I. PREPARATION FOR THE MENTAL HEALTH APPE (ALSO SEE “OTHER PROFESSIONAL ISSUES” AT END OF SYLLABUS).

Students are strongly encouraged/urged to review therapeutics materials from the CNS module before starting this experience (or as early as possible during the experience). That data set seems to fade quickly (even though lots of patients are taking psychiatric/neurologic medications in a variety of settings). Students will be actively dealing with most psychiatric disorders and medications from the beginning of the experience. Much of this activity will be occurring at a fairly rapid pace. The best participation and learning tend to occur if students are familiar with the disorders and the medications when they begin to participate. Students are also encouraged to avoid being overly-reliant on electronic information sources. As good as these sources are, they too frequently contain skewed information. It is also much better for students to "know" information so they can practice applying it rather than spending too much time looking it up.

II. CLINICAL/PATIENT CARE ACTIVITIES

The Mental Health APPE focuses on treatment of psychiatric disorders in adults.

Students participate in patient care and related activities in 3 segments:

A. Inpatient Adult Psychiatry: 2 weeks (M - F; 0800 - approximately 1600):

Students serve as team clinical pharmacist on the inpatient psychiatry ward. This portion of the experience includes the following activities:

1. Assurance of quality pharmaceutical care for patients in the inpatient psychiatric unit.
2. Daily patient treatment planning with the multidisciplinary treatment team. This will include providing input to the team on the selection and use of all medications for patients.
3. Ongoing assessment of patients for therapeutic response and possible side effects/adverse reactions to all medications.
4. Possible participation in group community/psychotherapy sessions and immediate post-group discussions.
5. “As Needed” medication education for individual patients.
6. Patient “discussion rounds/reviews” with preceptor.
7. Participation in educational sessions with medical / PA / NP etc. students.
8. Assurance of continuity between inpatient and outpatient medication regimens (i.e., medication reconciliation).

ATTENDANCE POLICY: During this portion of the experience, please plan on being at the inpatient mental health ward by 8:00 AM daily. If you are unable to be at the site due to illness or other urgent problem, please notify the preceptor as soon as possible.

B. Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) / Residential Substance Abuse Treatment Program (RSAT) 2 weeks (M – F ~ 0800 – approximately 1600)

Participate as treatment team member in treatment of substance use disorders. In addition, you will have an opportunity to familiarize yourself with the pharmacy management and distribution operation of this hospital’s pharmacy department. This experience will involve interprofessional activities with psychiatrists, psychiatry residents, nurse practitioners, social workers and other professionals; these activities will include evaluations of newly-admitted patients, psychiatric evaluations of patients, participation in group meetings, evaluating medication regimens, and serving as a pharmacotherapy information resource to providers in the program. Opportunities for patient medication education will also be available

ATTENDANCE POLICY: During this portion of the experience, please plan on being present at 08:00. If you are unable to be at the site due to illness or other urgent problem, please notify the preceptor ASAP.
C. Outpatient Psychiatry

1. Medication Education & Pharmacy Service with Staff Pharmacist for Mental Health (1 - 2 days): Work with staff pharmacist assigned to mental health. Provision of medications, education and medi-set services to chronically mentally ill patients.

2. Outpatient Mental Health Clinic with Staff Psychiatrists: See patients with staff psychiatrist:
   a) Pre-screening outpatients (prior to their clinic visits) to identify those who may benefit from pharmacist interventions
   b) Formulating and presenting pharmacotherapy recommendations
   c) Providing drug information to psychiatrists and to patients

3. Outpatient Clinic with R3/R4 Psychiatry Residents and Staff Psychiatrists. Participation with psychiatry residents in outpatient clinics:
   a) Pre-screening outpatients (prior to their clinic visits) to identify those who may benefit from pharmacist interventions
   b) Formulating and presenting recommendations regarding pharmacotherapy.
   c) Providing drug information to psychiatrists and to patients
   d) Interviewing patients collaboratively with psychiatry residents.

