

Psychiatry Levels of Care

PROCEDURE/SKILL	LEVEL OF CARE	SUPERVISION	MILESTONE
Obtain general medical and psychiatric history, social and family history, and complete a mental status examination	PGY 2	Indirect or Direct	PC1
Perform a physical exam	PGY 2	Indirect	PC1
Obtain relevant collateral information from secondary sources	PGY 2	Indirect	PC1
Screens for patient safety, including suicidal and homicidal ideation	PGY 2	Indirect	PC1
Obtain appropriate diagnostic studies to confirm diagnosis	PGY 2	Indirect	PC1
Organize and accurately summarizes, reports, and present to colleague's information obtained from the patient evaluation	PGY 2	Indirect or Direct	PC2/PC3
Complete a differential diagnosis in addition to the working diagnosis	PGY 2	Indirect or Direct	PC2/PC3
Manage the agitated patient	PGY 2	Indirect	PC2/PC3
Manage the acutely suicidal patient	PGY 2	Indirect	PC2/PC3
Order seclusion and restraints appropriately	PGY 2	Indirect	PC2/PC3
Identify potential treatment options	PGY 2	Indirect or Direct	PC3
Recognize patient in crisis or acute presentation	PGY 2	Indirect	PC3
Recognize patient readiness for treatment	PGY 2	Indirect	PC3
Evaluate at least 100 patients with psychiatric illness in an ER setting	PGY 2	Indirect	PC3
Accurately identify patient emotions, particularly sadness, anger, and fear	PGY 2	Indirect	PC4
Maintains appropriate professional boundaries	PGY 2	Indirect	PC4
Demonstrates a professional interest and curiosity in a patient's story (empathy)	PGY 2	Indirect	PC4
Begin using the biopsychosocial case formulation	PGY 2	Direct	PC1/PC4/MK1
List commonly used psychopharmacologic agents and their indications to target specific psychiatric symptoms	PGY 2	Indirect or Direct	PC5/PC2
Participate in treatment decisions and discharge planning	PGY 2	Indirect or Direct	PC5/PC2
Review with the patient/family general indications, dosing parameters, and common side effects for commonly prescribed psychopharmacologic agents	PGY 2	Indirect or Direct	PC5/PC2
Describe the basic stages of normal physical, social, and cognitive development through the life cycle	PGY 2	Indirect	MK1
Know how to assess geriatric and pediatric cases emergently	PGY 2	Indirect or Direct	MK1
Identify the major psychiatric diagnostic system (DSM)	PGY 2	Indirect	MK2

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List major risk and protective factors for danger to self and others	PGY 2	Indirect	MK2
Give examples of interactions between medical and psychiatric symptoms and disorders	PGY 2	Indirect	MK2
Recognize medical disorders that mimic psychiatric symptoms	PGY 2	Indirect	MK2
Recognize psychiatric disorders that mimic medical symptoms	PGY 2	Indirect	MK2
Follow multiple patients with the following diagnoses: schizophrenia, bipolar disorder, major depressive disorder, substance dependence, abuse and intoxication	PGY 2	Indirect or Direct	MK2
Discriminate between psychiatric patients requiring inpatient from outpatient treatment	PGY 2	Indirect or Direct	MK2
Know commonly available neuroimaging and neurophysiologic diagnostic modalities and how to order them	PGY 2	Indirect	MK3
Know how to order neuropsychological testing	PGY 2	Indirect	MK3
Recognize acute psychiatric symptoms and major CNS disorders	PGY 2	Indirect or Direct	MK3
Use the MMSE appropriately	PGY 2	Indirect	MK3
Recognize delirium and dementia	PGY 2	Indirect or Direct	MK3
Identify psychodynamic, cognitive-behavioral, and supportive therapies as major psychotherapeutic modalities	PGY 2	Indirect	MK4
Successfully complete a written cognitive exam	PGY 2	Indirect	MK4
Know the FDA-approved indications and side effects of most psychiatric medications	PGY 2	Indirect	MK5
Know indications and contraindications for ECT	PGY 2	Indirect	MK5
Recognize drug interactions	PGY 2	Indirect	MK5
Correctly apply pharmacology for agitation and understand the etiology of the agitation	PGY 2	Indirect	MK5
List common ethical issues in psychiatry	PGY 2	Indirect	MK6
Recognize and describe institutional policies and procedures	PGY 2	Indirect	MK6
List ACGME competencies	PGY 2	Indirect	MK6
Demonstrate knowledge of legal issues related to inpatient and outpatient care	PGY 2	Indirect	MK6/PROF1
Attend court commitment proceedings and be able to justify reasons for continued hospitalization or discharge	PGY 2	Indirect	MK6/PROF1

