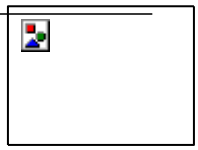
The Hashemite University

عمادة التطوير الأكاديمي والتواصل الدولي
Deanship of Academic Development and International Outreach

وتستمر المسيرة

ة ـــــــــعماجلا
ةـــــــــيمشاهلا



Deanship of Academic Development and International Outreach

الكاديمي والتواصل الدولي تطوير
مادة ال

First/Second Semester 2023 /2024

Syllabus*:Psychiatry

COURSE INFORMATION **Course Name: Psychiatry** **Semester:** 4 weeks / 5th Year **Department:** Department of Internal Medicine	**Course Code:** **Section:** Psychiatry **Core Curriculum**: Seminars and Practical sessions
Faculty: Medicine **Day(s) and Time(s):** Sunday till Thursday: 08:00-16:00 **Classroom:** National Center For Psychiatry	**Credit Hours:** 4.5 **Prerequisites**: Pass All preclinical courses

Teaching methods

This course adopts hybrid teaching methods. While the majority of teaching (80 %) will occur during face-to-face interactions at the hospital. 20 % of this course will be conducted online via virtual meetings, including online lectures and seminars.

COURSE DESCRIPTION

By the end of this 4-week-duration course, students are expected to:

1. be able to perform psychiatric assessment
2. know the principles of psychiatric diagnosis
3. recognize the key signs and symptoms in psychiatry
4. be able to make tentative diagnoses of the most common psychiatric disorders
5. understand the treatment armamentarium of the most common psychiatric disorder

The course will be delivered through a combination of active learning strategies. These will include:

- PowerPoint lectures and active classroom based discussion
- Collaborative learning through small groups acting in an interdisciplinary context.
- Relevant films and documentaries
- Video lectures
- E-learning resources: e-reading assignments and practice quizzes through Model and Microsoft Team

FACULTY INFORMATION

Name	**Dr.Ferdaws M.Abu-Jabal**
Academic Title:	**full-time lecturer**
Office Location:	**Prince Hamzeh Teaching Hospital**
Telephone Number:	**+962790673791**
Email Address:	ferdaws@hu.edu.jo
Office Hours:	**Tuesday** 09.00-12.00 *Please send an e-mail (ferdaws@hu.edu.jo) to confirm the meeting.*

REFERENCES AND LEARNING RESOURCES

Required Textbook: List book or state: There is no required textbook for purchase. All compulsory weekly readings are available electronically on Model.

Suggested Additional Resources:

1. DSM-IVTM: Diagnostic and Statistical Manual of Mental Disorders, (4th ed). American Psychiatric Association, 1994.
2. Stoudemire, A: Clinical Psychiatry for Medical Students, (2nd ed). J.B. Lippincott Company, 1999 3. Gelder, M., Gath, D., Mayou, R: Concise Oxford Textbook of Psychiatry. Oxford Press, 2000. -

STUDENT LEARNING OUTCOMES MATRIX*

Core Curriculum Learning Outcomes	Program Learning Outcomes	Course Objectives	Course Student Learning Outcomes	Assessment Method
Think critically and creatively in a variety of methods in order to make decisions and solve problems.	Apply critical thinking and demonstrate problem-solving skills in two or more of the major fields of psychaitry	Develop an understanding of the basic principles of psychiatry..	Take detailed psychiatric History and perform physical examination.	evaluation OSCE
		Obtain a thorough foundation in the various fields of	Demonstrate an adequate knowledge of psychiatric diseases.	MCQ exams miniOSCE
Communicate competently with others using oral and written English skills	Use modern literature search methods to obtain information about psychiatry topics and write reports.	Obtain an understanding of the role of psychiatry in medical disciplines.	Acquire the ability to learn independently; articulate the importance of independent learning for future professional development	"On-line" reading assignments
Demonstrate competency in the use of research skills and various information sources.	Communicate results to psychaitrist and other clinicians.	Acquire positive attitudes towards further studies in psychaitry and towards its application in other medical disciplines.	Develop a positive attitude towards psychaitry and its applications , and towards further study and lifelong learning.	Research project