III. CONFERENCE/ACTIVE LEARNING ACTIVITIES:
These activities supplement and amplify the experiential learning aspect of this APPE. These are NOT meant to be “Lectures”. Student-presented patient cases and overviews of psychiatric pharmacotherapeutics co-facilitated by the preceptor will be used to address clinical pharmacotherapy problem-solving skills and information that students should obtain and use during this APPE as well as in practice during your career. Student participation and performance during these activities will determine a significant portion of the final grade earned (see “Evaluation & Grading” below).

A. Case Discussions: Students will prepare and present discussion regarding patients with whom they are currently working (either on the inpatient unit, in outpatient clinics, or at Intermountain Hospital). Each student should plan to present a detailed, evidence-based discussion of at least 1 patient and specific drug therapy issues concerning that patient during each conference session. Specific drug therapy issues may include: application of a particular medication to the patient’s illness; potential problems with medications; monitoring of response to drug therapy; recommendations to be made regarding changes in the patient’s drug therapy. Case presentations by students will be evaluated as to thoroughness, application of knowledge, and ability of students to identify critical issues and articulate recommendations for solution of these issues.

B. Pharmacotherapy Conferences: Topics will be identified and assigned to individual students in advance. Conferences should be case history-focused whenever possible. The goal is to focus on treatment of specific psychiatric/neurologic disorders and/or on the use of specific groups of psychotropic/neurologic medications. Students will be responsible for leading discussions. Some conferences will be more didactic and may involve lecture/discussion or learning using video and discussion. Qualitative and quantitative conference participation will be evaluated for each student. Disease states / drug classes to be discussed include:

- Schizophrenia (antipsychotic drugs)
- Drug-Induced Movement Disorders
- Depression (antidepressants)
- Bipolar disorder (“mood stabilizing” medications)
- Anxiety Disorders (antianxiety medications), obsessive-compulsive and related disorders, & stressor / trauma related disorders (PTSD)
The following guidelines will be helpful in preparing for therapeutics/case conferences:

1. **Cases for Presentation:** Use “Pharmacist’s Workup of Drug Therapy” or other appropriate format. Your case presentation should take no more than 10 – 15 minutes and cover the following points:
   - **Relevant Basic Patient Information** (age, sex, race etc.)
   - **Pertinent Past Medical/Psychiatric History**
   - **Relevant Previous medication history and current medication regimen**
   - **History of Present Illness**
   - **Chief Current Complaint**
   - **Psychiatric/Neurologic Diagnosis** (Focus on comparison of patient with DSM-5 criteria when possible)
   - **Identify Drug-Related Problems**
   - **Pharmacotherapy Treatment Plan or intervention(s) to address any drug-related problems.**
     - Discuss approach to drug therapy in general and in this patient in particular.
   - **Which drug(s) should be recommended?**
   - **How should these drugs be used? (i.e., how dosed, how long)**
   - **Monitoring plans for therapeutic and potential adverse effects**
   - **Strategies for treating, minimizing or preventing adverse side effects**
   - **References consulted**

2. **Discussions of Disease States Drug Therapy, and Drugs/Drug Classes:** Develop a 1-2 page handout to allow the others in the conference to follow your discussion. Discuss or facilitate discussion of:
   - **a) Psychiatric Disorders and General Treatment:**
     - DSM-5 Diagnostic Criteria and how these relate to patients’ presentation
     - Demography, prognosis
     - General treatment approach (role of drug therapy, non-pharmacologic approaches, which drugs or drug classes are useful, duration of treatment.
   - **b) Specific Drugs, Drug Classes**
     - RELEVANT pharmacology/mechanisms of action
     - RELEVANT “Clinical Pharmacology” (what do these drugs do to patients and why?)
     - Criteria/rationale for selection; dosage; RELEVANT pharmacokinetics; common/important adverse effects.
     - Monitoring techniques/parameters for both therapeutic and adverse effects
     - Management of side effects/adverse reactions

**CRITICAL**: All students are expected to have read/reviewed pertinent sections of DiPiro (or other appropriate pharmacotherapy text), DSM-5, and their class notes from P3 modules and other previous classes/experiences prior to therapeutics/case conference. Students facilitating a topic should also plan to read primary or review literature on the topic; some of this literature is provided to you in easily-accessed format at the beginning of the APPE. There may be handouts of other assigned reading provided in advance of the conference. Preparation for conferences is vital to their being a useful learning experience.

