



Learning. Caring. Serving. Leading.

PAS 7850: Behavioral Health

1.5 Credit Hours

Designated clinical learning site: Behavioral Health Clinic (In and/or Outpatient)

Course Coordinator	Office	Phone	Email
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Course Description:

The Behavioral Medicine rotation is designed to give students practical experience in the diagnosis and management of psychiatric patients in the clinical setting. Students will work to hone their ability to recognize psychiatric diagnoses in the outpatient and/or inpatient settings with the goal of applying their knowledge and skills to the many other disciplines of medicine and clinical practice.

Prerequisites: PAS 5000-6800

Course goals:

The goals for this course are for students to:

1. To apply the medical content and principles of behavioral medicine to the care of patients.
2. To provide opportunities for each student to develop the core PA competencies in a supervised behavioral health setting.
3. To expose each student to an experienced and competent medical provider role model for the care of psychiatric/behavioral health patients.

Learning Outcomes:

The learning outcomes for this course are designated as “LO” with an associated number that corresponds to a program competency (PC) required for all students of Elon PA program. By achieving the course learning outcomes, students are demonstrating progression towards meeting program competencies.

PC1: Clinical and Technical Skills (CTS) PA students will demonstrate proficiency in clinical and technical skills necessary for effective, patient-centered care, including accurate diagnosis, treatment planning, and procedural competence.

- LO1.1 Skillfully conduct personalized patient interviews, ensuring clear communication. (B2.04) (B2.06a-f) (B2.07a)
- LO1.3 Utilize diagnostic tools and technologies effectively to support clinical decision-making and enhance individualized patient care. (B2.07d)
- LO1.4 Perform common screenings with competence, prioritizing patient comfort and well-being. (B2.09) (B2.16a,b,d)
- LO1.7 Accurately document patient encounters (demonstrated in this rotation with a SOAP note). (B2.14b)

PC2: Clinical Reasoning and Problem Solving (CRPS) PA students will develop advanced clinical reasoning and problem-solving skills to accurately assess patient conditions and formulate effective treatment plans.



- LO2.1 Integrate patient history and clinical data to formulate accurate differential diagnoses. (B2.07c)
- LO2.3 Utilize critical reasoning and problem-solving to prioritize care, including
 - formulating a diagnosis, (B2.07c) (B2.05)
 - ordering diagnostic studies, and (B2.07d) (B2.05)
 - determining the next best steps in treatment. (B2.07e) (B2.05)
- LO2.4 Develop comprehensive patient management plans, addressing both acute and chronic conditions, to ensure effective and continuous care. (B2.07e)

PC3: Interpersonal Skills (IPS) PA students will cultivate strong interpersonal skills to effectively communicate and build therapeutic relationships with patients, families, and healthcare team members.

- LO3.1 Demonstrate effective communication skills to build rapport and trust with patients and their families. (B2.04) (B2.06a-f)
- LO3.2 Exhibit active listening and empathy to understand and address patient concerns and needs. (B2.04) (B2.07a)
- LO3.3 Collaborate efficiently with healthcare team members to ensure coordinated and patient-centered care. (B2.10)
- LO3.5 Exhibit cultural humility, providing respectful and individualized care to patients from diverse backgrounds. (B2.06a-f)

PC4: Medical Knowledge (MK) PA students will acquire and apply comprehensive medical knowledge to diagnose and manage a wide range of health conditions effectively.

- LO4.2 Integrate knowledge of pathophysiology and disease mechanisms to manage patient conditions effectively. (B2.02c,e)
- LO4.3 Apply principles of pharmacology to select appropriate therapeutic interventions. (B2.02d)
- LO4.4 Demonstrate comprehensive medical knowledge pertinent to patients across the lifespan presenting in the behavioral health setting. (B2.03) (B2.08a-e) (B2.11C)
- LO4.5 Utilize knowledge of preventative medicine to promote patient health and wellness. (B2.08b) (B2.15a-d)

PC5: Professional Behavior (PB) PA students will consistently exhibit professional behavior, including ethical practice, accountability, and adherence to the highest standards of patient care and professional conduct.

