



Clinical Rotation Learning Objectives

Primary Care - Behavioral Mental Health Care

Student-Preceptor Collaboration Objectives:

Note to the Preceptor: The following objectives are meant to help guide clinical discussion with the student. We hope these discussions will further enhance their clinical skill in formulating differential diagnoses, determining appropriate diagnostic work up, and formulating a care plan.

- Given a patient care situation where a patient presents with **suicidal or homicidal ideations** construct a broad differential diagnosis and formulate an evidence-based treatment plan that incorporates the principles consistent with an interprofessional, team care approach.
- Given a patient care situation where a patient presents with symptoms of a **personality disorder**, construct a broad differential diagnosis and formulate a plan for establishing a diagnosis as well as an evidence-based care plan.
- Given a patient care situation where a patient presents with an **anxiety attack**, construct a broad differential diagnosis and formulate a plan for establishing a diagnosis as well as an evidence-based care plan.
- Given a patient care situation where a patient presents with **disruptive behavior at school**, construct a broad differential diagnosis and formulate a plan for establishing a diagnosis as well as an evidence-based care plan.

Student Self-Study Objectives:

Note to the Preceptor: The following objectives correlate with the End-of-Rotation examination the student will be taking at the end of the Primary Care - Behavioral Mental Health Care rotation. These are meant to guide their self-study. We realize this is not an all-inclusive list for a primary care provider. Their second primary care rotation objectives will be built around the other material that could have been included here.

- For the following **depressive, bipolar, and related disorders** that commonly present in the primary care or psychiatric setting, demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:
 - Major Depressive Disorder
 - Bipolar I Disorder

- Bipolar II Disorder
- Cyclothymic Disorder
- Persistent Depressive Disorder (Dysthymia)
- For the following **paraphilic and sexual dysfunction disorders** that commonly present in the primary care or psychiatric setting, demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:
 - Exhibitionistic Disorder
 - Fetishistic Disorder
 - Pedophilic Disorder
 - Sexual Masochism Disorder
 - Female Sexual Interest/Arousal Disorder
 - Male Hypoactive Sexual Desire Disorder
 - Voyeuristic Disorder
- For the following **personality, obsessive-compulsive, and related disorders** that commonly present in the primary care or psychiatric setting, demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:
 - Antisocial Personality Disorder
 - Avoidant Personality Disorder
 - Borderline Personality Disorder
 - Dependent Personality Disorder
 - Histrionic Personality Disorder
 - Narcissistic Personality Disorder
 - Obsessive-Compulsive Personality Disorder
 - Paranoid Personality Disorder
 - Schizoid Personality Disorder
 - Schizotypal Personality Disorder
 - Body Dysmorphic Disorder
 - Obsessive-Compulsive Disorder
- For the following **anxiety, trauma, and related disorders** that commonly present in the primary care or psychiatric setting, demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:
 - Generalized Anxiety Disorder
 - Panic Disorder
 - Posttraumatic Stress Disorder
 - Phobic Disorders
 - Specific Phobias
- For the following **schizophrenia spectrum and other psychotic disorders** that commonly present in the primary care or psychiatric setting, demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:

- Schizophrenia
- Delusional Disorder
- Schizoaffective Disorder
- Schizophreniform Disorder
- For the following **feeding or eating disorders** that commonly present in the primary care or psychiatric setting, demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:
 - Anorexia Nervosa
 - Bulimia Nervosa
- For the following **substance-related disorders** that commonly present in the primary care or psychiatric setting, demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:
 - Alcohol-related Disorders
 - Hallucinogen-related Disorders
 - Opioid-related Disorders
 - Stimulant-related Disorders
 - Sedative, Hypnotic, or Anxiolytic-related Disorders
 - Cannabis-related Disorders
 - Tobacco-related Disorders
 - Inhalant-related Disorders
- For the following **somatic symptom and related disorders** that commonly present in the primary care or psychiatric setting, demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations
 - Somatic Symptom Disorder
 - Factitious Disorder
 - Illness Anxiety Disorder
- For the following **disruptive, impulse-control, conduct, and neurodevelopmental disorders** that commonly present in the primary care or psychiatric setting, demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:
 - Attention-Deficit/Hyperactivity Disorder
 - Conduct Disorder
 - Oppositional Defiant Disorder
 - Autism Spectrum Disorder