CLINICAL PSYCHIATRY COURSE 462

Course Name: Psychiatry	**اسم المقرر: الطب النفسي**
Course Code & No: 462 Psych	**رقم المقرر ورمزه: 462 طنف**
Credits: 4 (2+2)	**الساعات المعتمدة: 4 (2+2)**
سنة الدراسة: Duration: 6 weeks	**مدة المقرر: 6 أسابيع**
Study Year: 4th Year	**السنة الرابعة**

MANUAL
FOR
TUTORS AND STUDENTS

Teaching Committee
Department of Psychiatry

VERSION: 1431 – 1432
2010 - 2011

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INTRODUCTION

We welcome you to course 462 Psych (the clinical psychiatry course) and we hope it will be an enjoyable and stimulating educational experience. This course aims at studying psychiatry as one of the most rapidly growing specialties of medicine in our country and the world. Thus, you will learn basic psychiatric knowledge and clinical skills that will enable you to function at the level of primary care and emergency psychiatry and take safe decisions when assessing and treating psychiatric patients. This will be accomplished through a variety of educational activities.

We expect full commitment and punctuality in the course activities and high respect towards people with psychiatric problems.

This manual is written in details for the tutors and students to strictly adhere and comply with to maintain the excellence of the teaching process.

OBJECTIVES

To provide the undergraduate medical students with 1-knowledge 2-attitude 3-clinical skills relevant to clinical psychiatry and essential for their future career as non-psychiatric clinicians in whatever specialty they choose.

1-Knowledge:

To acquire basic essential facts in clinical psychiatry that includes:

a. Phenomenological psychopathology (signs and symptoms) of psychiatric disorders.
b. Classification and etiology in clinical psychiatry (bio-psycho-social).
c. Common psychiatric disorders:
    - clinical features and course.
    - epidemiology and etiology.
    - differential diagnosis.
    - treatment (bio-psycho-social) and prognosis.
d. Treatment modalities in psychiatry:
    - Physical: pharmacotherapy, electroconvulsive therapy (ECT) and others.
    - Psychological: behavioral, cognitive, supportive psychotherapy and others.

2-Attitude:

To develop the scientific attitude towards:

a. Psychiatric patients and their families
b. Psychiatric interventions (bio-psycho-social)
c. Mental health and providers (psychiatrists, psychologists, social workers and others)
d. Psychiatry as a branch of medicine.

3-Clinical Skills:

a. To conduct a full psychiatric interview with:
    - Proper interview techniques and skills.
    - Sufficient psychiatric history.
    - Standard "mental state examination".
b. To present a diagnostic formulation for common psychiatric disorders based on the most recent classificatory systems in psychiatry.
c. To set an outline of a management plan for common psychiatric disorders following the bio-psycho-social approach (both short and long term).
d. To assess and appropriately refer psychiatric patients in the primary care settings.
e. To assess and deal competently and safely with psychiatric emergencies.
f. To assess and dispose properly consultation-liaison cases.

COURSE OVERVIEW

The course lasts for 6 weeks during which varieties of educational activities are conducted to fulfill the objectives of the course with great emphasis on the applied clinical psychiatry. These activities are namely:

1. Nineteen didactic lectures, in the first two weeks (see page 6).
2. Seven interview skills sessions, in the first two weeks (see pages 7-8).
3. Eight subject discussions, weeks 3 – 5 (see pages 8 - 17).
4. Eight case scenario discussions, weeks 5 – 6.
5. Patient clinical discussions. (in-patient, outpatient, consultation-liaison, child psychiatry, other live patient case discussions or video cases) weeks 3 - 6.
6. Outpatient clinics and ward rounds attendance weeks 2 - 5.

COURSE CONTENT

I. Lectures:

1. Introduction: Briefing of Course Content, exams and evaluations Diagnostic process, Classification and Etiology in Psychiatry 2 lectures.
2. Psychopathology 1 lecture, 90 minutes
3. Anxiety Disorders 2 lectures.
4. Stress related and Adjustment Disorders and Grief 1 lecture.
5. Schizophrenia and Other Psychotic Disorders 1 lecture.
6. Mood Disorders 2 lectures.
7. Cognitive Disorders 1 lecture.
8. Substance Abuse 1 lecture.
9. Personality Disorders 1 lecture
10. Psychosomatic Medicine 2 lectures.
11. Child Psychiatry (common disorders) 2 lectures.
12. Emergency Psychiatry 1 lecture.
13. Psychopharmacology 1 lecture, 90 minutes.
14. Psychological Treatment 1 lecture.

