PSYCHIATRY CLERKSHIP LEARNING OBJECTIVES

By the end of the rotation, each student will be able to demonstrate achievement of the following learning objectives:

HISTORY TAKING:
Conduct a systematic and focused psychiatric diagnostic interview including a recent and past psychiatric history and general medical history (including a substance abuse history), family history of psychiatric and general medical illness, as well as a social and developmental history (cultural factors, educational and occupational background, social and intimate relationships and supports, and legal problems).

MENTAL STATUS EXAM:
Perform a comprehensive mental status exam including assessment of appearance, behavior, motor activity, speech, mood, affect, thought processes, thought content (including paranoia, suicidality, homicidality), perceptions (including hallucinations), cognitive exam (orientation, fund of knowledge, attention, memory, abstraction), insight and judgment.

PHYSICAL EXAM:
Appreciate the role of a focused physical exam, particularly in emergency department and inpatient settings and for outpatient consultation, as part of comprehensive assessment of psychiatric presentations for which underlying neurological or other non-psychiatric disorders may be responsible (e.g., mass lesions, endocrinopathies, CNS infection).

FUND OF KNOWLEDGE:
• Be aware of major hypotheses concerning pathophysiology of and risk factors for mood and anxiety disorders, psychosis and addictions.
• Appreciate the epidemiology and course of the major psychiatric disorders
• Be aware of the empirical bases for the major psychotherapeutic treatments used in psychiatry.
• Be familiar with putative mechanisms of action and empirical basis for use of the major psychopharmacological treatments.

CLINICAL EVALUATION AND MANAGEMENT:
• Be able to assess patients for risk of imminent harm to self or others
• Recognize the major psychiatric disorders as they present across the lifespan, with special attention to those seen in general medical practice (as summarized in the PCE log).
• Be familiar with the indications and significant risks of the core modalities of treatment including:
  o the major classes of psychopharmacological treatment (antidepressants, antipsychotics, anxiolytics, and mood stabilizers);
  o individual and group psychotherapies (including cognitive behavior therapy, dialectical behavior therapy, psychodynamic psychotherapy);
  o electroconvulsive therapy.
• Be aware of emerging treatments including device-based therapies such as vagal nerve stimulation and repetitive transcranial magnetic stimulation.
• Understand the indications for laboratory evaluation and monitoring and other biological and psychological assessments including neuroimaging, electroencephalography, neuropsychological testing, therapeutic drug level monitoring, toxicology testing, and metabolic screening.
• Understand the basic legal obligations and concepts relevant to the care of patients with psychiatric disorders including evaluation of capacity and the reasons for seeking and criteria for involuntary hospitalization, guardianship and court ordered treatment.

INTERPERSONAL SKILLS:
• Interact with patients with psychiatric disorders, family members, and members of multidisciplinary teams respectfully, empathically and effectively.

PRESENTATION SKILLS:
• Write up a thorough psychiatric evaluation including all aspects of the diagnostic interview and mental status exam as well as a differential diagnosis with supporting evidence as well as a provisional DSM-IV 5 Axis diagnosis, biopsychosocial formulation and treatment plan.
• Present a psychiatric case concisely with an emphasis on pertinent positives and negatives needed for a comprehensive differential diagnosis, risk assessment and treatment plan.

PROFESSIONALISM
• Demonstrate integrity, reliability, responsibility and collegiality in psychiatric care settings.
• Be able to develop relationships with patients that are empathic and well-bounded, informed by knowledge of a patient’s illness and experiences, and guided by the best interests of the patient.

CULTURAL/SOCIAL/SYSTEMS AWARENESS:
• Appreciate the personal, family and public health impact of psychiatric disorders alone and when comorbid with other medical conditions.
• Identify and evaluate personal beliefs and attitudes toward patients with psychiatric disorders.
• Understand the problem of stigma associated with mental illness and its impact in health care settings and in the community.
• Be attuned to the impact of cultural background on psychiatric symptom presentation and on treatment adherence.
• Be aware of obstacles to access to mental health treatment.
• Appreciate the role of psychiatrists and psychiatric treatment in the health care system.
• Be familiar with the role of different levels and systems of care relevant to psychiatric disorders including outpatient, inpatient, partial hospital, and residential treatment programs, community mental health centers, and self-help/support groups.

INITIATIVE AND DESIRE TO LEARN
• Demonstrate directed commitment to self-learning and team learning through reading, active participation in didactic sessions and case conferences, seeking out informative clinical encounters, and soliciting and utilizing feedback for self-improvement.
## PSYCHIATRY CLERKSHIP REQUIRED CLINICAL TOPICS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Example</th>
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<tbody>
<tr>
<td>Anxiety Disorders</td>
<td>Panic Disorder, Generalized Anxiety Disorder, PTSD, OCD, Phobias</td>
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<tr>
<td>Depression</td>
<td>Major Depressive Disorder, Bipolar Disorder, Dysthymia</td>
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<td>Mania</td>
<td>Manic or hypomanic symptoms in Bipolar Disorder I or II, Mood Disorder related to a general medical condition</td>
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<td>Medical Legal Issues</td>
<td>Involuntary commitment, guardianship, capacity</td>
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<td>Personality Disorders</td>
<td>Borderline, Antisocial, Narcissistic, Avoidant, Schizotypal</td>
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<tr>
<td>Psychosis</td>
<td>Schizophrenia, Schizoaffective Disorder, Mood Disorder with Psychotic Features</td>
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<tr>
<td>Risk Assessment</td>
<td>Suicidality, self-injurious behavior, homicidality, assaultiveness</td>
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<tr>
<td>Substance Use Disorders</td>
<td>Intoxication, withdrawal, craving, maladaptive use of alcohol or other substances</td>
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