INTRODUCTION TO CLINICAL PSYCHIATRY (HAP 534)

COURSE OVERVIEW
Provides an overview of the principles of psychiatric evaluation and interviewing including the mental status exam. The course focuses on psychiatric problems seen in primary care, introducing students to the differential diagnosis and treatment of major psychiatric disorders such as anxiety, personality and mood disorders, psychosis, substance abuse, and somatoform disorders, as well as on, increasing student awareness of those social patterns that exert an impact on mental functioning.

CREDIT
Three credits.

TEACHING STRATEGY
Instruction includes lectures, discussions and videotapes of patient interviews.

EVALUATION
A written final examination 100%

If a student fails to achieve a grade of 77% on the final exam, s/he must take a remake examination and achieve a 77%. The maximum grade that will be recorded for a remake of the exam is 77%.

If a student doesn’t successfully pass the remake examination with a 77% the instructor has the option to provide a written assignment and oral exam both which must be passed with a 77%. If the student passes both the written and oral examinations a grade of C+ will be entered as a final grade. If the student fails to pass both the written and oral examination then a failing grade will be entered for the course.

RATIONALE
Physician Assistants must be aware of the impact that psychosocial problems have on total health care. Identification of underlying emotional problems and appropriate management regimes is a crucial element within the PA’s role. In order to be successful and effective in this role, the practitioner must also be aware of the consequences of his/her own personal attitudes, biases and misconceptions of mental illness and psychiatry.
LEARNING GOALS

Upon completion of this unit, students should be able to:

1. Discuss the concept of mental health and its relationship to mental illness.
2. Explain the impact that psychosocial problems have on total health care.
3. Identify the components of the medical and psychiatric histories that are pertinent to the evaluation of the patient with an emotional or psychiatric problem.
4. Describe signs and symptoms of psychiatric problems in appropriate clinical terminology.
5. Describe the etiology, pathophysiology, and clinical findings associated with specific psychiatric disorders.
6. Explain the use and the interpretation of diagnostic tests and procedures used to evaluate the patient with a psychiatric illness.
7. Compare and contrast the pharmacological, interpersonal/psychotherapy, biological and environmental treatment modalities of psychiatric disorders.
8. Justify the importance of recognition, risk factors, preventive measures, and treatment in substance related disorders.
9. Identify the signs and symptoms of sexual, physical, child, elder and psychological abuse, and the impact on the patient, the family, and society.
10. Discuss the indications and the proper utilization of consultations and referrals for the patient with a psychiatric disorder.
11. Recognize the consequences of his/her own personal attitudes, biases and misconceptions concerning mental health and psychiatry.
12. Understand the principles underlying motivating behavior change through a patient self management brief action plan.

TOPIC OUTLINE

The following is an outline of the topics presented in lecture:

1. Introduction to Psychiatry
2. Psychiatric Interview and the Mental Status Examination
3. Mood Disorders
4. Geriatric Psychiatry
5. Substance Abuse/Alcoholics Anonymous
6. Childhood and Developmental Psychiatry
7. Motivating Behavioral Change
8. Schizophrenia
9. Anxiety Disorders
10. Psychiatric Emergencies
11. Personality Disorders
12. Eating Disorders
13. Psychopharmacology
COURSE OBJECTIVES

Introduction to Psychiatry

1. Explain the importance of the patient history in establishing psychiatric diagnoses
2. Recognize the relationship between psychiatric and medical illness.
3. Identify the major categories of psychiatric disorders.
4. Illustrate the utilization of the DSM-IV Classification system.
5. Describe the multiaxial assessment scale validating the diagnosis in the psychiatric patient.

Psychiatric Interview and the Mental Status Examination

1. Illustrate psychiatric interviewing techniques and their use in psychiatric and primary care settings.
2. Defend the need for the appropriate setting for an interview including the need to provide for safety both for the patient and the interviewer.
3. Demonstrate how to obtain an accurate history from a psychiatric patient including medical, psychiatric family, social histories, and review of systems.
4. Generate a differential diagnosis from the psychiatric interview.
5. List the seven principal features of the mental status exam including: Appearance, Attitude and behavior, Speech, Mood and affect, Thought and language, Perceptions, Cognitive function, Insight and judgment.
6. Explore the components and use of the Mini Mental Status Exam in the evaluation of the patient with cognitive dysfunction.
7. Organize the findings of the mental status examination and the mini mental status examination.