Guidelines:

1. Textbook clinical psychiatry factual knowledge.
2. Applied clinical psychiatry teachings.
3. Scientific evidence based approach.
4. Avoid controversial and personal idiocyncratic views.
5. Proper and sophisticated audiovisual aids.
6. Interactive learning.

II. Interview Skills Discussion (IS) ; 1 – 2 p.m. :

These are theatrical discussion sessions covering all aspects of interview skills as to teach, educate and prepare students for the clinical core substance of the course in clinical psychiatry. These are seven sessions as follows:

1. Int. Skills: History Taking.
2. Int. Skills: Mental State Examination.
3. Int. Skills: Process of Making Diagnosis.
4. Int. Skills: Interviewing Depressed Patients.
5. Int. Skills: Interviewing Anxious Patients.
6. Int. Skills: Interviewing Psychotic Patients.
7. Int. Skills: Interviewing Congenitally Disturbed Patients.

III. Interview Skills Clinical Demonstration (ISC) (2.15-3.30 p.m.)

This is supposed to apply what was discussed in the sessions given at 1-2 as appropriate to each subject. Cases and videos has to be taken from inpatients our outpatients as suitable and the tutor has to prepare cases as needed and apply himself how to interview the live patient in the specific subject. E.g. history taking, MSE, etc.

The Process of Making Diagnosis

I. Cross section (the present Consition):
    a. History of present illness:
        i. Onset mood.
        ii. Symptoms sequence.
        iii. Aetiological factors.
        iv. Review of symptoms.
    b. Mental state examination:
        i. Organization.
        ii. Scientific and technical terms.
II. Longitudinal section (life since early gestation)
    a. Personal history.
    b. Personality.
    c. Past illness history: course – continuous
        - Episodic - Progressive in constant.
        - Fluctuating

    d. Family and social history

Formulation:

_ What to include.
    - History
    - Diagnosis and Differential diagnosis.
    - Management
_ Assessment as formulation
_ Length
_ Communication

Deferential Diagnoses:
_ Appropriate
_ Broad as possible

Guidelines:

1. It is an essential activity in the course and probably the most extensive structured educational activity that the medical student is taught about interviewing skills.
2. Important emphasis on simple, basic, detailed and scientifically based skills.
3. Important emphasis on the professional attitude and the high ethical conduct with patients and their families.
4. Important emphasis on communication skills, responses and non-verbal communications.
5. Cases, videos and needed materials are available from the department secretary.

IV.- Subject Discussion (SD) :

This activity aims at engagement of the students to participate actively in the discussion of subjects that are so essential for the clinical practice in non-psychiatry settings such as primary care, in emergency room and inpatient medical setting, therefore, it is the responsibility of each student to prepare before hand the subject numbered in the manual for discussion. The total number are eight:

1 – Assessment & Management of Agitated and Aggressive Patients

2 – Assessment & Management of Anxious / Panic Patients

3 – Assessment & Management of Patient Feeling Depressed

4 – Assessment & Management of Somatizing Patients

5 – Assessment & Management of Cognitively Consciousness Impaired Patients

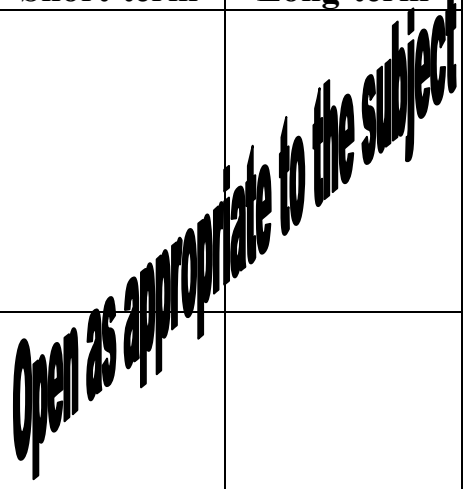
6 – Assessment & Management of Psychotic Patients

7 – Assessment & Management of Suicidal Patients

8 - Assessment & Management of Substance Abuse Patients

Guidelines:

