COURSE OBJECTIVES (in order of importance)
1. Biopsychosocial approach to the medically ill.
2. Improved psychiatry evaluation in the medically ill.
3. Diagnosis of complex psychiatric disorders.
4. Knowledge of DSM-IV.
5. Knowledge of psychotropic medication in the medically ill.
6. Psychiatric syndromes/toxicities related to medications.
7. Multidisciplinary approach to the medically and psychiatrically ill.
8. Improved doctor-patient relationship.
10. Medical record keeping.
11. Knowledge of psychometric testing.

DESCRIPTION:
The HIV Psychiatry Service at Harbor-UCLA Medical Center is an outpatient consultative service which evaluates adults in all stages of HIV infection. A variety of psychiatry disorders are seen. Emphasis is placed on evaluating biological, psychological, and social factors manifesting in psychiatric disorders. The Psychiatric Consultation/Liaison Service is an inpatient service that evaluates patients hospitalized for medical/surgical treatment. Emphasis is placed on understanding the influence of chronic psychiatric conditions on medical care, the psychiatric conditions that may be associated with medical conditions, and the use of psychotropics in the medically ill.

STUDENT EXPERIENCES
1. Depression/Mood Disorders
2. Dementia
3. Delirium
4. Substance Abuse
5. Psychotic Disorders
6. Adjustment Disorders
7. Competency and Consent Issues
8. Medication Reactions/Toxicities

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:  C/L: 10 – 12; HIV: 8
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  60

TYPICAL WEEKLY SCHEDULE

<table>
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<tr>
<th>Hour</th>
<th>Monday</th>
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<tbody>
<tr>
<td>AM</td>
<td>9:00 – 11:00 Resident Rounds</td>
<td>9:00 – 11:00 Resident Rounds</td>
<td>9:00 – 11:00 Resident Rounds</td>
<td>9:00 – 11:00 Resident Rounds</td>
<td>9:00 – 11:00 Resident Rounds</td>
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<td></td>
<td>11:00 – 12:00 C/L Rounds</td>
<td>11:00 – 12:00 C/L Rounds</td>
<td>11:00 – 12:00 C/L Rounds</td>
<td>10:30 – 12:00 C/L Rounds</td>
<td>11:00 – 12:00 C/L Rounds</td>
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<tr>
<td>PM</td>
<td>1:00 – 4:00 C/L Rounds</td>
<td>3:00 – 4:30 Grand Rounds</td>
<td>1:00 – 4:00 C/L Rounds</td>
<td>1:00 – 4:00 C/L Rounds</td>
<td>1:30 – 2:30 C/L Lecture Series</td>
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<td>2:30 – 4:00 C/L Rounds</td>
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</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: The student will spend two afternoons each week in the HIV Psychiatry Clinic under the direct supervision of the attending psychiatrist, plus 1 – 1/2 hours /week of individual supervision. The remainder of the time will primarily be spent on the inpatient C/L Service, under the supervision of the attending and third-year psychiatry residents. The student will also attend two seminars each week with the psychiatry residents, and the Grand Rounds for the Department of Psychiatry.
PS220.01 PSYCHIATRIC CRISIS MANAGEMENT

Advanced Clinical Clerkship  PHONE #: (310) 222-3294
Location: HARBOR
2004–2005 1/6/04

COURSE CHAIR:  PHONE #: (310) 222-3294
David Stone, M.D.

COURSE OBJECTIVES (in order of importance)
1. Develop diagnostic skills.
2. Become familiar with crisis intervention
3. Become intro. to individual and family psychotherapy.
4. Recognize who needs to be hospitalized and treated.
5. Understand psychopathology.
6. Learn psychotropic medication.

SUPPORTING FACULTY:

STUDENT COORDINATOR:  PHONE #: (310) 222-3394
Pat Venaglia

REPORT TO:
Harbor-UCLA, South, Room 1, 8:30 a.m.

PREREQUISITES: Psychiatry

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 3 min 1

DURATION: 3 weeks (6 weeks by arrangement)

2004–2005 ROTATIONS BEGIN WEEKS:
3,6,9,12,15,18,21,27,30,33,36,39,42,45,48

DESCRIPTION: This is an excellent opportunity to experience a multidisciplinary, integrated, longitudinal approach in the care of psychiatric patients. There are three teams, one based on the Crisis Resolution Unit, a 14-bed unit with length of stay approximately 7-10 days; and two teams on the 8 West Inpatient Unit, a 24-bed unit with approximately the same length of stay. Students electing this advanced clerkship will be assigned to a specific team, they will have an opportunity of working independently w/patients with a wide variety of psychiatric disorders (psychosis mania, severe depression, dementia) under direct supervision of an attending psychiatrist. Students will also participate in a unique outpatient system providing aftercare services to discharged patients and evaluation and treatment of new patients entering the system. (Please see additional comments below.)

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Schizophrenia
2. Manic depressive illness
3. Major depression
4. Suicidality
5. Personality disorders
6. Marital and family problems
7. Adjustment disorders
8. Organic disorders

INPATIENT: 75%
OUTPATIENT: 25%
CONSULTATION: 30%
PRIMARY CARE: 70%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
FELLOWS
X RESIDENTS
X INTERNS
OTHER Psychologists and
Psychiatric Social Workers

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 15
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 120

TYPICAL WEEKLY SCHEDULE

<table>
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<tr>
<th>Hour</th>
<th>Monday</th>
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<tbody>
<tr>
<td>AM</td>
<td>8:45 – 9:30 Rounds</td>
<td>8:30 – 11:00 Inpatient Lecture</td>
<td>8:45 – 9:30 Child Psychiatry</td>
<td>8:45 – 9:30 Rounds</td>
<td>8:45 – 9:30 Rounds</td>
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<tr>
<td></td>
<td>9:30 – 12:00 Patient Care</td>
<td>11:00 – 12:00 Patient Care</td>
<td>10:30 – 11:00 Patient Care</td>
<td>9:30 – 12:00 Patient Care</td>
<td>9:30 – 12:00 Patient Care</td>
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<tr>
<td>PM</td>
<td>1:00 – 2:00 Patient Care</td>
<td>1:00 – 3:00 Patient Care</td>
<td>1:00 – 4:30 Patient Care</td>
<td>1:00 – 4:30 Patient Care</td>
<td>1:00 – 4:30 Patient Care</td>
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<td></td>
<td>3:00 – 4:30 Dept. Conf. Parlow Auditorium</td>
<td>3:00 – 4:30 Dept. Conf. Parlow Auditorium</td>
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</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: One evening per week in the Psych. ER

