Psychiatry Clerkship Learning Objectives

The goal of learning objectives for psychiatry in undergraduate medical education is to provide a well-organized and understandable set of learning opportunities for the Psychiatry Clerkship that are relevant to all medical students regardless of their future specialty career choices. They are categorized into the following four main units

I. Clinical Skills
II. Psychopathology and Disease Classification
III. Disease Prevention, Management, and Therapeutics
IV. Professionalism, Ethics and the Law

In an effort to continually improve teaching in psychiatry, evidence-based neuroscience forms the foundation of learning in this clerkship.

UNIT ONE: CLINICAL SKILLS

A. History, Examination and Medical Interviewing

Rationale: To evaluate and care for any patient, the clinician must be skillful in obtaining relevant historical information and performing a complete examination. Physicians should be able to perform a mental status exam and accurately describe the findings. To be effective, a clinician must have an understanding, ability, and self-awareness to flexibly use a range of empathic interviewing techniques with patients across the lifespan. Medical students are expected to consistently evaluate all patients in regards to cultural issues and health disparities information. They are also expected to demonstrate knowledge of ethical issues related to psychiatry.

Learning Objectives:

CORE
1. Elicit and accurately document a complete psychiatric history, including the identifying data, chief complaint, history of the present illness, past psychiatric history; medications (psychotropic and non-psychotropic), general medical history, review of systems, developmental history, substance abuse history, family history, and social history; use multiple sources of data
2. Recognize physical signs and symptoms that accompany classic psychiatric disorders (e.g., tachycardia and hyperventilation in panic disorder) and psychiatric manifestations of medical illness; recognize the possible physical effects of psychotropic drugs (i.e., medications and drugs of abuse)
3. Perform and accurately describe the components of the comprehensive Mental Status Examination (e.g., including general appearance and behavior, motor activity, speech, affect, mood, thought processes, thought content, perception, sensorium and cognition, abstraction, intellect, judgment, and insight with special attention paid to safety, including suicidality and homicidality, and screening for psychotic symptoms; for each category of the Mental Status Exam, list common abnormalities and their common causes; be able to perform common screening exams for common psychiatric disorders (e.g., CAGE, MMSE, etc.);
4. Demonstrate an effective repertoire of interviewing skills, including strategies for challenging interviews and sensitivity to the patient, including avoidance of stigmatization, and awareness of cultural differences and health disparities

**VALUABLE**
1. Identify strengths and weaknesses in personal interviewing skills and discuss with a colleague or supervisor;
2. Identify verbal and nonverbal expressions of affect in a patient's responses and apply this information in assessing and treating the patient;

**B. Documentation and Communication**

*Rationale:* Regardless of the clinical specialty, a physician must be able to properly document clinical findings, diagnostic impressions, and clinical reasoning. The physician must be able to communicate clearly and concisely to other professionals and patients in both written and oral formats.

**Learning Objectives:**

**CORE**
1. Accurately document a complete psychiatric history and examination and record the components of a comprehensive mental status examination;
2. Accurately document the daily progress of inpatients and the periodic progress of outpatients.
3. Demonstrate clear and concise oral presentation of a) a complete psychiatric evaluation including relevant history, mental status findings and diagnostic impressions, and b) the daily progress of patients being treated for psychiatric disorders;

**C. Clinical Reasoning and Differential Diagnosis**

*Rationale:* Accurately identifying a patient’s problems and the relevant signs and symptoms is basic to establishing a diagnosis in any field of medicine. In psychiatry patients may not always have insight into the problems they are having. To be skillful at discerning signs and symptoms of psychiatric disorders the physician must be knowledgeable about symptom clusters that are suggestive of specific disorders, and able to formulate reasonable diagnostic hypotheses with plans for further evaluation.

