

## WPA template for undergraduate and graduate psychiatric education

### **III. Medical student education: general psychiatric competencies**

The figures below can be an adequate reminder of why undergraduate psychiatric instruction is critical for all physicians (1,2):

1. More than 500 million people worldwide suffer from mental and/or neurological disorders.
2. Major depression is, at the global level, the fourth leading cause of global burden of disease.
3. 70 million worldwide suffer from alcohol dependence.
4. 24 million worldwide have schizophrenia.
5. One million commit suicide, and between 10-20 million attempt it every year.
6. One out of four people will be affected by a mental disorder at some stage of life (3).
7. Social and environmental factors are playing growing and decisive roles in the occurrence, management and outcomes of numerous conditions, including different types of violence, post-traumatic stress disorder (PTSD), substance use, and developmental disorders.

The need for treating mental disorders is obviously pressing in both developed and developing countries. It is, therefore, evident that all physicians must know how to detect and manage these disorders (from a bio-psycho-social perspective), and when to refer them to a specialist. Steps of the learning process for a medical student include the acquisition of knowledge, the dexterity in the use of specific skills, and the adoption of professionally appropriate attitudes.

### *A. Knowledge*

There is consensus in that, regardless of country, geographic region or volume of resources, every medical student will have to demonstrate, by the conclusion of his/her educational process, the ability to:

1. organize clinical data from psychiatric interview and mental status examination allowing him/her to hypothesize reasonable psychiatric diagnoses and psychosocial circumstances or stressors;
2. develop thorough psychiatric differential diagnoses based upon information from and about the patient;
3. recognize the clinical characteristics of the following mental disorders:
  - a. major depression
  - b. bipolar disorder
  - c. dysthymia
  - d. panic disorder
  - e. generalized anxiety disorder

- f. PTSD
  - g. obsessive-compulsive disorder
  - h. schizophrenia
  - i. schizoaffective disorder
  - j. personality disorders
  - k. substance use disorders
  - l. cognitive disorder
  - m. somatoform disorders
  - n. attention-deficit/hyperactivity disorder (ADHD)
4. Understand the parameters of ethical clinical practice

Similarly, in the areas of laboratory and other types of testing (e.g., psychological tests), the student will have to be able to:

- 1. determine which tests are indicated based upon the patient's psychiatric presentations;
- 2. discuss the rationale for ordering the tests with the patient and/or family
- 3. recognize when tests provide abnormal or pathological results, including results related to medication compliance.

In order to generate an appropriate psychiatric case formulation and present plausible and comprehensive hypotheses about the etiopathogenesis, course and outcome of the patient's psychiatric condition, the student must know about:

1. biological factors;
2. psychological factors;
3. sociocultural factors;
4. spiritual factors;
5. patients' psychological strengths and weaknesses or barriers for adequate management.

Last but not least, the medical student will have to demonstrate the ability to:

1. recognize potential risks and psychiatric emergencies among general medical patients, including:
  - a. suicidal thinking
  - b. homicidal thinking
  - c. signs of mental decompensation
  - d. impulsivity and violence-proneness
  - e. poor judgment or cognitive deficits
  - f. serious side effects to medications
    - 1) neuroleptic malignant syndrome
    - 2) neurotoxic or cardiotoxic responses
    - 3) overdose
2. demonstrate knowledge about medical and medico-legal interventions
  - a. psychiatric referrals

- b. involuntary commitment
- c. judgments of medical incompetence

**B. Skills (*interpersonal and communication*)**

The medical student will demonstrate the ability to conduct a psychiatric interview, including:

1. establish rapport with patients by properly introducing him/herself and defining the role the interview will play in the patients' care;
2. be empathic with patients, showing genuine concern for patients' moods, dilemmas, viewpoints, and conflicts through tone of voice, speaking style, facial expressions and gestures;
3. facilitate interviews with helpful blends of open and closed questions, supportive remarks, use of silence, and therapeutically oriented interventions;
4. use language neutral to gender, age, race, sexual orientation, culture and religion;
5. conclude interviews with proper timing and respect.

The student will demonstrate the ability to elicit data for a complete psychiatric history, including:

1. chief complaints in the patients' own words;
2. details for a thorough history of present psychiatric illness:
  - a. onset of symptoms,
  - b. duration of symptoms,
  - c. course of exacerbations and decreases of symptoms,
  - d. help-seeking patterns,
  - e. actions patients have taken to cope with symptoms,
  - f. impacts of symptoms on patients' lives,
  - g. patients' thoughts about causes for and meanings of symptoms,
  - h. patients' expectations for prognosis;
3. details for past general medical history and psychiatric history;
4. details for family and social history;
5. details for developmental history;
6. details for substance use history.

