Fall, 2026

Behavioral Health Clerkship
MSPA 628 – 4.5 Credits

Day(s): Determined by Clinical site/preceptor

Time(s): Determined by Clinical site/preceptor

Classroom: Refer to Typhon schedule

Instructor: Michelle Lea, PA-C and Christine Rowland, PA-C

Office Hours: M, Tu, Th, F 9am-5pm

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The University of Bridgeport and its faculty are committed to enhancing diversity, equity, inclusion, and belonging in all facets of community life and to promoting an optimal environment for learning which encourages engagement, authenticity, and respect. Diversity in the classroom—in race, gender, sexual orientation, religion, language, ability, veteran status, place of origin, etc.—is an asset to our learning experience. Students play a vital role in the ongoing conversation about how to make the campus a place for community learning.

Prerequisite/Co-requisites: Completion of PAI didactic phase with a GPA of 3.0 or greater.

Course Description

This is a 5-week clinical clerkship course. During this course, second year PA students develop skills necessary to function as a PA in the behavioral health setting. Students will apply the medical knowledge and skills developed during didactic phase of their education. Students will actively engage in the assessment, analysis, evidence-based approaches, and management of conditions in a culturally sensitive and patient-centered manner, encountering patients typically seen in the behavioral health setting. Students will work with the clinical education team and under the supervision of their preceptor(s) to provide care. Students will follow their preceptor's schedule when on clinical site.

Required Learning Materials and Text(s)

1. Cavalet J, Knechtel M. *The Physician Assistant Student's Guide to the Clinical Year. Behavioral Health*. Springer Publishing Company; 2020.
   ISBN: 9780826195289

2. Gonzales PA, McDonald MA. *The PA Rotation Exam Review*. Lippincott Williams & Wilkins; 2024.
   ISBN: 9781975193355

Recommended Text(s)

1. Ebert MH, Martin PR, McVoy M, Ronis RJ, Weissman SH. eds. *Current Diagnosis & Treatment: Psychiatry, 4th Edition*. McGraw Hill; 2024.

   Online Access
   ISBN: 978-1-265-41109-1

Course Goal

The purpose of the behavioral health clerkship is to provide the PA student with a 5-week clinical experience in the diagnosis and treatment of psychiatric conditions. Students will develop a more in-depth understanding of common psychiatric disorder presentations and treatment. The PA Student will need to demonstrate their ability to critically think and formulate treatment plans under the supervision of an experienced behavioral health practitioner.

Student Learning Outcomes

By the end of this course, students should be able to:

	Student Learning Outcome
SLO1	Elicit an accurate medical history for a patient presenting with a behavioral or mental health complaint. *(MK, IS, CS)*
SLO2	Perform a complete mental status exam. *(MK, CS, PB, CR)*
SLO3	Demonstrate effective communication of patient encounters a) orally and in b) written form. *(IS, PB)*
SLO4	Diagnose a) acute, b) chronic, c) emergent behavioral and mental health conditions. *(MK, CS, CR)*
SLO5	Utilize clinical data to formulate a differential diagnosis. *(MK, CS, CR)*
SLO6	Demonstrate appropriate application of diagnostic studies commonly used in the behavioral and mental

	healthcare discipline. *(MK, CS, CR)*
SLO7	Formulate an appropriate patient management care plan based on clinical data collected. *(MK, CS, CR)*
SLO8	Provide culturally sensitive patient education appropriate to the patient's health literacy. *(MK, IS, PB)*
SLO9	Demonstrate clinical reasoning and problem-solving abilities in the evaluation and care of patients. *(MK, CS, CR)*
SLO10	Demonstrate patient-centered care through compassion and sensitivity. *(IS, PB)*
SLO11	Demonstrate professionalism by adhering to the professional conduct standards of the PA profession. *(PB)*
SLO12	Correctly identify extra-pyramidal symptoms. *(MK, CS)*
SLO13	Describe medication side effects associated with medications commonly prescribed in the behavioral and mental health discipline. *(MK)*
SLO14	Describe the link between mental health, substance use, and disparities in care. *(MK, CR)*

