

The course lasts for ٦ 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:

١. Twelve didactic lectures, in the first ٨ days (see page ٦ ).
٢. Seven interview skills sessions, in the first two weeks (see pages ٧-٨).
٣. Eight subject discussions, weeks ٣ – ٦ (see pages ٨ - ١٧).
٤. Two case scenario discussions, weeks ٣ – ٦.
٥. Two video case discussions, weeks ٣ – ٦.
٦. Nine clinical sessions. (in-patient, outpatient, consultation-liaison, child psychiatry, other live patient case discussions) weeks ٣ - ٦.
٧. Outpatient clinics attendance at least one.
٨. Clinical rounds attendance at least one.

## **COURSE CONTENT**

### **I. Lectures:**

၁. Introduction: Diagnostic process, Classification and Etiology in Psychiatry.
၂. Anxiety Disorders.
၃. Stress related and Adjustment Disorders and Grief.
၄. Schizophrenia and Other Psychotic Disorders.
၅. Mood Disorders.
၆. Cognitive Disorders.
၇. Substance Abuse.
၈. Personality Disorders.
၉. Child Psychiatry (common disorders).
၁၀. Emergency Psychiatry.
၁၁. Psychopharmacology.
၁၂. Psychological Treatment.

### **Guidelines:**

၁. Textbook clinical psychiatry factual knowledge.
၂. Applied clinical psychiatry teachings.
၃. Scientific evidence based approach.
၄. Avoid controversial and personal idiosyncratic views.
၅. Proper and sophisticated audiovisual aids.



## **II. Interview Skills Sessions:**

١. Taking Psychiatric History:  
Based on the “New patient psychiatric sheet” and the course textbook guidelines students are taught how to take proper psychiatric history.
٢. Conducting standard mental state examination (MSE):  
Based on the “New patient psychiatric sheet” and the course textbook guidelines students are taught how to conduct proper mental state examination.
٣. Interview Techniques and Diagnostic Process:  
Tutor will train students how to establish a relationship with a patient, elicit psychiatric symptoms, formulate the longitudinal history and the present mental state in one comprehensive view to reach a diagnosis, assess nature and severity of the patient’s problem, and how to reach to a relevant differential diagnosis.
٤. Video Demonstration of Patient’s Interview:  
Tutor will show students a live video-taped interview demonstrating the process of psychiatric interview (History, MSE, Interview techniques,...) and allow students to critically comment on and enquire about the process of the interview.
٥. Students role play sessions:  
Tutor will supervise students applying interview skills on each other in role play sessions simulating psychiatric presentation (e.g. anxiety, depression, cognitive impairment, hallucinations... etc.)
٦. Interviewing anxious and depressed patients:  
Tutor will focus on how to interview patients with anxiety/depressed mood demonstrating the skills in assessing the mood, non-verbal behavior of such patients. This can be done with simulated cases, real live patients or video-taped cases.
٧. Interviewing psychotic patients and patients with cognitive problems:  
Tutor will focus on how to interview patients with psychotic symptoms (particularly delusions & hallucination) and how to assess cognitive functions properly (consciousness, attention, concentration, orientation and

memory). This can be done with simulated cases, real live patients or video-taped cases.

**Guidelines:**

١. 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.
٢. Important emphasis on simple, basic, detailed and scientifically based skills.
٣. Important emphasis on the professional attitude and the high ethical conduct with patients and their families.
٤. Important emphasis on communication skills, responses and non-verbal communications.
٥. Cases, videos and needed materials are available from the department secretary.

**III. - Subject Discussion:**

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 dealing with psychiatric patients and these subjects are:

- ١ – Assessment & Management of Agitated and Aggressive Patients
- ٢ – Assessment & Management of Anxious Patients
- ٣ – Assessment & Management of Patient Feeling Depressed
- ٤ – Assessment & Management of Somatizing Patients
- ٥ – Assessment & Management of Cognitively Impaired Patients
- ٦ – Assessment & Management of Psychotic Patients

√ – Assessment & Management of Suicidal Patients

^ – Assessment & Management of Substance Related Disorders

**Guidelines:**

١. 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.
٢. 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.
٣. The department has prepared some outline format for subject discussions and tutors are welcome to use it.
٤. The basic skeleton suggested is:

Aspects	Assessment	Management	
		Short-term	Long-term
Biological	<ul style="list-style-type: none"><li>- Genetics</li><li>- General medical conditions</li><li>- Traumas &amp; physical injuries</li></ul>	Open as appropriate to the subject	
Psychological	<ul style="list-style-type: none"><li>- Personality</li><li>- Other mental disorders</li><li>- Stress, conflicts.</li></ul>		
Social	<ul style="list-style-type: none"><li>- Separation and loss.</li><li>- Support.</li><li>- Social</li></ul>		

	<b>stresses</b>		
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#### **IV. Case Scenario Discussion:**

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.

##### **Guidelines:**

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

#### **V. Video Case Discussion:**

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:**

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

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

## **VI. Clinical Sessions:**

This activity is the equivalent bedside teaching in clinical medicine. A real case will be selected and interviewed by students for about ٣٠ – ٤٠ 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:**

١. Usually the tutor nominates two students to conduct the interview for about ٣٠ minutes, to take full history and mental state examination.
٢. While the patient is waiting, the tutor will hear to the presentation by the students in front of the group.
٣. 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.
٤. 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.
٥. Contribution of students is mandatory.

## **VII. Out-patient Clinic Attendance:**

Students will be assigned in small numbers to attend the outpatient clinics (new and follow-up). 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:**

١. Students in these activities are observers.
٢. Discussions of some aspects of the cases and involving the students is important.



## **VIII. In-patient Round Attendance:**

This activity is similar to the outpatient clinics attendance where students will be assigned to attend the usual round of consultants in the wards and have the same experience as in the outpatient clinics.

### **Guidelines:**

Same guidelines applicable to outpatient clinics attendance is applied here.

## **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 ١٠ (Wards ١٠ – ١٢ & 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**

- 30 questions; 10 True & False and 10 Single Best Answer
- CAT is held in the fourth week, Tuesday morning.

### **2. Quiz Assessment: 10 Marks**

- Multiple (0 – 10) quizzes / course
- At the end of subject discussions and case scenario discussions.

### **3. Final Examination: 60 Marks**

- It is an OSCE exam of nine stations of short cases three minutes each and one station of a long case of nine minutes duration and forms 30 marks.
- Held in the sixth week; Tuesday morning.
- An oral OSCE exam to be conducted by two examiners on the basis of a pre-proposed case vignettes for 10 minutes and to be left to the examiners to arrange it for the nominated student list over the three days of the last week, Saturday, Sunday and Monday; and it forms 30 marks.

**The pass mark is 60 out of 100.**