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Additional opportunities include participation in group and family therapy sessions as well as chances to attend mental health court. There is a focus upon diagnostic workups and biological interventions within a psychosocial and sociocultural framework. The psychiatry modules are richly staffed inpatient units with a multidisciplinary approach. There are two attending psychiatrists, two psychiatric residents, and a full complement of nursing, psychology, social work and occupational therapy staff.
PS235.01  MR/CHILD PSYCHIATRY

Advanced Clinical Clerkship  Location: CHS  2004–2005  3/22/04

COURSE CHAIR:  PHON#:  (310) 794-3714
Bonnie Zima, M.D., M.P.H.

SUPPORTING FACULTY:
Drs. B. Shah and M. de Antonio

STUDENT COORDINATOR:  PHONE #:  (310) 825-0548
Martie Banks  E-MAIL: mbanks@mednet.ucla.edu

REPORT TO:
Room C7-406, Neuropsychiatric Institute, 9:00 a.m.

PREREQUISITES:
Clinical Clerkship in Psychiatry (UCLA) and Pediatrics

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 4 min 1

DURATION: 3 or 6 weeks

2004–2005 ROTATIONS BEGIN WEEKS:
3,6,9,12,15,18,21,27,30,33,36,39,42,45,48

COURSE OBJECTIVES (in order of importance)
1. Knowledge of the common Psychiatric Disorders of Childhood
a. Phenomenology
b. Etiology
c. Natural history
d. Treatment approaches

2. Improved Assessment Skills
a. Interviewing parents
b. Interviewing children
c. Use and interpretation of Psychological testing
d. Use and interpretation of Educational testing

3. Improved knowledge of therapeutic modalities in Child Psychiatry
a. Individual therapy
b. Group therapy
c. Family therapy
d. Psychopharmacology
e. Behavioral modification
f. Educational therapy


5. Special problems presented by retarded and developmentally disabled children and adolescents.

6. Improved oral presentation of cases.

DESCRIPTION:
Any student wishing experience in child psychiatry may set up an individualized schedule working with children or adolescents in an inpatient or outpatient setting or a combination of both, with access to all resident and fellow teaching seminars and conferences. Students applying from outside or within UCLA are welcome. A three-or six-week rotation offered continuously throughout the year.

STUDENT EXPERIENCES
COMMON PROBLEMS/DISEASES
1. Attention Deficit Disorders
2. Conduct disorders
3. Learning disorders
4. Affective disorders
5. Schizophrenic disorders
6. Childhood psychoses
7. Mental retardation
8. Anxiety disorders

INPATIENT: 100%
OUTPATIENT: 0%
CONSULTATION: 100%
PRIMARY CARE: 0%

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 10
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 100

TYPICAL WEEKLY SCHEDULE

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<td>AM</td>
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<tr>
<td></td>
<td>9:30 – 11:00 UAP Core Curriculum</td>
<td>10:00 – 11:30 Normal Child Development (May thru June)</td>
<td>9:00 – 10:30 Grand Rounds* or Parent/Child Psychotherapy when Grand Rounds not held 9am – 10:30</td>
<td>8:00 – 9:30 Child Psychopathology</td>
<td>11:00 – 12:00 Child Development Seminar</td>
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<td>10:30 – 12:00 Family Therapy Core Curriculum Rounds</td>
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<td>12:00 – 1:30 UAF TEAM (Mondays)</td>
<td>Daily: Ward responsibilities as assigned by supervision on one of two adolescent wards or one children’s ward. Medical student will be assigned to same ward as supervisor. A-South, A-West, or 5-West.</td>
<td>Out-patient case participation observation with Dr. Dennis P. Cantwell. Times to be arranged.</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: *(2nd Wed. each mo. starting Sept.)
CARE OF THE DEVELOPMENTALLY DISABLED

Advanced Clinical Clerkship  
Location: ASSOC (LANTERMAN)  
2004–2005  
1/2/03

COURSE OBJECTIVES (in order of importance)

1. Knowledge of mental retardation, causes, and modern approach to care and development.
2. Utilization of neuroleptic drugs (phenothiazines, tricyclics, antidepressants, and sedatives).
3. Knowledge and pharmacology of Dilantin, Barbituates, Valproic Acid in management of complex seizure control.
5. Diagnosis and management of acute, complex medical problems (aspiration pneumonia, G.I. hemorrhage, status epilepticus).
6. Knowledge of genetic disorders, inheritance, clinical expression, and case histories with physical examination.
8. Pathogenesis and management of severe electrolyte imbalance.
9. Improved history and physical examination (non-communicative patient).
10. Medical record keeping (data collection and recording).

DESCRIPTION: Clinical care and management of both the acute and chronic developmentally disabled patient. Experience in the management of complex seizure problems; use of neuroleptic drugs in behavior control of the mentally retarded with total team approach to such problems. Ward rounds in acute medical problems, as well as special clinics.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Developmental disabilities/MR
2. Complex seizure control
3. Behavior programs & medications
4. Genetic abnormalities
5. Multisystem developmental abnormalities
6. Pneumonia/aspiration
7. Chronic bronchitis; asthma
8. G.I. hemorrhage

INPATIENT: 100%
OUTPATIENT: 0%
CONSULTATION: 100%
PRIMARY CARE: 0%
CLOSE CONTACT WITH:
FULL TIME FACULTY
CLINICAL FACULTY
FELLOWS
RESIDENTS
INTERNS
OTHER Consultants, Nurses,
Respiratory & Physical Therapists,
Psychologists, research personnel

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 30 – 50
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 75

