



Learning objectives:

Chief Complaint: 20 yo female with panic and anxiety, initial psych evaluation

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Differentiate major depressive disorder from adjustment disorder.
- Differentiate generalized anxiety disorder from panic disorder.
- Identify the somatic manifestations of panic disorder.
- Discuss medical management of panic disorder.
- Differentiate depression from panic disorder.
- Understand the time of onset of anti-anxiety and anti-depressive medications.
- Identify signs of insomnia.
- Identify the stepwise approach in the treatment of insomnia.
- Address lifestyle modifications which affect insomnia.
- Identify the important documentation in regard to patient risk.



Learning objectives:

Chief Complaint: Evaluation and management of possible depression and anxiety disorder

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Obtain, document, and present an age and gender-appropriate psychiatric history.
- Do a complete mental status examination.
- Assess suicidal and homicidal ideation.
- Apply differential diagnosis skills using specific history and physical exam findings.
- Select appropriate diagnostic and laboratory tests and interpret results.
- Effectively communicate with patients using sensitive, non-judgmental language, and recognize the emotional impact of illness on patients.
- Select appropriate treatment; medication and/or therapy.
- Develop skills for enhancing treatment adherence.
- Understand that the most common mental disorders (depression, anxiety, and substance abuse) are often found in regular office settings.
- Understand the confidentiality requirements of psychiatric diagnoses.



Learning objectives:

Chief Complaint: 31 yo male struggling with depression and anxiety for the past year

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Differentiate between normal anxiety and specific anxiety disorders.
- Describe major clinical, etiological, and epidemiological characteristics of panic disorder, agoraphobia, generalized anxiety disorder, social phobia, specific phobia, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD).
- Recognize the ways in which anxiety disorders may present in primary care and other medical settings.
- Recognize the general medical conditions and substances commonly associated with anxiety symptoms.
- Describe anxiety disorder symptom presentations as they vary across the life span (e.g. child and elderly).
- Recognize the precipitating factors and functional impact (e.g. work, school, family relationships) of anxiety disorders.
- Identify major classes of psychiatric medications used in treating anxiety disorders and discuss potential side effects of each.
- Select and monitor appropriate psychiatric medications used in treating anxiety disorders.
- Identify the primary psychosocial therapies used to treat anxiety disorders.
- Explain the most common medications used to treat anxiety disorders and potential side effects.



Learning objectives:

Chief Complaint: 22 yo female presents for a psychiatric evaluation, referred by her psychotherapist

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Recognize the high prevalence of depression in patients.
- Identify various presentations and the natural history, onset, and prognostic features of depression across the life span.
- Select and monitor appropriate psychiatric medications used in treating depression.
- Assess an individual patient's potential risk for subsequent depression.
- Recognize the signs and symptoms of major depression, bipolar illness, and dysthymia so that given a patient description you can recognize these syndromes.
- Assess the presence or absence of possible co-morbidities including anxiety disorder, adverse drug effects, substance abuse, and grief in any patient suspected of having depression.
- Assess a patient's risk for suicide and be able to appropriately respond to high-risk patients.
- Assess the impact of depression upon the patient's level of function.
- Recognize that depression may be a potentially life-threatening illness.
- Recognize and identify common lab findings.



Learning objectives:

Chief Complaint: 35 yo male presents with psychotic symptoms

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Be able to articulate the differences among the unipolar, bipolar, dysthymic, and cyclothymic mood disorders.
- Differentiate the diagnostic criteria of manic episodes vs hypomanic episodes.
- Be able to make differential diagnosis.
- Understand the diagnostic criteria, epidemiology, gender, and culture-related issues, and differential diagnosis for bipolar I disorder, bipolar II disorder, and cyclothymic disorder.
- Discuss the prevalence of suicide in those with bipolar disorder and learn to recognize risk factors for suicide.
- Understand the proper pharmacologic and non-pharmacologic treatment for each type of mood disturbance seen in bipolar disorders.
- Assess the impact of mania upon the patient's level of function.
- Describe the challenges in assessing, diagnosing, and treating bipolar disorder.
- Recognize and address treatment non-adherence.
- Assess the presence or absence of possible co-morbidities including adverse drug effect and substance abuse.