**Learning Objectives:**

**CORE**
1. Use the DSM-IV in identifying specific signs and symptoms that compose a syndrome or disorder and construct diagnoses using the five axes of the DSM-IV
2. Formulate a differential diagnosis and plan for assessment of common presenting signs and symptoms of psychiatric disorders
3. Know the indications for, how to order, and the limitations of common medical tests for evaluating patients with psychiatric symptoms (e.g., laboratory, imaging etc.)
4. Demonstrate the ability to review and integrate the use of new clinical evidence

**D. Assessment of Psychiatric Emergencies**

*Rationale:* Psychiatric emergencies may occur in any clinical or non-clinical setting and can be life-threatening. It is important for physicians to be able to perform risk assessments, evaluate patients with altered mental status or behavioral dyscontrol, and recognize signs of potential assaultiveness.
Learning Objectives:
CORE
1. Identify and discuss risk factors for suicide across the lifespan
2. Be able to conduct clinical diagnostic and risk assessments of a patient with suicidal ideation or behavior and make recommendations for further evaluation and management
3. Identify risk factors for violence and assaultiveness, understand symptoms of escalating violence and demonstrate safety precautions
4. Be able to discuss the differential diagnosis and assessment of a patient with potential or active violent behavior or a victim of violence or other trauma and make recommendations for further evaluation and management
5. Discuss the clinical assessment and differential diagnosis of a patient with psychotic symptoms including perceptual disturbance, bizarre ideation and confusion and make recommendations for further evaluation and management
6. Discuss the clinical assessment and differential diagnosis of a patient with impaired attention, altered consciousness and/or other cognitive abnormalities and make recommendations for further evaluation and management
7. Be able to evaluate need for psychiatric hospitalization and understand appropriate level of care.

UNIT TWO: PSYCHOPATHOLOGY AND DISEASE CLASSIFICATION

The typical signs and symptoms of common psychiatric disorders as outlined below should be learned and understood for each phase of the life cycle (children, adolescent, adult, and geriatric populations). The clerkship learning experiences should build on an established understanding of basic principles of neurobiology and psychopathology.

A. Cognitive Disorders

Rationale: Cognitive impairment is a presenting sign or symptom for many medical conditions. The student physician should be able to make an initial assessment of cognition with attention to possible emergent underlying conditions, be familiar with the common causes of cognitive impairment, and proceed with or refer patients for further evaluation and management.

Learning Objectives:
CORE
1. Recognize and differentiate the cognitive, psychological and behavioral manifestations of common Cognitive Disorders including Delirium and Dementia syndromes, Traumatic Brain Injury, and Primary Intellectual Deficits.
2. Differentiate the clinical features and course of the common types of Dementia including Alzheimer’s, Vascular, Lewy Body and those syndromes caused by other neurodegenerative and infectious diseases (e.g., Parkinson’s, HIV infection, Huntington’s, Pick’s, Creutzfeldt-Jakob, etc.).
3. Discuss the clinical features and differential diagnosis of a patient with cognitive impairment and make recommendations for evaluation.

VALUABLE
1. Discuss the clinical features, differential diagnosis, and evaluation of Amnestic Disorders due to common general medical conditions including seizure disorders, substance use disorders, and head injuries;
2. Maintain a high index of suspicion that disordered cognition and behavior may have a reversible medical cause.

B. Substance Use Disorders

_Rationale:_ Substance use disorders are prevalent among patients in all clinical settings. There is particularly high co-morbidity between substance use disorders and other psychiatric disorders and medical conditions, which has a negative effect on clinical course and prognosis. The student will be able to recognize signs and symptoms of possible substance use and abuse disorders, make initial assessment with attention to possible underlying emergent conditions (e.g., withdrawal delirium), and proceed with or refer for further evaluation and management.

**Learning Objectives:**

**CORE**
1. Compare and contrast diagnostic criteria for substance use disorders (abuse, dependence, intoxication, withdrawal, and substance-induced disorders).
2. Know the clinical features of intoxication with cocaine, amphetamines, hallucinogens, cannabis, phencyclidine, barbiturates, opiates, caffeine, nicotine, benzodiazepines, alcohol and anabolic steroids.
3. Recognize substance withdrawal from sedative hypnotics including alcohol, benzodiazepines and barbiturates.
4. Discuss the epidemiology, course of illness, and the medical and psychosocial complications of common substance use disorders.
5. Identify typical presentations of substance use disorders in general medical and psychiatric clinical settings including the co-morbidity of substance use with other psychiatric disorders.
6. Differentiate between primary mood disorder vs. substance induced mood disorder vs. dual diagnosis of substance use disorder and other psychiatric disorders and be able to discuss the prevalence of such co-occurring disorders in the general psychiatric population.

