Psychiatry Rotation

Jason Cafer MD, cell (573) 673-4003, jasoncafer@gmail.com

Daily routine
- Behavioral Health Unit (BHU, 4th floor) 8:10 – 1:10 (rarely longer if there are lots of new patients or something interesting going on like a tele-court hearing)-- in the morning wait in room across from my office
- Study handouts in the afternoon (at home or wherever)
- As you watch me see patients, multi-task by studying the books for quizzes (see below).
- It's not unusual for patients to remark that my students aren't "paying attention". My perspective is that it's pretty low-yield learning for you to sit there intently focused on everything the patient and I say. Be relatively more attentive when I'm facing the patient, less so when I'm typing.
- I don't expect you to document (other than MOCA) or keep track of patient info. I'm more interested in what you store in long-term memory.

Day one
- Please remind me right now "Email Chris Pickering about my ID badge". I'll send you to get your badge early afternoon.

Skills
- Psychiatric intake interview
- Montreal Cognitive Assessment (MOCA)
- Diagnosing bipolar disorder (Mood Disorder Questionnaire)
- Psychotropic medication management
- Pharmacokinetic drug-drug interactions
- Concise H&P presentation
- Diagnostic formulation and treatment planning

Patient interviews
- Refer to the 2-page interview sheet.
- The sheet is for your personal use
- No need to write down what you can remember long enough for your 5-10 min presentation.
- You'll be watching me do a few interviews before you go on your own, so take note of efficient phrasing of questions.
- Remind me to loan you the Carlat book, which has interview tips such as redirecting tangential patients.
- Thoroughness of your interview will be guided by how receptive the patient is to questioning.
- If the patient is overly talkative/tangential, a thorough interview may exhaust you, but I am very appreciative for you toughing it out.
- Postpone the interview if the patient is too sleepy or malodorous (ask the patient to take a shower first).
- End the interview immediately if you feel unsafe or the patient demands you stop.
- You don't have to ask the questions in order, go with the flow of the interview.
- It is important to determine if the depressed patient has a history of mania (i.e., is bipolar); If unclear use the Mood Disorder Questionnaire (MDQ).
- If dementia (neurocognitive disorder) is suspected, administer the Montreal Cognitive Assessment (MOCA), but not necessarily during the interview because a patient with memory problems will probably be already frustrated by having to answer so many questions. Be sure you read the MOCA administration instructions to do it correctly.
- If the patient is impatient or minimally cooperative, try to get answers to the 26✱ questions at least.
- If they are seeking Xanax/opioids/stimulants, help me manage expectations by saying "Dr Cafer doesn't Rx those unless you have an active Rx that can be verified through your pharmacy".

Patient presentation
- Initially about 10 minutes, hopefully down to 5 minutes by the end of your rotation
- Then suggest the main diagnoses and medication orders. Common diagnoses are Major Depressive Disorder (severe episode, with or without psychosis), Bipolar Disorder (manic, hypomanic, depressive or mixed episode, with or without psychosis), Schizophrenia, Schizoaffective Disorder (depressive or bipolar type), Panic disorder, PTSD, OCD, Methamphetamine-induced psychotic disorder, Meth-induced mania, Methamphetamine Use Disorder, Alcohol Use Disorder, Alcohol withdrawal, Opioid Withdrawal, Opioid Use Disorder, Social Anxiety Disorder, Gender Dysphoria, Malingering, Bulimia Nervosa, Anorexia Nervosa, Obsessive-Compulsive Disorder, Antisocial Personality Disorder, Borderline Personality Disorder, ADHD, Intermittent Explosive Disorder, Autism Spectrum Disorder, Mild Intellectual Disability.
- Suggest medication management

Book learning
- There are 4 lessons, with (closed book) quizzes on about (#1) Week 2 Wednesday, (#2) Week 3 Friday, (#3) Week 5 Wednesday, and (#4) Week 6 Tuesday. There is not much content for quiz #4, so some students chose to take, e.g., #3 on Week 5 Tues and #4 on Week 5 Friday.
- The bulk of the quiz is written. Anything highlighted is fair game. You're not expected to memorize book content that's not highlighted.
- For the oral part of the quiz, pair the trade names with generic names of that week's medications, with correct pronunciation. I say Prozac, you say fluoxetine. I say venlafaxine, you say Effexor.
- Be well-acquainted with how the drug-drug and drug-gene interactions work so that you know how to apply the material open-book from chapter 1, but you're not expected to memorize the specifics, unless highlighted.
- When discussing interactions (unless you are a non-visual learner) just say "fish" instead of 3A4 substrate, etc.
- In the books, please point out any errors, typos, things that are missized or out of alignment, things that are confusing or need better explanation, etc.