The student will recognize indications for treatments of patients with mental disorders, including:

1. psychotherapies:
  - a. individual psychodynamic, cognitive, behavioral, and supportive

- b. marital and/or family
- c. group;
2. medications;
3. other somatic therapies;
4. necessity for social, economic or legal interventions.

The student will demonstrate the ability to provide coherent, thoughtful presentations of psychiatric patients in both oral and written forms, including:

1. patients' psychiatric histories;
2. mental status examinations data;
3. physical examination data;
4. data from laboratory and other tests;
5. differential and specific diagnoses;
6. psychiatric formulations (including cultural);
7. treatment plans.

The student will demonstrate the capacity to respond appropriately to constructive feedback given by instructors.

### ***C. Attitudes***

The medical student will demonstrate professionalism through the ability to:

1. be punctual and attend required events;
2. complete patient notes in a timely fashion with legible writing;
3. maintain professional boundaries (physical, sexual, financial, and emotional) with patients, and to practice within an appropriate ethical framework;
4. be truthful about medical data;
5. be courteous to patients, patients' families, staff, colleagues, and other health professionals;
6. maintain confidentiality regarding patient care;
7. demonstrate respect, empathy, responsiveness, and concern regardless of the patient's problems, personal characteristics, or cultural background;
8. demonstrate sensitivity to medical student-patient similarities and differences in gender, ethnic background, sexual orientation, socioeconomic status, educational level, political views, and personality traits;
9. demonstrate integrity, responsibility and accountability in the care of assigned patients;
10. demonstrate scholarship by contributing to a positive learning environment, collaborating with colleagues, and performing self-assessment and self-directed learning;
11. assess one's strengths, weaknesses and be willing to seek and accept supervision and constructive feedback (4,5).

Appendix I includes a sample of psychiatric screening questions and instruments useful in all these didactic tasks.



## References

1. World Health Organization WHO. (2002). *World Health Report 2001 – New Understanding, New Hope*. Geneva: WHO, 2002.
2. Brodkey, A.C., Hassenfeld, I., Manely, M.R.S. et al. (2005). Objectives for the Junior Psychiatry Clerkship. In J. Kay, E.K. Silberman, L.F. Pessar. Handbook of Psychiatric Education. Washington, DC: American Psychiatric Press. 2005: 279-304.
3. Based in part on Medical Student Competencies Document, Boonshoft School of Medicine, Wright State University, Dayton, Ohio.
4. Brodkey, A.C., Van Zant, K. & Sierles, F.S. (1997). Educational objectives for the junior psychiatry clerkship: development and rationale. *Acad Psychiatry*, 21:179-204.
5. Folstein, M.F., Folstein, S.E. & McHugh, P.R. (1975). Mini-mental state: A practical method for grading the cognitive state of patients for the clinician, *J Psychiatry Research*, 12:189-198.

## APPENDIX I

### Some Sample Psychiatric Screens for Medical Students

Interviewing skills remain at the very core of an effective doctor-patient relationship. The following screening questions may facilitate the medical student's inquiry about sensitive issues. Some of the screens are useful regardless of a particular clinical setting. Others may have greater relevance for a specific setting, for example, in the emergency psychiatry, outpatient and inpatient sites (4).

Seven questions about which the medical student should obtain information from any psychiatric patient in the evaluation interview:

1. Why is the patient presenting now?
2. What does the patient want/expect from the visit?
3. Is a general medical illness contributing to the patient's behavioral or emotional problems?
4. How lethal is the situation regarding suicidality, homicidality and abuse of others?
5. In what ways are the patient's relationships helping or impeding the problem?
6. What are the patient's cultural expectations, explanations and treatments for their illness?
7. What is the patient's psychiatric diagnosis?

### Sample psychiatric screens

#### *1. The Mini-Mental State Examination*

- a. This is only a test of cognitive functioning, not a substitute for a comprehensive

mental status examination.

**2. Alcohol and drug abuse screen**

- a. Have you ever had a drinking or drug problem? (70% of alcoholics and 1% of nonalcoholics answer YES to this question).

**3. The CAGE Test**

- a. Have you ever felt you ought to *Cut* down on your drinking?
- b. Have people *Annoyed* you by criticizing your drinking?
- c. Have you ever felt bad or *Guilty* about your drinking?
- d. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover that is, an *Eye opener*?

(A positive answer on two or more will identify the majority of people with alcohol abuse or dependence)

**4. Drug and tobacco screen**

- a. When is the last time you used any illicit drug or tobacco?
- b. How much are you using now?
- c. What was the most you ever used?
- d. Have you used any other forms of tobacco (chew, cigarettes, cigars, pipes)?

