

Psychiatry Levels of Care

procedure	Level of Care	supervision	Milestone	Competency
▪ Obtain general medical and psychiatric history, social and family history, and complete a mental status examination	3	Oversight	PC1	PC
▪ Perform a physical exam	3	Oversight	PC1	PC
▪ Obtain relevant collateral information from secondary sources	3	Oversight	PC1	PC
▪ Obtain appropriate diagnostic studies to confirm diagnosis	3	Oversight	PC1	PC
▪ Elicit a complete history and perform a complete neurological exam	3	Oversight	PC1	PC
▪ Include collateral information in treatment plan	3	Oversight	PC1	PC
▪ Include risk assessment as appropriate in all patients	3	Oversight	PC2	PC
▪ Present reasonable differential diagnoses in addition to a working diagnosis	3	Direct or Indirect	PC2	PC
▪ Present cases in a coherent fashion both verbally and in written form	3	Direct or Indirect	PC2	PC
▪ Manage the agitated patient	3	Oversight	PC2/PC3	PC
▪ Manage the acutely suicidal patient	3	Oversight	PC2/PC3	PC
▪ Order seclusion and restraints appropriately	3	Oversight	PC2/PC3	PC
▪ Formulate a correct treatment plan	3	Oversight	PC2/PC3	PC
▪ Identify potential treatment options	3	Oversight	PC3	PC
▪ Recognize patient in crisis or acute presentation	3	Oversight	PC3	PC
▪ Recognize patient readiness for treatment	3	Oversight	PC3	PC
▪ Initiate and maintain correct treatments for all diagnoses based on EBM	3	Oversight	PC2/PC3	PC
▪ Understand DSM illnesses, and the interplay between them as well as comorbid diseases	3	Oversight	PC2/PC3	PC
▪ Accurately identify patient emotions, particularly sadness, anger, and fear	3	Oversight	PC4	PC
▪ Maintains appropriate professional boundaries	3	Oversight	PC4	PC
▪ Demonstrates a professional interest and curiosity in a patient's story (empathy)	3	Oversight	PC4	PC
▪ Begin using the biopsychosocial case formulation	3	Indirect or Oversight	PC1/PC4/MK1	PC, MK
▪ Perform acceptable short-term psychotherapy	3	Indirect or Oversight	PC4	PC
▪ Follow a number of outpatients on a weekly basis for psychotherapy	3	Indirect or Oversight	PC4	PC
▪ Evaluate discharged patients in the outpatient setting	3	Indirect or Oversight	PC4	PC
▪ List commonly used psychopharmacologic agents and their indications to target specific psychiatric symptoms	3	Indirect	PC5/PC2	PC
▪ Participate in treatment decisions and discharge planning	3	Indirect	PC5/PC2	PC

Psychiatry Levels of Care

▪ Review with the patient/family general indications, dosing parameters, and common side effects for commonly prescribed psychopharmacologic agents	3	Indirect	PC5/PC2	PC
▪ Describe the basic stages of normal physical, social, and cognitive development through the life cycle	3	Oversight	MK1	MK
▪ Know how to assess geriatric and pediatric cases emergently	3	Oversight	MK1	MK
▪ Diagnose and treat substance abuse/dependence on an outpatient basis	3	Oversight	MK2	MK
▪ Understand and identify substance abuse/dependence in the presence of psychiatric symptoms	3	Oversight	MK2	MK
▪ Identify the major psychiatric diagnostic system (DSM)	3	Oversight	MK2	MK
▪ List major risk and protective factors for danger to self and others	3	Oversight	MK2	MK
▪ Give examples of interactions between medical and psychiatric symptoms and disorders	3	Oversight	MK2	MK
▪ Recognize medical disorders that mimic psychiatric symptoms	3	Oversight	MK2	MK
▪ Recognize psychiatric disorders that mimic medical symptoms	3	Oversight	MK2	MK
▪ Follow multiple patients with the following diagnoses: schizophrenia, bipolar disorder, major depressive disorder, substance dependence, abuse and intoxication	3	Oversight	MK2	MK
▪ Discriminate between psychiatric patients requiring inpatient from outpatient treatment	3	Oversight	MK2	MK
▪ Attend to healthcare prevention and maintenance needs of the patient, including non-psychiatric	3	Oversight	MK2	MK
▪ Know commonly available neuroimaging and neurophysiologic diagnostic modalities and how to order them	3	Oversight	MK3	MK
▪ Know how to order neuropsychological testing	3	Oversight	MK3	MK
▪ Recognize acute psychiatric symptoms and major CNS disorders	3	Oversight	MK3	MK
▪ Use the MMSE appropriately	3	Oversight	MK3	MK
▪ Recognize delirium and dementia	3	Oversight	MK3	MK
▪ Identify psychodynamic, cognitive-behavioral, and supportive therapies as major psychotherapeutic modalities	3	Indirect or Oversight	MK4	MK
▪ Successfully complete a written cognitive exam	3	Indirect or Oversight	MK4	MK
▪ Know the FDA-approved indications and side effects of most psychiatric medications	3	Oversight or Indirect	MK5	MK
▪ Know indications and contraindications for ECT	3	Oversight or Indirect	MK5	MK

