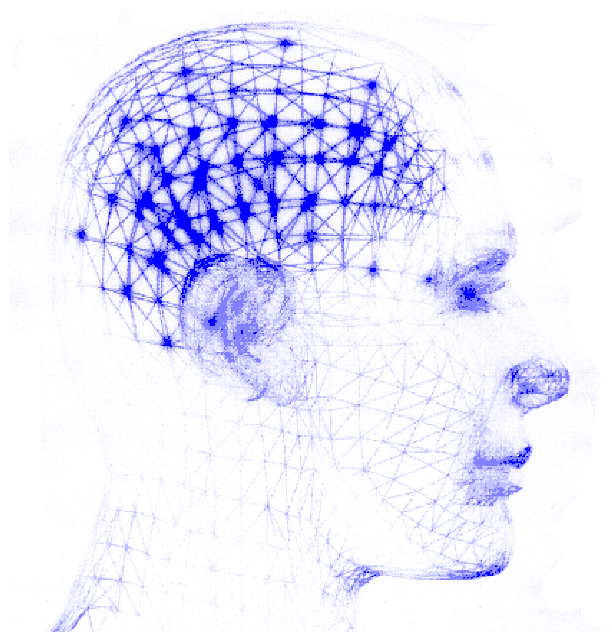
Psychiatry & Ethics

2012-13



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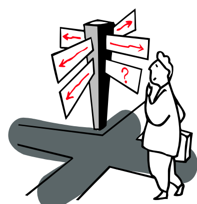
Welcome/Overview

This handbook should be read in conjunction with the Year 3 Handbook and the Rules, Policies and Procedures Handbook. http://www.bris.ac.uk/medical-school/

Summary



Here is a summary of the targets you should aim for. It is impossible to accurately predict when you will be doing them, as much will depend on local circumstance and practice. It is up to you to find out what these are!

WEEK	TARGET
1	Meet Site Tutor Collect timetable – introductory lectures and essential pre-reading Arrange to meet your Educational Supervisor and Team Get SSC dates from Site Tutor, check abstract submission date Find out about Ethics teaching **Start seeing patients**
2	Orientate yourself to local services and set-up – where are the wards? Where are outpatients seen? What is your Educational Supervisor's timetable/schedule? Locate library and test out IT facilities **See patients** Friday - Central Teaching Bristol
3	Check clinical activity (in your logbook) – do you need to organise visits to specialist services? These are not always arranged for you. **You should be seeing a range of patients by now, and be rehearsing clinical skills.**
4	**Arrange mid-way formative feedback and review of clinical activities with either Site Tutor or Educational Supervisor** Friday - Consultation Skills Central Teaching day Bristol Get prepared for iSSC **See Patients**
5	Focus on clinical skills Continue iSSC preparation **See Patients**
6	Check logbook, plan to complete outstanding activities **Continue** iSSC preparation **See Patients**
7	Revision for psychiatry clinical exam

	iSSC presentation or maybe in week 8 depending on your hospital site See Patients
8	Submit ethics case
9	End of Unit Clinical Exam

As you can see there is a big emphasis on seeing patients. History taking and clinical skills are key aims of the Year 3 units and you should use every opportunity to develop these. Outside of your timetabled slots you should be working with your Educational Supervisor and his/her team to maximize your clinical learning. This may include visits to other services but this **must** be communicated to your Educational Supervisor – keeping them informed is part of developing a professional manner another key aim in Year 3.

Key Dates

Psychiatry Central Teaching Days

Fridays: Unit 1 - 14/9/12, Unit 2 - 16/11/12, Unit 3 - 1/2/13 and Unit 4 - 12/4/13. This is a generic programme and you can find details on Blackboard, this is updated regularly. The aim of the day is to give medical students an overview of both psychological and psychopharmacological therapies. The focus will be on giving them the knowledge and skills for what they will need when the majority becomes GPs or doctors in DGHs. The teaching will be delivered using a mixture of didactic and interactive sessions

By the time of the Central Teaching Day, students will have had a varied exposure to teaching on psychiatric history taking and some of the mental illnesses they are likely to encounter. The teaching on the day will aim to provide a framework for learning about the actual therapies - psychological and psychopharmacological.

The first half of the day is focused on the psychological treatments and psychotherapy. The aim is for students to gain an understanding of these treatments and the underpinning concepts can be usefully deployed in their future working lives. Thus the first half of the morning looks at attachment, the doctor-patient relationship and professional boundaries. The second half aims to show the students what the various psychological treatments consist of and the various situations and conditions where they can be usefully employed. The relative merits of the different therapies will also be briefly explored.

Halfway through the day, there will be a lecture that aims to bridge between the morning and the afternoon, entitled ‘The Mind and Body’.

The second half of the day will focus on the psychopharmacological treatments- following a brief review of pharmacology; the aim will be to make the students familiar with what drug treatments are available and how and why they work. The aim will be to cover, amongst other things, Affective Disorders (anxiety and depression), Bipolar Affective Disorder, Schizophrenia, Dementias, and Substance Misuse/Alcohol. The students should be familiar, at the end, with the various classes of antidepressants (serotonin and noradrenaline reuptake inhibitors, monoamine oxidase inhibitors, tricyclics etc), mood stabilizers, antipsychotics, and anti-anxiety agents/sedatives/hypnotics.

End of Unit Direct Observation Clinical Skills Examination Dates

Thursdays: Unit 1 - 1/11/12, Unit 2 - 17/1/13, Unit 3 - 21/3/13 and Unit 4 - 30/5/13. The exams are held in the Academic Unit of Psychiatry, Oakfield House. Click on link for directions (NB click on Oakfield House):
<http://www.epi.bris.ac.uk/directions/directions.htm>

Staff Information

Academic Unit of Psychiatry Staff Information

Teaching/Unit Lead	Dr John Potokar
Unit Administrator	Mrs Janet Hickling
Exams Co-ordinator	Ms Hazel Carrington

Academic Staff – Teaching Leads:

Central Teaching	Dr. Jan Melichar
Exams	Dr. Tim Amos
Resits	TBA
SSCs	Dr. Jonathan Evans
Feedback/Quality Monitoring	Dr Dheeraj Rai
Ethics	Dr Kerry Gutridge unit Dec 12 permanent post from Jan13
Clinical Lecturers	Dr David Christmas (General Adult Psychiatry) Dr Amy Green (General Adult Psychiatry) Dr Dheeraj Rai (Learning Disabilities Psychiatry)

	Dr Helen Bould (Child & Adolescent Psychiatry)
Teaching Fellow (AWP)	Dr Nicola Taylor (General Adult/Liaison Psychiatry)

For support outside your Unit you can contact the Faculty Student Advisor, (0117) 331 1848, med-support@bristol.ac.uk) or the Clinical Dean (0117 33 11844). For full details click student support services

The following email address has been set up for students to direct any queries regarding the **Psychiatry** Element of the Psychiatry and Ethics Unit:

help-psychiatryundergrads@bristol.ac.uk

All **Ethics** queries should be sent to:

year3-ethics@bristol.ac.uk

It would be greatly appreciated if you could check the Student Workbook and Blackboard to see if the answer is available there, before emailing these addresses.

Travel

Make sure you know whether you should be claiming your travel costs from your Academy, NHS Bursaries or the University and that you are eligible to claim everything on the form - errors in submitting claims will delay reimbursement. For full travel regulations consult the Rules and Policies. If you use your own transport please ensure that you have adequate insurance.

Teaching Information

Professional Behaviour

You should adhere to the professional code of practice at all times which can be found at Rules and Policies. Professional behaviour will be monitored by the site tutor and educational supervisor. If there are concerns with respect to this, this will be discussed with the student and if necessary referred to the Fitness to Practice Panel.

