



Department of Physician Assistant Education

Master of Science in Medicine

2 units

MSM 6300 FUNDAMENTALS OF PSYCHIATRY AND BEHAVIORAL MEDICINE

FALL 2025

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PLNU Mission

To Teach ~ To Shape ~ To Send

Point Loma Nazarene University exists to provide higher education in a vital Christian community where minds are engaged and challenged, character is modeled and formed, and service is an expression of faith. Being of Wesleyan heritage, we strive to be a learning community where grace is foundational, truth is pursued, and holiness is a way of life.

COURSE DESCRIPTION

This course covers the epidemiology, etiology, risk factors, pathogenesis, pathophysiology, complications, and differential diagnoses of commonly encountered psychiatric and psychological disorders through symptoms-based and systems-based approaches. Management of patients with these diseases and disorders across the life span from initial presentation through follow-up for acute, chronic, and emergent cases will be covered, as will referral when necessary, preventive medicine, and patient education.

COURSE GOALS

The goal of this course is to provide the appropriate basic science background essential to the understanding of and diagnosis of disease patterns related to mental health, and to provide the student with the skills and knowledge necessary for the diagnosis and management of common psychiatric and psychological disorders.

PROGRAM LEARNING OUTCOMES

The content in this course will contribute to the student’s proficiency in this/these area(s):

1. Gather a history and perform a physical examination. (MK, IC, PC, PR)
2. Prioritize a differential diagnosis following a clinical encounter. (MK, PC, PB, PR, SB)
3. Recommend and interpret common diagnostic and screening tests. (MK, IC, PC, PR, PB, SB)
4. Enter and discuss orders and prescriptions. (MK, IC, PC, PR, PB, SB)
5. Document a clinical encounter in the patient record. (MK, IC, PC, PR)
6. Provide an oral presentation of a clinical encounter. (MK, IC, PC, PB, PR)
7. Form clinical questions and retrieve evidence to advance patient care. (MK, PC, PR, PB, SB)
8. Give or receive a patient handover to transition care responsibility. (MK, PC, PR, IC, PB)
9. Collaborate as a member of an inter-professional team. (MK, IC, PC, PR, PB, SB)
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management. (MK, IC, PC, PR, PB, SB)
11. Obtain informed consent for tests and/or procedures. (MK, IC, PC, PR, PB)
12. Perform general procedures of a physician assistant. (MK, IC, PC, PR, PB, SB)

Initials indicate PA core competency required to meet the PLO.

PA Core Competencies:

MK = Medical Knowledge

IC = Interpersonal Skills & Communication

PC = Patient Care

PR = Professionalism

PB = Practice-based Learning

SB = Systems-based Practice

COURSE LEARNING OUTCOMES

Successful completion of this course requires demonstration of the skills and knowledge outlined here at, minimally, the COMPETENT level.

1. Obtain a history and perform a focused physical examination relevant to psychiatric symptoms. (PC2; MK1; IC1; IC7; PR1; PR3; PR5)
2. Prioritize a differential diagnosis based on the history and physical findings in a patient with a psychiatric complaint. (PC2, PC4, MK2, MK3, MK4, PB1, IC2, PR8)
3. Recommend common diagnostic and screening tests, pharmacotherapeutics, and management based on their applicability to the differential diagnosis. (PC4, PC5, PC7, PC9, MK1, MK4, PB9, SB3)
4. Document a clinical encounter including history, physical examination, lab and/or imaging results and a differential diagnoses in the patient record. (PC4, PC6, IC1, IC2, IC5, PR4, SB1)
5. Provide an oral presentation of a clinical encounter for a psychiatric complaint including discussion of the pathology, laboratory and/or imaging results and justification of the proposed management plan. (PC2; PC6; IC1; IC2; PB1; PR1; PR3)
6. Form clinical questions and retrieve evidence to advance patient care. (PC5, PC7, MK3, MK4, PB1, PB3, PB6, PB7, PB8, PB9)
7. Recognize a patient requiring urgent or emergent care for a psychiatric condition and initiate evaluation and management. (PC1, PC2, PC3, PC4, PC5, PC6, IC6, PR1, PR5)