Psychiatry Levels of Care

▪ Recognize drug interactions	3	Oversight or Indirect	MK5	MK
▪ Correctly apply pharmacology for agitation and understand the etiology of the agitation	3	Oversight or Indirect	MK5	MK
▪ List common ethical issues in psychiatry	3	Oversight	MK6	MK
▪ Recognize and describe institutional policies and procedures	3	Oversight	MK6	MK
▪ List ACGME competencies	3	Oversight	MK6	MK
▪ Demonstrate knowledge of legal issues related to inpatient and outpatient care	3	Indirect or Oversight	MK6/PROF1	MK, PROF
▪ Attend court commitment proceedings and be able to justify reasons for continued hospitalization or discharge	3	Indirect or Oversight	MK6/PROF1	MK, PROF
▪ Know about legal issues related to patient care and how it may affect stability	3	Indirect or Oversight	MK6/PROF1	MK, PROF
▪ Differentiate among medical errors, near misses, and sentinel events	3	Oversight	SPB1	SBP
▪ Recognize failure in teamwork and communication as leading cause of preventable patient harm	3	Oversight	SPB1	SBP
▪ Follow institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses	3	Oversight	SPB1	SBP
▪ Recognize the need for efficient and equitable use of resources	3	Oversight	SBP2	SBP
▪ Contact and utilize appropriate community resources for patients	3	Oversight	SBP2	SBP
▪ Consider financial implications of patient care on both inpatient and outpatient levels	3	Oversight	SBP2	SBP
▪ Advocate appropriately for patients and participate in regional, state or national mental health organizations	3	Oversight	SBP2	SBP
▪ Give examples of community mental health systems of care	3	Oversight	SBP3	SBP
▪ Give examples of self-help groups (Alcoholics Anonymous [AA], Narcotics Anonymous [NA]), other community resources (church, school), and social networks (family, friends, acquaintances)	3	Oversight	SBP3	SBP
▪ Diagnose and treat psychiatric symptoms in non-psychiatric patients	3	Oversight	SBP4	SBP
▪ Use feedback from teachers, colleagues, and patients to assess own level of knowledge and expertise	3	Oversight or Indirect	PBLI1	PBL
▪ Recognize limits of one's knowledge and skills and seeks supervision	3	Oversight or Indirect	PBLI1	PBL
▪ Describe and rank levels of clinical evidence	3	Oversight or Indirect	PBLI1	PBL
▪ Read about issues related to patient care and acute illness	3	Oversight or Indirect	PBLI1	PBL
▪ Read about issues related to inpatient and outpatient care	3	Oversight or Indirect	PBLI1	PBL

Psychiatry Levels of Care

▪ Apply evidence based medicine to patient care decisions	3	Oversight or Indirect	PBLI1	PBL
▪ Identify evidence based practices in daily rounds and in didactics	3	Oversight or Indirect	PBLI1	PBL
▪ Access and uses online information	3	Oversight or Indirect	PBLI1	PBL
▪ Complete a formal write-up on a patient for review and feedback	3	Oversight or Indirect	PBLI1	PBL
▪ Recognize issues related to clinical research and how the field benefits from such participation	3	Oversight	PBLI1	PBL
▪ Recognize areas of self-weakness and seek ways to improve	3	Oversight	PBLI1	PBL
▪ Apply EBM to patient care decisions	3	Oversight	PBLI1	PBL
▪ Access and use up-to-date EBM information appropriately	3	Oversight	PBLI1	PBL
▪ Improve skills through direct therapy supervision and feedback	3	Direct	PBLI1	PBL
▪ Recognize potential gaps in quality of care and system-level inefficiencies	3	Oversight or indirect	PBLI2	PBL
▪ Discuss with supervisors possible quality gaps and problems with psychiatric care delivery	3	Oversight or indirect	PBLI2	PBL
▪ Complete a scholarly project under faculty supervision	3	Oversight	PBLI2	PBL
▪ Recognize role of physician as teacher	3	Oversight	PBLI3	PBL
▪ Perform an interview in front of faculty for critique and feedback (clinical skills exam) for Board Certification	3	Direct	PBLI3/ICS2	PBL, ICS
▪ Demonstrate behaviors that convey caring, honesty, genuine interest, and respect for patients and their families	3	Oversight	PROF1	PROF
▪ Recognize that patient diversity affects patient care	3	Oversight	PROF1	PROF
▪ Respect diversity of culture, gender, and race	3	Oversight	PROF1	PROF
▪ Display familiarity with some basic ethical principles (confidentiality, informed consent, professional boundaries)	3	Oversight	PROF1	PROF
▪ Respond to patient and family communications timely	3	Oversight	PROF1	PROF
▪ Understands the need for sleep, and the impact of fatigue on work	3	Oversight	PROF2	PROF
▪ List ways to manage fatigue, and seek back-up as needed to ensure good patient care	3	Oversight	PROF2	PROF
▪ Exhibit core professional behaviors	3	Oversight	PROF2	PROF
▪ Display openness to feedback	3	Oversight	PROF2	PROF
▪ Introduce self as patient's physician	3	Oversight	PROF2	PROF
▪ Prepare for and arrive to team meetings in a timely manner	3	Oversight	PROF2	PROF
▪ Answer pager reliably	3	Oversight	PROF2	PROF
▪ Use supervision appropriately	3	Oversight	PROF2	PROF