1. Tutors can use the appropriate approach to conduct the activity, but he may like to divide students into two subgroups, one to discuss the assessment and the other to discuss the management.
2. The tutor has to make the discussions lively and stimulating and leave room for students to think, analyze and present knowledge themselves and this can be accompanied by questions, associations, cues and other techniques used.
3. The department has prepared some outline format for subject discussions and tutors are welcome to use it.
4. The basic skeleton suggested is:

Aspects	Assessment	Management	
		Short-term	Long-term
Biological	**- Genetics - General medical conditions - Traumas & physical injuries**		
Psychological	**- Personality - Other mental disorders - Stress, conflicts.**		
Social	**- Separation and loss. - Support. - Social stresses**		

You will find an outline of the above subjects set by the department to help the tutors and students in the discussions.

The following is a detailed suggested guidelines:

1. Assessment and Management of Agitated and Aggressive Patients

I. Assessment:

- What is agitation:
  - Tension state in which anxiety is manifested in psychomotor area with hyperactivity. Seen in depression, schizophrenia & mania.
- What is aggression:
  - Hostile or angry feelings, thoughts or actions directed towards an object or person. Seen in impulsive disorders, impulse control disorders & mania.
- How to interview aggressive patient:
  - Do not be close in closed room
  - Sit near the door
  - Have security guard nearby or in the room
  - Sit limits
  - If patient seems too agitated terminate interview
- How to manage agitated patient:
  - Medication – Haloperidol, Benzodiazepines
  - Physical restraints
  - Rule out reaction to other medication, e.g. cortisol paranoia, anticholinergic delirium.
  - Examine for command hallucination or delusional (paranoid) to which patient is responding.
- Causes:
  - Mental illness: Depression, Acute psychosis, mania, schizophrenia
  - Physical: Delirium, dementia, epilepsy, alcohol and drug intoxication, W.D.
  - Personality Disorder: Borderline, antisocial
- General strategy in evaluating the patient:
  - Protect self
  - Prevent harm to self or others
  - Assess the suicidal risk factors
  - Assess the violent risk: ideas, wishes, intention, male, lower S.E. status, few social support, past history, substance abuse, psychosis.
  - Assessment of dangerousness

II. Management:

- Hospitalization:
  - Locked vs. unlocked ward
  - Voluntary vs. involuntary
  - 1 – 1 precaution vs. no precaution
- Crisis intervention:
  - Reliable and motivated patient
  - Reliable accessory persons
  - Confrontation
  - Restraint (physical)
  - Immediate follow up
  - Avoidance of provocation
- Medication:
  - Major tranquilizer
  - Benzodiazepines
  - Mood stabilizer
  - ECT

2. Assessment and Management of Anxious / Panic Patients

I. Assessment:

- Definition of anxiety and anxious mood
- Acute vs. chronic
- Continuous vs. episode
- Fear of unknown?
- Fear of certain objects, activity of situation?
- Avoidance behavior ?
- Relationship to life stressors
- Presence of recurrent intrusive thoughts and/or compulsive behavior
- Associated physical symptoms

- MSE:
    - Appearance
    - Physical symptoms

- Differential Diagnosis:
    - GAD
    - Depressive Neurosis (Dysthymia)
    - Major depressive disorder with agitation
    - Drug abuse
    - Stress related disorders

II. Management:

- Reassurance and explanation
- Pharmacotherapy:
    - SSRIs
    - TCAs
    - Other antidepressants
    - Benzodiazepines
    - Buspirone
    - B-blockers

- Psychotherapy:
    - CBT
    - Group therapy
    - Relaxation training
    - Systemic desensitization
    - Exposure
    - Thought stopping
    - Response prevention

3. Assessment and Management of Patient Feeling Depressed

I. Assessment:

- Definition of the mood state depression,
- Terminology: low mood, dysphoria, unhappiness, chest tightness, boredom, sadness, etc.
- Analysis of the problem:
  - Presentation
  - Duration
  - Severity: crying, decreased interest, decreased enjoyment, suicidal ideas or plans, etc.
  - Constancy: relief, change with environment, diurnal variation, etc.
  - Course: fluctuating, episodic, progressive
  - Associated symptoms
- MSE:
  - Facial expression
  - Psychomotor retardation
  - Psuedodementia cognitive impairment
  - Suicidal risk
- Physical Examination:
  - Thyroid dysfunction and others
  - Medication history e.g. steroids
- Investigations:
  - Thyroid Function Tests
  - Others
- Differential Diagnosis
  - Major Depressive Disorders
  - Bipolar Affective Disorder – Depressive episode
    - Mixed affective episode
  - Dysthymic Disorders – Depressive Neurosis
  - GAD
  - Adjustment Disorders (Grief)
  - Stress Related Disorders
  - Schizophrenia with depression
  - Schizoaffective Disorders – Depressive episode

