

ABSTRACT

To address the ACGME Core Competency of Medical Knowledge, residents and students rotating through the Division of Psychosomatic Medicine at Rutgers Robert Wood Johnson Medical School participate in a weekly competition named *Psychiatry Review with Axis (PRAXIS) Assessment* to test their aptitude of psychopathology, psychosocial stressors related to mental illness (formerly Axis IV), and disability (formerly Axis V).

Depending on the total number, participating students and residents are divided into 2 or 3 teams. The team selected to “go first” is presented with a multiaxial assessment of a fictional character from film or literature. Course directors at Rutgers-RWJMS have created a database of assessments. Each assessment includes three specific psychosocial stressors on Axis IV. For example, the following multiaxial assessment depicts **Pat Solatano, Jr.** (*Silver Linings Playbook*, 2012).

Axis 1: Bipolar Affective Disorder

Axis 2: None

Axis 3: None reported

Axis 4: Living with parents; estranged from wife (restraining order); unemployed

Axis 5: Current GAF 55 (moderate symptoms and moderate difficulty in social functioning)

If the team guesses the fictional character correctly, they are awarded 5 points and given an opportunity to double their score by answering a board-review question pertaining to the Axis I (or II) diagnosis (e.g. bipolar disorder). Questions are taken from any of the review texts that are either a) required for the Psychiatry clerkship or b) recommended for the ABPN certifying exam. If the team is unable to guess the fictional character, additional Axis IV stressors are given (to further reveal the movie/novel’s plot). With every additional Axis IV diagnosis given, a point is subtracted from the reward. When the reward shrinks to 3 points, the competing team(s) is able to buzz in to “steal” the turn. The game is played until a pre-determined score (usually 50 points) is reached.

While psychosocial and environmental factors are currently (DSM 5) covered through an expanded set of V codes that allow clinicians to indicate other conditions that may be a focus of clinical attention, we’ve decided to preserve the multiaxial classification system as it provides for a simplified format for the game, and therefore best promotes learning of the stated objectives. Because we state specific stressors (and avoid all diagnostic codes) on Axis IV, this format doesn’t adversely affect our teaching goals and objectives (however, we plan to modify PRAXIS as the implementation of the World Health Organization standards is further clarified).

EDUCATIONAL OBJECTIVES

Recognize the utility of PRAXIS in achieving the core competency of Medical Knowledge

Appreciate how PRAXIS may be utilized during clinical rotations where formal didactics are often difficult to implement

Recognize that PRAXIS is a simple and innovative way that residents can teach medical students

Recognize that PRAXIS is a novel way to provide board review to medical students during their psychiatry clerkship

PROPOSED TIME/SCHEDULED AGENDA

Following a brief introduction (30 minutes), selected members of the audience will model a game of PRAXIS (60 minutes). The workshop will deviate from its original description in that it will be played a) via a PowerPoint program, and b) with a time limit leaving 30 minutes for questions and discussion.