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>8:00 – 11:00 Overview of Developmental Disabilities</td>
<td>8:00 – 10:00 Internal Medicine Clinic</td>
<td>9:00 – 10:00 Adult Medical Clinic</td>
<td>8:00 – 11:00 Specialty Clinics</td>
<td>10:00 – 12:00 Neurometabolic Clinic</td>
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<td>10:00 – 12:00 Surgical Clinic</td>
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<td>10:00 – 12:00 Acute Pediatric Medicine</td>
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<tr>
<td>PM</td>
<td>1:00 – 2:00 Pediatric Neurology Clinic</td>
<td>1:00 – 2:00 Psychotropic Drug Review</td>
<td>1:00 – 2:00 Staff Medical Lectures</td>
<td>1:00 – 2:00 Psychotropic Drug Review</td>
<td>1:00 – 2:00 Clinical Rounds</td>
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<tr>
<td></td>
<td>2:00 – 4:00 Ward Rounds</td>
<td>2:00 – 4:00 Behavior modification</td>
<td>2:00 – 4:00 Case Reviews</td>
<td>2:00 – 4:00 Physiotherapy/Occupational Therapy Rounds</td>
<td>2:00 – 4:00 Weekly Review</td>
</tr>
</tbody>
</table>

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: No housing at present. Lanterman Developmental Center is both an acute and chronic care facility for the profoundly retarded and developmentally disabled, both child and adult. Complete care and management of these patients is afforded by a multi-disciplinary staff. Lanterman Developmental Center, 3530 West Pomona Blvd., Pomona, CA 91769.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: No housing at present. Lanterman Developmental Center is both an acute and chronic care facility for the profoundly retarded and developmentally disabled, both child and adult. Complete care and management of these patients is afforded by a multi-disciplinary staff. Lanterman Developmental Center, 3530 West Pomona Blvd., Pomona, CA 91769.
Advanced Clinical Clerkship  Location: CHS  2004–2005  3/22/04

COURSE CHAIR:  PHONE #:  Curley Bonds, M.D.  (310)-825-5279

SUPPORTING FACULTY:  
Drs. Heather Krell, Faustino Lopez, David Ruskin, Fawzy Fawzy, David Wellisch, Lopsang Rapgay, and Natasha Ragson

STUDENT COORDINATOR:  PHONE #:  Martie Banks  (310) 825-0548  E-MAIL:  mbanks@mednet.ucla.edu

REPORT TO:  
UCLA/NPIH Room B8-241 at 9:00 a.m.

PREREQUISITES:  Psychiatry

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 2 min 0

DURATION:  3 weeks

2004–2005 ROTATIONS BEGIN WEEKS:  
3,6,9,12,15,18,21,27,30,33,36,39,42,45,48

DESCRIPTION:  The UCLA Consultation and Evaluation Service is an inpatient consultation psychiatry service that provides psychiatric evaluations to the UCLA Center for Health Sciences. The service provides focused consultations to medical and surgical services for urgent and routine matters. The service consists of 3–4 resident physicians, a psychologist, a psychiatric nurse practitioner and multiple faculty members with expertise in various aspects of Consultation/Liaison Psychiatry. The service also provides consultations to the Emergency Medical Center that is a major trauma center for large urban hospital. The scope services includes capacity to consent to or refuse medical treatment, pain management, pre-surgical evaluation for solid organ transplant candidates, chronic and acute pain patients, behaviorally disturbed patients, cross-cultural patients, somatof orm patients and victims of trauma.

COURSE OBJECTIVES (in order of importance)
1. To acquaint students with interview approaches to medically ill patients in a variety of settings using the biopsychosocial model.
2. To engage in effective interactions with a variety of consulting services by learning to define the consultation question and to accurately report findings and recommendations.
3. Learn effective documentation skills for a psychiatric consultation note.
4. Learn a variety of therapeutic interventions used to evaluate and treat mentally ill patients including pharmacotherapy, behavioral psychotherapy, and psychoeducation.
5. Appreciate the psychological components of medical illness.
6. Gain experience in performing specialized psychiatric assessments for specific populations including solid organ transplant candidates, chronic and acute pain patients, behaviorally disturbed patients, cross-cultural patients, somatoform patients and victims of trauma.
7. Gain experience in performing psychiatric consultations to a general Emergency Medical Center.
8. To increase student’s knowledge about psychometric testing.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES  
1. Depression  INPATIENT:  70%  CLOSE CONTACT WITH:  X FULL TIME FACULTY
2. Delirium/dementia  OUTPATIENT:  30%  X CLINICAL FACULTY
3. Management problems  CONSULTATION:  100%  X FELLOWS
4. Psychogenic symptoms  PRIMARY CARE:  0%  X RESIDENTS
5. Habit pattern disorders

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:  8 – 12

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  100

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td></td>
<td>Consults in CHS and EMC</td>
<td>Psychiatry Department Grand Rounds</td>
<td>Teaching Case Conference</td>
<td>Consults in CHS and EMC</td>
<td>Consults in CHS and EMC</td>
</tr>
<tr>
<td>PM</td>
<td>Consults in CHS and EMC</td>
<td>Attend Resident Didactics</td>
<td>Consults in CHS and EMC</td>
<td>Consults in CHS and EMC</td>
<td>Consults in CHS and EMC</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  NONE  (1) Wadsworth VA Consultation-Liaison Grand Rounds  
(2) Sepulveda VA Behavioral Medicine Clinic and Grand Rounds

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
**CONSULTATION LIAISON PSYCHIATRY**

**Advanced Clinical Clerkship**  
Location: CS

**COURSE CHAIR:**  
Waguh IsHak, M.D.  
PHONE #: (310) 423-3481

**SUPPORTING FACULTY:**  
Selected Staff

**STUDENT COORDINATOR:**  
Yvonne Neely  
PHONE #: (310) 423-3481  
E-MAIL: waguih.ishak@cshs.org

**REPORT TO:** Yvonne Neely, Thalians Community MHC, 8730 Alden Drive, Los Angeles, #W101.

**PREREQUISITES:** Psychiatry, Medicine

**AVAILABLE TO EXTERNS:** No

**STUDENTS / PERIOD:** max 2 min 1

**DURATION:** 3, 6 weeks

**2004–2005 ROTATIONS BEGIN WEEKS:**  
By Arrangement

**DESCRIPTION:** This elective will provide medical students with a rich experience in the interface between medicine and psychiatry at Cedars-Sinai Medical Center. Identification and treatment of psychiatric disorders due to general medical conditions, substance/medication induced psychiatric disorders, in addition to delirium and change of mental state are among the highlights of this elective. This elective is more suitable for medical students who are interested in strengthening their medico-psychiatric skills in a large general hospital setting. Medical students will be expected to review consultation-liaison articles for discussion.

