PSYCHIATRY
COMPETENCY BASED CURRICULUM

Introduction

Psychiatric Medicine is taught progressively over the four years at VCOM. An overview of the medical curriculum each student completes in the first two years at VCOM is found in the section marked pre-clinical courses. The majority of psychiatry in the first two years is taught in the Psychiatry Course during Block 8 and in the Communication and Behavioral Topics taught in the Principles of Primary Care Course throughout the year. Although the students have seen Geriatric patients with cognitive disorders, the psychiatry rotation is the first clinical exposure to psychiatric care.

Pre-Clinical Curriculum

The Psychiatry Course is taught through both lecture and case presentation. The facilitated case presentations follow the lecture based material. The Psychiatry Course covers the following topics:

Mental Status History and Exam
Psychosis Acute and Chronic Disorders
Mood Disorders
Anxiety Disorders
Cognitive Disorders
Personality Disorders
Substance Related Disorder
Somatoform Disorders
Factitious Disorders and Malingering
Sexual Dysfunction, Paraphilias,
Eating Disorders
Aging and Geriatric Psychiatric Disorders
Suicide
Violence in the Medical Setting
Child and Adolescent Psychiatry
Psychotherapy and ECT
Psychiatry and the Law
The topics relevant to Psychiatry covered in Principles of Primary Care include:

Medical history and physical
Mental Status exam, Lecture and Lab
Addiction Medicine 12 hours
Cultural Considerations in health care (8 hrs)
Ethics: Right to refuse care, informed consent, Advanced Directives
Spirituality and Medicine 8 hours
Socioeconomic impacts on health and healthcare

**Clinical Skills from Pre-Clinical Courses**

The Psychiatric Clinical Skills course focuses on skills necessary for basic evaluation and treatment of a patient. Each block the skills that are taught are aligned with the system covered in the block. Prior to entering clinical rotations, the students have demonstrated in a laboratory setting using models or classmates, that they have obtained the following clinical skills relevant to Psychiatry:

Medical History and Physical
Informed Consent, Advanced Directives
Mental Status Exam
PSYCHIATRY CLINICAL ROTATION
COMPETENCY BASED CURRICULUM

The third year student will spend four weeks on the Psychiatry rotation. During the rotation, the student will learn through many resources, including but not limited to clinical patient exposure, preceptor mentoring, completion of the on-line case based curriculum for the rotation, and clinical conferences.

The curriculum for the rotation is developed through the Psychiatry department, consisting of the psychiatry physicians who teach both in the classroom and in the clinical setting. Students have completed the curriculum from a didactic /case based approach during the second year and have been assessed on their knowledge through written exams. The clinical rotation will be the first opportunity for the student to apply that knowledge.

The exposure to the psychiatry clinical rotation is where many students will choose Psychiatry as a future practice. In addition the knowledge gained from the psychiatry rotation is essential to the practice of primary care. Primary care physicians must learn to recognize and provide timely referral of psychiatric disorders and to co-manage psychiatric patients who have additional medical conditions.

Knowledge

I. The student’s knowledge base in Psychiatry should improve over the course of the rotation. Upon completion of the rotation the student should be able to:
   A. Describing the key diagnostic criteria for the most common psychiatric disorders.
   B. Performing a physical examination to establish the diagnosis and severity of the psychiatric illness.
   C. Generate a differential diagnosis list of possible causes of a patient’s psychiatric symptoms and clinical findings.
   D. Demonstrating the ability to develop an appropriate evaluation and initial management plan.
   E. Identify the contribution of each team member of the health care team in the care of psychiatric patients.

Communication / Psychiatric History

I. The student will through physician mentoring develop the skills to perform a psychiatric history according to:
   A. Symptoms: including onset, alleviating factors, aggravating factors, setting, associated symptoms, functional impairment, and the patient’s interpretation.
   B. Past significant psychiatric history: includes childhood and adult, psychiatric medications, and general medical history.
C. Family history as to psychiatric disorders, disease process and risk factors  
D. Social history includes: family and support systems, sexual history, and the use of tobacco, illicit drugs, or alcohol  
E. Occupational history  
F. Historical data from multiple sources (family, community, health care workers, etc.)  
G. Allergies and current medications  
H. Information obtained using basic strategies for interviewing disorganized, cognitively impaired, hostile/resistant, mistrustful, and circumstantial/hypervocal and potentially assaultive patients.