Mood Disorders

1. Describe the epidemiology, etiology, genetic and psychosocial factors of mood disorders.
2. Explore the key features and diagnostic criteria for depression, bipolar disorder, dysthymic disorder, adjustment disorder and secondary mood disorders.
3. Summarize mood disorders caused by medical conditions and recognize these special circumstances with regard to assessment and treatment.
4. Compare the pharmacological treatment for mood disorders including antidepressants, selective serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs), lithium, mood stabilizers, other antagonists and reuptake inhibitors and know importance of therapeutic blood levels and side effects.
5. Explain the indications for other treatments for mood disorders including electroconvulsive therapy (ECT) and psychotherapy.
6. Defend the importance of long-term planning, patient and family education, and support groups.
7. Recognize the features and phases of normal bereavement.

Geriatric Psychiatry
1. Recognize aging as part of the life cycle and describe life expectancy and changes that occur with aging.
2. Explain the epidemiology, etiology, genetic and risk factors and presentation of dementia and other cognitive disorders.
3. Describe the diagnostic workup of the patient with suspected dementia including laboratory studies, neuroimaging techniques, clinical assessment, activities of daily living (ADL) scales, and mini-mental status exams (MMSE).
4. Explain the components of the psychiatric evaluation including suicide and violence potential, safety issues, risk for falls and injury and potential for abuse/neglect.
5. Recite the pneumonic: SIG E CAPS in recognizing depressive disorders.
6. Summarize pharmacological treatment strategies for geriatric psychiatric conditions.
7. Give example of the effects of common social and psychosocial losses on the elderly population.
8. Recognize the importance of long-term planning, patient and family education, and support groups and know when to refer a patient for appropriate psychosocial therapy.
10. Recognize the risk factors for elder abuse.
11. Identify the signs and symptoms of elder abuse and understand its impact on the patient and society.

**Substance Abuse**

1. Demonstrate how to elicit an appropriate history for a patient with substance related disorders including the CAGE screening test.
2. Recognize clues to substance abuse based on physical examination.
3. Explain the epidemiology, genetic, and risk factors for the development of substance abuse and dependence.
4. Compare and contrast between psychological and physical dependence.
5. Evaluate the diagnostic criteria for substance dependence and substance abuse.
6. Recognize various common substances that are abused and know their physiological and behavioral effects.
7. Recognize and manage a substance overdose.
8. Compare and contrast the pharmacological and non-pharmacological treatments and understand the team approach to patient care.
9. Categorize the social implications of substance abuse and the role of the family and significant others in treatment.
10. Identify the history, principles and methods utilized by Alcoholics Anonymous in order to refer patients for assistance in recovery from alcoholism.

**Child and Developmental Psychiatry**

1. Restate the basic concepts in child and adolescent psychiatry.
2. Recognize the components of the psychiatric history including developmental milestones, temperament and attitude, school history, and medication history.
3. Explain the methods for obtaining a history from the patient and/or guardian.
4. Summarize the causes, classification, signs and symptoms, diagnosis and management of psychiatric disorders of children and adolescents including disruptive behavioral disorders.

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(attention deficit hyperactivity disorder, conduct disorder, oppositional defiant disorder), learning disorders, communication disorders (autistic disorder, Asperger’s disorder), Anxiety disorders (separation anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder), elimination disorders (enuresis, encopresis), mood disorders (major depression, bipolar disorder), eating disorders (anorexia nervosa, bulimia nervosa), developmental disorders (pervasive developmental disorder, mental retardation), childhood schizophrenia.

5. Recognize the signs and symptoms of child abuse.
6. Recognize the signs and symptoms of psychiatric disorders for children and adolescents.
7. Evaluate psychoeducational test instruments utilized to evaluate psychiatric conditions.
8. Describe modalities utilized in management of childhood and adolescent psychiatric problems including psychotherapy, behavior modification, group/family therapy and pharmacological agents.

Motivating Behavioral Change

1. Understand the bio-psychosocial model of illness.
2. Explain the epidemiology and consequences of non-adherence to patient management instructions.
3. Define patient self-management and self-management support (SMS).
4. Recognize the stages of change and their related principles.
5. Categorize the types of responses and explain how they relate to behavior change and adherence.
6. Construct a brief action plan for patient change and adherence using the three question framework.

Schizophrenia

1. Identify the epidemiology, etiology, genetic and psychosocial factors of schizophrenia.
2. List the clinical manifestations and DSM-IV diagnostic criteria for schizophrenia.
3. Compare and contrast the subtypes of schizophrenia including schizoaffective disorder, schizophreniform disorder and brief psychotic disorder.
4. Identify the neuroimaging studies and their associated findings in schizophrenia.
5. Explain the pharmacological management of schizophrenia.
6. Critique the psychosocial treatments available to patients with schizophrenia.
7. Recognize the impact of schizophrenia on the family and society.

