PROCEDURE/SKILL	LEVEL OF CARE	SUPERVISION	MILESTONE
Obtain general medical and psychiatric history, social and family history, and			
complete a mental status examination	PGY 4/5	Oversight or Direct	PC1
Perform a physical exam	PGY 4/5	Oversight	PC1
Obtain relevant collateral information from secondary sources	PGY 4/5	Oversight	PC1
Obtain appropriate diagnostic studies to confirm diagnosis	PGY 4/5	Oversight	PC1
Elicit a complete history and perform a complete neurological exam	PGY 4/5	Oversight	PC1
Include collateral information in treatment plan	PGY 4/5	Oversight	PC1
Include risk assessment as appropriate in all patients	PGY 4/5	Oversight	PC2
Present reasonable differential diagnoses in addition to a working diagnosis	PGY 4/5	Direct	PC2
Present cases in a coherent fashion both verbally and in written form	PGY 4/5	Direct	PC2
Manage the agitated patient	PGY 4/5	Oversight	PC2/PC3
Manage the acutely suicidal patient	PGY 4/5	Oversight	PC2/PC3
Order seclusion and restraints appropriately	PGY 4/5	Oversight	PC2/PC3
Formulate a correct treatment plan	PGY 4/5	Oversight or Direct	PC2/PC3
Identify potential treatment options	PGY 4/5	Oversight or Direct	PC3
Recognize patient in crisis or acute presentation	PGY 4/5	Oversight	PC3
Recognize patient readiness for treatment	PGY 4/5	Oversight	PC3
Initiate and maintain correct treatments for all diagnoses based on EBM	PGY 4/5	Oversight	PC2/PC3
Understand DSM illnesses, and the interplay between them as well as			
comorbid diseases	PGY 4/5	Oversight	PC2/PC3
Accurately identify patient emotions, particularly sadness, anger, and fear	PGY 4/5	Oversight	PC4
Maintains appropriate professional boundaries	PGY 4/5	Oversight	PC4
Demonstrates a professional interest and curiosity in a patient's story (empathy)	PGY 4/5	Oversight	PC4
Use the biopsychosocial case formulation	PGY 4/5	Oversight	PC1/PC4/MK1
Perform acceptable short-term psychotherapy	PGY 4/5	Oversight	PC4
Follow a number of outpatients on a weekly basis for psychotherapy	PGY 4/5	Oversight	PC4
Evaluate discharged patients in the outpatient setting	PGY 4/5	Oversight	PC4
List commonly used psychopharmacologic agents and their indications to	-		
target specific psychiatric symptoms	PGY 4/5	Oversight	PC5/PC2

Participate in treatment decisions and discharge planning	PGY 4/5	Oversight	PC5/PC2
Review with the patient/family general indications, dosing parameters, and			
common side effects for commonly prescribed psychopharmacologic agents	PGY 4/5	Oversight	PC5/PC2
Participate in the training of medical students and junior residents	PGY 4/5	Oversight	PC1, 2/MK4, 5
	PGY 4/5	Oversight	PBLI1, 3
Describe the basic stages of normal physical, social, and cognitive			
development through the life cycle	PGY 4/5	Oversight	MK1
Know how to assess geriatric and pediatric cases emergently	PGY 4/5	Oversight	MK1
Prepare for the Board Exam	PGY 4/5	Oversight	MK1
Diagnose and treat substance abuse/dependence on an outpatient basis	PGY 4/5	Oversight	MK2
Understand and identify substance abuse/dependence in the presence of			
psychiatric symptoms	PGY 4/5	Oversight	MK2
Identify the major psychiatric diagnostic system (DSM)	PGY 4/5	Oversight	MK2
List major risk and protective factors for danger to self and others	PGY 4/5	Oversight	MK2
Give examples of interactions between medical and psychiatric symptoms and			
disorders	PGY 4/5	Oversight	MK2
Recognize medical disorders that mimic psychiatric symptoms	PGY 4/5	Oversight	MK2
Recognize psychiatric disorders that mimic medical symptoms	PGY 4/5	Oversight	MK2