INSTRUCTIONAL OBJECTIVES

Upon completion of the **ANATOMY AND PHYSIOLOGY** section of the course, the student will be able to:

1. Summarize the anatomy and physiology of the brain as they relate to psychiatric and behavioral disorders. Comprehension, B2.02a, B2.02b
2. Explain normal brain chemical activity, including neurotransmitters and their effect on mood and mental health. Application, B2.02b

Upon completion of the **PATHOPHYSIOLOGY** section of the course, the student will be able to:

3. Summarize pathophysiologic conditions of the brain as they relate to psychiatric and behavioral disorders. Comprehension, B2.02c
4. Explain the indications for admission to or discharge from hospitals or other facilities, and the need-to-know available community resources. Comprehension, B2.02c
5. Iterate the risk factors for development of selected psychiatric conditions. Knowledge, B2.02c

Upon completion of the **PHYSICAL DIAGNOSIS** section of the course the student will be able to:

6. Generate an appropriate and comprehensive medical history from patients presenting with signs and symptoms of psychiatric and behavioral disorders. Application, B2.07a, B2.08d
7. Demonstrate the general approach to a patient presenting with suspected psychiatric and/or behavioral disorders. Comprehension, B2.08d
8. Perform a complete, but focused physical examination on a patient with suspected psychiatric and/or behavioral disorders. Application, B2.07b, B2.08d

Upon completion of the **CLINICAL MEDICINE** section of the course, the student will be able to: B2.03

9. Given a patient across all age groups, with any of the following signs or symptoms: interview and elicit a comprehensive, relevant medical history, B2.07a perform a complete and focused physical examination and identify the physical findings, B2.07b generate a complete list of differential diagnoses prioritizing them appropriately, B2.07c recommend an appropriate work-up, order and interpret diagnostic studies, B2.07d propose patient management including acute and chronic care plans, B2.07e provide patient education and referral. B2.07f, Evaluation, B2.08d

- a. Sadness
- b. Confused/disordered or delusional thinking
- c. Excessive fears or worries
- d. Withdrawal from friends and family
- e. Extreme or chronic mood changes
- f. Significant fatigue, decreased energy
- g. Major changes in eating and sleep habits
- h. Apathy
- i. Irritability
- j. Delusions
- k. Feelings of guilt
- l. Hallucinations (auditory or visual)
- m. Numerous unexplained physical ailments
- n. New or increased anger

- o. Suicidal ideations
- p. Homicidal ideations
- q. Self-injury

10. Given a patient across all age groups, with any of the following signs or symptoms suggestive of the following disorders: interview and elicit a comprehensive, relevant medical history, ^{B2.07a} perform a complete and focused physical examination and identify the physical findings, ^{B2.07b} generate a complete list of differential diagnoses prioritizing them appropriately, ^{B2.07c} recommend an appropriate work-up, order and interpret diagnostic studies, ^{B2.07d} propose patient management including acute and chronic care plans, ^{B2.07e} provide patient education and referral. ^{B2.07f, Evaluation, B2.08d}

- r. Generalized anxiety disorder
- s. Panic disorder
- t. Phobias
- u. Posttraumatic stress disorder

11. Given a patient across all age groups, with any of the following signs or symptoms suggestive of the following mood disorders: interview and elicit a comprehensive, relevant medical history, ^{B2.07a} perform a complete and focused physical examination and identify the physical findings, ^{B2.07b} generate a complete list of differential diagnoses prioritizing them appropriately, ^{B2.07c} recommend an appropriate work-up, order and interpret diagnostic studies, ^{B2.07d} propose patient management including acute and chronic care plans, ^{B2.07e} provide patient education and referral. ^{B2.07f, Evaluation, B2.08d}

- v. Adjustment
- w. Bipolar
- x. Major depressive disorder
- y. Dysthymic

12. Given a patient across all age groups, with any of the following signs or symptoms suggestive of the following eating disorders: interview and elicit a comprehensive, relevant medical history, ^{B2.07a} perform a complete and focused physical examination and identify the physical findings, ^{B2.07b} generate a complete list of differential diagnoses prioritizing them appropriately, ^{B2.07c} recommend an appropriate work-up, order and interpret diagnostic studies, ^{B2.07d} propose patient management including acute and chronic care plans, ^{B2.07e} provide patient education and referral. ^{B2.07f, Evaluation, B2.08d, B2.12b}

