

Consultation-Liaison Psychiatry for the Medical Student: How to Succeed on Your Core Rotation

*Created by Matthew Gunther, MD MA and edited by Archana Brojmohun, MD,
Samantha Zwiebel, MD, Julio Nunes, MD, and Jon Levenson, MD*

Introduction

This guide was created with the intent to prepare medical students as they begin a consultation-liaison psychiatry rotation. The aim is to provide enough description and information surrounding C-L rotations to give medical students a “running start” to make the most out of the rotation. The guide is for medical students of all levels – third-year, fourth-year, sub-intern, and international medical graduate (IMG) students – to be successful on what is a very unique and enjoyable rotation in psychiatry. Please keep in mind that this guide provides general examples of rotation objectives and strategies for doing well on the rotation; it will be important to check in with the clerkship director and attendings on service to learn specific expectations.

Third-year Medical Students

Overall Goals and Objectives of a Consultation-Liaison Psychiatry Rotation

Consultation-liaison psychiatrists provide expert psychiatric care for patients with complex medical conditions to all inpatient and outpatient primary care and specialty services. As a medical student, overall goals and objectives for these rotations include:

1. Demonstrate the ability to perform and interpret a psychiatric evaluation, including a detailed mental status evaluation.
2. Offer a differential diagnosis for mental illness in the medical setting.
3. Demonstrate the ability to formulate a comprehensive treatment plan using the biopsychosocial approach.
4. Recognize and increase understanding surrounding common presentations seen on C-L psychiatry including delirium, depression/anxiety management, demoralization, and decision-making capacity evaluation.
5. Identify intoxication and withdrawal from common substances of abuse, including potential for training in buprenorphine prescription (some sites may require/facilitate this training as a part of the rotation).
6. Practice communication and collaboration in a multidisciplinary setting, including discussion with primary teams regarding a patient’s presentation.
7. Identify the connection between medical and psychiatric conditions and how this affects diagnosis and treatment.
8. Increase appreciation for the impact of different socioeconomic circumstances on patient outcomes in the medical setting.

The Role of a Third-year Medical Student on the Consultation-Liaison Psychiatry Service

While on the rotation, you will be co-following patients with a resident and/or C-L psychiatry fellow on the team. You should get to know your patients well and feel comfortable taking ownership of their care and discussing them with the assigned resident.

HOURS: C-L psychiatry services can operate differently depending on the institution and site. Check in with your residents and attendings regarding specific work hour expectations. Unless approved by the attending in terms of absences or appointments, you should plan to stay with the C-L psychiatry team until the day is done. Inform your resident and fellow of any pending absences at the beginning of the rotation. The consult service is dynamic with many events happening in the afternoon, including new consults, court hearings, and family meetings. See below regarding a typical workday flow.

PATIENT LOAD: Medical students should plan to follow anywhere between two and four patients, with increasing responsibility as the rotation progresses.

PATIENT CARE: Pre-round on your patients (generally including chart-check, talking with nurse, and bedside interview/physical exam). Double-check with your resident and/or fellow about formulating a plan. If evaluating a new patient, the medical student should first fully staff with the resident and/or fellow on the case prior to presenting to the attending. See a later section for tips on presenting during rounds.

Pre-rounding should include:

- Examining new notes from other providers (including other specialists, nursing notes, etc.).
 - o **Tip:** Physical/occupational therapy notes can be invaluable! They often comment on mental status findings and ability to function, which can be useful information to integrate into your presentation.
- Looking at vitals, labs, scans, microbiology results.
- Reviewing the medication history (especially what PRNs or one-time doses of psychotropics the patient may have received and for what indication).

ROUNDS: You are expected to attend all rounds for the team unless actively seeing a new consult, including patients you are not directly following. A majority of the learning from this rotation will come from being exposed to many patient cases. Once rounds are complete, you can then work on completing your notes and speaking with primary teams about recommendations.

NOTES: On your first day, you should seek out documentation templates for the initial and follow up consult notes. The resident will review your notes and provide documentation feedback prior to forwarding them to the attending. More on typical notes can be seen in a later section.

Flow of a Typical Day on the Consultation-Liaison Psychiatry Service

A day on C-L psychiatry can be unpredictable – this usually makes for highly varied, exciting learning experiences! Given the nature of consult work, while rounds typically begin in the morning, they often go into the afternoon depending on what the total number of consults looks like for the day. It will be important to check in with your attending and residents to clarify expectations around your work duties during the day, as an efficient, collaborative team can make the day go by that much smoother.