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Differentiate among medical errors, near misses, and sentinel events	PGY 2	Indirect	SPB1
Recognize failure in teamwork and communication as leading cause of preventable patient harm	PGY 2	Indirect	SPB1
Follow institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses	PGY 2	Indirect	SPB1
Recognize the need for efficient and equitable use of resources	PGY 2	Indirect	SBP2
Contact and utilize appropriate community resources for patients	PGY 2	Indirect	SBP2
Consider financial implications of patient care on both inpatient and outpatient levels	PGY 2	Indirect	SBP2
Advocate appropriately for patients and their families	PGY 2	Indirect	SBP2
Give examples of community mental health systems of care	PGY 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)	PGY 2	Indirect	SBP3
Describe the difference between consultant and primary treatment provider	PGY 2	Indirect	SBP4
Use feedback from teachers, colleagues, and patients to assess own level of knowledge and expertise	PGY 2	Indirect	PBLI1
Recognize limits of one's knowledge and skills and seeks supervision	PGY 2	Indirect	PBLI1
Describe and rank levels of clinical evidence	PGY 2	Indirect	PBLI1
Read about issues related to patient care and acute illness	PGY 2	Indirect	PBLI1
Read about issues related to inpatient and outpatient care	PGY 2	Indirect	PBLI1
Apply evidence-based medicine to patient care decisions	PGY 2	Indirect or Direct	PBLI1
Identify evidence-based practices in daily rounds and in didactics	PGY 2	Indirect or Direct	PBLI1
Access and uses online information	PGY 2	Indirect	PBLI1
Complete a formal write-up on a patient for review and feedback	PGY 2	Indirect	PBLI1
Recognize potential gaps in quality of care and system-level inefficiencies	PGY 2	Indirect	PBLI2
Discuss with supervisor's possible quality gaps and problems with psychiatric care delivery	PGY 2	Indirect	PBLI2
Recognize role of physician as teacher	PGY 2	Indirect	PBLI3
Perform an interview in front of faculty for critique and feedback (clinical skills exam)	PGY 2	Direct	PBLI3/ICS2

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

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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	PGY 2	Indirect	ICS2
Engage in active listening, “teach back”, and other strategies to ensure patient and family understanding	PGY 2	Indirect	ICS2
Maintain appropriate boundaries in sharing information by electronic communication (including telepsychiatry)	PGY 2	Indirect	ICS2
Educate patients and their families about illness and medications and discuss preventive measures to decrease relapse and chronicity	PGY 2	Indirect	ICS2
Obtain collateral information in an appropriate manner	PGY 2	Indirect	ICS2
Use past and present medical records appropriately	PGY 2	Indirect	ICS2

KEY
Supervision:
Direct – the supervising physician is physically present with the resident and patient.
A faculty physician, other than another resident, is physically present during the key portions of the procedure or is immediately available.
Indirect – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
Oversight - the supervising physician is available to provide review of procedures/encounters with feedback after care is provided.
Core Competencies:
1. Patient Care (PC)
2. Medical Knowledge (MK)
3. Practice-Based Learning & Improvement (PBL)
4. Systems-Based Practice (SBP)
5. Interpersonal & Communication Skills (IC)
6. Professionalism (P)