

**Learning Objectives:
Integrated Clerkship for Primary Care and Psychiatry
Version 10.21.15**

Overall Goal

The goal of the Integrated Clerkship for Primary Care and Psychiatry is to provide students with the experiences and instruction required to develop specific and complementary competencies in these two disciplines. By the end of the rotation, all students are expected to achieve 15 specific learning objectives that are based on templates from professional societies and school-wide objectives for Yale Medical School.

Learning Objectives

At completion of the 12-week Clerkship, students should:

- I. Demonstrate behaviors consistent with the highest standards of professionalism and medical ethics in all patient encounters.
Criteria: Preceptors will certify that the student can and does:
 1. Describe and implement basic elements of informed consent.
 2. Demonstrates consideration of each patient's specific value for health and illness.
 3. Demonstrate a commitment to caring for all patients regardless of gender, race, socioeconomic status, intellect, sexual orientation, or ability to pay.
 4. Demonstrate respectful attitudes, effective communication strategies, and professional behaviors toward patients with psychiatric disorders and the ability to connect with their underlying humanity.
 5. Demonstrate respect, effective communication strategies, and professional behaviors to all members of the health care team, including physician and non-physician providers as well as non-providers who support the caring mission.
 6. Demonstrates patient-centered care including effective communication strategies and professional behaviors to family member.
 7. Use self-reflection to manage internal feelings to improve therapeutic alliances with patients.
 8. Manage professional boundaries in the context of the doctor-patient relationship.

- II. Incorporate core concepts for primary care and psychiatry during the care of patients.
Criteria: Preceptors will certify that the student can and does:
 1. Explain the importance of understanding family, community, and societal roles in providing care to patients with medical or psychiatric conditions.
 2. Appreciate the changing needs of persons across the lifespan.
 3. Explain the key components of primary care (prevention, first evaluation of symptoms, management of chronic disease) and how these functions give primary care a foundational role in public health.
 4. Describe and apply the biopsychosocial model in the care of patients.

5. Demonstrate an ability to work as a member of an interdisciplinary care team.

III. Obtain an accurate and appropriately focused medical history for a specific setting and amount of time.

Criteria: By observing the student and speaking with the patient, the primary care or psychiatric preceptor or tutor will certify that:

1. The chief complaint is accurately identified.
2. The history is obtained in a logical, organized, and thorough manner.
3. The student demonstrates effective verbal skills, including appropriate use of open- and closed-ended questions, repetition, facilitation, explanation, summation, and interpretation.
4. The depth and breadth of the history is appropriate to the visit type (e.g., problem-focused visit vs new outpatient visit vs inpatient admission)
5. The student seeks the patient's point of view.
6. Alternate sources of information are used to obtain history when needed, including but not limited to family members, fellow healthcare providers, living facility, and pharmacy staff.

IV. Complete an appropriately focused, accurate physical and mental status examination for an adult or child patient.

Criteria: By observing the student and speaking with the patient, the preceptor will certify that:

1. The physical examination is appropriately focused for the setting and purpose, without incorporation of unnecessary maneuvers or omission of essential maneuvers.
2. The student's findings are accurate.
3. The student demonstrates appropriate technique for eliciting all pertinent signs, including mastery of the mental status examination in identifying evidence for cognitive impairment, mood disturbance, and disordered thinking.
4. The student identifies, describes, and documents abnormal physical and mental status exam findings.

V. Formulate and describe the differential diagnosis and a diagnostic plan for children and adults presenting with various complaints in primary care or psychiatry.

Criteria: By observing the student and speaking with the patient, the preceptor will certify that:

1. The student can synthesize essential clinical information into an accurate patient representation.
2. The student's differential usually includes the correct diagnosis plus other plausible diagnoses.
3. The student appropriately prioritizes items in the differential diagnosis according to both probability and seriousness.
4. The student identifies key economic, statistical, and clinical factors (e.g., physical risk) that may affect choice among test options.
5. The student elicits and accounts for the patient's perspective in diagnostic decision making.

VI. Deliver an effective oral presentation and write a note based on the findings from an interview and examination of an adult or child in primary care or psychiatry.