C. **Journal Clubs:** Awareness of and familiarity with the literature of psychiatry and psychopharmacology is important to the optimal use of psychotherapeutic medications. Journal club will be held periodically. Usually, each student will present one recently-published article addressing psychiatric or neurologic pharmacotherapy. Alternatively, 1 significant study regarding psychiatric pharmacotherapy may be discussed/analyzed by the entire group. Please use the following guidelines for preparation of journal club presentations:

1. Select articles from literature sources important to psychiatric and neurologic pharmacotherapy. Articles should be from a peer-reviewed journal and will usually represent primary (not review) literature. Articles chosen for presentation should focus on evidence-based use of psychotherapeutic or neurologic drugs. The following journals are suggested as an initial starting point:
   - **a) American Journal of Psychiatry** (usually a source of valuable, “good” articles)
   - **b) JAMA Psychiatry** (Archives of General Psychiatry)
   - **c) Journal of Clinical Psychiatry** (often a source of “not so good” articles – especially in supplements)
   - **d) Journal of Clinical Psychopharmacology**
   - **e) Neurology**
   - **f) Epilepsia**
Very appropriate articles also appear in “general medicine” journals such as JAMA, New England Journal of Medicine, JAMA Internal Medicine (Archives of Internal Medicine), etc. If you have difficulty accessing an article, Dr. Lott can often access for you.

2. Make copies of the article for the other student, residents attending and the instructor or email pdf files of full-text articles. Copies should be provided no later than 2 days prior to presentation.

3. Prepare a summary handout (not over 1 page, typed single-sided) of key points of the article. Provide references to any other literature or texts consulted in preparing the journal club review. Please do not write another abstract of the article.

4. Each presentation should be no longer than 15 minutes. No audiovisual materials are necessary, although a whiteboard is available for use if desired. The presentation should describe and evaluate the article presented.

5. Question, Answer & Discussion will follow the presentation for not over 30 minutes.

IV. Evaluation & Grading:

A. Process: Students will be evaluated at least twice during the experience. In addition, students are welcome to discuss their progress with the preceptor at any time.

B. The ISU College of Pharmacy evaluation instrument for APPE’s will be used for formal evaluations. The associated scale will be used to assign points on each evaluation item.

C. The total points obtained on the final evaluation will determine 60% - 80% of the final grade for each student. The scores earned by each student on these items will be determined by:
   1. Demonstration of competencies during preceptor-conducted patient discussions and on preceptor patient rounds.
   2. Qualitative and quantitative participation in Therapeutics/Case Conferences & Journal Club and during “New Drug” Presentations.
   3. Feedback provided to the preceptor by the other health care professionals with whom each student will work.

D. Evaluations of the student’s presentation of journal clubs and educational sessions will determine up to 20% of the final total score.

E. PLEASE NOTE: Poor performance in clinic or on the inpatient wards, unprofessional conduct, inappropriate behavior, failure to satisfactorily complete all assigned activities, or lack of attendance are grounds for failure in this rotation.