**VALUABLE**
1. Review the etiology and pathogenesis/pathophysiology of substance abuse and dependence.

C. Psychotic Disorders

_Rationale:_ Psychosis may represent a serious underlying medical condition and/or may be the cause of serious harm to the patient or others. Individuals with chronic psychotic disorders have a high level of medical co-morbidity and completed suicide. The student will need to be able to recognize signs and symptoms of possible psychotic disorders, make initial assessment with attention to possible emergent underlying conditions, and proceed with or refer for further evaluation and management.

**Learning Objectives:**

**CORE**
1. Define the term psychosis and be able to discuss the clinical manifestations and presentation of patients with psychotic symptoms, including self harm and suicide risk.
2. Recognize and discuss the importance of a thorough medical evaluation for all patients presenting with signs and symptoms of psychosis to rule out the presence of underlying general medical conditions or substance-induced symptoms.
3. Be able to develop a differential diagnosis and plan for further evaluation for patients presenting with signs and symptoms of psychosis.

4. Compare and contrast the clinical presentation of psychotic disorders for the following patient groups: children, adolescents, adults, the elderly, patients in a general medical practice setting, and the developmentally disabled.

5. Be able to compare and contrast the clinical features and course of common psychiatric disorders that have associated primary (e.g., Delusional Disorder) or secondary (e.g., Mood Disorder) psychotic features.

6. Be able to discuss epidemiology; clinical course; subtypes; and the positive, negative and cognitive symptoms of Schizophrenia.

7. Recognize increased medical co-morbidities that are associated with psychotic disorders.

**Valuable**

1. Discuss the genetic, neurobiological, and environmental theories of etiology and pathophysiology of Schizophrenia and other psychotic disorders.

**D. Mood Disorders**

*Rationale*: Mood disorders are pervasive, under-diagnosed, and under-treated despite available and effective treatment of primary mood disorders and mood disorders due to a medical condition. Individuals with mood disorders suffer increased morbidity with other medical conditions, increased risk for self-harm, and challenges to their overall well being and psycho-social functioning.

**Learning Objectives:**

**Core**

1. Discuss the epidemiology of mood disorders with special emphasis on the prevalence of depression in the general population and in non-psychiatric clinical settings among patients with other medical-surgical illness (e.g., cardiovascular disease, cancer, neurological conditions) and the impact of depression on the morbidity and mortality of co-morbid illness. This includes identification of differences throughout the life span.

2. Compare and contrast the features of unipolar and bipolar mood disorders with regard to clinical course, co-morbidity, family history, gender and cultural presentations, prognosis and associated complications (e.g., suicide and development disabilities).

3. Discuss the differential diagnosis for patients presenting with signs and symptoms of mood disorders, including primary mood disorders (e.g., Major Depressive Disorder, Dysthymic Disorder) and mood disorders secondary to other conditions (e.g., substance use, medical-surgical illness, bereavement, adjustment disorder, personality disorders) with regard to clinical course, co-morbidity, family history, prognosis, associated complications (e.g., suicide), and plan for further evaluation.

4. Discuss the subtypes of primary mood disorders including melancholic versus atypical features, psychotic features, seasonal pattern, and postpartum onset.

5. Discuss the high risk of suicide in patients with mood disorders, risk assessment and management strategies (See Unit I. D. Assessment of Psychiatric Emergencies).

6. Outline mood symptoms associated with menstrual function and child-bearing (such as post partum depression and PMDD)

**Valuable**

1. Discuss what is currently known about the etiology and pathophysiology of mood disorders (e.g., neurobiology, psychological, genetic).
E. Anxiety Disorders

**Rationale:** Anxiety disorders are considered to be one of the most prevalent classes of psychiatric disorders and as such are likely to be encountered in all clinical settings. Anxiety disorders bring distress and dysfunction to the individuals and social settings while negatively impacting health care expenditures in the U.S.

**Learning Objectives:**

**CORE**
1. Discuss the epidemiology of anxiety disorders with special emphasis on the prevalence of anxiety in the U.S. population.
2. Discuss the differential diagnosis for patients presenting with anxiety, including primary anxiety disorders (e.g., Phobias, Panic Disorder) and anxiety disorders secondary to other conditions (e.g., substance use, endocrinopathy, adjustment disorder, personality disorders, somatoform disorders, etc.) with regard to clinical course, co-morbidity, family history, prognosis, associated complications, and plan for further evaluation.
3. Discuss the epidemiology and distinguish the clinical course, co-morbidity, family history and prognosis of Obsessive Compulsive Disorder relative to other anxiety disorders.
4. Discuss the epidemiology and distinguish the clinical course, co-morbidity, family history and prognosis of Acute and Post-traumatic Stress Disorders relative to other anxiety disorders.