COURSE REGULATIONS

Participation

Class participation and attendance are important elements of every student's learning experience at The Hashemite University, and the student is expected to attend all classes. A student should not miss more than 15% of the classes during a semester. *Those exceeding this limit of 15% will receive a failing grade regardless of their performance*. It is a student's responsibility to monitor the frequency of their own absences. **Attendance record begins on the first day of class irrespective of the period allotted to drop/add and late registration. It is a student's responsibility to sign-in; failure to do so will result in a non-attendance being recorded.**

In exceptional cases, the student, with the instructor's prior permission, could be exempted from attending a class provided that the number of such occasions does not exceed the limit allowed by the University. The instructor will determine the acceptability of an absence for being absent. A student who misses more than 25% of classes and has a valid excuse for being absent will be allowed to withdraw from the course.

Plagiarism

Plagiarism is considered a serious academic offence and can result in your work losing marks or being failed. HU expects its students to adopt and abide by the highest standards of conduct in their interaction with their professors, peers, and the wider University community. As such, a student is expected not to engage in behaviors that compromise his/her own integrity as well as that of the Hashemite University.

Plagiarism includes the following examples and it applies to all student assignments or submitted work:

- **Use of the work, ideas, images or words of someone else without his/her permission or reference to them.**
- **Use of someone else's wording, name, phrase, sentence, paragraph or essay without using quotation marks.**
- **Misrepresentation of the sources that were used.**

The instructor has the right to fail the coursework or deduct marks where plagiarism is detected

Late or Missed Assignments

In all cases of assessment, students who fails to attend an exam, class project or deliver a presentation on the scheduled date without prior permission, and/or are unable to provide a medical note, will automatically receive a fail grade for this part of the assessment.

- Submitting a term paper on time is a key part of the assessment process. Students who fail to submit their work by the deadline specified will automatically receive a 10% penalty. Assignments handed in more than 24 hours late will receive a further 10% penalty. Each subsequent 24 hours will result in a further 10% penalty.
- In cases where a student misses an assessment on account of a medical reason or with prior permission; in line with University regulations an incomplete grade for the specific assessment will be awarded and an alternative assessment or extension can be arranged.

Student Complaints Policy

Students at The Hashemite University have the right to pursue complaints related to faculty, staff, and other students. The nature of the complaints may be either academic or non-academic. For more information about the policy and processes related to this policy, you may refer to the students' handbook.

COURSE ASSESSMENT

Course Calendar and Assessment

Students will be graded through the following means of assessment and their final grade will be calculated from the forms of assessment as listed below with their grade weighting taken into account. The criteria for grading are listed at the end of the syllabus

Assessment	**Grade weighting**	Deadline Assessment
Evaluation	20%	Daily
End of rotation Exam	35 %	End of Rotation
Final MCQ Exam	45%	End of year

Description of Exams

Test questions will predominately come from material presented in the lectures. Semester exams will be conducted during the regularly scheduled lecture period. Exam will consist of a combination of multiple choice, short answer, match, true and false and/or descriptive questions.

Homework: Will be given for each chapter, while the chapter in progress you are supposed to work on them continuously and submit in next lecture when I finish the chapter.

You are also expected to work on in-chapter examples, self-tests and representative number of end of chapter problems. The answers of self-tests and end of chapter exercises are given at the end of the book.

Quizzes: Unannounced quizzes will be given during or/and at the end of each chapter based upon the previous lectures. It will enforce that you come prepared to the class.