Learning objectives:

Chief Complaint: Initial psychiatric and medication evaluation, history of depression after death of family member

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Be able to articulate the differences among the unipolar, bipolar, dysthymic, and cyclothymic mood disorders.
- Differentiate the diagnostic criteria of manic episodes vs hypomanic episodes.
- Be able to make differential diagnosis.
- Understand the diagnostic criteria, epidemiology, gender, and culture-related issues, and differential diagnosis for bipolar I disorder, bipolar II disorder, and cyclothymic disorder.
- Discuss the prevalence of suicide in those with bipolar disorder and learn to recognize risk factors for suicide.
- Understand the proper pharmacologic and non-pharmacologic treatment for each type of mood disturbance seen in bipolar disorders.
- Assess the impact of mania upon the patient's level of function.
- Describe the challenges in assessing, diagnosing, and treating bipolar disorder.
- Recognize and address treatment non-adherence.
- Assess the presence or absence of possible co-morbidities including adverse drug effects and substance abuse.



Learning objectives:

Chief Complaint #1: 28 yo male medication eval due to doubt of efficacy

Chief Complaint #2: 55 yo male reports mood as "worried"

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Understand the definition of "psychotic."
- Perform an initial diagnostic evaluation of a patient with psychotic symptoms, including history and mental status examination.
- Give a medical and psychiatric differential diagnosis for psychosis.
- Be familiar with the DSM-V diagnostic criteria for schizophrenia.
- Define the following terms: delusion; idea of reference; delusion of grandiosity; hallucination; loosening of associations; blocking; neologism; echolalia; echopraxia; thought insertion; thought broadcasting; thought withdrawal; blunted/flat affect; catatonia.
- Be able to identify and know how to treat: tardive dyskinesia; akathisia; dystonia; oculogyric crisis; neuroleptic malignant syndrome.
- Be able to distinguish the distinction between positive and negative symptoms of schizophrenia.
- Be able to distinguish the distinction between prodromal, active, and residual phases of the illness.
- Understand why dopamine has been implicated as a neurotransmitter possibly involved in the etiology of schizophrenia.
- Be able to discuss what evidence there is of genetic transmission playing a role in the etiology of schizophrenia.



Learning objectives:

Chief Complaint #1: 25 yo male with psychotic symptoms with mood instability

Chief Complaint #2: 49 yo male reports "addiction to auto asphyxiation"

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Understand the distinction between schizophrenia, brief psychotic reaction, and schizophreniform disorder.
- Identify what other comorbidities are highly associated with schizophrenia.
- Differentiate between the diagnostic criteria for schizoaffective disorder and delusional disorder.
- Identify psychotic disorders that can occur secondary to medical disorders and/or be substance-induced.
- Recognize the common substances associated with psychosis during intoxication or withdrawal.
- Describe common and serious side effects of frequently used antipsychotic medications.
- Recognize the pharmacologic and psychosocial treatments of schizophrenia and other psychotic disorders.
- Apply the current evidence on the efficacy of pharmacologic and nonpharmacologic treatment options in the management of schizophrenia.
- Design a monitoring plan for efficacy and toxicity of antipsychotics used for the management of schizophrenia.
- Identify information for patient education, including supportive strategies and available community resources.



Learning objectives:

Chief Complaint: 19 yo male self-reports a history of “PTSD from a motorcycle accident”