Criteria: The preceptors will certify that for almost every patient he or she cares for, the student:

1. Completes the oral presentation succinctly, in an appropriate amount of time given the audience and setting.
2. Includes a chronologically-developed present illness, medication list, past history, and pertinent positives and negatives from the family history, social history, and physical and mental status examination. Describes the differential diagnosis.
3. Writes the note in SOAP format according to examples in the course prospectus (primary care setting) or as instructed by the resident or attending physician (psychiatry setting).
4. Completes the note the day of the visit.
5. In the inpatient setting, reflects in both presentations and notes the pertinent changes in patients' clinical status.

VII. Ascertain and interpret the results of common tests.

Criteria 1: Preceptors will certify that for at least a few patients, the student correctly:

1. Describes the results of common tests in terms of related pathophysiology.
2. Describes the meaning of sensitivity, specificity, pre-test probability, and predictive value.
3. Anticipates (describes) the implications of results before ordering tests.
4. States the post-test probability based on test results.

Criteria 2: For almost every patient you care for, the preceptor will certify that you:

1. Personally review test results.

VIII. Develop, describe, and implement appropriate therapeutic plans.

Criteria: The preceptor will certify that the student can:

1. Describe key factors to consider in choosing among treatment options, including risks, cost, and efficacy.
2. Formulate an initial therapeutic plan.
3. Write prescriptions accurately.
4. Involve the patient in therapeutic decision making, explaining the risks and benefits of treatment options.
5. Demonstrate a commitment to involve the patient in his or her health care.

IX. Demonstrate the learning skills and ability to identify and meet emerging information needs for diagnosis, prognosis and treatment of patients cared for in primary care or psychiatry.

Criteria: Preceptors and tutors will certify that the student can:

1. Develop well-formed, focused, pertinent clinical questions.
2. Acquire, interpret, and apply information from a diverse array of sources to optimize diagnosis and management of individual patients.
3. Classify information sources according to broad scientific categories: original research, meta-analysis, structured reviews, narrative reviews.

- X. Demonstrate skills for coordination of care and communication with colleagues.
Criteria: Preceptors will certify that the student can:
1. Participate in requesting a consultation and identifying the specific questions to be addressed.
 2. Participate in coordinating care outside the hospital.
 3. Demonstrate an attitude of teamwork and respect towards all members of the health care team as manifested by reliability, responsibility, and honesty.
 4. Demonstrate acceptance of the premises that various physician styles may each be appropriate and that different valid approaches to patient care may coexist.
 5. Work as an effective member of the patient care team.
- XI. Demonstrate the knowledge required to provide care for patients presenting with the most important and common needs in psychiatry and the three domains of primary care (i.e., evaluation of symptoms, preventative health, and chronic disease management).
Criterion 1: Course director will certify the student.
1. Receives a passing score on the in-house exam (see Appendix I for list of topics).
 2. Documents independent, needs-based study during the clerkship.
- Criterion 2:** Preceptors will certify that the student has adequate synthetic knowledge by his or her certification that the student has achieved objectives V (differential diagnosis), VII (diagnostic testing) and VIII (therapy).
- XII. Recognize and diagnose selected emergencies in primary care and psychiatry and describe the initial approach to management of each.
Criterion 1: Course director will certify the student:
1. Receives a passing score on the in-house exam.
 2. Documents their completion of required reading for a list of 13 conditions specified in Appendix 2.
- XIII. Demonstrate the ability to deliver evidence-based brief behavioral interventions.
Criterion 1: Course faculty will certify the student:
1. Employs the Screening, Brief Intervention and Referral to Treatment (SBIRT) intervention correctly.
 2. Uses the SMART (specific, measurable, action-oriented, realistic, timely) goal format and collaborate with a patient to develop a behavioral activation plan.
- XIV. Recognize the various ways in which primary care and psychiatry in the United States are practiced and the mechanisms/forces which have shaped primary care and psychiatry.
Criteria: The course director will certify that the student can:
1. Describe the differences between different models of care
 2. Name several factors which have shaped the current state of primary and psychiatric care in the US
 3. Provide definitions for primary care and psychiatry.

