



**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

**Office Location:** END 113A

**Phone:** 203-576-4180

**Email:** ubpaclinicals@bridgeport.edu

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 technical 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. Student will encounter 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

**Students: Your required course materials have been provided for you. Please contact the UB Bookstore to receive your textbooks for the course.**

### **Recommended Text(s)**

Ebert MH, Martin PR, McVoy M, Ronis RJ, Weissman SH. eds. *Current Diagnosis & Treatment: Psychiatry, 4<sup>th</sup> 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.

### **Course Format**

During this 5-week rotation students will gain hands on clinical experience while working with an experienced behavioral health clinician. Working with preceptors, students will perform history and physical examinations, present oral and written cases, identify differential diagnoses, and develop assessment and management plans. Students will also learn to perform and evaluate diagnostic and therapeutic procedures under the supervision of the preceptor. Additional and supplementary modular components include assignments, resources, and simulated clinical learning. Supplementary simulated clinical learning and self-paced modules are not substituted for in-person clinical experiences.

### **Student Learning Outcomes**

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

	<b>Student Learning Outcome</b>
<b>SLO1</b>	Elicit an accurate medical history for a patient presenting with a behavioral or mental health complaint.
<b>SLO2</b>	Perform a complete mental status exam.
<b>SLO3</b>	Demonstrate effective communication of patient encounters a) orally and in b) written form.
<b>SLO4</b>	Diagnose a) acute, b) chronic, c) emergent behavioral and mental health conditions.
<b>SLO5</b>	Utilize clinical data to formulate a differential diagnosis.

<b>SLO6</b>	Demonstrate the application of diagnostic studies commonly used in the behavioral and mental healthcare discipline.
<b>SLO7</b>	Formulate an appropriate patient management care plan based on clinical data collected.
<b>SLO8</b>	Provide patient education with consideration for health literacy and belief systems.
<b>SLO9</b>	Demonstrate clinical reasoning and problem-solving abilities in the evaluation and care of patients.
<b>SLO10</b>	Demonstrate patient-centered care through compassion and sensitivity.
<b>SLO11</b>	Demonstrate professionalism by adhering to the professional conduct standards of the PA profession.
<b>SLO12</b>	Accurately identify extra-pyramidal symptoms.
<b>SLO13</b>	Describe medication side effects associated with medications commonly prescribed in the behavioral and mental health discipline.
<b>SLO14</b>	Describe the link between mental health, substance use, and disparities in care.

### Learning Activities, Course Expectations, and Grading Policy

The final course grade will be calculated using the following (all components graded to the nearest hundredth):

<b>Assessment</b>	<b>Percentage of Final Grade</b>	<b>Brief Description of Assessment</b>
End of Rotation Exam	55%	<p>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. <b>Z-score less than -1 will result in a grade below 73 and failure of the exam.</b></p> <p>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.</p> <p>Students are permitted <b>one EOR exam reassessment</b> for the clinical year.</p>
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

		<p>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.</p>
Preceptor Evaluation	35%	<p>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.</p>
Clinical Modules & Documentation Assignment	10%	<p>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.</p>
Professionalism	Reduction only	<p>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 (<math>55\% + 35\% + 10\% = 100\%</math>) 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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>i. Attendance and participation</li> <li>ii. Adherence to procedures and policies</li> <li>iii. Uploading clinical schedule to Typhon</li> <li>iv. Submission of complete case logs in Typhon</li> <li>v. Submission of clerkship paperwork as requested by</li> </ul>

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

1. 73% or greater on the Preceptor Evaluation.
2. 73% or greater on the EOR Exam (see policy regarding reassessment above).
3. 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 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

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” or better.

### Course Outline

Dates	Topic(s) Covered	Assignments/ Reading to be completed before class	Assessment Schedule
Block 1: Mar 18, 2024 – April 18, 2024	<ul style="list-style-type: none"> <li>Instructional Objectives 1-14</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Apr 19, 2024</li> </ul>

Dates	Topic(s) Covered	Assignments/ Reading to be completed before class	Assessment Schedule
Block 2: May 6, 2024 – Jun 10, 2024	<ul style="list-style-type: none"> <li>Instructional Objectives 1-14</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday Jun 7, 2024</li> </ul>
Block 3: Jun 10, 2024 – Jul 11, 2024	<ul style="list-style-type: none"> <li>Instructional Objectives 1-14</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Jul 12, 2024</li> </ul>
Block 4: Jul 15, 2024 – Aug 15, 2024	<ul style="list-style-type: none"> <li>Instructional Objectives 1-14</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Aug 16, 2024</li> </ul>
Block 5: Sept 9, 2024 – Oct 10, 2024	<ul style="list-style-type: none"> <li>Instructional Objectives 1-14</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Oct 11, 2024</li> </ul>
Block 6: Oct 14, 2024 – Nov 14, 2024	<ul style="list-style-type: none"> <li>Instructional Objectives 1-14</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Nov 15, 2024</li> </ul>
Block 7: Nov 18, 2024 – Dec 19, 2024	<ul style="list-style-type: none"> <li>Instructional Objectives 1-14</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Dec 20, 2024</li> </ul>
Block 8: Jan 13, 2025 – Feb 13, 2025	<ul style="list-style-type: none"> <li>Instructional Objectives 1-14</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Feb 14, 2025</li> </ul>
Block 9: Feb 17, 2025– Mar 20, 2025	<ul style="list-style-type: none"> <li>Instructional Objectives 1-14</li> </ul>	<ul style="list-style-type: none"> <li>Required text</li> </ul>	<ul style="list-style-type: none"> <li>Friday, Mar 21, 2025</li> </ul>