- LO5.1 Apply ethical principles in clinical decision-making, maintaining patient confidentiality and integrity in all professional activities. (B2.18)
- LO5.2 Analyze the factors that influence patient health and contribute to health disparities. (B2.06f)
- LO5.6 Maintain an appropriate balance between professional responsibilities and personal wellbeing. (B2.20a-b)

PC6: Professional Development (PD) PA students will develop the ability to create a comprehensive and personalized plan for their continued medical education, ensuring lifelong learning and professional growth beyond graduation.

- LO6.2 Engage in reflective practice to continuously evaluate and improve clinical skills and knowledge, adjusting plans as necessary. (B2.16c) (B2.20)

Teaching Methodologies: The content of this course will be explored through hands-on supervised clinical



practicums in the outpatient, primary care setting, serving primarily adult patients.

Accommodations: Students requiring academic accommodations must follow the “Academic Support” policy in the Elon University DPAS Student Handbook.

Academic Honesty: All Elon PA students acknowledged their commitment to abide by the Elon Honor Code by signing the Honor Pledge during orientation.

Use of Generative Artificial Intelligence in the Program

Becoming a PA requires consistently training one’s critical reasoning skills to solve problems effectively. The use of generative AI in this context can impede your learning. The assignments in our program typically challenge you to develop skills that AI does not have. Our aim is to help you grow, rather than letting technology limit your capacity.

In many contexts AI-assistance can be used as a tool to support and amplify your own skills, and it can sometimes provide us with new understanding. Together we are all learning to navigate complex interactions with AI technologies as they are becoming a crucial component of practicing medicine in the 21st century.

AI-generated text should not be used as the source of content for any assignment in the PA Program unless clearly specified.

Diversity and Inclusion Statement: Elon University’s physician assistant program strives to create a learning environment where diversity, equity, and inclusion are paramount. The Program values and supports diversity of thought, perspective, and experience. Physician assistant students, no matter their race, ethnicity, gender identity, socioeconomic class, sexuality, religion, or disability, are both welcomed and valued in this program. Our goal is that all students feel included so that they may have the best learning experience and outcomes possible. To help accomplish this:

- Please let the program administrative assistant and your course directors know of your preferred name and/or pronouns if these differ from that in your official school records.
- If your performance in class is affected by outside experiences, please do not hesitate to talk with your course director. Please know that program faculty and staff are happy to be a healthy resource for you. If you prefer to speak with someone outside of the course, please contact your academic advisor, the Program Director, the Elon Health and Wellness Center, and/or CREDE office.
- We, along with many other folx, are still in the process of expanding our learning about diverse perspectives and identities. If something said in class (by anyone) makes you feel uncomfortable, please talk to your course director.
- As a participant in classroom discussions or assignments, please always strive to honor the diversity of your classmates.
- Please let your course director and/or Program Director know if you observe situations in which the above appears to not be the case.

Resources:

Required:

1. All required first year textbooks
2. CURRENT Diagnosis & Treatment: Psychiatry, 3e (Isman, and et al.)



Recommended Resources:

1. Specific additional textbooks and resources to be determined through collaboration between the student and course directors based on elective discipline.

Other Helpful Resources:

1. ***Moodle and Exxat:** Please check sites frequently for new announcements, updated schedules, assignments and other course communication.
2. Practicing physician assistants, physicians, allied health care providers and laboratory teaching aids.

Grade Scale and Grade Points:

Percentage	Letter Grade	Grade points
89.50-100.0	A	4.0
85.50-89.49	B+	3.3
79.50-85.49	B	3.0
75.50-79.49	C+	2.3
69.50-75.49	C	2.0
Below 69.50	U	0

Note: For further information regarding academic standing in the Department of Physician Assistant Studies, please see the DPAS Student Handbook.

Grading Criteria:

1. Demonstrate acquisition of a strong basic science and medical science knowledge base as demonstrated on the written examination/quizzes.
A blueprint and topic list for the BEHAVIORAL MEDICINE EOR exam can be found on the Moodle course page.
2. Demonstrate satisfactory self-directed learning skills, clinical reasoning skills, commitment to patient-centered care and professionalism as evidenced by satisfactory performance on the preceptor evaluation.
3. Demonstrate competency in creating written medical documents for the Behavioral Health setting as evidenced by submission of an appropriately written SOAP note.
4. Demonstrate a commitment to learning and professionalism by actively participating in all clinical activities and exceeding the professional behavior standards and minimum requirements for clinical rotations available in the Elon PA Student Handbook.

