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| **Proactive Behavioral Medicine Service** |
| **Location Description** | Dell Seton Medical Center at The University of Texas (DSMCUT) is a public, 211-bed, urban safety net academic hospital. In addition to providing the only Level 1 Trauma Center for adults within 60 miles of Austin, DSMCUT provides a 69-bed emergency medicine department. This unit includes a designated psychiatry emergency department. The hospital houses medicine, trauma/surgical, neurological, and burn intensive care units, a Comprehensive Stroke Center, a Level 4 epilepsy monitoring unit. Two Consultation-Liaison Psychiatry services work together to provide comprehensive screening and integrated psychiatric consultation to all inpatient admissions. As a collaboration between Dell Seton and Dell Medical School at the University of Texas, the hospital is a primary site for Internal Medicine, Family Medicine, General Surgery, Neurology, Emergency Medicine, Obstetrics and Gynecology, Orthopedic Surgery, and Physical Medicine and Rehabilitation training services. Multispecialty services blending Psychiatry, Emergency Medicine, Transitional, Internal Medicine, Family Medicine, and Neurology trainees provides clinical experiences that enrich intra-professional clinical care and education.  |
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| **Trainee Discipline**  | **Duration** | **Clinical Time** |
| C-L Psychiatry Fellow (PGY-5) | 4 months | 0.8 FTE |
| Psychiatry (PGY-3) | 1 – 2 months | 0.7 FTE |
| Psychiatry (PGY-4) | 1 – 12 months | 0.7 FTE minimum\* |
| Clinical Psychology Intern | 3 months | 0.4 FTE  |
| Clinical Psychology Extern | 6 – 12 months | 0.3 FTE minimum\* |
| Nursing Specialist (ANP)  | 3 – 8 months | 0.3 FTE minimum\* |
| Clinical Social Worker (MSSW) | 3 – 6 months | 0.4 FTE minimum\*  |
| \*Clinical FTE may fluctuate with negotiated Duration of training with the PBMS.**HRSA Scholar Requirements**Clinical Psychologist (Intern – 16 hrs/wk ; Extern – 10 to 12 hrs/wk)ANP (550 hrs. field term requirement)MSSW (540 hrs. field term requirement) |

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| **Rotation Description** |
| Trainees rotate on a multidisciplinary teaching service with graduate level Psychiatry, Advanced Nursing, Social Work, and Clinical Psychology trainees. Primary clinical activities provide direct experience with delivering comprehensive screening, appropriate psychiatric intervention and consultation to all hospital admissions. Trainees gain valuable experience a value-based model of inpatient integrated psychiatric and behavioral care, through providing proactive consultative services. Newly admitted patients “at-risk” due to having psychiatric/substance use disorder, maladaptive health behaviors, and/or chronic psychosocial stressors are stratified based on the likelihood at risk conditions will result in complicating their treatment course or hospital length of stay. The Proactive Psychiatric Health Team is responsible for providing timely and appropriate evidence-based screening, focused psychotherapeutic or pharmacologic interventions, patient/family advocacy, or more comprehensive psychiatric evaluation and treatment. Through direct experience with application of this proactive multidisciplinary model, team-members will recognize the mechanisms driving improvements in patient care, population health management, staff satisfaction and care costs. These include earlier detection of psychiatric/behavioral needs, preventative interventions, stigma reduction, intra-professional education and collaborative approaches to patient care. Trainees gain expertise in use of standardized bedside screening instruments, co-development of care plans for managing maladaptive behaviors, collaboratively managing patients with other medical and psychiatric comorbidity, and applying preventive interventions for comorbid substance use disorders in the general hospital. As experience accumulates, the more senior level trainees take on increasing responsibility for delegating appropriate screening and consultation interventions to other trainees.  |
| ***Medical and Psychiatric Knowledge Goals and Objectives*** |
| **Goal 1:** Fellows have comprehensive knowledge regarding the presentation and assessment of common and complex/atypical psychiatric illnesses in the medically ill, including in specific medical populations and those complicated by adverse effects and drug-drug interactions. |
| **By the end of this rotation fellows will be able to:** * 1. Describe the etiology, epidemiology, clinical/diagnostic features, and evidence-based treatments for common psychiatric illnesses as encountered in the medical hospital milieu. (ie. Depressive, Bipolar and Related, Trauma and Stressor Related, Anxiety, Somatoform/Functional, Personality, Psychotic, Major Neurocognitive and Substance Use Disorders).