**VALUABLE**
1. Discuss what is currently known about the etiology and pathophysiology of anxiety disorders (e.g., neurobiology, psychological, genetic).

F. Somatoform Disorders, Factitious Disorder and Malingering

**Rationale:** By their very nature, Somatoform Disorders frequently present in non-psychiatric settings. A physician without sufficient appreciation of the somatoform disorders will likely misdiagnose patients, prescribe unnecessary assessments and interventions, and participate in a dysfunctional patient-physician relationship.

**Learning Objectives**

**CORE**
1. Compare and contrast the signs, symptoms, clinical characteristics and course, and prognosis of specific Somatoform Disorders including Somatization Disorder, Conversion Disorder, Pain Disorder, Body Dysmorphic Disorder, and Hypochondriasis.
2. Compare and contrast the characteristic features of Factitious Disorder and Malingering and distinguish these disorders from the Somatoform Disorders.
3. Discuss the principles and challenges to physicians of ongoing evaluation and management of patients with Somatoform Disorders, Factitious Disorder and Malingering.

G. Personality Disorders

**Rationale:** Individuals with personality disorders often become the difficult to treat or the unsatisfied patient. Physicians with an understanding of personality disorders will be better equipped to treat these patients and support the treatment team in their care.

**Learning Objectives:**

**CORE**
1. Students will be able to name the personality disorders described in the DSM IV, recognize the criteria for each disorder, and describe the general characteristics for Cluster A, B, and C.
2. Students will be able to describe common responses by healthcare providers to individuals with the various personality disorders.
3. Students will be able to describe useful responses and behaviors on the part of care providers as they manage patients with personality disorders.

H. Disorders in Childhood and Adolescents

**Rationale:** Recognition of disorders first presenting in childhood will permit timely assessment and intervention. Knowledge of the course of illness/impairment for adults with disorders first presenting in childhood will permit more sensitive assessment and more realistic intervention.

**Learning Objectives:**

**CORE**

1. Students will recognize presentation of the Autism Spectrum in its varying severity and to establish a differential diagnosis.
2. Students will recognize presentation for varying severity of developmental disorders and establish a differential diagnosis.
3. The student will recognize varying presentations of ADD disorders, including gender and age differences and be able to establish a differential diagnosis.
4. Students will recognize presentation of specific learning disorders of varying severity and establish a differential diagnosis.

**Eating Disorders**

**Rationale:** Eating Disorders can be primary disorders and can be associated with other disorders such as depression, obsessive-compulsive and other anxiety disorders, substance abuse, and personality disorders. Eating disorders carry significant medical morbidity in addition to psychic distress, social dysfunction, and increased mortality due to suicide.

**Learning Objectives:**

**CORE**

1. Discuss the clinical features, course, complications including mortality, and prognosis for anorexia nervosa, bulimia, and other eating disorders.
2. Propose plans for further evaluation, including criteria for hospitalization.

**J. Sexual Disorders**

**Rationale:** Sexual function contributes to patients’ well-being, exposes patients to risk, and both impacts and is impacted by medical and psychiatric disorders.

**Learning Objectives:**

**CORE**

1. Outline the differential diagnosis for sexual dysfunction.
2. Discuss primary versus secondary sexual dysfunction related to other clinical disorders and make recommendation for further evaluation and referral.

**L. Impulse Control Disorders**
Rationale: Impulsive action, often resulting in harm, may have many etiologies. Identifying the correct etiology of such behavior can assist the physician in treatment of the patient and protection of the patient and others.

Learning Objectives:
CORE
1. The student recall the association of impulsive behavior with childhood oppositional defiant disorder and conduct disorder and the adult anti-social disorder.
2. The student can outline impulsive behavior the may be associated with intoxication, mood disorders, personality disorders, and with traumatic brain injury and with other disorders affecting cognitive functioning.

M. Dissociative Disorders
Rationale: Accurate diagnosis of adjustment to trauma will help the treatment team provide appropriate intervention and a higher level of care.