**STUDENT EXPERIENCES**

### COMMON PROBLEMS/DISEASES

1. Depression
2. Affective disorders
3. Anxiety disorders
4. Adjustment disorders
5. Family systems problems
6. Psychosomatic problems
7. Schizophrenia & Personality disorders
8. Substance abuse
9. Organic mental disorders

<table>
<thead>
<tr>
<th>COMMON PROBLEMS/DISEASES</th>
<th>INPATIENT: 10%</th>
<th>OUTPATIENT: 90%</th>
<th>CONSULTATION: 10%</th>
<th>PRIMARY CARE: 90%</th>
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<tbody>
<tr>
<td>Depression</td>
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<tr>
<td>Affective disorders</td>
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<td>Anxiety disorders</td>
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<td>Adjustment disorders</td>
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<td>Family systems problems</td>
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<td>Psychosomatic problems</td>
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<td>Schizophrenia &amp; Personality disorders</td>
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<td>Substance abuse</td>
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<tr>
<td>Organic mental disorders</td>
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</table>

**CLOSE CONTACT WITH:**

- X FULL TIME FACULTY
- X CLINICAL FACULTY
- X FELLOWS
- X RESIDENTS
- X INTERNS
- OTHER

**APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:** 4

**TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:** 100

### TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td><strong>AM</strong></td>
<td>8:30 – 9:30</td>
<td>8:30 – 9:30</td>
<td>8:30 – 10:30</td>
<td>8:00 – 10:00</td>
<td>8:30 – 9:30</td>
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<tr>
<td>Adult Outpatient Team Meeting</td>
<td>Observation of Psychotherapy</td>
<td>Adult Outpatient Team Meeting</td>
<td>Outpatient Follow-up</td>
<td>Adult Outpatient Team Meeting</td>
<td>Literature Conference</td>
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<td>9:30 – 11:00</td>
<td>11:00 – 12:00</td>
<td>10:00 – 12:00</td>
<td>9:30 – 11:00</td>
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<tr>
<td>Family/Child Team Meeting</td>
<td>Telepsychiatry Conference</td>
<td>Family/Child Team Meeting</td>
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<tr>
<td><strong>PM</strong></td>
<td>1:00 – 1:45</td>
<td>1:00 – 2:30</td>
<td>12:00 – 1:00 (Lunch)</td>
<td>1:00</td>
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<tr>
<td>Inpatient Interview</td>
<td>Family/Child Clinical Case Conference</td>
<td>Medication Consultation</td>
<td>Psychiatric Grand Rounds Conference</td>
<td>Outpatient Assessment</td>
<td>Outpatient Assessment</td>
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<tr>
<td>2:00 – 3:00</td>
<td>3:00</td>
<td>1:00 – 2:00</td>
<td>1:00 – 2:00</td>
<td>4:00 – 5:00</td>
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<tr>
<td>Psychopharmacology Seminar</td>
<td>Outpatient Assessment</td>
<td>Psychosomatic Walk Rounds</td>
<td>Patient Interview</td>
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<td>4:00 – 5:00</td>
<td>2:30</td>
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<tr>
<td>DSM-IV Seminar</td>
<td>Medication Consultation</td>
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**ON-CALL SCHEDULE & WEEKEND ACTIVITIES:**

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:**

302
COURSE OBJECTIVES (in order of importance)

1. Signs and symptoms, differential diagnosis, psychodynamics, psychophysiology, epidemiology, and psychiatric behavioral "conditions" most commonly encountered in medical settings.

2. Indications, contraindications, dosage, and side effects of psychotropic medications for conditions described above.

3. Describe indications and contraindications for nonpharmacological treatment of conditions described above, including:
   (a) Individual, long-term psychotherapy; (b) Family Therapy;
   (c) Crisis Intervention; (d) Intervention by non-psychiatric medical personnel; (e) Behavior therapy; (f) Cognitive Therapy,
   (g) Relaxation Training; (h) Interpersonal and insight-oriented therapy.

4. Demonstrate ability to collect information from the patient, from the medical chart, from the referring physician, and from relevant other sources. Developing psychiatric interviewing skills specific to the medical ambulatory consultation setting.

5. Describe influence of psychological and social variables on the predisposition, onset, course, and outcome of "somatic" illness.

6. Describe common patterns of psychological and social adaptation to illness.

DESCRIPTION: This advanced level elective offers an introduction to the rapid assessment and effective management of psychiatric and behavioral problems experienced by patients with significant medical or surgical illness in the medical ambulatory clinic. Students are integral members of the C/L team, and learn to apply a Bio-psychosocial approach to evaluation of psychiatry problems in that setting. Management of these problems includes both pharmacological and non-pharmacological approaches (supportive therapy, crisis intervention, cognitive-behavioral and insight-oriented psychotherapy.)

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Depression
2. Agitation
3. Dementia
4. Psychotic Disorders
5. Dual Diagnosis
6. Anxiety Disorders
7. Organic Brain Syndromes
8. Habits, Drugs/Substance Abuse
9. Somatoform Disorders

INPATIENT: 0%
OUTPATIENT: 100%
CONSULTATION: 100%
PRIMARY CARE: 0%

CLOSE CONTACT WITH:

FULL TIME FACULTY
CLINICAL FACULTY
FELLOWS
RESIDENTS
INTERNS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 20

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 60

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>Rounds with Attending</td>
<td>Case Evaluations</td>
<td>Lectures on Behavioral Medicine</td>
<td>Case Evaluations</td>
<td>Case Evaluations w/ Residents</td>
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<td>Case Evaluations</td>
<td>OP Consults w/ Residents &amp; Attendings</td>
<td>Lectures, Seminars</td>
<td>OP Consults w/ Residents &amp; Attendings</td>
<td>OP Consults w/ Residents &amp; Attendings</td>
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<tr>
<td>PM</td>
<td>Case Evaluation</td>
<td>OP Consults w/ Residents &amp; Attendings</td>
<td>C/L Lecture series &amp; Case Evaluations</td>
<td>Independent Study</td>
<td>Case Evaluation</td>
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<td>OP Consults w/ Residents &amp; Attendings</td>
<td>Case Evaluations</td>
<td>OP Consults w/ Residents &amp; Attendings</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Once per week. Optional.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
**PS251.02 GERIATRIC CONSULTATION PSYCHIATRY**

