Rotation Title: Behavioral Medicine Rotation B (Cardiopulmonary Rehabilitation)

Location: The Miriam Hospital

Rotation Supervisor(s): Maria Buckley, Ph.D.
Jeffrey Burock, M.D.
Julie Angiola Morris, PhD (Primary Supervisor)

1 Overview of the Rotation:
The Miriam Hospital's Behavioral Medicine Rotation B provides broad training in behavioral medicine by providing experience in assessment, individual and group treatment, and consultation-liaison activities that promote chronic disease risk reduction and treatment. These experiences occur in both inpatient and outpatient settings within The Miriam Hospital’s Behavioral Medicine Clinical Services, the Consultation/Liaison service, and the Cardiac and Pulmonary Rehabilitation programs. The clinical psychology resident functions on multidisciplinary teams that include psychologists, psychiatrists, physicians, clinical social workers, nurses, dietitians, pharmacists, respiratory and physical therapists and exercise physiologists.

Patients seen through the Behavioral Medicine Clinical Services are assessed and treated for problems such as chronic pain, obesity-related co-morbidities, smoking cessation, difficulty managing chronic medical conditions (e.g., arthritis, chronic fatigue, gastrointestinal disorders, endocrine disorders) and co-morbid sleep, anxiety and mood disorders. Patients are typically treated using cognitive-behavioral as well as acceptance based and self-compassion frameworks that can include lifestyle modification, skills training for management of medical symptoms and emotional distress, mindfulness-based self-regulation, and relapse prevention skills. Evaluations are done collaboratively between the clinical psychology resident and supervisor, and usually incorporate a comprehensive interview and data from self-report questionnaires. Clinical psychology resident participation in the Weight Management program includes evaluating potential participants for adherence risk factors and co-leading a psychoeducational group those in a medical weight loss program as part of a multidisciplinary team of physicians, dietitians, a nurse, and an exercise physiologist.

The Cardiac and Pulmonary Rehabilitation Behavioral Medicine Service provides training in conducting brief, targeted interventions for issues such as adjustment to cardiac and pulmonary disease, weight management, smoking cessation, anxiety and mood management, adherence to exercise and treatment regimens and stress management. The clinical psychology resident will receive training in presenting brief psychoeducational classes to Cardiac and Pulmonary Rehabilitation patients. The resident also has the opportunity to co-facilitate a quarterly Heart Transplant/LVAD support group meeting. The Cardiac and Pulmonary Rehabilitation services are multidisciplinary and offer the opportunity to collaborate and consult with physicians, exercise physiologists, pharmacists, respiratory and physical therapists, dietitians and nurses and to assist them in their delivery of patient care.

On the inpatient Consultation-Liaison (C/L) service, the clinical psychology resident
assesses and treats acute medical-surgical patients in the emergency room and during their inpatient stay at The Miriam Hospital. Consultations range from the assessment of more traditional psychiatric problems which may arise in medically ill patients (e.g., changes in mental status, depression, anxiety disorders, psychosis, suicidality) to the initiation of positive lifestyle modifications with the goal of long-term benefits. There is also an emphasis on treating psychiatric sequelae of neurological disorders and geriatric disorders, including dementia, Parkinson's disease, multiple sclerosis, and post-stroke sequelae. The trainee will also develop basic skills in the ability to read neuroimaging including Brain CTs and Brain MRIs. This experience includes both patient-centered and consultee-centered consultation, wherein the medical and nursing staff may be assisted in managing various behavioral difficulties in patients. The consultation-liaison service is multidisciplinary, consisting of psychiatrists, a psychiatric nurse, and trainees in each of these disciplines. This service treats a high number of patients each day and the pace of the service may be faster than other sites. There is also a special emphasis on identifying medical and neurological issues which may be playing a role in the psychiatric presentation.

Achievement of Competencies:

**Ethical and Legal Standards:** Competencies in this area will be achieved through the demonstration of ethical practice within all clinical, research, and administrative/professional activities, as well as discussion of ethical/legal issues during supervision.

