



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:

Upon completion of this course, students will be able to:

A. PA Student Behaviors:

1. Take a patient-centered and problem-focused history for patients in the behavioral health setting (1.2a) (2.1)
2. Perform problem-focused exam for patients in the behavioral health setting (1.2b) (2.1)
3. Assess the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and attitudes toward care, and identify associated barriers to care. (2.5)
4. Analyze data collected in the behavioral health history and physical exam to recommend an appropriate lab or diagnostic study for patients in the behavioral health setting (1.8) (2.1) (1.6) (2.3) (6.3)



5. Interpret lab and diagnostic studies commonly utilized for patients in the behavioral health setting (1.5)
6. Develop a differential diagnosis that is broad and deep enough to ensure effective diagnosis for patients presenting in the behavioral health setting (1.4) (2.1)
7. Interpret lab and diagnostic studies commonly utilized for patients in the behavioral health setting in order to formulate a most likely diagnosis (1.7) (2.1)
8. Summarize messaging for successful communication with behavioral health patients and/or their families (1.9) (3.7) (4.1)
9. Based on patient age and risk factors, prepare appropriate plans of prevention and health promotion for those at risk for behavioral health diagnoses or exacerbations (1.8) (1.11) (2.4) (7.3)
10. Generate appropriate plans for the treatment of conditions common in the Behavioral Health setting (1.8) (6.3)
11. Facilitate effective patient care through recommended plans of follow up and/or referral of psychiatric and behavioral health patients (1.10) (2.3) (4.2) (6.2) (7.1) (7.2)
12. Organize findings into comprehensive, legible documentation and translate this information appropriately for insurance documentation (ex: insurance authorization) (4.3)
13. Organize and prioritize responsibilities to provide psychiatric care that is safe, effective, and efficient (1.3)
14. Perform validated assessments considered essential to the care of patients in the behavioral health setting (longitudinal skills assessment) (1.1)

B. Professional Behaviors:

15. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to patients with disability or special healthcare needs and patients of diverse ethnicities, races, gender identities, religions/spiritualities, and/or sexual orientations, as well as patients with varying social determinants of health (5.5)
16. Facilitate a climate of mutual respect, dignity, diversity, ethical integrity, and trust within the behavioral health setting (7.1)
17. Self-evaluate their own skills, knowledge, and emotional limitations to engage in appropriate help-seeking behaviors during the behavioral health rotation (8.1)
18. Demonstrate the ability to address conflicts between personal and professional responsibilities (8.3)
19. Apply flexibility and maturity in adjusting to change (8.4)
20. Demonstrate a level of self-confidence that puts patients, families, and/or members of the health care team at ease. (8.5)

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 problem-solve 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 (the PANCE/EOR blueprint topic list for the **BEHAVIORAL MEDICINE EOR** exam can be found on the Moodle course page for PAS 7850).
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 insurance authorization request.
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 behavioral med EOR Exam	1,2,4,5,7,9	1	35%
Final Preceptor Evaluation	1-4, 6-11, 13, 15-23	1	55%
Rosh Review Assignment	17	1	5%
Written Deliverable (insurance auth.)	6, 7, 10, 11, 12	1	5%
Student's Evaluation of Site	17, 20 (ACCOUNTABILITY)	1	0 (C/I)
Longitudinal Skills Assessment	12, 14	1	0
TOTAL			100%

Late/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 for common benefit, and thus cannot penalize any students or render evaluation (i.e., grading) more severe.



Instructional Objectives

Upon completion of the clinical rotation phase physician assistant students will be able to:

1. History
 - a. Elicit a history and medical review of symptoms that may present as psychiatric disease
 - b. Develop a risk factors profile for a behavioral health patient
 - c. Develop skills that will enable recognition of normal and deviation from normal in terms of behavioral health diagnosis
 - d. Evaluate a patient's suicidal risk
2. Perform and interpret the results of a complete mental status examination including:
 - a. Appearance and behavior
 - b. Thought process and perceptions
 - i. Coherency and relevance
 - ii. Thought content
 - iii. Perception
 - c. Cognitive factors
 - i. Orientation
 - ii. Attention and concentration
 - iii. Memory
 - iv. Information and vocabulary
 - v. Abstract reasoning
 - vi. Judgment
 - vii. Perception and coordination
3. Perform a problem-focused physical examination, recognizing and interpreting pertinent physical examination findings and how they influence diagnosis in the behavioral health setting
4. Determine a differential diagnosis based upon historical information, physical examination findings, and laboratory and diagnostic study findings.
5. Use appropriate language and demeanor when asking patients sensitive questions about lifestyle choices that affect health and safety (e.g. sexuality, drug, tobacco and alcohol use).
6. Describe and discuss the assessment and management of psychiatric emergencies (e.g. suicide, acute psychosis, drug overdose, violent behavior).
7. Discuss conflicting ethical principles related to the care of the psychiatric patient.
8. Discuss the legal process and implications of committing a patient to a psychiatric hospital/long-term care facility.



9. Describe and discuss public health issues related to psychiatry, such as:
 - a. Epidemiology of mental health problems
 - b. Mental health problems of the homeless
 - c. Access to care
 - d. Rural vs. urban location
 - e. Cultural influences
 - f. Socioeconomic environment
 - g. Risk-taking behaviors (e.g. substance abuse)
 - h. Spouse/child/elder abuse
 - i. Epidemiology of adolescent suicide
 - j. Geriatric considerations and aging of the population
10. Discuss the appropriate use of medications in the psychiatric patient related to such issues as dosage, indications, contraindications, interactions, complications, metabolism and excretion.
11. Select a clinical intervention plan that is consistent with a patient's working diagnosis.
12. Identify appropriate monitoring for patients after interventions including checking for compliance, adverse events, and effectiveness.
13. Select a plan that considers the cost, efficacy, possible adverse reactions, contraindications, and drug interactions for medications or therapies selected.
14. Recognize appropriate counseling and patient and family education related to psychiatric clinical interventions.
15. Identify proper referral strategies for patients to other services for clinical intervention as appropriate.
16. Demonstrate appropriate selection of non-pharmacologic modalities, such as counseling, to integrate into patient management plans.
17. Describe the common psychiatric/geriatric problems provided in the PAEA EOR blueprint and topic list, including pathophysiology, diagnosis, treatment and follow-up (available in the Moodle folder for this course).