Psychiatry Levels of Care

▪ Act and dress in an appropriate manner for a physician	3	Oversight	PROF2	PROF
▪ Timely completion of admission and discharge summaries	3	Oversight	PROF2	PROF
▪ Appropriate transfer of knowledge to next shift for continuity of patient care	3	Oversight	PROF2	PROF
▪ Timely completion of paperwork	3	Oversight	PROF2	PROF
▪ Answer telephone calls promptly	3	Oversight	PROF2	PROF
▪ Arrange backup when unavailable	3	Oversight	PROF2	PROF
▪ Function in the role of consultant and/or liaison psychiatrist for other medical services, as well as between providers	3	Oversight	PROF2	PROF
▪ Provide leadership for clinical team and junior residents as well as medical students	3	Oversight	PROF2	PROF
▪ Advocate for your peers as well as your patients	3	Oversight	PROF1/PROF2	PROF
▪ Demonstrate knowledge of self-limitations and ask for feedback	3	Oversight	PROF1/PROF2	PROF
▪ Cultivate positive relationships with patients, families, and team members	3	Oversight	ICS1	ICS
▪ Recognize communication conflicts in work relationships	3	Oversight	ICS1	ICS
▪ Identify team-based care as preferred treatment approach, and collaborate as a member of the team	3	Oversight	ICS1	ICS
▪ Involve the entire healthcare team in evidence-based decision making	3	Oversight	ICS1	ICS
▪ Take a greater role in healthcare team leadership	3	Oversight	ICS1	ICS
▪ Establish and maintain a therapeutic alliance	3	Oversight	ICS1	ICS
▪ Use patient and family education appropriately	3	Oversight	ICS1/PC5	ICS, PC
▪ Communicate results of assessment to patients and families	3	Oversight	ICS1/PC5	ICS, PC
▪ Understand when and how to consider a medical referral and maintain communication with the other provider	3	Oversight	ICS1/SBP3/PC3	ICS, SBP, PC
▪ Ensure transitions of care are accurately documented, and optimize communication across systems and continuums of care	3	Oversight	ICS2	ICS
▪ 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	3	Oversight	ICS2	ICS
▪ Engage in active listening, “teach back”, and other strategies to ensure patient and family understanding	3	Oversight	ICS2	ICS