XV. Describe benefits of providing mental health within primary care practice.

Criteria: Course Faculty will certify that the student can:

1. Identify the most common primary care and mental health disorders
2. Describe why treating patients under a biopsychosocial approach leads to better overall treatment
3. Name several reasons why primary care and mental health care should be integrated

APPENDIX 1 KNOWLEDGE

1. Describe similarities and distinctions in the patient-physician relationship for psychiatrists and primary care physicians.
2. Demonstrate respect for the influence of the patient's personal, cultural, ethnic and spiritual beliefs on their experience of health and illness and on the patient's clinical decision-making process.
3. Compare and contrast the organization and delivery of primary care and mental health care in the US today with emerging notions of more effective models for managing the nation's health.
4. Develop an evidence-based health promotion and disease prevention plan for a patient of a given age and gender.
5. Discuss the impact of untreated or undertreated psychiatric illness on a patient's overall health.
6. Describe operational features of organizations that provide primary care or psychiatry that contribute to a culture of safety.
7. Clinical Conditions: know major signs, symptoms, DSM-5 criteria (where applicable), and general principles of evaluation and management for the following:
 - 7.1. ADHD/Learning Disability
 - 7.2. Autism/Pervasive Developmental Disorders
 - 7.3. Adjustment Disorder
 - 7.4. Anxiety Disorders
 - 7.4.1. Generalized Anxiety Disorder
 - 7.4.2. Obsessive Compulsive Disorder
 - 7.4.3. Panic Disorder
 - 7.4.4. Phobias
 - 7.4.5. Post-Traumatic Stress Disorder
 - 7.5. Cardiovascular Disorders
 - 7.5.1. Chest pain
 - 7.5.2. Hypertension
 - 7.5.3. Heart failure
 - 7.5.4. Arrhythmias
 - 7.6. Cognitive Disorders
 - 7.6.1. Major neurocognitive disorder (dementia)
 - 7.6.2. Minor neurocognitive disorder (mild cognitive impairment)
 - 7.6.3. Delirium

7.7. Dermatology

- 7.7.1. Acne and Rosacea
- 7.7.2. Actinic keratosis and squamous cell carcinoma
- 7.7.3. Atopic dermatitis (childhood)
- 7.7.4. Bacterial skin infection
- 7.7.5. Basal cell carcinoma
- 7.7.6. Contact dermatitis
- 7.7.7. Eczema
- 7.7.8. Melanoma
- 7.7.9. Petechial purpura and vasculitis
- 7.7.10. Pitiriasis Rosea
- 7.7.11. Psoriasis
- 7.7.12. Scabies
- 7.7.13. Stasis dermatitis and leg ulcers
- 7.7.14. Tinea pedis
- 7.7.15. Tinea versicolor
- 7.7.16. Warts

7.8. Eating Disorders

7.9. Endocrine Disorders

- 7.9.1. Adrenal insufficiency
- 7.9.2. Diabetes
- 7.9.3. Hyperaldosteronism
- 7.9.4. Obesity
- 7.9.5. Thyroid disease

7.10. Gastrointestinal Disorders

- 7.10.1. Abdominal pain
- 7.10.2. Constipation
- 7.10.3. Diarrhea
- 7.10.4. Cholelithiasis
- 7.10.5. Dysphagia
- 7.10.6. Hematochezia
- 7.10.7. Irritable bowel disorder
- 7.10.8. GERD
- 7.10.9. Odynophagia
- 7.10.10. Ulcer

7.11. Geriatric medicine

- 7.11.1. Fall prevention

- 7.11.2. Screening for major conditions (hearing loss, vision loss, incontinence, fall risk, polypharmacy, depression, dementia, malnutrition)
- 7.12. Hematology
 - 7.12.1. Anemia
 - 7.12.2. DVT
 - 7.12.3. Pulmonary Embolism
 - 7.12.4. Sickle Cell Anemia
- 7.13. Infectious Disease
 - 7.13.1. Cellulitis
 - 7.13.2. Endocarditis
 - 7.13.3. Lower respiratory infection
 - 7.13.4. Meningitis
 - 7.13.5. Community Acquired Pneumonia
 - 7.13.6. Sexually transmitted disease
 - 7.13.6.1. Chlamydia
 - 7.13.6.2. Gonorrhea
 - 7.13.6.3. HIV
 - 7.13.6.4. Syphilis
 - 7.13.6.5. Herpes Simplex
 - 7.13.6.6. Human Papilloma Virus
 - 7.13.7. Upper respiratory infection
 - 7.13.7.1. Otitis Media
 - 7.13.7.2. Pharyngitis
 - 7.13.7.3. Sinusitis
- 7.14. Law and Medicine
 - 7.14.1. Involuntary hospitalizations
 - 7.14.2. Medico-legal basis
 - 7.14.3. Informed consent in a patient with a psychiatric disorder
 - 7.14.4. Confidentiality issues
- 7.15. Mood Disorders
 - 7.15.1. Depressive disorders
 - 7.15.2. Bipolar disorders
 - 7.15.3. Mood disorders associated with pregnancy and the menstrual cycle
 - 7.15.4. Electroconvulsive therapy
- 7.16. Nephrology
 - 7.16.1. Acute renal failure
 - 7.16.2. Chronic renal failure
 - 7.16.3. Glomerulonephritis