This includes:

- treating all patients with respect (including respecting confidentiality)
- treating all staff and colleagues with respect (including not disrupting their teaching)
- attending all teaching on time or letting the relevant people know you cannot attend. **Your attendance should be 100% for all teaching. Contact by telephone is preferred but a timely e-mail is also acceptable. Contact with your Year Coordinator and Academy Administrator should be made before 9.30am, giving your name, student number,**

contact phone number and reason for absence and expected date of return. Click on the following for more information: student leave of absence

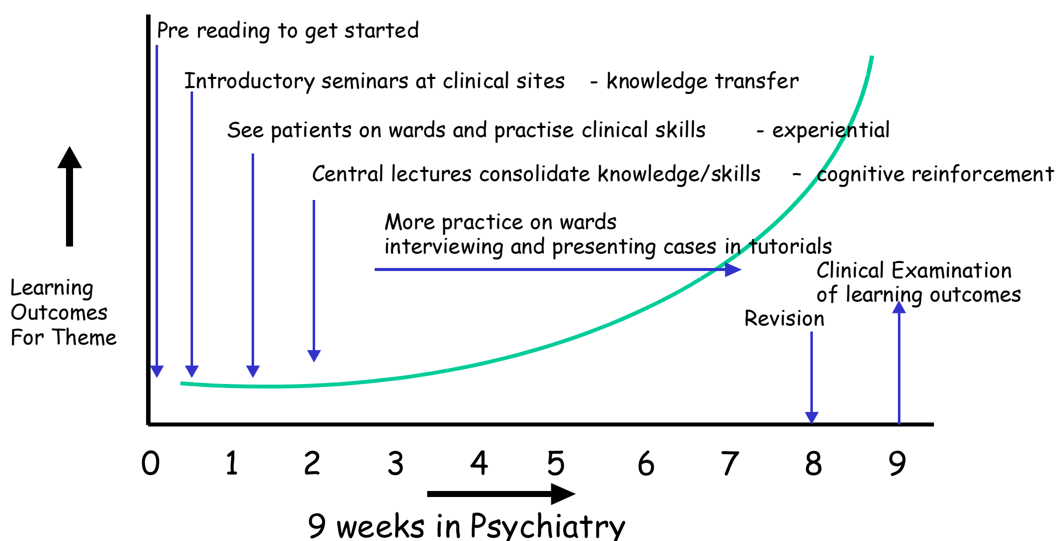
- adhering to the clinical dress code
- being honest and handing in all required paperwork/assessments to deadlines
- taking care of your health and seeking help if your health may impact on patient care.

You are entitled to Wednesday afternoons off (from 1.00pm), but you should ensure that your Site Tutor is aware you will be taking this time off so you are not timetabled to attend optional teaching activities.

Teaching and Learning Approaches in Psychiatry

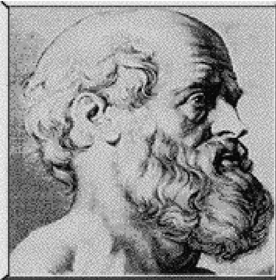
During this Unit you will be at one of eight clinical sites. Every student will receive similar 'core' introductory lectures, though when these are delivered will vary depending on local timetables. On-Line tutorials and supplementary materials are on Hippocrates. You will also be loaned an up to date textbook "Psychiatry PRN" which will help orientate you. We have chosen this book because as well as core knowledge; it discusses clinical and practical skills and also includes some on-line supplementary material. It is essential that you return the book at the end of the attachment for the next batch of students – it's a loan not a freebie! This is the second year that we have used this approach and we would value any feedback as to its usefulness.

Learning curve for **'Core' Conditions**



You will find that we use a variety of different teaching approaches during this placement. To begin with we will *tell* you what you need to know to get started, and as mentioned we have given you a text book which will help. During this time you also begin to see patients and get

some clinical experience, and much of your learning will be through experience, guided by your Educational Supervisor and Site Tutor. Lectures at the University focusing on treatment consolidate your knowledge. When you get back to your base, you will be learning by presenting cases, practicing clinical skills and seminars will become more interactive and student centered. Then comes revision and preparation for exams. This pattern of learning is repeated throughout Years 3-5, and the expectation is that your ability to be self directed will increase so that by the time you are a foundation doctor you are able to be self-directed.



During the clinical attachments your learning will be supported by a series of online tutorials. You access these via Hippocrates. You can access Hippocrates either via a link in Blackboard or via: http://www.bristol.ac.uk/medical-school/hippocrates/psychethics/. The IT facilities available to you in your Academy will be explained to you during your induction.

You should also watch the psychopharmacology lecture on Hippocrates that features Professor David Nutt. This uses ***Camtasia*** (a screen video capture programme) to provide an online version of the popular lecture that used to be delivered during Central Teaching. The lecture has been broken down into six sections and will provide the foundations for the clinical pharmacology teaching on your placement.

You will also have access to a DVD that will take you through History-taking and the Mental State Examination. **You should have watched the whole DVD by the end of the Unit**. It is important that you do take time out to look at this online material. Firstly, because each tutorial has been written by a psychiatrist with expert knowledge in that particular field so that every student will have access to the same information. Secondly, because when you meet patients, you will probably find that you have more questions than answers, and the online tutorials can help you to find answers to your questions. And thirdly, the tutorials will help in your examinations at the end of the unit and the end of the year.

You will notice that some of the learning outcomes and clinical activities relate to specialist areas and you will not have access to all of these during your clinical attachment, for example child psychiatry or eating disorders. Where this is the case, **it is important that you look at the relevant online tutorial, as you will be examined on these topics in your end of year written examination.**

Unit Aims/Learning Outcomes

Our Unit learning outcomes reflect the relevant guidance in the GMC's Tomorrow's Doctors and Good Medical Practice. It also reflects the emerging national curriculum in undergraduate Psychiatry that has been developed by the Royal College of Psychiatrists. Over the course of your 5 years we aim to cover all aspects of this curriculum, but clearly the majority of your focus in Psychiatry is in the third year and therefore much of the curriculum will be covered during this attachment. But please remember, the brain and mind in all your clinical practice! The latest version of this curriculum is below.

Year 3 learning outcomes focus on history taking and assessment. The scientific basis of practice is not the focus for your learning but you will build on your work in Years 1 & 2. You will also undertake consultation skills and ethics teaching within the Unit. We do not focus on developing students' teaching skills in Year 3 but you do learn presentation skills for your iSSC. You will develop skills to identify your own learning needs through the use of logbooks and manage your own time through the ethos in the Unit of self directed learning.

The principle objective of this Unit is for students to be able to take a psychiatric history and mental state examination and use this information in two ways. Firstly to make a diagnosis, using information from the clinical assessment to justify their preferred and differential diagnoses. Secondly, to indicate, in broad terms, how to manage and treat a person with a psychiatric disorder paying attention to the biological, psychological and social aspects of treatment and tailoring their recommendations in the light of the information they have obtained from the history and mental state examination.

Core Curriculum in Psychiatry

All doctors must have an adequate level of psychiatric knowledge, skills and attitudes to be able to comprehensively assess and treat their patients. In particular, newly-qualified doctors should be able to competently manage psychiatric emergencies and recognize obvious mental illnesses in their patients; and know when to refer to their seniors/psychiatric specialists.

At UoB we have adapted a core curriculum in Psychiatry which was developed by the Royal College of Psychiatrists and reflects the GMC's Tomorrow's Doctors document (2009). This specifies areas that should be covered at some stage of the undergraduate medical course. Many areas will be covered on this unit. Tomorrow's Doctors (2009) presents three overarching outcomes for newly qualified doctors: The doctor as a scholar and a scientist; The doctor as a practitioner; The doctor as a professional. This curriculum maps onto these overarching outcomes and specific outcomes relevant to psychiatry.

Specific to teaching in clinical psychiatry, the principal **aims** of the undergraduate medical course should be:

- To provide students with knowledge and understanding of the main psychiatric disorders, the principles underlying modern psychiatric theory and commonly used treatments (The doctor as a scholar and a scientist)
- To assist students to develop the necessary skills to apply this knowledge in clinical situations (The doctor as a practitioner)
- To encourage students to develop the appropriate attitudes necessary to respond empathically to mental illness and psychological distress in all medical and broader settings (The doctor as a professional)

It is essential that psychiatric teaching explicitly covers all age groups (children, adolescents, working age adults and older adults), the perinatal period and people with a learning disability. Students should learn about different presentations and treatments of mental illness in primary care, secondary psychiatric services, and medical/surgical patients.

The **Learning Outcomes** are:

The Doctor as a Scholar and a Scientist

On completion of undergraduate training the successful student should be able to:

1. Describe the prevalence and clinical presentation of common psychiatric conditions and how these may differ between patients, particularly with age, developmental stage and culture.

2. Explain the biological, psychological and socio-cultural factors which may predispose to, precipitate or maintain psychiatric illness; and describe multi-factorial aetiology.

3. Understand normal life adjustments and transitions (include between age groups). Recognise the differences between mental illness and the range of normal responses to stress and life events (including bereavement). Recognise the danger of inappropriately medicalising normal distress and grief.

4. Describe the current, common psychological, physical and social treatments for psychiatric conditions, including the indications for their use, their method of action and any unwanted effects. Treatment includes lifestyle measures. Treatment includes ECT. Understand that

stepped care is often appropriate. Understand that good treatment should lead to improved well-being and growth for individuals, not just reduced symptoms.