Grades are not negotiable and are awarded according to the following criteria*:

Letter Grade	Description	Grade Points
A+	Excellent	4.00
A		3.75
A-		3.50
B+	Very Good	3.25
B		3.00
B-		2.75
C+	Good	2.50
C		2.25
C-		2.00
D+	Pass	1.75
D	Pass	1.50
F	Fail	0.00
I	Incomplete	-

1. PSYCHIATRIC HISTORY, PHYSICAL, AND THE MENTAL STATUS EXAMINATION

The student will be able to:

1. elicit and clearly record a complete psychiatric history, including the identifying data, chief complaint, history of the present illness, past psychiatric history; medications (psychiatric and nonpsychiatric), general medical history, review of systems, substance abuse history, family history, and personal and social history;

2. recognize the importance of, and be able to obtain and evaluate, historical data from multiple sources (family members, community mental health resources, old records, etc.);

3. discuss the effect of developmental issues on the assessment of patients;

4. elicit, describe, and precisely record the components of the mental status examination, including general appearance and behavior, motor activity speech, affect, mood, thought processes, thought content, perception, sensorium and cognition (e.g., state of consciousness, orientation, registration, recent and remote memory, calculations, capacity to read and write, abstraction), judgment, and insight;

5. use appropriate terms associated with the mental status examination;

6. for each category of the mental status exam, list common abnormalities and their common causes;

7. make a clear and concise case presentation;

8. assess and record mental status changes, and alter hypotheses and management in response to these changes;

9. recognize physical signs and symptoms that accompany classic psychiatric disorders (e.g., tachycardia and hyperventilation in panic disorder);

10. appreciate the implications of the high rates of general medical illness in psychiatric patients, and state reasons why it is important to diagnose and treat these illnesses;

11. assess for the presence of general medical illness in psychiatric patients, and determine the extent to which a general medical illness contributes to a patient's psychiatric problem; and

12. recognize and identify the effects of psychotropic medication in the physical examination.

2. DIAGNOSIS, CLASSIFICATION, AND TREATMENT PLANNING

Using his or her knowledge of psychopathology, diagnostic criteria, and epidemiology, the student will:

1. discuss the advantages and limitations of using a diagnostic system like the DSM-IV;

2. use the DSM-IV in identifying specific signs and symptoms that compose a syndrome or disorder;

3. use the five axes of the DSM-IV in evaluating patients;
4. state the typical signs and symptoms of the common psychiatric disorders, such as major depression,
anxiety disorders, bipolar disorder, dementia, delirium, schizophrenia, personality disorders, and
substance use disorders;
5. formulate a differential diagnosis for major presenting problems;
6. formulate a plan for evaluation,
7. assess changes in clinical status and alter hypotheses and management in response to changes;
8. develop an individualized treatment plan for each patient; and
9. discuss the prevalence and barriers to recognition of psychiatric illnesses in general medical settings,
including variations in presentation.

3. INTERVIEWING SKILLS
The student will:
1. explain the value of skillful interviewing for patient and doctor satisfaction and for obtaining optimal clinical outcomes;
2. demonstrate respect, empathy, responsiveness, and concern regardless of the patient's problems or personal characteristics;
3. identify his or her emotional responses to patients;
4. identify strengths and weaknesses in his or her interviewing skills;
5. discuss the prior perceptions (Objectives 3 and 4) with a colleague or supervisor to improve interviewing skill;
6. identify verbal and nonverbal expressions of affect in a patient's responses, and apply this information in assessing and treating the patient;
7. state and use basic strategies for interviewing disorganized, cognitively impaired, hostile/resistant, mistrustful, circumstantial/hyperverbal, unspontaneous/hypoverbal and potentially assaultive patients;
8. demonstrate the following interviewing skills: appropriate initiation of the interview; establishing rapport; the appropriate use of open-ended and closed questions; techniques for asking "difficult" questions; the appropriate use of facilitation, empathy, clarification, confrontation, reassurance, silence, summary statements; soliciting and acknowledging expression of the patient's ideas, concerns, questions, and feelings about the illness and its treatment; communicating information to patients in a clear fashion; appropriate closure of the interview;
9. state and avoid the following common mistakes in interviewing technique: interrupting the patient unnecessarily; asking long, complex questions; using jargon; asking questions in a manner suggesting the desired answer; asking questions in an interrogatory manner; ignoring patient verbal or nonverbal cues; making sudden inappropriate changes in topic; indicating patronizing or judgmental attitudes by verbal or nonverbal cues (e.g., calling an adult patient by his or her first name, questioning in an oversimplified manner, etc.); incomplete questioning about important topics; and
10. demonstrate sensitivity to student-patient similarities and differences in gender, ethnic background, sexual orientation, socioeconomic status, educational level, political views, and personality traits.