Assessment Activities: Student progress will be assessed in a variety of ways, which include the following:

Assessment component	Outcome(s)	# per course	% each
PAEA Psychiatry EOR exam	1.4, 2.1, 2.3-5, 4.2, 4.4-5, 5.2	1	35%
Preceptor Evaluation of Student	1.1-3, 2.1-5, 3.1-3, 3.5, 4.2, 4.4-5, 5.1-2, 5.6	1	55%



Rosh Review assignments	6.2	1	5%
Student site evaluation	5.4	1	0 (C/I)
Longitudinal Skills Assessment Documentation	1.4	1	2.5%
Medical Documentation assignment	1.7	1	2.5%
		TOTAL	100%

Description of Assessment Activities:

- **End of Rotation Exams:** EORs are standardized exams developed and vetted by the PA Education Association. The exams cover topics specific to each supervised clinical practicum experience. Scores are reported as a “scaled score” and converted to a grade using a “z-score” correlation which places “passing” as within 1.5 standard deviations of the national mean.
- **Preceptor Evaluation of Students:** The PES is completed by the preceptor of record or their designee. They may choose to submit it based on their singular experience with students or through gathering and reporting team feedback. The evaluation is aligned with the course learning outcomes. An overall average score is provided as well as a “program competency” score per rotation. Passing is set at 70%. Students must receive a 70% on the overall evaluation AND on each program competency average.
- **Rosh Review:** Students receive two grades on their work with the Rosh Review’s PANCE preparatory materials:
 - Mock EOR: Students complete a mock EOR exam for the rotation to which they are assigned (or a Mock EOR of their choice while on their elective rotation)
 - 200 questions: students complete an additional 200 Rosh Review questions on each 6-week rotation of the curriculum; while on the BH/WH rotation, 100 questions are completed for each.
- **Student Evaluation of Site and Preceptor:** Students complete an evaluation of their clinical site and preceptor during each rotation graded as complete or incomplete.
- **Longitudinal Skills Assessment:** A list of skills and procedures exists for students to complete during the clinical year. The Longitudinal Skills Assessment Book lists all these activities with suggested rotations for the completion of each. During each rotation, students receive a grade for either completing the LSA skills suggested for that rotation or detailing where and when they will complete the skills.
- **Medical documentation assignment:** For each rotation (except the elective), students complete a medical documentation assignment particular to that rotation which is submitted for a grade and feedback.

Late and Makeup Work: The student will contact the Director of Clinical Education to determine the content and due dates for any late or make-up work that may be required.

Exam Review: The PAEA EOR exam provides each test-taker with a summary of their performance to guide learning.

Syllabus Modifications: Every attempt is made to construct a complete syllabus that provides an accurate overview of the course. However, circumstances and events may make it necessary for the instructor to



modify the syllabus during the semester. This may depend, in part, on the progress, needs and experiences of the students. In special circumstances and at the discretion of the course director, assignments or the point distribution that is used to determine students' grades may be modified. In these instances, modifications must be common benefit and thus cannot penalize any students or render evaluation (i.e., grading) more severe.

Instructional Objectives:

Instructional objectives (IO) are listed below with a mapping designation, the learning outcome (LO) they support, and the program's competency (PC) domain.