	2. Describe the etiology, epidemiology, clinical/diagnostic features, and evidence-based treatments for uncommon psychiatric illnesses and situations seen predominately in the medical hospital. (ie. Factitious/Deception syndromes, Somatoform Disorders, Functional Neurologic Symptom Disorders, secondary gain).

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| **Goal 2:** Fellows have comprehensive knowledge regarding the assessment and management of psychiatric symptoms caused by medical/surgical illnesses and their treatments. |
| **By the end of this rotation fellows will be able to:**1. Describe the etiology, epidemiology, clinical/diagnostic features, and evidence-based treatments for common psychiatric manifestations of medical/surgical illnesses and their treatments (ie. steroid-induced psychosis, toxic-metabolic encephalopathy, pain syndromes, post-ictal psychosis of epilepsy, depression due to general medical condition, anxiety disorder due to a general medical condition).
2. Describe the etiology, epidemiology, clinical/diagnostic features, and evidence-based treatments for neuropsychiatric syndromes due to uncommon medical/surgical illnesses and their treatments. (ie. fluroquinolone-induced psychosis, autoimmune encephalopathy, psychosis due to acute intermittent porphyria)
3. Describe epidemiology, phenomenology, effective treatment strategies and the impact of common psychiatric comorbidities on the course and prognosis of specific medical/surgical illnesses. (ie Orthopedic Surgical candidates with comorbid opioid use disorder, End-Stage Renal Disease with comorbid Major Depressive Disorder, COPD and co-morbid panic disorder).
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| **Goal 3**: Fellows have comprehensive knowledge regarding evidence-based psychiatric treatment modalities in the medical setting (electroconvulsive therapy, psychopharmacology, and psychotherapy).  |
| **By the end of this rotation fellows will be able to:**1. Describe appropriate modification of dosage/delivery of clinically indicated medications related to clinical condition, age, gender, and ethnocultural variations commonly encountered in medically hospitalized patients.
2. Describe the pharmacologic actions (pharmacodynamic properties), potential side effects, drug-drug interactions (pharmacokinetic properties) of common psychiatric medications prescribed in the medical setting.
3. Describe how common evidence-based psychotherapies may be modified for practical application in the medical setting (motivational interviewing, brief cognitive-behavioral and psychodynamic psychotherapy).
4. List the indications for rapid pharmacologic tranquilization, 1:1 sitter use, or physical restraints in the management of agitated or dangerous patients in the medical setting.
5. List the indications for electroconvulsive therapy in the medical setting. (ie. catatonia due to a known psychiatric disorder, catatonia due to another medical condition, NMS, psychotic depression, peripartum mood and psychotic disorders).
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| **Goal 4:** Fellows apply knowledge of clinically relevant legal and ethical issues to effectively navigate challenging dilemmas in the medical hospital setting.  |
| **By the end of this rotation fellows will be able to:**1. List the components of assessing capacity to make decisions regarding medical treatments, proposed diagnostic work-up, and discharge dispositions.
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| **Goal 5:** Fellows apply knowledge of emerging new models of consultation, usual consultation and collaborative care models to optimally care for medically hospitalized patients.  |
| **By the end of this rotation fellows will be able to:**1. Describe differences between consultation-as-usual and proactive consultation models.
2. Describe features of a multidisciplinary service team and the distinctive roles of each discipline (ie Psychiatrists, Advanced Practice Professionals, Social workers, Peer Support Specialists, Clinical Psychologists and other disciplines)
3. Apply knowledge of reliable and empirically validated screening measures and their applicability to assessment of medically ill patients with psychiatric and/or substance use disorder.
4. Apply knowledge of proactive consultative approaches to flexibly meet patient and hospital system needs.
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| ***Patient Care Goals and Objectives*** |
| **Goal 1:** Fellows provide comprehensive consultative care that clarifies the consult question(s), integrates all available clinical data, utilizes alliance building interview technique, and effectively communicates indicated diagnostic and treatment recommendations to the consulting service. |
| **By the end of this rotation fellows will be able to:**1. Evaluate and manage complicated and/or challenging patients or consult scenarios independently (e.g., patients who cannot/will not participate in evaluation, are highly agitated/high risk, or with complicated medical/ psychiatric illness).