Learning Activities, Course Expectations, and Grading Policy
The final course grade will be calculated using the following breakdown:

Assessment	Percentage of Final Grade	Brief Description of Assessment

End of Rotation Exam	55%	A comprehensive examination based on course objectives and the NCCPA and PAEA blueprint. End of Rotation examination grade is calculated based on the student's Z-score. **Z-score less than -1 will result in a grade below 73 and failure of the exam**. Should a student fail an end-of-rotation examination, a meeting with the Coordinator of Academic Affairs will be arranged and a remediation plan will be designed. Upon completion of the remediation, a retest will be given. If a student passes the End of Rotation reassessment exam (i.e., earning 73% or higher), the student will receive a 73% for the End of Rotation Exam component regardless of grade earned on the reassessment exam. Failure of reassessment exam will result in failure of the rotation. Students are permitted **one EOR exam reassessment** for the clinical year.
Mid-Rotation Evaluation	Reduction Only	Mid-way through the clinical clerkship, the student is required to sit down with the preceptor to discuss the student's performance and provided constructive feedback. This session is documented on the Mid-Rotation Evaluation Form. The blank form can be found in Canvas and should be uploaded to Assignments in Canvas once complete. This is a non-graded exercise but provides the student and program invaluable feedback on the student's progress in meeting program objectives and learning outcomes. Professionalism points will be deducted if not uploaded to Canvas by Wednesday at 11:59pm est of the third week of the clerkship.
Preceptor Evaluation	35%	Each student is evaluated by the preceptor at the end of each rotation. Preceptor evaluations are submitted via the Typhon logging system utilizing a four-point Likert scale. Typhon calculates the final percentage grade by averaging the mean of each section. The final percentage grade in Typhon will be utilized to calculate your final course grade. Any component of the preceptor evaluation which result in an "Approaches Expectations" or "Unsatisfactory", will require remediation.
Clinical Modules & Documentation Assignment	10%	Rotation specific clinical modules are located in Canvas. The modules contain extra resources and assignments related to the clinical clerkship experience that must be completed and uploaded to

		Canvas by 11:59pm est on Call-back Day (unless otherwise noted in Canvas). See Canvas and rubrics for details. There is no credit for late assignments.
Professionalism	Reduction only	Professionalism is an expectation and non-compliance with any of the terms below will result in a 1-point deduction from your final grade. For example, if your total weighted grade (55%+ 35%+10%=100%) is an 80%, a professionalism deduction would result in a 79%. One non-compliant event equals 1-point deduction per event, per rotation and can be up to 5-points per rotation. If professionalism points are to be deducted, you will be notified by faculty via email of the infraction. Warnings will not be given. The deduction will not be applied until the total grades are weighted and calculated. Examples of infractions: i. Attendance and participation ii. Adherence to procedures and policies iii. Uploading clinical schedule to Typhon iv. Submission of complete case logs in Typhon v. Submission of clerkship paperwork as requested by the Clinical Coordinator

- All components graded to the nearest hundredth and there is no rounding up of grades.
- As per the UB PAI Student Handbook, the required passing grade for all PA coursework is a "C" (73%) or better.

Students must meet all the following standards to pass the clerkship course:

- 73% or greater on the Preceptor Evaluation.
- 73% or greater on the EOR Exam (see policy regarding reassessment above).
- 73% or greater on the final course grade.

Failure of a clinical clerkship course will require the student to repeat the clerkship, resulting in a delay of graduation. Failure to meet any of the above requirements will result in an "F" for the course.

Final grades are assigned by the instructor based on the University of Bridgeport Institutional Grading Scale published in the catalog and the UBPAI Student Handbook.