Psychiatry Levels of Care

▪ Maintain appropriate boundaries in sharing information by electronic communication (including telepsychiatry)	3	Oversight	ICS2	ICS
▪ Educate patients and their families about illness and medications and discuss preventive measures to decrease relapse and chronicity	3	Oversight	ICS2	ICS
▪ Obtain collateral information in an appropriate manner	3	Oversight	ICS2	ICS
▪ Use past and present medical records appropriately	3	Oversight	ICS2	ICS
▪ Obtain general medical and psychiatric history, social and family history, and complete a mental status examination	2	Indirect	PC1	PC
▪ Perform a physical exam	2	Indirect	PC1	PC
▪ Obtain relevant collateral information from secondary sources	2	Indirect	PC1	PC
▪ Screens for patient safety, including suicidal and homicidal ideation	2	Indirect	PC1	PC
▪ Obtain appropriate diagnostic studies to confirm diagnosis	2	Indirect	PC1	PC
▪ Organize and accurately summarizes, reports, and present to colleagues information obtained from the patient evaluation	2	Indirect	PC2/PC3	PC
▪ Complete a differential diagnosis in addition to the working diagnosis	2	Indirect	PC2/PC3	PC
▪ Manage the agitated patient	2	Indirect	PC2/PC3	PC
▪ Manage the acutely suicidal patient	2	Indirect	PC2/PC3	PC
▪ Order seclusion and restraints appropriately	2	Indirect	PC2/PC3	PC
▪ Identify potential treatment options	2	Indirect	PC3	PC
▪ Recognize patient in crisis or acute presentation	2	Indirect	PC3	PC
▪ Recognize patient readiness for treatment	2	Indirect	PC3	PC
▪ Evaluate at least 100 patients with psychiatric illness in an ER setting	2	Indirect	PC3	PC
▪ Accurately identify patient emotions, particularly sadness, anger, and fear	2	Indirect	PC4	PC
▪ Maintains appropriate professional boundaries	2	Indirect	PC4	PC
▪ Demonstrates a professional interest and curiosity in a patient's story (empathy)	2	Indirect	PC4	PC
▪ Begin using the biopsychosocial case formulation	2	Indirect or Direct	PC1/PC4/MK1	PC, MK
▪ List commonly used psychopharmacologic agents and their indications to target specific psychiatric symptoms	2	Indirect	PC5/PC2	PC
▪ Participate in treatment decisions and discharge planning	2	Indirect	PC5/PC2	PC
▪ Review with the patient/family general indications, dosing parameters, and common side effects for commonly prescribed psychopharmacologic agents	2	Indirect	PC5/PC2	PC

Psychiatry Levels of Care

▪ Describe the basic stages of normal physical, social, and cognitive development through the life cycle	2	Indirect	MK1	MK
▪ Know how to assess geriatric and pediatric cases emergently	2	Indirect	MK1	MK
▪ Identify the major psychiatric diagnostic system (DSM)	2	Indirect	MK2	MK
▪ List major risk and protective factors for danger to self and others	2	Indirect	MK2	MK
▪ Give examples of interactions between medical and psychiatric symptoms and disorders	2	Indirect	MK2	MK
▪ Recognize medical disorders that mimic psychiatric symptoms	2	Indirect	MK2	MK
▪ Recognize psychiatric disorders that mimic medical symptoms	2	Indirect	MK2	MK
▪ Follow multiple patients with the following diagnoses: schizophrenia, bipolar disorder, major depressive disorder, substance dependence, abuse and intoxication	2	Indirect	MK2	MK
▪ Discriminate between psychiatric patients requiring inpatient from outpatient treatment	2	Indirect	MK2	MK
▪ Know commonly available neuroimaging and neurophysiologic diagnostic modalities and how to order them	2	Indirect	MK3	MK
▪ Know how to order neuropsychological testing	2	Indirect	MK3	MK
▪ Recognize acute psychiatric symptoms and major CNS disorders	2	Indirect	MK3	MK
▪ Use the MMSE appropriately	2	Indirect	MK3	MK
▪ Recognize delirium and dementia	2	Indirect	MK3	MK
▪ Identify psychodynamic, cognitive-behavioral, and supportive therapies as major psychotherapeutic modalities	2	Indirect	MK4	MK
▪ Successfully complete a written cognitive exam	2	Indirect	MK4	MK
▪ Know the FDA-approved indications and side effects of most psychiatric medications	2	Indirect	MK5	MK
▪ Know indications and contraindications for ECT	2	Indirect	MK5	MK
▪ Recognize drug interactions	2	Indirect	MK5	MK
▪ Correctly apply pharmacology for agitation and understand the etiology of the agitation	2	Indirect	MK5	MK
▪ List common ethical issues in psychiatry	2	Indirect	MK6	MK
▪ Recognize and describe institutional policies and procedures	2	Indirect	MK6	MK
▪ List ACGME competencies	2	Indirect	MK6	MK
▪ Demonstrate knowledge of legal issues related to inpatient and outpatient care	2	Indirect	MK6/PROF1	MK, PROF