Advanced Clinical Clerkship  
Location: CHS  
2004–2005  
3/22/04

**COURSE CHAIR:**  
Helen Lavretsky, M.D.  
PHONE #: (310) 794-4619

**SUPPORTING FACULTY:**  
Valerie Chamberlin, M.D.

**STUDENT COORDINATOR:**  
Martie Banks  
PHONE #: (310) 825-0548  
E-MAIL: mbanks@mednet.ucla.edu

**REPORT TO:**  
Page Dr. Lavretsky, beeper 12963, at 8 a.m.

**PREREQUISITES:**  
Psychiatry and Internal Medicine

**AVAILABLE TO EXTERNS:**  yes

**STUDENTS / PERIOD:**  max 1 min 1

**DURATION:** 3 weeks

**2004–2005 ROTATIONS BEGIN WEEKS:**  
3, 6, 9, 12, 15, 18, 21, 27, 30, 33, 36, 39, 42, 45, 48

**COURSE OBJECTIVES (in order of importance)**
1. Knowledge of the major psychiatric illnesses affecting the medically ill elderly.
2. Skills in consultation to physicians and other health care professionals.
3. Knowledge of age-related physiological and psychological changes that influence the psychiatric and medical care of the elderly.
4. An understanding of the normal and abnormal psychological, biological, and social responses to aging and physical illness.
5. Familiarization with the psychosocial problems that affect geriatric medical patients and their families.
6. Knowledge of psychopharmacologic treatment of the elderly, including the effects of medical treatment on mental state.
7. Skills in interviewing techniques useful for obtaining psychosocial information from geriatric medical patients and their families.

**DESCRIPTION:**  
This course offers the opportunity to learn about psychiatric problems of medically ill elderly in the general hospital.

**STUDENT EXPERIENCES**

**COMMON PROBLEMS/DISEASES**
1. Dementia  
2. Depression  
3. Delirium  
4. Personality disorder  
5. Psychotic disorder  
6. Somatization disorder

**INPATIENT:** 100%  
**OUTPATIENT:** 0%  
**CONSULTATION:** 100%  
**PRIMARY CARE:** 0%

**CLOSE CONTACT WITH:**
X FULL TIME FACULTY  
X CLINICAL FACULTY  
X FELLOWS  
X RESIDENTS  
X INTERNS  
X OTHER Social workers, nurses, RTs, PTs

**APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:** 6 – 12

**TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:** 40

**TYPICAL WEEKLY SCHEDULE**

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</table>
| AM   | 8:00 – 9:00 Consults  
9:00 – 10:00 Rounds  
10:00 – 12:00 New Consults | 8:00 – 9:00 Consults  
9:00 – 10:00 Rounds  
10:45 – 12:00 Departmental Grand Rds | 8:00 – 9:00 Consults  
9:00 – 10:00 Rounds  
10:00 – 12:00 New Consults | 8:00 – 9:00 Consults  
9:00 – 10:00 Walk Rounds or Ethics Rounds (alternate weeks)  
10:00 – 12:00 Consults | 8:00 – 9:00 Consults  
9:00 – 10:00 Rounds  
10:00 – 12:00 Consults |
| PM   | 1:00 – 5:00 Consults & Follow-ups | 1:00 – 5:00 Consults & Follow-ups | 1:00 – 5:00 Consults & Follow-ups | 1:00 – 5:00 Consults & Follow-ups | 1:00 – 5:00 Consults & Follow-ups |

**ON-CALL SCHEDULE & WEEKEND ACTIVITIES:**  
None

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:**  
Under the supervision of a geriatric psychiatry fellow and psychiatric resident, the student will provide consultations to the geriatric medicine service. The student will have the opportunity to work with faculty in geriatric medicine, geriatric psychiatry, and consultation-liaison psychiatry
PS252.01 ADULT INPATIENT PSYCHIATRY

Advanced Clinical Clerkship Location: CHS 2004–2005

COURSE CHAIR: Barry H. Guze, M.D. PHONE #: (310) 825-0569

SUPPORTING FACULTY:

STUDENT COORDINATOR: Martie Banks PHONE #: (310) 825-0548 E-MAIL: mbanks@mednet.ucla.edu

REPORT TO: Dr. Barry Guze, Unit A-South, Neuropsychiatric Hospital, 8:15 a.m.

PREREQUISITES: Psychiatry

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3, 6 weeks

2004–2005 ROTATIONS BEGIN WEEKS: 3, 6, 9, 12, 15, 18, 21, 27, 30, 33, 36, 39, 42, 45, 48

COURSE OBJECTIVES (in order of importance)

1. Acquisition of knowledge of the psychopathology and phenomenology of serious psychiatric disorders in adults.
2. Development of skills and knowledge in the evaluation, diagnosis, treatment, and disposition of hospitalized psychiatric patients.
3. Acquisition of advanced knowledge of therapeutic modalities, such as pharmacotherapy and ECT.
4. Refining of basic interviewing and management skills.
5. Participation in the interdisciplinary team approach of modern hospital psychiatry.
6. Development of clinical skills and decision-making in the assessment and management of psychiatric emergencies.
7. Enhancement of skills in efficient communication of findings and formulations through verbal presentations and chart progress notes.
8. Progress in medical record-keeping abilities including comprehensive history, examinations, plans, progress notes, discharge summary, and multi-axial diagnostic formulation.