II. Management:

- Immediate:
  - Admission justifications
  - Sedation for agitation in psychotic symptoms
  - Suicide close observation
- Establish Diagnosis:
  - Informants
  - Medication history
  - Past reports
  - Investigations
- Short Term:
  - Antidepressant selection
  - Adjunctive medications e.g. sedatives, antipsychotics
  - ECT
- Long Term:
  - Maintenance therapy: duration, dose, others.
  - Psychotherapy
  - Social support
  - Prognosis

4. Assessment and Management of Somatizing Patients

I. Assessment:

- Definition of somatization
– Acute vs. chronic
– Persistent vs. transient
– Multiplicity of physical symptoms
– Relationship with life stressors
– Association with occupational and social dysfunction
– Personality features
– Illness behaviour and sick role
– Social support
– Health services abuse

- MSE:
  - How the patient describes his symptoms
  - Thoughts, behaviors and emotions associated with symptoms
  - Patient's explanation of his physical symptoms and the meaning of negative tests.

- Physical Examination

- Investigations:
  - Minimum and for common diseases
  - Thyroid tests, LFT, FBS, skull x-ray, etc.

- Differential Diagnosis:
  - Mood disorders, depression
  - GAD
  - Schizophrenia
  - Drug abuse
  - Somatoform disorders
  - Factitious disorders
  - Malingering

II. Management:

- To establish a therapeutic relationship
- Explanation with emphasis on psychosomatic unity
- Regular follow up
- Treat concurrent psychiatric disorders
- Avoid polypharmacy
- Avoid Benzodiazepine dependence risk
- Provide specific therapy when indicated
- Social & marital intervention.

5. Assessment and Management of the Cognitively / Consciousness Impaired Patients

I. Assessment:

- Definition of Cognition
- What are the cognitive functions
- How do we assess cognitive functions:
    - Direct observation
    - Collateral information
    - Direct examination
    - Standardized tests
- How do people with cognitive impairment present:
  e.g. forgetfulness, inappropriate behavior, poor academic performance.
- Differential Diagnoses:
  1. Acute: Delirium
  2. Chronic: Dementia
- Aetiological causes:
  e.g. a) Trauma
  b) Nutritional
  c) Toxins and substances
  d) Endocrine
  e) Neurological
  f) Psychiatric

II. Management:

- Establish diagnosis
- Ward management of delirium
- Assessment of demented patients for rehabilitation
- Common causes and their psychiatric management

6. Assessment and Management of the Psychotic Patient

I. Assessment:

- Definition of psychosis vs. neurosis
- Definition of psychotic symptoms
- Some types and examples of psychotic symptoms
- Analysis of the problem:
    - Presentations:
        - Muttering to self
        - Behavioral change
        - Laugh inappropriately
        - Clear symptom description
    - Aetiological factors:
        - Compliance
        - Drug abuse
        - Others
    - Course: - Incidious
      - Acute
    - Associated factors:
        - Social impairment
        - Personality change
        - Mood change
        - Biological symptoms
- MSE:
    - Self care
    - Excitement
    - Talkativeness, incoherence, flight of ideas
    - Affect; blunted, flat, disorganized, elated, depressed, perplexed, others.
    - Psychotic symptoms
    - Cognitive functions impairment
- Physical examinations:
    - Jaundice
    - Injection marks
- Investigations
    - Drugs screening
    - Others
- Differential Diagnosis:
    - Schizophrenia
    - Schizoaffective disorders
    - BAD – mania or depressive with psychotic symptoms
    - Major depression with psychotic symptoms
    - Delusional disorders
    - Dementia with psychotic symptoms
    - Substance related psychosis
    - Psychosis due to general medical condition

II. Management:

- Immediate:
    - Control violence if present
    - Sedation
    - Admission vs OPD
- Establish Diagnosis:
- Short Term:
    - Medication selection: past response to drugs, compliance and depot, atypical, suicidal risk, ECT, others.
- Long Term:
    - Maintenance medication, dose, duration
    - OPD follow up
    - Rehabilitation services
    - Others
- Prognosis
    - Positive factors
    - Negative factors