Final Course Grading Scale

Grade	Quality Points
A (93-100)	4.0
A- (90-92.99)	3.7
B+ (87-89.99)	3.3

B (83-86.99)	3.0
B- (80-82.99)	2.7
C+ (77-79.99)	2.3
C (73-76.99)	2.0
C- (70-72.99)	1.7
D+ (67-69.99)	1.3
D (63-66.99)	1.0
D- (60-62.99)	0.7
F (below 60)	0.0

Course Outline*

Dates	Topic(s) Covered	Assignments/ Reading to be completed before class	Assessment Schedule
Block 1: Mar 23, 2026- Apr 23, 2026	• Learning Outcomes 1-14	• Required text	• Friday, Apr 24, 2026
Block 2: May 11, 2026- Jun 11, 2026	• Learning Outcomes 1-14	• Required text	• Friday Jun 12, 2026
Block 3: Jun 15, 2026- Jul 16, 2026	• Learning Outcomes 1-14	• Required text	• Friday, Jul 17, 2026
Block 4: Jul 20, 2026- Aug 20, 2026	• Learning Outcomes 1-14	• Required text	• Friday, Aug 21, 2026
Block 5: Sept 7, 2026- Oct 8, 2026	• Learning Outcomes 1-14	• Required text	• Friday, Oct 9, 2026
Block 6: Oct 12, 2026- Nov 12, 2026	• Learning Outcomes 1-14	• Required text	• Friday, Nov 13, 2026
Block 7: Nov 16, 2026- Dec 17, 2026	• Learning Outcomes 1-14	• Required text	• Friday, Dec 18, 2026
Block 8: Jan 11, 2027- Feb 10, 2027	• Learning Outcomes 1-14	• Required text	• Thursday, Feb 11, 2027
Block 9: Feb 15, 2027- Mar 18, 2027	• Learning Outcomes 1-14	• Required text	• Friday, Mar 19, 2027

This syllabus is subject to change at the discretion of the instructor.

Instructional Objectives

Instructional Objective	Student Learning Outcome
• **1.1**: Establish rapport with a patient and/or their caregiver. • **1.2**: Select appropriate level of history based on the chief complaint and purpose of the encounter. • **1.3:** Accurately obtain a past psychiatric history including previous medications, hospitalizations, suicide attempts, and previous outpatient treatment. • **1.4:** Include all information such as past medical history, family history, social history, and review of systems pertinent to the psychiatric intake or visit.	SLO1
• **2.1:** Accurately perform a mental status exam with attention and sensitivity to patient's current mental status and literacy level when applicable. • **2.2:** Differentiate between normal and abnormal findings on the mental status exam. • **2.3:** Identify situations where a complete Folstein MSE would be indicated. • **2.4:** Understand and utilize correct terminology in describing patient responses to the mental status exam.	SLO2
• **3.1:** Confidently and concisely report applicable demographic information, chief complaint, HPI, past medical history and pertinent ROS. • **3.2:** Identify and report pertinent mental status exam with accurate terminology and including presence and absence of clinically	SLO3

significant signs based on presenting issue. • **3.3:** Document all pertinent normal and abnormal examination findings using appropriate medical terminology. • **3.4:** Identify and document the pertinent components in common patient encounters in the psychiatric setting including initial diagnostic evaluation, emergency evaluation, hospital consultation and follow up visits. • **3.5:** Become familiar with common ICD-10 and CPT codes used in patient encounter documentation.	
• **4.1:** Identify pathophysiologic process of development of acute, chronic, and emergent conditions commonly seen in the psychiatric setting (see Conditions list). • **4.2:** Identify risk factors and demographics mostly susceptible to the development of conditions typically seen in the psychiatric setting. • **4.3:** Recognize the clinical presentation of acute, chronic, and emergent conditions typically seen in the psychiatric setting.	SLO4
• **5.1:** List the differential diagnosis of mood instability including depression, bipolar disorder, dysthymia, and cyclothymia. • **5.2:** Differentiate between schizophrenia, schizoaffective disorder, and substance induced psychosis. • **5.3:** Differentiate between the presentations of common	SLO5