5. State the doctor's duties and the patient's rights under the appropriate mental health legislation and mental capacity legislation. Understand the importance of confidentiality and when the patient's wish for confidentiality should be over-ridden, including in young people.

6. Describe what may constitute risk to self (suicide, self harm and/or neglect, engaging in high risk behaviour) and risk to and from others (including child abuse, domestic violence between adults and protection of vulnerable adults). Understand how such abuse (of adults and children) increases the risk of psychiatric and personality disorders.

7. Summarise the major categories of psychiatric disorders, for example using ICD-10.

8. Describe the basic range of services and professionals involved in the care of people with mental illness and the role of self help, service user and carer groups in providing support to them. Describe the varied roles of psychiatrists and other mental health professionals. Students should be aware that services differ from each other and change over time (so future services may be different). Students should understand the recovery model.

9. Describe the principles and application of the primary, secondary and tertiary prevention of mental illness.

The Doctor as a Practitioner

On completion of the course the successful student will be able to:

1. Take a full psychiatric history, carry out a mental state examination (including a cognitive assessment) and write up a case (as would be found in medical records). This includes being able to describe symptoms and mental state features, aetiological factors, differential diagnoses, a plan of management and assessment of prognosis.

2. Prescribe psychotropic medication (if appropriate) safely, effectively and economically.

3. Provide immediate care in psychiatric emergencies, which may occur in psychiatric, general medical or other settings. In particular be able to conduct a risk assessment (risk to self and others, including from abuse), act appropriately based on this risk assessment; and to be competent in the management of acute behavioural disturbance.

4. Screen empathically for common mental illnesses in non-psychiatric settings and recognise where medically unexplained physical symptoms may have psychological origins.
5. Communicate effectively with patients and multi-disciplinary colleagues. Discuss with patients and relatives the nature of their illness, management options and prognosis. Be able to communicate well and empathically with children and with patients who might be frightened, aggressive, and unable to communicate or challenging in other ways. Summarise and present a psychiatric case in an organised and coherent way to another professional. Be able to make appropriate referrals to psychiatric services.

6. Plan which physical and psychosocial investigations should be carried out when patients present with psychiatric symptoms and when starting psychotropic medication.

7. Evaluate information about family relationships and other relevant social factors (including work, education and finances) and their impact on an individual patient, This may involve gaining information from other sources.

8. Evaluate the impact of mental illness on the individual, their family and those around them.

9. Assess a patient's capacity to make a particular decision in accordance with legal requirements and the GMC's guidance.

The Doctor as a Professional

On completion of the course the successful student will:

1. Behave according to good ethical and legal principles, including, but not limited to, those laid down by the General Medical Council.

2. Recognise the importance of the development of a therapeutic relationship with patients, enabling the patient to be actively involved in decisions about their care.

3. Act in a safe way towards patients. Understand the potential to do psychological harm to patients, including by providing untrained/unsupervised psychotherapeutic interventions and fostering inappropriate doctor-patient attachments. Recognise the limits of their own competence and know when to ask for help from a more senior/specialist colleague.

4. Accept that illnesses of the brain/mind are of equal importance as illnesses of other parts of the body. View psychiatric patients as being as deserving of the same high standard of medical care as patients with purely physical illness. Demonstrate understanding of how

patients' opportunities may be affected by stigmatisation of mental illness and show sensitivity to the concerns of patients and their families about such stigmatisation.
5. Recognise the importance of multidisciplinary teamwork in the field of mental illness in psychiatric, community, general medical, primary care and non-medical settings.

6. Reflect on how working in health settings may impact upon their own health (including mental health) and that of colleagues. Understand the importance of seeking professional help if they themselves develop mental health problems.

APPENDICES

These appendices provide further detail for the above outcomes on the specific knowledge, skills and attitudes that we aim to teach in the undergraduate medical course.

Appendix 1 – Psychiatric Disorders and Other Mental Health Problems

Knowledge of the following core disorders is a minimum. Psychiatrists should be involved in the teaching of these core disorders.

- How, and why, we classify psychiatric disorders
- Mood disorders
- Anxiety disorders
- Substance misuse, especially alcohol and cannabis (acute & chronic effects)
- Medically-unexplained symptoms
- Psychosis and specifically schizophrenia
- Child and adolescent mental health problems (including neurodevelopmental disorders, such as attention-deficit/hyperactivity disorder and autism)
- Dementia
- Delirium
- Patients who self harm
- Personality disorders
- Eating disorders
- Acute reactions to stress and PTSD
- Effects of organic brain disease
- Differences in presentation in older people
- The mental health needs and problems of people with Learning Disability
- The mental health needs and problems of people with long-term medical conditions
- Co-morbidity (the fact that people with one disorder may also have another disorder)

Appendix 2 – Psychiatric Presentations

Knowledge of how to assess and manage the following clinical situations:

- The confused patient
- The agitated/aggressive patient
- The sad patient
- The patient who has recently harmed him/herself, or is threatening to do so
- The patient taking psychiatric medication who has become acutely unwell

Appendix 3 – Basic Sciences

A good knowledge of neuroanatomy, neurophysiology, neurochemistry, neuropathology, genetics and psychology. In particular:

- The function of the synapse, and the roles of different neurotransmitters
- Mechanisms underlying attention, perception, executive function, memory, learning
- The role of genes in the aetiology of psychiatric disorders
- Mechanisms relevant to the experience of emotion
- Human development (emotional, physical and social)
- Psychological concepts of health, illness and disease, including illness behaviour
- Psychological factors that contribute to the onset and course of illness
- Psychological aspects of behaviour change and treatment compliance
- The development of the human personality, and how trauma may affect this

Appendix 4 – Psychopharmacology

- Function of the main neurotransmitter systems in the CNS
- Basic neurochemical theories of depression, schizophrenia and dementia
- Mechanism of action, clinical indications, side-effects and monitoring of commonly used psychotropic drugs:
    - Antidepressants
    - Antipsychotics
    - Mood stabilisers
    - Anxiolytics/hypnotics
    - Drugs for dementia (including the problems of antipsychotic use)
- Mechanism of action, adverse effects and withdrawal syndromes of common psychoactive drugs used recreationally including: alcohol, cannabis, stimulants, opiates, benzodiazepines, ‘legal highs’
- Prescribing in substance misuse, including substitution medications and vitamins
- Knowledge of common complementary medicine remedies for mental illnesses, and potential benefits and limitations of their use

Appendix 5 – Sociological and Ethical Issues

- The meaning of 'mental illness' to individuals and society
- Awareness that different models of illness lead to varied responses to (and understanding of) psychiatric illness among individuals, groups and societies. In particular: biopsychosocial, multi-axial, medical, developmental and attributional models
- Ethics and the values that underpin core ethical principles
- Relevance of family, culture, spirituality and society and the individual's relationship with these; and the positive and negative effects of these on mental health
- Stigma; students should have the chance to discuss their own attitudes
- Outline the public health importance of mental health nationally and internationally in terms of personal, economic and social functioning, including a knowledge of prevalence, disability, chronicity, carer burden, cultural attitudes and differences, suicide, and service provision.

Appendix 6 – Psychological Treatments

Students should have an understanding of the principles of psychological management of common mental illnesses, especially depression, anxiety and OCD. Students should know about cognitive behavioural therapy, computer-aided CBT, interpersonal therapy, counseling, motivational interviewing, group therapy, family therapy and psychodynamic therapy.

Recognise the importance of lifestyle on mental health and its impact on treatments including sleep hygiene, nutrition, social interaction, fitness, activity, education, occupation, and family and community involvement.

Appendix 7 – Communication skills

Students should develop their skills in the following areas:

- Active listening
- Empathic communication and building rapport
- Understanding non-verbal communication
- Skills in opening, containing and closing an interview
- Skills in dealing with challenging patients
- Appreciation of how transference and counter-transference may affect how a patient acts towards a health professional; and how the professional feels about a patient

Clinical Skills Curriculum

These are the clinical skills areas that you will be developing in a little more detail. You will be examined on these in your end of unit Direct Observation of Clinical Skills exam.