2. Consistently perform appropriately thorough diagnostic assessments of patients in the general medical hospital
3. Synthesize clinical data from appropriate sources into a concise and coherent clinical narrative. (ie. collateral data from medical records, screening measures, hospital staff, outpatient providers, family, other relevant individuals.)
4. Monitor the patient’s clinical status and recovery progress throughout the episode of care, providing further guidance or direct treatment as appropriate.
5. Recognize and addresses unrecognized psychiatric issues that are uncovered during the process of consultation
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| **Goal 2:** Fellows expertly guide a multidisciplinary team to deliver integrated psychiatric care, flexibly shifting roles to optimize patient clinical outcomes. |
| **By the end of this rotation fellows will be able to:**1. Apply proactive screening methods and calculate the appropriate type of interventions needed for each patient.
2. Apply understanding of the proactive consultation model to appropriately advocate for patients, reduce stigma, prevent hospital complications, and improve patient care outcomes.
3. Provide effective care, guidance, and education in a multidisciplinary medical treatment team, including managing complex dynamics affecting the patient and treatment team (e.g., patient who splits treatment team).
4. Effectively run a multidisciplinary consultation-liaison psychiatry service.
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| **Goal 3:** Fellows integrate clinical information and develop appropriate treatment plans that prioritize problems. weigh risks/benefits, and optimally balance patient needs and values.  |
| **By the end of this rotation fellows will be able to:**1. Develop an appropriate differential diagnosis inclusive of neuropsychiatric features of medical/surgical illnesses, their interventions and emotional-behavioral factors affecting medical/surgical conditions.
2. Synthesize and recommend a comprehensive treatment plan appropriately informed by biopsychosocial case formulation.
3. Comprehensively assess potential for dangerousness toward self or others, documenting only details that appropriately inform interventions that could improve safety.
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| **Goal 4:** Fellows intervene practically and appropriately with the full array of indicated psychotherapeutic, systems, and pharmacologic interventions available to care for patients.  |
| **By the end of this rotation fellows will be able to:**1. Select and provide appropriate time-limited psychodynamic, cognitive, and behavioral psychotherapeutic interventions to medically ill patients, including manualized treatments where applicable (i.e. Meaning-Centered Psychotherapy).
2. Initiate, titrate and monitor the effectiveness and tolerability of indicated pharmacologic agents in medically ill patients (i.e. antidepressants, mood-stablizers, anxiolytics, sedative-hypnotics, neuroleptics, cognitive enhancers, addiction modifying drugs).
3. Initiate, titrate and monitor the effectiveness and tolerability of medications administered as continuous infusions in critically ill patients. (ie. dexmetomidate, propofol, benzodiazepine infusions).
4. Initiate, titrate and monitor the effectiveness and tolerability of buprenorphine preparations and methadone in medically ill patients with comorbid opioid use disorder.
5. Initiate, titrate and monitor the effectiveness and tolerability of mu-opioid agonists in medically ill patients with uncontrolled pain (including initiation and management of patient-controlled analgesia pump).
6. Preform a comprehensive consultation/evaluation for electroconvulsive therapy in patients with complex medical comorbidity.
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| ***Interpersonal Communication Goals and Objectives*** |
| **Goal 1:** Fellows consistently develop and maintain effective relationships with patients, families, multidisciplinary team members and other hospital staff.  |
| **By the end of this rotation fellows will be able to:**1. Establish therapeutic alliances with patients from diverse socioeconomic and cultural backgrounds with all degrees of interpersonal communication difficulties.
2. Maintain therapeutic and working relationships in complex and challenging contexts, including in situations with significant differences of opinion among care providers, families, and patients.
3. Communicate expert recommendations while remaining sensitive to the existence of diverse perspectives among other team members.
4. Model effective interpersonal communication skills with patients, families, team members and other hospital staff.
5. Sustain working relationships in the face of conflict or differences in opinions with team members, colleagues, or other services and efficiently resolve conflicts constructively.
