call to Action

Psychosocial Issues in Primary Care Physician Assistant

- Rationale: *Practice: A Descriptive Study*
Designing a psychosocial issues PA curriculum presents challenges
- Purpose
Examine frequency of psychosocial issues seen in primary care PA practice and PAs' response to these issues
- Method:
Randomly selected primary care PAs logged information regarding psychosocial issues encountered in visits and referrals made
- Results: 1270 primary care visits
 - 67.8% included one psychosocial issue
 - PAs provided help in response to 93.2% psychosocial issues
 - PAs referred 250, 000 patients to specialists for evaluation/treatment
- Conclusions:
PA educators must prepare PAs to manage patients' psychosocial issues and should offer students educational experiences to prepare them to perform essential clinical tasks in response to patients' psychosocial issues.

Ref: Kilgore, C, et al, Psychosocial Issues in Primary Care Physician Assistant Practice: A Descriptive Study. J Physician Assist Educ 2008;19(4):4-13.

Pre-clinical Year Curriculum

- Problem-Based/Team-based learning

- communication
- problem-solving
- critical thinking
- collaboration
- self-directed learning

- Organ-based systems

- Student plays an **active role** in the learning process



Pre-clinical Year Courses

	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Pre-clinical Year	Patient Assessment I			Patient Assessment II			Patient Assessment III					
	Behavioral/Preventive Medicine I			Behavioral/Preventive Medicine II			Behavioral/Preventive Medicine III					
	Pharmacotherapeutics I			Pharmacotherapeutics II			Pharmacotherapeutics III					
	Basic Science I			Basic Science II			Basic Science III					
	Clinical Lab Medicine I			Clinical Lab Medicine II			Clinical Lab Medicine III					
	Clinical Medicine I			Clinical Medicine II			Clinical Medicine III					
	Problem-Based Learning			Problem-Based Learning			Problem-Based Learning					
	Preparing Future PAs			Bioethics			Medical Spanish					
				Mastering Medical Information					Pre-Clinical Year Prep			

Semester 1	Semester 2	Semester 3
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Hematology	GU/Renal	Neurology/Ophthalmology
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Pulmonary/ENT	Endocrine	Psychiatry
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Cardiology	Reproductive	Dermatology/Infectious Disease
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GI/Nutrition	Musculoskeletal	Emergency Med/Clinical Skills
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Patient Assessment Schedule

3/5/2013	The Psychiatric Assessment (part 1)
3/18/2013	Gran Torino - Film Monday
3/19/2013	Psychiatric Interview of Standardized Patient Demonstration by Gaurava Agarwal, MD Director of Medical Student Education Feinberg School of Medicine
3/20/2013	Psychiatric Assessment (part 2) Patient Behaviors and Speech Multiaxial Assessment In-class Activity BATHE revisited Psychiatric Interview Video
3/26/2013	Sub-unit Quiz (10 points--MCQ and Short Answer) Hand-In Assignments Communicating Bad News Workshop with Patient Instructors

Other Psychiatric Content

Clinical Medicine III and PBL Cases

Clinical Medicine III

PBL	3 cases with DXR	weekly
Anxiety disorders	Jackie Gollan, PhD	2/25
Personality disorders	Larry Goldman, MD	3/6
Disordered Eating	Roseann Adams, LCSW	3/12
Psychotic disorders	Kara Brown, MD; Megan Pirigyi, MD	3/14
Bipolar disorder	Pedro Dago, MD	3/25
Mood disorders	Anthony Archer, DO; Jackie Landess, MD	3/25
Somatization	Gary Martin, MD	3/25
Suicide assessment/prevention	NU Counseling and Psychological Services (CAPS)	4/25



Patient Assessment Syllabus

Student Evaluation	Dates	Points
Sub-unit Quiz	March 26	10
Session Participation	March 5, 18, 19, 20 and 26	10
Written Assignment Psych Interview from videotaped patient to be shown on March 20 Assignment details posted on Blackboard	March 26 (start of class)	10
Sub-Unit Quiz Converted to homework assignment: Multiaxial Documentation Exercise Assignment details posted on Blackboard	March 26 (start of class)	5
Unit 5 MCQ Exam (20 items@1.5 pts. ea.)	March 27	30
Professionalism	Assessed Each Session	10
	TOTAL:	75 points

