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| **Name** | Proactive Behavioral Medicine Service (PBMS) | Dell-Seton Medical Center at University of Texas |
| **Rotation supervisor and contact info**  | Joseph Kugler MDEmail: JLKugler@ascension.org |  |
| **Locations** | DSMCUT |   |
| **Supervisors for Evaluations** | Joseph Kugler, Garrett Key, Sussann Kotara, Lloyd Berg | **Joseph Kugler** |
| **Contact for PLA** | Roger Lowell McRoberts  | **RLMcRoberts@ascension.org** |

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| Priority  | Trainee Discipline  | Time | Clinical Time |
| Required | Psychiatry (PGY-5) | 4 months |   |
| Required | Psychiatry (PGY-3) | 1 month |   |
| Elective | Psychiatry (PGY-4) | 1 month (minimum) |   |
|  | Clinical Psychology Intern |  |  |
|  | Clinical Psychology Extern |  |  |
|  | Nursing Specialist (ANP)  |  |  |
|  | Clinical Social Worker (MSSW) |  |  |

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| **Description of Rotation**:  | 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.  |
| **Psychiatry Fellows (PGY-5)** |
| **Goals and Objectives** | **MEDICAL AND PSYCHIATRIC KNOWLEDGE** **Goal:** 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.**Learning Objectives:** 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).

**Goal:** Fellows have comprehensive knowledge regarding the assessment and management of psychiatric symptoms caused by medical/surgical illnesses and their treatments. **Learning Objectives:** 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).

**Goal**: Fellows have comprehensive knowledge regarding evidence-based psychiatric treatment modalities in the medical setting (electroconvulsive therapy, psychopharmacology, and psychotherapy). **Learning Objectives:** 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).

**Goal:** Fellows apply knowledge of clinically relevant legal and ethical issues to effectively navigate challenging dilemmas in the medical hospital setting. **Learning Objectives:** 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.

**Goal:** Fellows apply knowledge of emerging new models of consultation, usual consultation and collaborative care models to optimally care for medically hospitalized patients. **Learning Objectives:** 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.

**PATIENT CARE****Goal:** 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.**Learning Objectives:** 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
6. Supervise and serve as a role model for earlier PGY, medical student, advanced nursing, and clinical psychology trainees.

**Goal:** Fellows expertly guide a multidisciplinary team to deliver integrated psychiatric care, flexibly shifting roles to optimize patient clinical outcomes.**Learning Objectives:** 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.

**Goal:** Fellows integrate clinical information and develop appropriate treatment plans that prioritize problems. weigh risks/benefits, and optimally balance patient needs and values. **Learning Objectives:** 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.

**Goal:** Fellows intervene practically and appropriately with the full array of indicated psychotherapeutic, systems, and pharmacologic interventions available to care for patients. **Learning Objectives:** 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.

**INTERPERSONAL COMMUNICATIONS****Goal:** Fellows consistently develop and maintain effective relationships with patients, families, multidisciplinary team members and other hospital staff. **Learning Objectives:** 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.

**Goal:** 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. **Learning Objectives:** 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 clear verbal and written sign-out instructions to their colleagues or covering clinicians for off-service periods.
5. Model communication that fosters a multidisciplinary and team-based approach to patient care.
6. Efficiently communicate coherent formulations and appropriate treatment plans developed from an integrated understanding of data.
7. 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.
8. Consistently engage patients and families in shared decision making.

 **Goal:** Fellows share accurately documented information in a timely fashion, with appropriate respect for patient confidentiality. **Learning Objectives:** 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. Apply judiciousness in the inclusion of sensitive patient material in the medical record and all other communication with patients, families, and colleagues.

**PROFESSIONALISM****Goal:** Fellows act with integrity, empathy, compassion and cultural sensitivity in conduct with all patient populations and team members. **Learning Objectives:** 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.

**Goal:** Fellows adhere to ethical principles in all conduct with patients, families, team members and other hospital staff. **Learning Objectives:** 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.

**Goal:** Fellows maintain steadfast accountability to patients, colleagues, themselves and their profession. **Learning Objectives:** 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.

**PRACTICE-BASED LEARNING AND IMPROVEMENT** **Goal:** 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.**Learning Objectives:** 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.