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| **Goal 2:** Fellows engage in timely, direct communication with team members, patients, families, and other medical services, providing clear recommendations that balance urgencies of the clinical scenario and the best interests of the patient. |
| **By the end of this rotation fellows will be able to:** 1. Proactively discuss a patient’s anticipated psychiatric or behavioral needs with team members and the patient’s primary medical/surgical service. (Emphasizing understanding needs with potential to complicate hospitalization or other treatments.)
2. Clarify with patients and/or their primary medical/surgical service how screening or other interventions can be conducted most conveniently.
3. Communicate relevant screening results with clear and specific additional recommendations to team members, patients, families and their primary medical/surgical service.
4. Provide physicians, nursing, social work and other allied staff support in managing behavioral issues and emerging conflicts with patients.
5. Provide clear verbal and written sign-out instructions to their colleagues or covering clinicians for off-service periods.
6. Model communication that fosters a multidisciplinary and team-based approach to patient care.
7. Efficiently communicate coherent formulations and appropriate treatment plans developed from an integrated understanding of data.
8. Use communication strategies to ensure patient and family understanding, including use of easy-to-understand language, skillful use of interpreters, and face-to-face interaction while using EMR.
9. Consistently engage patients and families in shared decision making.
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| **Goal 3:** Fellows share accurately documented information in a timely fashion, with appropriate respect for patient confidentiality.  |
| **By the end of this rotation fellows will be able to:**1. Provide timely documentation of relevant and appropriately detailed clinical findings, assessments, formulations and treatment plans in the EMR.
2. Be judicious in the inclusion of sensitive patient material in the medical record and all other communication with patients, families, and colleagues.
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| ***Professionalism Goals and Objectives*** |
| **Goal 1:** Fellows act with integrity, empathy, compassion and cultural sensitivity in conduct with all patient populations and team members.  |
| **By the end of this rotation fellows will be able to:**1. Take responsibility for ensuring a multidisciplinary team effectively collaborates with each other, other disciplines and specialties.
2. Facilitate positive communication and develop a mutually agreeable care plan in the context of conflicting physician, patient, and/or family values and beliefs.
3. Consistently display compassion, integrity, and sensitivity, including in the more challenging areas of medical practice
4. Model compassion, integrity, respect for others, and sensitivity to diverse patient populations
5. Discuss personal cultural background and beliefs and the ways in which these influence interactions with patients.
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| **Goal 2:** Fellows adhere to ethical principles in all conduct with patients, families, team members and other hospital staff.  |
| **By the end of this rotation fellows will be able to:**1. Guide clinical decision-making along the full spectrum of ethical complexity in the general hospital setting.
2. Systematically analyze and manage complex ethical issues in C/L Psychiatry (e.g. end-of-life decisions).
3. Identify emerging ethical issues within subspecialty practice and can discuss opposing viewpoints.
4. Leads educational activities regarding ethical and practice issues.
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| **Goal 3:** Fellows maintain steadfast accountability to patients, colleagues, themselves and their profession. |
| **By the end of this rotation fellows will be able to:**1. Identify and manage situations where personal health is challenged, seeking assistance when needed.
2. Demonstrate healthy and responsible work style.
3. Take steps to address impairment in self and in colleagues if present.
4. Prioritize and balance conflicting interests of self, family, and others.
5. Demonstrate taking responsibility for patient care that supersedes self-interests.
6. Participate as an active member of a committee or organization addressing clinician wellness.
7. Model core professional behaviors in their work: timeliness, appropriate dress, reliability, trustworthiness, and courteousness.
8. Collaborate effectively with others, and maintain skills (e.g., prepare for obtaining and maintaining board certification).
9. Participate in primary and subspecialty professional communities (e.g., professional societies, patient advocacy groups, and community service organizations).
10. Serve as a role model in ensuring patients receive best possible care.
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| ***Practice-Based Learning and Improvement Goals and Objectives*** |
| **Goal 1:** Fellows are lifelong learners who practice evidence-based medicine, engage in continuous self-assessment, personally reflect on gaps in practice, and tenaciously pursue acquisition of knowledge and skills. |
| **By the end of this rotation fellows will be able to:**1. Demonstrate improvement in clinical practice based on continual self-assessment and evidence-based information
2. Identify and meet self-directed learning goals with little external guidance
3. Use a system or process to keep up with relevant changes in medical knowledge.
4. Recognize the limits of own knowledge.
5. Consistently makes informed, evidence-based clinical decisions.
6. Efficiently search and use medical literature to answer clinical questions;
7. Critically appraise different types of research, including randomized controlled trials, systematic reviews, meta-analyses, and practice guidelines.