II. The student must develop and demonstrate the consideration for the psychiatric patient’s feelings, respect, concerns, limitations, and cultural and social background whenever taking a history.

Clinical Skills / Physical Exam

I. The student should become skilled in the examination of patients including:  
   A. Auscultory examination of the heart and lungs  
   B. Palpatory examination of the skin, abdomen, lymphatics, neck, and musculoskeletal system.  
   C. Visual inspection of the patient skin, EENT, and overall condition.  

II. Students were prepared in years one and two in examining other students and in some cases, patients. Students should become more efficient and effective in applying the examination skills they have learned in the exam of patients.  

III. The osteopathic exam values the importance of structure and function. On the psychiatry rotation students must learn when to and when not to perform a palpatory examination on the patient related to the psychiatric illness encountered.  

IV. Students must be able to discern between a primary psychiatric disorder and a psychiatric disorder induced by illness or medication.  
V. Identify the physical signs and symptoms that accompany classic psychiatric disorders.  

VI. Appreciate the high rate of medical illness in psychiatric patients and the importance of management of the psychiatric illness.  

VII. Recognize the effects of psychotropic medications in the physical exam

Problem Solving / Decision Making

I. The student is expected to exhibit decision-making skills and patient management skills, including the ability to:
A. Use a diagnostic system such as DSM-W and DSM-IV to identify the specific signs and symptoms that compose a syndrome or disorder.
B. Prepare legible comprehensive and focused patient cases that include: a comprehensive presentation and history without extraneous information, a comprehensive physical examination, a succinct differential, and develop the ability to formulate a diagnostic or treatment plan for the psychiatric disorder.
C. Orally present the content of the case to peers, preceptor and other health care professionals when appropriate.
D. Gain knowledge in the relative costs of the diagnostic tests and therapeutics ordered.
E. Estimate the implications of the test results before ordering tests and after test results are available.
F. Estimate the implications of the test results before ordering tests and after test results are available.
G. Recognize the importance of the mental status examination and the components including general appearance, behavior, motor activity, speech, affect, mood, through process-content-perception-sensorium-and cognition. Recognize importance of recent and remote memory, abstraction, judgment and insight.
H. Know the indications for and limitations of the tests that are used to evaluate the neurophysiologic functioning of persons with neuropsychiatric symptoms (i.e.: thyroid tests, EEG, rapid plasma regain tests, dexamethasone suppression test, toxicology, and test for HIV.)

I. Discuss the use of and indications for neuroimaging in psychiatry.

Ethics

I. The student is expected to exhibit the professionalism and ethical skills expected of the osteopathic physician. The student should be able to:

A. Describe the basic elements of informed consent and when informed consent is necessary and unnecessary. Identify the alternate means of obtaining informed consent in a psychiatric patient at risk.
B. Demonstrate the role of the physician in making decisions about the use of expensive or controversial tests and treatments.
C. Demonstrate the ability to provide care for all patients regardless of gender, race, socioeconomic status, sexual orientation, ability to pay, or cultural background.
D. List the psychiatric services each community mental health center must provide.
E. Discuss the process of admission to a psychiatric hospital (voluntary and nonvoluntary).
F. Discuss the duty to warn.
In the case based curriculum, the medical student should approach the cases using the following plan:

- Review the chapter of the suggested text regarding the group or class of the disorder,
- Interpret the case following the history and physical findings, asking questions or being sure to include areas of the exam that may have been missed in the presentation,
- Formulate a differential diagnosis, rule out those diagnosis that do not meet the presentation,
- Formulate a diagnostic plan, judiciously ordering those tests or procedures needed,
- Narrow the diagnosis
- Determine the most appropriate treatment based upon those findings.

Psychiatric Cases

1) Psychiatric Emergency
2) Psychiatry Emergency
3) Acute Delirium, hospitalization and informed consent
4) Dementia and Cognitive Disorder
5) Acute Delirium, hospitalization, and informed consent.
6) Acute Psychosis
7) Suicide and psychopharmacologic emergency
8) Substance abuse
9) Substance abuse and dual diagnosis psychiatric disease
10) Schizophrenia
11) Somatoform and Factitious Disorder
12) Eating Disorder
13) Sleep Disorder
14) Childhood Psychiatric Disorder
15) Personality Disorder and Substance Abuse
16) Anxiety Disorder
17) Mood Disorder
18) Dementia and psychopharmacologic exacerbation of agitation
19) Adolescent Mood Disorder
20) Chronic psychiatric care: collaborative care by the psychiatrist and the primary care physician.

