

| <b>Psychiatry Levels of Care</b>  |                      |                    |                  |
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| <b>procedure</b>  | <b>level of care</b> | <b>supervision</b> | <b>Milestone</b> |
| ▪ Obtain general medical and psychiatric history, social and family history, and complete a mental status examination   | 2                    | Indirect           | PC1              |
| ▪ Perform a physical exam   | 2                    | Indirect           | PC1              |
| ▪ Obtain relevant collateral information from secondary sources   | 2                    | Indirect           | PC1              |
| ▪ Screens for patient safety, including suicidal and homicidal ideation   | 2                    | Indirect           | PC1              |
| ▪ Obtain appropriate diagnostic studies to confirm diagnosis  | 2                    | Indirect           | PC1              |
| ▪ Organize and accurately summarizes, reports, and present to colleagues information obtained from the patient evaluation   | 2                    | Indirect           | PC2/PC3          |
| ▪ Complete a differential diagnosis in addition to the working diagnosis  | 2                    | Indirect           | PC2/PC3          |
| ▪ Manage the agitated patient   | 2                    | Indirect           | PC2/PC3          |
| ▪ Manage the acutely suicidal patient   | 2                    | Indirect           | PC2/PC3          |
| ▪ Order seclusion and restraints appropriately  | 2                    | Indirect           | PC2/PC3          |
| ▪ Identify potential treatment options  | 2                    | Indirect           | PC3              |
| ▪ Recognize patient in crisis or acute presentation   | 2                    | Indirect           | PC3              |
| ▪ Recognize patient readiness for treatment   | 2                    | Indirect           | PC3              |
| ▪ Evaluate at least 100 patients with psychiatric illness in an ER setting  | 2                    | Indirect           | PC3              |
| ▪ Accurately identify patient emotions, particularly sadness, anger, and fear   | 2                    | Indirect           | PC4              |
| ▪ Maintains appropriate professional boundaries   | 2                    | Indirect           | PC4              |
| ▪ Demonstrates a professional interest and curiosity in a patient's story (empathy)   | 2                    | Indirect           | PC4              |
| ▪ Begin using the biopsychosocial case formulation  | 2                    | Direct             | PC1/PC4/MK1      |
| ▪ List commonly used psychopharmacologic agents and their indications to target specific psychiatric symptoms   | 2                    | Indirect           | PC5/PC2          |
| ▪ Participate in treatment decisions and discharge planning   | 2                    | Indirect           | PC5/PC2          |
| ▪ Review with the patient/family general indications, dosing parameters, and common side effects for commonly prescribed psychopharmacologic agents               | 2                    | Indirect           | PC5/PC2          |
| ▪ Describe the basic stages of normal physical, social, and cognitive development through the life cycle  | 2                    | Indirect           | MK1              |
| ▪ Know how to assess geriatric and pediatric cases emergently   | 2                    | Indirect           | MK1              |
| ▪ Identify the major psychiatric diagnostic system (DSM)  | 2                    | Indirect           | MK2              |
| ▪ List major risk and protective factors for danger to self and others  | 2                    | Indirect           | MK2              |
| ▪ Give examples of interactions between medical and psychiatric symptoms and disorders  | 2                    | Indirect           | MK2              |
| ▪ Recognize medical disorders that mimic psychiatric symptoms   | 2                    | Indirect           | MK2              |
| ▪ Recognize psychiatric disorders that mimic medical symptoms   | 2                    | Indirect           | MK2              |
| ▪ Follow multiple patients with the following diagnoses: schizophrenia, bipolar disorder, major depressive disorder, substance dependence, abuse and intoxication | 2                    | Indirect           | MK2              |
| ▪ Discriminate between psychiatric patients requiring inpatient from outpatient treatment   | 2                    | Indirect           | MK2              |
| ▪ Know commonly available neuroimaging and neurophysiologic diagnostic modalities and how to order them   | 2                    | Indirect           | MK3              |
| ▪ Know how to order neuropsychological testing  | 2                    | Indirect           | MK3              |
| ▪ Recognize acute psychiatric symptoms and major CNS disorders  | 2                    | Indirect           | MK3              |
| ▪ Use the MMSE appropriately  | 2                    | Indirect           | MK3              |
| ▪ Recognize delirium and dementia   | 2                    | Indirect           | MK3              |
| ▪ Identify psychodynamic, cognitive-behavioral, and supportive therapies as major psychotherapeutic modalities  | 2                    | Indirect           | MK4              |

