

2024

# Medical internship Portfolio year 2 Psychiatry Rotation

**Name:**

**Start Date:**

**End Date:**

**Trainer Name:**

**Supervisor Name:**

***By the end of the psychiatry rotation, MI will be able to:***

Provide fundamentals of mental health practice in the context of medical settings (including Emergency Department, intensive care, and General medicine departments) as well as psychiatry settings.

**Expected Clinical Competencies/ EPA include:**

1. Recognizing, assess and treat common mental illnesses.
2. Detecting non-psychiatric cases presenting with psychiatric symptoms,
3. Detecting , assess, and manage psychiatric emergencies,
4. Recognizing and spot-diagnose psychiatric comorbidities in hospital settings,
5. Recognizing and address substance use in different age groups,
6. Recognizing and address primary care needs of abuse victims in women and minors,
7. Acquiring basic mastery on essential assessment scales in Psychiatry.
8. Assessing the neurocognitive functions

**Training outline:**

These competencies will be achieved through 4 rotations 2 weeks each in different psychiatric units.

**Duration in weeks: 8 weeks**

**Total Working hours per week: 48 hours**

**Clinical training: 38 hours/week**

**Directed/core learning: 4 hours/week**

**Self-learning: 6 hours/week**

| MI Professional Capabilities   | Descriptors/ EPA  | Expected Level | Minimal frequency recorded in portfolio |
|--|---|----------------|---|
| Recognize, assess, and treat common mental illnesses as Anxiety, Depression  | - Obtain history and examination from inpatient and outpatient cases.<br>- Formulating cases and providing provisional diagnosis<br>- Outline treatment/referral plan   | C              | Two cases                               |
| Learn and practice case formulation  | Write case resume using standardized case formulation template  | D              | One case                                |
| Identify mood and anxiety symptoms in perinatal women  | Perform Brief interviewing of EPDS  | B              | One case                                |
| Identify mood and anxiety symptoms in different hospital settings  | Perform Brief interviewing, on PHQ9 and GAD 7   | B              | One case each                           |
| Recognize and manage psychiatric fundamental emergencies and medical conditions in psychiatric cases                           | Assist in the diagnosis, investigation, treatment, and transfer process (if applicable) of 5 emergency cases:<br>- NMS,<br>- Catatonia,<br>- Agitation,<br>- Suicidal ideation/ attempt,<br>- Blood dyscrasias and other neuroleptic side effects<br>- Acute behavioral changes | A              | Two cases                               |
| Recognize, assess and manage Neurodevelopmental disorders such as ADHD, Autism, Intellectual Disability and Nocturnal Enuresis | - Obtain history<br>- Formulating cases and providing provisional diagnosis<br>- Providing treatment plan   | B              | Two cases                               |
| Address tobacco use in different clinical settings   | Training on 5As   | B              | One case                                |
| Recognize and manage withdrawal and intoxication of substance abuse in ER  | - Obtain knowledge about the main substances of abuse<br>- Obtain knowledge about withdrawal and intoxication of different substances and their management  | B              | Two cases                               |
| Assessment of neurocognitive functions   | - Applying the Mini mental state scale  | C              | Two cases                               |
| Recognize, assess and provide primary intervention for old age patients  | - Assess and diagnose delirium<br>- Assess and diagnose cognitive impairment  | C              | Two cases                               |

**Expected Level :**

- A. Observation,
- B. Practice with direct supervision.
- C. Practice with indirect supervision
- D. Independent practice

**Print a paper to document each case mentioned in the above list of requirements.**

|                                    |                   |                  |           |                        |
|------------------------------------|-------------------|------------------|-----------|------------------------|
| <b>Part I: Filled by the MI</b>    |                   |                  |           |                        |
| Patient serial # (In the logbook): |                   |                  |           |                        |
| Hospital record #:                 |                   |                  |           |                        |
| <b>Seen at:</b>                    | <b>Outpatient</b> | <b>Inpatient</b> | <b>ER</b> | <b>Other (specify)</b> |
| Date:                              |                   |                  |           |                        |
| Age & Gender:                      |                   |                  |           |                        |
| Main theme of the case             |                   |                  |           |                        |
| Case summary:                      |                   |                  |           |                        |
| <b>Self-reflection:</b>            |                   |                  |           |                        |
| What did I do right?               |                   |                  |           |                        |
| What needs more development?       |                   |                  |           |                        |
| Plan for further development       |                   |                  |           |                        |
| EPA:(check the appropriate boxes)  | 1                 | 2                | 3         | 4                      |
|                                    | 5                 | 6                | 7         | 8                      |
| Signature of the MI                |                   |                  |           |                        |