- z. Anorexia nervosa
- aa. Bulimia nervosa
- bb. Obesity

13. Given a patient across all age groups, with any of the following signs or symptoms suggestive of the following psychoses: interview and elicit a comprehensive, relevant medical history, ^{B2.07a} perform a complete and focused physical examination and identify the physical findings, ^{B2.07b} generate a complete list of differential diagnoses prioritizing them appropriately, ^{B2.07c} recommend an appropriate work-up, order and interpret diagnostic studies, ^{B2.07d} propose patient management including acute and chronic care plans, ^{B2.07e} provide patient education and referral. ^{B2.07f, Evaluation, B2.08d}

- cc. Delusional disorder
- dd. Schizophrenia
- ee. Schizoaffective disorder
- ff. Schizophreniform disorder

14. Given a patient across all age groups, with any of the following signs or symptoms suggestive of the following disorders: interview and elicit a comprehensive, relevant medical history, ^{B2.07a} perform a complete and focused physical examination and identify the physical findings, ^{B2.07b} generate a complete

list of differential diagnoses prioritizing them appropriately, ^{B2.07c} recommend an appropriate work-up, order and interpret diagnostic studies, ^{B2.07d} propose patient management including acute and chronic care plans, ^{B2.07e} provide patient education and referral. ^{B2.07f, Evaluation, B2.08d, B2.11c}

- gg. ADHD
- hh. Autistic Disorder
- ii. Personality Disorders
- jj. Somatoform Disorders
- kk. Conduct disorder
- ll. Oppositional defiant disorder

15. Given a patient across all age groups, with any of the following signs or symptoms suggestive of the following substance abuse, dependence and withdraw disorders: interview and elicit a comprehensive, relevant medical history, ^{B2.07a} perform a complete and focused physical examination and identify the physical findings, ^{B2.07b} generate a complete list of differential diagnoses prioritizing them appropriately, ^{B2.07c} recommend an appropriate work-up, order and interpret diagnostic studies, ^{B2.07d} propose patient management including acute and chronic care plans, ^{B2.07e} provide patient education and referral. ^{B2.07f, Evaluation, B2.08d, B2.11f, B2.12b}

- a. Alcohol-related disorders
- b. Hallucinogen-related disorders
- c. Opioid-related disorders
- d. Stimulant-related disorders
- e. Sedative-related disorders
- f. Hypnotic-related disorders
- g. Anxiolytic-related disorders
- h. Cannabis-related disorders
- i. Tobacco-related disorders
- j. Inhalant-related disorders

16. Given a patient across all age groups, with any of the following signs or symptoms suggestive of the following personality and obsessive-compulsive disorders: interview and elicit a comprehensive, relevant medical history, ^{B2.07a} perform a complete and focused physical examination and identify the physical findings, ^{B2.07b} generate a complete list of differential diagnoses prioritizing them appropriately, ^{B2.07c} recommend an appropriate work-up, order and interpret diagnostic studies, ^{B2.07d} propose patient management including acute and chronic care plans, ^{B2.07e} provide patient education and referral. ^{B2.07f, Evaluation, B2.08d}

- a. Antisocial personality disorder
- b. Avoidant personality disorder
- c. Borderline personality disorder
- d. Dependent personality disorder
- e. Histrionic personality disorder
- f. Narcissistic personality disorder
- g. Obsessive-compulsive personality disorder
- h. Paranoid personality disorder
- i. Schizoid personality disorder
- j. Schizotypal personality disorder
- k. Body dysmorphic disorder