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| ▪ Successfully complete a written cognitive exam  | 2 | Indirect | MK4       |
| ▪ Know the FDA-approved indications and side effects of most psychiatric medications  | 2 | Indirect | MK5       |
| ▪ Know indications and contraindications for ECT  | 2 | Indirect | MK5       |
| ▪ Recognize drug interactions   | 2 | Indirect | MK5       |
| ▪ Correctly apply pharmacology for agitation and understand the etiology of the agitation   | 2 | Indirect | MK5       |
| ▪ List common ethical issues in psychiatry  | 2 | Indirect | MK6       |
| ▪ Recognize and describe institutional policies and procedures  | 2 | Indirect | MK6       |
| ▪ List ACGME competencies   | 2 | Indirect | MK6       |
| ▪ Demonstrate knowledge of legal issues related to inpatient and outpatient care  | 2 | Indirect | MK6/PROF1 |
| ▪ Attend court commitment proceedings and be able to justify reasons for continued hospitalization or discharge   | 2 | Indirect | MK6/PROF1 |
| ▪ Differentiate among medical errors, near misses, and sentinel events  | 2 | Indirect | SPB1      |
| ▪ Recognize failure in teamwork and communication as leading cause of preventable patient harm  | 2 | Indirect | SPB1      |
| ▪ Follow institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses   | 2 | Indirect | SPB1      |
| ▪ Recognize the need for efficient and equitable use of resources   | 2 | Indirect | SBP2      |
| ▪ Contact and utilize appropriate community resources for patients  | 2 | Indirect | SBP2      |
| ▪ Consider financial implications of patient care on both inpatient and outpatient levels   | 2 | Indirect | SBP2      |
| ▪ Advocate appropriately for patients and their families  | 2 | Indirect | SBP2      |
| ▪ Give examples of community mental health systems of care  | 2 | 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) | 2 | Indirect | SBP3      |
| ▪ Describe the difference between consultant and primary treatment provider   | 2 | Indirect | SBP4      |
| ▪ Use feedback from teachers, colleagues, and patients to assess own level of knowledge and expertise   | 2 | Indirect | PBL1      |
| ▪ Recognize limits of one's knowledge and skills and seeks supervision  | 2 | Indirect | PBL1      |
| ▪ Describe and rank levels of clinical evidence   | 2 | Indirect | PBL1      |
| ▪ Read about issues related to patient care and acute illness   | 2 | Indirect | PBL1      |
| ▪ Read about issues related to inpatient and outpatient care  | 2 | Indirect | PBL1      |
| ▪ Apply evidence based medicine to patient care decisions   | 2 | Indirect | PBL1      |
| ▪ Identify evidence based practices in daily rounds and in didactics  | 2 | Indirect | PBL1      |
| ▪ Access and uses online information  | 2 | Indirect | PBL1      |
| ▪ Complete a formal write-up on a patient for review and feedback   | 2 | Indirect | PBL1      |
| ▪ Recognize potential gaps in quality of care and system-level inefficiencies   | 2 | Indirect | PBL2      |
| ▪ Discuss with supervisors possible quality gaps and problems with psychiatric care delivery  | 2 | Indirect | PBL2      |
| ▪ Recognize role of physician as teacher  | 2 | Indirect | PBL3      |
| ▪ Perform an interview in front of faculty for critique and feedback (clinical skills exam)   | 2 | Direct   | PBL3/ICS2 |
| ▪ Demonstrate behaviors that convey caring, honesty, genuine interest, and respect for patients and their families  | 2 | Indirect | PROF1     |
| ▪ Recognize that patient diversity affects patient care   | 2 | Indirect | PROF1     |
| ▪ Respect diversity of culture, gender, and race  | 2 | Indirect | PROF1     |
| ▪ Display familiarity with some basic ethical principles (confidentiality, informed consent, professional boundaries)   | 2 | Indirect | PROF1     |

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| ▪ Understands the need for sleep, and the impact of fatigue on work  | 2 | Indirect | PROF2       |
| ▪ List ways to manage fatigue, and seek back-up as needed to ensure good patient care  | 2 | Indirect | PROF2       |
| ▪ Exhibit core professional behaviors  | 2 | Indirect | PROF2       |
| ▪ Display openness to feedback   | 2 | Indirect | PROF2       |
| ▪ Introduce self as patient's physician  | 2 | Indirect | PROF2       |
| ▪ Prepare for and arrive to team meetings in a timely manner   | 2 | Indirect | PROF2       |
| ▪ Answer pager reliably  | 2 | Indirect | PROF2       |
| ▪ Use supervision appropriately  | 2 | Indirect | PROF2       |
| ▪ Act and dress in an appropriate manner for a physician   | 2 | Indirect | PROF2       |
| ▪ Timely completion of admission and discharge summaries   | 2 | Indirect | PROF2       |
| ▪ Appropriate transfer of knowledge to next shift for continuity of patient care   | 2 | Indirect | PROF2       |
| ▪ Function in the role of consultant and/or liaison psychiatrist for other medical services, as well as between providers  | 2 | Indirect | PROF2       |
| ▪ Provide leadership for clinical team and junior residents as well as medical students  | 2 | Indirect | PROF2       |
| ▪ Demonstrate knowledge of self-limitations and ask for feedback   | 2 | Indirect | PROF1/PROF2 |
| ▪ Cultivate positive relationships with patients, families, and team members   | 2 | Indirect | ICS1        |
| ▪ Recognize communication conflicts in work relationships  | 2 | Indirect | ICS1        |
| ▪ Identify team-based care as preferred treatment approach, and collaborate as a member of the team  | 2 | Indirect | ICS1        |
| ▪ Involve the entire healthcare team in evidence-based decision making   | 2 | Indirect | ICS1        |
| ▪ Take a greater role in healthcare team leadership  | 2 | Indirect | ICS1        |
| ▪ Ensure transitions of care are accurately documented, and optimize communication across systems and continuums of care   | 2 | 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 | 2 | Indirect | ICS2        |
| ▪ Engage in active listening, "teach back", and other strategies to ensure patient and family understanding  | 2 | Indirect | ICS2        |
| ▪ Maintain appropriate boundaries in sharing information by electronic communication (including telepsychiatry)  | 2 | Indirect | ICS2        |
| ▪ Educate patients and their families about illness and medications and discuss preventive measures to decrease relapse and chronicity   | 2 | Indirect | ICS2        |
| ▪ Obtain collateral information in an appropriate manner   | 2 | Indirect | ICS2        |
| ▪ Use past and present medical records appropriately   | 2 | Indirect | ICS2        |
| ▪ Able to connect to telemedicine for supervision while in Monroe  | 2 | Direct   | SBP         |

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| <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   |  |  |  |