Structure of the Day:

- Pre-rounds – Arrive, begin chart review on patients, receive new consult requests; check-in with resident regarding findings and considerations for treatment plan
- Rounds – Round with team (may be table rounds initially and then bedside rounding; it can depend based on the service)
 - o Note that afternoons can be just as busy as mornings on C-L psychiatry.
 - o You may initially round as a group in the morning, but as new consults come in, the team may “divide and conquer” and then rejoin for rounds throughout the day.
- The rest of the day will be spent having teaching sessions with the team, finishing documentation, calling in recommendations to primary teams, and tidying any sign-out needed for the evening psychiatry providers.

Sample Presentation Template on Inpatient Consultation-Liaison Psychiatry

1. Chief complaint/presentation:
 - a. State the patient’s name and reason for consult first - then age, sex, any psychiatric history, then **relevant** medical history.
2. Interval events in the last 24 hours – review the following:
 - a. Medication history:
 - i. Did the patient receive PRNs for agitation, anxiety, sleep, pain?
 - ii. Did the patient receive their psychotropics as ordered and when?
 - iii. What is the current psychotropic regimen?
 - iv. [If critical care patient]: Any drips or sedation?
 - v. Review pertinent non-psychiatric medication for any potential drug:drug interactions.
 - b. [If critical care patient]: RASS for the last 24 hours
 - c. Pertinent new diagnostic findings.
 - d. Pertinent updates from primary or other consulting teams (e.g., patient NPO overnight for surgery)
 - e. Nursing impressions of how patient did overnight (gathered from your pre-rounding).
3. Present how your interview went this morning, including relevant subjective data.
 - a. For example, if the team was consulted for depression, commenting on their mood, any suicidal thoughts, etc.
 - b. This is a good time to mention any collateral information you have obtained from family or outside mental health providers!

4. Mental status and physical exam. It is best to practice verbalizing the entire mental status exam. Be sure to include:
 - a. Alertness/awareness
 - b. Psychomotor findings – agitation, slowing, tremor, dyskinetic movements
 - c. Cognitive status – including MoCA if completed, orientation, attention test findings
 - d. Evidence of any perceptual disturbance
 - e. Current mood
 - f. Physical exam findings: frontal release signs, cogwheeling, rigidity, tremor, clonus, other relevant neurologic exam findings
5. Objective data since the last assessment:
 - a. Vitals including heart rate, blood pressure, MAPs
 - b. Latest EKG including QTc interval
 - c. [If a critical care patient]: Type of ventilation, O2 support
 - d. Important lab findings, including trends
 - i. CBC – specifically WBC, hemoglobin, platelets
 - ii. CMP including LFTs, renal function
 - e. Other diagnostics including CT, MRI, EEG
6. Pertinent medical issues:
 - a. Cardiac – Are they in an abnormal rhythm? Do they have a low ejection fraction? Are they paced and/or have an ICD placed?
 - b. Pulmonary – Any recent aspirations or new potential infections? Change in O2 requirement?
 - c. Renal – Are they on dialysis (if so, what type and what is the schedule)?
 - d. Endocrine – Diabetes? Thyroid status?
 - e. Gastrointestinal – What is their diet and nutritional status? Is there enteral access and can they have medication by mouth? Last bowel movement?
7. Assessment and plan:
 - a. Consider the big picture and your differential diagnosis!
 - b. Be sure to include information from nursing and/or primary team about the plan for the patient today and in the immediate future (for example, are they being discharged soon?)

Successfully Progressing through Your C-L Psychiatry Rotation

A large part of the end-of-rotation medical student evaluation will be looking at your progress across the four- or six-week C-L psychiatry block. It is important to reflect on how you can progress in terms of responsibility and performance during your rotation. Your residents, fellows, and attending psychiatrists are a great source of information in this area. Here are some things to consider, **many of which are factors in achieving honors**:

- Practice the skills of taking a good patient history and work to improve upon your mental status exam. Ask to be observed by your preceptor when possible.
- Ask about expectations on day one! Specifically, ask about number of patients you are expected to carry throughout the rotation as well as signs of a successful medical student on the C-L service.

- Be engaged! Ask to take care of a patient, review consult notes, look up labs, and be of help with patients who may not even be assigned to you, but may lighten the burden for a teammate.
- Seek feedback! Don't wait until the last day to ask for feedback. Inquire with your team about ways to improve and grow at least around the halfway point of your rotation. To prepare for these conversations, take time to self-reflect and consider in which areas you would like to grow.
- Independently research conditions, presentations, or treatments relevant to your patients and share your findings with your team. Even a one- or two-minute blurb about an interesting medical psychiatry factoid can show your efforts at integrating your experiences with your increasing knowledge in psychiatry.
- Take ownership of your patients! Be involved in knowing about their care while hospitalized. Strive to know more details about your patients than any other members of the team. Offer to communicate recommendations to primary teams (promptly) and seek collateral, when indicated, for patients you are following.
- Professionalism is essential. Pay attention to emails, answer communications promptly, complete all requirements (including mid-rotation feedback) on schedule, and be accountable for your time.