Psychiatry Levels of Care

▪ Attend court commitment proceedings and be able to justify reasons for continued hospitalization or discharge	2	Indirect	MK6/PROF1	MK, PROF
▪ Differentiate among medical errors, near misses, and sentinel events	2	Indirect	SBP1	SBP
▪ Recognize failure in teamwork and communication as leading cause of preventable patient harm	2	Indirect	SBP1	SBP
▪ Follow institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses	2	Indirect	SBP1	SBP
▪ Recognize the need for efficient and equitable use of resources	2	Indirect	SBP2	SBP
▪ Contact and utilize appropriate community resources for patients	2	Indirect	SBP2	SBP
▪ Consider financial implications of patient care on both inpatient and outpatient levels	2	Indirect	SBP2	SBP
▪ Advocate appropriately for patients and their families	2	Indirect	SBP2	SBP
▪ Give examples of community mental health systems of care	2	Indirect	SBP3	SBP
▪ 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	SBP
▪ Describe the difference between consultant and primary treatment provider	2	Indirect	SBP4	SBP
▪ Use feedback from teachers, colleagues, and patients to assess own level of knowledge and expertise	2	Indirect or Direct	PBLI1	PBL
▪ Recognize limits of one's knowledge and skills and seeks supervision	2	Indirect or Direct	PBLI1	PBL
▪ Describe and rank levels of clinical evidence	2	Indirect or Direct	PBLI1	PBL
▪ Read about issues related to patient care and acute illness	2	Indirect or Direct	PBLI1	PBL
▪ Read about issues related to inpatient and outpatient care	2	Indirect or Direct	PBLI1	PBL
▪ Apply evidence based medicine to patient care decisions	2	Indirect or Direct	PBLI1	PBL
▪ Identify evidence based practices in daily rounds and in didactics	2	Indirect or Direct	PBLI1	PBL
▪ Access and uses online information	2	Indirect or Direct	PBLI1	PBL
▪ Complete a formal write-up on a patient for review and feedback	2	Indirect or Direct	PBLI1	PBL
▪ Recognize potential gaps in quality of care and system-level inefficiencies	2	Indirect	PBLI2	PBL
▪ Discuss with supervisors possible quality gaps and problems with psychiatric care delivery	2	Indirect	PBLI2	PBL
▪ Recognize role of physician as teacher	2	Indirect	PBLI3	PBL

Psychiatry Levels of Care

▪ Perform an interview in front of faculty for critique and feedback (clinical skills exam)	2	Direct	PBLI3/ICS2	PBL, ICS
▪ Demonstrate behaviors that convey caring, honesty, genuine interest, and respect for patients and their families	2	Indirect	PROF1	PROF
▪ Recognize that patient diversity affects patient care	2	Indirect	PROF1	PROF
▪ Respect diversity of culture, gender, and race	2	Indirect	PROF1	PROF
▪ Display familiarity with some basic ethical principles (confidentiality, informed consent, professional boundaries)	2	Indirect	PROF1	PROF
▪ Understands the need for sleep, and the impact of fatigue on work	2	Indirect	PROF2	PROF
▪ List ways to manage fatigue, and seek back-up as needed to ensure good patient care	2	Indirect	PROF2	PROF
▪ Exhibit core professional behaviors	2	Indirect	PROF2	PROF
▪ Display openness to feedback	2	Indirect	PROF2	PROF
▪ Introduce self as patient's physician	2	Indirect	PROF2	PROF
▪ Prepare for and arrive to team meetings in a timely manner	2	Indirect	PROF2	PROF
▪ Answer pager reliably	2	Indirect	PROF2	PROF
▪ Use supervision appropriately	2	Indirect	PROF2	PROF
▪ Act and dress in an appropriate manner for a physician	2	Indirect	PROF2	PROF
▪ Timely completion of admission and discharge summaries	2	Indirect	PROF2	PROF
▪ Appropriate transfer of knowledge to next shift for continuity of patient care	2	Indirect	PROF2	PROF
▪ Function in the role of consultant and/or liaison psychiatrist for other medical services, as well as between providers	2	Indirect	PROF2	PROF
▪ Provide leadership for clinical team and junior residents as well as medical students	2	Indirect	PROF2	PROF
▪ Demonstrate knowledge of self-limitations and ask for feedback	2	Indirect	PROF1/PROF2	PROF
▪ Cultivate positive relationships with patients, families, and team members	2	Indirect	ICS1	ICS
▪ Recognize communication conflicts in work relationships	2	Indirect	ICS1	ICS
▪ Identify team-based care as preferred treatment approach, and collaborate as a member of the team	2	Indirect	ICS1	ICS
▪ Involve the entire healthcare team in evidence-based decision making	2	Indirect	ICS1	ICS
▪ Take a greater role in healthcare team leadership	2	Indirect	ICS1	ICS