Follow multiple patients with the following diagnoses: schizophrenia, bipolar			
disorder, major depressive disorder, substance dependence, abuse and			
intoxication	PGY 4/5	Oversight or Direct	MK2
Discriminate between psychiatric patients requiring inpatient from outpatient	_		
treatment	PGY 4/5	Oversight	MK2
Attend to healthcare prevention and maintenance needs of the patient,	507.475	0	N 4140
including non-psychiatric	PGY 4/5	Oversight	MK2
Diagnose and treat all categories of psychiatric illness, including disorders of childhood and adolescence	DCV 4/F	Overeight an Dinest	NAV2 /NAV2 /DC2
	PGY 4/5	Oversight or Direct	MK2/MK3/PC2
Know commonly available neuroimaging and neurophysiologic diagnostic modalities and how to order them	PGY 4/5	Oversight	MK3
Know how to order neuropsychological testing	PGY 4/5	Oversight	MK3
	<u>*</u>		
Recognize acute psychiatric symptoms and major CNS disorders	PGY 4/5	Oversight or Direct	MK3
Use the MMSE appropriately	PGY 4/5	Oversight	MK3

Recognize delirium and dementia	PGY 4/5	Oversight	MK3
Identify psychodynamic, cognitive-behavioral, and supportive therapies as			
major psychotherapeutic modalities	PGY 4/5	Oversight	MK4
Successfully complete a written cognitive exam in preparation for the Board			
Exam	PGY 4/5	Oversight	MK4
Demonstrate competency in combining medications and psychotherapy	PGY 4/5	Oversight	MK4/PC4
Successfully complete a psychodynamic formulation concerning long-term			
therapy patients	PGY 4/5	Oversight	MK4/PC4
Follow children, adolescents and families in therapy	PGY 4/5	Oversight	MK4/PC4
Perform long term psychotherapy	PGY 4/5	Oversight	MK4/PC4
Know the FDA-approved indications and side effects of most psychiatric			
medications	PGY 4/5	Oversight	MK5
Know indications and contraindications for ECT	PGY 4/5	Oversight	MK5
Recognize drug interactions	PGY 4/5	Oversight	MK5
Correctly apply pharmacology for agitation and understand the etiology of the			
agitation	PGY 4/5	Oversight	MK5
List common ethical issues in psychiatry	PGY 4/5	Oversight	MK6
Recognize and describe institutional policies and procedures	PGY 4/5	Oversight	MK6
List ACGME competencies	PGY 4/5	Oversight	MK6
Critically evaluate new drug therapies and other treatments	PGY 4/5	Oversight	MK1, 4, 6
Demonstrate knowledge of legal issues related to inpatient and outpatient			
care	PGY 4/5	Oversight	MK6/PROF1
Attend court commitment proceedings and be able to justify reasons for			
continued hospitalization or discharge	PGY 4/5	Oversight	MK6/PROF1
Know about legal issues related to patient care and how it may affect stability	PGY 4/5	Oversight	MK6/PROF1
Practice medical ethics and seek supervision for difficult and challenging			
patients	PGY 4/5	Oversight	MK6/PROF1
Differentiate among medical errors, near misses, and sentinel events	PGY 4/5	Oversight	SPB1
Recognize failure in teamwork and communication as leading cause of			
preventable patient harm	PGY 4/5	Oversight	SPB1
Follow institutional safety policies, including reporting of problematic			
behaviors and processes, errors, and near misses	PGY 4/5	Oversight	SPB1

Recognize the need for efficient and equitable use of resources	PGY 4/5	Oversight	SBP2
Contact and utilize appropriate community resources for patients	PGY 4/5	Oversight	SBP2
Consider financial implications of patient care on both inpatient and			
outpatient levels	PGY 4/5	Oversight	SBP2
Advocate appropriately for patients and participate in regional, state or			
national mental health organizations	PGY 4/5	Oversight	SBP2
Practice cost-effective medicine that still provides the best care for patients	PGY 4/5	Oversight	SBP2
