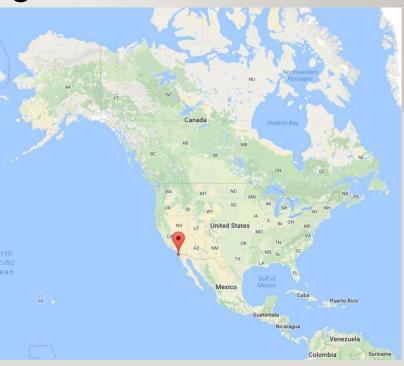
EXPERIENCE IN UCSD GEROPSYCHIATRY CLERKSHIP

Ryo Sasaki, 6-yr Medical Student Mar 27 ~ Apr 23, 2017

UCSD = University of California, San Diego

The 8th-largest city in the USA 2nd-largest in California (after Los Angeles).





UCSD MEDICAL CENTER



UCSD School of Medicine (La Jolla)



SENIOR BEHAVIORAL HEALTH INPATIENT UNIT (SBH-IP)

For elderly people with psychiatric disorders and/or dementia.

Usually for acute phase of care (length of stay: within a month).

Admission Criteria

- (1) Age ≥ 65 y.o or <65 y.o with dementia
- (2) Primary problem is psychiatric

(3) Voluntary admission

(4) Compatible insurance

Many patients have **Comorbid Medical Illness**

Not compliant to care

-> sent to other psychiatry unit

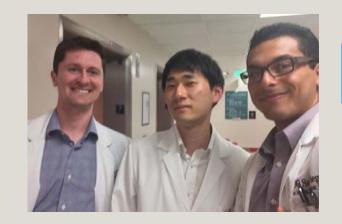
Need Private Insurance in addition to Medicare

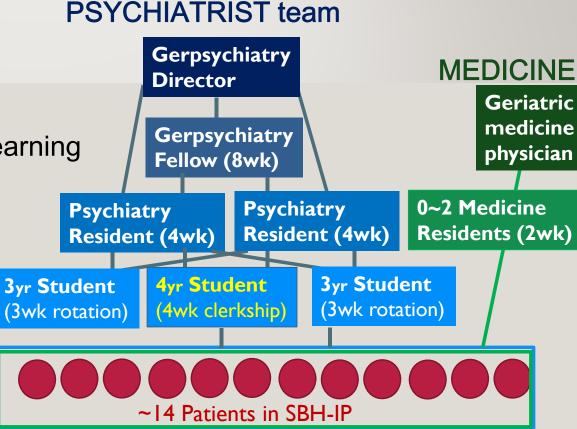
DOCTORS AND STUDENTS IN SBH-IP UNIT

SBH-IP is a **small unit** that is **independent** from other psychiatry divisions

Most of the members are working / learning

in SBH for a short term (2~8wk)





FACILITY OF SBH-IP HOME-LIKE, SENIOR-FRIENDLY ENVIRONMENT

Light brighter than other wards (to maintain Circadian rhythm)

Bedrooms: 14 PRIVATE rooms.

Built-in medical gasses inside for respiratory issues



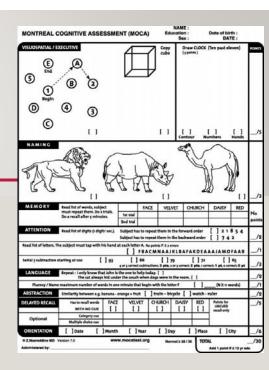


Sensors inside bed notice attempt of waking up (= risk of fall)