Psychiatry Levels of Care

▪ Ensure transitions of care are accurately documented, and optimize communication across systems and continuums of care	2	Indirect	ICS2	ICS
▪ 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	ICS
▪ Engage in active listening, “teach back”, and other strategies to ensure patient and family understanding	2	Indirect	ICS2	ICS
▪ Maintain appropriate boundaries in sharing information by electronic communication (including telepsychiatry)	2	Indirect	ICS2	ICS
▪ Educate patients and their families about illness and medications and discuss preventive measures to decrease relapse and chronicity	2	Indirect	ICS2	ICS
▪ Obtain collateral information in an appropriate manner	2	Indirect	ICS2	ICS
▪ Use past and present medical records appropriately	2	Indirect	ICS2	ICS
▪ Obtain general medical and psychiatric history and complete a mental status examination	1	Direct	PC1	PC
▪ Obtain relevant collateral information from secondary sources	1	Direct	PC1	PC
▪ Screens for patient safety, including suicidal and homicidal ideation	1	Direct	PC1	PC
▪ Organize and accurately summarizes, reports, and present to colleagues information obtained from the patient evaluation	1	Direct	PC2	PC
▪ Develop a working diagnosis based on the patient evaluation	1	Direct	PC2	PC
▪ Identify potential treatment options	1	Direct	PC3	PC
▪ Recognize patient in crisis or acute presentation	1	Direct	PC3	PC
▪ Recognize patient readiness for treatment	1	Direct	PC3	PC
▪ Accurately identify patient emotions, particularly sadness, anger, and fear	1	Direct	PC4	PC
▪ Maintains appropriate professional boundaries	1	Direct	PC4	PC
▪ Demonstrates a professional interest and curiosity in a patient’s story	1	Direct	PC4	PC
▪ List commonly used psychopharmacologic agents and their indications to target specific psychiatric symptoms	1	Direct	PC5	PC
▪ Review with the patient/family general indications, dosing parameters, and common side effects for commonly prescribed psychopharmacologic agents	1	Direct	PC5	PC

Psychiatry Levels of Care

▪ Describe the basic stages of normal physical, social, and cognitive development through the life cycle	1	Direct	MK1	MK
▪ Identify the major psychiatric diagnostic system (DSM)	1	Direct	MK2	MK
▪ List major risk and protective factors for danger to self and others	1	Direct	MK2	MK
▪ Give examples of interactions between medical and psychiatric symptoms and disorders	1	Direct	MK2	MK
▪ Know commonly available neuroimaging and neurophysiologic diagnostic modalities and how to order them	1	Direct	MK3	MK
▪ Know how to order neuropsychological testing	1	Direct	MK3	MK
▪ Identify psychodynamic, cognitive-behavioral, and supportive therapies as major psychotherapeutic modalities	1	Direct	MK4	MK
▪ Describe general indications and common side effects for commonly prescribed psychopharmacologic agents	1	Direct	MK5	MK
▪ Describe indications for ECT	1	Direct	MK5	MK
▪ List common ethical issues in psychiatry	1	Direct	MK6	MK
▪ Recognize and describe institutional policies and procedures	1	Direct	MK6	MK
▪ List ACGME competencies	1	Direct	MK6	MK
▪ Differentiate among medical errors, near misses, and sentinel events	1	Direct	SBP1	SBP
▪ Recognize failure in teamwork and communication as leading cause of preventable patient harm	1	Direct	SBP1	SBP
▪ Follow institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses	1	Direct	SBP1	SBP
▪ Recognize the need for efficient and equitable use of resources	1	Direct	SBP2, MK5	SBP, MK
▪ Give examples of community mental health systems of care	1	Direct	SBP3	SBP
▪ 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	SBP
▪ Describe the difference between consultant and primary treatment provider	1	Direct	SBP4	SBP
▪ Use feedback from teachers, colleagues, and patients to assess own level of knowledge and expertise	1	Direct	PBL1	PBL
▪ Recognize limits of one's knowledge and skills and seeks supervision	1	Direct	PBL1	PBL
▪ Describe and rank levels of clinical evidence	1	Direct	PBL1	PBL