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

## Instructional Objectives

SLO	Instructional Objective
1.	<ul style="list-style-type: none"> <li><b>1.1:</b> Establish rapport with a patient and/or their caregiver.</li> <li><b>1.2:</b> Select appropriate level of history based on the chief complaint and purpose of the encounter.</li> <li><b>1.3:</b> Accurately obtain a past psychiatric history including previous medications, hospitalizations, suicide attempts, and previous outpatient treatment.</li> <li><b>1.4:</b> Include all information such as past medical history, family history, social history, and review of systems pertinent to the psychiatric intake or visit.</li> </ul>
2.	<ul style="list-style-type: none"> <li><b>2.1:</b> Accurately perform a mental status exam with attention and sensitivity to patient's current mental status and literacy level when applicable.</li> <li><b>2.2:</b> Differentiate between normal and abnormal findings on the mental status exam.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>2.3:</b> Identify situations where a complete Folstein MSE would be indicated.</li> <li>• <b>2.4:</b> Understand and utilize correct terminology in describing patient responses to the mental status exam.</li> </ul>
<b>3.</b>	<ul style="list-style-type: none"> <li>• <b>3.1:</b> Confidently and concisely report applicable demographic information, chief complaint, HPI, past medical history and pertinent ROS.</li> <li>• <b>3.2:</b> Identify and report pertinent mental status exam with accurate terminology and including presence and absence of clinically significant signs based on presenting issue.</li> <li>• <b>3.3:</b> Document all pertinent normal and abnormal examination findings using appropriate medical terminology.</li> <li>• <b>3.4:</b> 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.</li> <li>• <b>3.5:</b> Become familiar with common ICD-10 and CPT codes used in patient encounter documentation.</li> </ul>
<b>4.</b>	<ul style="list-style-type: none"> <li>• <b>4.1:</b> Identify pathophysiologic process of development of acute, chronic, and emergent conditions commonly seen in the psychiatric setting (see Conditions list).</li> <li>• <b>4.2:</b> Identify risk factors and demographics mostly susceptible to the development of conditions typically seen in the psychiatric setting.</li> <li>• <b>4.3:</b> Recognize the clinical presentation of acute, chronic, and emergent conditions typically seen in the psychiatric setting.</li> </ul>
<b>5.</b>	<ul style="list-style-type: none"> <li>• <b>5.1:</b> List the differential diagnosis of mood instability including depression, bipolar disorder, dysthymia, and cyclothymia.</li> <li>• <b>5.2:</b> Differentiate between schizophrenia, schizoaffective disorder, and substance induced psychosis.</li> <li>• <b>5.3:</b> Differentiate between the presentations of common withdrawal symptoms such as alcohol, opiate, and benzodiazepine withdrawal.</li> <li>• <b>5.4:</b> Differentiate between Cluster A, Cluster B, and Cluster C personality disorders.</li> <li>• <b>5.5:</b> Differentiate among the anxiety disorders (see conditions list).</li> <li>• <b>5.6:</b> Identify medical causes of different psychiatric presentations.</li> </ul>
<b>6.</b>	<ul style="list-style-type: none"> <li>• <b>6.1:</b> Understand the risk of metabolic syndrome associated with the use of second- generation neuroleptics and identify proper monitoring lab studies.</li> <li>• <b>6.2:</b> Identify the timing and frequency for checking serum levels for lithium, carbamazepine and valproic acid.</li> <li>• <b>6.3:</b> Understand the effects of antidepressants and neuroleptics on QTc intervals.</li> <li>• <b>6.4:</b> Identify abnormal CBC findings in the context of valproic acid administration and alcohol use.</li> <li>• <b>6.5:</b> Identify abnormal CMP findings in the context of lithium administration, anticonvulsant, and alcohol use.</li> <li>• <b>6.6:</b> Explain the CBC monitoring requirements for patient's being prescribed Clozaril.</li> <li>• <b>6.7:</b> Define agranulocytosis and identify which medications can cause this.</li> <li>• <b>6.8:</b> Identify the appropriate testing for the endocrine abnormalities that can be caused by psychiatric medications.</li> </ul>
<b>7.</b>	<ul style="list-style-type: none"> <li>• <b>7.1:</b> Utilize history, mental status exam, and diagnostic and laboratory studies to determine most likely diagnosis in the psychiatric setting.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>7.2:</b> Differentiate between emergent and non-emergent psychiatric presentations and discuss appropriate triage and management.</li> <li>• <b>7.3:</b> Understand the indications for various psychiatric treatment settings such as hospitalization, IOP, substance use rehabilitation, group home settings, and individual therapeutic sessions.</li> <li>• <b>7.4:</b> Identify appropriate patient populations for various therapeutic modalities such as DBT, CBT, and trauma focused therapy.</li> <li>• <b>7.5:</b> Identify the indications for a Physician's Emergency Certificate.</li> <li>• <b>7.6:</b> Identify the indications that a patient is ready for discharge from an inpatient setting.</li> </ul>
<b>8.</b>	<ul style="list-style-type: none"> <li>• <b>8.1:</b> Discuss indications, use and adverse effects of psychiatric medications with sensitivity to health literacy.</li> <li>• <b>8.2:</b> Explain the need for laboratory testing and the frequency based on patient's diagnosis and medication management.</li> <li>• <b>8.3:</b> Identify how certain cultural beliefs can impact a patient's acceptance of a psychiatric diagnosis.</li> <li>• <b>8.4:</b> Discuss the impact substance use can have on maintenance of mental health.</li> <li>• <b>8.5:</b> Provide education to patient's and caregivers regarding psychiatric diagnoses with awareness of health literacy and cultural beliefs.</li> </ul>
<b>9.</b>	<ul style="list-style-type: none"> <li>• <b>9.1:</b> Recognize and identify risk factors for suicide during patient encounters.</li> <li>• <b>9.2:</b> Identify signs of potentially volatile situations and utilize de-escalation techniques when appropriate and safe.</li> <li>• <b>9.3:</b> Understand the criteria for voluntary admission versus involuntary commitment in the context of psychiatric hospitalization.</li> <li>• <b>9.4:</b> Identify the presentation of potentially dangerous adverse medication effects and interactions.</li> </ul>
<b>10.</b>	<ul style="list-style-type: none"> <li>• <b>10.1:</b> Assess patient's readiness to adhere to suggested treatment options and provide respectful support for patient's decision making.</li> <li>• <b>10.2:</b> Engage in active listening techniques during communication with patients and their families in the psychiatric setting.</li> <li>• <b>10.3:</b> Identify need for enhanced communication options such as involvement of interpreters.</li> <li>• <b>10.4:</b> Incorporate patient's health literacy level and cultural beliefs when providing care.</li> </ul>
<b>11.</b>	<ul style="list-style-type: none"> <li>• <b>11.1:</b> Demonstrate professional demeanor in all interactions with staff, medical providers, patients, and their family members.</li> <li>• <b>11.2:</b> Adhere to ethical, legal, regulatory, and behavioral norms at all times.</li> <li>• <b>11.3:</b> Demonstrate punctuality, consistency, and reliability in relating to the clinical team and patients.</li> </ul>
<b>12.</b>	<ul style="list-style-type: none"> <li>• <b>12.1:</b> Differentiate between parkinsonism, akathisia, and dystonic reactions.</li> <li>• <b>12.2:</b> Recognize the physical symptoms of tardive dyskinesia.</li> <li>• <b>12.3:</b> Utilize Physical exam techniques including the AIMS and Barnes test to evaluate for involuntary movement.</li> <li>• <b>12.4:</b> Understand the pathophysiology behind the development of TD/EPS.</li> <li>• <b>12.5:</b> Describe the treatment for EPS and TD.</li> </ul>