Learning Objectives:
CORE
1. Students will be cognizant of the term “dissociation.”
2. Students will discuss the hypothesized role of psychological trauma in the development of disorders characterized by dissociation and altered memory (EX: acute stress disorder, PTSD, Borderline Personality Disorder, Dissociative Identify Disorder, malingering).
VALUABLE
1. Compare and contrast the clinical features of Dissociative Amnesia, Dissociative Fugue, Depersonalization Disorder, and Dissociative identity Disorder

N. Paraphilias
Rationale: Understanding the patient and any practice that may impact the patients’ well-being will permit the physician to provide more effective care.

Learning Objectives:
CORE
1. The student will be able to outline common paraphilias and any associated disorders.

O. Special Populations
Rationale: Misunderstanding the needs of special populations often causes persons to leave needed treatment. By familiarizing the student with special populations, utilization of services can increase.

Learning Objectives:
CORE
1. The student will investigate issues of lesbian, gay, bisexual and transgendered persons
2. Identification of geropsychiatric issues such as:
   a. substance use/abuse in the elder
   b. possible elder abuse
   c. normal cognitive changes versus dementia
UNIT THREE: DISEASE PREVENTION, MANAGEMENT AND THERAPEUTICS

A. Pharmacotherapy

*Rationale:* Psychopharmacologic agents are a significant part of the therapeutic armamentarium of physicians in both primary care and specialist practice, and have become leaders in sales for pharmaceutical companies. The clerkship in psychiatry provides an opportunity for the student to observe the use of these agents within the frame of clear clinical indications, and to develop the basic elements of good prescribing and practice habits.

**Learning Objectives:**

**CORE**

1. The student will be able to explain the rationale for use, relevant clinical indications, probable mechanisms of action, and possible adverse reactions of each of the following classes of medication:
   a. antidepressant of the SSRI or SNRI class
   b. atypical antipsychotic
   c. mood stabilizer
   d. anxiolytic
2. Students will be cognizant of a patient’s ability to be adherent to her/his medication treatment plan, which may include such barriers as cost, cultural factors, religious prohibitions, and transportation.
3. The student will be aware of evidence based information in regards to psychopharmacology.
4. The student will demonstrate the ability to communicate such pertinent information re medications to the patient and appropriate family.

B. Non-Pharmacologic Somatic Therapies

*Rationale:* While much attention is focused on the use of psychopharmacologic agents in the treatment of mental illness, a variety of non-pharmacologic approaches are helpful, as well, ranging from the much-misunderstood electroconvulsive therapy to diet and exercise.

**Learning Objectives:**

**CORE**

1. The student will summarize the common indications for electro-convulsive therapy and discuss its appropriateness, and risks and benefits.
2. The student will access evidence from the research literature for peer-reviewed recent studies of the effectiveness of any of the following for common psychiatric disorders:
   a. vagal nerve stimulation
   b. nutritional supplements
   c. light therapy
   d. exercise
   e. diet
   f. acupuncture
   g. art, music, or dance therapy

C. Psychotherapies

*Rationale:* Even though it is unlikely that a given 3rd year medical student will develop sufficient understanding and skill in performing more advanced approaches to psychotherapy during the
course of his or her required clerkship, it is nonetheless important that he/she understand the importance of this extension of the relationship between physician and patient, between helper and the individual in need of help, and the range of modalities possible and their usefulness, and work at pursuing less advanced forms of counseling useful in such things as approaching smoking cessation, treatment for addiction, and the like.

**Learning Objectives:**

**CORE**

1. The student will demonstrate understanding of the unique relationship between doctor and patient in psychiatric interactions. (i.e. Transference and counter transference issues)
2. The student will describe general features of common psychotherapies and understand the general effectiveness of these treatments.
3. The student will understand and discuss barriers to treatment experienced by some patients (i.e., availability, cost, transportation, lack of referrals from primary care physicians) and discuss techniques for increasing the likelihood of successful referral for psychotherapy.

**D. Prevention**

**Rationale:** Prevention is fundamental to medical practice. Physicians must keep in mind the goals of decreasing the occurrence of illness, reducing illness duration, and minimizing the associated disability.