EXPERIENCE IN THE CLERKSHIP

Follow 3 patients at the same time

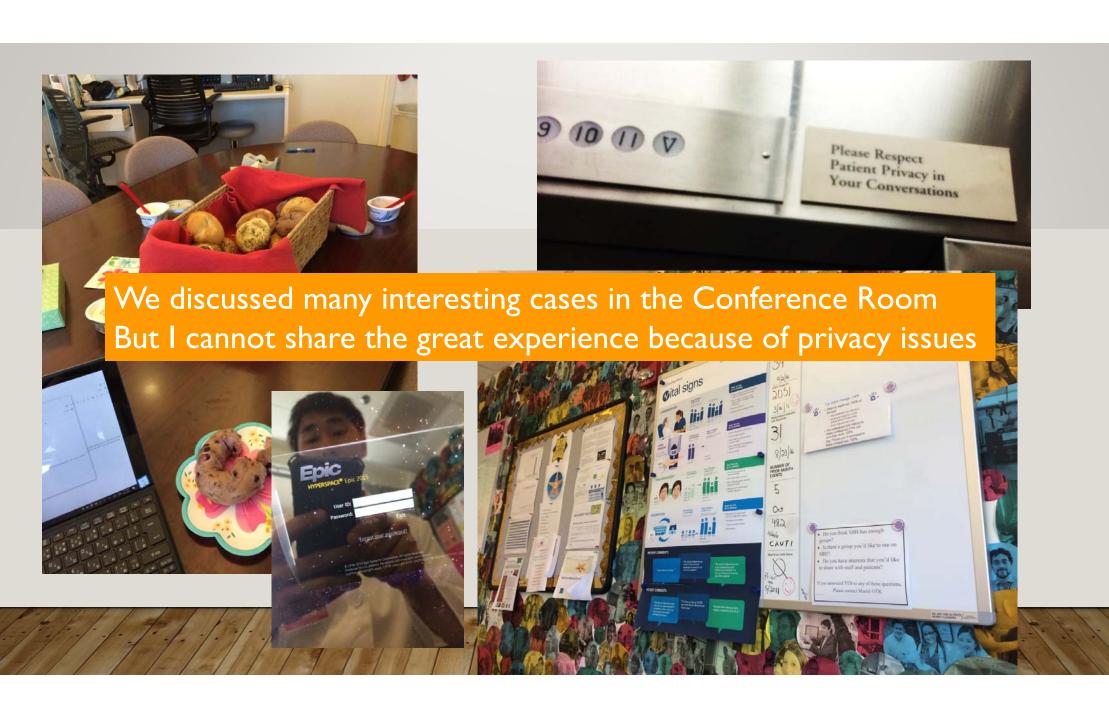
- Interview and Evaluation
- Cognitive Examination (using Montreal Cognitive Assessment (MOCA))
- Cognitive Psychotherapy (using original booklet for elderlies)
- Electronic Medical Records
- Presentation of Cases



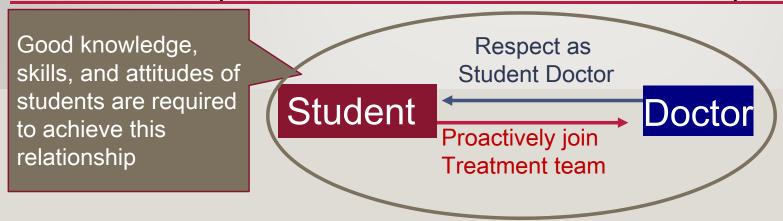
EXAMPLE OF WEEKLY SCHED

Active inter-professional communication, well organized by professor.
->Seamless multidisciplinary care

| | Mon | Tue | Wed | Thu | Fri 0730- |
|------------------------|--|------------|--|----------------------------------|--------------------------------|
| 815-845 900 or 930- | Communit Inter-professional | y meeting | Join ECT Inter-professional | Community meeting | Join ECT Inter-professional |
| 1130-1230 | meeting lunch/rest | lunch/rest | meeting lunch/rest | 1230-1300 lunch | meeting lunch/rest |
| 1230- | Patient interview, Cognitive exam, | | | move by shuttle bus 1400-1600 | |
| | Cognitive therapy, Medical record | | | Outpatient Clinic | |
| 4~5PM- (40min) | Case discussion in director's office | | | Cirric | |
| 1750- | Cognitive | | Cognitive | | |
| -1830 | psychotherapy with director & resident | | psychotherapy with director & resident | | |



What I was impressed: Student-Doctor relationship



- Doctors give students' roles in the treatment team.
- Students gather information by calling previous medical facilities and family members.
- Residents ask students to tell their opinion first, or students proactively tell their opinion when they discuss cases.
- Medical record written by students are shared and quoted by medical care providers.

Difference that allow ideal relationship between students and doctors:

- (1) Age of medical students (different education system)
 4-yr undergraduate course prior to medical school
 (Age of 3rd-yr medical student in US = age of 1st -yr junior resident in Japan)
- (2) Education program (prior to clinical rotation)

 Many active learning opportunities (e.g., Problem-Based Learning)
- (3) Examination system
- They study hard to pass USMLE STEP-1 in high score, BEFORE starting clinical rotation.
- Evaluation in Bed Side Learning is also important when applying Residency.
 - -> Concentrate their energy on Bed-Side Learning.

MESSAGE TO FUTURE ELECTIVE STUDENTS

Clerkship in UCSD is really inspiring and fun!!

 The better <u>English Skills and Medical Knowledge</u> you have, the more you will learn from the Clerkship.



ACKNOWLEDGEMENT

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Thank you for listening!!