**Professionalism and Self-Awareness:** Competencies in this area will be developed by participating as a professional member of the multidisciplinary team, participating in ongoing educational activities, and reflecting on professional roles and responsibilities within the context of supervision.

**Interpersonal and Communication Skills:** Residents will demonstrate competencies in this area through their participation as a professional member of the multidisciplinary team, including opportunities to communicate data, ideas, recommendations, and feedback to others.

**Assessment and Diagnosis:** Competencies in this area will be developed through conducting comprehensive assessments of patients presenting in the Cardiac and Pulmonary Rehabilitation Programs, Behavioral Medicine Clinical Services, Weight Management and C/L settings. This may include formulating differential diagnoses of psychiatric conditions that often accompany chronic or acute medical problems based on presenting complaints, records review, clinical interview, and various self-report measures. The resident is expected to be able to engage in case formulation, to present his or her case formulation to the treatment team, and document findings in a manner appropriate to treatment setting. The resident is expected to be able to conduct a thorough lethality assessment.

**Effective Intervention:** Competencies in this area will be achieved through conducting individual therapy within treatment settings as well as group intervention in the Weight Management Program. Approaches include Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI) and Acceptance and Commitment Therapy (ACT). Treatment goals will be operationalized and evaluated over the course of individual and
group-based treatments, and modifications to treatments made based on these results.

**Consultation:** Competencies in this area will be achieved through experiences in the Miriam Hospital Psychiatry Consultation-Liaison Service, Cardiac and Pulmonary Rehabilitation. The resident is expected to function as part of the multidisciplinary treatment team within all settings.

**Supervision and Teaching:** Opportunities may be available for residents to discuss supervision styles, strategies, and important factors in the supervisor/supervisee relationship. In the weekly Case Conference meeting, residents and supervising psychologists will present cases and offer peer supervision. The resident typically does not have opportunities to provide direct supervision to others during this rotation.

**Research and Scholarly Activities:** Residents typically do not have opportunities to develop these skills during this rotation.

**Cultural and Individual Diversity:** Competencies in this area will be developed through exposure to diverse patients and families, supervision regarding assessment and treatment considerations relevant to work with diverse populations, and directed readings, when appropriate.

### 3. Time Commitment:

Rotations are 4 months in duration and the minimum hour requirement is 36 hours per week.

### 4. Duties & Responsibilities:

Regular duties and responsibilities include the following:

**Behavioral Medicine Clinical Services**

Clinical psychology residents are responsible for conducting individual evaluations and individual treatment for patients with issues including stress and mood management, chronic illness adjustment, obesity, and smoking cessation. Evaluations include a clinical interview including psychological scales and interpretation of results. Clinical psychology residents are assigned individual outpatients as they become available and until the resident’s case load is full. Clinical psychology residents attend a weekly, multidisciplinary case conference meeting where a topic is selected and a brief literature review is provided as well as a case presentation relevant to that topic.

**The Weight Management Program**

Clinical psychology residents are responsible for conducting pre-treatment psychological evaluations of patients with obesity (Weight & Lifestyle Evaluations). Evaluations consist of a clinical interview, administration and interpretation of psychological tests (e.g., Patient Health Questionnaire), and written report. In addition, the clinical psychology resident co-leads psychoeducation group for patients in the medically-supervised weighted management program.
Cardiac Rehabilitation

Clinical psychology residents are responsible for conducting psychological screenings and providing brief interventions for patients in a cardiac rehabilitation setting in conjunction with the supervisor. They also provide brief consultation to members of the cardiology staff and teach psycho-educational classes for the cardiac rehabilitation patients.

Pulmonary Rehabilitation

Clinical psychology residents are responsible for conducting psychological screenings and providing brief interventions for patients in a pulmonary rehabilitation setting in conjunction with the supervisor. They also provide brief consultation to members of the pulmonary staff and teach psycho-educational classes for the pulmonary rehabilitation patients.

