Psychiatry/Behavior Medicine Rotation Goals and Objectives
PGY – 1

Rotation Description
The first-year Family Medicine Resident-Physician will acquire knowledge of human behavior, behavioral health, mental disorders, and community mental health resources for incorporation into his/her practice of Family Medicine.

This two-week rotation will facilitate a broader view of health through encounters with families and patients of all ages who are dealing with behavioral health and social issues; through visits to in-patient and out-patient behavioral health facilities; and through visits to social service agencies and organizations. As opportunities arise, the Resident will learn about a range of psychiatric disorders; how to refer patients for psychiatric, behavioral health and social services; and how to collaborate with medical, behavioral health and social service providers in order to meet the multi-level health needs of patients and their families. Residents will learn how to use a psychosocial assessment tool called an Ecomap to conduct a psychosocial assessment and propose treatment interventions. Through required readings, Residents will learn about the National Standards on Culturally and Linguistically Appropriate Services, the use of foreign language interpreters, and disparities in health care in the United States. Residents will learn how to evaluate their own behavioral health using The Physician Wellness Inventory (Eckleberry-Hunt, Kirkpatrick, Taku & Hunt) and online self-tests at Stanford University’s WellMD website.

Goals and Objectives:

Patient Care
1. Cares for acutely ill patients presenting with mental/behavioral disorder symptoms in urgent and emergent situations in all settings
   a. Applies knowledge of normal and abnormal psychosocial growth and development across the life cycle to assess patients, formulate diagnoses and treatment interventions.
   b. Rules out organic conditions prior to diagnosing mental disorders.
   c. Recognizes common situations which require urgent or emergent psychiatric/behavioral health care.
   d. Gathers essential information about the patient (history, exam, diagnostic testing).
   e. Is able to recognize the need for psychiatric/psychological consultation.
Patient Care, continued
2. Cares for patients with chronic illnesses
   a. Visits community agencies to learn about services for patients with chronic mental disorders including neurodevelopmental disorders, neurocognitive disorders, and primary psychotic disorders.
   b. Uses a psychosocial assessment tool called an Ecomap to examine the impact of social factors on mental health and the impact of chronic mental health problems on patients, their families, and society.
   c. Inquires about the psychological impact of chronic medical conditions on patients and families.
3. Partners with the patient, family, and community to improve health through disease prevention and health promotion
   a. Identifies factors which can affect mental/behavioral health, including genetic, physiological, and environmental factors.
   b. Identifies how mental/behavioral health can impact physical health.
   c. Collects family, social and behavioral health history.
   d. Builds rapport with behavioral health providers at various community agencies for future collaboration.
   e. Can link patients and families to appropriate behavioral health resources in the community.
4. Performs specialty appropriate procedures to meet the healthcare needs of individual patients, families, and communities, and is knowledgeable about procedures performed by other specialists in order to guide their patients’ care
   a. Obtains a complete history, including psychosocial history; interprets vital signs; performs an appropriate physical examination and mental status examination; develops a differential diagnosis for a patient with psychiatric symptoms and conditions; presents these findings in an organized manner to the supervising psychiatrist.
   b. Observes special diagnostic procedures like neuropsychological testing for neurodevelopmental disorders.
   c. Observes treatment interventions for specific problems, such as substance disorders, domestic violence, and attention-deficit/hyperactivity disorder.
Medical Knowledge
1. Demonstrates medical knowledge of sufficient breadth and depth to practice Family Medicine
   a. Knowledge of normal, abnormal and variant psychosocial growth and development across the life cycle.
   b. Knowledge of the interrelationships among biological, psychological and social factors affecting physical and mental/behavioral health.
   c. Knowledge of factors influencing adherence to a treatment plan.
   d. Knowledge of ethical issues in medical practice relevant to mental/behavioral health, including informed consent, patient autonomy, confidentiality, quality of life.
   e. Knowledge of DSM-5 classification of mental disorders with associated criteria for diagnosis.
   f. Knowledge of special diagnostic procedures, including psychological and neuropsychological testing, laboratory testing and brain imaging.
2. Applies critical thinking skills in patient care
   a. Rules out organic conditions and then substance use disorders prior to diagnosing a primary mental disorder.
   b. Begins to integrate social and behavioral sciences with biomedical knowledge during patient care.
   c. Considers the quality of mental/behavioral health care in terms of disparities, cultural sensitivity.
   d. Considers one’s own assumptions, values, beliefs regarding patients with mental/behavioral health and social problems and identifies ways to change his/her practice of Family Medicine to better serve patients with mental/behavioral health and/or social problems.