4. PSYCHIATRIC EMERGENCIES

The student will:

1. identify the clinical and demographic factors associated with a statistically increased risk of suicide in general and clinical populations;
2. develop a differential diagnosis, conduct a clinical assessment, and recommend management for a patient exhibiting suicidal thoughts or behavior;
3. recognize the clinical findings that might suggest a general medical cause for neuropsychiatric symptoms, such as hallucinations, delusions, confusion, altered consciousness, and violent behavior;
4. discuss the clinical features, differential diagnosis, and evaluation of delirium, including emergent conditions;
5. recognize the typical signs and symptoms of common psychopharmacologic emergencies (e.g., lithium toxicity, neuroleptic malignant syndrome, anticholinergic delirium, monoamine oxidase inhibitor-related hypertensive crisis) and discuss treatment strategies;
6. recognize signs and symptoms of potential assaultiveness;
7. Develop a differential diagnosis, conduct a clinical assessment, and state the principles of management of a person with potential or active violent behavior;
8. discuss classes, indications, and associated risks of medications used for management of acutely psychotic, agitated, and combative patients;
9. discuss the nonpharmacologic components of management of acute psychosis, agitation, and combativeness:
10. identify the indications, precautions, and proper use of restraints;
11. state the prevalence, morbidity, mortality, and risk factors associated with adult domestic violence in clinical and nonclinical populations;
12. discuss the physician's role in screening, diagnosing, managing, documenting, reporting, and referring victims of child abuse, adult domestic violence, and elder abuse;
13. list the psychiatric problems that are frequently seen in battered women and child abuse victims;
14. outline the emergency management of a rape victim;
15. discuss the indications for psychiatric hospitalization, including the presenting problem and its acuity, risk of danger to patient or others, community resources, and family support;
16. identify the problems associated with the use of the terms "medical clearance" and "psychiatric clearance";
17. discuss the clinical and administrative aspects of the transfer of a patient to another facility; and
18. summarize the process of admission to a psychiatric hospital, specifically a) the implications of voluntary vs. involuntary commitment status, b) the principles of civil commitment, and c) the process of obtaining a voluntary or involuntary commitment and the role of the physician in obtaining it.

5. Delirium, Dementia, and Amnestic and Other Cognitive Disorders

The student will:

1. recognize the cognitive, psychological, and behavioral manifestations of brain disease of known etiology, anatomy, or pathophysiology;

2. compare, contrast, and give examples of the following: delirium, dementia (including treatable dementia), dementia syndrome of depression (pseudodementia), cortical dementia, and subcortical dementia;
3. discuss the clinical features, differential diagnosis, and evaluation of delirium, including emergent conditions;
4. state the prevalence of delirium in hospitalized elderly patients;
5. discuss the behavioral and pharmacologic treatments of delirious patients;
6. discuss the epidemiology, differential diagnosis, clinical features, and course of Alzheimer's disease, vascular dementia, substance-induced persisting dementia, Parkinson's disease, and HIV encephalopathy;
7. list the treatable causes of dementia and summarize their clinical manifestations;
8. summarize the medical evaluation and clinical management of a patient with dementia;
9. discuss the diagnosis, differential diagnosis, and treatment of amnestic disorder that is due to general medical conditions (e.g., head trauma) and substance-induced conditions (e.g., Korsakoff's syndrome that is due to thiamine deficiency);
10. employ a cognitive screening evaluation to assess and follow patients with cognitive impairment, and state the limitations of these instruments;
11. state the neuropsychiatric manifestations of HW-related illnesses; and
12. state the neuropsychiatric manifestations of seizure disorders, strokes, and head injuries.

