





# Medical internship Portfolio year 2 Psychiatry Rotation

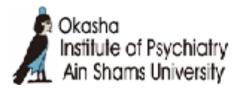
Name:

**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.Assessming 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

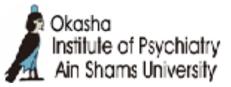




MI Professional Capabilities	Descriptors/ EPA	Expected Level	Minimal frequency recorded in portfolio
Recognize, assess, and treat common mental illnesses as Anxiety, Depression	<ul> <li>Obtain history and examination from inpatient and outpatient cases.</li> <li>Formulating cases and providing provisional diagnosis</li> <li>Outline treatment/referral plan</li> </ul>	С	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	В	One case
Identify mood and anxiety symptoms in different hospital setttings	Perform Brief interviewing, on PHQ9 and GAD 7	В	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: - NMS, - Catatonia, - Agitation, - Suicidal ideation/ attempt, - Blood dyscrasias and other neuroleptic side effects - Acute behavioral changes	A	Two cases
Recognize, assess and manage Neurodevelopmental disorders such as ADHD, Autism, Intellectual Disability and Nocturnal Enuresis	<ul> <li>Obtain history</li> <li>Formulating cases and providing provisional diagnosis</li> <li>Providing treatment plan</li> </ul>	В	Two cases
Address tobacco use in different clinical settings	Training on 5As	В	One case
Recognize and manage withdrawal and intoxication of substance abuse in ER	<ul> <li>Obtain knowledge about the main substances of abuse</li> <li>Obtain knowledge about withdrawal and intoxication of different substances and their management</li> </ul>	В	Two cases
Assessment of neurocognitive functions	- Appling the Mini mental state scale	С	Two cases
Recognize, assess and provide primary intervention for old age patients	<ul> <li>Assess and diagnose delirium</li> <li>Assess and diagnose cognitive impairment</li> </ul>	С	Two cases

### **Expected Level :**

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





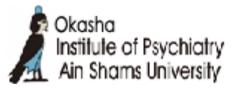
# Print a paper to document each case mentioned in the above list of requirements.

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

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

EPA	Rubric	Strength points	Points needing improvement

Trainer's name	Trainer's signature
Re-evaluation and follow up	
Trainer's name	Trainer's signature

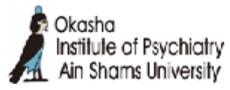




# 1. Procedures with documentation of their performance:

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**

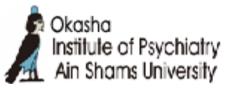
## List of requirements/plan of WPBA

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 -	History taking & MSE &			
CEX	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

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

C.L.S.: Clinical supervisor signature

T.S: Trainer Signature





# Assessment

# Recording

Learning activity	Торіс	Date	Evidence	Clinical supervisor signature





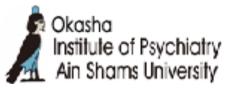
# 3. Self-learning: List of requirements

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,			
	Weekly conference			
Self-learning	Peer review meetings			
Self-learning	Inter-professional meetings, including			
	practice meetings			

# Assessment

# Recording

Learning activity	Title	Date	Evidence	Trainer signature

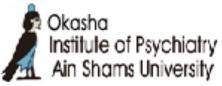




# End of rotation reflection:

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

ЕРА	Your reflection	Signature of clinical supervisor
General reflection		





## **Rotation / attendance proof "multiple pages"**

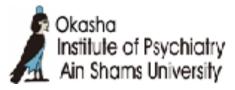
أسم الوحدة التي تدرب بها	توقيع المشرف الإكلينيكي	توقيع رئيس القسم	توقيع مدير المستشفى

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

**Summary of MI rotation Assessment** 





### **Basic information**

MI name and signature:	
Department	Psychiatry
Hospital	Ain Shams
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
WPBA		
Directed learning		
Self-learning		
Team observation report		

## Final judgment

Acceptable progress	Unacceptable progress

# Signature of Clinical Supervisor

# Signature of Educational Supervisor