Advocate for the field of psychiatry so our patients receive the full effect of			
our training	PGY 4/5	Oversight	SBP2/PROF2
Give examples of community mental health systems of care	PGY 4/5	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 4/5	Oversight	SBP3
Consult with community agencies for the advocacy of their patients	PGY 4/5	Oversight	SBP2, 3
Diagnose and treat psychiatric symptoms in non-psychiatric patients	PGY 4/5	Oversight or Direct	SBP4
Work with primary care physicians to integrate and teach psychiatric services			
to ensure excellent care in patients seen in other fields	PGY 4/5	Oversight	SBP4/PC3
Use feedback from teachers, colleagues, and patients to assess own level of			
knowledge and expertise	PGY 4/5	Oversight	PBLI1
Recognize limits of one's knowledge and skills and seeks supervision	PGY 4/5	Oversight	PBLI1
Describe and rank levels of clinical evidence	PGY 4/5	Oversight	PBLI1
Read about issues related to patient care and acute illness	PGY 4/5	Oversight	PBLI1
Read about issues related to inpatient and outpatient care	PGY 4/5	Oversight	PBLI1
Apply evidence-based medicine to patient care decisions	PGY 4/5	Oversight	PBLI1
Identify evidence-based practices in daily rounds and in didactics	PGY 4/5	Oversight	PBLI1
Access and uses online information	PGY 4/5	Oversight	PBLI1
Complete a formal write-up on a patient for review and feedback	PGY 4/5	Oversight	PBLI1
Recognize issues related to clinical research and how the field benefits from	-		
such participation	PGY 4/5	Oversight	PBLI1
Recognize areas of self-weakness and seek ways to improve	PGY 4/5	Oversight	PBLI1
Apply EBM to patient care decisions	PGY 4/5	Oversight	PBLI1

Access and use up-to-date EBM information appropriately	PGY 4/5	Oversight	PBLI1
Facilitate learning in other members of the treatment team	PGY 4/5	Oversight	PBLI1
Improve skills through direct therapy supervision and feedback	PGY 4/5	Direct	PBLI1
Critically evaluate the psychiatric literature and apply it to your own practice	PGY 4/5	Oversight	PBLI 1, SBP3, PC5, MK4, 5
Recognize potential gaps in quality of care and system-level inefficiencies	PGY 4/5	Oversight	PBLI2
Discuss with supervisors possible quality gaps and problems with psychiatric care delivery	PGY 4/5	oversight	PBLI2
Complete a scholarly project under faculty guidance	PGY 4/5	Oversight	PBLI2
Recognize role of physician as teacher	PGY 4/5	Oversight	PBLI3
Perform an interview in front of faculty for critique and feedback (clinical skills exam) for Board Certification	PGY 4/5	Direct	PBLI3/ICS2
Teach a seminar for junior residents and medical/graduate students	PGY 4/5	Oversight	PBLI3/ICS2
Participate in regional, state or national mental health organizations	PGY 4/5	Oversight	PBLI3/PROF2
Provide role-modeling for other trainees and become involved in societies or community programs	PGY 4/5	Oversight	PBLI3/PROF1
Become a leader in some aspect of your training program	PGY 4/5	Oversight	PBLI3/PROF1
Demonstrate behaviors that convey caring, honesty, genuine interest, and respect for patients and their families	PGY 4/5	Oversight	PROF1
Recognize that patient diversity affects patient care	PGY 4/5	Oversight	PROF1
Respect diversity of culture, gender, and race	PGY 4/5	Oversight	PROF1
Display familiarity with some basic ethical principles (confidentiality, informed consent, professional boundaries)	PGY 4/5	Oversight	PROF1
Respond to patient and family communications timely	PGY 4/5	Oversight	PROF1
Understands the need for sleep, and the impact of fatigue on work	PGY 4/5	Oversight	PROF2