Behavioral Health

PC1: Clinical and Technical Skills

- (LO1.1) Elicit a comprehensive history from patients in the psychiatric/behavioral health setting, integrating data from patients, families, and medical records. (B2.02e, B2.07a, B2.08d, B3.03e)
- (LO1.1) Establish a therapeutic alliance through nonjudgmental, empathetic interviewing techniques in psychiatric/behavioral health settings. (B2.04, B2.08d, B3.03e)
- (LO1.1) Use validated screening tools (e.g., PHQ-9, GAD-7) to assess psychiatric/behavioral conditions. (B2.07a, B2.09, B2.08d, B3.03e)
- (LO1.1) Explore psychosocial, emotional, and behavioral factors affecting patient well-being in patients presenting with psychiatric/behavioral conditions. (B2.07a, B2.08d, B3.03e)
- (LO1.1) Maintain appropriate boundaries and confidentiality in sensitive discussions with patients experiencing behavioral/mental health conditions. (B2.04, B2.08d, B3.03e)
- (LO1.1) Recognize and respond to verbal and non-verbal cues of distress, suicidality, or psychosis. (B2.04, B2.07b, B2.08d, B3.03e)
- (LO1.2) Modify evaluation techniques for patients with behavioral/mental health symptoms based on patient age, disability status or special health care needs (B2.06a, B2.07a, B2.07b) (B2.08d, B3.03e)
- (LO1.2) Conduct focused neurologic and mental status exams, including cognitive assessments, when indicated. (B2.07b, B2.09, B2.08d, B3.03e)
- (LO1.2) Recognize physical signs of substance use, withdrawal, or side effects. (B2.07b, B2.08d, B3.03e) (B2.11f)
- (LO1.2) Document findings of patients across the life span with attention to both physical and behavioral observations. (B2.08a, B2.08d, B2.14b, B3.03e)
- (LO1.2) Collaborate with behavioral health teams to integrate physical health into treatment planning. (B2.10c) (B2.08d, B3.03e)
- (LO1.3) Interpret validated screening tools (e.g., PHQ-9, MMSE, AUDIT-C) in the assessment of mental health conditions. (B2.07a, B2.09, B2.08d, B3.03e)
- (LO1.3) Interpret lab and imaging results to rule out medical causes of behavior or mental health symptoms (B2.07d, B2.08d, B3.03e).
- (LO1.3) Monitor therapeutic drug levels and metabolic parameters for psychotropic medications. (B2.02d, B2.07d, B2.08d, B3.03e)
- (LO1.3) Document diagnostic findings in a manner that supports interdisciplinary care. (B2.08d, B2.14b, B3.03e) (B2.10c)
- (LO1.3) Educate patients and families about the role of diagnostics in behavioral health management. (B2.07f, B2.08d, B3.03e)
- (LO1.3) Administer and interpret the PHQ-9 to evaluate depressive symptoms and monitor treatment response. (B2.08d, B2.09, B3.03e)



- (LO1.3) Perform and interpret the Mini-Cog or MoCA to assess cognitive function and screen for dementia or cognitive impairment in the adult or elderly patient. (B2.08d, B2.09, B3.03e) (B2.11c)
- (LO1.3) Conduct substance use screenings (e.g., AUDIT-C, DAST-10) and interpret results to guide diagnosis and treatment planning. (B2.08d, B2.09, B3.03e) (B2.11f)
- (LO1.3) Integrate screening results into clinical assessment and document findings clearly in the behavioral health record. (B2.05, B2.08d, B2.14b, B3.03e)
- (LO1.4) Accurately administer and interpret the GAD-7 screening tool to assess the severity of generalized anxiety symptoms. (B2.08d, B2.09, B3.03e)

- (LO1.5) Educate patients and families about mental health conditions, treatment options, and coping strategies. (B2.07f, B2.08d, B3.03e) (B2.12a, B2.12b, B2.12c)
- (LO1.5) Use motivational interviewing techniques to support behavior change and treatment adherence. (B2.07f, B2.08d, B3.03e) (B2.12a, B2.12b)
- (LO1.5) Address stigma and misconceptions about mental illness with compassion and clarity. (B2.04, B2.08d, B3.03e) (B2.12c)
- (LO1.5) Involve families in care planning while respecting patient autonomy and confidentiality. (B2.07f, B2.08d, B3.03e)
- (LO1.5) Provide crisis resources and safety planning when appropriate. (B2.08d, B3.03e) (B2.12c, B2.16a)(B2.11g)
- (LO1.5) Address cultural, socioeconomic, and personal factors that influence health behaviors in the mental health setting. (B2.06f) (B2.08d, B3.03e)
- (LO1.7) Document mental status exams, psychiatric histories, and risk assessments clearly. (B2.08d, B2.14b, B3.03e)
- (LO1.7) Use validated tools (e.g., PHQ-9, GAD-7) and include scores in the record. (B2.08d, B2.09, B2.14b, B3.03e)
- (LO1.7) Record therapeutic interventions, medication changes, and patient responses to behavioral and mental health interventions. (B2.08d, B2.14b, B3.03e)
- (LO1.7) Maintain confidentiality and sensitivity in documenting behavioral/mental health conditions. (B2.08d, B2.14b, B3.03e)
- (LO1.7) Ensure documentation supports continuity of care and crisis planning. (B2.08d, B2.14b, B3.03e) (B2.11g)