withdrawal symptoms such as alcohol, opiate, and benzodiazepine withdrawal. • **5.4:** Differentiate between Cluster A, Cluster B, and Cluster C personality disorders. • **5.5:** Differentiate among the anxiety disorders (see conditions list). • **5.6:** Identify medical causes of different psychiatric presentations.	
• **6.1:** Understand the risk of metabolic syndrome associated with the use of second- generation neuroleptics and identify proper monitoring lab studies. • **6.2:** Identify the timing and frequency for checking serum levels for lithium, carbamazepine and valproic acid. • **6.3:** Understand the effects of antidepressants and neuroleptics on QTc intervals. • **6.4:** Identify abnormal CBC findings in the context of valproic acid administration and alcohol use. • **6.5:** Identify abnormal CMP findings in the context of lithium administration, anticonvulsant, and alcohol use. • **6.6:** Explain the CBC monitoring requirements for patient's being prescribed Clozaril. • **6.7:** Define agranulocytosis and identify which medications can cause this. • **6.8: I**dentify the appropriate testing for the endocrine abnormalities that can be caused by psychiatric medications.	SLO6

• **7.1:** Utilize history, mental status exam, and diagnostic and laboratory studies to determine most likely diagnosis in the psychiatric setting. • **7.2:** Differentiate between emergent and non-emergent psychiatric presentations and discuss appropriate triage and management. • **7.3:** Understand the indications for various psychiatric treatment settings such as hospitalization, IOP, substance use rehabilitation, group home settings, and individual therapeutic sessions. • **7.4:** Identify appropriate patient populations for various therapeutic modalities such as DBT, CBT, and trauma focused therapy. • **7.5:** Identify the indications for a Physician's Emergency Certificate. • **7.6:** Identify the indications that a patient is ready for discharge from an inpatient setting.	SLO7
• **8.1:** Discuss indications, use and adverse effects of psychiatric medications with sensitivity to health literacy. • **8.2**: Explain the need for laboratory testing and the frequency based on patient's diagnosis and medication management. • **8.3**: Identify how certain cultural beliefs can impact a patient's acceptance of a psychiatric diagnosis. • **8.4:** Discuss the impact substance use can have on	SLO8

maintenance of mental health. • **8.5:** Provide education to patient's and caregivers regarding psychiatric diagnoses with awareness of health literacy and cultural beliefs.	
• **9.1:** Recognize and identify risk factors for suicide during patient encounters. • **9.2:** Identify signs of potentially volatile situations and utilize de-escalation techniques when appropriate and safe. • **9.3:** Understand the criteria for voluntary admission versus involuntary commitment in the context of psychiatric hospitalization. • **9.4:** Identify the presentation of potentially dangerous adverse medication effects and interactions.	SLO9
• **10.1:** Assess patient's readiness to adhere to suggested treatment options and provide respectful support for patient's decision making. • **10.2:** Engage in active listening techniques during communication with patients and their families in the psychiatric setting. • **10.3:** Identify need for enhanced communication options such as involvement of interpreters. • **10.4:** Incorporate patient's health literacy level and cultural beliefs when providing care.	SLO10
• **11.1**: Demonstrate professional demeanor in all interactions with staff, medical	SLO11

providers, patients, and their family members. • **11.2**: Adhere to ethical, legal, regulatory, and behavioral norms at all times. • **11.3**: Demonstrate punctuality, consistency, and reliability in relating to the clinical team and patients.	
• **12.1:** Differentiate between parkinsonism, akathisia, and dystonic reactions. • **12.2:** Recognize the physical symptoms of tardive dyskinesia. • **12.3:** Utilize Physical exam techniques including the AIMS and Barnes test to evaluate for involuntary movement. • **12.4:** Understand the pathophysiology behind the development of TD/EPS. • **12.5:** Describe the treatment for EPS and TD.	SLO12
• **13.1:** Identify the common side effects associated with the different classes of antidepressants. • **13.2:** Identify the side effects associated with first- and second-generation neuroleptics. • **13.3:** Identify the common adverse effects of anxiolytics. • **13.4:** Identify the common side effects of sleep medications. • **13.5:** Identify the common adverse effects of mood stabilizers. • **13.6:** Review any lab evidence which may indicate toxicity and any lab available for screening to decrease risk of side effects of medication or levels of toxicity.	SLO13

