



MSM 6505 BEHAVIORAL HEALTH

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COURSE DESCRIPTION

This is a 5-week, full time required clinical experience during which the student will have the opportunity participate in the evaluation and treatment of patients with a variety of behavioral and psychiatric conditions in the inpatient or outpatient settings. Students will develop knowledge about the complex nature of psychiatric illness through active involvement in the diagnosis and management of patients. The student will learn to triage patients, interact with patients’ families, and become more proficient at taking rapid accurate histories, performing physical examinations, ordering appropriate diagnostic tests, and formulating a treatment plan. The student will have the opportunity to make oral presentations to preceptors. Students will be expected to mirror the Preceptor's schedule and may be assigned to any shift on any day of the week, including holidays.

COURSE GOALS

Within this five-week rotation, the supervised students will:

1. Have the opportunity to expand upon their didactic knowledge of physical and psychological conditions that appear across the life span both acutely and chronically in a Behavioral Health setting;
2. Learn to synthesize the didactic knowledge and skills gained into clinical applications in situations presented during the rotation;
3. Be provided ongoing opportunities to use the skills they have obtained in the evaluation of medical literature, and its use in evidence-based medicine and research;
4. Have the opportunity to increase their differential diagnoses;
5. Increase their ability to recommend, select and interpret appropriate diagnostic studies;
6. Gain proficiency in the diagnosis and management of conditions commonly encountered in Behavioral Health.
7. Have the opportunity to interact with a diverse population of patients and a variety of disorders involving all organ systems commonly encountered in the behavioral health environment.

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, PB, SB}
2. Prioritize a differential diagnosis following a clinical encounter. ^{MK, IC, PC, PB}
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, PR}
7. Form clinical questions and retrieve evidence to advance patient care. ^{MK, IC, PC, PR, PB, SB}
8. Give or receive a patient handover to transition care responsibilities. ^{MK, IC, PC, PR, PB, SB}
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}
11. Obtain informed consent for tests and/or procedures. ^{MK, IC, PC, PR, PB}
12. Perform the general procedures of a physician assistant. ^{MK, IC, PC, PR, PB, SB}
13. Identify system failures and contribute to a culture of safety and improvement. ^{MK, IC, 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

INSTRUCTIONAL OBJECTIVES

The following are the required learning objectives for the Behavioral Medicine rotation. Students are responsible for meeting these objectives whether or not clinical examples are seen during the rotation experience. At the conclusion of the rotation, it is expected that the student will be able to do the following:

Alignment to Core Competencies and Program Learning Outcomes

Core Competencies	Specific Learning Objectives	PLOs
Medical Knowledge	<ul style="list-style-type: none"> ● Demonstrate knowledge of the common behavioral health issues, which affect patients across the life span ● Develop and prioritize differential diagnoses based upon the patient history and physical exam while demonstrating proper use of the multi-axial classification system ● Discuss public health issues related to psychiatry: ● Select appropriate pharmacological agents based on the psychiatric condition being treated, dosage, indications, contraindications, interactions, complications, metabolism and excretion and patient co-morbidities. 	1,2,3,7,10

	<ul style="list-style-type: none"> ● Implement a treatment/management plan for the patient presenting with a psychiatric condition ● Obtain informed consent for tests or procedures providing accurate, comprehensive information to the patient or their family ● Performs the general procedures of a physician assistant in a behavioral health setting 	
Patient Care	<ul style="list-style-type: none"> ● Elicit a history and review of symptoms that may present as psychiatric disease including signs of suicide risk ● Perform problem-focused physical examination, including a mental status examination, recognizing and interpreting pertinent findings relevant to patient's age and comorbidities. ● Order and interpret appropriate diagnostic studies and lab tests commonly used in psychiatry based on the history and physical exam ● Differentiate between behavioral med patients requiring chronic, acute, urgent or emergent care. ● Formulate treatment plans for common acute and chronic behavioral health issues. ● Collaborate as a professional team member when interacting with other medical caregivers in the outpatient, inpatient, and ED setting and demonstrate professionalism through respect, compassion, accountability, dependability, and integrity. 	1,2,3,4,5,8,10, 12
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> ● Practice life-long learning skills, including the use of evidence-based medicine at point of care. ● Differentiate and appraise preventive service guidelines and recommendations from various organizations. ● Identify individual learning goals, and self-assess knowledge and behaviors 	2,3,4,6,7,8
Interpersonal and Communication Skills	<ul style="list-style-type: none"> ● Communicates effectively and appropriately with patient and family. Checks for patient's family's understanding of plan, including treatments, testing, referrals, and continuity of care ● Written communication is clear, concise, accurate organized and thorough ● Present cases to the preceptor or clinical faculty for review or continuity of care, integrating further testing recommendations based on sound diagnostic probabilities and providing evidence-based treatment recommendations as indicated. ● Perform appropriate counseling and patient and family education related to clinical interventions and behavioral conditions. 	1,4,5,6,8,9,11