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Be able to quantify the severity of opioid withdrawal in patients using the clinical opiate withdrawal scale (COWS).
- Identify the primary risks and benefits for the use of full opioid agonists vs partial opioid agonists vs non-opioid supportive care measures in the treatment of opioid withdrawal.
- Understand the magnitude of the opioid epidemic in the United States specifically being able to list one epidemiologic statistic regarding either morbidity or mortality.
- Name the primary physiologic cause of death related to opioid overdose.
- Of opioid users, name one specific time-period or patient population at highest risk for overdose and describe the role naloxone distribution can play in terms of harm reduction for this population.
- The use of methadone and buprenorphine in the management of opioid withdrawal--clinical, legal, and regulatory aspects.
- The signs and symptoms of alcohol, sedative, opioid, and other drug withdrawal syndromes, as well as their neurobiology and pathophysiology.
- Spontaneous and precipitated withdrawal and the actions of pharmacological antagonists in circumstances of intoxication or withdrawal.
- Understand the epidemiology of co-occurring medical and substance use conditions.
- The theory and practice of office based opioid treatment using buprenorphine and how to integrate that into IOP care.
- Inpatient/Residential Addiction Treatment vs Outpatient treatment.
- Understand all the patient's medications, prescribed and OTC, and the drug-drug interactions possible among alcohol, prescription opioids and sedatives, and other agents.
- The mechanisms of alcohol, sedatives, opioid and other drug withdrawal syndromes and the pharmacologic principles and mechanisms of medications used to treat different types of withdrawal.



Learning objectives:

Chief Complaint: 24 yo female believes she is 3 months pregnant with multiple negative pregnancy tests

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Understand the scope of stimulant use disorders in the United States.
- Describe the mechanism of action of stimulants and the symptoms for intoxication and withdrawal states.
- Understand treatment options for stimulant use disorders including pharmacological as well as psychosocial interventions.
- The signs and symptoms of stimulant drug withdrawal syndromes, as well as neurobiology and pathophysiology.
- Spontaneous and precipitated withdrawal and the actions of pharmacological antagonists in circumstances of intoxication or withdrawal.
- Understand the epidemiology of co-occurring medical and substance use conditions.
- The mechanisms of stimulant drug withdrawal syndromes and the pharmacologic principles and mechanisms of medications used to treat different types of withdrawal.
- Knowledge of the diagnostic criteria for substance use disorders and various intoxication and withdrawal states according to the current standard of care.
- Knowledge of the broad range of medical, mental health, and social conditions that can co-occur with substance use disorders or are directly caused or exacerbated by substance use and demonstrate the ability to assess patients with addiction disorders who also have co-occurring medical, surgical, obstetrical, or psychiatric conditions.
- The currently accepted diagnostic criteria for substance use disorders, including abuse, dependence, and other disorders caused by substances.



Learning objectives:

Chief Complaint: 24 yo female self-reports a history of “anxiety, depression, and insomnia”

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Sedative tapers, with and without augmentation with anticonvulsants, for benzodiazepine detoxification.
- Identify the most commonly used synthetic substances on the market and their associated adverse effect profiles.
- Understand the magnitude of synthetic drug use in the United States and list statistics regarding the associated morbidity and mortality.
- Identify problems associated with synthetic drug use as well as potential future therapeutic implications.
- The signs and symptoms of alcohol, sedative, opioid, and other drug withdrawal syndromes, as well as their neurobiology and pathophysiology.
- Spontaneous and precipitated withdrawal and the actions of pharmacological antagonists in circumstances of intoxication or withdrawal.
- Understand the epidemiology of co-occurring medical and substance use conditions.
- Inpatient/residential addiction treatment vs outpatient treatment.
- The mechanisms of alcohol, sedatives, opioid and other drug withdrawal syndromes and the pharmacologic principles and mechanisms of medications used to treat different types of withdrawal.
- Recognize and treat substance use conditions (e.g. intoxication, withdrawal, use disorders) in aging patients, taking account of the status of multiple chronic medical illnesses that may be present.



Learning objectives:

Chief Complaint: 36 yo married female with PTSD

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Be able to identify the FDA approved medications for relapse prevention in alcohol use disorder.
- Identify the major risks and benefits to each of these FDA approved medications.
- Definitions of a “standard drink” when calculating a patient's quantity/frequency of consumption and trying to determine the level of tolerance of the likelihood of developing alcohol withdrawal.
- Key features of management of alcohol/sedative withdrawal delirium.
- The signs and symptoms of alcohol, sedative, opioid, and other drug withdrawal syndromes, as well as their neurobiology and pathophysiology.
- Spontaneous and precipitated withdrawal and the actions of pharmacological antagonists in circumstances of intoxication or withdrawal.
- Understand the epidemiology of co-occurring medical and substance use conditions.
- Inpatient/residential addiction treatment vs outpatient treatment.
- Understand all the patient's medications, prescribed and OTC, and the drug-drug interactions possible among alcohol, prescription opioids and sedatives, and other agents.
- The mechanisms of alcohol, sedatives, opioid and other drug withdrawal syndromes and the pharmacologic principles and mechanisms of medications used to treat different types of withdrawal.