Anxiety Disorders

1. Describe common theories associated with anxiety disorders.
2. Explain the normative responses to stress.
4. Summarize the pharmacological management of anxiety disorders including tricyclic antidepressants, selective serotonin reuptake inhibitors, benzodiazepines and monoamine oxidase inhibitors, and their side effects.

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5. Identify the psychotherapies available to treat a patient with an anxiety disorder.

7. Identify the significance of educating the patient’s family with regards to specific anxiety disorders.

Psychiatric Emergencies

1. Recognize the importance of a rapid assessment to determine if the patient is a danger to him/herself or others.
2. Recognize the importance of triage, expeditious assessment, accurate diagnosis, initiation of treatment and disposition of the patient presenting with a psychiatric emergency.
3. Demonstrate how to take an appropriate history and perform a standard psychiatric interview.
4. Perform a physical examination of a patient presenting to the emergency department with a psychiatric problem.
5. Recognize the risk factors and etiologies for suicide, mania, and psychosis.
6. Identify that medical conditions can present as psychiatric emergencies and be able to distinguish them.
7. Give examples of the diagnostic tests and procedures used to evaluate the patient with a psychiatric emergency.
8. Summarize the treatment of the patient with a psychiatric emergency including medication, crisis intervention and education.
9. Recognize when to admit the patient.

Personality Disorders

1. Describe personality development.
2. Review the DSM-IV diagnostic criteria for personality disorders.
3. Discuss the etiology and epidemiology of common personality disorders.
4. Name the components of the three (3) personality disorder clusters, A: Odd/Eccentric (Paranoid, Schizoid, Schizotypal), B: Dramatic/Emotional (Antisocial, Histrionic, Narcissistic, Borderline) and C: Anxious/Fearful (Avoidant, Obsessive-Compulsive, Dependent).
5. Distinguish personality disorders from neurotic, psychotic and organic mental disorders.
6. Compare and contrast the diagnostic criteria for the paranoid, schizotypal, schizoid, narcissistic, histrionic, borderline, antisocial, obsessive-compulsive, dependent and avoidant personality disorders.
7. Explore the medical, social and psychological approaches to treatment for patients with personality disorders.

Psychopharmacology

For the following classes of psychotropics: SSRI’s, MAOI’s, TCA’s, SNRI’S, Typical/Atypical Neuroleptics, Lithium, Mood Stabilizers/Anticonvulsants, Hypnotics, Psychostimulants, Benzodiazepines, Anticholinergics, Alzheimer Medications
1) Know the indications.
2) Understand the mechanisms of action.
3) Be familiar with the side effects and drug to drug interactions.
4) Recognize relevant concerns related to the specific classes.

**Eating Disorders**

1. Describe psychological, social and interpersonal factors that contribute to eating disorders.
2. Recognize the psychological disorders that most often accompany eating disorders.
3. Identify the signs and symptoms of eating disorders.
4. Discuss the health consequences and physical changes associated with eating disorders.
5. Explain the treatment modalities available for patients with eating disorders
6. Explore interventions and techniques used to treat eating disorders.

**REQUIRED READINGS**

Selected Handouts

**Americans with Disabilities Act:**

If you have a physical, psychological, medical or learning disability that may impact your course work, please contact Disability Support Services, ECC (Educational Communications Center) Building, room128, (631) 632-6748. They will determine with you what accommodations, if any, are necessary and appropriate. All information and documentation is confidential.

**Academic Integrity:**

Each student must pursue his or her academic goals honestly and be personally accountable for all submitted work. Representing another person's work as your own is always wrong. Faculty are required to report any suspected instances of academic dishonesty to the Academic Judiciary. Faculty in the Health Sciences Center (School of Health Technology & Management, Nursing, Social Welfare, Dental Medicine) and School of Medicine are required to follow their school-specific procedures. For more comprehensive information on academic integrity, including categories of academic dishonesty, please refer to the academic judiciary website at http://www.stonybrook.edu/uaa/academicjudiciary/

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Critical Incident Management:

Stony Brook University expects students to respect the rights, privileges, and property of other people. Faculty are required to report to the Office of Judicial Affairs any disruptive behavior that interrupts their ability to teach, compromises the safety of the learning environment, or inhibits students' ability to learn. Faculty in the HSC Schools and the School of Medicine are required to follow their school-specific procedures.