	<ul style="list-style-type: none"> • Check for patient's/ family's understanding of plan, including treatments, testing, referrals, and continuity of care. • Accurately and succinctly document a patient encounter in the psychiatry practice's medical record keeping system as directed by the preceptor and/or document a patient encounter in a SOAP note format (omitting personal identifying information) in a Microsoft Word document as directed by clinical faculty. 	
System Based Practice	<ul style="list-style-type: none"> • Contribute to a culture of safety and improvement by identifying actual or potential system failures and notify the responsible person. • Identify proper referral strategies for patients to other services for clinical interventions as appropriate. 	13
Professionalism	<ul style="list-style-type: none"> • Discuss conflicting ethical principles related to the care of the psychiatric patient • In all encounters, exhibit the highest ethical, legal, and professional behavior. • Demonstrate respect for patient privacy and autonomy 	1,5,6,8,9

Behavioral Health Topic List

For the following conditions the student must define the etiology, identify the signs and symptoms, generate appropriate differential diagnoses, recommend a diagnostic work up, recognize risk factors and recommend prevention strategies, treatment and provide patient education as appropriate. Students are responsible for this knowledge whether or not clinical examples are seen during the rotation experience.

DEPRESSIVE DISORDERS; BIPOLAR AND RELATED DISORDERS Major depressive disorder Bipolar I disorder Bipolar II disorder Cyclothymic disorder Persistent depressive disorder (dysthymia)	ANXIETY DISORDERS; TRAUMA- AND STRESS-RELATED DISORDERS Generalized anxiety disorder Panic disorder Post-traumatic stress disorder Phobic disorders Specific phobias
PARAPHILIC DISORDERS; SEXUAL DYSFUNCTIONS Exhibitionistic disorder Fetishistic disorder Pedophilic disorder Sexual masochism disorder Female sexual interest/arousal disorder Male hypoactive sexual desire disorder Voyeuristic disorder	SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS Schizophrenia Delusional disorder Schizoaffective disorder Schizophreniform disorder
PERSONALITY DISORDERS; OBSESSIVE-	FEEDING OR EATING DISORDERS

<p>COMPULSIVE AND RELATED DISORDERS</p> <p>Antisocial personality disorder Avoidant personality disorder Borderline personality disorder Dependent personality disorder Histrionic personality disorder Narcissistic personality disorder Obsessive-compulsive personality disorder Paranoid personality disorder Schizoid personality disorder Schizotypal personality disorder Body dysmorphic disorder Obsessive-compulsive disorder</p>	<p>Anorexia nervosa Bulimia nervosa</p>
<p>SOMATIC SYMPTOM AND RELATED DISORDERS; NONADHERENCE TO MEDICAL TREATMENT</p> <p>Somatic symptom disorder Factitious disorder Illness anxiety disorder</p>	<p>SUBSTANCE-RELATED DISORDERS</p> <p>Alcohol-related disorders Hallucinogen-related disorders Opioid-related disorders Stimulant-related disorders Sedative-, hypnotic-, or anxiolytic-related disorders Cannabis-related disorders Tobacco-related disorders Inhalant-related disorders</p>
<p>DISRUPTIVE, IMPULSE-CONTROL AND CONDUCT DISORDERS; NEURODEVELOPMENTAL DISORDERS</p> <p>Attention-deficit/hyperactivity disorder Conduct disorder Oppositional defiant disorder Autism spectrum disorder</p>	

*Based on PAEA examination

RECOMMENDED STUDY RESOURCES

Note: Although there are no required textbooks for these rotations, students are encouraged to use textbooks and resources that are pertinent to the discipline of their study. The titles below are recommendations provided through Access Medicine.

**Title: Behavioral Medicine: A Guide for Clinical Practice, 5th e
 Author: Feldman et al
 Publisher: Lange
 ISBN 978-1-260-14268-6

**Title: Clinician’s Pocket Reference
 Author: Leonard Gomella MD, FACS
 Publisher: McGraw-Hill
 ISBN: 978-0071160282

Recommended downloads for handheld devices:

- Epocrates
- Medscape
- PubSearch
- Medical Calc

OTE: Individual preceptors may include other resources. You will be notified of these resources by each preceptor. *If your preceptor does not offer additional resources, ask them what resources they like to use.*

HEALTH PROMOTION & DISEASE PREVENTION OBJECTIVES

1. Define primary, secondary and tertiary prevention.
2. Provide patient counseling including education on patients at risk for the chronic conditions listed above to delay disease progression.
3. Apply current CDC guidelines for adult immunization.
4. Provide patient education of adults and elders relative to the most common injuries and illness in a given age group.