Learning objectives:

Chief Complaint: 29 yo female with personality disorder

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Describe how personality disorders present and be able to distinguish between each.
- Define what is meant by a personality disorder.
- Identify the six personality disorders proposed for retention in DSM-5.
- Identify the disorders included in each cluster and the characterization of each cluster.
- Describe the epidemiology of personality disorders.
- Describe comorbidity in relation to personality disorders.
- Describe the etiology of personality disorders.
- Describe treatment options for personality disorders.
- Summarize the etiology for antisocial and borderline personality disorder.
- Identify the treatment for borderline personality disorder.



Learning objectives:

Chief Complaint: 23 yo female with an eating disorder

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Similarities and differences between Anorexia nervosa (AN) and Bulimia nervosa (BN).
- Describe the signs and symptoms of anorexia nervosa, bulimia nervosa and binge eating disorder.
- Relationship between eating disorders and affective disorders.
- Degree of weight loss necessary to make the diagnosis of AN.
- Recognize the mortality rate among sufferers from AN.
- Define: binge eating; purging; lanugos; BMI
- Identify common medical complications of anorexia nervosa, bulimia nervosa and binge eating disorder as well as recommended monitoring and treatment.
- Identify psychiatric comorbidities associated with anorexia and bulimia nervosa and binge eating disorder.
- Facilitate understanding of the refeeding syndrome and identify strategies to decrease its occurrence in the treatment of anorexia nervosa and malnourished states associated with other eating disorders.
- Identify appropriate therapeutic interventions for each of the eating disorders.
- Formulate a treatment plan for patients presenting with anorexia or bulimia nervosa in an outpatient general medical practice.



Learning objectives:

Chief Complaint: 85 yo widowed female with Dementia

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Discuss the importance of being able to judge the appearance of cognitive impairment in all patient interactions.
- Understand the distinction between dementia and delirium with the acknowledgment that the two conditions can and frequently do occur together, though one is usually prominent.
- Differentiate between Alzheimer's disease and dementia.
- Be familiar with the utilization of the Mental Status Examination (MSE) and its components.
- Recognize medical symptoms of psychiatric disorders.
- Recognize psychiatric symptoms of medical disorders.
- Recognize, assess, and manage the delirious patient.
- Conduct and interpret a Mini-Mental Status Exam or MOCA to assess cognitive function.
- Review commitment laws for involuntary treatment and evaluate a patient's capacity to give informed consent.
- Recognize psychiatric symptoms that are side effects of medications.



Learning objectives:

Chief Complaint: Psych assessment for suicide attempt

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Conduct a suicide assessment that differentiates between acute and chronic suicidal ideation.
- Assess safety in the emergency center (including dangerousness to self and others).
- Describe common presentations to the psychiatric emergency room, including mood and thought disorders and substance intoxication states.
- Formulate a differential diagnosis of psychiatric disorders seen in an adult inpatient population with a focus on disorders which present acutely and emergently to the psychiatric emergency room.
- Perform a safety assessment of the acutely ill psychiatric patient, with a focus on suicide and homicidal ideations.
- Utilize psychiatric interviews and medical work-up in the assessment of acutely ill psychiatric patients to provide a safe plan for the disposition and treatment of the patient.
- Formulate a differential diagnosis and initial treatment plan.
- Perform an involuntary commitment assessment of the acutely ill psychiatric patient.
- Describe the steps involved in filing an involuntary mental health commitment for the acutely ill psychiatric patient.
- Identify the role and types of medications used in emergency settings.