PC2: Clinical Reasoning and Problem-Solving Skills

- (LO2.1) Differentiate between primary psychiatric conditions and medical causes of behavioral symptoms. (B2.07c, B2.08d, B3.03e)
- (LO2.1) Integrate psychosocial history, mental status exam, and screening tools into diagnostic formulation. (B2.05, B2.07c, B2.08d, B3.03e)
- (LO2.1) Recognize comorbidities and substance use disorders that may influence diagnosis. (B2.07c, B2.08d, B3.03e) (B2.11f)
- (LO2.1) Use DSM-5 criteria to support accurate psychiatric diagnoses. (B2.07c, B2.08d, B3.03e)
- (LO2.3) Differentiate between psychiatric and medical causes of presenting symptoms using structured reasoning. (B2.07c, B2.08d, B3.03e)
- (LO2.3) Order diagnostic studies (e.g., labs, imaging, drug screens) to support or rule out differential diagnoses in patients presenting with behavioral/mental health symptoms. (B2.07d, B2.08d, B3.03e)
- (LO2.3) Prioritize safety concerns (e.g., suicidality, psychosis) in treatment planning. (B2.08d, B3.03e) (B2.16a) (B2.11g)



- (LO2.3) Formulate individualized treatment plans for behavioral/mental health conditions that integrate pharmacologic and non-pharmacologic strategies. (B2.07e, B2.08d, B3.03e)
- (LO2.3) Reassess diagnoses and treatment efficacy for patients with behavioral/mental health conditions regularly, adjusting care as needed. (B2.07e, B2.08d, B3.03e)
- **(LO2.4) Formulate individualized treatment plans for behavioral/mental health conditions, incorporating pharmacologic and non-pharmacologic therapies. (B2.02d, B2.07e, B2.08d, B3.03e)**
- (LO2.4) Address co-occurring medical conditions and ensure integration of physical and mental health care. (B2.05, B2.07e, B2.08d, B3.03e)
- (LO2.4) Monitor treatment response to behavioral/mental health interventions and adjust plans based on patient feedback and clinical outcomes. (B2.07e, B2.08d, B3.03e)
- (LO2.4) Engage patients and families in goal setting and care planning for patients with behavioral/mental health conditions. (B2.12a, B2.12b, B2.12c, B2.08d, B3.03e).
- (LO2.4) Coordinate care of patients with behavioral/mental health conditions with primary care providers, therapists, and community support services. (B2.07f, B2.10b, B2.08d, B3.03e)
- (LO2.5) Synthesize lab and imaging results with mental status findings to refine behavioral/mental health diagnoses. (B2.05, B2.07d, B2.08d, B3.03e)
- (LO2.5) Monitor behavioral/mental health patient lab values related to psychotropic medication safety (e.g., lithium levels, CBC, LFTs). (B2.07d, B2.08d, B3.03e) (B2.16a, B2.16b, B2.16c, B2.16d)
- (LO2.5) Recognize diagnostic patterns associated with substance use or withdrawal. (B2.07c, B2.08d, B3.03e) (B2.11f)
- (LO2.5) Document diagnostic interpretations in a manner that supports interprofessional care of psychiatric/behavioral conditions. (B2.08d, B2.10c, B2.14b, B3.03e)

