CLINICAL OBJECTIVES- Psychiatry/Behavioral Medicine

This set of objectives serves as a basis for the care and treatment of patients encountered in the psychiatric/behavior medicine setting. Due to the nature of the psychiatric/behavioral medicine setting, this patient population includes the Family Medicine and/or Internal/Adult Medicine population with respect to diagnosis and all related categories. Utilizing the fundamental knowledge base acquired in the didactic semesters, the following set of professional, cognitive, and skills objectives are intended to serve as a guide for the student and preceptor during the clinical rotation. In order to effectively transition into professional practice, the Physician Assistant student should be able to:

1. Understand the concept of psychiatry/behavioral medicine as it encompasses all areas of clinical didactic medicine and integrates the biological, clinical and behavioral sciences while providing ongoing total health care for individual patients while in the psychiatric/behavioral medicine settings. Students will demonstrate knowledge in the breadth of topic areas they are exposed to during their clinical exposure to psychiatry/behavioral medicine.

2. Understand the role of the PA in psychiatry/behavioral medicine and the parameters of his/her own limitations as a PA in the psychiatry/behavioral medicine setting. Understand the concept of psychiatric care and the unique differences between psychiatric care as compared to internal/family medicine.

3. Demonstrate the integrative skills and team approaches necessary for evaluation and management of patients with psychiatric illness. Recognize that psychiatric illnesses are real, common, reliably diagnosable, often serious, and treatable, and understand the medical and societal implications of these observations. Utilize the medical literature, computer-based search tools, and other information resources to develop a detailed understanding of the problems encountered in psychiatry/behavioral medicine. This may include institutionalization and multidisciplinary care approaches. The student should understand the scope of practice for all members of the multidisciplinary team.

4. Explain the value of skillful interviewing for patient and physician assistant satisfaction and for obtaining optimum outcomes. State and use basic strategies for interviewing disorganized, cognitively impaired, hostile/resistant, mistrustful, circumstantial/hyper verbal, un-spontaneous/hypo verbal and potentially assaultive patients. Demonstrate the following interviewing skills: appropriate initiation of
the interview; establishing rapport; the appropriate use of open-ended and closed questions; techniques for asking difficult questions; the appropriate use of facilitation, empathy, clarification, confrontation, reassurance, silence, summary statements; soliciting and acknowledging expressions of the patients ideas, concerns, questions, and feelings about the illness and its treatment.

5. Elicit and clearly record a complete psychiatric history. Recognize the importance of and be able to obtain and evaluate historical data from multiple sources, and routinely seek such information in the evaluation of psychiatric and medically unexplained symptoms. Correctly define and use important symptom names from accepted psychiatric nomenclature. Appreciate the difference between symptoms and signs and pay adequate attention to psychiatric diagnosis in describing psychiatric history in the general medical setting (e.g. chart diagnosis of "history of psychosis" or "treatment of depression," not "psych problems").

6. Demonstrate the ability to elicit, describe, and precisely record the components of a mental status examination including:
   - General appearance and behavior
   - Speech
   - Motor signs; agitation, retardation, tremor, akathisia, tics, chorea, rigidity, cataplexia, echopraxia, etc.
   - Flow and content of thought; hallucinations, delusions, obsessions

Compulsions, suicidal and homicidal
Thoughts, plans and intent

- Mood
- Affect; alertness, attention, orientation, memory, language, and
  Fund of knowledge
- Signs reflecting higher cortical dysfunction; apraxia, neglect
  Phenomenon

Understand which important psychiatric and general medical illnesses can be overlooked when one omits a given component of the mental status examination.

7. Design appropriate, evidence-based, cost-effective diagnostic and treatment strategies and apply your understanding of pathophysiology to the clinical data in the development of comprehensive differential diagnoses and related treatment plan. This may include psychodynamic psychotherapy, psychoanalysis, supportive psychotherapy, cognitive and behavioral therapies, group therapies, couples and family therapy and psycho-educational interventions. Understand the appropriate use of disease-specific medications
Including; indications, mechanisms of action, pharmacokinetics, common or serious side-effects and signs of toxicity. Understand the advantages and limitations of available physiological and biochemical measurements in studying the physiology and etiology of mental illness.