History Taking

- ❖ Presenting complaint
- ❖ History of presenting complaint(s)
- ❖ Past psychiatric history
- ❖ Drug history – Medication – current and past; recreational; illicit
- ❖ Family history
- ❖ Personal history (including current social Hx)
- ❖ Forensic history
- ❖ Premorbid personality
  1. Taking history from a patient with mood disorder
  2. History from a patient with an anxiety disorder
  3. Taking a history of alcohol use/misuse/dependence or other substance misuse/dependence
  4. History from a patient with psychosis
  5. History from a patient with dementia or delirium
  6. Take an history from a patient who has self harmed/is suicidal including risk assessment
  7. History from a patient with an eating disorder
  8. History from patient with personality disorder
  9. Taking a collateral history from family/carer/friends

     Routine review of patient with any of the above conditions

Mental State Examination

Examine mental state, eliciting psychopathology in the following areas:

- ❖ Appearance and behaviour
- ❖ Speech
- ❖ Mood (subjective/objective) including affect and anxiety
- ❖ Thoughts
  1. Form
  2. Content- e.g. depressive cognitions/ delusions/ overvalued ideas/ obsessions/ flash backs/ body image disturbance/ hypochondriasis/somatic preoccupation
- ❖ Perceptual Disturbance- e.g. hallucinations
- ❖ Cognitive function including Folstein MMSE
- ❖ Insight

Formulation of Differential Diagnosis and Management Plan

Students should be able to link patient symptoms to possible differential diagnoses to include main areas listed above

- Discussing diagnosis with a patient/family

- Discussing diagnosis with consultant, GP, other mental health teams/crisis team

Management

Students should be able to suggest an appropriate management plan based on the history, differential and incorporating a holistic biopsychosocial approach

1. Discussing management with patient/family
2. Discussing management with consultant, GP, other mental health teams
3. Discussing medication with patient/family
    i. Antidepressants
    ii. Antipsychotics
    iii. Lithium
    iv. ECT
    v. Clozapine
4. Discussing psychological therapies with patient/family
5. Discussing risk assessment with consultant
6. Discuss diagnosis and management of Alcohol withdrawal syndrome

Code of Good Practice in Teaching and Learning

Eight clinical sites provide the psychiatry teaching and clinical experience for the Psychiatry and Ethics Unit. In order to ensure that students experience equity, we have set out standards for good practice. These are based on both students and teachers taking responsibilities for learning.

Student Responsibilities

In any clinical environment you get the most out of the experience by being curious! Although circumstances may vary depending on where you are placed, here are a few tips that might help you.

- Make contact with the junior doctor on your team as soon as possible
- Arrange to meet with your allocated Educational Supervisor within the first week
- Discuss the clinical activity sheet and learning outcomes with your Educational Supervisor or member of the team
- Work out, with your Educational Supervisor, an appropriate timetable to ensure you meet requirements for clinical activities and learning in good time
- Make yourself known to other members of the medical team – SpR; staff grade
- Make yourself known to other team members and arrange to spend time with them
- Identify a *range* of learning opportunities and actively pursue them

- Using the log book, meet with either the Educational Supervisor or one of the medical team to review and sign off your cases at weeks 4 and 8
- Arrange to present two cases from the clinical activity sheet
- *You must* let your Educational Supervisor know if you are unable to attend a scheduled activity

1. Each student will receive a timetable on day 1, to include:

- Weekly tutorial with Site Tutor or nominated deputy, minimum 60 minutes
- Seminars or similar sessions on core subjects [see UoB guidelines]
- One half day minimum learning disability placement
- Observation of ECT session/video
- Attendance at a Care Planning Meeting
- Formal assessment of suicide risk/ video or role play
- Cognitive assessment, e.g. mini mental state
- Two half days for GP attachments [with time allowed for travel]
- Details of relevant academic meetings/journal clubs
- Dates for presentation of SSC

Site Tutors must provide students with adequate information if students are expected to arrange these themselves.

2. Students will have access to online resources and email, to include

- Access from remote or peripheral units
- Details in their induction of where and how they can gain internet access
- Details in their induction of how to access the relevant help desk within the Academy

3. During clinical attachments, students should

- Seek out a reasonable case mix, to include general adult psychiatry and sub-specialty posts like Old Age, Rehabilitation or Liaison Psychiatry
- Case mix should include community and in-patients to reflect a functional model of working
- Students should ensure their case mix includes new assessments and follow-up of chronic illness

- Receive guidance from the Site Tutor regarding their SSC and support regarding topic and progress

4. During clinical attachments, students should ensure

- They seek out opportunities to attend clinics and ward rounds on a regular basis
- They have an opportunity to discuss with their Educational Supervisor/Site Tutor the number and type of cases that they have managed to see by week 8 of the placement
- They have been observed interviewing a patient by consultant or SpR or similar senior doctor
- They have undertaken a mental state examination of at least 10 of the presentations set out in the clinical activity sheet
- Have presented at least 2 of these cases thoroughly during the attachment (to a senior doctor)

Internal Quality Monitoring

Each statement set out in the guidelines for good practice is measured via on-line exit questionnaires to be completed by all students at the end of each unit, the results of which are fed back to Site Tutors by the link academic. We also collect feedback from our teachers about the programme. These data are collated and reported annually to the Unit Management Group and then to the Annual MB ChB Programme Review. The Unit Annual Report is available on our website at the end of each academic year. All University teachers will be participating in the University's Peer Review of Teaching scheme from this year onwards and our Site Teachers will be invited to participate on a voluntary basis.

External Quality Monitoring

The programme is reviewed by the Faculty Quality Assurance Team on a three yearly basis and was last visited in May 2011. The University is also involved in external quality assurance procedures and the Departments in which this programme sits may be involved in external reviews. One of the most important external bodies for quality assurance is the Quality Assurance Agency for Higher Education. However departments are also visited by professional and statutory bodies such as the General Medical Council.

The University takes part in the thestudentsurvey.com/ (NSS) which was undertaken for the first time in 2005. Also from time to time the University is asked to respond to consultations from external agencies such as HEFCE or the DfES.

GP Attachments

- 2 half day sessions in General Practice
- You will be in groups of 4 or 5 students.
- Session length is 2.5 – 3 hours
- Attendance at the GP sessions is compulsory

Attendance is important, as GPs will invite patients to come in specially to talk with you. The purpose of these sessions is to provide further hands on experience in the way that the core clinical problems for this unit present and are managed in Primary Care settings. In General Practice you may see patients with more recent and less severe problems and those who are recovering from mental illness or addiction. Students have found this very helpful as the patients are often able to provide deep insights into what it is like to live with mental health problems. Please remember to keep the focus on 'the whole person' and not just the condition, to understand how the patient's personality, family history, past history and social environment mesh together in their illness. Please see Blackboard - Year 3 GP placements for more information on learning objectives for the GP placements.

Action: GP placements are organised differently in the different academies.
All students please contact your academy administrator to find out how to organise your GP sessions. One student per group has been designated to be the lead student for the group. It is the duty of this student to communicate with the GP teacher and pass this information to the other students in the group. Please see your Year 3 GP placement handbook for further information. You can find it in Blackboard – Year 3 GP placements.

Please do NOT change your GP sessions at short notice.
Last minute changes are difficult for GP teachers as they will have booked patients and cancelled their surgery for the teaching session.
Here are some comments from previous students on their GP placement

'I feel more comfortable taking a psychiatric history and have learnt how to screen patients for depression and eating disorders and dementia'

'Better understanding of general burden of psychiatric illness in general population – could, and does, affect everyone'

Enjoy your GP attachments

Staying Safe

Students almost invariably find the psychiatry placement rewarding and enjoyable. Problems arise only rarely but adequate preparation for them is the essence of good clinical practice. Taking care of yourself should necessarily be for you a high priority. Involvement in psychiatric clinical work is like crossing the road: it's generally free from significant risks if we obey the rules, but it can be dangerous if we ignore them. This section reminds you about the main rules that you are expected to observe. By and large they amount to no more than matters of common sense but they do need to be interpreted in the clinical settings to which you will be exposed.

In the hospital wards Always take guidance from the doctors who are responsible directly for your training. You will need to ask which patients you can interview, what precautions to be taken when you do so, and where they might be seen. The usual time when you can get such guidance would be on ward rounds with the whole team. Occasionally, you might be expected to interview a newly admitted patient prior to a team meeting. In such circumstances always take care to ensure that you have obtained permission from the doctor in charge of the patient at the time. If possible, take the opportunity to sit in with one of the doctors conducting the interview to start with. **You should always notify the nurse in charge when you are seeing a patient, indicating where the interview will take place.** Ask if there is an alarm system and if so how it works.

Always be careful to ensure that you have help at hand should difficulties occur, for example if a patient becomes aggressive during the interview. Do not interview patients away from the main body of the ward and sit near the door to allow for an unimpeded exit if necessary. Always disengage and seek help without delay if you feel your interview is getting into difficulty. As above, always notify the nurse in charge when you are interviewing a patient.

