

# **Clinical Expectations for MS-III Consultation-Liaison (CL) Service Unit at MMC and St John's Hospitals**

**Time: Monday – Saturday**

Patient Quantity: It is expected that a student will follow the course of three patients on average, and up to five. Following includes seeing the patient before rounds in the morning and writing a progress note. The number can exceed three patients from student participation in consultations during call experiences. It is rare that the student will follow more than one patient for longer than two days. Be sure to discuss which patients you follow and when you will stop following them with the CL resident (or in his absence the faculty attending)

Rounds Times: Meeting time for evaluation and rounds on regular weekdays is chosen by the CL resident or the CL attending faculty. It might start as early as 7:30am, but some attending faculty or circumstances can call for rounds in the afternoon or even the early evening. Meeting time on Saturday is set by the covering faculty attending or the CL resident. Typically the CL resident and the student will round on some patients before meeting with the faculty attending. Do not schedule other activities (e.g. mentoring) prior to 12 noon until the attending faculty agrees.

Afternoon Responsibilities: Please stay in contact with the CL resident to find if any new consultations were requested in the afternoon before 4:30 PM and if you need to see the new consultation before you leave that day.

Scholarly Presentation: For a rating of meets expectations some time during the rotation the student will give a reflective ten-minute presentation on a clinical topic of interest relevant to a patient. The topic should be approved in advance by the faculty attending. Giving one presentation each week might exceed expectations. Be sure to discuss the topic with the attending before you start to prepare the presentation.

Skill Acquisition: By the end of the rotation, the student will be able to:

- 1) Identify why psychiatric consultation was requested
- 2) Conduct an interview in a logical sequence that follows the patient's cues
- 3) Assess basic cognitive function and level of consciousness (alertness)
- 4) Assess suicidal and homicidal thought and behavior
- 5) Assess for substance abuse and medication dependence
- 6) Assess affect, mood, psychological anxiety, somatic anxiety, and psychosis.
- 7) Identify learning issues related to evaluation and care of an actual patient.
- 8) Identify several different types of medications that cause delirium.