F. Grading Scale: Final grades for this APPE will be based upon scores assigned by the instructor on the Clinical APPE Evaluation Form (Usually, Items 1-18, 20-26)

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<tr>
<th>FINAL GRADE</th>
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<td>B</td>
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<td>D</td>
<td>Total Score between 60 and 69</td>
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<td>F</td>
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V. Ethics & Academic Dishonesty: Each student is expected to be aware of ISU’s policies regarding student evaluation and remediation. No problems with potential issues of academic dishonesty, impairment, attitudes & behaviors, etc are expected; nevertheless, they may occur in occasional cases. If you, as a student, are unclear regarding these policies and processes, please ask for clarification as soon as possible. Please be aware that identification of academic dishonesty by a student will result in a failing grade for the APPE.

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SPECIAL NOTE: Handouts, Presentations, etc. Student-prepared handouts for learning conferences, case presentations, in-service educational sessions for other staff or patients MUST BE THE STUDENT’S OWN WORK. It is unacceptable, unethical and academically dishonest to borrow handouts, charts/diagrams, slides etc. from journals, internet sources, or instructors’ handouts. OCCASIONAL USE of diagrams, tables, charts etc WITH APPROPRIATE REFERENCING TO THE SOURCE is acceptable. Remember that part of the point is for students (you!!!!) to learn to communicate information and concepts efficiently. As noted above, please also plan on using recent primary and review literature.

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VI. Other Professional Issues:

A. As a health professional participating in the treatment of psychiatric disorders, you will come in contact with patients in significant emotional pain during your mental health APPE. Please reflect upon attitudes, stereotypes and biases you may hold toward and about mental illnesses and emotional disorders. You are encouraged to adopt and nurture the same attitudes toward these patients that you would toward patients with physical illnesses; you are an important part of the team that provides care and treatment for them. It is extremely important that you understand the nature of their disorders and the consequences of their illness for their lives. You are encouraged to divest yourself of biases and stereotypes about mental illnesses. Some students may find it uncomfortable to work with patients who have mental/emotional problems. An understanding of and empathy for the pain and life disruption caused by these illnesses and disorders are essential to being an effective professional involved in their treatment. Part of the evaluation of your performance on the mental health experience will include your instructor’s assessment of your attitudes toward patients and your ability to effectively interact with them. Should difficulties in this domain be noted, your instructor will discuss them with you as soon as possible. Should you find that you are having difficulty working with these patients, please discuss it with your instructor as soon as possible.

B. Please remember that there are no lab tests for “depression titers” or cultures for the “schizococcus”. Mental disorders are syndromes that are diagnosed, assessed and monitored on the basis of **what** patients say/do, **how** patients say/do it, **what** patients describe as emotions and mental experiences, and **what** the impact of all of this is on patients’ ability to function effectively. As a result, in order to work with mental health patients, you must listen to them and learn to talk/interact with them effectively. Observe other, more experienced professionals with whom you will be working; learn from them how to effectively interact with patients in a sensitive, efficient, professional way. Only half of what you need to know about a mental health patient to provide effective pharmaceutical care is in their medical record. They will tell you or show you the other half.

C. Please focus on your unique area of expertise – effective application of medications to the treatment of psychiatric and other illnesses. In mental health pharmacy practice, it is sometimes easy to be “derailed” into spending excessive effort and attention to other [important] aspects of a patient’s condition (e.g., social relationships, placement/living situation, etc.) While these other aspects are very important and should be attended to, remember that our focus of attention is on the patient’s pharmacotherapy. There are other team members who are skilled, qualified and credentialed to work with patients on these other area. Don’t get “trapped” by the urge to be a social worker / psychologist / etc.

D. Finally, remember that you are functioning as part of a team. Teams function effectively when **each** member contributes to the effort of the team in a patient-centered way. That team also functions effectively because each member cares about the patients they serve. Be observant and learn about the values and attitudes these other professionals hold toward patients. You are most likely to be successful if you adopt and emulate those values. Also be sensitive about what you say and how you say it to other team members and to patients; please think before you speak. Finally, please be aware of the roles and responsibilities of other team members; no member of a treatment team works in “a vacuum”. If you have ideas or want to offer help in areas that might impact or impinge on the functions of other team members, communicate with those team members.