

<b>Psychiatry Levels of Care</b>			
<b>procedure</b>	<b>level of care</b>	<b>supervision</b>	<b>Milestone</b>
▪ Obtain general medical and psychiatric history and complete a mental status examination	1	Direct	PC1
▪ Obtain relevant collateral information from secondary sources	1	Direct	PC1
▪ Screens for patient safety, including suicidal and homicidal ideation	1	Direct	PC1
▪ Organize and accurately summarizes, reports, and present to colleagues information obtained from the patient evaluation	1	Direct	PC2
▪ Develop a working diagnosis based on the patient evaluation	1	Direct	PC2
▪ Identify potential treatment options	1	Direct	PC3
▪ Recognize patient in crisis or acute presentation	1	Direct	PC3
▪ Recognize patient readiness for treatment	1	Direct	PC3
▪ Accurately identify patient emotions, particularly sadness, anger, and fear	1	Direct	PC4
▪ Maintains appropriate professional boundaries	1	Direct	PC4
▪ Demonstrates a professional interest and curiosity in a patient's story	1	Direct	PC4
▪ List commonly used psychopharmacologic agents and their indications to target specific psychiatric symptoms	1	Direct	PC5
▪ Review with the patient/family general indications, dosing parameters, and common side effects for commonly prescribed psychopharmacologic agents	1	Direct	PC5
▪ Describe the basic stages of normal physical, social, and cognitive development through the life cycle	1	Direct	MK1
▪ Identify the major psychiatric diagnostic system (DSM)	1	Direct	MK2
▪ List major risk and protective factors for danger to self and others	1	Direct	MK2
▪ Give examples of interactions between medical and psychiatric symptoms and disorders	1	Direct	MK2
▪ Know commonly available neuroimaging and neurophysiologic diagnostic modalities and how to order them	1	Direct	MK3
▪ Know how to order neuropsychological testing	1	Direct	MK3
▪ Identify psychodynamic, cognitive-behavioral, and supportive therapies as major psychotherapeutic modalities	1	Direct	MK4

▪ Describe general indications and common side effects for commonly prescribed psychopharmacologic agents	1	Direct	MK5
▪ Describe indications for ECT	1	Direct	MK5
▪ List common ethical issues in psychiatry	1	Direct	MK6
▪ Recognize and describe institutional policies and procedures	1	Direct	MK6
▪ List ACGME competencies	1	Direct	MK6
▪ Differentiate among medical errors, near misses, and sentinel events	1	Direct	SPB1
▪ Recognize failure in teamwork and communication as leading cause of preventable patient harm	1	Direct	SPB1
▪ Follow institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses	1	Direct	SPB1
▪ Recognize the need for efficient and equitable use of resources	1	Direct	SPB2, MK5
▪ Give examples of community mental health systems of care	1	Direct	SBP3
▪ Give examples of self-help groups (Alcoholics Anonymous [AA], Narcotics Anonymous [NA]), other community resources (church, school), and social networks (family, friends, acquaintances)	1	Direct	SBP3
▪ Describe the difference between consultant and primary treatment provider	1	Direct	SBP4
▪ Use feedback from teachers, colleagues, and patients to assess own level of knowledge and expertise	1	Direct	PBLI1
▪ Recognize limits of one's knowledge and skills and seeks supervision	1	Direct	PBLI1
▪ Describe and rank levels of clinical evidence	1	Direct	PBLI1
▪ Recognize potential gaps in quality of care and system-level inefficiencies	1	Direct	PBLI2
▪ Discuss with supervisors possible quality gaps and problems with psychiatric care delivery	1	Direct	PBLI2
▪ Recognize role of physician as teacher	1	Direct	PBLI3
▪ Demonstrate behaviors that convey caring, honesty, genuine interest, and respect for patients and their families	1	Direct	PROF1
▪ Recognize that patient diversity affects patient care	1	Direct	PROF1
▪ Display familiarity with some basic ethical principles (confidentiality, informed consent, professional boundaries)	1	Direct	PROF1