Your work at this stage should be almost entirely a matter of clinical assessment. Do not take it upon yourself to challenge or confront. Be sensitive to any reluctance on the part of the patient to be interviewed. A Psychiatric History in particular covers highly personal and intimate subject matter, which may be very difficult and distressing for an individual to discuss. Sometimes an unwillingness to talk might also be related to irritability and suspiciousness related to a psychotic illness. In such circumstances it is best to end the interview and aim to return at a later time after discussion with your consultant or other psychiatrist member of the clinical team.

In the Community When away from the hospital base the many uncertainties concerning risks escalate considerably. Again use your common sense in such circumstances. You should always be accompanied and guided by a member of the sector team when seeing patients in the community. You should not expose yourself to unpredictable risk, for example by interviewing someone on your own or by secluding yourself with a patient whose illness has not yet been adequately assessed.

These notes are not intended to suggest that working with the mentally ill is necessarily hazardous, but the analogy of crossing the road comes to mind: use the zebra crossing when you can, look right and left, and right again; use your common sense. At all times consult with the doctors responsible for your training. Ask them if you are in any doubt as to what you should do. Remember, it is your responsibility to check what the local safety rules and procedures are at your hospital placement.

Looking Out for Yourself and Others

As a student and a qualified Doctor, the GMC's guidelines for Fitness to Practice indicate the importance of being aware of your own physical and mental health. Sometimes, students find the psychiatry placement more emotionally challenging than others. It may provoke memories of personal mental illness or that suffered by friends and family. If you notice that you are unusually tired, anxious or upset about something, then contact your Site Tutor, the Clinical Dean, your own GP, student health or the University Student Help site. Alternatively, Galenicals will support students and you can email Phil at welfare@galenicals.org.uk in the strictest confidence or there are some useful tips on the Welfare pages of the Galenicals website. For support outside your Unit you can contact the Faculty Student Advisor (Ros Forge, (0117) 331 1848, med-support@bristol.ac.uk) or the Clinical Dean (0117 33 11844). Full details of student support services are available at support: It is always good to seek help and advice early when situations can often be very easily resolved.

Recommended Reading

It is often difficult to know what knowledge you need and what questions to ask when starting a new topic especially one as diverse and complex as Psychiatry. The curriculum guide is critical but the most important learning resource are the patients and their narratives. By listening to them you will expand your knowledge and experience and you will understand what questions need answering. The scope for reading is vast and it is easy to be overwhelmed by the wealth of literature available. In addition to the Psychiatry PRN, below are some books that may interest you and will help to cover the curriculum as well as questions that you may have. Other potential sources are also listed and you should be able to access these via your library.

General Texts

- Bourke, Castle and Cameron *Crash Course Psychiatry*, 3rd Edition, 2008
- Katona C et al (Eds) *Psychiatry at a Glance*. 4th Edition, 2008
- Neel Burton, *Psychiatry*. 2nd Edition. Wiley-Blackwell, 2010
- *Oxford Handbook of Psychiatry*, 2nd Edition, 2010

Treatment

- Stahl S, *Depression and Bipolar Disorder (Stahl's Essential Psychopharmcology).* 3rd Edition. Cambridge University Press, 2008.
- Shiloh, Stryier, Nutt and Weizman, *Atlas of Psychiatric Pharmacotherapy*. 2nd Edition. Taylor and Francis, 2006.
- Bateman, Brown and Pedder, *Introduction to Psychotherapy – An Outline of Psychodynamic Principles and Practise*. 3rd Edition. Routledge, 2000.

For Reference

- Gelder, Lopez-Ibor, Andreasen and Geddes (Eds), *New Oxford Textbook of Psychiatry*. 2nd Edition, 2009.
- David, Fleminger, Kopelman, Lovestone and Mellers, *Lishman's Organic Psychiatry: a Textbook of Neuropsychiatry.* 4th Edition. Wiley-Blackwell, 2009
- Oyebode F, *Sims' Symptoms in the Mind. An Introduction to Descriptive Psychopathology (Made Memorable)*. 4th Edition, Saunders Elsevier, 2008.

General Reading about Psychiatry

- Clare A (Ed), *Psychiatry in Dissent*. Tavistock 2001 (reprinted originally 1980)
- Goldacre B, *Bad Science*. Fourth Estate, 2008.
- Porter R, *Madness*: *A Brief History*. Oxford University Press, 2003.

There are many books that portray mental illness and during your attachment we would encourage you to read one of them. Some suggestions are listed below:

- An Unquiet Mind. Kay Redfield Jamison
- Enduring Love. Ian McEwan
- The Man who Mistook his Wife for a Hat. Oliver Sacks
- Shakespeare comes to Broadmoor. Murray Cox.
- Darkness Visible. William Styron
- Malignant Sadness. Lewis Wolpert
- The Curious Incident of the Dog in the Night-time. Mark Haddon

USEFUL WEB SITES

❁Centre for Evidence Based Mental Health (Oxford University): http://www.cebi.ox.ac.uk/
❁Royal College of Psychiatrists: http://www.rcpsych.ac.uk
❁Remote UoB library access http://www.bristol.ac.uk/is/library/addlibs/
❁Medical students' page on the RCPsych: http://www.rcpsych.ac.uk/training/students.aspx

Become a Student Associate for FREE!

If you are a medical student or a foundation trainee, you can register online with the Royal College of Psychiatrists (www.rcpsych.ac.uk/medicalstudents) to become a **Student Associate** and enjoy fantastic benefits!

FREE online subscriptions to the British Journal of Psychiatry and the Psychiatric Bulletin (worth up to £232)

10% discount on College publications

FREE annual conference

FREE e-newsletter

Bristol University Psychiatry Society

Struggling with psychiatry? Bristol University Psychiatry Society (BUPS) can help. The society is planning revision sessions at the end of each psychiatry block for 3rd years in 2012/13.

Other events: BUPS will be holding a programme of events for 2012/13 that aim to expand interest into the fascinating world of Psychiatry. We have previously had evenings discussing military Psychiatry and PTSD, debates on the legalisation of cannabis from Professor David Nutt as well as chances to explore the world of forensic Psychiatry and much more. We also hold the annual MedFest event which discusses how doctors are portrayed in the media, television and film. We aim for students to have the chance to experience Psychiatry beyond that encountered on placement and to host many more exciting events.

Questions? To find out more about our society, to join our mailing list or to ask about Psychiatry SSC options, contact us via the following:

FACEBOOK-search for Bristol University Psychiatry Society

EMAIL-email our president at hj0253@bristol.ac.uk

Assessment Information

The overall assessment consists of two parts; component A (clinical assessment) and component B (written assessment).

Component A Clinical Assessment (40% of total Unit mark) made up of 2 constituent parts:

i Direct Observation of Clinical Skills (DOCS) Examination = 95% of component mark

ii Attitudinal Learning Objectives (ALOS) 5%

To pass Component A you must receive a mark of at least 50% for the component overall.

YOU MUST CAREFULLY READ APPENDIX 3 re DIRECT OBSERVATION OF CLINICAL SKILLS (DOCS) EXAM and APPENDIX 5 re ATTITUDINAL LEARNING OBJECTIVES (ALOS)

Component B Written Assessment (60% of total Unit mark) made up of 3 constituent parts:

i Internal Psychiatry SSC	33% of component mark
ii Ethics Written Case	17% of component mark
iii Written Examination (EMQ/MCQ)	50% of component mark

To pass **Component B** you must receive a mark of a mark of at least 50% for the component overall and at least 45%, individually, in the written examination and the ethics written case.

You must pass A and B to pass the Unit. Further details of these assessments can be found in appendices 2 -5.

Process for submission of work for Psychiatry

The written work (abstract) contributing to the iSCC must be submitted or completed by the date announced by your site tutor (this will differ from site to site). Please note that failure to submit an abstract will incur a penalty of 5% deducted from the overall mark. The word count for the abstract is 200 plus references. **The submission criteria for your ethics case are separate and are detailed in the Ethics Workbook. There are penalties for late submission so read this section carefully.**

Assessments Blueprint

Our assessments test your performance against the learning outcomes for the unit. We use a variety of assessment methods to test knowledge, skills and attitudes, and these are detailed in the assessment blueprint for the unit in appendix 1.

Feedback to students

Formative feedback to students about performance

Throughout the programme you will receive formative feedback to enable you to monitor your own progress and to help you understand what is expected of you. Every professional you work with can provide feedback and is often very willing if you ask! You will receive feedback on a more formal basis from your Educational Supervisor and Site Tutor. You can also self-assess. Use your **logbooks** to gauge your own progress against the clinical activities and professional behaviour indicators.