Learning objectives:

Chief Complaint: 33 yo female on withdrawal protocol

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Be able to quantify the severity of opioid withdrawal in patients using the clinical opiate withdrawal scale (COWS).
- Identify the primary risks and benefits for the use of full opioid agonists vs partial opioid agonists vs non-opioid supportive care measures in the treatment of opioid withdrawal.
- Understand the magnitude of the opioid epidemic in the United States specifically being able to list one epidemiologic statistic regarding either morbidity or mortality.
- Name the primary physiologic cause of death related to opioid overdose.
- Of opioid users, name one specific time-period or patient population at highest risk for overdose and describe the role naloxone distribution can play in terms of harm reduction for this population.
- The use of methadone and buprenorphine in the management of opioid withdrawal--clinical, legal, and regulatory aspects.
- The signs and symptoms of alcohol, sedative, opioid, and other drug withdrawal syndromes, as well as their neurobiology and pathophysiology.
- Spontaneous and precipitated withdrawal and the actions of pharmacological antagonists in circumstances of intoxication or withdrawal.
- Understand the epidemiology of co-occurring medical and substance use conditions.
- The theory and practice of office based opioid treatment using buprenorphine and how to integrate that into IOP care.
- Inpatient/residential addiction treatment vs outpatient treatment.
- Understand all the patient's medications, prescribed and OTC, and the drug-drug interactions possible among alcohol, prescription opioids and sedatives, and other agents.
- The mechanisms of alcohol, sedatives, opioid and other drug withdrawal syndromes and the pharmacologic principles and mechanisms of medications used to treat different types of withdrawal.



Learning objectives:

Chief Complaint: 28 yo male struggling with anxiety for the past year

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Differentiate between normal anxiety and specific anxiety disorders.
- Describe major clinical, etiological, and epidemiological characteristics of generalized anxiety disorder.
- Recognize the ways in which anxiety disorders may present in medical settings.
- Recognize the general medical symptoms commonly associated with anxiety symptoms.
- Describe anxiety disorder symptom presentations and symptoms.
- Recognize the precipitating factors and functional impact (e.g. work, school, family relationships) of anxiety disorders.
- Explain the most common medications used to treat anxiety disorders.
- Understand the time of onset of SSRI medications.
- Identify the important documentation in regard to patient risk.
- Explain potential side effects of the most common medications used to treat anxiety disorders.



Learning objectives:

Chief Complaint: 43 yo female struggling with depression

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Student is able to discuss medical management of major depressive disorder.
- Describe major clinical, etiological, and epidemiological characteristics of major depressive disorder.
- Recognize the ways in which depressive disorders may present in medical settings.
- Recognize the general medical symptoms commonly associated with depressive symptoms.
- Describe depressive disorder symptom presentations.
- Recognize the precipitating factors and functional impact (e.g. work, school, family relationships) of depressive disorders.
- Explain the most common medications used to treat anxiety disorders.
- Student is able to understand the time of onset of SSRI medications.
- Student is able to identify the important documentation in regard to patient risk.
- Explain potential side effects of the most common medications used to treat depressive disorders.



Learning objectives:

Chief Complaint: 25 yo male struggling with erratic moods

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Student is able to discuss medical management of bipolar disorder.
- Describe major clinical, etiological, and epidemiological characteristics of bipolar disorder.
- Recognize the ways in which bipolar disorders may present in medical settings.
- Recognize the general medical symptoms commonly associated with bipolar symptoms.
- Describe bipolar disorder symptom presentations.
- Recognize the precipitating factors and functional impact (e.g. work, school, family relationships) of bipolar disorders.
- Explain the most common medications used to treat bipolar disorders.
- Student is able to understand the variations between different medications that treat bipolar disorder.
- Student is able to identify the important documentation in regard to patient risk.
- Explain potential side effects of the most common medications used to treat bipolar disorders.



