

PC

Psychiatric Care

Course Goals

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1. Develop skills, knowledge & attitudes necessary to perform a psychiatric assessment consistent with level of training.
2. Develop skills to help patients identify current major concern(s), their adaptive and mal-adaptive behaviors and improve patients' insight into their current situation.
3. Develop skills, knowledge & attitudes to construct and communicate a prioritized differential diagnosis and preliminary treatment plan consistent with level of training.
4. Develop professional behaviors necessary for care of psychiatric patients.
5. Identify learning strategies for improvement.

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Clinical Learning Objectives

Clinical

Interpersonal and Communication Skills

1. Demonstrate the ability to establish an alliance with patients and families, showing comfort in exploring psychiatric symptoms and issues.
2. Apply interviewing skills including appropriately using open-ended vs. closed-ended questions and attending carefully to patient presentation and non-verbal cues.
3. Utilize effective techniques to obtain relevant and sensitive historical information (e.g., substance use, trauma or sexual history).
4. Demonstrate effective communication with patients and their family members to improve patient care.
5. Document written communications in the health record in an organized, accurate, complete, concise and timely manner.
6. Deliver oral presentations in the team setting that are organized, accurate, complete and concise.
7. Demonstrate effective communication with members of the healthcare team and collaborate effectively with multi-disciplinary health care team members to improve patient care.

Patient Care

1. Demonstrate the ability to conduct a psychiatric evaluation, including a detailed mental status examination.
2. Demonstrate the ability to conduct appropriate psychiatric screens.
3. For the common psychiatric problems listed in the syllabus, demonstrate knowledge of their common presentation, associated symptoms, clinical course, basic biologic mechanisms and their basic treatment plans.
4. Demonstrate the ability to utilize information gathered from the psychiatric interview, the medical chart, collateral history and other sources, to:
 - (a) craft a case formulation using the biopsychosocial model,
 - (b) develop a differential diagnosis, organizing from most to least supported by the data, and
 - (c) explain choice of diagnosis and reasoning for considering and rejecting alternate diagnoses.
5. Utilizing their case formulations, demonstrate the ability to develop a plan for continued assessment and treatment, while applying established and emerging biomedical knowledge to the care of patients.
6. Demonstrate appropriate responsibility for patient care.

Personal and Professional Development

1. Demonstrate professional growth through response to feedback and asking for help when needed.

Practice-Based Learning and Improvement

1. Enrich prior knowledge in psychiatry through outside reading, searching the literature and other self-directed learning experiences.

Professionalism

1. Demonstrate an openness, sensitivity, respect, caring and tolerance toward patients, family, and health care team members, while upholding the primacy of patient needs and welfare.

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Didactic Learning Objectives

Essentials of Psychiatry - Week 1

1. Discuss strategies for studying for Psychiatric Shelf Exam.
2. Define components of Colorado Mental Health Law including mental health holds, short term certifications, involuntary medication administration.
3. Distinguish emergent and non-emergent states, conditions and situations in the context of legal obligations and limitations of physicians.
4. Delineate specific time frames, purposes and limitations of involuntary commitments and involuntary treatment of individuals with mental health problems in Colorado.
5. Contrast legal and ethical implications from Colorado state Mental Health Laws.
6. Differentiate applications of mental health law, capacity and competency.

Essentials of Psychiatry - Week 1 Orientation

1. Define common elements of mental status exams.
2. Explore common challenges in documenting mental status exams.
3. Practice documentation of specific components of mental status exams including affect and associations.

Essentials of Psychiatry - Week 2

1. Identify common themes and principals in psychiatric diagnoses including symptom screens, time frames and exclusion criteria.
2. Define criteria for specific mood disorders, psychotic disorders and disorders with both mood and psychotic symptoms using DSM-5.
3. Practice approach to distinguishing between mood and psychotic disorders.
4. Describe incidence and prevalence of common mood and psychotic disorders including major depressive disorder, bipolar I disorder, bipolar II disorder and schizophrenia.
5. List common typical (first generation) antipsychotics and atypical (second generation) antipsychotics.
6. Contrast relative ratios of common side effects for typical and atypical antipsychotics.
7. Explore clozapine including efficacy compared to other antipsychotic, indications for use, impact on suicide completion for individuals living with chronic schizophrenia, process for prescribing in the U.S., indicated lab work-up and special considerations for side effects.

Essentials of Psychiatry - Week 3

1. List common SSRIs used in the U.S.
2. Describe SSRIs including FDA indications, target symptoms, risks, possible benefits, common side effects, serious side effects, common dosing strategies (adult and pediatric) and limitations.
3. List diagnoses without FDA indications that are also commonly treated with SSRIs.
4. Delineate step-wise approach to using SSRIs in primary care setting including when to refer to specialty level of care.
5. Explain to patients the concerns described by the Black Box warning for possible increase in suicidal ideation with use of SSRIs.
6. Define the criteria for diagnosis of ADHD in pediatric and adult populations.
7. Describe impact of brain development on common themes of progression of ADHD symptoms over the life span.
8. Differentiate 3 types of ADHD from each other and from other diagnoses that can affect concentration and behaviors.
9. List commonly co-morbid diagnoses including oppositional defiant disorder, substance use disorders, depressive disorders, learning disorders and anxiety.
10. Apply screening tools including the Vanderbilt to support diagnosis of ADHD in children and teens.
11. Describe stimulant use as primary recommended treatment for ADHD including target symptoms, risks, possible benefits, common side effects, serious side effects, common dosing strategies and limitations.
12. Delineate step-wise approach to using stimulants for ADHD in any outpatient care setting including when a referral to psychiatry is indicated.
13. Contrast pros and cons of consistent stimulant use for children and teens with ADHD vs “stimulant holidays” including possible impacts on development and relationships.

Essentials of Psychiatry - Week 4

1. Define sub-types of delirium.
2. Identify steps for diagnosis, prevention and treatment of delirium.
3. Recognize multiple risk factors for delirium including medications, polypharmacy, acute medical conditions, chronic medical problems, age, context, etc.
4. Describe and recommend delirium precautions in the context of modifiable risk factors.
5. Discuss the evidence base for limited use of low dose antipsychotics in delirium.
6. Review common strategies for the Psychiatric Shelf preparation.
7. Discuss questions that are commonly challenging for students.

Module - Verbal De-escalation

1. Recall approaches to verbal de-escalation of the agitated patient.

Reflective Seminar

1. Present, discuss, receive (and give) feedback on content and reflective ability demonstrated in reflective writing.
2. Utilize constructive feedback.
3. Develop the capacity for critical reflection.