▪ Understands the need for sleep, and the impact of fatigue on work	1	Direct	PROF2
▪ List ways to manage fatigue, and seek back-up as needed to ensure good patient care	1	Direct	PROF2
▪ Exhibit core professional behaviors	1	Direct	PROF2
▪ Display openness to feedback	1	Direct	PROF2
▪ Introduce self as patient's physician	1	Direct	PROF2
▪ Cultivate positive relationships with patients, families, and team members	1	Direct	ICS1
▪ Recognize communication conflicts in work relationships	1	Direct	ICS1
▪ Identify team-based care as preferred treatment approach, and collaborate as a member of the team	1	Direct	ICS1
▪ Ensure transitions of care are accurately documented, and optimize communication across systems and continuums of care	1	Direct	ICS2
▪ Ensure that the written record (electronic medical record [EMR], personal health records [PHR]/patient portal, hand-offs, discharge summaries, etc.) are accurate and timely, with attention to preventing confusion and error, consistent with institutional policies	1	Indirect	ICS2
▪ Engage in active listening, "teach back", and other strategies to ensure patient and family understanding	1	Direct	ICS2
▪ Maintain appropriate boundaries in sharing information by electronic communication	1	Indirect	ICS2
▪ Obtain general medical and psychiatric history, social and family history, and complete a mental status examination	1	Indirect	PC1
▪ Perform a physical exam	1	Indirect	PC1
▪ Obtain relevant collateral information from secondary sources	1	Indirect	PC1
▪ Screens for patient safety, including suicidal and homicidal ideation	1	Indirect	PC1
▪ Organize and accurately summarizes, reports, and present to colleagues information obtained from the patient evaluation	1	Indirect	PC2/PC3
▪ Develop a working diagnosis based on the patient evaluation	1	Indirect	PC2/PC3
▪ Manage the agitated patient	1	Indirect	PC2/PC3
▪ Manage the acutely suicidal patient	1	Indirect	PC2/PC3
▪ Order seclusion and restraints appropriately	1	Indirect	PC2/PC3
▪ Identify potential treatment options	1	Indirect	PC3
▪ Recognize patient in crisis or acute presentation	1	Indirect	PC3

▪ Recognize patient readiness for treatment	1	Indirect	PC3
▪ Evaluate at least 50 patients with psychiatric disease in an ER setting with appropriate disposition decision making	1	Indirect	PC3
▪ Accurately identify patient emotions, particularly sadness, anger, and fear	1	Indirect	PC4
▪ Maintains appropriate professional boundaries	1	Indirect	PC4
▪ Demonstrates a professional interest and curiosity in a patient's story (empathy)	1	Indirect	PC4
▪ List commonly used psychopharmacologic agents and their indications to target specific psychiatric symptoms	1	Indirect	PC5/PC2
▪ Participate in treatment decisions and discharge planning	1	Indirect	PC5/PC2
▪ Review with the patient/family general indications, dosing parameters, and common side effects for commonly prescribed psychopharmacologic agents	1	Indirect	PC5/PC2
▪ Describe the basic stages of normal physical, social, and cognitive development through the life cycle	1	Indirect	MK1
▪ Identify the major psychiatric diagnostic system (DSM)	1	Indirect	MK2
▪ List major risk and protective factors for danger to self and others	1	Indirect	MK2
▪ Give examples of interactions between medical and psychiatric symptoms and disorders	1	Indirect	MK2
▪ Recognize medical disorders that mimic psychiatric symptoms	1	Indirect	MK2
▪ Recognize psychiatric disorders that mimic medical symptoms	1	Indirect	MK2
▪ Follow multiple patients with the following diagnoses: schizophrenia, bipolar disorder, major depressive disorder, substance dependence, abuse and intoxication	1	Indirect	MK2
▪ Know commonly available neuroimaging and neurophysiologic diagnostic modalities and how to order them	1	Indirect	MK3
▪ Know how to order neuropsychological testing	1	Indirect	MK3
▪ Recognize acute psychiatric symptoms and major CNS disorders	1	Indirect	MK3
▪ Identify psychodynamic, cognitive-behavioral, and supportive therapies as major psychotherapeutic modalities	1	Indirect	MK4
▪ Successfully complete a written cognitive exam	1	Indirect	MK4
▪ Describe general indications and common side effects for commonly prescribed psychopharmacologic agents	1	Indirect	MK5