**Goal:** Fellows consistently display effective teaching skills and commit to developing as educators for patients, families, other specialties, and colleagues.**Learning Objectives:** 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.

**SYSTEMS-BASED PRACTICE** **Goal:** Fellows lead initiatives and participate in activities that continuously improve safety of patients, team members and the hospital system.**Learning Objectives:** 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.

**Goal:** Fellows serve patients and the healthcare ecosystem as an equitable manager of increasingly scarce resources.**Learning Objectives:** 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.

**Goal:** Fellows appropriately leverage community resources to address unmet patient and healthcare ecosystem needs. **Learning Objectives:** 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. Develop or participate in new programs and/or approaches linking medical with community-based programs, to address gaps in patient care.

**Goal:** Fellows provide expert consultation in addressing systems-level barriers to meeting clinical needs of patients and preserving vitality of the healthcare ecosystem. **Learning Objectives:** 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.
6. Trainees navigate the entire system of care competently, appropriately applying knowledge and skills to best serve patients as patient advocate, team member, information integrator, and resource manager.
7. Trainees leverage knowledge of the system of DSMCUT and community resources available outside the hospital to appropriately meet patient needs.
8. Provide physicians, nursing, social work and other allied staff support in managing behavioral issues and emerging conflicts with patients.
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| **Scope of 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 signout 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.  |
| Clinical Psychology Trainee |
| **Goals and Objectives** | **Biopsychosocial Science Goals**1.Trainee values a scientific foundation to their practice in the integrated behavioral health setting. 2. Trainee comprehensively knows the biological, cognitive, affective, behavioral and developmental components of health and illness. 3. Trainees know the influence and impact of families on health and illness. 4. Trainees know the effects of sociocultural, socioeconomic, and historical factors on health and illness. 5. Trainee has comprehensive knowledge regarding epidemiology, public services, and health policy research.6. Trainee knows and utilizes evidence-based practice in application of clinical interventions. 7. Effectively uses information technology to track patient outcomes and provide a means for program evaluation**Systems of Care Goals:**1. Evaluate the level of integration present within your healthcare setting. Understands the mission and organizational structure, relevant historical factors, and position of psychology in the organization2. Contributes to planning and implementing organizational change to optimize service delivery3. Demonstrates and promotes effective communication in a range of leadership roles4. Supports training programs in PC psychology and interprofessional education at local, regional, and national levels5. Appreciates that PC takes place in the larger “healthcare neighborhood,” within the community and social context6. Demonstrates knowledge of health care policy and its influence on health and illness and PC services6.  Describe an instance where mental health benefits or coverage limits impacted a patient’s care in the  practice setting7. Recognizes that advocacy to improve population health may involve interacting with a number of systemsProfessionalism1. Consolidates professional identity as a PC psychologist2. Values the culture of the PC setting and conveys an attitude of flexibility3. Monitors and applies knowledge of self and others as cultural beings in PC settings4. Identifies the relationship of social and cultural factors in the development of health problems5. Identifies and addresses the distinctive ethical issues encountered in PC practice6. Demonstrates knowledge about the legal issues associated with health care practice6.  Identify a legal or ethical issue in patient care, and address it effectively using consultation.  7. Supports importance of reflective practice in PC settings7.  Take action to address a personal bias that emerged in your delivery of a patient’s care. 7.Describe a patient encounter where individual & team effectiveness could have been  improved. 8. Understands importance of self-assessment in PC settingsRelationships:1. Values interprofessional team approach to care2.  Initiate a conversation with another provider about sharing responsibility for a patient’s care.2. Appreciates the unique contributions that different health care professionals bring to the PC team3.Participate in a preclinic huddle and identify behavioral health needs of patients. 3. Develops collaborative relationships to promote healthy interprofessional team functioning characterized by mutual respect and shared values3.  Share your professional opinion with the team in a manner that is confident yet open‐minded. 