Learning objectives:

Chief Complaint: 18 yo male struggling with focus/inattention

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Student is able to discuss medical management of ADHD.
- Describe major clinical, etiological, and epidemiological characteristics of ADHD.
- Recognize the ways in which ADHD may present in medical settings.
- Recognize the general medical symptoms commonly associated with ADHD symptoms.
- Student is able to understand the variations in abuse risk of various ADHD treatment options.
- Describe ADHD symptom presentations.
- Recognize the functional impact (e.g. work, school, family relationships) of ADHD.
- Explain the most common medications used to treat ADHD.
- Student is able to identify the important documentation in regard to patient risk.
- Explain potential side effects of the most common medications used to treat ADHD.



Learning objectives:

Chief Complaint: 41 yo female struggling with alcoholism

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Student is able to discuss medical management of alcohol use disorder.
- Describe major clinical, etiological, and epidemiological characteristics of alcohol use disorder.
- Recognize the ways in which alcohol use disorder may present in medical settings.
- Recognize the general medical symptoms commonly associated with alcohol use disorder symptoms.
- Describe alcohol use disorder symptom presentations.
- Recognize the precipitating factors and functional impact (e.g. work, school, family relationships) of alcohol use disorder.
- Explain the most common medications used to treat alcohol use disorder.
- Student is able to understand the variations between different medications that treat alcohol use disorder.
- Student is able to identify the important documentation in regard to patient risk.
- Explain potential side effects of the most common medications used to treat alcohol use disorder.



Learning objectives:

Chief Complaint: 50 yo male struggling with sleep

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Student is able to discuss medical management of insomnia.
- Describe major clinical, etiological, and epidemiological characteristics of insomnia and mood disorder.
- Recognize the ways in which sleep/mood disorders may present in medical settings.
- Recognize the general medical symptoms commonly associated with anxiety/depression symptoms.
- Describe the associations of various psychiatric medications and fatigue/sedation.
- Recognize the precipitating factors that contribute to sleep irregularities.
- Explain the most common medications used to treat insomnia.
- Student is able to explain components of sleep hygiene.
- Student is able to identify the important documentation in regard to patient risk.
- Explain potential side effects of the most common medications involved with anxiety/depression/sleep.



Learning objectives:

Chief Complaint: 24 yo female reporting hallucinations

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Student is able to discuss medical management of psychosis.
- Describe major clinical, etiological, and epidemiological characteristics of psychosis.
- Recognize the ways in which psychosis may present in medical settings.
- Recognize the general medical symptoms commonly associated with psychosis.
- Describe psychosis symptom presentations.
- Recognize the functional impact (e.g. work, school, family relationships) of psychosis.
- Explain the most common medications used to treat psychosis/schizophrenia.
- Student is able to understand the lab monitoring for medications that treat psychosis.
- Student is able to identify the important documentation in regard to patient risk.
- Explain potential side effects of the most common medications used to treat psychosis.



Learning objectives:

Chief Complaint: 49 yo male struggling with nightmares/PTSD

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Student is able to discuss medical management of PTSD.
- Describe major clinical, etiological, and epidemiological characteristics of PTSD.
- Recognize the ways in which PTSD may present in medical settings.
- Recognize the general medical symptoms commonly associated with PTSD symptoms.
- Describe potential treatment options for nightmares.
- Recognize the precipitating factors and functional impact (e.g. work, school, family relationships) of PTSD.
- Explain the most common medications used to treat PTSD.
- Student is able to understand the variety of situations or traumas that can potentially lead to PTSD.
- Student is able to identify the important documentation in regard to patient risk.
- Explain potential side effects of the most common medications used to treat PTSD.



Learning objectives:

Chief Complaint: 28 yo male with anxiety and depression transferring providers

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Differentiate between normal anxiety and depressive disorders.
- Describe major clinical, etiological, and epidemiological characteristics of generalized anxiety disorder and major depressive disorder.
- Recognize the ways in which these disorders may present in medical settings.
- Recognize the general medical symptoms commonly associated with anxiety/depressive symptoms.
- Describe anxiety/depression disorder symptom presentations and symptoms.
- Recognize the precipitating factors and functional impact (e.g. work, school, family relationships) of these disorders.
- Explain the most common medications used to treat these disorders.
- Understand the time of onset of SSRI medications.
- Identify the important documentation in regard to patient risk.
- Explain potential side effects of the most common medications used to treat these disorders.