7. Assessment and Management of Suicidal Patients

I. Assessment:

- Definition of suicide
- Definition of terminology related, parasuicide, deliberate self-harm, attempted suicide, completed suicide, suicide risk.
- Assessment of the suicide risk:
    a. The present attempt:
        - Situation
        - Mean
        - Suicidal note
        - Planning
        - MSE
    b. Past History:
        - Past attempts
        - Past psychiatric disorder
        - Medical disease
        - Present factors
        - Living status
        - Social support

II. Management:

- Immediate:
    - Admission: psychiatric vs. medical wards
    - Instructions to nurses
    - Management of medical problems
    - Involvement of family
- Short-term:
    - Transfer to psychiatric ward
    - Treat psychiatric disorder
    - Manage social stress
    - Psychological treatments
- Long-term:
    - Maintenance of treatment
    - OPD follow-up
    - Social support
    - Samaritans (easy contact to service)
    - Watch of relapse

8. Assessment and Management of Substance Abuse Patients

I. Assessment:

- Definitions:
    a. Addiction.
    b. Dependence.
    c. Abuse.
    d. Tolerance.
    e. Withdrawal.

- History:
    - Type of drugs and duration.
    - Daily doses.
    - Withdrawal States.
    - Complications
        - Medical
        - Psychological
        - Social
        - Crime
    - Money spent
    - Source of money

II. Management:

- Short-term:
    - Physical examination
    - Investigations
    - Admissions
    - Precautions for abuse related medical diseases.
    - Detoxification.
- Long-term:
    - Biopsychosocial plan
    - Rehabilitation and after care

V) Case Scenario Discussion (CS) :

This activity was developed to ensure the wide variety an scope of clinical teaching in this course and to provide settings to discuss, cases that may not be available in the wards or outpatient clinics at the time of the course. These case are based on interactive learning, realistic patients, and common psychiatric problems but may not be available most of the time in real patients. Each case to be discussed on its own merits and with the tutor systematic clinical approach. Cases will be selected by the course organizer for each group and given to the tutor by the secretary of the department. The cases are numbered and assigned in the timetable in sequence and the first session will discuss the first case and so on. All students are required to prepare the case and the tutor will choose any student to lead the discussion for each item and so on. The student with lead the discussion in an interactive discussion will his colleagues under supervision of the tutor.

Guidelines:

1. To use the basic systematic clinical assessment approach.
2. To teach students to pick up cues correctly and build up the formulation of the case.
3. To follow realistic clinical approach in the setting of each case such as the emergency room, primary care settings and inpatient ward.
4. Emphasize assessment skills and outline of management and prognosis, at level of primary care psychiatry.

CASE SCENARIO DISCUSSION (CS 1)

A 68 yr-old woman known case of severe bronchial asthma and diabetes mellitus for more than 20 years was brought by family to Emergency Department because of disorientation, irritability, disturbed behavior and fearfulness.

Discussion Guidelines:

- The most likely diagnosis.
- How to establish the diagnosis.
- Possible etiological causes in this case.
- Management plan:
    - Immediate drug treatment
    - Admission; where, why.
    - Ward management.
    - Short-term and long-term plans.

CASE SCENARIO DISCUSSION (CS 2)

A 79 yr-old man brought by the family to psychiatry clinic because of poor judgment, rigid attitude, and reverse sleep pattern. During Ramadan "fasting month" he insists to have his meals as usual: breakfast in the morning, lunch in the afternoon.

Discussion Guidelines:

- Further history information needed.
- MSE aspects to be done.
- Investigations you suggest and why.
- Diagnosis and differential diagnoses.
- List the etiological causes of such condition.
- Psychiatric management plan:
    - Psychotropic medication,
    - Psychological.
    - Social.

CASE SCENARIO DISCUSSION (CS 3)

A 30 yr-old housewife referred to psychiatry out-patient clinic by cardiologist with several months history of sudden attacks of shortness of breath, sweating, fearfulness and tremor. Her investigations were normal.

Discussion Guidelines:

- Further history information needed and why.
- The most likely diagnosis.
- The differential diagnoses discussion.
- Comorbidity and associated psychiatric disorders.
- Management plan:
    - Psychotherapy.
    - Psychotropic drugs and side-effect and precautions.