**5. Sexual screen**

- a. Are you sexually active at the present time? If NO, have you ever been?

- b. Are (were) your partners men, women, or both?  
If BOTH. which do you prefer?
- c. What means of birth control do you (have you) use (d)?  
(ask both males and females)
- d. Do you have any concerns or problems with your sexual life?
- e. Have there been any changes in your sexual activity?
- f. Changes in level and frequency of interest? Changes in type of interest?
- g. Do you or have you ever engaged in anal intercourse?
- h. Are there any ways in which you would like your sexual life to be different?
- i. Have any bad or frightening things ever happened to you sexually? For example:  
rape, sexual abuse, or molestation?
- j. Have you had any sexually transmitted diseases such as herpes?
- k. Chlamydia, gonorrhea, syphilis, or AIDS?
- l. Have you ever been treated for a sexually transmitted disease?

**6. *HIV risk factors***

- a. Do you worry about getting AIDS? Why? or Why not?
- b. Do you practice safe sex? (Explain the concept if needed)
- c. Have you ever injected (or shot up) drugs into your veins?
- d. Have you ever had sexual contact with another person, man or woman who used  
IV drugs?
- e. How many sexual partners have you had in the last 10 years?

**7. *Suicide and violence screens***

- a. Have you ever had thoughts that life is not worth living?
- b. Have you ever had thoughts of killing yourself? Are you having these thoughts now?
- c. How would you do it?
- d. Have you taken steps to carry out your plan? (collected weapons, pills, poisons, etc.)
- e. Have you ever had thoughts of hurting anyone else? Are you having these thoughts now and how would you do this?
- f. Have you ever hurt anyone else?

**8. *Screens for family violence - child abuse***

- a. How did you feel during your or your partner's pregnancy?
- b. Has your child lived up to your expectations?
- c. At what age do you think children know right from wrong? (Abusers often have unrealistically high expectations of children)
- d. How do you feel when your child behaves badly? What do you do? Is there anyone you can turn to for help?
- e. Have you ever been concerned that anyone would hurt your child? Have you been frightened with thoughts of hurting your child? Have you or anyone else hurt your child?

**9. *Sexual abuse victims***

- a. Are there things going on in your home that you are uncomfortable with or ashamed to talk about?
- b. Has there been any sexual contact between family members in your home (besides your parents)?
- c. Have you been involved sexually with any adult, including either of your parents?

**10. *Partner/elder abuse victims***

- a. Is your family under a lot of stress?
- b. What happens when you and your partner argue?
- c. Do either of you have trouble with your temper?
- d. Have you ever fought physically with your partner? If so how badly have you or your partner been hurt?
- e. Is there a weapon in the house?
- f. Are you afraid to go home?

***Abuse history***

- a. How were you disciplined as a child?
- b. Did you ever witness any violence in your home as you were growing up?
- c. Did a family member ever physically hurt you?
- d. During your childhood or adolescence did a relative, family friend or stranger ever touch your body, or have you touch them, in a sexual way?
- e. Did anyone attempt or succeed in having sexual intercourse with you?
- f. Did you ever have an unwanted sexual experience of any kind?

***Screen for sleep disorders***

- a. Are you content with your sleep pattern?
- b. Are you excessively tired during the day?
- c. Does your bed partner complain about your sleep pattern?

***Screen for depression***

- a. How would you describe your mood?
- b. In the past month, have you felt down, depressed, or hopeless most of the day nearly every day?

If yes: Describe what that is like for you. Do you feel that way now?

- c. How long have you felt depressed?
  - 1) If no: When did you last feel down, depressed, or hopeless?
  - 2) How long did you feel depressed?

***Screen for eating disorders***

- a. Have you lost or gained weight in the last year? How much?
- b. How many times have you started a diet in the last year?
- c. Have you ever felt that your eating was out of control? Have you gone on eating binges?
- d. Have you ever vomited or spit out food after eating to get rid of it?
- e. Have you ever used diuretics or laxatives? How often?
- f. Have people ever criticized you about being too thin?

*Screen for psychosis*

- a. Have you ever had trouble with your thinking?
- b. Has your thinking ever been so confused that you lost track of your ideas?
- c. Have any of your thoughts seemed frightening or disturbing to you?
- d. Have you ever felt like people were watching or following you? Or that they wanted to hurt you?
- e. Have your eyes or ears ever played tricks on you?
- f. Have you ever had the experience of hearing a voice when nobody else was around, or of seeing things that weren't there?