DESCRIPTION: The student functions as a sub-intern on a general adult psychiatric service, is assigned to a resident, who serves as a preceptor and primary clinical instructor, and admits and treats patients under supervision.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Major depressive disorder
2. Bipolar disorder
3. Schizophrenic disorders
4. Neurotic disorders
5. Organic mental disorders
6. Adjustment disorders
7. Personality disorders
8. Anxiety disorders

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 40

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>AM</td>
<td>Unit Rounds</td>
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<tr>
<td>PM</td>
<td>Patient Workups and Care</td>
<td>Patient Workups and Care</td>
<td>Case Conference Clerkship Seminar</td>
<td>Patient Workups and Care</td>
<td>Patient Workups and Care</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Students may elect to “take call” when resident-preceptor is on duty.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: The student is responsible for all aspects of medical care, including those of a non-psychiatric nature. The student's schedule will approximate that of the resident-preceptor. Supervised participation in various other aspects of departmental activities may also be provided by individual arrangement.

305
PS265.01  TRANSCULTURAL PSYCHIATRY

Advanced Clinical Clerkship Location: MULTIPLE 2004–2005

3/22/04

COURSE CHAIR:  PHONE #:  
Gustavo Ruiz, M.D.  (310) 966-6517

SUPPORTING FACULTY:  
Marvin Karno, M.D.

STUDENT COORDINATOR:  PHONE #:  
Martie Banks  (310) 825-0548
E-MAIL:  mbanks@mednet.ucla.edu

REPORT TO:  Gustavo Ruiz, M.D., at 9:00 a.m. at 11080 W. Olympic, Fourth Floor, L.A., 90064

STUDENT COORDINATOR: PHONE #:  
Martie Banks  (310) 825-0548
E-MAIL:  mbanks@mednet.ucla.edu

PREREQUISITES: Psychiatry and Medicine

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 0

DURATION: 3 weeks

2004–2005 ROTATIONS BEGIN WEEKS:
3,6,9,12,15,18,21,27,30,33,36,39,42,45,48

DESCRIPTION: This clerkship provides the student with experience and seminars involving the major diagnosis and treatment of psychiatric patients representing the major ethnic minority populations of the greater Los Angeles area. Clinical services utilized include the Edmund D. Edelman Westside Mental Health Center, the NPI Spanish Speaking Clinic, the Martin Luther King Hospital/Hawkins Mental Health Center, the San Fernando Mental Health Center, the Western Regional Asian Pacific Agency (WRAP), and the Chinatown Service Center.

COURSE OBJECTIVES (in order of importance)
1. To familiarize students with cultural aspects of care for patients from the predominant minority groups in Los Angeles area.
2. To provide knowledge and experience base necessary for the assessment and treatment of minority patients.
3. To develop skills in interviewing these patients.
4. To develop awareness of personal reactions and countertransference issues in the care of minority patients.
5. To increase the sensitivity of the student to the special needs and psychosocial problems of minority patients.
6. To identify specific problem areas, including adjustment to migration and acculturation; racism in medical care; culturally variable illness behavior.
7. To familiarize students with a sampling from interdisciplinary research concerning social and cultural factors influencing the presentation and course of mental disorders in diverse settings.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Schizophrenia
2. Bipolar disorder
3. Major depression
4. Substance abuse
5. Personality disorder
6. Post-traumatic stress disorder
7. Family and cultural conflict issues

INPATIENT: 0%  OUTPATIENT: 100%  CONSULTATION: 75%  PRIMARY CARE: 25%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
INTERNS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 20 – 30

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: NA

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>Edmund D. Edelman Westside Mental Health Center Psychiatric Intakes Cross-Cultural and Community Psychiatry Seminar</td>
<td>Western Regional Asian Pacific Agency Psychiatric Intakes NPI Grand Rounds</td>
<td>Research Seminar CHS/NPI Spanish-Speaking Clinic Activities</td>
<td>Edmund D. Edelman Westside Mental Health Center Outpatient Team and Case Conference</td>
<td>Chinatown Service Center San Fernando Mental Health Center</td>
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<td>Observation of Patient Interviews Observation of Group Therapy</td>
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<td>Spanish-Speaking Clinic Meeting at NPI</td>
<td>Martin Luther King/ Hawkins MW Center Individual Mentoring</td>
<td>Supervision: Review of Literature and Work of the Week</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: The didactic program includes bi-monthly Transcultural Psychiatry Seminars, Division of Social Psychiatry research presentations, seminars on African American and Hispanic mental health issues given in quarter-long seminar series, and individual tutorials.
PS299.01  FORENSIC PSYCHIATRY

Advanced Clinical Clerkship  Location: MULTIPLE  2004–2005  12/18/03

COURSE CHAIR:  PHONE #:  COURSE OBJECTIVES (in order of importance)
Neena Sachinvala, M.D.  (818) 891-7711 ext 7099  1. To understand the law that pertains to the practice of
FAX: (818) 895-9346  psychiatry.

SUPPORTING FACULTY:

STUDENT COORDINATOR:  PHONE #:  2. To understand LPS.
Deneene Ray  (818) 364-4448  3. To develop an understanding of what is considered

REPORT TO:  malpractice.
Neena Sachinvala, M.D., SVA Bldg. 10 at 9:00 a.m.

PREREQUISITES:

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2004–2005 ROTATIONS BEGIN WEEKS:
3,6,9,12,15,18,21,27,30,33,36,39,42,45,48

DESCRIPTION: This elective provides comprehensive experience in the laws that apply to psychiatry, clinical and civil cases. Students will
observe testimonies in court, evaluate cases for court, attend family court sessions for custody evaluations, and prepare documents for court.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Depression
2. Schizophrenia
3. Dementia

INPATIENT: 20%
OUTPATIENT: 80%
CONSULTATION: 100%
PRIMARY CARE: 0%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
CLINICAL FACULTY
X FELLOWS
RESIDENTS
INTERNS
X OTHER R. N., Lawyers, Judges

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 10

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 12 – 15

TYPICAL WEEKLY SCHEDULE

<table>
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<tbody>
<tr>
<td>AM</td>
<td>Olive View or Metro Hospital Evaluations</td>
<td>Observe Testimonies On writs and conservatorships ALL DAY or County Jail</td>
<td>Legal Lecture 10:00-12:00 Discussion of Case Law + Attorney</td>
<td>Cases with Faculty or Domestic Violence Group and Course Forensic Faculty</td>
<td>Dept. 95 Court</td>
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<tr>
<td>PM</td>
<td>Olive View or Metro Hospital Evaluations</td>
<td>Observe Testimonies On writs and conservatorships ALL DAY or County Jail, Family Court, or Juvenile Court</td>
<td>2:30 – 5:00 Legal Lecture</td>
<td>Cases with Faculty or Domestic Violence Group and Course Forensic Faculty</td>
<td>Dept. 95 Court</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Students will travel to OVH, BVA, and Downtown courts.
COURSE CHAIR: Stuart Hinds, M.D.  
PHONE #: (310) 222-1618

SUPPORTING FACULTY: 

STUDENT COORDINATOR: Pat Venaglia  
PHONE #: (310) 222-3394

REPORT TO: Psychiatric Emergency Room, Harbor-UCLA Medical Center at 8:00 a.m.