6. SUBSTANCE-RELATED DISORDERS
The student will:
1. obtain a thorough history of a patient's substance use through empathic, nonjudgmentaL and systematic interviewing;
2. list and compare the characteristic clinical features (including denial) of substance abuse and dependence;
3. discuss the epidemiology (including the effects of gender), clinical features, patterns of usage, course of illness, and treatment of substance use disorders (including anabolic steroids);
4. identify typical presentations of substance abuse in general medical practice;
5. list the psychiatric disorders that share significant comorbidity with substance-related disorders and discuss some criteria for determining whether the comorbid disorder should be treated independently;
6. discuss the role of the family, support groups, and rehabilitation programs in the recovery of patients with substance use disorders;
7. list the questions that compose the CAGF (test for alcoholism) questionnaire and discuss its use as a screening instrument;
8. discuss the genetic, neurobiological, and psychosocial explanations of the etiology of alcoholism;
9. list the psychiatric and psychosocial complications of alcoholism;
10. know the clinical features of intoxication with, and withdrawal from: cocaine, amphetamines, hallucinogens, cannabis, phencyclidine, barbiturates, opiates, caffeine, nicotine, benzodiazepines,
and alcohol;
11. state the treatments of intoxication and withdrawal induced by the substances just listed;
12. list patient characteristics associated with benzodiazepine abuse;

13. state guidelines for prescribing benzodiazepines; and
14. discuss the difficulties experienced by health care personnel in providing empathic, nonjudgmental care to substance abusers.

7. Schizophrenia And Other Psychotic Disorders The student will:
1. define the term psychosis;
2. develop a differential diagnosis for a person presenting with psychosis, including identifying historical and clinical features that assist in the differentiation of general medical, substance~ induced, affective, schizophrenic, and other causes;
3. state the neurobiologic, genetic, and environmental theories of etiology and pathophysiology of schizophrenia;
4. summarize the epidemiology, clinical features, course, and complications of schizophrenia;
5. name the clinical features of schizophrenia that are associated with good and poor outcome, and explain the significance of negative symptoms;
6. summarize the treatment of schizophrenia, including both pharmacologic and psychosocial interventions; and
7. list the features that differentiate delusional disorder, schizophreniform disorder, schizoaffective disorder, and brief psychotic disorder from each other and from schizophrenia.

8. MOOD DISORDERS
The student will:
1. discuss evidence for neurobiological, genetic, psychological, and environmental etiologies of mood disorders;
2. state the epidemiologic features, prevalence rates, and lifetime risks of mood disorders in clinical and nonclinical populations;
3. compare and contrast the epidemiologic and clinical features of unipolar depression and bipolar disorders;
4. state the common signs and symptoms, differential diagnosis (including general medical and substance-induced disorders), course of illness, comorbidity, prognosis, and complications of mood disorders;
5. contrast normal mood variations, states of demoralization, and bereavement with the pathological mood changes that constitute depressive illness;
6. identify the difference in the presentation, treatment, and prognosis of major depression with and without melancholic features, psychotic features, atypical features, catatonic features, seasonal pattern, and postpartum onset;
7. compare and contrast the clinical presentations of mood disorders in children, adults, and the elderly;
8. describe some common presentations of depressive disorders in nonpsychiatric settings, define the term "masked depression," and develop an approach to evaluating and treating mood disorders in a general medical practice;
9. discuss the increased prevalence of major depression in patients with general medical-surgical illness (e.g., myocardial infarction, diabetes, cardiovascular or cerebrovascular accidents, hip fractures) and the impact of depression on morbidity and mortality from their illnesses;
10. discuss the identification and management of suicide risk in general medical settings;

