HAP 575 PSYCHIATRY

The psychiatry rotation provides students practical experience in the evaluation, and management of mental illness. Through clinical interaction with an often misunderstood and undertreated population, students will develop an understanding of the biological and psychosocial factors that influence a variety of psychiatric conditions. They will gain proficiency in obtaining relevant histories, formulating appropriate diagnoses, and constructing rational treatment plans. This rotation also affords students the opportunity to draw upon previously acquired knowledge to better understand the reciprocal relationship that often exists between physical and psychiatric illnesses.

I. INSTRUCTIONAL OBJECTIVES

Based on supervised education and instruction, supervised clinical practice, utilization of appropriate reading or reference materials, attendance at case conferences, grand rounds, morning reports and rounds, and sessions with program faculty coordinating the clerkships the student will broaden and reinforce medical skills and knowledge pertaining to each of the instructional objectives below, as they relate to signs, symptoms, differential diagnosis and management of clinical problems in the problem list. Student evaluation will consist of the following criteria: preceptor evaluation, faculty evaluation, clinical skills practicum (CSP) and written examination. Students must seek appropriate preceptor supervision for all tasks listed below, particularly those related to psychiatric intervention and management. At the end of each rotation, each student will:

1. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, prognosis, and potential complications of a broad variety of psychiatric conditions

2. Identify psychiatric emergencies and employ proper intervention and treatment protocols

3. Discuss the indications for, and regulations pertaining to, chemical restraint and physical restraint

4. Recognize the indications for, and regulations pertaining to, psychiatric hospitalization

5. Identify psychiatric signs and symptoms of common medical disorders

6. Identify signs and symptoms of child and elder abuse

7. Identify signs and symptoms of sexual abuse

8. Understand the clinical and legal aspects of determination of capacity for medical decision making

9. Elicit and record a complete and focused history with particular emphasis on:
   a. chief complaint

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b. history of present illness
c. psychiatric history (including past and present outpatient treatment, inpatient treatment, and medications)
d. medical history
e. family history
f. psychosocial history (including marital and occupational history, legal infractions, and substance abuse)
g. review of systems

11. Perform and record a mental status exam (MSE) with focus on:
   a. appearance and behavior
   b. speech
   c. thought
   d. mood and affect
   e. language and thought
   f. perception
   g. cognitive function
   h. insight and judgment

12. Perform and record a mini-mental status exam

13. Perform and record a case-relevant focused physical exam using, when necessary, modified techniques to accommodate the patient’s mood, mental status, or decreased ability to cooperate

14. Order, perform, and record case-relevant diagnostic studies

15. Formulate accurate diagnoses based on findings from the psychiatric interview, physical exam, and diagnostic tests

16. Record psychiatric diagnoses based on DSM-IV (Diagnostic and Statistical Manual or Mental Disorders) multiaxial criteria

17. Devise, document and implement, as indicated, a pharmacologic management plan, including fluid replacement and blood products to include consideration of the following:
   a. mechanism of action, metabolism, excretion
   b. indications, contraindications, interactions and adverse reactions
   c. cost-effectiveness

19. Develop and implement appropriate non-pharmacologic treatment plans including, but not limited to:
   a. patient and family education
   b. individual or group therapy

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c. referral to other healthcare providers  
d. referral to community resources

21. Chart progress notes in a clear and logically organized manner, following the SOAP (subjective/objective/assessment/plan) format

22. Develop and implement plans for follow up care

23. Given available institutional resources, provide supervised outpatient follow up care

II. PROBLEM LIST
The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses:

- Mood Disorders
- Anxiety Disorders
- Personality Disorders
- Schizophrenia and other psychotic disorders
- Organic Mental Disorders
- Somatoform Disorders
- Substance Abuse
- Adjustment Disorders
- Child and Adolescent Psychiatric Disorders
- Geriatric Psychiatric Disorders

III. PROFESSIONAL GROWTH
The student’s attitudes and behavior that contribute to professional growth will be monitored by core PA faculty and clinical preceptors throughout the clerkship. The student will demonstrate professionalism by:

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1. displaying a high level of motivation and interest
2. recognizing personal strengths, limitations in knowledge and skill, and actively seeking help and advice from preceptors when needed
3. identifying areas for improvement and implementing strategies to enhance knowledge, skills and attitudes
4. eliciting and acknowledging feedback, and then modifying behavior accordingly
5. seeking and maintaining competence by reading and utilizing principles of evidence based medicine
6. providing compassionate care to all patients regardless of the patient’s diagnosis, prognosis, age, gender, race, sexual orientation, ethnicity, religious, cultural or health-related beliefs, citizenship or socioeconomic class
7. forming and maintaining positive interpersonal relationships with patients, peers, staff and supervisors
8. maintaining appropriate boundaries in relationships with patients, peers, staff and supervisors
9. being considerate and helpful to all members of the health care team; collaborating appropriately and respecting the roles and professional expertise of all health care professionals
10. recognizing and reporting unprofessional behavior
11. maintaining a calm and sensible manner in stressful and/or emergency situations
12. showing respect for patients privacy by maintaining appropriate confidentiality of the patient’s record
13. being punctual, and displaying appropriate dress and grooming
14. attending to one’s own well being
15. adhering to the American Academy of Physician Assistants (AAPA) Code of Ethics

IV. STUDENT EVALUATION

- Clinical site supervisor evaluation ................................................................. 50%
- Written clinical examination ........................................................................... 15%
- Program faculty grade .................................................................................... 5%
  (H&Ps, patient presentations, professional behavior)
- Clinical skills practicum
  (CSP) ............................................................................................................. 10%
- Appropriate utilization of Cbase .................................................................... 5%
- EMO exam ...................................................................................................... 10%
- HPI .................................................................................................................. 5%

Failure to hand in or present assignments on time or any unprofessional behavior will result in a lowering
of the grade for the rotation.

If a student earns a grade below a “C” for the Psychiatric Clerkship, he/she will be placed on academic probation and required to repeat the clerkship. This will extend the length of time required for completion of the clinical year.

Failure to earn a grade of C or better on the repeated Psychiatric Clerkship will result in a recommendation to the Dean for termination from the program.

**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/

**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.