8. Demonstrate mastery of the knowledge of proactive, collaborative and integrated consultation-liaison care models and how they differ from consultation-as-usual approaches.
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| **Goal 2:** Fellows consistently display effective teaching skills and commit to developing as educators for patients, families, other specialties, and colleagues. |
| **By the end of this rotation fellows will be able to:**1. Assume a role in the clinical teaching of trainees and assists faculty members in providing supervision to these learners.
2. Participate in activities designed to develop and improve teaching skills and assists faculty members in providing supervision to trainees (e.g. medical students and advanced nursing, advanced psychology, advanced psychiatry trainees) in the multidisciplinary team setting.
3. Actively participate in didactic presentations on C/L Psychiatry topics to groups (e.g., grand rounds, case conferences, journal clubs)
4. Independently develop and provide consistently effective presentations on C/L Psychiatry topics to groups, including to health professionals in non-psychiatric disciplines and specialties.
5. Provide skills and expertise as an educator of colleagues, the broader professional community, and/or the public.
6. Integrate the role of physician as teacher into their professional identity.
7. Communicate goals, objectives, and expectations of educational experiences, provide evaluation and offer feedback to trainees.
8. Teach individual trainees in clinical settings, incorporating their feedback to improve teaching methods and approaches
9. Model qualities of an effective teacher in education of trainees, including those of non-psychiatric disciplines.
10. Organize and develop curriculum materials relevant to C/L Psychiatry or proactive consultation models.
11. Provide formal and informal education to multidisciplinary staff--Social Work, Nursing, Medical Technicians—to assist with screening needs, while recognizing limitations imposed by staff responsibilities and work-flow.
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| ***Systems-Based Practice Goals and Objectives*** |
| **Goal 1:** Fellows lead initiatives and participate in activities that continuously improve safety of patients, team members and the hospital system. |
| **By the end of this rotation fellows will be able to:**1. Consistently use systems and procedures that promote patient safety.
2. Participate and contribute to a multidisciplinary team conducting quality improvement or patient safety projects (e.g. QI Project, morbidity and mortality conference, root cause analysis meeting).
3. Serve as a leader or consultant to initiatives that improve care quality and/or patient safety.
4. Use all appropriate forms of communication to ensure accurate transitions of care.
5. Recognize and effectively communicate to other clinicians special circumstances that will affect safety.
6. Take responsibility for ensuring coordinated patient care, including optimal and accurate transitions of care.
7. Participate in implementation of innovative systems to improve clinical care, safety of patient or safety of hospital staff.
8. Describe and adhere to regulatory requirements regarding safety event reporting and prescribing practices
9. Educate trainees and other audiences about safety procedures and requirements.
10. Develop or contribute to a patient safety presentation focusing on systems-based errors in patient care
11. Contribute on a regulatory level to safety and quality improvement activities.

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| **Goal 2:** Fellows serve patients and the healthcare ecosystem as an equitable manager of increasingly scarce resources. |
| **By the end of this rotation fellows will be able to**:1. Describe disparities in healthcare at individual and community population levels.
2. Coordinate patient access to community and system resources
3. Consistently provide cost-effective care, using a variety of resources, including the electronic medical record (EMR).
4. Practice efficient, cost-effective, high-value clinical care, using a full range of resources, in routine and complex cases
5. Communicate the relative cost of care (e.g., medications, diagnostics, levels of care, and procedures) to colleagues, patients and families.
6. Describe how healthcare is funded and regulations influence the provision of different healthcare services.
7. Advocate for improved access to and additional resources within a system of care.
8. Participate in new approaches to providing efficient care, to monitoring, and to educating others regarding health care resource use.
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| **Goal 3:** Fellows appropriately leverage community resources to address unmet patient and healthcare ecosystem needs. |
| **By the end of this rotation fellows will be able to:** 1. Acquire basic knowledge of any local health care delivery system and associated community resources
2. Coordinate care with community mental health agencies, schools, and other agencies.
3. Describe the importance of self-help groups, and recovery and rehabilitation approaches
4. Incorporate community resources, self-help groups (including 12-step approaches), and social networks in clinical care
5. Effectively refer to rehabilitation and recovery programs
6. Use a wide range of community-based resources flexibly for rehabilitation and recovery, including in challenging cases of co-morbid chronic medical and psychiatric illnesses.