11. outline the recommended acute and maintenance treatments for dysthymia, major depression, and bipolar disorders (manic and depressive phases); and
12. state the characteristics and techniques of the nonpharmacological treatments for depression, including psychotherapy, cognitive therapy, couples therapy, and phototherapy

9. Anxiety Disorders
The student will:
1. summarize neurobiological, psychological, environmental, and genetic etiologic hypotheses for the anxiety disorders;
2. discuss the epidemiology, clinical features, course, and psychiatric comorbidity of panic disorder, agoraphobia, social phobia, specific phobias, generalized anxiety disorder, posttraumatic stress disorder, acute stress disorder, and obsessive-compulsive disorder;
3. distinguish panic attack from panic disorder;
4. list the common general medical and substance-induced causes of anxiety, and assess for these causes in evaluating a person with an anxiety disorder;
5. outline psychotherapeutic and pharmacologic treatments for each of the anxiety disorders;
6. compare and contrast clinical presentations of anxiety disorders in children and adults; and
7. discuss the role of anxiety and anxiety disorders in the presentation of general medical symptoms, the decision to visit a physician, and health care expenditures.
10. Somatoform And Factitious Disorders
The student will:
1. state the clinical characteristics of somatization disorder, conversion disorder, pain disorder, body dysmorphic disorder, and hypochondriasis;
2. list the psychiatric disorders that have high comorbidity with somatoform disorders;
3. discuss the implications of the high rate of underlying general medical/neurologic illness in patients diagnosed with pain disorder and conversion disorder;
4. list the characteristic features of factitious disorder and malingering, and compare these with the somatoform disorders;
5. discuss the frequency and importance of physical symptoms as manifestations of psychological distress;
6. summarize the principles of management of patients with somatoform disorders; and
7. discuss difficulties physicians may have with patients with these diagnoses.

11. Dissociative And Amnestic Disorders
The student will:
1. list a differential diagnosis of psychiatric, substance-induced, and general medical conditions that may present with amnesia and discuss the evaluation and treatment of persons with amnesia;
2. state the clinical features of dissociative amnesia, dissociative fugue, depersonalization disorder, and dissociative identity disorder;
3. discuss the hypothesized role of psychological trauma, including sexual, physical, and emotional abuse, in the development of dissociative disorders (and posttraumatic stress disorders);
4. discuss the etiologic hypotheses, epidemiology, clinical features, course, and treatment of dissociative identity disorder; and

5. state the indications for an amobarbital interview and for hypnosis.

12. Eating Disorders
The student will:
1. summarize the etiologic hypotheses, clinical features, epidemiology, course, comorbid disorders, complications, and treatment for anorexia nervosa;
2. summarize the etiologic hypotheses, clinical features, epidemiology, course, comorbid disorders, complications, and treatment for bulimia;
3. discuss the role of the primary care physician in the prevention and early identification of eating disorders; and
4. list the medical complications and indications for hospitalization in patients with eating disorders.

13. Sexual Dysfunctions And Paraphilias
The student will:
1. discuss the anatomy and physiology of the male and female sexual response cycles;
2. obtain a patient's sexual history, including an assessment of risk for sexually transmitted diseases, especially HIV;
3. state the implications of the high prevalence of sexual dysfunctions in the general population, particularly in the medically ill;
4. list the common causes of sexual dysfunctions, including general medical and substance-related etiologies;
5. summarize the manifestations, differential diagnosis, and treatment of hypoactive sexual desire disorder and sexual aversion disorder; male erectile disorder and female sexual arousal disorder; female and male orgasmic disorders and premature ejaculation; and dyspareunia and vaginismus;
6. define the term paraphilia;
7. list and define each of the common paraphilias;
8. review the management of the paraphilias; and discuss the prevalence, manifestations, diagnosis, and treatment of gender identity disorder.