Interpersonal and Communication Skills
1. Creates meaningful, therapeutic relationships with patients and families
   a. Communicates in verbal and non-verbal ways which convey respect, empathy, and cultural sensitivity to all persons.
   b. Engages patients and families to share their perspectives of the patient’s problem and recommended treatment interventions.
Interpersonal and Communication Skills, continued

2. Communicates effectively with patients, families, and the public
   a. Recognizes physical, cultural, psychological, and social barriers to communication.
   b. Communicates in a manner appropriate to the patient’s/family’s capabilities and language.
   c. Communicates in ways that build up rapport to promote honest disclosure so that care is effective
   d. Utilizes health care interpreters appropriately.

3. Develops relationships and effectively communicates with other physicians, other health professionals, and health care teams
   a. Presents patient data in a clear, concise, and organized manner.
   b. Communicates in ways that build up interdisciplinary team collaboration and interagency collaboration
   c. Shows respect for the skills and contributions of other health care providers.

4. Utilizes technology to optimize communication
   a. Recognizes ethical and legal implications of using technology to document and communicate in mental health care.

Practice-Based Learning and Improvement

1. Locates, appraises, and assimilates evidence from scientific studies related to patients’ mental/behavioral health problems
   a. Learns about the best evidence for care of patients with various mental/behavioral health disorders.
   b. Critically evaluates information from others, including psychiatrists and other mental health providers, pharmacists, colleagues, and patients.
   c. Formulates a searchable question from a clinical scenario.
   d. Learns how to critically evaluate scholarly literature about current mental/behavioral health care.

2. Demonstrates self-directed learning
   a. Able to discuss content of required readings with faculty.
   b. Identifies goals for expanding his/her knowledge to become a culturally competent Family Physician.
Practice-Based Learning and Improvement, continued

3. Improves systems in which the Resident-Physician provides care
   a. Recognizes inefficiencies, variation, and quality gaps in mental/behavioral
      health care delivery systems.
   b. Identifies ways to promote understanding of the roles of age, gender, race,
      ethnicity and culture in research, assessment, and treatment of mental/
      behavioral health problems.
   c. Identifies ways to help other Family Physicians to gain awareness of the impact of
      culture on mental health, mental illness, and mental health services.

Professionalism

1. Completes a process of professionalization
   a. Through written reflection, the Resident-Physician will describe how this
      rotation changes his/her beliefs, attitudes, values toward patients and
      families affected by mental/behavioral disorders.
   b. Through written reflection, the Resident-Physician will describe how this
      rotation changes his/her practice of Family Medicine to meet the best
      interests of patients.

2. Demonstrates professional conduct and accountability
   a. Presents him/herself in a respectful and professional manner.
   b. Attends to responsibilities and completes duties as required in a timely
      manner.
   c. Maintains patient confidentiality.
   d. Reports/documents clinical and administrative information truthfully.
   e. Recognizes when s/he needs assistance and asks for it.

3. Demonstrates humanism and cultural proficiency
   a. Consistently displays an attitude and behavior that conveys acceptance of diverse
      individuals and groups, including but not limited to diversity in gender, age,
      culture, race, religion, disabilities and sexual orientation.
   b. Identifies ways in which culture impacts mental health and mental health
      behaviors.
   c. Consistently demonstrates compassion, respect, and empathy.

4. Maintains emotional, physical, and mental health and pursues continual personal and
   professional growth
   a. Expresses understanding of the importance of the maintenance of physical and
      psychological health.
   b. Completes a physician wellness inventory to learn how to monitor self for signs
      and symptoms of physician burn-out.
   c. Completes a professional/personal goals worksheet to monitor professional
      progress and work-life balance, including hours of sleep acquired versus hours of
      sleep desired.
**Systems-Based Practice**

1. Provides cost-conscious medical care
   a. Through required reading about the U.S. health care system, gains understanding that health care resources and costs impact both patients and the health care system.
   b. Begins to learn how to negotiate local insurance systems to obtain behavioral health services for patients.

2. Emphasizes patient safety and rights
   a. Expresses understanding that lack of screening in primary care settings for problems like abuse and depression can affect the health and safety of patients and/or others.
   b. Learns about mental health policies, procedures, and laws which promote the welfare of behavioral health patients and vulnerable populations like minors, the elderly, and persons with disabilities.

3. Advocates for individual and community mental health
   a. Recognizes disparities in mental health care.
   b. Identifies ways Family Physicians can impact the mental health of individuals and communities.

4. Coordinates team-based care
   a. Meets staff at community resources to learn about partnering with these providers to provide quality care to patients and families.