ROTATION EVALUATION PROCESS

Students must maintain a grade of 70% or better throughout the clinical year. A final score below 70% is considered failing. Grades are calculated on a percentage basis. All final course grade percentages are rounded to the nearest number. Rotation assessment grades are based on the following standards:

Rotation Preparatory Exam	20%
End of Rotation OSCE Skills Exam	30%
End of Rotation Examination	35%
Preceptor Evaluation	15%
Total	100%

- A.** Rotation Preparatory Exam: An open source, written assessment used to evaluate the student's current level of knowledge prior to the end of rotation examination. Comprised of multiple-choice questions with content based on the rotation's instructional objectives appropriate, the student is expected to complete the questions with a grade of 85% and submit it at the completion of the rotation.
- B.** End of Rotation OSCE: This performance-based test is used to objectively measure the student's clinical competence. During the OSCE, students will be observed and evaluated as they address a clinical issue or skill relevant to the student's completed rotation.

- C. End of Rotation Examination: A comprehensive written assessment to determine if the student has met the goals and objectives outlined for the clinical rotation.
- D. The Preceptor Evaluation of the Student is graded on a Pass/Fail basis and is worth 15% of the course grade. Overall rotation grade at “novice” in any of the main competency areas will result in a failing mark for the Preceptor Evaluation
- a. Medical Knowledge
 - b. Patient Care
 - c. Interpersonal and Communication Skills
- In addition, any student who receives a failing mark for the Preceptor Evaluation will be referred to the SPPC for review:**

E. In addition, any of the following may be criteria for failing the rotation:

- Failure of course components with a grade < 70%
- Failure to log and submit electronic entries and patient encounters
- Failure to submit student evaluation of preceptor and clinical site
- Unacceptable evaluation for professionalism *per to Clinical Manual*)
- Excessive or unexcused absences from the rotation site *(refer to Clinical Manual)*

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

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. No partial credit will be given for late assignments. Incompletes will only be assigned under extremely unusual circumstances. Late assignments receiving no credit must still be submitted.

REMEDATION

If a student’s final grade falls below the required 70% needed to pass the rotation or the student receives a failing rotation evaluation, the student’s case will be referred to the MSM PA Program Student Progress and Promotion (SPPC) Committee. During the Clinical Phase, students have the opportunity to retake a maximum of one (1) failed EOR exam. Due to the unique nature of the clinical year, the dialed exam must be retaken within 7 days of notification of the failed exam. Students have the opportunity to repeat only one (1) failed rotation. The PA SPPC committee will

consider requests for remediation plans and/or recycle options and make these recommendations to the full PA program faculty. For further details on this process, please refer to the *PLNU PA Program Student Handbook*.

END OF ROTATION STUDENT EVALUATIONS

All students are expected to complete the evaluations of their preceptor and clinical site the week preceding the completion of their rotations. Failure to submit the evaluation will result in a failing grade for the rotation. These evaluations, which are delivered online, are an important part of rotation assessment and improvement efforts, so your cooperation in completing them is greatly appreciated.

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 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, depending on the seriousness of the offense, for the course. Faculty should follow and students may appeal using the procedure in the university Catalog. See Academic Policies in the Graduate and Professional Studies Catalog for definitions of kinds of academic dishonesty and for further policy information.

PLNU ACADEMIC ACCOMMODATIONS POLICY

While all students are expected to meet the minimum standards for completion of this course as established by the instructor, students with disabilities may require academic adjustments, modifications or auxiliary aids/services. At Point Loma Nazarene University (PLNU), these students are requested to register with the Disability Resource Center (DRC), located in the Bond Academic Center. (DRC@pointloma.edu or 619-849-2486). The DRC's policies and procedures for assisting such students in the development of an appropriate academic adjustment plan (AP) allows PLNU to comply with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Section 504 (a) prohibits discrimination against students with special needs and guarantees all qualified students' equal access to and benefits of PLNU programs and activities. After the student files the required documentation, the DRC, in conjunction with the student, will develop an AP to meet that student's specific learning needs. The DRC will thereafter email the student's AP to all faculty who teach courses in which the student is enrolled each semester. The AP must be implemented in all such courses.

If students do not wish to avail themselves of some or all of the elements of their AP in a particular course, it is the responsibility of those students to notify their professor in that course. PLNU highly recommends that DRC students speak with their professors during the first two weeks of each semester about the applicability of their AP in that particular course and/or if they do not desire to take advantage of some or all of the elements of their AP in that course.

ARC-PA standards (5th edition) addressed in this course: B3.03 a, (preventive, emergent, acute, chronic) B3.03e (mental health), B3.04a, b, c (EM/outpatient/inpatient), B3.07g (BM)

SPIRITUAL CARE AND CHAPLAIN SERVICES

PLNU strives to be a place where you grow as a whole person. To this end we provide resources for our Graduate students to encounter God and grow in their Christian faith. We have an onsite chaplain, Rev. Gordon Wong, at the Mission Valley (MV) campus to service Graduate students at the Mission Valley and Balboa Campuses. Rev. Gordon Wong is available during class break times across the week. If you have questions for, desire to meet with, or want to share a prayer request with Rev. Wong you can contact him directly at mvchaplain@pointloma.edu or gordonwong@pointloma.edu. Rev. Wong's cell number is 808-429-1129 if you need a more immediate response.

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