8. Identify the clinical and demographic factors associated with an increased risk of suicide. Develop a differential diagnosis, conduct a clinical assessment, and recommend management for a patient exhibiting suicidal thoughts or behavior in any clinical setting. Recognize the typical signs and symptoms of common psychopharmacological emergencies (e.g. lithium toxicity, neuroleptic malignant syndrome, anticholinergic delirium, MAOI-related hypertensive crisis). Discuss the indications for psychiatric hospitalization, including the presenting problem and its acuity, risk of danger to patient or others, community resources and family support.

9. Demonstrate the ability to compare, contrast and give examples of delirium, dementia and other cognitive disorders. Discuss the differential diagnosis, clinical features, evaluation and treatment of each, including the most common forms of dementia, most treatable forms of dementia. Summarize the medical evaluation and clinical manifestations of each, including treatment of cognition and non-cognitive symptoms (e.g. delusions and agitation). Demonstrate understanding of the diagnosis, differential diagnosis and treatment of amnestic disorders. Discuss the common psychiatric manifestations of certain neurologic illnesses; seizure disorders, stroke, head injury, Parkinsonism and Wilson's disease.

10. Screen appropriately for substance abuse in all clinical settings. Demonstrate the ability to list and compare the characteristic clinical features of substance abuse and substance dependence. Know the clinical features of intoxication with and withdrawal from: cocaine, amphetamines, cannabis, phencyclidine, barbiturates, opiates, caffeine, nicotine, benzodiazepines and alcohol. Demonstrate the ability to correctly manage intoxication and withdrawal including referral when appropriate.

11. Define the term “psychosis” and summarize the epidemiology, clinical features, course and complications of schizophrenia. List the features that differentiate delusional disorder, schizoaffective disorder and schizophreniform disorder. Correctly describe an appropriate course of treatment for a patient with schizophrenia.

12. Describe mood disorders. Understand the differences between depressive symptoms and major depression, why the distinction is
important, and consistently attempt to differentiate between the two in general medicine patients. Discuss commons signs, symptoms, differential diagnosis, course of illness, comorbidity, prognosis and complications of mood disorders including; depression, major depression and bipolar disorder.

13. Demonstrate knowledge of the etiology and pathophysiology of panic disorder, social phobia, and obsessive-compulsive disorder. Discuss the diagnosis and management of panic disorder, agoraphobia, social phobia, specific phobias, and obsessive-compulsive disorder. Demonstrate knowledge of the common general medical and substance induced causes of anxiety, and assess for these causes in evaluating a person with an anxiety disorder.


15. Explain how personality traits and disorders are defined and identify features common to all personality disorders. Describe the multiple theories which have been advanced to explain personality disorders, including neuro-biologic, genetic, developmental, behavioral, psychodynamic and sociological as well as knowledge of the etiology of antisocial personality disorder and other personality disorders. Identify difficulties in diagnosing personality disorder, the implications for diagnosis of personality disorder and personality disorder features that often improve or remit upon successful treatment of co-morbid disorders. Discuss the management of patients with personality disorders in the general medical setting.

16. Recognize and effectively respond to the many factors that influence psychiatric/behavioral medicine including the socio-cultural, familial, psychological, economic, environmental, legal, political, and spiritual aspects. Demonstrate knowledge of the social and community context of healthcare, provide culturally-relevant care to vulnerable populations, provide support and coordinate transitions between healthcare settings, and discuss the impact of health care financing on patient care plans.

17. Work effectively as a member of an interdisciplinary patient care team including physicians, allied health workers, other midlevel practitioners, nurses, social workers and volunteers in providing care in the psychiatric/behavioral medicine setting to all patients.
Medical History: The PA student should demonstrate the ability to obtain information sufficient to diagnose and treat medical problems encountered in a Psychiatric/Behavioral Medicine setting or facility.

Physical Examination: The PA student should be able to perform an appropriate physical exam in a Psychiatry/Behavioral Medicine setting or facility.

- Please refer to this section in both the Family Medicine, Internal Medicine, and Geriatric Clerkship Objectives