Psychiatric Assessment

Teach it

Try it

Test it



Learning Goals

Teach it--Knowledge

- DSM IV-TR
 - What it is
 - How it is used
 - Categories of conditions
- Psychiatric interview
- Mental status examination
- Multiaxial assessment process

Try it--Skills

- Patient-centered communication techniques
- Cognitive assessment
 - Practice using MoCA
- Multiaxial assessment
 - In class activities
 - “Cinemeducation”
- Psychiatric interviews demonstrations
 - Live, on-line, videos



Learning Goals

Test it--Assessments

- Knowledge and skills acquisition
 - MCQs
 - Quizzes
 - Unit exams
 - Homework
 - Multiaxial assessment
 - Write-up of comprehensive psychiatric interviews and MSE
 - Simulated patient experiences
 - SIMmersion on-line virtual patient for alcohol use assessment
 - Communication practice
 - Case vignettes for students to use the BATHE model (patient centered brief psychotherapeutic technique)
 - Workshop with patient instructors



Our Roles as Educators

- Craft learning objectives for our learners
 - Where possible review and adapt from resources
 - The Association of Directors of Medical Student Education in Psychiatry
 - <http://www.admsep.org/academic.html>*
 - Clinical Learning Objectives Guide for Psychiatry Education of Medical Students
 - http://www.admsep.org/Clinical_LO_Guide_Outline_Format_Nov_07.pdf*
 - (To open link, if needed, please copy and paste in your browser.)
 - MS Word Version at: <http://www.admsep.org/articles.php>*

*To open, if needed, copy and paste link into your browser.



NU FSM Learning Objectives

Psychiatric Interview and Mental Status Examination

■ Knowledge

- Compare and contrast the psychiatric ROS with the comprehensive psychiatric interview.
- Define “mental disorder” and the DSM-IV TR. Explain the purpose of the DSM IV-TR.
- Explain the multiaxial system for diagnosis mental disorders.
- List the 5 axes and provide examples of disorders included in each.
- Describe personality disorders designations as Cluster A, B or C under Axis II



Learning Objectives - Knowledge (cont.)

- Discuss effective patient-centered communication techniques, including LEARN, the explanatory model of Kleinman, and the BATHE process.
- List the sections of the comprehensive psychiatric interview.
- Compare and contrast the comprehensive psychiatric interview with the comprehensive history and physical, including assessment and plan.
- Discuss and give examples of questions used to elicit key information for each section
- Discuss drug-induced movement disorders associated with psychiatric medications
- List the components of a mental status evaluation and discuss the elements included in each component.



Learning Objectives - Knowledge (cont.)

- Compare and contrast speech and language; thought form/thought process and thought content.
- Compare and contrast the Folstein Mini Mental Status Examination (MMSE) and Montreal Cognitive Assessment (components/scoring) to that of the psychiatric mental status examination
- Compare and contrast delirium and dementia from a mental health perspective.
- Discuss diagnostic criteria to diagnosis common Axis I disorders, such as schizophrenia, anxiety, depression, substance abuse.
- Given case scenarios, select the most likely common disorder and its axis from analysis of symptoms and/or signs.



Learning Objectives - Skills

- Practice communication skills related to taking a psychiatric history.
- Practice using patient centered communication techniques including LEARN, the explanatory model of Kleinman, and BATHE technique as a short primary care focused brief psychotherapy aid.
- Develop a systematic approach to the psychiatry interview and to its documentation.
- Record clinical problems using the multiaxial system of the DSM IV TR.



Learning Objectives - Skills (continued)

- Use and apply assessment tools to assess common Axis I disorders, including generalized anxiety disorder (Hamilton GAD-7, GAD-2, substance abuse disorders (CAGE, TAGE, AUDIT, CAGE-AID, drug use screening, depression (Zung, Beck, PHQ9, Hamilton).
- Interview a simulated patient (SIMmersion) to assess whether the patient has low, moderate or high risk alcohol use and through question choices, demonstrate good patient-centered communication techniques, use of screening questions and effective brief intervention techniques.



Teach It

- What are the components of the subjective portion of the psychiatric interview?