I. Obsessive-compulsive disorder

17. Given a patient across all age groups, with any of the following signs or symptoms suggestive of the following dissociative disorders: interview and elicit a comprehensive, relevant medical history,^{B2.07a} perform a complete and focused physical examination and identify the physical findings,^{B2.07b} generate a complete list of differential diagnoses prioritizing them appropriately,^{B2.07c} recommend an appropriate work-up, order and interpret diagnostic studies,^{B2.07d} propose patient management including acute and chronic care plans,^{B2.07e} provide patient education and referral.^{B2.07f, Evaluation, B2.08d}

mm. Dissociative amnesia

nn. Dissociative identity disorder

oo. Depersonalization/Derealization disorder

18. Given a patient across all age groups, with any of the following signs or symptoms suggestive of the following sleep/wake disorders: interview and elicit a comprehensive, relevant medical history,^{B2.07a} perform a complete and focused physical examination and identify the physical findings,^{B2.07b} generate a complete list of differential diagnoses prioritizing them appropriately,^{B2.07c} recommend an appropriate work-up, order and interpret diagnostic studies,^{B2.07d} propose patient management including acute and chronic care plans,^{B2.07e} provide patient education and referral.^{B2.07f, Evaluation, B2.08d}

pp. Narcolepsy

qq. Parasomnias

19. Given a patient across all age groups, with any of the following signs or symptoms suggestive of the following sexual dysfunction and/or paraphilic disorders: interview and elicit a comprehensive, relevant medical history,^{B2.07a} perform a complete and focused physical examination and identify the physical findings,^{B2.07b} generate a complete list of differential diagnoses prioritizing them appropriately,^{B2.07c} recommend an appropriate work-up, order and interpret diagnostic studies,^{B2.07d} propose patient management including acute and chronic care plans,^{B2.07e} provide patient education and referral.^{B2.07f, Evaluation, B2.08d, B2.11b}

a. Exhibitionistic disorder

b. Fetishistic disorder

c. Pedophilic disorder

d. Sexual masochism disorder

e. Female sexual interest/arousal disorder

f. Male hypoactive sexual desire disorder

g. Voyeuristic disorder

20. Given a patient across all age groups, with any of the following signs or symptoms suggestive of the following disorders: interview and elicit a comprehensive, relevant medical history,^{B2.07a} perform a complete and focused physical examination and identify the physical findings,^{B2.07b} generate a complete list of differential diagnoses prioritizing them appropriately,^{B2.07c} recommend an appropriate work-up, order and interpret diagnostic studies,^{B2.07d} propose patient management including acute and chronic care plans,^{B2.07e} provide patient education and referral.^{B2.07f, Evaluation, B2.08d}

a. Somatic symptom disorder

b. Factitious disorder

c. Illness anxiety disorder^{B2.11d}

21. Given a patient across all age groups, with any of the following signs or symptoms: interview and elicit a comprehensive, relevant medical history,^{B2.07a} perform a complete and focused physical examination and identify the physical findings,^{B2.07b} generate a complete list of differential diagnoses prioritizing them appropriately,^{B2.07c} recommend an appropriate work-up, order and interpret diagnostic

studies, ^{B2.07d} propose patient management including acute and chronic care plans, ^{B2.07e} provide patient education and referral. ^{B2.07f, Evaluation, B2.08d}

- a. Other Behavior/Emotional Disorders - Acute reaction to stress ^{B2.11e}
- b. Other Behavior/Emotional Disorders - Child/elder abuse ^{B2.11g}
- c. Other Behavior/Emotional Disorders - Domestic violence ^{B2.11g}
- d. Other Behavior/Emotional Disorders - Grief reaction ^{B2.11a}
- e. Other Behavior/Emotional Disorders – Suicide ^{B2.11a}
- f. Other Behavior/Emotional Disorders –Sexual abuse ^{B2.11b}

22. Differentiate the evaluation and treatment approach in acute, chronic and emergent psychiatric disorders. ^{Analysis, B2.07e, B2.08b, B2.08d}

23. Identify psychiatric conditions that constitute medical emergencies. ^{Evaluation, B2.08b, B2.08d}

24. Working with the appropriate health care professional recommend a suitable prevention and early intervention program for a psychiatric patient; to include suicide prevention, stress reduction, substance abuse, and hospital readmission. ^{Evaluation, B2.08b, B2.08d, B2.11e}

25. Choose a pharmacotherapeutic intervention relating the indications, contraindications, complications, efficacy and effectiveness of the treatment. ^{Evaluation, B2.02d, B2.08d}

26. Develop appropriate follow-up and monitoring of therapeutic regimens and provide patient counseling and education on selected psychiatric disorders. ^{Application, B2.02d, B2.07f, B2.08d, B2.12a}

27. Working with the appropriate health care professional, develop an appropriate patient education plan as needed. ^{Application, B2.07f}