4. Able to assess team dynamics and coach teams to improve functioning5. Demonstrates awareness, sensitivity and skills in working professionally with diverse individuals6. Understands the importance of communicating clearly, concisely, respectfully in a manner that is understandable and meaningful to various audiences (e.g., clinicians, patients, staff)6.  Convey information to patients and families in ways that are understandable and jargon‐free. 6.  Provide education to a patient about their mental health in a respectful, culturally‐sensitive way. 7. Negotiates resolution of conflict between clinicians, staff, patients, and systems7. Resolve a difference of opinion with another provider quickly and amicably.  8. Able to set appropriate boundaries for patients, families, clinicians, and teamsApplication1. Meets the needs of the patients, their families, other team members, and the setting, taking into consideration the model of behavioral health/PC integration used, resources available, and time constraints within the setting2. Applies principles of population based care along a continuum from prevention and wellness, to subclinical problems, to acute and chronic clinical needs3. Operates at a variety of paces consistent with the needs and realities of PC4. Can co-interview, coassess, and co-intervene with other PC providers5. Understands how payment for services may influence the type of services and treatment provided6. Communicates information that addresses a patient’s needs, improves PC practice and allows for research (when IRB approved) without revealing unnecessary confidential information7.Document psychosocial information in the EHR that is clear and free of jargon. 7. Uses most up to date technology and methods to guide clinical service delivery8. Selects and implements screening methods using evidence-based assessment measures to identify patients at risk or in need of specialized services9.  Use screening measures to inform a treatment protocol for patients.  9. Ensures that psychological assessments for the PC setting are utilized, administered, and interpreted in a manner that maintains test integrity10. Uses assessment questions and measures geared towards current functioning, while simultaneously incorporating psychological, behavioral, and physical components of health and well being11. Identifies patient’s needs and rationale for appointment rapidly12. Assesses pertinent behavioral risk factors13. Involves input of significant others in the assessment process as indicated14. Evaluates and uses intrapersonal, family, and community strengths, resilience, and wellness to inform understanding of patient’s needs and to promote health15. Monitors patients longitudinally, as indicated, to identify changes in presenting problems and effectiveness of recommended interventions16. Focuses patient recommendations and interventions on functional outcomes and symptom reduction in a targeted manner17. Offers interventions that encourage proper use of health care resources17.  Develop a treatment plan that is appropriate to a client’s cultural, social, and individual needs. 18. Effectively uses current evidence-based interventions appropriate for PC to treat health and mental healthrelated issues18.  Create the behavioral health component of an integrated treatment plan. 19. Offers and solicits evidence-based interventions that can be reinforced and monitored by all PC team members20. Uses biopsychosocial model to provide effective patient education and communication21. Targets evidence-based interventions to improve chronic care management22. . Conduct a brief, evidence-based intervention and share results with the designated provider. 22. Offers interventions that are inclusive of the family system23. Provides responsive care along the continuum of prevention and wellness promotion24. Bridges appropriately between behavioral services offered in PC and specialty mental health and community resources25. Assists in the development of standardized and reliable processes for consultative serves for PC psychology26. Clarifies, focuses on, and responds to consultation question raised, in an efficient manner27. Helps PC team conceptualize challenging patients in a manner that enhances patient care28. 4 Tailors recommendations to work pace and environment of PC29. Follows up with other PC clinicians as indicated30. Ensures integrity of the consultation process when algorithm-based automated triggers for consultation occur 31.Explain to a patient your role and responsibilities as a member of their integrated care team. Education1. Understands and is able to apply teaching strategies about PC psychology1.  Educate a team member about non‐medical factors impacting a patient’s health outcomes.2. Completes needs assessment and understands teaching approaches used by other health professions about behavioral health issues3. Knowledge of strategies to evaluate effectiveness of teaching methods and procedures in PC psychology4. Understands importance of and facilitates teaching of psychology trainees by other health care professionals5. 4 Educates and trains psychologists regarding (physical and mental) health promotion, disease prevention, and management of acute and chronic disease across the lifespan to prepare psychologists for integrated PC in varied settings.6. Participates in the education and training of multiple stakeholders in the larger health care system about PC psychology7. Understands the ethical, legal, and contextual issues of the supervisor role in PC8. Applies a range of methods to the supervision of psychology trainees |