EDUCATIONAL OBJECTIVES
PSYCHIATRY COURSE AND ON-LINE CASES

I. Psychiatric Emergencies: The student will recognize the signs and symptoms of, know the assessment of, the differential for and begin emergency management and
referral of patients with the following:

A. Identify and manage those at increased risk of suicide.
B. Formulate a differential of general medical causes for hallucinations, delusions, confusion, altered consciousness, and violent behavior.
C. Recognize the signs and symptoms of common psychopharmacologic emergencies:
   1. lithium toxicity,
   2. neuroleptic malignant syndrome,
   3. anticholinergic delirium, and
   4. MAOI related to Hypertensive crisis.
D. Identify the clinical assessment, differential, and stabilization of a person with violent, agitated, combative, or assaultive behavior from psychiatric illness.
E. Describe the signs, symptoms, differential, and management of Acute Psychosis.
F. Describe the psychiatric problems seen in battered women and child abuse victims.
G. Identify the indications for psychiatric hospitalization.
H. Identify the procedures with giving medical or psychiatric clearance.
I. Summarize the process of psychiatric admission as it relates to:
   1. Involuntary versus voluntary commitment
   2. The principles of involuntary commitment, civil commitment, and the role of the physician.

II. Delirium, Dementia, Amnestic, and other Cognitive Disorders

The medical students will recognize the signs and symptoms of brain disease of known etiology or pathophysiology and will identify the evaluation and management of a patient with the following neuropsychiatric disorders:

A. Identify the clinical features, differential diagnosis and emergent conditions associated with acute delirium.
B. Discuss the prevalence of delirium in elderly hospitalized patients.
C. Identify the epidemiology, the clinical features of, and the course for psychiatric manifestations of the following:
   1. Alzheimer's
   2. Vascular dementia
   3. Substance induced dementia
   4. Parkinson's dementia
   5. HIV encephalopathy
E. Summarize the medical evaluation and clinical management of a patient with dementia.
F. Identify the possible neuropsychiatric manifestations of patients with:
   1. Seizure disorder
   2. Stroke
3. Head injury

III. Substance Related Disorders

The student will identify, clinically evaluate and manage the neuropsychiatric consequences of substance abuse and dependence including:

A. Identify the historical and clinical features of substance abuse and dependence (including denial)
B. Discuss the epidemiology of substance abuse
C. Identify the dangers of co morbid disorders (psychiatric and substance abuse)
D. List the questions that compose CAGE and other screening instruments
E. Discuss the genetic neurobiological, and psychosocial etiologies of alcoholism
F. Describe the clinical features of intoxication and management of withdrawal from the following: cocaine, amphetamines, hallucinogens, cannabis, phencyclidine, barbiturates, opiates, caffeine, nicotine, benzodiazepines, and alcohol.
G. State guidelines for prescribing benzodiazepines and narcotics.

IV. Schizophrenia and Related Psychosis

The student will recognize, evaluate, and manage persons with psychosis associated with schizophrenic, affective, general medical and other psychotic disorders.

A. Define psychosis and the differential diagnosis for psychosis
B. Describe the genetic, neurobiological and environmental theories of etiology of schizophrenia
C. Describe the epidemiology of psychosis
D. Summarize the treatment of schizophrenia including both pharmacologic and psychosocial interventions
E. List the features that differentiate:
   1. Schizophreniform disorder
   2. Schizoaffective disorder
   3. Schizophrenia
   4. Brief psychotic episode

V. Mood Disorders

The student will recognize, evaluate, and state the treatments for patients with mood disorders.

A. Discuss the evidence for neurobiological, genetic, psychological, and environmental etiologies of mood disorders.
B. Know the epidemiologic, prevalence rate, and lifetime risks of mood disorders
C. Identify the etiology, the management and prognosis of major depression with or without:
   1. Melancholic features,
   2. Psychotic features,
   3. Atypical features,
   4. Catatonic features,
   5. Seasonal patterns, and
   6. Postpartum onset.

D. Describe the prevalence of major depression in patients with general medical-surgical illness (acute MI, diabetes, CVA, hip fracture, CV surgery) and the impact on morbidity and mortality

E. Outline the clinical features of, diagnosis, and management of
   1. Dysthymia
   2. Major depression
   3. Bipolar depression

VI. Anxiety Disorders

The student will recognize, evaluate, and know the treatments for patients with anxiety disorders.