Psychiatric Interview & Mental Status Exam

- Easily accessed resources
 - Scher, L, Psychiatric Interview
 - <http://emedicine.medscape.com/article/1941476-overview>*
 - Brannon, GE, History and Mental Status Examination
 - <http://emedicine.medscape.com/article/293402-overview>*
 - Lin, D, et al, Initial psychiatric assessment: A practical guide to the clinical interview. BCMJ, Vol. 45, No. 4, March 2003, page(s) 172-173.
 - Within this article, there is a downloadable “psychiatric assessment form” (MS Word or PDF)
- Textbooks—one example
 - Beresin, EV and Gordon, C. CHAPTER 2 – The Psychiatric Interview in Stern: Massachusetts General Hospital Comprehensive Clinical Psychiatry, 1st ed. Copyright © 2008 Mosby, An Imprint of Elsevier. (may be accessed on MDConsult)

*To open, if needed, copy and paste link into your browser.

Components of the Psychiatric Encounter

- Chief Complaint
- HPI
- Medications:
- Allergies:
- Past psychiatric history
- Substance use history
- Focused medical history--current illnesses
- Past medical and surgical history
- Family psychiatric history
- Social/developmental history

Subjective



How We *Teach It*

- Readings
- Lecture
- The Psychiatric Interview in Action
 - If possible, host a live demonstration of a psychiatric interview/MSE of a standardized patient conducted by an experienced mental health professional. Conclude with a Q and A from students.
 - If live demonstration, not possible, use these longer videotaped interviews:
 - Psychiatric Interviews for Teaching from University of Nottingham
 - <http://www.youtube.com/playlist?list=PLBF6D1605733BAACB&feature=plcp>*



*To open, if needed, copy and paste link into your browser.



Planning Tip

- Live demonstration of comprehensive psychiatric interview and mental status exam
 - Videotape this
 - Use in future should it not be possible to host in-class demonstration
 - Archive this
 - Use in future for students to view and then complete a write-up of the assignment



Try It -- Patient Centered Model

BATHE*

- **Background**
 - Ask the patient to describe the situation in a few sentences.
- **Affect**
 - How does the situation make the patient feel?
 - Help them **name an emotion** (sad, angry, etc.) if necessary
- **Troubles**
 - What troubles the patient the **most** about the situation? This is the real reason behind the emotion. It is often **not** what you expect - that's why you have to ask.
- **Handling**
 - How is the patient handling it? How has the patient handled similar (or equally bad) circumstances in the past? Are there **options** that the patient has not yet considered? Help the patient identify at least one positive step they can take to respond to the situation.
- **Empathy**
 - Instill **hope** by expressing your understanding of what the patient is going through.
 - Reinforce the patient's plan to deal with the problem.

*Stuart, M, Lieberman, J. The BATHE Method: Incorporating Counseling and Psychotherapy Into the Everyday Management of Patients. *Prim Care Companion J Clin Psychiatry*. 1999 April; 1(2): 35–38

Stuart MR, Lieberman JA. The Fifteen Minute Hour: Applied Psychotherapy for the Primary Care Physician. 2nd ed. Westport, Conn: Praeger. 1993 .



Teaching Resource

- Maldonado, A; Landel, G, A Picture Is Worth a Thousand Words — Experiential Teaching of the Patient-Centered Care Approach — Workshop* Presented at PAEA Annual Education Forum 2011 (New Orleans) (Session 1099)
 - <http://www.paeaonline.org/index.php?ht=a/GetDocumentAction/i/131108> (To open link, if needed, please copy and paste in your browser.)
- Student workshop
- Use case vignettes and communication skills evaluation form
- Three BATHE cases
- Students in trios
 - Role rotations
 - Patient
 - PA (provider)
 - Observer/Critiquer (recommender of improvements)

*Ana Maldonado, MPH, PA-C, Associate Professor, and Grace Landel, MEd, PA-C, Joint MSPAS/MPH Program Director, Truro University-California

Teach It

- What are the components of the objective portion of the psychiatric interview or the Mental Status Examination (MSE)?