Summative Feedback

All students receive feedback on their performance after the internal SSC from their Site Tutor and following the clinical exam a summary of performance in the various components of the exam is sent.

Assessment Regulations

You must adhere to all relevant regulations relating to the MB ChB. University Examinations regulations can be found at: http://www.bris.ac.uk/secretary/studentrulesregs/examregs.html
Medical School rules can be found at Rules and Policies.

Extenuating Circumstances/Late submission: If before or during an assessment you feel that your performance has been affected by personal, family or health problems you should complete an extenuating circumstances form. The same procedure applies if extenuating circumstances have affected the submission of the abstract for your iSSC or your written long case. For more information please see: extenuating circumstances

Notification of marks and Re-sit Arrangements

Notification of Marks

Marks for psychiatry will be posted on Blackboard once the Faculty Exam Board meeting has taken place after the end of each unit. The dates for the posting of these marks will be sent out separately by the University. It is important to note that these marks are provisional even after being posted on Blackboard. The marks are not finalized until the End of Year Faculty Exam Board in June of each academic year.

During the psychiatry unit, students may receive their provisional mark for their iSSC presentation from the Site Tutor following the examination. The iSSC is a constituent part of component B and the final mark is scaled and combined with the marks for the Ethics case and written EMQ/MCQ paper.

Students may receive the provisional ALO mark from the Site Tutor using the descriptors on the Attitudinal Learning Objectives (in Appendix 5). The ALO is a constituent part of component A and the final mark is scaled and combined with the DOCS exam mark.

Psychiatry Resits

Remedial teaching will be organised during the first two weeks of the eSSC period, usually the first two weeks in July, for students who fail either of the components (A and /or B). Students who have failed the Psychiatry Clinical Examination (DOCS) will have to resit the exam, usually in the third week of July. Students who have failed the written MCQ/EMQ paper will be required to re-take this, usually in the third week of July. Students who have to re-take any component and/or constituent part will undertake a **reduced eSSC** focusing on the area of weakness. Details regarding eSSCs for re-sit students can be found on the Year 3 eSSC Blackboard Course.

Re-sit Information

Failure in Component A: Two week clinical placement and teaching in order to complete a re-sit Psychiatry Clinical Examination

Failure in Component B: Students with a combined score under 50% will be required to re-sit the entire component. Students who receive an "unraisable fail" (under 45%) in either the written exam or the ethics written case but who score 50% or more in the Component as a whole will only be required to re-sit the appropriate constituent part that they failed.

Note that all marks are calculated to two decimal places, so marks just below 50.00 or 45.00 will not be rounded up.

If you fail more than one Unit you should consult the Standing Orders for the MB ChB which are available in the Rules, Policies & Procedures Handbook.

External Examiner for Psychiatry

Professor Ania Korszun PhD, MD, FRCPsych is the External Examiner for Psychiatry. Her research focuses on mood disorders and particularly on the interface of depression and stress

with other medical conditions. She has completed studies on hypothalamic-pituitary-adrenal axis function in facial pain, fibromyalgia and chronic fatigue syndrome and was Co-PI on large multi-centre genetic studies of depression. Further work has focused on identifying the underlying pathophysiological mechanisms that link depression, stress and atherosclerosis. More recently, she is working in collaboration with colleagues from surgery and oncology on predictors of psychological wellbeing in cancer and trauma patients.

Ania Korszun maintains a strong commitment to medical education. She is the Academic Lead for Psychiatry Education, Systems Lead for Brain and Behaviour and Academic Tutor in Medical Professionalism at Barts and The London School of Medicine and Dentistry, Queen Mary University of London. She is conducting research on undergraduate teaching and assessment of medical professionalism and the effectiveness of interdisciplinary teaching of clinical skills in psychiatry and leading a large multidisciplinary project that focuses on overcoming stigmatizing attitudes to mental health.

Appendix 1 Assessment Blueprint

These are the Learning Outcomes for undergraduate students at the University of Bristol with respect to Psychiatry. They reflect the GMC Tomorrows Doctors (2009) document and set out where topics are taught, and how they are examined within the 5 year course. This is a guide to aid mainly both students and teachers and can never be definitive. For example you may study an aspect in depth in your iSSC (or external SSC). Knowledge is tested in the DOCS exam as well and some aspects of clinical skills may be assessed within the written exam. Some areas eg CAMHS, dementia etc may have an additional focus in other parts of the course eg Paediatrics or Old Age.

The **Learning Outcomes** are:

KEY: K = Knowledge, S = Skills, A = Attitude

The Doctor as a Scholar And a Scientist On completion of undergraduate training the successful student should be able to:						
	K, S or A	**Year**	**DOCS**	**iSSC**	**Written**	**Other**
1. Describe the prevalence and clinical presentation of common psychiatric conditions and how these may differ between patients, particularly with age, developmental stage and culture.	K	3			√	
2. Explain the biological, psychological and socio-cultural factors which may predispose to, precipitate or maintain psychiatric illness; and describe multi-factorial aetiology.	K	3			√	
3. Understand normal life adjustments and transitions (include between age groups). Recognise the differences between mental illness and the range of normal responses to stress and life events (including bereavement). Recognise the danger of inappropriately medicalising normal distress and grief.	K	3			√	
4. Describe the current, common psychological, physical and social treatments for psychiatric conditions, including the indications for their use, their method of action and any unwanted effects. Treatment includes lifestyle measures. Treatment includes ECT. Understand that stepped care is often appropriate. Understand that good treatment should lead to improved well-being and growth for individual, not just reduced symptoms.	K	3			√	
5. State the doctor's duties and the patient's rights under the appropriate mental health legislation and mental capacity legislation. Understand the importance of confidentiality and when the patient's wish for confidentiality should be over-ridden, including in young	K	3			√	

people.						
6. Describe what may constitute risk to self (suicide, self harm and/or neglect, engaging in high risk behaviour) and risk to and from others (including child abuse, domestic violence between adults and protection of vulnerable adults). Understand how such abuse (of adults and children) increases the risk of psychiatric and personality disorders.	K	3			√	
7. Summarise the major categories of psychiatric disorders, for example using ICD-10.	K	3			√	
8. Describe the basic range of services and professionals involved in the care of people with mental illness and the role of self help, service user and carer groups in providing support to them. Describe the varied roles of psychiatrists and other mental health professionals. Students should be aware that services differ from each other and change over time (so future services may be different). Students should understand the recovery model.	K	3	√			
9. Describe the principles and application of the primary, secondary and tertiary prevention of mental illness.	K	3			√	

The Doctor as a Practitioner:
On completion of the course the successful student will be able to:

	K, S or A	Year	DOCS	iSSC	Written	Other
1. Take a full psychiatric history, carry out a mental state examination (including a cognitive assessment) and write up a case (as would be found in medical records). This includes being able to describe symptoms and mental state features, aetiological factors, differential diagnoses, a plan of management and assessment of prognosis.	S	3	√	√		
2. Prescribe psychotropic medication (if appropriate) safely, effectively and economically	S	3	√			
3. Provide immediate care in psychiatric emergencies, which may occur in psychiatric, general medical or other settings. In particular be able to conduct a risk assessment (risk to self and others, including from abuse), act appropriately based on this risk assessment; and to be competent in the management of acute behavioural disturbance.	S	3	√			
4. Screen empathically for common mental illnesses in non-psychiatric settings and recognise where medically unexplained physical symptoms may have psychological	S	3, 5	√			

origins						
5. Communicate effectively with patients and multi-disciplinary colleagues. Discuss with patients and relatives the nature of their illness, management options and prognosis. Be able to communicate well and empathically with children and with patients who might be frightened, aggressive, and unable to communicate or challenging in other ways. Summarise and present a psychiatric case in an organised and coherent way to another professional. Be able to make appropriate referrals to psychiatric services.	S	3, 4	√			
6. Plan which physical and psychosocial investigations should be carried out when patients present with psychiatric symptoms and when starting psychotropic medication.	S	3	√			
7. Evaluate information about family relationships and other relevant social factors (including work, education and finances) and their impact on an individual patient. This may involve gaining information from other sources.	S	3, 4	√			
8. Evaluate the impact of mental illness on the individual, their family and those around them.	S	3, 4	√			
9. Assess a patient's capacity to make a particular decision in accordance with legal requirements and the GMC's guidance.	S	3	√			
The Doctor as a Professional On completion of the course the successful student will:						
	K, S or A	**Year**	**DOCS**	**iSSC**	**Written**	**Other**
1. Behave according to good ethical and legal principles, including, but not limited to, those laid down by the General Medical Council.	A	3				Formative
2. Recognise the importance of the development of a therapeutic relationship with patients, enabling the patient to be actively involved in decisions about their care.	A	3	√			
3. Act in a safe way towards patients. Understand the potential to do psychological harm to patients, including by providing untrained/unsupervised psychotherapeutic interventions and fostering inappropriate doctor-patient attachments. Recognise the limits of their own competence and know when to ask for help from a more senior/specialist colleague.	A	3	√			