PC3: Interpersonal Skills

- (LO3.1) Use active listening and nonjudgmental language to foster a therapeutic alliance. (B2.04)
- (LO3.1) Demonstrate empathy and validation when discussing mental health symptoms and experiences. (B2.04)
- (LO3.1) Maintain appropriate boundaries while building trust with patients experiencing emotional distress. (B2.04)
- (LO3.1) Recognize and respond to verbal and nonverbal cues of discomfort, anxiety, or crisis, especially as it pertains to patients with disability status or special health care needs. (B2.04, B2.08d, B3.03e) (B2.06a) (B2.11d, B2.11e)
- (LO3.1) Demonstrate empathy and respect when discussing sensitive topics involving lifestyle as encountered in the mental health setting (e.g. the impact of disability status or special health care needs, ethnicity/race, gender identity, religion/spirituality, sexual orientation, and social determinants of health on lifestyle change). (B2.04, B2.06a, B2.06b, B2.06c, B2.06d, B2.06e, B2.06f, B2.08d, B3.03e)
- (LO3.1) Collaborate with patients receiving behavioral/mental health care to set realistic goals and treatment plans in a supportive manner. (B2.08d, B3.03e) (B2.12a, B2.12b, B2.12c)
- (LO3.1) Engage patients in shared decision-making by exploring their values and preferences as they relate to ethnicity/race, culture, or religion/spirituality (B2.06b, B2.06d, B2.12a).
- (LO3.2) Use therapeutic communication techniques such as reflection, clarification, and summarization. (B2.04, B2.08d, B3.03e) (B2.12a, B2.12b, B2.12c)
- (LO3.2) Demonstrate nonjudgmental empathy when patients disclose personal or traumatic experiences. (B2.04, B2.08d, B3.03e)
- (LO3.2) Recognize and validate emotional distress, even when not explicitly stated. (B2.04, B2.08d, B3.03e) (B2.11d, B2.11e)



- (LO3.2) Build trust by consistently listening without interruption and responding with compassion. (B2.04, B2.08d, B3.03e)
- (LO3.3) Collaborate with psychiatrists, psychologists, social workers, and counselors to develop and implement treatment plans. (B2.07e, B2.08d, B3.03e) (B2.10c)
- (LO3.3) Share observations and patient feedback with the team to inform care behavioral/mental health care strategies. (B2.10c) (B2.08d, B3.03e)
- (LO3.3) Participate in case conferences and team meetings to ensure coordinated mental health care. (B2.10c) (B2.08d, B3.03e)
- (LO3.3) Respect and support the roles of all team members in providing holistic, patient-centered psychiatric/behavioral care. (B2.10c) (B2.08d, B3.03e)
- (LO3.5) Explore how cultural identity influences mental health beliefs, stigma, and treatment preferences. (B2.06b, B2.08d, B3.03e)
- (LO3.5) Build trust by acknowledging and validating culturally rooted expressions of distress. (B2.04, B2.08d, B2.11e, B3.03e) (B2.06b, B2.06d)
- (LO3.5) Demonstrate humility by seeking guidance or consultation when unfamiliar with a patient's cultural background in the mental health setting. (B2.06b, B2.08d, B3.03e)

PC4: Medical Knowledge

- (LO4.2) Understand the neurobiological and psychosocial mechanisms underlying behavioral/mental health disorders (e.g., depression, schizophrenia, anxiety). (B2.02c, B2.08d, B3.03e) (B2.06f)
- (LO4.2) Identify key brain structures (e.g., limbic system, prefrontal cortex, amygdala, hippocampus) and explain their roles in common psychiatric conditions such as depression, anxiety, and schizophrenia. (B2.02a, B2.02b, B2.02c)
- (LO4.2) Integrate pathophysiologic knowledge with patient history to support accurate behavioral/mental health diagnosis and treatment planning. (B2.02c, B2.08d, B3.03e)
- (LO4.2) Monitor for medical conditions that may mimic or exacerbate behavioral/mental health symptoms. (B2.08d, B3.03e)
- (LO4.2) Explain the physiological mechanisms of the stress response (e.g., HPA axis activation, cortisol release) and their impact on mental and physical health. (B2.02b, B2.11e)
- (LO4.2) Apply understanding of pharmacologic mechanisms to manage psychotropic medications safely and effectively. (B2.02d, B2.07e, B2.08d, B3.03e)
- (LO4.3) Demonstrate knowledge of pharmacologic agents used in the provision of care for patients in the behavioral medicine setting.
- (LO4.4) Apply knowledge to identify, differentiate, and manage common acute and chronic of behavioral/mental health conditions (e.g., depression, schizophrenia, ADHD, etc.) across the life span. Specific topics are provided in a topic list. (B2.07c, B2.08b, B3.03a) (B2.08a, B3.03b) (B2.08d, B3.03e, B3.07g)
- (LO4.4) Apply the neurobiological basis of mental illness and its systemic effects to patient care. (B2.02c)
- (LO4.4) Integrate psychopharmacology with knowledge of organ system interactions and side effects. (B2.02d, B2.05)
- (LO4.5) Screen patients presenting with behavioral/mental health symptoms for comorbid medical conditions and ensure appropriate preventive care referrals. (B2.08d, B3.03e)
- (LO4.5) Educate patients on the impact of mental health on physical wellness and vice versa. (B2.07f, B2.08d, B3.03e) (B2.12a)
- (LO4.5) Promote healthy lifestyle behaviors as part of mental health treatment plans. (B2.08d, B3.03e) (B2.12b, B2.15a)