Mental Status Exam (continued)

Objective

- Appearance
 - Dress:
 - Grooming:
 - Weight:
 - Motor behavior:
 - Eye contact:
- Mood:
- Affect:
- Speech:
- Attitude toward interview(er):



Mental Status Exam (continued)

Objective

- Thought process
 - flight of ideas (change topics)
 - looseness of association (irrelevance)
 - racing (rapid thoughts)
 - tangential (departure from topic with no return)
 - circumstantial (being vague, ie, "beating around the bush")
 - word salad (nonsensical responses, ie, jabberwocky)
 - derailment (extreme irrelevance)
 - neologism (creating new words)
 - clanging (rhyming words)
 - punning (talking in riddles)
 - thought blocking (speech is halted)
 - poverty (limited content)



Mental Status Exam (continued)

- Thought Content:
 - Hallucinations:
 - Delusions:
 - Ideas of reference:
 - Preoccupations (main themes/concerns):
 - Suicidal/assaultive thought, plans, intentions:
- Level of consciousness:
- Formal cognitive tests:
- Insight:
- Judgment:
- Impulsivity:
- Reliability:

Objective



How We *Teach It*

- Readings
- Lecture
- Demonstration
- Can we teach it better?
 - Yes, by helping students connect with elements of the exam using on-line audio-visual adjuncts.



Have Students *Try It*

- Use mental status exam resources to
 - Explore, explain, illustrate many of these concepts, e.g.
 - General appearance and behavior
 - Speech
 - Affect
 - Mood
 - Perception
 - Thought (coherence and lucidity)
 - Attitude
- Evan, B, et al, Mental Status Exam - An Interactive Tutorial, University of Cincinnati College of Medicine
 - <http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf> (To open link, if needed, please copy and paste in your browser.)
 - For background information, please see:
 - <https://www.mededportal.org/publication/1680> and
 - <https://www.mededportal.org/download/266986/data/2011presentationp6.pdf>(To open, if needed, copy and paste links into your browser).



Teaching and Trying the MSE

Thought content

Hallucinations

Delusions

Ideas of reference

Preoccupations (main themes/concerns)

Suicidal/assaultive thought, plans, intentions

- MBBS Psychiatry Teaching Resources, Newcastle University, UK
 - <http://www.youtube.com/user/psychiatryteacher>* or
 - <https://fms-teaching.ncl.ac.uk/psy/disorders/>*
- Schizophrenia example -- dated but still relevant
 - <http://www.youtube.com/watch?v=gGnl8dqEoPQ>*

*To open, if needed, copy and paste link into your browser.

Have Students *Try It*

- Use video examples
 - http://library.med.utah.edu/neurologicexam/html/mentalstatus_abnormal.html#01^{*#}
- Cognitive assessment workshop - - students in pairs
 - Use assessment tool (Folstein MMSE caution^{**})
 - Montreal Cognitive Assessment MoCA^{***}
 - <http://www.mocatest.org/default.asp>[#]
 - It is available in several languages and in several English versions. It is a validated brief screening tool for mild cognitive impairment.

*Movies ("the work") are licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 2.5 License. Movies may be copied, downloaded, and incorporated into other teaching materials for appropriate, non-commercial, educational use. Such uses include, but are not limited to, lectures, PowerPoint or Keynote presentations, quizzes, exams, problem-based learning cases, multimedia learning objects, or websites.

**Folstein Mini-Mental State Examination (MMSE) -- Although multiple examples of this are able to be viewed and downloaded on the internet, MMSE is subject to copyright restriction and is owned by Psychological Assessment Resources (PAR).

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[#]To open, if needed, copy and paste link into your browser.

Teach It

- What is expected in a comprehensive psychiatric assessment?



A and P

- Assessment/impression
 - Diagnosis or differential diagnosis, NOT a problem list.
 - Start with a short narrative and then include a multiaxial assessment (all **5 Axes**).
- Plan
 - Disposition – hospital, home, etc.
 - Appropriate therapeutic (pharmacologic and non-pharmacologic, if applicable) recommendations based on your assessment.



How We *Teach it*

- Readings
- Lectures
- In-class activities
- Provide examples of comprehensive evaluations
 - Demonstrations
 - Live and video-taped
 - Write-up examples



Multiaxial Assessment

- Axis V Global Assessment of Function
 - <http://depts.washington.edu/washinst/Resources/CGAS/GAF%20Index.htm>*
 - Options:
 - Select a few of these to use during class. Ask students to work in pairs to agree on a score. Ask pairs to report their scores, poll others in the classroom. You could also poll the entire class if you use an audience response system, for example Turning Point.