Learning objectives:

Chief Complaint: 36 yo male with anxiety and depression transferring providers here for genetic testing and medication management

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Understand medication resistance and options for it.
- Describe major clinical, etiological, and epidemiological characteristics of generalized anxiety disorder and major depressive disorder.
- Recognize the ways in which these disorders may present in medical settings.
- Recognize the general medical symptoms commonly associated with anxiety/depressive symptoms.
- Describe how MTHFR genetic mutation can implicate psychiatric treatments.
- Recognize the importance of patient education in regard to genetic implications of medication resistance.
- Explain the most common medications used to treat these disorders.
- Understand the importance of folate metabolism leading to neurotransmitter production.
- Identify the important documentation in regard to patient risk.
- Explain potential side effects of the most common medications used to treat these disorders.



Learning objectives:

Chief Complaint: 26 yo female struggling hearing voices, low mood, trouble with sleep

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Differentiate between psychotic disorders, including schizophrenia and schizoaffective disorder, and other psychiatric conditions.
- Describe the major clinical, etiological, and epidemiological characteristics of psychosis and schizoaffective disorder.
- Recognize how psychosis and schizoaffective disorder may present in both medical and psychiatric settings.
- Identify the general medical symptoms commonly associated with psychotic symptoms, including cognitive and behavioral changes.
- Describe the symptom presentations of psychosis and schizoaffective disorder, including positive (e.g., hallucinations, delusions) and negative symptoms (e.g., anhedonia, social withdrawal).
- Recognize the precipitating factors, risk factors, and functional impact (e.g., work, school, family relationships) of psychosis and schizoaffective disorder.
- Explain the most common medications used to treat psychosis and schizoaffective disorder, including antipsychotics and mood stabilizers.
- Understand the time of onset, expected course, and pharmacological management of psychosis and schizoaffective disorder, particularly with antipsychotic medications.
- Identify key documentation aspects when assessing risk in patients with psychosis and schizoaffective disorder, including safety concerns and crisis intervention.
- Explain potential side effects of the most common medications used to treat psychosis and schizoaffective disorder, including antipsychotics and mood stabilizers.



Learning objectives:

Chief Complaint: 22 yo male struggling with eating habits

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Differentiate between normal eating behaviors and the clinical features of eating disorders, including bulimia nervosa.
- Describe the major clinical, etiological, and epidemiological characteristics of bulimia nervosa and other eating disorders.
- Recognize the ways in which bulimia nervosa and other eating disorders may present in medical settings, including signs of malnutrition, electrolyte imbalances, and gastrointestinal distress.
- Identify the general medical symptoms commonly associated with eating disorders, such as dehydration, arrhythmias, dental erosion, and muscle weakness.
- Describe the symptom presentations of bulimia nervosa, including recurrent binge eating episodes, compensatory behaviors (e.g., vomiting, excessive exercise), and distorted body image.
- Recognize the precipitating factors and functional impact (e.g., academic, occupational, family, and social relationships) of bulimia nervosa and other eating disorders.
- Explain the most common treatments and interventions used to manage bulimia nervosa, including psychotherapy (e.g., CBT) and pharmacotherapy.
- Understand the role of medications such as selective serotonin reuptake inhibitors (SSRIs) in the treatment of bulimia nervosa and their expected onset of action.
- Identify the key documentation required when assessing risk in patients with eating disorders, including the risk of self-harm, electrolyte disturbances, and other medical complications.
- Explain the potential side effects of the most common medications used to treat bulimia nervosa, including SSRIs and other pharmacological treatments.