Psychiatry Levels of Care

▪ Recognize potential gaps in quality of care and system-level inefficiencies	1	Direct	PBLI2	PBL
▪ Discuss with supervisors possible quality gaps and problems with psychiatric care delivery	1	Direct	PBLI2	PBL
▪ Recognize role of physician as teacher	1	Direct	PBLI3	PBL
▪ Demonstrate behaviors that convey caring, honesty, genuine interest, and respect for patients and their families	1	Direct	PROF1	PROF
▪ Recognize that patient diversity affects patient care	1	Direct	PROF1	PROF
▪ Display familiarity with some basic ethical principles (confidentiality, informed consent, professional boundaries)	1	Direct	PROF1	PROF
▪ Understands the need for sleep, and the impact of fatigue on work	1	Direct	PROF2	PROF
▪ List ways to manage fatigue, and seek back-up as needed to ensure good patient care	1	Direct	PROF2	PROF
▪ Exhibit core professional behaviors	1	Direct	PROF2	PROF
▪ Display openness to feedback	1	Direct	PROF2	PROF
▪ Introduce self as patient's physician	1	Direct	PROF2	PROF
▪ Cultivate positive relationships with patients, families, and team members	1	Direct	ICS1	ICS
▪ Recognize communication conflicts in work relationships	1	Direct	ICS1	ICS
▪ Identify team-based care as preferred treatment approach, and collaborate as a member of the team	1	Direct	ICS1	ICS
▪ Ensure transitions of care are accurately documented, and optimize communication across systems and continuums of care	1	Direct	ICS2	ICS
▪ 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	Direct	ICS2	ICS
▪ Engage in active listening, "teach back", and other strategies to ensure patient and family understanding	1	Direct	ICS2	ICS
▪ Maintain appropriate boundaries in sharing information by electronic communication	1	Direct	ICS2	ICS
▪ Obtain general medical and psychiatric history, social and family history, and complete a mental status examination	1	Indirect	PC1	PC
▪ Perform a physical exam	1	Indirect	PC1	PC

Psychiatry Levels of Care

▪ Obtain relevant collateral information from secondary sources	1	Indirect	PC1	PC
▪ Screens for patient safety, including suicidal and homicidal ideation	1	Indirect	PC1	PC
▪ Organize and accurately summarizes, reports, and present to colleagues information obtained from the patient evaluation	1	Indirect	PC2/PC3	PC
▪ Develop a working diagnosis based on the patient evaluation	1	Indirect	PC2/PC3	PC
▪ Manage the agitated patient	1	Indirect	PC2/PC3	PC
▪ Manage the acutely suicidal patient	1	Indirect	PC2/PC3	PC
▪ Order seclusion and restraints appropriately	1	Indirect	PC2/PC3	PC
▪ Identify potential treatment options	1	Indirect	PC3	PC
▪ Recognize patient in crisis or acute presentation	1	Indirect	PC3	PC
▪ Recognize patient readiness for treatment	1	Indirect	PC3	PC
▪ Evaluate at least 50 patients with psychiatric disease in an ER setting with appropriate disposition decision making	1	Indirect	PC3	PC
▪ Accurately identify patient emotions, particularly sadness, anger, and fear	1	Indirect	PC4	PC
▪ Maintains appropriate professional boundaries	1	Indirect	PC4	PC
▪ Demonstrates a professional interest and curiosity in a patient's story (empathy)	1	Indirect	PC4	PC
▪ List commonly used psychopharmacologic agents and their indications to target specific psychiatric symptoms	1	Indirect	PC5/PC2	PC
▪ Participate in treatment decisions and discharge planning	1	Indirect	PC5/PC2	PC
▪ Review with the patient/family general indications, dosing parameters, and common side effects for commonly prescribed psychopharmacologic agents	1	Indirect	PC5/PC2	PC
▪ Describe the basic stages of normal physical, social, and cognitive development through the life cycle	1	Indirect	MK1	MK
▪ Identify the major psychiatric diagnostic system (DSM)	1	Indirect	MK2	MK
▪ List major risk and protective factors for danger to self and others	1	Indirect	MK2	MK
▪ Give examples of interactions between medical and psychiatric symptoms and disorders	1	Indirect	MK2	MK
▪ Recognize medical disorders that mimic psychiatric symptoms	1	Indirect	MK2	MK
▪ Recognize psychiatric disorders that mimic medical symptoms	1	Indirect	MK2	MK

Psychiatry Levels of Care

▪ Follow multiple patients with the following diagnoses: schizophrenia, bipolar disorder, major depressive disorder, substance dependence, abuse and intoxication	1	Indirect	MK2	MK
▪ Know commonly available neuroimaging and neurophysiologic diagnostic modalities and how to order them	1	Indirect	MK3	MK
▪ Know how to order neuropsychological testing	1	Indirect	MK3	MK
▪ Recognize acute psychiatric symptoms and major CNS disorders	1	Indirect	MK3	MK
▪ Identify psychodynamic, cognitive-behavioral, and supportive therapies as major psychotherapeutic modalities	1	Indirect	MK4	MK
▪ Successfully complete a written cognitive exam	1	Indirect	MK4	MK
▪ Describe general indications and common side effects for commonly prescribed psychopharmacologic agents	1	Indirect	MK5	MK
▪ Describe indications for ECT	1	Indirect	MK5	MK
▪ Recognize drug interactions	1	Indirect	MK5	MK
▪ List common ethical issues in psychiatry	1	Indirect	MK6	MK
▪ Recognize and describe institutional policies and procedures	1	Indirect	MK6	MK
▪ List ACGME competencies	1	Indirect	MK6	MK
▪ Demonstrate knowledge of legal issues related to acute patient care	1	Indirect	MK6/PROF1	MK, PROF
▪ Differentiate among medical errors, near misses, and sentinel events	1	Indirect	SBP1	SBP
▪ Recognize failure in teamwork and communication as leading cause of preventable patient harm	1	Indirect	SBP1	SBP
▪ Follow institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses	1	Indirect	SBP1	SBP
▪ Recognize the need for efficient and equitable use of resources	1	Indirect	SBP2/SBP3	SBP
▪ Recognize and utilize appropriate community resources for patients	1	Indirect	SBP2/SBP3	SBP
▪ Consider financial implications of patient care, and advocate appropriately for patients and their families	1	Indirect	SBP2/SBP3	SBP
▪ Give examples of community mental health systems of care	1	Indirect	SBP3	SBP
▪ 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	SBP
▪ Describe the difference between consultant and primary treatment provider	1	Indirect	SBP4	SBP

