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Psychiatry Sequence (PSY614)

Topic:	The Mental Status Examination
Faculty: Recommended Reading:	Rachel Glick, M.D. Andreasen & Black, <i>Introductory Textbook of Psychiatry</i> , 3 rd Edition, pp 53- 84; 791-792
Lecture:	Monday, 10/27/08, 9:00 – 10:00 a.m.
Required Patient Presentation:	Small Groups - Weds, October 29, or Thurs, October 30, 1-3 p.m.
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Learning Objectives:

After reviewing the material and participating in the small group experience, the student will be expected to:

- 1. Know the parts of the mental status exam.
- 2. Define mood. Define affect and be able to describe the variability, intensity, and appropriateness of a patient's affect given a clinical description of the patient. Define labile affect. Define blunted and flat affect.

- 3. Distinguish thought process from thought content.
- 4. Know the definition of the following thought process abnormalities: poverty of thought, blocking, flight of ideas, loose associations, circumstantiality, tangentiality. Be able to recognize these abnormalities given a clinical vignette.
- 5. Know the definition of the following thought content abnormalities: Delusion, ideas (or delusions) of reference, thought insertion or withdrawal, thought broadcasting, obsessions, compulsions, phobias, suicidal or homicidal ideation. Be able to recognize these abnormalities given a clinical vignette.
- 6. Know the difference between illusions and hallucinations. Define the dissociative states: derealization and depersonalization.
- 7. Know ways to assess a patient's cognitive (intellectual) functions including: orientation, concentration or attention, memory, use of language, fund of knowledge, abstraction, judgment and insight.

Sample Test Question:

When a psychiatrist asks a patient what "people who live in glass houses shouldn't throw stones" means, he/she is testing:

- A. Insight
- B. Judgment
- C. Abstraction
- D. Orientation
- E. Memory

Answer: C