CASE SCENARIO DISCUSSION (CS 4)

A 47 yr-old businessman referred to outpatient psychiatric clinic by GI group who investigated him for liver disease and found no abnormality. The patient is still suffering from abdominal vague symptoms and thinks he has undiscovered serious disease.

Discussion Guidelines:

- Further history information needed and why.
- The most likely diagnosis and why.
- Differential diagnoses.
- Comorbid psychiatric disorders.
- Principles of Management:
    - Regarding mainline of treatment.
    - Regarding investigations.
    - Regarding abuse of health care.

CASE SCENARIO DISCUSSION (CS 5)

A 25 yr-old single Saudi male student in the College of Education (final year), presented with one year history of:

a. Feeling tense and anxious in social situation.
b. Shyness when shaking hands with others.

Discussion Guidelines:

- Further history information to reaching a diagnosis.
- The most likely diagnosis.
- Differential diagnoses.
- Comorbidity and associated personality disorders.
- Social etiology in cultural perspectives
- Outline of Management:
    - First choice treatment.
    - Other suggested treatments.
- Prognosis

CASE SCENARIO DISCUSSION (CS 6)

A 50 yr-old man brought to A/E at 3 a.m. by his concerned wife who found him awake, has just written a farewell note and searching for his pistol.

Discussion Guidelines:

- The most serious worry of the clinician.
- Assessment of such problem.
- Immediate clinical management plan.
- Instructions to staff.
- Differential diagnosis in this patient.
- Comorbidity and associated personality disorders.
- Management Plan:
    - Immediate rapid treatment.
    - Maintenance treatment.

CASE SCENARIO DISCUSSION (CS 7)

A 26 yr-old male brought to A/E by his brother with 3 hours history of uprolling eyes, neck tilted to one side, protruding tongue dripling saliva. He has been seen in this hospital and maintained on treatment for the last 3 months.

Discussion Guidelines:

- The clinical diagnosis of such presentation.
- The likely causes
- Prevalence and time course of such problem.
- Management Plan:
    - Immediate treatment.
    - Long-term steps to prevent its re-occurrence
    - What to say to patient and family (psycho-education) in such problems.

CASE SCENARIO DISCUSSION (CS 8)

A 17 yr-old Saudi female forced by her poor family to marry a rich man 55 year-old with whom she stayed only 3 days. Today morning she ingested 20 tablets of Paracetamol intentionally.

Discussion Guidelines:

- How would you assess this problem?
  - History information and related psychosocial facts.
  - Assessment of the incident.
  - Associated psychiatric disorders.
  - Risk of harm.
- Management Plan:
  - Immediate clinical actions.
  - Instructions to staff.
  - Family role.
  - Treatments suggested.
  - Comparative discussion with similar self-harm problems.

CASE SCENARIO DISCUSSION (CS 9)

A 25 yr-old single female teacher had two episodes of major depression the last was 2 months ago. Currently she uses an antidepressant drug. Her mother has history of bipolar mood disorder and one of her sisters had post-partum psychosis. The patient over the past 4 days doesn't want to sleep, she feels energetic and wants to finish her delayed tasks. Her mother thinks to increase the dose of medication to control the recent symptoms:

Discussion Guidelines:

a) - The most immediate actions and why?
- The likely diagnosis of the recent 4 days presentation.
- The drug treatment of your choice.

b) A year later the patient was referred by Gynecology because of amenorrhoea and galactorrhoea and was investigated fully with no underlying pathological cause.
- The psychiatric causes of such presentation.
- The possible drugs may be given to this patient to cause such problem.
- The management guidelines of the case.

c) Two years later she came with her husband to plan pregnancy.
- The drug treatment plan and why?
- The psycho-education for such patient about psychotropic drugs in pregnancy.

CASE SCENARIO DISCUSSION (CS 10)

A 26 yr-old housewife seen at outpatient clinic with 3 months history of palpitation, poor sleep, poor appetite and reduced interest:

Discussion Guidelines:

a) - The most likely diagnosis.
- The possible drug treatment of the patient.
- The short-term side-effects profile expected of these drugs.
- The advice you will give to her.

b) She improved but was over-sedated and feels laziness, and her husband doubts your drugs to be just sedatives and may be addictive.
- The advice to the patient.