**Syllabus**

1. Normal, abnormal and variant psychosocial growth and development across the life span
2. Interrelationships among biological, psychological and social factors affecting physical and mental/behavioral health
3. Factors influencing adherence to a behavioral health treatment plan
4. Ethical issues in medical practice relevant to mental/behavioral health, including informed consent, patient autonomy, confidentiality, quality of life
5. DSM-5 classification of mental disorders with associated criteria for diagnosis
6. Mental health diagnostic procedures, including biopsychosocial history, mental status examination, psychological and neuropsychological testing, laboratory testing and brain imaging
7. Psychopharmacology for Family Medicine Physicians
8. Specific Mental Disorders or Other Conditions That May Be A Focus of Clinical Attention
   a. Neurodevelopmental Disorders (Inland Regional Center)
      i. Autism Spectrum Disorder
      ii. Intellectual Developmental Disorder
      iii. Attention-Deficit Hyperactivity Disorder
   b. Schizophrenia Spectrum and Other Psychotic Disorders (ETS/ITF/Hemet BH)
   c. Bipolar and Related Disorders (ETS/ITF/Hemet BH)
      i. Bipolar I Disorder
      ii. Bipolar II Disorder
   d. Depressive Disorders (ETS/ITF/Hemet BH)
      i. Major Depressive Disorder
   e. Anxiety Disorders (ETS/ITF/Hemet BH)
   f. Disruptive, Impulse-Control, and Conduct Disorders (CTS/MV-CHIPS)
      i. Oppositional Defiant Disorder
   g. Substance-Related and Addictive Disorders [Riverside County Substance Abuse Prevention and Treatment (SAPT) Program]
      i. Alcohol Use Disorder
      ii. Cannabis Use Disorder
      iii. Stimulant Use Disorder
      iv. Opioid Use Disorder
   h. Neurocognitive Disorders (Wellness & Recovery Clinic for Mature Adults)
      i. Major Neurocognitive Disorders
   i. Personality Disorders (ETS/ITF/Hemet BH)
      i. Cluster A Personality Disorders
      ii. Cluster B Personality Disorders
      iii. Cluster C Personality Disorders
   j. Child Maltreatment and Neglect Problems (CTS/MV-CHIPS)
   k. Adult Maltreatment and Neglect Problems (Hemet BH/Dr. Ackerman)
9. Emergency Psychiatric Treatment Services (ETS)
10. In-Patient Psychiatric Treatment Services (ITF/Psychiatric Consultation & Liaison Team)
    a. Voluntary admission
    b. Involuntary admission
    c. Medical patients with co-morbid psychiatric disturbance
11. Integrated Care (Don Schroeder Family Care Clinic)
Assessment

1. Direct observation of Resident-Physician by psychiatrist at ETS/ITF; RUHS- BH Hemet Clinic; RUHS- BH Mature Adults; FACT of Corona; Moreno Valley Children’s Interagency Program; and Don Schroeder Family Care Clinic. Psychiatrist completes an evaluation form at the end of the encounter with the Resident-Physician.

2. Direct observation of Resident-Physician by lead clinician at Inland Regional Center and Riverside County Substance Abuse Prevention & Treatment (SAPT). Lead clinician completes an evaluation form at the end of the encounter with the Resident-Physician.

3. Evaluation of Ecomaps, written assignment (reflection and critical thinking exercise), and Resident-Physician’s participation in physician wellness activities with the Residency Program’s Behavior Science Educator by Behavior Science Educator.


Assignments

1. Required Readings


Assignments

1. Required Readings, continued

*Implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA)*
http://samhsa.gov/health-financing/implementation-mental-health-parity-addiction-equity-act


*National Standards on Culturally and Linguistically Appropriate Services (CLAS)*


*The Affordable Care Act: A Brief Summary*

Policies by Riverside University Health System – Medical Center
#626 – Abuse, Neglect, and/or Domestic Violence Assessment and Reporting with Child Abuse, Elder Abuse, Suspicious Injury Report Forms attached
#142 – Access to Language Services for Limited English Proficient, Deaf, and Hearing Impaired Persons

2. Written Assignments
   a. Two Psychosocial Assessments (Ecomaps)
   b. Analysis of County Resources (critical analysis & self-reflection)
   c. Survey of Professional and Personal Goals (with Dr. Ackerman)
   d. Physician Wellness Inventory (with Dr. Ackerman)
### Block/Week Schedule: Psychiatry-Behavior Medicine Rotation / PGY-1 Resident

<table>
<thead>
<tr>
<th>THURS</th>
<th>FRI</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td></td>
<td>SAPT PROGRAM</td>
<td>ETS/ITF</td>
<td>RUHS-BH HEMET</td>
</tr>
<tr>
<td>PM</td>
<td>FM Lectures</td>
<td>ETS/ITF</td>
<td>RUHS-BH HEMET</td>
<td>FCC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THURS</th>
<th>FRI</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>FCC</td>
<td>ETS/ITF</td>
<td>FACT-CORONA</td>
<td>Inland Regional Center</td>
</tr>
<tr>
<td>PM</td>
<td>FM Lectures</td>
<td>ETS/ITF</td>
<td>MV-CHIPS</td>
<td>Behavior Science Educator</td>
</tr>
</tbody>
</table>