**Learning Objectives:**

**CORE**

1. The student will recognize and identify signs and symptoms of child sexual and physical abuse and understand psychiatric sequelae of neglect and attachment disorders.
2. The student will recognize signs and symptoms of elder abuse
3. The student will describe the economic impact and psychosocial burden of chronic mental illness on patients and their families, including the effect of discriminatory insurance coverage; and
4. The student will perform a risk assessment of a geriatric patient with diminished capacity for decision-making and self-care and describe possible threats and appropriate interventions, attending to such issues as drug interactions, sedation, falling risks, nutritional issues, and the like.
5. The student will develop a differential diagnosis, and state the principles of management of a person with potential or active violent behavior.
6. The student will develop a differential diagnosis, and recommend management for a patient exhibiting suicidal thoughts or behavior.

**E. Multidisciplinary Collaboration with Consultants**

**Rationale:** While the use of multidisciplinary teams is common in medical practice, especially in the hospital setting, its value may be seen more clearly in the psychiatric setting. Physicians must learn to collaborate effectively with other consultants and specialists in treatment of the psychiatric patient. The successful physician will also recognize the importance of collaboration with the patient’s family and significant others to the treatment success of the patient.

**Learning Objectives:**

**CORE**
1. The student will demonstrate understanding of the allied healthcare providers and work collaboratively with the professionals.
2. The student will be able to discuss indications for a psychiatric consult and how to request one.

FOUR: PROFESSIONALISM, ETHICS AND THE LAW

A. Professionalism
Rationale: Generally, students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. Professionalism is the public face that psychiatry shows to the healthcare system and the public. Specifically in psychiatry, students must develop self awareness and self management skills in order to handle common boundary issues and the use of collegial relationships and established practice guidelines to maintain good practice.

Learning Objectives:
CORE
1. Identify and account for personal emotional responses to patients, including transference and counter transference
2. Demonstrate respect, empathy, responsiveness, and concern regardless of the patient's problems or personal characteristics
3. Demonstrate sensitivity to medical student-patient similarities and differences in gender, ethnic background, sexual orientation, socioeconomic status, educational level, political views, and personality traits
4. Discuss the prevalence and barriers to recognition of psychiatric illnesses in general medical settings and recognition of general medical conditions in patients with known psychiatric illness (stigma) including barriers involved in cultural backgrounds, economic levels, gender and sexual orientation
5. Discuss the physician’s role in advocacy for services for the mentally ill

B. Ethics
Rationale: All physicians and psychiatrists in particular confront ethical issues in medical practice. Medical students need to demonstrate a commitment to ethical principles pertaining to provisions or withholding of clinical care, confidentiality of patient information, informed consent and business practices. In caring for patients with altered mental status, physicians must deal with the conflict between beneficence and autonomy. An understanding of the ethical issues of confidentiality, informed consent, the right to refuse treatment, and boundaries in the doctor-patient relationship is critical to appropriate clinical practice.

Learning Objectives:
CORE
1. Discuss the principles, process and implications of civil commitment and the voluntary versus involuntary status of a patient.
2. Be aware of standards for involuntary commitment
3. Discuss difference between outpatient and inpatient commitment and adverse consequences of each
4. The student will understand the increased need for confidentiality rights of the psychiatric patient. (HIPPA guidelines, JCAHO)

C. Medical-Legal Issues in Psychiatry

*Rationale:* All physicians must be knowledgeable about the legal obligations associated with medical practice. Important legal obligations for physicians include duty to report, duty to warn, and least restrictive alternative treatments. Particularly relevant in psychiatry are the issues of assessment of competency, seclusion and restraints, and criminal responsibility.

Learning Objectives:

**CORE**

1. The student can discuss the risk factors, screening methods and reporting requirements for domestic violence in vulnerable populations including children, adults, and the elderly.
2. The student understands the physician’s role in screening for, diagnosing, reporting and managing victims of abuse. Student will be familiar with State of Michigan requirements.
3. The student can discuss Tarasoff and the duty to protect.
4. The student will define the right to treatment and the right to refuse treatment;
5. The student will describe the process of admission to a psychiatric hospital, specifically a) the implications of voluntary vs. involuntary commitment status; b) the principles of civil commitment; and c) the process for obtaining a voluntary or involuntary commitment and a physician's role in obtaining it;
6. The student will summarize the elements of informed consent, determination of capacities (e.g., to consent to treatment, to manage funds), and the role of judicial or administrative orders for treatment;