1. - The psycho-education to patient and husband.

2. VI. Patients Clinical Discussion:

a. Live Cases:

This activity is the equivalent bedside teaching in clinical medicine. A real case will be selected and interviewed by students for about 30 – 45 minutes taking history and mental state examination as clarified in the guidelines. The discussion of all aspects of diagnosis, differential diagnosis and management will take place. To make sure that cases selected cover all variations, the course organizer specified the specialty of each case for each session and it is compulsory that the tutor strictly adhere to that selection whether it is from inpatient wards, outpatient clinics, consultation liaison cases, child psychiatry cases and others.

Guidelines:

1. Usually the tutor nominates two students to conduct the interview for about 30 minutes, to take full history and mental state examination.
2. While the patient is waiting, the tutor will hear to the presentation by the students in front of the group.
3. The tutor then interviews the patient in front of the students to complete and verify and then send the patients to the ward or to the clinic.
4. Discussion then goes in a systematic approach to verify psychopathology, formulate the case diagnostically and propose a differential diagnosis and set a plan of management.
5. Contribution of students is mandatory.

b- Video Case:

This activity is supposed to provide a teaching setting for the student to develop skills of eliciting appropriately signs and symptoms in psychiatry. Videoed live interviews will be shown to students and then they are asked to show positive psychopathology and critically comment on interview if not complete and delineate signs and symptoms as clear as possible where they will be guided by the tutor to reach a possible diagnosis or a differential diagnosis. There is a good number of video cases prepared by the department and selected by the course organizer for each session and taken from the department secretary.

Guidelines:

3. The student is supposed to learn the interview skills of eliciting psychopathology and comment on the video.
4. The tutor will leave students to infere and name symptoms and signs of psychopathology and relate them to a proper diagnostic formulation.

Discussion is supposed to emphasize history taking, mental state examination and diagnosis and differential diagnosis.

VII. Out-patient Clinics and Ward Round Attendance (OPC& WR):

Students will be assigned in small numbers to attend the outpatient clinics (new and follow-up) and the ward rounds in inpatient wards. This provides an opportunity to observe the real clinical setting in psychiatry where, receiving the patient, interviewing the patient and his family, watching response of the patients, responses to treatments, side-effects of drugs and all possible interactions that occur in real life practice.

Guidelines:

1. Students in these activities are observers.
2. Discussions of some aspects of the cases and involving the students is important as time allows.

VIII. Customers Satisfaction Assessment Questionnaire:

This is a session where some students will be asked to complete a specially designed questionnaire by the educational committee to measure the patient satisfaction about the provided services in the outpatient clinic in the department. Each student will complete the questionnaire by interviewing a patient where the supervisor will collect and analyze. This session is supervised by a trainee resident assigned by the course organizer.

COURSE ORGANIZATION

I. Administrative Responsibility:

a. The course is under the direct supervision of the chairman of the department and in close collaboration with the undergraduate teaching committee in the department and the course organizer.
b. The course organizer responsibilities are:
   - Prepares timetable of the educational activities.
   - Follows attendance / absence of the students.
   - Prepares and arranges for quizzes and exams (CAT & Final).
   - Supervise marking of student answers and registers their marks.
   - Presents the results to the educational committee and the departmental board meetings.
   - Keeps in direct contact with the students.

II. Students Distribution:

In the first two weeks lectures and clinical skills activities will be delivered to all students as one group. Then students will be divided into groups (usually two A & B) and the rest of activities are provided to each group individually.

Lectures and interviews skills sessions are delivered at teaching center, College of Medicine.

The rest of activities take place in the Psychiatry Department, level 0 (Wards 01 – 02 & outpatient psychiatry clinic, King Khalid University Hospital).

Students' distribution for exams will be announced ahead of time.

III. Secretary of the Department:

- Responsible for secretarial work of the course through the course organizer.

COURSE ASSESSMENT & EXAMINATION

1. **Continuous Assessment Test (CAT): 30 Marks**
   A. 30 questions; Single Best Answer applied clinical cases.
   B. CAT is held in the fifth week.

2. **Quiz Assessment: 10 Marks**
   A. Four quizzes / course where the best Three will be taken for each student.
   B. At the end of a decided session these will be conducted by the tutor and after been marked to be handed to secretary.