28. Working with the appropriate health care professional, recommend an appropriate patient referral plan as needed. ^{Application, B2.07f}

29. Working with the appropriate health care professional recommend a suitable psychiatric rehabilitation plan as needed. ^{Application, B2.08b, B2.08d}

30. Discuss common psychiatric disorders presenting in the elderly, their varying presentations and propose a management plan including consideration of co-morbidities and polypharmacy. ^{Application, B2.02d, B2.07e, B2.08a, B2.08d}

31. Discuss common psychiatric disorders presenting in pediatric patients, their varying presentations and propose a management plan. ^{Application, B2.07e, B2.08a, B2.08d}

32. Working with the appropriate health care professional, recommend an appropriate palliative care plan for a patient facing end-of-life decisions. ^{Application, B2.08e}

33. Demonstrate skills in problem solving and medical decision-making through community learning group case discussions and activities. ^{Application, B2.05}

34. Demonstrate supportive counseling skills when delivering bad news to a patient. ^{Application, B2.12c}

Upon completion of this course, the student will demonstrate competency in:

1. Eliciting a history. ^{Application, B2.07a}
2. Performing a complete and focused musculoskeletal physical examination. ^{Application, B2.07b}

UNIT INSTRUCTION

REQUIRED TEXTS AND RECOMMENDED STUDY RESOURCES

****CURRENT** Diagnosis & Treatment: Psychiatry, Third Edition (2019)

By Michael Ebert (Author), Peter Loosen (Author), Barry Nurcombe (Author), James Leckman (Author)

ISBN-13: 978-0071754422

ISBN-10: 0071422927

LEARNING MODALITIES

Modalities include lectures, on-line pre-lecture activities, reading assignments, community learning activities, and clinical skills labs. The class schedule and assignments can be found in Canvas.

ATTENDANCE AND PARTICIPATION POLICY

Regular and punctual attendance at all classes is considered essential to optimum academic achievement. However, we recognize that as adults you have other life responsibilities and challenges that may interfere. Ultimately you are responsible for your education and your ability to demonstrate mastery of the course and program objectives.

1. You **MUST** attend:
 1. PE and clinical skills labs appropriately dressed and with all necessary equipment
 2. examinations on the date and time for which they are schedule
 3. Community learning group
2. We expect
 4. active participation in all class activities.
 5. completion of all class preparatory assignments prior to commencement of class.
 6. respect for the class, peers and faculty.
 7. on-time arrival for all classes, laboratories, learning groups or any scheduled activities.
Routine tardiness demonstrates a lack of professionalism and will not be tolerated

INCOMPLETES AND LATE ASSIGNMENTS

All assignments are to be submitted/turned in by the beginning of the class session when they are due—including assignments posted in Canvas. Failure to meet the deadline will result in a loss of 10% each day the assignment is not turned in to the requesting faculty member. Incompletes will only be assigned under extremely unusual circumstances. Students failing an examination or practicum must complete the designated remediation (See REMEDIATION below) within the assigned time.

FINAL EXAMINATION POLICY

Successful completion of this class requires taking the final examinations (written and practical) **on their respective scheduled days**. No requests for early examinations or alternative days will be approved.

ASSESSMENT AND GRADING

Student course grades are calculated using all assessment tools utilized during the course. These include quizzes, written examinations, written assignments, practicums, and evaluation of skills.

Learning community groups will be utilized to provide case-based instruction. A clinical case will be presented to each group by the group mentor. Students are expected to utilize knowledge acquired from prior readings and lectures, as well as self/group directed learning to work up the case, develop a working diagnosis, a differential diagnosis and a therapeutic regimen which will include a follow-up plan and patient education. Effective interpersonal communication, clinical reasoning and problem solving abilities, professional behavior and teamwork are paramount to success and development as clinicians. Cases will be issued no more frequently than every other week. There will be 2 cases in this module. Students will receive a collective grade for this exercise.