   A. Describe the neurobiological, psychological, environmental, and genetic etiologies of anxiety disorder.
   B. Describe the clinical features of, diagnostic techniques, and management of the following anxiety disorders:
      1. Panic disorder
      2. Posttraumatic stress disorder
      3. Acute stress disorder
      4. Obsessive compulsive disorder
      5. Phobias (social, agoraphobia,)
      6. Distinguish panic attack from panic disorder

VII. Somatoform and Factitious Disorders

The student will recognize and diagnose somatoform disorders and know the principles of management.

   A. Know the clinical features and management of:
      1. Somatization
      2. Conversion disorder
      3. Pain disorder
      4. Body dysmorphic disorder
      5. Hypochondriasis
      6. Factitious disorder
      7. Malingering
VIII. Dissociative and Amnestic Disorders

The student will define dissociation, the psychological defensive role, and the clinical syndromes associates with the disorder.
A. Define a differential for and describe the evaluation of a patient with amnesia
B. Describe the clinical features of dissociative amnesia, disassociative fugue, depersonalization disorder, and disassociative identity disorder.
C. Discuss the role of psychological trauma in the development of disassociative disorders.
D. State the indications for amobarbital interview for hypnosis

IX. Eating Disorders

The student will summarize the clinical features, epidemiology, evaluation, and management of patients with eating disorders.
A. Anorexia nervosa
B. Bulimia
C. Identify the primary care physician’s role in early recognition and prevention of eating disorders
D. List the medical complications and indications for hospitalization for patients with eating disorders

X. Personality Disorders

The student will recognize maladaptive traits and interpersonal patterns that are characteristic of personality disorders and discuss strategies for caring for patients with personality disorders.
A. Describe the DSM defined personality disorder by trait.
B. Identify the neurobiological, genetic, developmental, behavioral and sociological theories of personality disorders.
C. List general medical and Axis I psychiatric disorders that may present as personality changes.
D. Discuss the biogenetic relationship between Axis I and Axis II disorders (schizotypical personality disorder and schizophrenia).
E. Describe the psychotherapeutic and pharmacologic treatment for patients with personality disorders.

XI. Child and Adolescent Psychiatry

The student will describe the process and indications for the psychiatric evaluation of children and adolescents at different developmental stages.
A. Describe common tests in psychometric evaluation
B. Define the value of data from multiple sources, teachers, parents, other non physicians
C. Describe the history, clinical findings, evaluation, and differential diagnosis for the following and the management of:
   1. Attention deficit hyperactivity disorder
   2. Conduct disorder
   3. Anxiety disorder
   4. Depression in children
   5. Suicide risk
   6. Mood disorders associated with physical or sexual abuse or neglect

XII. Sleep Disorders

The student will be able to evaluate, refer or treat persons with sleep disorders.
A. Obtain an accurate sleep history, evaluate for primary sleep disorders, and be familiar with typical sleep disturbances
B. Form a differential from the clinical signs and symptoms, evaluate and manage the primary sleep disorders including dyssomnias and parasomnias.

XII. Geriatric Psychiatry

The student will evaluate the geriatric patient in order to identify the mental status changes associated with aging versus that with medical or psychiatric disease. This curriculum is also covered in the geriatric rotation.

   A. Define the features of cognitive screening evaluation
   B. Describe the presentation and management of depression in the elderly
   C. Discuss the differential in the geriatric patient with Alzheimer’s, vascular dementia, and Parkinson’s disease
   D. Identify the treatable causes of dementia: depression, delirium, medication complications
      and describe their management
   E. Describe the physician’s role in diagnosing, managing, and reporting elderly abuse

XIII. Psychopharmacology

Describe the indications, pharmacokinetics, side effects, toxicity, drug interactions, and the ability to select and use each of the following:

   A. Anxiolytics
   B. Antidepressants
   C. Antipsychotic
   D. Mood stabilizers
   E. Anticholinergic
   F. ECT
XIV. Psychotherapy

State the indications for, the techniques of, and contraindications to:

A. Psychodynamic therapy
B. Psychotherapy
C. psychoanalysis
D. cognitive and behavioral therapies
E. group therapy
F. family therapy
G. psycho educational interventions