14. Sleep Disorders The student will:
1. describe normal sleep physiology, including sleep architecture, throughout the life cycle;
2. obtain a complete sleep history;
3. discuss the manifestations, differential diagnosis, evaluation, and treatment of primary sleep disorders, including dyssomnias and parasomnias;
4. describe typical sleep disturbances that accompany psychiatric and substance use disorders;
5. summarize the effect(s) of psychotropic medications on sleep; and 6. describe sleep hygiene treatment.

15. Personality Disorders
The student will:
1. explain how the DSM-IV defines personality traits and disorders, and identify features common to all personality disorders;

2. list the three descriptive groupings (clusters) of personality disorders in the DSM-IV and describe the typical traits of each personality disorder;
3. summarize the neurobiological, genetic, developmental, behavioral, and sociological theories of the etiology of personality disorders, including the association of childhood abuse and trauma;
4. discuss the biogenetic relationships that exist between certain Axis I and Axis II disorders (e.g., schizotypal personality disorder and schizophrenia);
5. discuss the epidemiology, differential diagnosis, course of illness, prognosis, and comorbid psychiatric disorders in patients with personality disorders;
6. list the general medical and Axis I psychiatric disorders that may present with personality changes;
7. identify difficulties in diagnosing personality disorders in the presence of stress, substance abuse, and other Axis I disorders;
8. discuss the concepts of hierarchical levels of defense and regression under stress, and list typical defense mechanisms used in various personality disorders;
9. list the psychotherapeutic and pharmacologic treatment strategies for patients with personality disorders;
10. discuss the management of patients with personality disorders in the general medical setting; and
11. summarize principles of management of patients with personality disorders, including being aware of one's own response to the patient, soliciting consultations from colleagues when indicated, and using both support and nonpunitive limit setting.

16. Child And Adolescent Psychiatry
The student will:
1. compare and contrast the process of psychiatric evaluation of children and adolescents at different developmental stages with that of adults;
2. state the value of obtaining data from families, teachers, and other nonphysicians in the evaluation and treatment of children and adolescents;
3. state the indications for psychological assessment in children and list some of the common tests in a psychometric evaluation;
4. list a differential diagnosis and outline the evaluation of academic performance and behavioral problems in children;
5. summarize the etiologic hypotheses, clinical features, epidemiology, pathophysiology, course, comorbid disorders, complications, and treatment for attention-deficit hyperactivity disorder and conduct disorder;
6. discuss the etiologies, epidemiology, clinical features, and psychiatric comorbidity of mental retardation;
7. name the major clinical features of autism;
8. differentiate developmentally based anxiety (e.g., stranger, separation anxiety) from pathological anxiety disorders in childhood;
9. describe typical clinical features of anxiety disorders at different developmental stages;
10. compare and contrast the clinical features of mood disorders in children with that of adults;
11. discuss the epidemiology and clinical features of suicide risk in adolescents;
12. state when and how a physician must protect the safety of a child who may be the victim of physical or sexual abuse or neglect; and

13. identify signs and symptoms of child sexual and physical abuse, and discuss its short- and longterm psychiatric sequelae.

17. Geriatric Psychiatry
The student will:
1. employ a cognitive screening evaluation to assess and follow patients with cognitive impairment, and state the limitations of these instruments;
2. compare and contrast the clinical presentation of depression in elderly patients with that of younger adults;
3. summarize the special considerations in prescribing psychotropic medications for the elderly;
4. appreciate that multiple medications can cause cognitive, behavioral, and affective problems in the elderly;
5. compare, contrast, and give examples of the following: delirium, dementia (including treatable dementia), dementia syndrome of depression (pseudodementia) subcortical and cortical dementia;
6. state the prevalence of delirium in hospitalized elderly patients;
7. discuss the differential diagnosis, etiological hypotheses, epidemiology, clinical features, and course
of Alzheimer's disease, vascular dementia, and Parkinson's disease;
8. summarize the assessment and treatment of a patient with dementia;
9. discuss the physician's role in diagnosing, managing, and reporting elderly victims of physical or sexual abuse; and
10. discuss the role of losses in the etiology of psychiatric disorders in the elderly.