| **Scope of duties**: | Biopsychosocial Knowledge1. Maintain sufficient biological knowledge of disease and health to provide brief and comprehensive biopsychosocially-informed interventions. 2. Contribute psychological formulations during team-based rounds, reflective of the interconnected influences a patient’s biologic, cognitive, emotional, cultural, environmental and developmental characteristics have on medical illness.  Systems of Care1. Educate patients and other team-members about accessing psychological health resources, spanning the spectrum of healthcare coverage across relevant points in the patient-care continuum. 2. Balance assessment and treatment provided to patients with equitable management of scarce resources proactive consult service and hospital system. 3. Guide clinicians in effectively communicating sensitive issues with other staff and patients.4. Collaboratively develop protocols for behavioral health issues 6. Participate in providing optimal transitions of care between diverse primary care systems (e.g. outpatient, inpatient, nursing home, group home). 7. Assist team members and patients in overcoming system-related barriers to care, suchas lack of access due to insurance or other resource limitations.ProfessionalismProactively pursue intra- and inter-disciplinary supervision and consultation when indicatedAsk for help from team-members when services needed exceed level of professionalcompetenceSeek feedback on performance and where needed, model timely initiation of strategies for improvement. Identify a legal or ethical issue in patient care, and address it effectively using consultation.  Clearly communicate role to consulting clinicians, patients, and their families. Discern, describe and troubleshoot psychological, relational, and systemic issues related to patient care to team.Serve clinical role adaptively—within qualifications--to optimize patient care and/or satisfy the dynamic needs of PCS. RelationshipsConduct self as an essential team-member in the care of patients at all times. Participate in multidisciplinary team rounds and identify behavioral health needs of patients.Communicate your professional opinion with the team in a manner that is confident yet open‐minded.  Educate other team members about non‐medical factors impacting a patient’s health outcomes.  Explain your role and responsibilities on the PCS to patients and consulting clinicians.  3. Model effective communication and collaborative decision-making, includingfacilitating each team member communicating his/her perspective.ApplicationConduct EMR-based screening assessments to identify patient’s at-risk for developing hospital complications related to unmet mental health needs. Conduct relevant evidence-based assessment methods, to recognize unmet mental health-related needs, and plan further interventions. Conduct relevant evidence-based interventions towards prevention and treatment of illness or illness complications (psychiatric or substance abuse comorbidity, and maladaptive health behaviors). Flexibly perform clinical duties around environmental disruptions/distractions common to the medical center. Modify assessment and interventions in response to environmental, social and cultural factors.Conduct brief, evidence-based interventions and share results with designated clinicians.Create the behavioral health component of an integrated treatment plan. Use screening measures to inform treatment protocols for patients. Document psychosocial information in the EHR that is clear and free of jargon. Develop treatment plans appropriate to the patient’s cultural, social, and individual needs. EducationEducate team members, family members, patients and other pertinent hospital staff about non‐medical factors impacting patient health outcomes. Provide mental health education to a patient in a respectful, culturally‐ sensitive way.  Educate patients and families in ways that are understandable and jargon‐free. Provide effective and constructive feedback with acknowledgment for effective performance as well as opportunities for improvement to other team-members and staff.  |
| **Supervision/staffing provided** |  |  |
| Responsibilities of supervisor |  |
| Responsibilities of resident |  |
| Social Work Trainee |
| Goals and Objectives | Ethics and ProfessionalismGoal: Model ethical and professional behavior. 1. Demonstrate awareness of how personal values and biases influence clinician approaches to screening for psychiatric and substance use disorders within a general hospital setting.
2. Demonstrate the knowledge and skills to screen for mental health problems and maladaptive health behaviors, seeing appropriate supervision and consultation where needed.
3. Understand the evidence base of proactive consultation and its contribution to effective delivery of integrated care for medically hospitalized persons with comorbid psychiatric and/or substance use disorders.
4. Describe the features of proactive consultation consistent with interdisciplinary practice in integrated health settings.
5. Demonstrate ethical use of technology when providing, documenting, and evaluating proactive consultation.