• **13.7:** Utilize IT to run drug to drug interactions and check for potential polypharmacy issues on psychiatric patients on multiple medications. • **13.8:** Utilize your collaboration with other healthcare professionals such as a pharmacist to help with options and screening of medications.	
• **14.1**: Apply evidence-based research which demonstrates the percentage of dual diagnosis in psychiatric care. • **14.2:** Utilize resources from multidisciplinary team for support from resources available to patients. • **14.3:** Demonstrate knowledge of resources available to reduce barriers to access and provide patient-centered care to dual diagnosis patients.	SLO14

Topic List

The topic list for this course is aligned with the PAEA End of Rotation Exam Content Blueprint and Topic List. Please refer to the PAEA link below for the current topic list covered in this course.

Behavioral Health Topic List

Class Policies

- **Attendance policy**: Please refer to the student handbook and clinical handbook for the program policy on attendance.
- **Late assignments policy:** Late work is not accepted.
- **Course failure policy**: Please refer to the student handbook and clinical handbook for the program policy on course failure.
- **Professionalism**: Please refer to the student handbook and clinical handbook for the program policy on Disciplinary Action for Professional and Behavioral Issues and professionalism.
- **E-mail policy**: Please refer to the student handbook for the program policy on e-mail.
- **Exam and Remediation policy**: Please refer to the student handbook and clinical handbook.
- **Academic Integrity**: Please refer to the student handbook.
- **Student Accessibility Accommodations**: Please refer to the student handbook.

Class Policy on the Use of Artificial Intelligence (AI)

- **No generative AI use is allowed in the course.**
  Unethical use of AI will be treated as a violation of academic integrity and subject to disciplinary action according to university policies.

UNIVERSITY OF BRIDGEPORT POLICES AND STUDENT SERVICES

This course adheres to all policies outlined in the catalog and in the Key to UB.

General academic policies of the University of Bridgeport can be found on the University web site at and in the University catalog at https://catalog.bridgeport.edu/

Student services information can be found on the University of Bridgeport website at https://www.bridgeport.edu/heckman-center/academic-success/ and in the Key to UB at https://www.bridgeport.edu/key-to-ub/

ACADEMIC HONESTY STANDARDS

The University of Bridgeport is committed to fostering an environment of academic integrity, mutual respect and individual responsibility. We are a community that values the voice of students in their pursuit of academic excellence and personal growth. By choosing to be a member of this community, each student demonstrates respect for the core values of trust, honesty and ethical behavior and commits to upholding these standards

Please refer to the *Student Handbook (Chapter 2 of "Key to UB"* https://www.bridgeport.edu/key-to-ub/chapter-2-academic-standards) to become familiar with the academic honesty standards expected of all students, including a definition of plagiarism. Claiming ignorance will not be considered a valid defense. All types of academic dishonesty (including but not limited to plagiarism, the use of illicit aid or internet resources during the examinations, giving or receiving aid on any examination, copying another student's work, utilizing unauthorized web-based services, which may include generative AI, to complete assignments, providing a false excuse for missing a test) are inexcusable and will result in a report to the Provost's Office and appropriate disciplinary action.

Consequences for graduate programs include a failing grade for the exam or assignment (first violation), and a failing grade for the examination or course and dismissal from the university for no less than one year in the case of a second violation.

The number of violations accrues to each student during total time as a University of Bridgeport student at any level.

STUDENT ACCESSIBILITY SERVICES

https://www.bridgeport.edu/student-accessibility/

In compliance with Section 504 of the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, and Connecticut State Laws, Student Accessibility Services (SAS) at UB provides reasonable accommodations to reduce the impact of disabilities on academic functioning or other life activities in the University setting.

Student Accessibility Services (SAS) offers a private and confidential atmosphere for students to talk about their disabilities and accommodations requests. In order to begin the process of requesting accommodations, students can contact Student Accessibility Services (SAS) at (203) 576-4104 or email **accessibilityservices@bridgeport.edu**.

A List of Student Resources can be found under Student Affairs
https://www.bridgeport.edu/student-affairs/