18. Psychopharmacology
Anxiolytics
The student will discuss:
1. the indications, mechanism of action, pharmacokinetics, common side effects, signs of toxicity, and drug interactions of the different benzodiazepines and sedative-hypnotics;
2. the consequences of abrupt discontinuation;
3. patient characteristics associated with benzodiazepine abuse;
4. guidelines for prescribing benzodiazepines; and
5. the differences (mechanism of action, onset of effect, and indications) between buspirone and benzodiazepines. Antidepressants
The student will summarize:
1. indications, mechanisms of action, pharmacokinetics, common or serious side effects (including overdose potential), signs of toxicity, and drug interactions of tricyclics, second generation (atypical) antidepressants, monoamine oxidase inhibitors, and selective serotonin reuptake inhibitors;
2. the pretreatment assessment and strategies of antidepressant use, including ensuring adequacy of trial and blood level monitoring;
3. the effect of antidepressants on the cardiac conduction system and electrocardiogram;
4. Dietary and pharmacologic restrictions in prescribing a monoamine oxidase inhibitor; and
5. advantages of selective serotonin reuptake inhibitors.

Antipsychotics (neuroleptics)
The student will discuss:
1. the indications, mechanisms of action, pharmacokinetics, common or serious side effects, signs of toxicity, and drug interactions of antipsychotics;
2. differences between high-potency and low-potency antipsychotics, including the side effects common to each group;
3. diagnosis and management of extrapyramidal side effects including acute dystonia, parkinsonism, akathisia, tardive dyskinesia, and neuroleptic malignant syndrome; and
4. the indications and special considerations in using clozapine and risperidone.
Mood Stabilizers
The student will discuss:
1. the indications, mechanism of action, pharmacokinetics side effects, signs of toxicity (neurological gastrointestinal, renal, endocrine, cardiac), and drug interactions of lithium;
2. the pretreatment assessment and strategies of use of lithium, including blood level monitoring; and
3. the indications, mechanisms of action, pharmacokinetics, common and serious side effects, toxicity, drug interactions, and plasma level monitoring for carbamazepine, valproic acid, and calcium
channel blockers.
Anticholinergics
The student will discuss:
1. the indications, mechanisms of action, pharmacokinetics, common and serious side effects, signs of toxicity, and drug interactions of anti-parkinsonian agents;
2. which antidepressants and antipsychotics have a higher incidence of anticholinergic side effects;
3. special considerations in prescribing these medications in the elderly; and
4. the high prevalence of anticholinergics in over-the-counter medications.
Electroconvulsive Therapy (ECT) The student will summarize:
1. indications, physiologic effects, and side effects of ECT;
2. clinical situations in which ECT may be the treatment of choice;
3. pretreatment assessment, including conditions requiring special precautions; and
4. the medical care of the patient before, during, and after ECT treatment.
Other Topics
The student will discuss:
1. the use of beta blockers in psychiatry and
2. the indications for and side effects of stimulants.
19. Psychotherapies
The student will:
1. state the characteristics and techniques of, and common indications and contraindications for, psychodynamic psychotherapy, psychoanalysis, supportive psychotherapy, cognitive and behavioral therapies, group therapies, couples and family therapy, and psychoeducational interventions;
2. describe behavioral medicine interventions (e.g., relaxation training, assertiveness training,contingency management, stimulus control, relapse prevention, biofeedback) and know for which medical problems they are effective (e.g., smoking cessation) and ineffective;
3. define and begin to recognize transference, countertransference, and commonly used defense mechanisms; discuss the concepts of hierarchical levels of defense and regression

under stress; and list some typical defense mechanisms used in various personality disorders;

4. state the major findings of studies of the efficacy of psychosocial interventions in the treatment of psychiatric and general medical disorders and in reducing health care costs; and

5. discuss techniques for increasing the likelihood of successful referral for psychotherapy