- (LO4.5) Address barriers to preventive care in patients with severe mental illness. (B2.08d, B3.03e) (B2.06f) (B2.15a, B2.15c)
- (LO4.5) Collaborate with primary care to ensure integrated preventive care delivery for patients with behavioral/mental health conditions. (B2.08d, B3.03e) (B2.10c)

PC5: Professional Behaviors

- (LO5.1) Maintain strict confidentiality, especially regarding behavioral/mental health diagnoses and treatment. (B2.04, B2.08d, B3.03e)
- (LO5.1) Navigate ethical challenges in involuntary treatment, patient autonomy, and risk to self or others. (B2.08d, B3.03e) (B2.16a) (B2.11g) (B2.18)
- (LO5.1) Obtain informed consent for psychotropic medications and therapy interventions. (B2.08d, B2.18, B3.03e)
- (LO5.1) Respect patient dignity and avoid stigmatization in all interactions. (B2.04, B2.08d, B3.03e)
- (LO5.1) Collaborate with interprofessional teams while safeguarding the rights and preferences of patients with behavioral/mental health conditions. (B2.10c) (B2.08d, B3.03e) (B2.15c)
- (LO5.2) Assess how poverty, trauma, and discrimination contribute to mental health conditions. (B2.08d, B3.03e) (B2.06f) (B2.15d)
- (LO5.2) Identify barriers to accessing mental health services, including stigma and insurance limitations. (B2.08d, B3.03e) (B2.15b, B2.15d)
- (LO5.2) Provide culturally responsive psychiatric/behavioral care that respects diverse backgrounds and experiences. (B2.07e, B2.08d, B3.03e)
- (LO5.2) Collaborate with community mental health resources to support long-term wellness. (B2.08d, B2.10b, B3.03e) (B2.15a, B2.15b, B2.15c, B2.15d)
- (LO5.2) Advocate for systemic changes to reduce disparities in behavioral health care. (B2.08d, B3.03e) (B2.15c)
- (LO5.6) Recognize the emotional impact of working with patients experiencing severe mental illness or crisis. (B2.08d, B3.03e) (B2.20b)
- (LO5.6) Maintain professional boundaries while showing empathy and compassion for patients with behavioral/mental health conditions. (B2.08d, B2.20b, B3.03e)
- (LO5.6) Debrief with supervisors or peers after emotionally intense sessions or patient interactions experienced in psychiatric/behavioral care. (B2.08d, B2.20b, B3.03e)
- (LO5.6) Practice mindfulness or stress-reduction techniques to support mental wellbeing. (B2.08d, B3.03e) (B2.20b)
- (LO5.6) Seek supervision when personal emotions may interfere with clinical judgment. (B2.08d, B3.03e) (B2.20a)

PC6: Professional Development

- (LO6.2) Reflect on personal biases and emotional responses to challenging behavioral/mental health cases. (B2.08d, B3.03e, B3.07g) (B2.20b) (B2.16c)
- (LO6.2) Evaluate the effectiveness of therapeutic communication and adjust techniques accordingly. (B2.08d, B2.16c, B3.03e)
- (LO6.2) Seek supervision and feedback on behavioral/mental health diagnostic impressions and treatment plans. (B2.08d, B2.16c, B3.03e, B3.07g)
- (LO6.2) Identify areas of discomfort or uncertainty in mental health care and pursue additional training. (B2.08d, B2.16c, B3.03e)
- (LO6.2) Adjust care strategies based on patient engagement, adherence, and therapeutic outcomes. (B2.08d, B2.16c, B3.03e)
- (LO6.2) Participate in behavioral health case discussions or debriefings to refine clinical reasoning. (B2.16c, B3.07g)



- (LO6.2) Utilize previous personal performance data related to topics commonly encountered in the behavioral health setting (e.g. the “gap map”, EOR feedback reports, PACKRAT feedback report) to self-direct study using approved resources (i.e. Rosh Review, Access Medicine, textbooks, etc.). (B2.13e, B2.16c)