

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

Psychiatry Level of Care

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

Psychiatry Level of Care

Know the FDA-approved indications and side effects of most psychiatric medications	PGY 3	Oversight or Indirect	MK5
Know indications and contraindications for ECT	PGY 3	Oversight or Indirect	MK5
Recognize drug interactions	PGY 3	Oversight or Indirect	MK5
Correctly apply pharmacology for agitation and understand the etiology of the agitation	PGY 3	Oversight or Indirect	MK5
List common ethical issues in psychiatry	PGY 3	Oversight	MK6
Recognize and describe institutional policies and procedures	PGY 3	Oversight	MK6
List ACGME competencies	PGY 3	Oversight	MK6
Demonstrate knowledge of legal issues related to inpatient and outpatient care	PGY 3	Indirect or Oversight	MK6/PROF1
Attend court commitment proceedings and be able to justify reasons for continued hospitalization or discharge	PGY 3	Indirect or Oversight	MK6/PROF1
Know about legal issues related to patient care and how it may affect stability	PGY 3	Indirect or Oversight	MK6/PROF1
Differentiate among medical errors, near misses, and sentinel events	PGY 3	Oversight	SPB1
Recognize failure in teamwork and communication as leading cause of preventable patient harm	PGY 3	Oversight	SPB1
Follow institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses	PGY 3	Oversight	SPB1
§ Recognize the need for efficient and equitable use of resources	PGY 3	Oversight	SBP2
Contact and utilize appropriate community resources for patients	PGY 3	Oversight	SBP2
Consider financial implications of patient care on both inpatient and outpatient levels	PGY 3	Oversight	SBP2
Advocate appropriately for patients and participate in regional, state or national mental health organizations	PGY 3	Oversight	SBP2
Give examples of community mental health systems of care	PGY 3	Oversight	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 3	Oversight	SBP3
Diagnose and treat psychiatric symptoms in non-psychiatric patients	PGY 3	Oversight	SBP4
Use feedback from teachers, colleagues, and patients to assess own level of knowledge and expertise	PGY 3	Oversight or Indirect	PBL11

Psychiatry Level of Care

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

Psychiatry Level of Care

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

Psychiatry Level of Care

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 3	Oversight	ICS2
Engage in active listening, “teach back”, and other strategies to ensure patient and family understanding	PGY 3	Oversight	ICS2
Maintain appropriate boundaries in sharing information by electronic communication (including telepsychiatry)	PGY 3	Oversight	ICS2
Educate patients and their families about illness and medications and discuss preventive measures to decrease relapse and chronicity	PGY 3	Oversight	ICS2
Obtain collateral information in an appropriate manner	PGY 3	Oversight	ICS2
Use past and present medical records appropriately	PGY 3	Oversight	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)