3. **Final Examination: 60 Marks**
   A. It is an OSCE exam of five stations, six questions each of twelve minutes each and held in the sixth week; Monday morning. (40 marks)
   B. An oral OSCE exam to be conducted by one examiner on the basis of a pre-proposed case vignettes for 10 minutes, each student will have two cases and to be held a Sunday morning and afternoon. (20 marks).

The pass mark is 60 out of 100.

4. **There will be a session held toward the end of the course abut exam preparation and review to help students in exam techniques and methodology.**

5. COURSE REFERENCES

I. Course Textbook:

Basic Psychiatry – Professor M. A. Al-Sughayir

King Saud University Academic Publishing & Press

II. Recommended References:

1. Textbook of Psychiatry, by Linford Rees, Oxford University Press.
2. Pocket Handbook of Clinical Psychiatry by Kaplan & Sadock, Williams & Wilkins.
3. Emergency Psychiatry by Allen, Micheal. American Psychiatric Press.
4. Clinical Manual to Psychosomatic Medicine: A guide to Consultation-liaison Psychiatry (Concise Guide), By Michael Wise & James Rundle, American Psychiatric Publishing.

COURSE EVALUATION

Evaluation forms will be given to students at the end of the course (after the final exam) to have a feedback about the course process, activities and tutors. Feedback will be discussed in the undergraduate teaching committee and departmental board for further improvement and development. A copy of the student feedback form is attached.

بسم الله الرحمن الرحيم

استمارة تقويم
Student Feedback Form

جامعة الملك سعود
كلية الطب
قسم الطب النفسي
مقرر 462 طنف
الشعبة : طلبة / طالبات
الفترة: العام:

عزيزي الطالب / عزيزتي الطالبة :
أولاً: نرجو تقويم الأنشطة التعليمية المختلفة التي مررت بها خلال مقرر الطب النفسي 462 طنف وسيكون هذا التقويم أساساً في تطوير المقرر وتحسين مستوى التجربة العلمية المستقبلية.

يمكن استعمال المفتاح التالي لتقويم كل نشاط على حدة:

1= لا أوافق بشدة 2= لا أوافق 3= لا تعليق 4= أوافق 5= أوافق بشدة

	النشاط	حصلت على معلومات جديدة	اكتسبت مهارة سريرية مفيدة	أتطلع لهذا النشاط	تزيد رغبتي لتعلم المزيد	يجب أن يستمر هذا النشاط
1	المحاضرات Lectures					
2	مناقشة المواضيع Subject Discussion (SD)					
3	مناقشة الحالات النظرية Case Scenario Discussion (CS)					
4	مهارات المقابلة Interview Skills Discussion (IS)					
5	Interview Skills Clinical Demo (ISC)					
6	التعليم السريري Patient Clinical Discussion (PCD)					
7	حضور العيادات الخارجية Out_pt Clinics & WR					
8	Customer Satisfaction Assessment Questioner (CSAQ)					

ملحوظات أخرى : أكتب ما لديك بكل صراحة ووضوح , وليكن نقدك بناءاً وإيجابياً.

ثانياً: نرجو تقويم أعضاء هيئة التدريس و الاستشاريين حسب النقاط الموضحة وباستعمال نفس مفتاح التقويم السابق. ومن لم يشارك خلال الفترة التي درست خلالها المقرر بإمكانك وضع علامة (-).

1 = لا أوافق بشدة 2 = لا أوافق 3 = لا تعليق 4 = أوافق 5 = أوافق بشدة

الأسماء	يعامل الطلبة باحترام	يلتزم بالموضوع	يلتزم بالوقت المحدد حسب الجدول الدراسي	يستخدم أسلوب تعليمي مشوق	يربط بين المادة والحياة العلمية	تدريسه يوصل الموضوع لذهن الطالب بشكل واضح
1- أ.د عبدالرزاق الحمد						
2- أ.د عبدالله السبيعي						
3- أ.د محمد الصغير						
4- أ. د. فاطمة الحيدر						
5- د. ياسر الهذيل						
6- د. خالد بازيد						
7- د. ربيع الحواري						
8- د. عبدالله السنيدي						
9- د. فهد العصيمي						
10- د.عبدالقادر الجراد						
11- د. إيمان أبا حسين						
12- د. جواهر النوح						

ملحوظات أخرى : أكتب ما لديك بكل صراحة ووضوح , وليكن نقدك بناءاً وإيجابياً.