OR

- Provide this link as homework or for self-study

*To open, if needed, copy and paste link into your browser.



“Cinemeducation”—In Class Activity

- Film Friday series – once a trimester
 - Last one of year -- “Gran Torino”
 - 2008 film produced and directed by Clint Eastwood, who also stars as the protagonist of the drama, Walt Kowalski.
 - Mr. Kowalski is a recently widowed Korean War veteran whose neighbors are Hmong immigrants.
- Multiaxial Assessment of Walt Kowalski
 - Before viewing film, students asked to think of Walt Kowalski as a potential patient for whom a complete a multiaxial assessment will be needed
 - In class, the next week, students asked to list conditions under each of the five axes.

Multiaxial Assessment of Walt Kowalski

- Film trailer link: <http://www.fandango.com/movie-trailer/grantorino-trailer/115300>*
- Many conditions possible for 5 axes
 - Use scenes from the film to highlight potential assessments
 - Here are 3 examples using film screen shots (still photos) to prompt an assessment
 - Axis I -- Walt with beers – substance abuse
 - http://www.aceshowbiz.com/still/00004696/gran_torino08.html*
 - Axis III -- Walt with hemoptysis – Lung or other cancer
 - http://www.aceshowbiz.com/still/00004696/gran_torino13.html*
 - Axis V --Walt meeting with priest to arrange for a confession
GAF score 5 (there are several other red flags in other scenes)
 - http://www.aceshowbiz.com/still/00004696/gran_torino30.html*

*To open, if needed, copy and paste link into your browser.

Select a Film or TV Show for “Cinemeducation”

- You can easily adapt this process
 - Use a character from television shows, scenes from this film or others, etc.



Teaching and Trying Resource

- Multiaxial cases assessments
 - With detailed expert discussions
 - Cases From DSM-IV-TR® Casebook and Its Treatment Companion, Spitzer, RL, Gibbon, M, Skodol, AE, Williams, JBW, First, MB, Eds. from PsychiatryOnLine*.
 - We selected one case and then asked the students to complete a Multiaxial Evaluation of the described patient.

*Psychiatry OnLine from the American Psychiatric Association <http://www.psychiatryonline.org/>
(Subscription required)



Teaching and Trying Resources

- Assessment Tools for Specific Disorders
 - DSM-5 Online Assessment Measures
 - Psychiatry OnLine from the American Psychiatric Association
<http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures> (subscription required)
- Screening Tools in the Public Domain
 - <http://www.integration.samhsa.gov/clinical-practice/screening-tools>*
 - For example, Patient Health Questionnaire (PHQ-9)
 - <http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>*



*To open, if needed, copy and paste link into your browser.



Another Teaching Resource*

- Instructions to students
 - Complete a Multiaxial Evaluation of Case ___ using the information provided.
 - Use DSM-IV-TR labels as much as possible.
 - After you have settled on her GAF score, in what setting will you provide care for her?
- After a few days
 - Provided the full case, multiaxial assessment and expert discussion to the students for the selected case.



*Psychiatry OnLine from the American Psychiatric Association
<http://www.psychiatryonline.org/> (subscription required)



How We *Test It*

- Homework
- Comprehensive psychiatric evaluation write-up
- MCQ items
 - Quizzes
 - Unit exams



Teaching, Trying, Testing Resources

- **Psychiatry Write-Ups**
 - Narrative write-up by Kahn, MW, an appendix to Chapter 3 – Organization and Presentation of Psychiatric Information
 - in Jacobson: Psychiatric Secrets, 2nd ed. Copyright © 2001 Hanley and Belfus.
 - This reference may be accessed through MDConsult (subscription required).



Psychiatry Write-Ups Internet Examples

Teaching It, Trying It, Testing It

- Narrative psych interview and MSE write-ups
 - From the University of Alabama College of Health Sciences.
 - http://cchs.ua.edu/wp-content/blogs.dir/1/files/2011/02/Patient_Write-up_Example_2.pdf*
 - (To open, if needed, copy and paste link into your browser.)
 - From the Faculty of Medical and Health Sciences University of Auckland, New Zealand.
 - http://www.fmhs.auckland.ac.nz/som/psychmed/_docs/writing_a_psychiatry_case_study.pdf*

*To open, if needed, copy and paste link into your browser.