PREREQUISITES: None

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 3 min 1

DURATION: 3 weeks

2004–2005 ROTATIONS BEGIN WEEKS: 3, 6, 9, 12, 15, 18, 21, 27, 30, 33, 36, 39, 42, 45, 48

DESCRIPTION: The Psychiatric Emergency Service of Harbor-UCLA Medical Center provides evaluation and treatment to approximately 5000 patients a year. Its catchment area includes over 1% of the population of the USA. Direct clinical experience is provided to medical students with an emphasis on bedside teaching.

COURSE OBJECTIVES (in order of importance)
1. Gain proficiency in formulating different psychiatry diagnoses and management in an emergency setting, i.e., schizophrenia, bipolar disorder, major depression, drug psychosis, etc.
2. Acquire familiarity with emergency psychopharmacologic intervention through the use of various psychotropic medications.
3. Develop skills in psychiatric interviewing technique, performing mental status examination, and gathering information for a complete psychiatric history.
4. Learn to make accurate assessments of suicidal and/or dangerous patients and develop plans for proper management.
5. Learn crisis intervention strategies to intervene with non-psychotic patients.
6. Learn to assess and treat patients with different dual diagnoses, i.e., medically and psychiatrically ill patients and also those with coexisting substance problems.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Schizophrenia
2. Drug psychosis and substance abuse
3. Bipolar disorder
4. Major depression
5. Personality disorder
6. Panic and anxiety disorder
7. Obsessive compulsive disorder
8. Adjustment disorder

INPATIENT: 0%  
OUTPATIENT: 100%  
CONSULTATION: 10%  
PRIMARY CARE: 90%  
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Nurses

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 30

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 450

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>8:00 – 9:00 Morning Rounds</td>
<td>8:00 – 9:00 Morning Rounds</td>
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<td>8:00 – 9:00 Morning Rounds</td>
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<td>9:00 – 9:30 Case Assignment</td>
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<tr>
<td>PM</td>
<td>3:00 – 4:30 Psychiatry Grand Rounds</td>
<td>4:30 – 4:40 Check-out Rounds</td>
<td>4:30 – 4:40 Check-out Rounds</td>
<td>4:30 – 4:40 Check-out Rounds</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Optional, per request by students.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE CHAIR: Barry H. Guze, M.D  
PHONE #: (310) 825-0569

SUPPORTING FACULTY:

STUDENT COORDINATOR: Martie Banks  
PHONE #: (310) 825-0548  
E-MAIL: mbanks@mednet.ucla.edu

REPORT TO: Barry Guze, M.D., NPH, Unit A South, 8:15 a.m.

PREREQUISITES: Psychiatry, Medicine & Surgery

AVAILABLE TO EXTERN: Yes

STUDENTS / PERIOD: max 4 min 1

DURATION: 2 – 6 weeks

2004–2005 ROTATIONS BEGIN WEEKS: 3,6,9,12,15,18,21,27,30,33,36,39,42,45,48

DESCRIPTION: In this advanced clinical clerkship the student will function as a sub-intern under faculty and chief resident supervision. Clinical activities will occur on the Adult Psychiatry Inpatient wards and the Adult Partial Hospital Program. Sub-interns will be responsible for all aspects of patient care, from admission to discharge. All clinical activity will be supervised via individual meetings and daily rounds with faculty and chief residents.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Unipolar depression
2. Bipolar disorder
3. Schizophrenia
4. Organic mental disorders
5. Anxiety disorders
6. Adjustment disorders
7. Personality disorders

INPATIENT: 100%
OUTPATIENT: 0%
CONSULTATION: 0%
PRIMARY CARE: 100%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Chief resident, nursing, social service, rehabilitation therapy.

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 4 – 8
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 80

TYPICAL WEEKLY SCHEDULE

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<td>PM</td>
<td>Patient Care</td>
<td>Patient Care</td>
<td>Case Conference Seminar</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Optional

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Students will actively participate in the ongoing care of the patient.
PS356.01 INPATIENT GERIATRIC PSYCHIATRY

Subinternship Chair: Randall Espinoza, M.D., M.P.H. Phone #: (310) 206-1544

Supporting Faculty: Drs. Arnold Kumar, Maja Rudolph, Helen Lauretsky, and James Spar

Student Coordinator: Martie Banks Phone #: (310) 825-0548 E-mail: mbanks@mednet.ucla.edu

Report To: Ward 3-South NPI, Chief Resident, at 8:00 a.m.

Prerequisites: Psychiatry, Medicine, and Surgery

Available to Externs: Yes

Students / Period: Max: 2 Min: 1

Duration: 3 weeks

2004–2005 Rotations Begin Weeks:
3, 6, 9, 12, 15, 18, 21, 27, 30, 33, 36, 39, 42, 45, 48

Course Objectives (in order of importance):
1. Acquisition of knowledge of the psychopathology and phenomenology of serious psychiatric disorders in adults with special emphasis on problems of aging and the interface of psychiatry, medicine and neurology.
2. Development of skills and knowledge in the evaluation, diagnosis, treatment and disposition of hospitalized psychiatric patients.
3. Acquisition of advanced knowledge of therapeutic modalities such as pharmacotherapy and ECT.
4. Refining of basic interviewing and management skills.
5. Participation in the interdisciplinary team approach of modern hospital psychiatry.
6. Development of clinical skills and decision-making in the assessment and management of psychiatric emergencies.
7. Enhancement of skills in efficient communication of findings and formulations through verbal presentations and chart progress notes.
8. Progress in medical record-keeping abilities including comprehensive history, examinations, plans, progress notes, discharge summary and multi-axial diagnostic formulation.