7. Leverage knowledge of the system of DSMCUT and community resources available outside the hospital to appropriately meet patient needs.
8. Develop or participate in new programs and/or approaches linking medical with community-based programs, to address gaps in patient care.
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| **Goal 4:** Fellows provide expert consultation in addressing systems-level barriers to meeting clinical needs of patients and preserving vitality of the healthcare ecosystem.  |
| **By the end of this rotation fellows will be able to:**1. Describe how systems issues affect clinical care
2. Identify systems level deficiencies and facilitate communications required to address system barriers to optimal patient care.
3. Communicate effective recommendations to stakeholders to address systems issues in clinical care
4. Provide expertise and leadership in addressing systems level barriers to optimal clinical care, including challenging and complex situations requiring novel strategies.
5. Contribute to initiatives targeting improvements in the delivery of psychiatric consultative services.
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| **Clinical Duties** |
| 1. Participate in EMR screening of patients admitted to DSMCUT.
2. Conduct brief bed-side screening and assessment interventions beyond EMR screening.
3. Provide brief motivational-interviewing and other supportive psychotherapeutic interventions where indicated.
4. Provide brief psychodynamic, cognitive-behavioral, and meaning-centered psychotherapy where indicated.
5. Provide brief, focused, or comprehensive psychiatric consultation where indicated.
6. Trainees are expected to participate in team-based multidisciplinary rounds, with increasing responsibility for leading discussion as training progresses.
7. Maintain the PBMS Active Patient list. Flexibly provide consultation and support for the Psychiatric Consult service as work-flow and other service needs necessitate.
8. Provide select telehealth evaluations to other Ascension hospitals when needed (Seton Northwest Hospital, Seton Medical Center-Hays, Seton Medical Center-Williamson).
9. Provide education about assessment and management of patients with psychiatric and/or substance abuse comorbidity to nursing, physicians and other hospital staff.
10. Demonstrate effective strategies—to nursing, physicians and other staff--for communicating with patients struggling with maladaptive communication and health behaviors.
11. Participate actively in education and training of other psychiatrists, clinical psychology trainees, social work trainees, nursing trainees, other specialty physicians and other hospital staff.
12. Assist in providing direct supervision to other trainees and medical students.
13. Maintain written sign-out of all active patients on the census and participate in structured hand-off activities.
14. Provide ongoing follow-up to patients and communication with other specialties consulting the PBMS as needed.
15. Communicate with patient’s admitting physician or team prior to conducting services/interventions beyond EMR screening, specifically about whether additional recommended services are needed or requested.
16. Flexibly deliver needed services from taking responsibility for initiating and signing orders to providing care collaboratively with other teams.
17. Deliver at least 2 15-20 min talks to other specialties on evidence-based assessment and treatment of select common psychiatric or substance use disorders. (including how selected conditions influence targeted specialty interventions or outcomes).
18. Provide leadership and guidance to relevant transitions of care activities for patients seen by the PBMS.
19. Participate in educational events including didactics, seminars, Grand Rounds, journal clubs and case conferences.
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| **Faculty Supervision** |
| The PBMS is staffed by at least one board-certified Consultation-Liaison Psychiatry faculty. All screening procedures carried out by the fellow are observed initially by supervising faculty. Subsequent interventions conducted by the fellow are initially staffed and directly observed by faculty. As fellows proceed through training, acquiring new knowledge and skills, they advance to performing screening and brief bedside interventions with increased autonomy. Regardless, all evaluations/assessments constituting more comprehensive consultation are directly supervised with and seen by faculty. Indirect supervision is always available to fellows training with the service regardless of type of evaluation. Beyond daily supervision--during workflow, at the bedside, during rounds--a minimum of 1 hour of additional supervision at weeks end, is reserved for fellows to clarify navigation of clinical practice conflicts, enrich understanding of complex cases, and reflect on decision making. Additional supervision is available if need is determined or requested by the fellow.  |
| **References**  |
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