Homework Assignment

- **Multiaxial Assessment and Practice Using a Psychiatric Assessment Tool**
 - We created a homework assignment based on a case from Anna M. Georgiopoulos, MD, BOX 17-1 RECORDING CLINICAL MATERIAL IN THE MULTIAXIAL FORMAT (page 206) from Chapter 17 The DSM-IV-TR: A Multiaxial System for Psychiatric Diagnosis
 - in Stern: Massachusetts General Hospital Comprehensive Clinical Psychiatry, 1st ed., Copyright © 2008 Mosby, An Imprint of Elsevier.



Case*

“You are working at a free clinic and evaluate a 28-year-old woman who complains that she has been recently fired from her job as an accounting bookkeeper due to inconsistent attendance. Three months ago, she finally left her husband, who used to hit her when he got drunk. Since then, she has found it increasingly difficult to get out of bed in the morning. She feels tired, heavy, and empty most of the time, naps several hours per day, and has gained 10 pounds. She recently dropped out of the book club at her church; she could not concentrate to read for more than 5 to 10 pages at a time, and felt that the other members were probably blaming her for the end of her marriage.

Her asthma has been flaring up, as she has been unable to pay for her medications since losing her job, and she often feels short of breath, which increases her worry. Last week, her estranged husband showed up at her apartment and pushed and threatened her. Since then, she has been wishing she were dead but feels “too chicken” to follow through with suicide.” ...Case continues -- see reference on previous slide.

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Homework

1. Based only on your impression of the above clinical information, complete a Patient Health Questionnaire* (PHQ-9), imagining yourself as the patient completing it. Score the questionnaire using the information provided. You can obtain the PHQ here:
<http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>**
2. Write your name on the completed assessment tool and submit it attached to the paper copy of the homework assignment.
3. In order to meet DSM-IV TR criteria for a mood disorder, what other information would you have elicited from this patient? List at least 2 questions, as you would have asked them of her.
4. What Axis I condition(s) are you likely to record?
5. List clues from the scenario that support a possible Axis II disorder for this patient.

*PA Educators: Please note: There are many scales from which to choose, however this scale is in the public domain and is well respected by mental health professionals.

**To open, if needed, copy and paste link into your browser.



Homework

- Review the list of Axis II disorders (not including mental retardation) in the DSM-IV TR. Based on the clinical information provided in the scenario and the overview of these Axis II disorders, what diagnosis are you most likely to note as an Axis II disorder for this patient?
- What Axis III condition(s) are you likely to record?
- What Axis IV problems are included in the scenario? Organize them based on the categories provided in the DSM-IV TR for Axis IV problems.
- Based on the information provided, what do you estimate her Axis V score to be? Place an X on the line below indicating your score.
- [_____]
0 20 40 60 80 100

Why did you select this number? Write a short statement that summarizes and supports your assessment of her global functioning.



Test It -- Patient Write-Up

- Students
 - Need specific instructions
 - Narrative style
- Faculty
 - Develop a model write-up of videotaped interview/MSE
- Create a scoring rubric
 - What elements should be included?
 - Points for elements included correctly?
 - What reduction in points for elements are omitted, incorrectly labeled, mischaracterized or misinterpreted, etc.?

Patient Write-Up

- Videotape of Patient Interview
 - Watch and listen to psychiatric interview in real time
 - No videotaping or audiotaping permitted
 - As you observe, take notes as though you are the interviewing provider.
 - Write-up the encounter using the guidelines posted on Blackboard
 - Interview/MSE template posted on Blackboard
 - Paper copy for note taking to be provided
 - Observe interviewing techniques
 - broad, open-ended questioning, and silence
 - note how the clinician “deflects” difficult questions
 - Observe the patient carefully



Psych Write-Up Scoring Rubric

... this continues to be a work in progress.

