

HCMC FAMILY MEDICINE RESIDENCY PROGRAM

G1 Psychiatry & Neurology

ROTATION SPECIFIC COMPETENCY OBJECTIVES

Patient Care		
By the end of the rotation, the G1 resident will:		Sub-comp
	Demonstrate the ability to effectively interview and evaluate patients using appropriate techniques and skills for the following: <ul style="list-style-type: none"> • full neurological examination • comprehensive sleep assessment • medical evaluations for patients admitted to psychiatry • substance use assessment 	PC 1.1, 1.2, 2.1, 2.2
	Assess and manage acute medical and psychiatric needs of patients, including the following skills: <ul style="list-style-type: none"> • Conduct risk assessments • Perform medical consultations for patients with co-existing medical concerns • Determine most appropriate level of care 	PC 1.1, 1.2
	Incorporate evidenced-based approaches to formulate preliminary treatment plans for common chronic neurological and psychiatric conditions.	PC 2.1, 2.2,
	Gather biological, psychological, and social information to generate differential diagnoses and management plans for complex, psychosomatic symptoms.	PC 4.1, 4.2

Medical Knowledge		
By the end of the rotation, the G1 resident will:		
	List signs and symptoms of psychiatric conditions common to Family Medicine, including but not limited to: depressive disorders, anxiety disorders, trauma and stressor-related disorders, substance use disorders, bipolar affective disorders, schizophrenia, sleep-wake disorders, neurocognitive disorders, somatic disorders	MK 1.1
	Administer and interpret common behavioral screening tools (PHQ-9, GAD-7, PC-PTSD)	MK 2.1
	Create a preliminary differential diagnosis for common neurological and psychiatric problems.	MK 2.1, 2.2
	Appraise pharmaceutical and non-pharmaceutical therapies for most common neurological and psychiatric medications, acute and chronic	MK 1.1, 1.2

Systems Based Practice		
By the end of the rotation, the G1 resident will:		
	Recognize conditions that require consultation with multidisciplinary members of healthcare team (e.g., addiction, behavioral health, neurology, psychiatry).	SBP 2.1, 2.2
	Develop familiarity and experience with the process of providing consultations, with attention to systems issues, communication with the primary care team and collaboration with interdisciplinary teams.	SBP 2.1, 2.2
	Demonstrate effective patient advocacy.	SBP 4.2

Practice Based Learning & Improvement		
By the end of the rotation, the G1 resident will:		
	Demonstrate openness to feedback from faculty and senior residents.	PBLI2.2
	Demonstrate commitment to scholarship by pursuing, integrating, and evaluating evidenced-based principles.	PBLI 1.1, 1.2
	Acknowledge opportunities for ongoing improvement in clinical and academic performance.	PBLI 2.1, 2.2
	Engage the patient's preferences in formulating a plan of care	PBLI1.2

Professionalism		
By the end of the rotation, the G1 resident will:		
	Demonstrate professional demeanor in all patient and staff interactions (i.e., respectful language and tone, compassion, integrity, accountability, honesty)	PROF 1.1, 1.2
	Demonstrate sensitivity and ethical approaches to patient diversity.	PROF 1.1, 1.2
	Apply ethical concepts of confidentiality, consent, autonomy, and justice.	PROF 1.2
	Identify personal limitations in knowledge and/or skills.	PROF 3.2
	Recognize and respond appropriately to signs of stress or impairment in self and team members.	PROF 3.2

Interpersonal & Communication Skills		
By the end of the rotation, the G1 resident will:		
	Establish and maintain rapport with patients verbally and non-verbally.	ICS 1.1, 1.2
	Actively identify barriers to effective communication.	ICS 1.1, 1.2
	Adapt communication with patients and families regarding diagnosis, treatment options, and follow-up care, while showing sensitivity to diversity factors.	ICS 1.1, 1.2
	Apply techniques of effective communication when interacting with consultants, team members, and members of the health team	ICS 2.1, 2.2

Entrustable Professional Activities (EPAs):

- (1) Provide a usual source of comprehensive, longitudinal medical care for people of all ages.
- (6) Evaluate and manage undifferentiated symptoms and complex conditions.
- (7) Diagnose and manage chronic medical conditions and multiple co-morbidities.
- (8) Diagnose and manage mental health conditions.
- (9) Diagnose and manage acute illness and injury.
- (14) Manage care for patients with medical emergencies.
- (17) In the context of culture and health beliefs of patients and families, use the best science to set mutual health goals and provide services most likely to benefit health