Learning objectives:

Chief Complaint: 32 yo female with ADHD

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Differentiate between normal childhood/adult behaviors and the clinical features of ADHD.
- Describe the major clinical, etiological, and epidemiological characteristics of ADHD, including subtypes and the age of onset.
- Recognize how ADHD may present in various medical and educational settings, particularly in relation to attention, hyperactivity, and impulsivity.
- Identify the common medical symptoms and co-occurring conditions associated with ADHD, including sleep disturbances, anxiety, and learning difficulties.
- Describe the symptom presentations of ADHD in children, adolescents, and adults including inattentiveness, hyperactivity, and impulsivity and how these may vary across the lifespan.
- Recognize the precipitating factors, risk factors, and functional impact of ADHD on academic performance, occupational functioning, and family relationships.
- Explain the most common medications used to treat ADHD including stimulants (e.g., methylphenidate, amphetamines) and non-stimulants (e.g., atomoxetine).
- Understand the timing and expected onset of action for ADHD medications, especially stimulants, and their role in symptom management.
- Identify the key documentation considerations when assessing ADHD, including diagnostic criteria, symptom duration, and impact on daily functioning.
- Explain the potential side effects of the most common medications used to treat ADHD, including stimulant-related side effects like insomnia, appetite suppression, and cardiovascular risks.



Learning objectives:

Chief Complaint: 24 yo female struggling with focus/inattention with a history of addiction

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Differentiate a patient with hx of substance abuse.
- Describe the major clinical, etiological, and epidemiological characteristics of ADHD, including subtypes and age of onset.
- Recognize how hx of substance abuse can change treatment plans.
- Identify the common medical symptoms and co-occurring conditions associated with substance abuse.
- Describe the symptom presentations of substance abuse.
- Recognize the precipitating factors, risk factors, and functional impact of these conditions.
- Explain the most common medications used to treat ADHD, including stimulants (e.g., methylphenidate, amphetamines) and non-stimulants (e.g., atomoxetine).
- Understand the timing and expected onset of action for ADHD medications, especially stimulants, and their role in symptom management.
- Identify the key documentation considerations when assessing substance abuse including diagnostic criteria, symptom duration, and impact on daily functioning.
- Explain the potential side effects of the most common medications used to treat ADHD in the face of substance abuse hx.



Learning objectives:

Chief Complaint: 26 yo female with suicidal ideation

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Differentiate between normal sadness and clinical depression, including identifying key symptoms of major depressive disorder (MDD) and suicidal ideation.
- Describe the major clinical, etiological, and epidemiological characteristics of major depressive disorder and suicidal ideation, including risk factors and vulnerable populations.
- Recognize how depression and suicidal ideation may present in medical settings, including physical complaints and behavioral changes, in both acute and chronic forms.
- Identify common medical symptoms that may be associated with depression and suicidal ideation, including sleep disturbances, changes in appetite, and somatic complaints.
- Describe the symptom presentations of depression including emotional, cognitive, and physical symptoms, and recognize the warning signs of suicidal ideation.
- Understand the precipitating factors and risk factors for depression and suicidal ideation, such as trauma, chronic illness, relationship issues, or substance use, and their functional impact on work, school, and relationships.
- Explain the most commonly prescribed medications used to treat depression, including selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), and atypical antidepressants.
- Understand the expected time of onset and the potential therapeutic delay in the effects of SSRIs and other antidepressant medications.
- Identify key documentation considerations in managing depression and suicidal ideation, including risk assessment, safety planning, and monitoring for warning signs of worsening symptoms.
- Explain the potential side effects of the most common medications used to treat depression, particularly SSRIs, including risks of weight gain, sexual dysfunction, and increased suicidal thoughts in some populations.



Learning objectives:

Chief Complaint: 35 yo male with stable anxiety/depression experiencing sexual dysfunction

Upon completion of this exercise, the student should be able to show proficiency in the following learning objectives:

- Identify medication side effects that patients report.
- Describe major clinical, etiological, and epidemiological characteristics of these conditions and solutions for when side effects arise.
- Recognize the ways in which these disorders may present in medical settings.
- Recognize the general medical symptoms commonly associated with anxiety/depressive symptoms.
- Describe anxiety/depression disorder symptom presentations and symptoms.
- Recognize the precipitating factors and functional impact (e.g. work, school, family relationships) of these disorders.
- Explain the most common medications adjusted or added to improve sexual dysfunction side effects of SSRIs.
- Understand the time of onset of SSRI medications.
- Identify the important documentation in regard to patient risk.
- Explain potential side effects of the most common medications used to treat these disorders.