Student Name												
Date												
	Unacceptable Below Expectations				Good Meets Expectations				Superior Above Expectations			
Overall Write-Up Score	0	1	2	3	4	5	6	7	8	9	10	
Subjective												
___ ID ___ CC ___ HPI ___ Past Psych Hx ___ Substance Abuse Hx ___ Current Medical Hx ___ Past Medical Hx ___ Medications (Rx+OTC) ___ Allergies ___ Family History ___ Social History--detailed	<ul style="list-style-type: none"> • Narrative not cohesive or well organized • Information incorrectly categorized/labelled • Omits key elements • Information repeated • Includes many irrelevant details 				<ul style="list-style-type: none"> • Narrative with good organization • Information correctly categorized/labelled • Subjective info with some key pertinent +/-s needed to support multiaxial (5 axes) assessment • Provides sufficient information and detail to support A and P 				<ul style="list-style-type: none"> • See column to left • AND • Narrative reasonably concise • Identifies patient's concern(s) • Subjective info with sufficient breadth and depth of key pertinent +/-s needed to support multiaxial (5 axes) assessment 			
Objective												
Mental Status Exam ___ Appearance ___ Mood ___ Affect ___ Speech ___ Attitude ___ Thought Process ___ Thought Content ___ Level of consciousness ___ MMSE ___ Insight ___ Judgement ___ Impulsivity ___ Reliability	<ul style="list-style-type: none"> • Information incorrectly categorized/labelled • Insufficient detail documenting normal and/or abnormal findings on PE • Incorrect terminology used to document findings on PE Omits key elements • Includes many irrelevant details 				<ul style="list-style-type: none"> • Good organization • Information correctly categorized/labelled • Descriptions of findings use correct terminology and are clear • PE includes some key pertinent +/-s • Provides sufficient information and detail to support A and P 				<ul style="list-style-type: none"> • See column to left • AND • Key elements included • PE includes well incorporated pertinent +/-s • Reasonably concise • Makes use of diagrams or other documentation techniques 			
Assessment ___ Short narrative assessment ___ Axis I documented ___ Axis II documented ___ Axis III documented ___ Axis IV documented ___ Axis V documented	<ul style="list-style-type: none"> • Narrative absent or of significantly limited scope • Axes inconsistent or for this patient 				<ul style="list-style-type: none"> • Narrative present but not well organized or sufficiently concise • Axes reasonable for this patient but incomplete 				<ul style="list-style-type: none"> • Narrative provides concise and cogent summary • Axes well documented for this patient 			
Plan	<ul style="list-style-type: none"> • Inappropriate to Assessment and/or DDx • Incomplete 				<ul style="list-style-type: none"> • Reasonable and logical • Connects well to Assessment and/or DDx • Lacks some detail or key elements 				<ul style="list-style-type: none"> • See column to left • AND • Efficient • Includes key aspects beyond medical and/or pharmacological interventions 			



Test It

- Communication workshop
 - Trained patient instructors
 - Prepared cases for student in role of PA to share “bad news” with patients
 - Application of BATHE and other patient centered communication methods
- Small groups
 - 5 students per patient instructor
 - Principal or core faculty facilitator/observer per group



Learn From Your Students

- Pre-clinical year
 - Student course evaluations
 - Student performance on assessments
- Clinical year
 - Student feedback after psychiatry rotations
 - Psychiatry rotation preceptors' feedback
 - Student performance on assessments
- Utilize the ultimate *“Test It”*
 - Your own PANCE data
- Renew your curriculum with this feedback



Additional References

- Accreditation Review Commission on Education for the Physician Assistant. *Accreditation Standards for Physician Assistant Education*. 4th ed. October 2011. <http://www.arc-pa.org/documents/Standards4theditionwithclarifyignchanges10.2011fnl.pdf>*
- National Commission on the Certification of Physician Assistants. Content Blueprint for PANCE & PANRE. <http://www.nccpa.net/ExamsContentBlueprint>*
- Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR). 2000. American Psychiatric Association.
- American Psychiatric Association: American Psychiatric Association Committee on Graduate Education: 2001–2002. Psychiatric Residents as Teachers: A Practical Guide.
- Psychiatric Evaluation of Adults, Second Edition, In: American Psychiatric Association Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium 2006, American Psychiatric Association.
- Alexander, M, Pavlov, A, Lenahan, P, Lights, Camera, Action: Using Film to Teach the ACGME Competencies, *Fam Med*. 2007;Jan;39(1):20.

*To open, if needed, copy and paste link into your browser.



Questions and Discussion

Now that DSM-5 is here, what, if any, changes, will you make in your curricula?



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