4. Accept that illnesses of the brain/mind are of equal importance as illnesses of other parts of the body. View psychiatric patients as being as deserving of the same high standard of medical care as patients with purely physical illness. Demonstrate understanding of how patients' opportunities may be affected by stigmatisation of mental illness and show sensitivity to the concerns of patients and their families about such stigmatisation.	A	3	√			
5. Recognise the importance of multidisciplinary teamwork in the field of mental illness in psychiatric, community, general medical, primary care and non-medical settings.	A	3				Formative
6. Reflect on how working in health settings may impact upon their own health (including mental health) and that of colleagues. Understand the importance of seeking professional help if they themselves develop mental health problems.	A	3				Formative

Appendix 2 Student Selected Component

The (internal) student-selected component (iSSC) is designed to assess your ability to present a summary of a clinical case you have seen during your attachment and some relevant aspect arising from the case. You are expected to communicate a summary of the salient points from the history and mental state and to discuss the diagnosis. You should then discuss in more depth an aspect of the case that you choose to focus on. This might for example be the evidence base guiding future treatment, research into the aetiology of the condition, details of the treatment for example a particular form of psychotherapy or an additional activity you have undertaken such as working with the homeless. It is important that the aspect you focus on is not simply a textbook description of the disorder but something you can describe in depth.
You will be expected to use approximately 15% of your time during the Psychiatry and Ethics Unit to work on your iSSC. This is a guide to help you with your iSSC in psychiatry. *Remember this is an examination and all exam regulations apply. Plagiarism is taken very seriously and all submitted iSSCs could be scrutinized by a plagiarism package.*
Read the mark sheet at the end of this appendix to guide you when preparing your iSSC.

The iSSC is designed to provide you with:

- the experience of communicating the salient features of a clinical case
- the opportunity to consider an aspect of a clinical case in greater depth
- a greater variety of educational experiences during your psychiatry attachment
- skills to find further information on a specific area
- an awareness about the practicalities of putting together a presentation with audio visual aids
- an opportunity to practice your presentation skills
- an opportunity to learn from each other's iSSCs

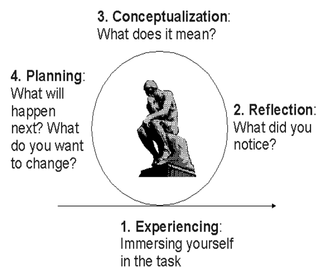
Patients for iSSCs

You should choose a patient for your iSSC in discussion with the Site Tutor and/or Educational Supervisor**.** The presentation should include a presentation of the patient with the important clinical features, followed by the aspect you have chosen to investigate and the reason for this. This can relate to a topic that you are interested in. You should agree with the Site Tutor who will be the supervisor for the iSSC. It is suggested that you allocate time each week to spend on your iSSC. Your Site Tutor will advise you on this.

The presentation should set out:

- the reasons why you chose your clinical case and how you selected the information for your presentation.

- the information about the topic i.e. the main body of your talk
- and importantly, what you have learnt from undertaking the iSSC not just about the topic but what you have learned about how to gather information, your own learning style or anything that might have contributed to the development of the presentation. Use the 'Learning to Learn' section of your Year 3 handbook to help you understand how the cycle of reflection works – here's a reminder.



Think back to your preparation for the iSSC, what struck you as particularly challenging or different? Did you find yourself doing something you'd not thought about before – what impact did it have on you, and what impact might it have on you as a student and/or when you are a qualified doctor?

You are encouraged to use audiovisual aids and a guide to using PowerPoint for your presentation can be found at http://www.bris.ac.uk/cms/pro/visualidentity/powerpoint.html

There will be an opportunity (5 minutes) at the end of your presentation for the audience to ask you questions. All students are required to attend for all the presentations as they form part of the examination. Each student can invite one guest who was in some way involved in advising on the iSSC (if in doubt please consult the Site Tutor). **No more than 20 people to attend the presentations.** No mobile phones or pagers to be on during the presentations.

Time keeping is important. You will be asked to stop your presentation after 15 minutes. We recommend that you spend 30% of the time describing clinical details and 70% on your investigation arising from the clinical details and your reflection on the process of learning during this SSC. (See marking scheme for further clarity).

If you want to practice your presentation, please discuss it with your iSSC supervisor, Educational Supervisor or Site Tutor. There may be video facilities that you can use to assess yourself. It is important that you keep your presentation within the time limit.

Marking

The Site Tutor (or delegated clinician) will mark your iSSC based upon the oral presentation. There will be a second examiner at the presentation who will be a member of the university staff and who will mark the iSSC independently. The two examiners will then confer and agree a mark for each section using the scheme below. Students may receive their marks for their iSSC presentation from the Site Tutor following the examination but this mark is provisional ie it

has not been ratified by the FEB. It serves to indicate performance. The iSSC is a constituent part of component C and the final mark is scaled and combined with the Ethics case and written EMQ/MCQ paper.

Information for internal iSSC examiners:
http://www.bristol.ac.uk/esu/assessment/codeonline.html#internalexaminers

SSC MARKING GRID

1. Clinical case summary [30% of total marks]	Mark%
Clear fail: No understanding of clinical case, disorganized account with no understanding of key features of history and mental state	0-44
Borderline Fail: Minimal features described significance and integration to form a diagnosis very limited	45-49
Adequate pass: Adequate case presentation supported by some history, mental state and phenomenology, some integration and differential diagnosis but limited.	50-64
Good/merit: Refers to salient features to support presentation. Demonstrates good understanding of clinical case, with some depth and interpretation of patients experience. Sets important clinical question well argued	65-74
Outstanding/distinction: Shows maturity, depth and broad perspective in understanding and interpreting patient experiences. Evidence of extensive use of information drawn from a range of sources eg collateral history discussion with clinical team and demonstrates sophisticated argument for importance of aspect to focus.	75-100
2. Why topic important and context [10% of total marks]	**Mark%**
Clear fail: No/very few reasons given for undertaking SSC topi**c**	0-44
Borderline Fail: Alludes to why topic is of interest and relevance to psychiatry clinical experience	45-49
Adequate pass: Able to clearly indicate why topic was chosen and relevance to psychiatry clinical experience	50-64
Good/merit: Good explanation for choice of subject, clearly interested in relevance to psychiatry experience	65-74
Outstanding/distinction: Excellent rational for topic choice, using skills of critical evaluation to demonstrate how and why this topic is important.	75-100
3. Focused investigation, Depth of knowledge/Sources of information [40% of total marks]	**Mark%**
Clear fail: No understanding of topic area, with use of anecdotal evidence only	0-44
Borderline Fail: Minimal use of supporting information, some understanding of topic area	45-49
Adequate pass: Adequate knowledge of topic area, supported by some information but lacking depth or breadth, little reference to evidence base where applicable.	50-64
Good/merit: Refers to topical and current literature to support presentation. Demonstrates good understanding of chosen topic, with some depth and interpretation of material. Refers to evidence base where applicable.	65-74
Outstanding/distinction: Shows maturity, depth and perspective. Evidence of extensive use of information drawn from a range of material and demonstrates critical evaluation and interpretation of evidence base where applicable	75-100
4. Approach to learning experience in psychiatry [10% of total marks]	**Mark%**
Clear fail: Very weak performance, cannot explain contribution of clinical experience to overall learning. Does not refer to or give example of clinical experience in relation to developing iSSC.	0-44
Borderline Fail: Makes no direct reference to contribution of clinical experience to iSSC topic or own learning.	45-49
Adequate pass: Some reflection on the impact of clinical experience to the development of iSSC and own learning	50-64
Good/merit: Shows good self-awareness easily reflects on how clinical experience contributed to iSSC and gives a clear description of how clinical experience has made a contribution to learning. Alludes to how clinical experience will contribute to future practice as a doctor**.**	65-74
Outstanding/distinction: Demonstrates high levels of reflection and self awareness and skills of self-directed learning. Gives a concrete example of how clinical experience, the iSSC has contributed to learning and future practice as a doctor.	75-100
5. Delivery & presentation of material [10% of total marks]	**Mark%**
Clear fail: Poorly organised, poor timekeeping, no evidence of rehearsal	0-44
Borderline Fail: Little preparation, insufficient to make talk enjoyable or	45-49

interesting, struggled to keep to time	
Adequate pass: Some preparation, kept to time, evidence of rehearsal, easy to listen to	50-64
Good/merit: Creative, fluent, rehearsed, some spontaneity, enjoyable to listen to	65-74
Outstanding/distinction: Creative, imaginative presentation clearly demonstrating excellent communication skills, good rapport with the audience, authoritative, and delivered with flair.	75-100

Please note that failure to submit an abstract will incur a penalty of 5% deducted from the overall mark. The word count for the abstract is 200 plus references.

