By the completion of the Psychiatry Residency, residents must demonstrate acceptable standards of performance in the following competencies:

I. Demonstrating professionalism

Objectives:
The resident will demonstrate the ability to:
- attend required events
- be punctual
- complete patient notes in a timely fashion with legible writing
- maintain professional demeanor
- maintain proper professional boundaries (physical, sexual, financial, emotional, and confidentiality) with patients
- be truthful about medical data
- display enthusiasm for patient care
- display enthusiasm for learning
- complete required reading assignments
- be courteous to patients, patients’ families, staff, colleagues, and other health professionals

II. Conducting psychiatric interviews

Objectives:
The resident will demonstrate the ability to:
- establish rapport with patients by properly introducing self and defining the role the interview will have in patients’ care
- be empathic with patients, showing genuine concern for patients’ moods, dilemmas, viewpoints, and conflicts through tone of voice, style of speaking, facial expressions and gestures
- facilitate interviews with helpful blends of open and closed questions, supportive remarks, uses of silences, and therapeutic interruptions
- use language neutral to gender, age, race, sexual orientation, culture and religion
- speak with clarity of speech
- speak with words proper to patients' levels of education
- set up interview environments with proper placements of interviewers and patients, arrangements of furniture, placement and quality of lighting, and safety measures
- conclude interviews with proper timing and respect

III. Eliciting data for psychiatric histories

Objectives:
The resident will demonstrate the ability to:

- elicit chief complaints in patients' own words
- elicit details for thorough histories of present psychiatric illness:
  - onset of symptoms
  - duration of symptoms
  - time lines of exacerbations and decreases of symptoms
  - actions patients have taken to cope with symptoms
  - impacts of symptoms upon patients
  - patients' thoughts about causes for and meanings of symptoms
  - patients' expectations for prognosis
- elicit details for past general medical histories
- elicit details for psychiatric reviews of systems
- elicit details for family and social histories
- elicit details for developmental histories

IV. Performing mental status examinations

Objectives:
The resident will demonstrate the ability to ask questions to test patients' levels of functioning in the areas of:

- general appearance and activity
- levels of consciousness
- speech characteristics
- orientation
- concentration
- memory
- fund of information
- mood and affect
- perceptual abilities / disturbances
  - hallucinations/illusions
  - depersonalization/derealization
- thought processes
  - obsessions/compulsions
  - delusions
  - suicidal and homicidal thoughts
  - self mutilation thoughts
- abstract thinking
- judgment
- insight
- reliability

V. Performing neurological examinations in psychiatry

Objectives:
Residents will demonstrate the ability to:

- perform acceptable general medical physical examinations
- perform concentrated neuro-psychiatric aspects of physical examinations
  - the 12 individual cranial nerves
o touch and pain sensation, proprioception, vibratory sensation, discrimination, extinction
o motor strength
o normal reflexes
o pathological reflexes

VI. Recognizing indications for laboratory data
Objectives:
The resident will demonstrate the ability to:
- determine which laboratory tests are medically indicated based upon patients' psychiatric presentations
- recognize when psychiatric laboratory data are pathological
- determine when laboratory tests are indicated to check patients' compliance and responses to psychiatric medications
- inform patients of risks and benefits of obtaining psychiatric laboratory tests

VII. Recognizing major categories of mental illness
Objectives:
The resident will demonstrate the ability to:
- organize clinical data from psychiatric interviews and mental status exams to hypothesize reasonable psychiatric diagnoses on all five axes
- develop thorough psychiatric differential diagnoses based upon patients' data

VIII. Developing psychiatric formulations
Objectives:
The resident will demonstrate the ability to:
- present plausible theories about the etiologies and courses of patients' psychiatric illnesses in regard to:
  o biological factors
  o psychological factors
  o social factors
  o spiritual factors
  o patients' strengths
  o patients' weaknesses

IX. Developing psychiatric treatment plans
Objectives:
The resident will demonstrate the ability to:
- recognize indications for treatments for patients with psychiatric disorders
  o types of psychotherapies
    ▪ individual: psychodynamic, cognitive, behavioral, supportive, other
    ▪ marital and/or family
    ▪ groups: support, theme, psychodrama, other
• medications
• somatic therapies
• social interventions
• economic interventions
• legal interventions
  • recognize contraindications for specific psychiatric treatments in specific patients
  • inform patients about risks and benefits of psychiatric treatments
  • collect data about compliance with treatments

X. Presenting psychiatric cases
Objectives:
The resident will demonstrate the ability to present coherent, thoughtful presentations in both oral and written forms:
  • patients' psychiatric histories
  • mental status examinations data
  • physical examination data
  • lab data
  • five axes of diagnoses
  • differential diagnoses
  • psychiatric formulations
  • treatment plans

XI. Recognizing psychiatric emergencies
Objectives:
The resident will demonstrate the ability to:
  • recognize psychiatric emergencies among general medical patients
    o suicidal thinking
    o homicidal thinking
    o signs of mental decompensation
    o impulsivity
    o dangerously poor judgment
    o lethal side effects to medications
      ▪ Neuro-Malignant Syndrome
      ▪ Neuro or cardiotoxic responses
      ▪ Over dosage
  • demonstrate knowledge about medical and medical-legal interventions
    o psychiatric referrals
    o involuntary commitment
    o judgments of medical incompetence
  • recognize potential risks in general medical patients who have psychiatric disorders

Neuro-Malignant Syndrome
Neuro or cardiotoxic responses
Over dosage