**Part 2: To be filled by the trainer.**

| EPA | Rubric | Strength points | Points needing improvement |
|-----|--------|-----------------|----------------------------|
|     |        |                 |                            |
|     |        |                 |                            |
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|                                    |                            |
|------------------------------------|----------------------------|
| <b>Trainer's name</b>              | <b>Trainer's signature</b> |
| <b>Re-evaluation and follow up</b> |                            |
| <b>Trainer's name</b>              | <b>Trainer's signature</b> |

## 1. Procedures with documentation of their performance:

Fill in the following form and get the evaluation and signature of the trainer.

| Skill /procedure  | Date | Venue (ER, OP) | Hospital Record | Performance Level | Trainer Signature |
|---|------|----------------|-----------------|-------------------|-------------------|
| Take history and perform mental state examination                 |      |                |                 |                   |                   |
| Evaluate suicide risk   |      |                |                 |                   |                   |
| Identify patients at high risk of aggressive behavior             |      |                |                 |                   |                   |
| Take measures to control aggressive behavior                      |      |                |                 |                   |                   |
| Evaluate neurocognitive functions                                 |      |                |                 |                   |                   |
| Perform EPDS for perinatal women                                  |      |                |                 |                   |                   |
| Perform PHQ9 and GAD 7 in general hospital setting                |      |                |                 |                   |                   |
| Evaluate patients with mood disorders                             |      |                |                 |                   |                   |
| Evaluate patients with anxiety disorders                          |      |                |                 |                   |                   |
| Evaluate patients with psychotic disorders                        |      |                |                 |                   |                   |
| Evaluate patients with tobacco use                                |      |                |                 |                   |                   |
| Evaluate patient with substance use                               |      |                |                 |                   |                   |
| History taking and evaluation of children with difficult behavior |      |                |                 |                   |                   |
| Perform case formulation  |      |                |                 |                   |                   |
| Writing requests and referral forms                               |      |                |                 |                   |                   |

## Assessment

### WPBA

#### List of requirements/plan of WPBA

| WPBA tool  | Case/procedure                           | Time (week number of the rotation) for the first exam | Time for compensatory exam | Evidence and record in portfolio |
|------------|--|---|----------------------------|----------------------------------|
| Mini - CEX | History taking & MSE & Formulation       | End of week 4   | 2 weeks later              | Checklist                        |
| CBD        | Depression/Anxiety/agitated patient case | End of week 6   | 2 weeks later              | Case record                      |

#### Recording of WPBAExam

| WPBA tool  | Case/procedure                           | Date | Result (rubric) | Clinical supervisor signature |
|------------|--|------|-----------------|-------------------------------|
| Mini - CEX | History taking & MSE & Formulation       |      |                 |                               |
| CBD        | Depression/Anxiety/agitated patient case |      |                 |                               |

#### WPBA tool

CBD: Case-Based Discussion

Mini -CEX: Mini Clinical Evaluation Exercise

## 2. Directed learning/Interactive Clinical Lectures/ Workshops/case presentation:

### List of requirements

| Learning activity | Topic   | Time (week number of the rotation) | Evidence required | Record in portfolio |
|-------------------|---|------------------------------------|-------------------|---------------------|
| Online Lecture    | Psychiatric interview techniques, Case formulation  |                                    | C.L.S             | One Case Reflection |
| Online Lecture    | Communication Skills<br>Doctor patient relationship   |                                    | C.L.S             | Reflection          |
| Online Lecture    | How to deliver a bad news<br>How to deal with patient refusing treatment in medical ward    |                                    | C.L.S             | Reflection          |
| Online Lecture    | Psychiatric emergencies   |                                    | C.L.S             | Reflection          |
| Online Lecture    | Mood and anxiety symptoms in perinatal women  |                                    | C.L.S             | Reflection          |
| Online Lecture    | Neurodevelopmental disorders (ADHD, Autism, Intellectual Disability and Nocturnal Enuresis) |                                    | C.L.S             | Reflection          |
| Online Lecture    | Management of withdrawal and intoxication of substance abuse in ER                          |                                    | C.L.S             | Reflection          |
| Workshop          | Tobacco cessation   |                                    | C.L.S             | One case            |
| Directed learning | Psychometric scales e.g GHQ, EPDS, PHQ9, GAD 7  |                                    | T.S               | One case each       |
| Directed learning | Cognitive function assessment (Mini-Mental state scale)                                     |                                    | T.S               | Two cases           |
| Case presentation | Delerium, Cognitive impairment in old age   |                                    | T.S               | One case each       |
| Case presentation | Depression  |                                    | T.S               | One case            |
| Case presentation | Anxiety   |                                    | T.S               | One case            |
| Case presentation | Psychiatric emergencies   |                                    | T.S               | Two cases           |
| Case presentation | Neurodevelopmental disorders  |                                    | T.S               | Two cases           |
| Case presentation | Management of withdrawal and intoxication of substance abuse in ER                          |                                    | T.S               | Two cases           |