Learning community group performance expectations include; demonstrating effective interpersonal communication, clinical reasoning and problem solving abilities, professional behavior and teamwork skills. Application, B2.05, B4.03b, B4.03c, B4.03e

ACTIVITY	% OF GRADE
Learning Community	5%
Case Study H&P	5%
Written Examinations	50%
Patient-centered OSCEs	40%

Grading will be in keeping with Point Loma Nazarene University policy for graduate programs and grading will be as follows:

A=93-100	C=73-76
A-=92-90	C-=70-72
B+=87-89	D+=67-69
B=83-86	D=63-66
B-=80-82	D-=60-62
C+=77-79	F=0-59

REMEDIATION

Remediation is the process by which both the student and the program are assured that performance indicating a deficiency in knowledge or skills is subsequently demonstrated to be satisfactory. This may include a re-test over missed material, a skills demonstration or a review of missed material with completion of corrected answers. It is important to note that this is content remediation, not grade remediation and no grade will be changed based on these activities.

Within 48 hours of the posting of a grade of <70%, the student MUST contact the course director to discuss the student's performance and create a remediation plan. Unless otherwise directed by the course director, remediation activities must be completed within 5 days.

PLNU COPYRIGHT POLICY

Point Loma Nazarene University, as a non-profit educational institution, is entitled by law to use materials protected by the US Copyright Act for classroom education. Any use of those materials outside the class may violate the law.

PLNU COPYRIGHT POLICY

In order to enhance the learning experience, please be advised that this course may be recorded by the professor for educational purposes, and access to these recordings will be limited to enrolled students and authorized personnel.

Note that all recordings are subject to copyright protection. Any unauthorized distribution or publication of these recordings without written approval from the University (refer to the Dean) is strictly prohibited.

PLNU ACADEMIC HONESTY POLICY

Students should demonstrate academic honesty by doing original work and by giving appropriate credit to the ideas of others. Academic dishonesty is the act of presenting information, ideas, and/or concepts as one's own when in reality they are the results of another person's creativity and effort. A faculty member who believes a situation involving academic dishonesty has been detected may assign a failing grade for that assignment or examination, or, depending on the seriousness of the offense, for the course. For all student appeals, faculty and students should follow the procedures outlined in the University Catalog. See [Graduate Academic and General Policies](#) for definitions of kinds of academic dishonesty and for further policy information.

ARTIFICIAL INTELLIGENCE (AI) POLICY

You are allowed to use Artificial Intelligence (AI) tools (e.g., ChatGPT, Gemini Pro 1.5, Grammarly, Perplexity, etc.) in this course. Any work that utilizes AI-based tools must be clearly identified as such, including the specific tool(s) used. Please use the following sources to guide your citations when using AI.

[MLA Style Center: Citing Generative AI](#)

[APA Style: How To Cite ChatGPT](#)

[Chicago Manual of Style: Citing Content Developed or Generated by AI](#)

PLNU ACADEMIC ACCOMMODATIONS POLICY

PLNU is committed to providing equal opportunity for participation in all its programs, services, and activities in accordance with the Americans with Disabilities Act (ADA). Students with disabilities may request course-related accommodations by contacting the Educational Access Center (EAC), located in the Bond Academic Center (EAC@pointloma.edu or 619-849-2533). Once a student's eligibility for an accommodation has been determined, the EAC will work with the student to create an Accommodation Plan (AP) that outlines allowed accommodations. Professors are able to view a student's approved accommodations through Accommodate.

PLNU highly recommends that students speak with their professors during the first two weeks of each semester/term about the implementation of their AP in that particular course. Accommodations are not retroactive so clarifying with the professor at the outset is one of the best ways to promote positive academic outcomes.

Students who need accommodations for a disability should contact the EAC as early as possible (i.e., ideally before the beginning of the semester) to assure appropriate accommodations can be provided. It is the student's responsibility to make the first contact with the EAC. Students cannot assume that because they had accommodations in the past, their eligibility at PLNU is automatic. All determinations at PLNU must go through the EAC process. This is to protect the privacy of students with disabilities who may not want to disclose this information and are not asking for any accommodations.

This syllabus is subject to change. Students are encouraged to check course messages and emails in order to remain current.

ARC-PA standards (5th edition) addressed in this course: B2.02(a)(b)(c)(d), B2.03, B2.05, B2.07, B2.08(a)(b)(d)(e), B2.11(a-g), B2.12(a)(b), B2.18, B4.03(b)(c)(e)