Description: The student functions as a sub-intern on an inpatient unit which specializes in the evaluation and treatment of patients with psychiatric problems associated with aging. The student is assigned to a resident who serves as preceptor and primary clinical instructor.

Student Experiences

Common Problems/Diseases
1. Major depressive disorder
2. Alzheimer dementia
3. Multi-infarct dementia
4. Delirium
5. Cardiovascular disorders
6. Other medical illnesses associated with aging
7. Adjustment disorders
8. Personality disorders

Inpatient: 100%
Outpatient: 0%
Consultation: 0%
Primary Care: 100%

Close Contact With:
- Full Time Faculty
- Clinical Faculty
- Fellows
- Residents
- Interns
- Other Chief Resident, Nursing, Social Service, Rehabilitation Therapy

Approximate # of Patients Evaluated Each Week by Student: 15
Total # of Patients Evaluated Each Week by Entire Service: 20

Typical Weekly Schedule

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<td>AM</td>
<td>Work Rounds</td>
<td>Patient Care</td>
<td>Didactic Lecture</td>
<td>Community Meeting</td>
<td>Work Rounds</td>
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<td>11:00 Grand Rounds</td>
<td>Geriatric Seminar</td>
<td>Interviewing Seminar</td>
<td>Patient Care</td>
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<td>Clerkship Seminar</td>
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<tr>
<td>PM</td>
<td>Attending Rounds</td>
<td>Case Conferences</td>
<td>Attending Rounds</td>
<td>Clerkship Seminar</td>
<td>Attending Rounds</td>
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<td>Patient Care</td>
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On-Call Schedule & Weekend Activities: While night work is not required, the student may elect to “take call” when the resident-preceptor is on duty.

Additional Comments and Other Special Requirements: The student is responsible for all aspects of medical care, including those of a non-psychiatric nature. The student’s schedule will approximate that of the resident-preceptor. Supervised participation in various other aspects of departmental activities may also be provided by individual arrangement. The student gains in-depth experiences in geriatric psychiatry and neuropsychiatry with supervised responsibility for patient care.
PS365.01  ALCOHOLISM AND SUBSTANCE ABUSE

Subinternship Location: BVA  2004–2005  12/15/03

COURSE CHAIR:  PHONE #:  
Alfonso Paredes, M.D.  (626) 390-3109

SUPPORTING FACULTY:  
Alina McKenna, M.D.

STUDENT COORDINATOR:  PHONE #:  E-MAIL:  
Alina McKenna, M.D.  (310) 478-3711 ext. 42916  alina.mckenna@med.va.gov

REPORT TO:  
Dr. Alina McKenna, Building 257B/15C, 1st Floor

PREREQUISITES:  Medicine, Surgery

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 2 min 1

DURATION:  3 weeks

2004–2005 ROTATIONS BEGIN WEEKS:  
3, 6, 9, 12, 15, 18, 21, 27, 30, 33, 36, 39, 42, 45, 48

COURSE OBJECTIVES (in order of importance)

1. Gain knowledge and skills necessary for the medical and psychiatric assessment of patients dependent on alcohol and/or drugs such as amphetamines, cocaine and heroin.
2. Provide supervised experience in the behavioral and medical management of patients with addictive disorders.
3. To assist students in defining their role as physicians in the treatment and rehabilitation of patients with addictive disorders.
4. To review therapeutic approaches currently used in the treatment and rehabilitation of patients with addictive disorders.
5. To examine the nature of the interactive relationships between psychosocial processes and genetic and neuropharmacological mechanisms associated with the consumption of drugs of abuse.
6. To examine the positive reinforcers and apparent self-medication motives operating as elements of the addictive process. These interactive processes will be contrasted with the empirical and the theoretical constructs that guide the medical use of stimulants, anxiolytics, antidepressants and narcotics.

DESCRIPTION:  The patients in this service present complex diagnostic challenges. The student will assume responsibility for the clinical management of patients with substance abuse patterns and concurrent medical and psychiatric illnesses.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Alcohol and drug dependence
2. Affective disorders
3. Schizophrenia
4. Alcohol and other drug withdrawal syndrome
5. Personality disorders
6. Hypertensive Cardiovascular Disease
7. Alcoholic hepatitis
8. Convulsive disorders

INPATIENT:  100%  OUTPATIENT:  0%  CONSULTATION:  0%  PRIMARY CARE:  100%

CLOSE CONTACT WITH:  
X FULL TIME FACULTY  
X CLINICAL FACULTY FELLOWS  
RESIDENTS INTERNS  
X OTHER Nursing personnel psychologist, social workers.

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:  12

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  95

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>AM</td>
<td>8:15 – 9:00 Supervision</td>
<td>8:15 – 9:00 Supervision</td>
<td>9:00 – 10:00 Treatment Planning</td>
<td>8:15 – 9:00 Supervision</td>
<td>9:00 – 10:00 Clinical Rounds</td>
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<td>9:00 – 10:00 Clinical Rounds</td>
<td>9:00 – 10:00 Treatment Planning</td>
<td>10:30 – 11:30 Substance Abuse Grand Rounds</td>
<td>9:00 – 10:00 Treatment Planning</td>
<td>10:30 – 11:30 Group Therapy</td>
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<td>10:00 – 12:00 Group Therapy</td>
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<td>9:45 – 10:15 Staff Meeting</td>
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<td>1:00 – 4:30 Work with Patients</td>
<td>1:00 – 3:30 Work with Patients</td>
<td>1:30 – 4:30 Work with Patients</td>
<td>1:00 – 4:30 Work with Patients</td>
<td>1:00 – 4:30 Work with Patients</td>
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<td>3:30 – 4:30 Substance Abuse Literature Review</td>
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<td>4:30 – 5:30 Meeting, Course Chair</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  None scheduled

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  Students may elect to spend three or four weeks in our program. Four weeks are recommended.