Centre for Mental Health, Addiction and Suicide Research

SSC Feedback Form

Student Name:

General comment on presentation, content and structure:

Signed: -- **Date:** ------------------------------

Appendix 3 Clinical Assessment – DOCS

The clinical assessment this year, as with last year, is changed from the viva (of the long case and vignette) to the DOCS examination. The change was due to the GMC assessment guidelines, an awareness of other medical schools' assessment procedures and comments from the external examiner.

DOCS are a Direct Observation of Clinical Skills assessment and are similar to OSCEs (Objective Structured Clinical Examinations).

The DOCS in psychiatry will consist of three stations and the candidates will move directly from one station to the next. Each station will take 15 minutes which includes 1 minute for the candidate to read the instructions, 9 minutes to assess the patient (actor), there will be a knock at the door to inform you 3 minutes remaining which will result in questions from the patient (Total 12 minutes). Then 3 minutes for transfer to the next station (and for the examiner to decide the marks). Thus the whole assessment will take 45 minutes for each candidate. There will usually be a single examiner at each station, although some stations may have two examiners.

The majority of the stations will involve the candidate and a simulated patient (ie an actor) but some may involve other situations such as interpreting clinical data.

Marking

The candidate will be marked across a number of domains, usually three, at each station. The three domains will usually be knowledge, approach to patient and overall approach to the task. Marks will be given for each of the domains with, additionally, a small number of marks from the actor contributing towards the overall total mark for the station. Each of the three stations will contribute a third of the overall mark regardless of the number of marking domains at each station.

Appendix 4 End of Year Written Assessment

Description of the type of Assessment

Overall, the written component comprises 60% of the Psychiatry & Ethics Unit mark. Of this, the end of year written assessment accounts for 50% of the marks (the remaining 50% being made up by the internal SSC and the Ethic written case). Approximately 12.5% of this exam will be on ethics and the rest on psychiatry. The examination will be in 2 sections; the first section being made up of up to 60 "best of five" multiple-choice questions (MCQs) and the second section being extended matching questions (EMQs) – 50 questions in ten groups of five. Examples of both question types are shown below. Note the EMQ has five questions (1-5) sharing the same option list (options A-S). Note that the EMQ section is worth 60% of the marks and the "best of five" MCQ section 40%.

Example "Best of five" MCQ:

Which of the following is an extra pyramidal side effect of antipsychotic drugs?		(Answer)
A)	Weight Gain	
B)	Sedation	
C)	Tardive dyskinesia	CORRECT
D)	Postural hypotension	
E)	Erectile dysfunction	

Example EMQ:

<u>Theme:</u> Physical Illnesses Causing Psychiatric Symptoms

Options:

A. Hyperthyroidism
B. Hypothyroidism
C. Hypoglycaemia
D. Hyperparathyroidism
E. Sub-dural haematoma
F. Complex partial seizure
G. Delirium Tremens

H. Phaeochromocytoma
I. Mitral valve prolapse
J. Urinary Tract Infection
K. Constipation
L. Cushing's Disease
M. Cushing's syndrome
N. Addison's Disease
O. Parkinson's Disease
P. Wernicke's encephalopathy
Q. Multiple Sclerosis
R. Sarcoidosis
S. Cerebral metastases

<u>Instructions:</u> For each of the clinical descriptions below, select the SINGLE MOST LIKELY diagnosis from the options above.

1. A 25-year-old man with a right-eye blindness for 2 years and a 1-year sensory loss in his left leg presents with recent elevated mood and social disinhibition. [Ans: Q]
2. A 46-year-old woman presents with low mood. She also complains of generalised aching in her bones. She is noted to have microscopic haematuria and sieving the urine reveals micro-calculae [Ans: D]
3. A 56-year-old man with known temporal arteritis presents with low mood and weight gain. [Ans: M]
4. A 79-year-old man presents with confusion, urinary retention and proteinuria. [Ans: J]
5. A 59-year-old man presents with tremor, a difficulty walking and nystagmus. [Ans P]

Practical Procedures

The examination takes place in June. All students sit the examination at the same time. One of the examination halls at the University is usually chosen for the venue. The examinations papers are returned by the invigilator to the Division once the examination is over. The paper is anonymous and marked by the optical reader.

Aims and Objectives of the Assessment

To assess students' knowledge of and skills in clinical psychiatry as outlined in section A and B of the objectives of the course.

Subject Areas Covered

Knowledge of the full range of psychiatric conditions is assessed. Students are expected to be able to describe clinical features, assessment procedures and management of all common conditions covering the fields of general psychiatry (e.g. affective disorders, schizophrenia, anxiety disorders, addiction), old age psychiatry (e.g. dementia), child and adolescent psychiatry and learning disability as well as essential practical knowledge (e.g. the Mental Health Act).

APPENDIX 5 Descriptors to aid in scoring achievement of Attitudinal Learning Objectives

Student	

Year 3 attitudinal learning objectives:

- Take responsibility for your own learning and progression: how you are expected to analyse, criticise and question the material, including personal development
- Develop a professional manner: how you are to relate to other people, professionals and patients.

Descriptors	Responsibility for learning			Professional manner		
	Supporting learning	**Analysis, evaluation and application**	**Personal development**	**Learning Style**	**Communication**	**Manner**
Area of Concern (0-2)	Does not prepare Tutorial work at all or with little care and attention.	Is unquestioningly uncritical of sources of information.	Lacks insight into personal development. Does not identify educational needs. Does not reflect on how to meet them.	Seems positively unwilling to join in discussions in Unit Tutorials, or refuses to listen to other contributions.	Often speaks indistinctly, confusingly or in poor English to patients and colleagues. Presents indistinct, confusing or illiterate written work.	Several patients or colleagues have expressed concerns about their attitude or manner.
Area for Improvement (3-4)	Does not prepare Tutorial work well.	Uncritical of sources of information.	Rarely shows insight into personal development. Rarely identifies educational needs. Rarely reflects on how to meet them.	Does not join in discussions in Unit Tutorials even when invited, or finds it difficult to give space to others during discussions.	Sometimes speaks indistinctly, confusingly or in poor English to patients and colleagues. Often presents indistinct, confusing or illiterate written work.	One patient or colleague has expressed concerns about their attitude or manner.
Satisfactory (5-6)	Prepares Tutorial work to a minimum acceptable standard.	Critical of sources of information where the conclusions have a major impact on decisions or interpretation.	Shows some insight into personal development. Sometimes identifies educational needs. Sometimes reflects on how to meet them.	Joins in discussions in Unit Tutorials when invited and occasionally responds to other contributions.	Occasionally speaks indistinctly, confusingly or in poor English to patients and colleagues. Occasionally presents indistinct, confusing or illiterate written work.	No patient or colleague has commented positively or negatively on their attitude or manner
Good (7-8)	Prepares Tutorial work well and has read around the subject.	Critical of sources of information and able to discuss their strengths and weaknesses in a general way.	Shows good insight into personal development. Often identifies educational needs. Sometimes reflects on how to meet them and organises learning.	Joins in discussions in Unit Tutorials and readily responds to others.	Usually conveys ideas clearly and responds to questions.	One patient or colleague has commented positively on their attitude or manner
Very Good (9-10)	Prepares Tutorial work very well, has read around the subject and has selected an appropriate level of presentation.	Critical of sources of information and able to discuss their strengths and weaknesses in appropriate detail where the conclusions have a major impact on decisions or interpretation.	Shows good insight into personal development. Usually identifies educational needs, reflects on them, sets personal challenges and works flexibly towards them.	Takes the lead or follows the lead of others in discussions in Unit Tutorials as the discussion requires.	Nearly always conveys ideas clearly and responds positively to questions with good explanations.	Some patients or colleagues have commented positively on their attitude or manner.

Tutor's overall score out of 10:	