List ways to manage fatigue, and seek back-up as needed to ensure good patient care	PGY 4/5	Oversight	PROF2
Exhibit core professional behaviors	PGY 4/5	Oversight	PROF2
Display openness to feedback	PGY 4/5	Oversight	PROF2
Introduce self as patient's physician	PGY 4/5	Oversight	PROF2
Prepare for and arrive to team meetings in a timely manner	PGY 4/5	Oversight	PROF2

Answer pager reliably	PGY 4/5	Oversight	PROF2
Use supervision appropriately	PGY 4/5	Oversight	PROF2
Act and dress in an appropriate manner for a physician	PGY 4/5	Oversight	PROF2
Timely completion of admission and discharge summaries	PGY 4/5	Oversight	PROF2
Appropriate transfer of knowledge to next shift for continuity of patient care	PGY 4/5	Oversight	PROF2
Timely completion of paperwork	PGY 4/5	Oversight	PROF2
Answer telephone calls promptly	PGY 4/5	Oversight	PROF2
Arrange backup when unavailable	PGY 4/5	Oversight	PROF2
Function in the role of consultant and/or liaison psychiatrist for other medical services, as well as between providers	PGY 4/5	Oversight	PROF2
Provide leadership for clinical team and junior residents as well as medical students	PGY 4/5	Oversight	PROF2
Advocate for your peers as well as your patients	PGY 4/5	Oversight	PROF1/PROF2
Demonstrate knowledge of self-limitations and ask for feedback	PGY 4/5	Oversight	PROF1/PROF2
Act as liaison between residents and faculty in all educational endeavors	PGY 4/5	Oversight	ICS1/PROF2
Cultivate positive relationships with patients, families, and team members	PGY 4/5	Oversight	ICS1
Recognize communication conflicts in work relationships	PGY 4/5	Oversight	ICS2
Identify team-based care as preferred treatment approach, and collaborate as a member of the team	PGY 4/5	Oversight	ICS3
Involve the entire healthcare team in evidence-based decision making	PGY 4/5	Oversight	ICS4
Take a greater role in healthcare team leadership	PGY 4/5	Oversight	ICS5
Establish and maintain a therapeutic alliance	PGY 4/5	Oversight	ICS6
Use patient and family education appropriately	PGY 4/5	Oversight	ICS1/PC5
Communicate results of assessment to patients and families	PGY 4/5	Oversight	ICS1/PC5
Understand when and how to consider a medical referral and maintain communication with the other provider	PGY 4/5	Oversight	ICS1/SBP3/PC3
Communicate well with colleagues, patients and their families and peers	PGY 4/5	Oversight	ICS1, 2/PROF2
Ensure transitions of care are accurately documented, and optimize communication across systems and continuums of care	PGY 4/5	Oversight	ICS2
Ensure that the written record (electronic medical record [EMR], personal health records [PHR]/patient portal, hand-offs, discharge summaries, etc.) are	PGY 4/5	Oversight	ICS2

accurate and timely, with attention to preventing confusion and error,			
consistent with institutional policies			
Engage in active listening, "teach back", and other strategies to ensure patient			
and family understanding	PGY 4/5	Oversight	ICS2
Maintain appropriate boundaries in sharing information by electronic			
communication (including telepsychiatry)	PGY 4/5	Oversight	ICS2
Educate patients and their families about illness and medications and discuss			
preventive measures to decrease relapse and chronicity	PGY 4/5	Oversight	ICS2
Obtain collateral information in an appropriate manner	PGY 4/5	Oversight	ICS2
Use past and present medical records appropriately	PGY 4/5	Oversight	ICS2
Successfully discuss transfer and termination issues with patients	PGY 4/5	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)