

## PC3 (MH/Geri) ROTATION-SPECIFIC OBJECTIVES

### MENTAL HEALTH:

#### Adjustment Disorders

##### Anxiety disorders:

- Generalized anxiety disorder
- Obsessive compulsive disorder
- Panic attacks
- PTSD
- Phobias
- Agoraphobia

#### Attention-deficit / Hyperactivity disorder

#### Autism Spectrum Disorder

##### Behavioral Change

- Stages of readiness for behavioral change
- How a patient's stage influences the approach to management
- Strategies to promote behavior change

#### Delirium, Dementias, Amnesic and other Cognitive Disorders

##### Eating Disorders

- Anorexia nervosa
- Bulimia nervosa

##### Grief and bereavement

- Normal and complicated/prolonged grief

##### Mood disorders

- Major and minor depression
- Dysthymic disorder
- Bipolar disorders

##### Personality disorders

- Cluster A- Paranoid, Schizoid, Schizotypal
- Cluster B- Histrionic, Narcissistic, Borderline, Antisocial
- Cluster C- Avoidant, Dependent, Obsessive-compulsive

#### Sexual Dysfunction Disorders

##### Sleep Disorders

- Insomias
- Hypersomnia
- Restless leg syndrome

- Narcolepsy

### Somatic Symptom & Related Disorders

- Somatic symptom disorder
- Illness anxiety disorder
- Conversion disorder
- Factitious disorder

### Substance-Related Disorders

- Alcohol, opioid, nicotine, anxiolytics/hypnotics, stimulants/depressants
- Use/Abuse/Dependence/Addiction
- Approach to patient
- Education and management options for cessation

### Suicide/violence

- Ideation

### **Recognize the definition or a clinical presentation of:**

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| <ul style="list-style-type: none"> <li>• Addiction</li> <li>• Anhedonia</li> <li>• Counter transference</li> <li>• Delusion</li> <li>• Denial</li> <li>• Dependence</li> <li>• Drug abuse</li> <li>• Hallucination</li> </ul> | <ul style="list-style-type: none"> <li>• Mania</li> <li>• Projection</li> <li>• Psychomotor agitation &amp; retardation</li> <li>• Reaction formation</li> <li>• Repression</li> <li>• Tolerance</li> <li>• Withdrawal</li> </ul> |
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Upon completion of this clinical experience, the student will be expected to **recognize the risk factors, epidemiology, clinical manifestations, differential diagnosis and diagnosis** of the following diseases/disorders/symptoms. The student will be expected to **identify the appropriate referrals and legal reporting criteria** for the following disorders/diseases/symptoms.

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| <ul style="list-style-type: none"> <li>• Acute Manic episode</li> <li>• Child abuse and neglect</li> <li>• Conduct Disorders</li> <li>• Delusional Disorder</li> <li>• Depersonalization Disorder</li> <li>• Dissociative Disorders</li> <li>• Domestic &amp; family violence</li> <li>• Elder abuse and neglect</li> <li>• Factitious Disorders</li> </ul> | <ul style="list-style-type: none"> <li>• Homicidalty</li> <li>• Issues Surrounding Sexuality &amp; Gender Identification</li> <li>• Schizophrenia &amp; Other Psychotic Disorders</li> <li>• Sexual abuse &amp; rape</li> <li>• Suicidalty</li> <li>• Violence</li> </ul> |
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### **MENTAL HEALTH PHARMACOTHERAPEUTICS**

Students will also be expected to *discern* the **properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and side effects**. Students will also

be expected to *discern* the appropriate **patient educations and necessary follow up** required for the following drugs or drug classes.

- Antidepressants: including SSRIs, SNRIs, TCAs, other
- Anti Anxiety meds: SSRIs, benzodiazepines, other
- Antipsychotics: to include typical and atypicals
- Mood stabilizers
- Meds to treat sleep disorders including insomnia and narcolepsy
- Beta Blockers
- Agents for drug dependence (Alcohol, opiate, nicotine)
- Stimulants
- Diphenhydramine
- Anti-nausea meds
- Clonidine
- OCD drugs
- ADHD drugs
- Anticonvulsants

### MENTAL HEALTH DIAGNOSTICS

Students will be expected to appropriately **recommend, interpret** the findings, and **recognize the indications/clinical significance** of the following diagnostic studies. In addition students will be expected to discern appropriate **management** (including counseling and informed consent) when *abnormalities* are found in the following routine tests, and recognize the **potential complications** for each:

- Toxicology screens
- Therapeutic drug levels
- Head CT and MRI
- MMSE
- TSH

### GERIATRIC MEDICINE:

#### General

- Falls and prevention of falls
- Sexual health
- Weight loss
- Fatigue
- Altered level of consciousness
- Appropriate dressing and wound treatments based on wound type in geriatric population
- End of Life/Palliative Care/Hospice
- Clinical manifestations of infection in the geriatric population

#### Cardiovascular

- Hypertension (essential, diastolic, systolic)
- Peripheral vascular disease

#### Dermatologic

- Atropic
- Hypertrophic conditions
- Dermatitis

#### Endocrinology

- Osteoporosis

- Paget's disease

### Gastroenterology

- Constipation
- Hypoalbuminemia

### Genitourinary

- Urinary tract infections
- Prostate
- Incontinence
- Uterine Prolapse

### Hematology

- Anemia (microcytic, macrocytic, normocytic)

### Musculoskeletal

- Gait disorders and immobility

### Neurological

- Confusion
- Dizziness
- Delirium
- Dementia/ Alzheimer's
- Parkinson's disease
- Stroke/TIA
- MMSE score required to diagnosis stages of dementia

### Psychiatric

- Depression
- Anxiety
- Sleep disorders

### Pulmonary

- Pneumonia (viral, bacterial and fungal)

The student will be expected to *recognize, differentiate, evaluate and assess* the following medical/legal/psychosocial issues commonly associated with the geriatric population.

- Differentiate between the basic self-care skills of activities of daily living (ADLs) and independent activities of daily living (IADLs) and the instruments for assessing both.
- Identify and recognize the options available for long term care.
- Identify, recognize and discern the legal and ethical issues in geriatric medicine, including assessment of competence, driving and the elderly, end of life decision making, power of attorney, living wills, advanced directives, and DNR orders.
- Identify and recognize injury risk reduction strategies for an elderly.

## **GERIATRIC PHARMACOTHERAPEUTICS**

Students will be expected to *discern* the following issues as they relate to pharmacotherapeutics in the geriatric population. Students will also be expected to *discern* the appropriate patient education and necessary follow up required.

- A. Age related physiologic changes that alter a medication's pharmacotherapeutics
- B. Specific considerations and guidelines for safer prescribing practices for the geriatric population, including types of medications prescribed and renal dosing
- C. The potential complications from polypharmacy and how this problem may affect the individual patient.

Students will also be expected to *discern* the **properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and side effects**. Students will also be expected to *discern* the appropriate **patient educations and necessary follow up** required for the following drugs or drug classes.

- Alzheimer's dementia agents
- Antiparkinson agents

### **PC3 AQUIFER CASES**

1. Family Med 5: 30 year old woman with palpitations
2. Family Med 9: 50 year old woman with palpitations
3. Family Med 11: 74 year old woman with knee pain
4. Family Med 22: 70 year old male with new-onset unilateral weakness
5. Internal Med 5: 55 year old man with fatigue
6. High Value Care 9: 66 year old woman- Redefining value at end of life

See Appendix E for suggestions of additional cases to complete.

## **END OF PC3 ROTATION-SPECIFIC OBJECTIVES**