Consultation-Liaison Service

On the consultation-liaison service, clinical psychology residents function as part of a multidisciplinary team composed of psychiatrists, a psychiatric liaison nurse, and trainees in those disciplines. They perform both consultee and patient-centered consultations and interact with the other professionals on the team in provision of those services. The trainee will see an average of two to three new cases per day, once a week. They are also expected to follow their patients longitudinally if they have an extended hospital stay. Clinical psychology residents are also expected to attend bed-to-bed rounds with their assigned psychiatric rounding team. Although the clinical psychology resident may not be directly involved in the treatment and care of these patients, they may be asked to participate in the interviewing process and help with treatment recommendations.

5 Time Table:
The resident is located at Cardiac Rehabilitation on Monday afternoons, Weight Management on Tuesday, Behavioral Medicine on Tuesdays and Friday mornings, C/L service on Wednesdays, and Pulmonary Rehabilitation on Thursdays. Additionally, the resident has supervision with rotation supervisors throughout the week for each setting which may or may not fall on the day the resident is conducting clinical work in that setting.

6 Methods of Teaching:
The primary modalities of teaching include role modeling, feedback, and one-to-one didactic instruction. Didactics and multidisciplinary team meetings are also part of the resident’s learning experience. Reading material is provided on a case-by-case basis, when indicated.

7 Treatment Units of Programs Involved:
Behavioral Medicine Clinical Services, Miriam Consultation-Liaison Service, Cardiac Rehabilitation Program, Pulmonary Rehabilitation Program.
Supervision:

Behavioral Medicine Clinical Services

Julie Angiola Morris, PhD provides clinical supervision within Behavioral Medicine Clinical Services. Additional supervision will include case conference and direct observation. Additional faculty members may provide supervision on a case-by-case basis.

The Weight Management Program

Clinical psychology residents are supervised weekly by Julie Angiola Morris, Ph.D and Maria Buckley, Ph.D. Clinical psychology residents receive supervision on-site through observation and feedback.

Cardiac Rehabilitation

Supervision is provided by Maria Buckley, Ph.D. Clinical psychology residents receive supervision on-site through observation and feedback as well as separate, weekly one hour individual supervision.

Pulmonary Rehabilitation

Supervision is provided by Maria Buckley, Ph.D. Clinical psychology residents receive supervision on-site through observation and feedback.

Consultation-Liaison Service

Direct supervision is provided by psychiatrists Jeffrey Burock, M.D. The clinical psychology resident may also receive supervision from additional staff members, including advanced practice nurses, on the service. In addition to a one hour weekly teaching conference, clinical psychology residents shall receive one hour of direct supervision per week from the supervising psychiatrist, and additional supervision/consultation from their primary clinical supervisor (a licensed PhD). All consults will be seen by the psychiatrist after the initial interview completed by the clinical psychology resident.

Relationships to Core Programs:

Training in this Rotation reflects the overall philosophy of the Brown Internship Program, which is based on the clinical science model. In addition to the outlined duties and responsibilities specific to the rotation, release time allows for attendance at various seminars, educational opportunities, additional clinical rotations, and a research placement.

Designation of Key Liaison Personnel:

Julie Angiola Morris, Ph.D., Primary Supervisor
Karen Oliver, Ph.D., Health Psychology/Behavioral Medicine Track Coordinator

Elizabeth McQuaid, Ph.D., ABPP, Director, Clinical Psychology Internship Training Program

Criteria for Success:
Successful residents will achieve ratings of “Satisfactory Progress” on all competencies that are available within this rotation. Plans will be made for residents to obtain further training, supervision and/or remediation to address competencies that are rated “Needs Improvement” or are otherwise identified as areas that require additional emphasis in training. This rotation will be one of several that is considered in an overall determination of resident “competence” at the completion of the internship period.