▪ Describe indications for ECT	1	Indirect	MK5
▪ Recognize drug interactions	1	Indirect	MK5
▪ List common ethical issues in psychiatry	1	Indirect	MK6
▪ Recognize and describe institutional policies and procedures	1	Indirect	MK6
▪ List ACGME competencies	1	Indirect	MK6
▪ Demonstrate knowledge of legal issues related to acute patient care	1	Indirect	MK6/PROF1
▪ Differentiate among medical errors, near misses, and sentinel events	1	Indirect	SPB1
▪ Recognize failure in teamwork and communication as leading cause of preventable patient harm	1	Indirect	SPB1
▪ Follow institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses	1	Indirect	SPB1
▪ Recognize the need for efficient and equitable use of resources	1	Indirect	SBP2/SBP3
▪ Recognize and utilize appropriate community resources for patients	1	Indirect	SBP2/SBP3
▪ Consider financial implications of patient care, and advocate appropriately for patients and their families	1	Indirect	SBP2/SBP3
▪ Give examples of community mental health systems of care	1	Indirect	SBP3
▪ Give examples of self-help groups (Alcoholics Anonymous [AA], Narcotics Anonymous [NA]), other community resources (church, school), and social networks (family, friends, acquaintances)	1	Indirect	SBP3
▪ Describe the difference between consultant and primary treatment provider	1	Indirect	SBP4
▪ Use feedback from teachers, colleagues, and patients to assess own level of knowledge and expertise	1	Indirect	PBL1
▪ Recognize limits of one's knowledge and skills and seeks supervision	1	Indirect	PBL1
▪ Describe and rank levels of clinical evidence	1	Indirect	PBL1
▪ Read about issues related to patient care and acute illness	1	Indirect	PBL1
▪ Apply evidence based medicine to patient care decisions	1	Indirect	PBL1
▪ Identify evidence based practices in daily rounds and in didactics	1	Indirect	PBL1
▪ Access and uses online information	1	Indirect	PBL1
▪ Recognize potential gaps in quality of care and system-level inefficiencies	1	Indirect	PBL2

▪ Discuss with supervisors possible quality gaps and problems with psychiatric care delivery	1	Indirect	PBLI2
▪ Recognize role of physician as teacher	1	Indirect	PBLI3
▪ Perform an interview in front of faculty for critique and feedback (clinical skills exam)	1	Direct	PBLI3/ICS2
▪ Demonstrate behaviors that convey caring, honesty, genuine interest, and respect for patients and their families	1	Indirect	PROF1
▪ Recognize that patient diversity affects patient care	1	Indirect	PROF1
▪ Respect diversity of culture, gender, and race	1	Indirect	PROF1
▪ Display familiarity with some basic ethical principles (confidentiality, informed consent, professional boundaries)	1	Indirect	PROF1
▪ Understands the need for sleep, and the impact of fatigue on work	1	Indirect	PROF2
▪ List ways to manage fatigue, and seek back-up as needed to ensure good patient care	1	Indirect	PROF2
▪ Exhibit core professional behaviors	1	Indirect	PROF2
▪ Display openness to feedback	1	Indirect	PROF2
▪ Introduce self as patient's physician	1	Indirect	PROF2
▪ Prepare for and arrive to team meetings in a timely manner	1	Indirect	PROF2
▪ Answer pager reliably	1	Indirect	PROF2
▪ Use supervision appropriately	1	Indirect	PROF2
▪ Act and dress in an appropriate manner for a physician	1	Indirect	PROF2
▪ Timely completion of admission and discharge summaries	1	Indirect	PROF2
▪ Demonstrate knowledge of self-limitations	1	Indirect	PROF1/PROF2
▪ Cultivate positive relationships with patients, families, and team members	1	Indirect	ICS1
▪ Recognize communication conflicts in work relationships	1	Indirect	ICS1
▪ Identify team-based care as preferred treatment approach, and collaborate as a member of the team	1	Indirect	ICS1
▪ Ensure transitions of care are accurately documented, and optimize communication across systems and continuums of care	1	Indirect	ICS2
▪ Ensure that the written record (electronic medical record [EMR], personal health records [PHR]/patient portal, hand-offs, discharge summaries, etc.) are accurate and timely, with attention to preventing confusion and error, consistent with institutional policies	1	Indirect	ICS2

▪ Engage in active listening, “teach back”, and other strategies to ensure patient and family understanding	1	Indirect	ICS2
▪ Maintain appropriate boundaries in sharing information by electronic communication (including telepsychiatry)	1	Indirect	ICS2
▪ Educate patients and their families about illness and recurrence prevention	1	Indirect	ICS2
▪ Obtain collateral information in an appropriate manner	1	Indirect	ICS2
<b>Direct Supervision</b> – the supervising physician is physically present with the resident and patient.			
<b>Indirect Supervision</b>			
- with Direct Supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision			
-with Direct Supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.			
<b>Oversight</b> – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.			