Diversity and InclusivenessGoal: Engage Diversity and Difference in Practice.1. Recognize the sociocultural factors having influencing onset and recovery from psychiatric and substance use disorders.
2. Align continuum of client needs and preferences with appropriate care options, while taking social and cultural factors into account.
3. Recognize and work through personal biases to establish therapeutic alliances with patients of diverse cultural and/or social backgrounds.
4. Demonstrate advocacy role through navigating and mitigating health-care systemic inequalities with at-risk patients and their families.

Social JusticeAdvance Human Rights, Social, Economic and Environmental Justice1. Educate patients, their families, team-members and other hospital staff about common challenges and potential solutions for those living with psychiatric and substance use disorders.
2. Discuss the complex social, economic, and environmental contexts of health-care delivery systems
3. Practice proper and equitable distribution of scarce healthcare resources (ie. inpatient services, addiction services) in the context of understanding social healthcare determinants.
4. Provide education to hospital staff to address negative perceptions and incorrect stereotypes of psychiatric/substance use disorders and other behavioral health conditions.
5. Engage stakeholders to address injustices that perpetuate vulnerability to impacts of living with psychiatric/substance use disorders and other behavioral health conditions for at-risk patients (ie. patients with incarcerated status, pregnancy/postpartum, dual-diagnosis).

Evidence-Based PracticeEngage in Practice-Informed Research and Research-Informed Practice1. Apply understanding of the evidence-base for multidisciplinary proactive methods to SW role on PCS at DSMCUT.
2. Demonstrate selection and application of evidence-based social service interventions for medically hospitalized patients with psychiatric or substance use disorder comorbidity.

Public PolicyEngage in Policy Practice1. Advocate for policies that enhance service delivery or available resources for patients seen by the PCS at DSMCUT;
2. Identify and work collaboratively to address any barriers to fulfilling the SW role on PCS ;

Engagement in RelationshipsEngage with Individuals, Families, Groups, Organizations and Communities.1. Demonstrate effective use of motivational interviewing, crisis intervention, brief supportive, cognitive-behavioral, brief psychodynamic and meaning-centered psychotherapeutic skills with patients and their families.
2. Demonstrate competence in MI methods to address patient ambivalence about change.
3. Demonstrate appropriate use of evidence-based tools, questions, and critical thinking to determine patient motivation and readiness for change.
4. Demonstrate accurate empathy, CORE interviewing and basic supportive interviewing skills to form and maintain therapeutic alliances.
5. Demonstrate appropriate use of psychosocial interventions with patient’s care team, family or other relevant social networks.

Clinical Assessment and InterventionAssess Individuals, Families, Groups, Organizations and Communities1. Apply knowledge of reliable and empirically validated screening tools and their applicability to medically ill patients with psychiatric and/or substance use disorder;
2. Demonstrate competence using relevant screening tools with patients at DSMCUT to identify and address unmet mental health needs.
3. Develop collaborative intervention goals that integrate screening results with patient values.
4. Model flexible screening and assessment approaches that allow and account for changes in patient’s circumstances, needs or clinical condition over time.
5. Demonstrate self-awareness and critical thinking skills to best balance patient and population needs when conducting screening, assessment, or intervention-related activities.
6. Apply critical thinking to integrate and make meaning of information from screening results, patient face-face interaction, and collateral sources of information.
7. Apply knowledge of human behavior and the social environment, person-in-environment, and multidisciplinary theoretical frameworks in developing and testing hypotheses from patient assessment data and collateral informant data.
8. Develop mutually agreed-on intervention goals and objectives based on the critical assessment of patient strengths, needs, and care barriers.
9. Select and lead appropriate interventions based on screenings, other patient data, evidence-based SW knowledge, patient needs and care team interests.

Provide Interventions for Individuals, Families, Groups, Organizations and Communities.1. Conduct psychosocial interventions with strong evidence-base for mitigating negative medical, social, occupational or other consequences of mental illness or substance abuse.
2. Demonstrate MI knowledge and skills when listening and developing mutually approved goals with patients.
3. Demonstrate effective and therapeutic communication when providing timely individualized assessment feedback, while also supporting patient goals, strengths, and values.
4. Demonstrate culturally sensitive brief interventions with patients, integrating health data from reliable, and valid screening tools.
5. Demonstrate effective communication and interprofessional collaboration in delivery of all interventions.
6. Apply knowledge of finite community resources and systems-of-care factors to all interventions and referral recommendations.
7. Demonstrate intervention practices that mitigate the socioeconomic costs of unmet mental health needs individually and at the population level.
8. Apply interventions that allow transitions of care and endings to advance mutually agreed-on patient goals.

Evaluation and Self-ReflectionEvaluate processes and outcomes to advance practice, policy, and service delivery effectiveness.1. Use appropriate validated screening and assessment tools to collect data on patient mental health and substance abuse.
2. Evaluate whether patients follow-up or complete engagement with referred services.
3. Utilize supervision and feedback constructively, making timely changes and adaptation where applicable.
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