- 7.16.4. Interstitial nephritis
- 7.17. Neurology
 - 7.17.1. Headache
 - 7.17.2. Insomnia
 - 7.17.3. Peripheral Neuropathy
 - 7.17.3.1. Diabetic Polyneuropathy
 - 7.17.3.2. Facial Palsy
 - 7.17.3.3. Femoral Neuropathy
 - 7.17.3.4. Sciatica
 - 7.17.3.5. Ulnar Neuropathy
 - 7.17.4. Stroke
- 7.18. Oncology
 - 7.18.1. Prevention and early detection strategies for:
 - 7.18.1.1. Breast cancer
 - 7.18.1.2. Cervical cancer
 - 7.18.1.3. Colorectal cancer
 - 7.18.1.4. Lung cancer
 - 7.18.1.5. Prostate cancer
- 7.19. Ophthalmology
 - 7.19.1. Diagnosis of the red eye
 - 7.19.2. Glaucoma
 - 7.19.3. Visual loss
- 7.20. Orthopedics
 - 7.20.1. Common orthopedic diagnoses in primary care
- 7.21. Personality Disorders
- 7.22. Pharmacology. State the indications and mechanism of action (where known), and be able to perform informed consent for a patient considering the following treatments:
 - 7.22.1. Anxiolytics/hypnotics
 - 7.22.2. Antibiotics (oral)
 - 7.22.3. Antidepressants
 - 7.22.4. Antihistamines
 - 7.22.5. Antiplatelet agents
 - 7.22.6. Antipsychotics
 - 7.22.7. Calcium
 - 7.22.8. Calcium channel blockers
 - 7.22.9. Corticosteroids (topical, nasal, inhaled, oral)
 - 7.22.10. Diuretics

- 7.22.11. Mood stabilizers
- 7.22.12. Narcotics, including methadone
- 7.22.13. RAAS agents
- 7.22.14. Statin therapy
- 7.22.15. PPIs
- 7.22.16. Vaccinations, common adult and pediatric
- 7.23. Psychotic Disorders
 - 7.23.1. Schizophrenia
 - 7.23.2. Schizoaffective disorder
 - 7.23.3. due to medical conditions and substances
- 7.24. Pulmonary and Critical Care Medicine
 - 7.24.1. Asthma
 - 7.24.2. COPD
 - 7.24.3. Cough
 - 7.24.4. Pulmonary Embolism
- 7.25. Rheumatology
 - 7.25.1. Inflammatory arthritides
 - 7.25.2. Low back pain
 - 7.25.3. Osteoarthritis
- 7.26. Sexual Health
- 7.27. Special Topics
 - 7.27.1. Pain
 - 7.27.1.1. Approach to non-cancer chronic pain
 - 7.27.1.2. Acute versus chronic pain
 - 7.27.2. Cognitive Behavioral Therapy
 - 7.27.2.1. evidence base
 - 7.27.2.2. basic principles
 - 7.27.3. Psychodynamic approaches to treatment.
 - 7.27.4. Special populations, care considerations:
 - 7.27.4.1. Adolescent
 - 7.27.4.2. Geriatric
 - 7.27.4.3. ethnic minorities
 - 7.27.4.4. LGBT
- 7.28. Substance Use Disorders
 - 7.28.1. Intoxication and Withdrawal
 - 7.28.2. Treatment
- 7.29. Somatic Symptom and Related Disorders

APPENDIX 2
LIST OF SELECTED EMERGENCIES

1. Anaphylaxis
2. Acute coronary syndrome
3. Acute respiratory failure
4. Delirium, including the agitated patient
5. Altered consciousness
6. Stroke/TIA
7. Suicidal risk
8. Hypotension
9. Hypertensive emergency
10. Meningitis
11. Sepsis
12. Pulmonary embolism
13. Arrhythmias
14. Temporal arteritis
15. Hypoglycemia and hyperglycemia
16. Intoxication/withdrawal