13.	<ul style="list-style-type: none"> <li>• <b>13.1:</b> Identify the common side effects associated with the different classes of antidepressants.</li> <li>• <b>13.2:</b> Identify the side effects associated with first- and second-generation neuroleptics.</li> <li>• <b>13.3:</b> Identify the common adverse effects of anxiolytics.</li> <li>• <b>13.4:</b> Identify the common side effects of sleep medications.</li> <li>• <b>13.5:</b> Identify the common adverse effects of mood stabilizers.</li> <li>• <b>13.6:</b> 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.</li> <li>• <b>13.7:</b> Utilize IT to run drug to drug interactions and check for potential polypharmacy issues on psychiatric patients on multiple medications.</li> <li>• <b>13.8:</b> Utilize your collaboration with other healthcare professionals such as a pharmacist to help with options and screening of medications.</li> </ul>
14.	<ul style="list-style-type: none"> <li>• <b>14.1:</b> Apply evidence-based research which demonstrates the percentage of dual diagnosis in psychiatric care.</li> <li>• <b>14.2:</b> Utilize resources from multidisciplinary team for support from resources available to patient.</li> <li>• <b>14.3:</b> Demonstrate knowledge of resources available to reduce barriers to access and provide patient-centered care to dual diagnosis patients.</li> </ul>

## 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, and students will receive a zero for the assignment.
- **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.

## 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 website and in the University catalog at <https://catalog.bridgeport.edu/>.

Student services information may 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#integrity>) 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 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.

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](mailto:accessibilityservices@bridgeport.edu).

**A list of student resources can be found on the UB website, under Student Affairs:**

<https://www.bridgeport.edu/student-affairs/>