C.L.S.: Clinical supervisor signature

T.S: Trainer Signature

## Assessment

### Recording

| Learning activity | Topic | Date | Evidence | Clinical supervisor signature |
|-------------------|-------|------|----------|-------------------------------|
|                   |       |      |          |                               |
|                   |       |      |          |                               |
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|                   |       |      |          |                               |



### 3. Self-learning:

#### List of requirements

| Learning activity | Activity  | Time (week number of the rotation) | Evidence required | Record in portfolio |
|-------------------|---|------------------------------------|-------------------|---------------------|
| Self-learning     | Journal clubs   |                                    |                   |                     |
| Self-learning     | Grand rounds  |                                    |                   |                     |
| Self-learning     | Departmental teaching sessions,<br>Weekly conference        |                                    |                   |                     |
| Self-learning     | Peer review meetings  |                                    |                   |                     |
| Self-learning     | Inter-professional meetings, including<br>practice meetings |                                    |                   |                     |

### Assessment

#### Recording

| Learning activity | Title | Date | Evidence | Trainer signature |
|-------------------|-------|------|----------|-------------------|
|                   |       |      |          |                   |
|                   |       |      |          |                   |
|                   |       |      |          |                   |
|                   |       |      |          |                   |
|                   |       |      |          |                   |

**End of rotation reflection:**

**Choose at least five of the lists of 10 EPAs and reflect your experience during rotation**

| EPA                | Your reflection | Signature of clinical supervisor |
|--------------------|-----------------|----------------------------------|
|                    |                 |                                  |
|                    |                 |                                  |
|                    |                 |                                  |
|                    |                 |                                  |
|                    |                 |                                  |
|                    |                 |                                  |
| General reflection |                 |                                  |

### Rotation / attendance proof "multiple pages"

| توقيع مدير المستشفى | توقيع رئيس القسم | توقيع المشرف الإكلينيكي | أسم الوحدة التي تدرب بها |
|---------------------|------------------|-------------------------|--------------------------|
|                     |                  |                         |                          |
|                     |                  |                         |                          |
|                     |                  |                         |                          |
|                     |                  |                         |                          |

### Team observation report

To be completed by the clinical supervisor after consultation of all staff who directly supervised the MI (at least five)

| Skills observed  | Level from<br>0-10 | Signatures  |
|--|--------------------|---|
| Treats patients politely and considerately               |                    | <b>Trainers:</b><br>1-<br>2-<br>3-<br>4-<br>5-<br>6-<br>7-<br>9-<br>8-<br>10-<br><br><b>Clinical supervisor</b> |
| Involves patients in decisions about their care          |                    |   |
| Respects patients' privacy and dignity                   |                    |   |
| Respects confidentiality                                 |                    |   |
| Responds when asked to review a patient                  |                    |   |
| Liaises with colleagues about continuing care of patient |                    |   |
| Works as a member of a team                              |                    |   |
| Accepts criticism and responds constructively            |                    |   |
| Keeps records of acceptable quality                      |                    |   |
| Keeps up to date with administrative tasks               |                    |   |
| Acts within own capability, seeks advice appropriately   |                    |   |
| Manages time efficiently                                 |                    |   |

### Summary of MI rotation Assessment

### Basic information

|   |                   |
|---|-------------------|
| MI name and signature:                    |                   |
| Department                                | <b>Psychiatry</b> |
| Hospital                                  | <b>Ain Shams</b>  |
| Date of start of rotation                 |                   |
| Date of end of rotation                   |                   |
| Trainers name and signature               |                   |
| Clinical supervisor name and signature    |                   |
| Educational supervisor name and signature |                   |

| Activity                       | Fulfilled | Not fulfilled |
|--------------------------------|-----------|---------------|
| <b>WPBA</b>                    |           |               |
| <b>Directed learning</b>       |           |               |
| <b>Self-learning</b>           |           |               |
| <b>Team observation report</b> |           |               |

### Final judgment

| Acceptable progress | Unacceptable progress |
|---------------------|-----------------------|
|                     |                       |

Signature of Clinical Supervisor

Signature of Educational Supervisor