Psychiatry Levels of Care

▪ Use feedback from teachers, colleagues, and patients to assess own level of knowledge and expertise	1	Indirect or Direct	PBLI1	PBL
▪ Recognize limits of one's knowledge and skills and seeks supervision	1	Indirect or Direct	PBLI1	PBL
▪ Describe and rank levels of clinical evidence	1	Indirect or Direct	PBLI1	PBL
▪ Read about issues related to patient care and acute illness	1	Indirect or Direct	PBLI1	PBL
▪ Apply evidence based medicine to patient care decisions	1	Indirect or Direct	PBLI1	PBL
▪ Identify evidence based practices in daily rounds and in didactics	1	Indirect or Direct	PBLI1	PBL
▪ Access and uses online information	1	Indirect or Direct	PBLI1	PBL
▪ Recognize potential gaps in quality of care and system-level inefficiencies	1	Indirect	PBLI2	PBL
▪ Discuss with supervisors possible quality gaps and problems with psychiatric care delivery	1	Indirect	PBLI2	PBL
▪ Recognize role of physician as teacher	1	Indirect	PBLI3	PBL
▪ Perform an interview in front of faculty for critique and feedback (clinical skills exam)	1	Direct	PBLI3/ICS2	PBL, ICS
▪ Demonstrate behaviors that convey caring, honesty, genuine interest, and respect for patients and their families	1	Indirect	PROF1	PROF
▪ Recognize that patient diversity affects patient care	1	Indirect	PROF1	PROF
▪ Respect diversity of culture, gender, and race	1	Indirect	PROF1	PROF
▪ Display familiarity with some basic ethical principles (confidentiality, informed consent, professional boundaries)	1	Indirect	PROF1	PROF
▪ Understands the need for sleep, and the impact of fatigue on work	1	Indirect	PROF2	PROF
▪ List ways to manage fatigue, and seek back-up as needed to ensure good patient care	1	Indirect	PROF2	PROF
▪ Exhibit core professional behaviors	1	Indirect	PROF2	PROF
▪ Display openness to feedback	1	Indirect	PROF2	PROF
▪ Introduce self as patient's physician	1	Indirect	PROF2	PROF
▪ Prepare for and arrive to team meetings in a timely manner	1	Indirect	PROF2	PROF
▪ Answer pager reliably	1	Indirect	PROF2	PROF
▪ Use supervision appropriately	1	Indirect	PROF2	PROF
▪ Act and dress in an appropriate manner for a physician	1	Indirect	PROF2	PROF
▪ Timely completion of admission and discharge summaries	1	Indirect	PROF2	PROF
▪ Demonstrate knowledge of self-limitations	1	Indirect	PROF1/PROF2	PROF

Psychiatry Levels of Care

▪ Cultivate positive relationships with patients, families, and team members	1	Indirect	ICS1	ICS
▪ Recognize communication conflicts in work relationships	1	Indirect	ICS1	ICS
▪ Identify team-based care as preferred treatment approach, and collaborate as a member of the team	1	Indirect	ICS1	ICS
▪ Ensure transitions of care are accurately documented, and optimize communication across systems and continuums of care	1	Indirect	ICS2	ICS
▪ 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	ICS
▪ Engage in active listening, “teach back”, and other strategies to ensure patient and family understanding	1	Indirect	ICS2	ICS
▪ Maintain appropriate boundaries in sharing information by electronic communication (including telepsychiatry)	1	Indirect	ICS2	ICS
▪ Educate patients and their families about illness and recurrence prevention	1	Indirect	ICS2	ICS
▪ Obtain collateral information in an appropriate manner	1	Indirect	ICS2	ICS