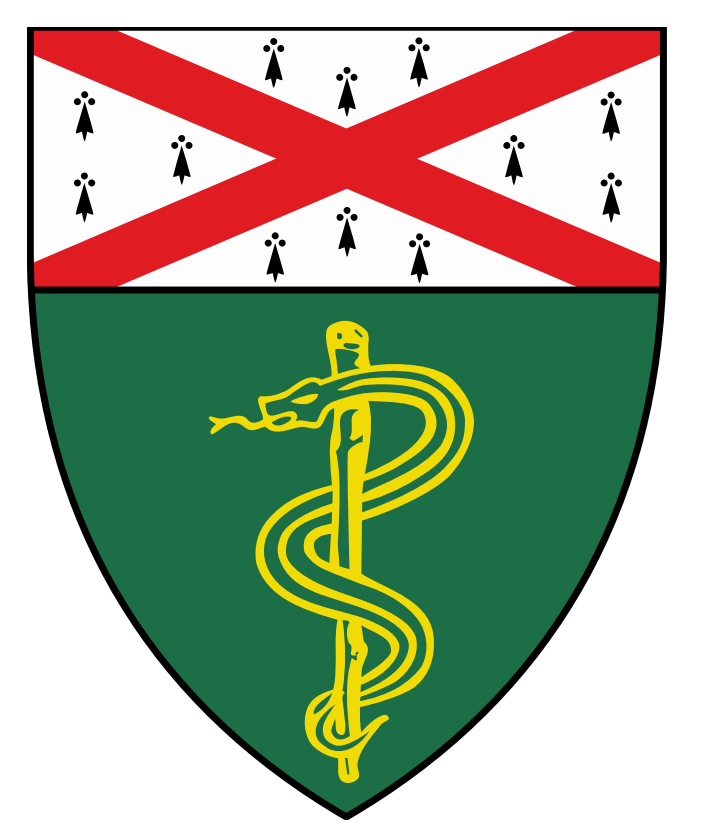




# A Model for Integrating Outpatient Consultation Into Psychosomatic Medicine Teaching: Transplant Psychiatry Curriculum



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## OBJECTIVE

1. To standardize the **knowledge** acquired during a Transplant Psychiatry rotation
2. To enhance the learning of specific **communication skills** required for the multidisciplinary care of the transplant patient

## BACKGROUND

- Psychiatric illness has an impact on the post-transplant mortality, rate of graft loss and quality of life (1)
- Transplant candidates have a high prevalence of psychiatric disorders (2,3)
- There is an increased concern about psychiatric problems in living organ donors (4)
- There is a perceived need for training in Transplant Psychiatry among Psychiatry Residency Programs and Psychosomatic Medicine Fellowships (5)

## METHODS

- Feedback from 15 trainees who completed the Transplant Psychiatry elective at YNHH between 2010 and 2014
- Survey of 61 US Psychiatry Residency Programs and 24 US Psychosomatic Medicine Fellowships regarding Transplant Psychiatry teaching
- Resources: 1FTE faculty (total), 3 Psychosomatic Medicine fellows per year @ 0.1 FTE, 3 months rotation

## EVALUATION TOOLS

- Pre and post test (5 multiple choice questions)
- Milestone rubric (ACGME) - selected sections:
  - PC2 Integrated Patient Care
  - MK1 Psychiatric Illness in Medically ill
  - MK2 Psychiatric Manifestations of Medical Illnesses
  - MK3 Practice of Psychosomatic Medicine
  - SBP2 Resource Management
  - ICS1 Relationship Development/Conflict Management
- Structured portfolio (Fig 2)
  - 8 typical clinical presentations
  - 4 communication scenarios
- Communication rubric
  - General presentation skills (5 items)
  - Relevance of communication (4 items)

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## RESULTS: FIGURE 1. TRANSPLANT PSYCHIATRY CURRICULUM

		Knowledge		Communication	
D E L I V E R Y		Lectures	Clinical exposure	Role Play	Liaison
	C O N T E N T	Lecture 1: Introduction in organ transplantation		•Fulminant organ failure- pre transplant evaluation (2 cases)- inpatient	•MOC 1: Case presentation in recipient review committee- recommendation to list
Lecture 2: Psychiatric evaluation of organ recipients			•Pre- transplant recipient evaluation (4 cases: kidney, liver, pancreas, heart)-outpatient	•MOC 2: Case presentation in recipient review committee – recommendation not to list	•Case presentation in donor advocacy meeting (1 case)
Lecture 3: Psychiatric evaluation of organ donors			•Organ donor evaluations (1 case each: kidney and liver)-outpatient	•MOC 3: Communication with community mental health providers regarding decision to list/not to list	•Communication with mental health provider regarding transplantation listing (1 case)
Lecture 4: Psychiatric treatment for transplant patients (pharmacology of end stage organ disease, addiction treatment)			•Brief treatment post-transplant and transition of care (2 cases)-inpatient and outpatient		•Transfer of care to outside mental health provider (1 case)
E V A L		•Pre and post test	•Milestone Rubric •Structured portfolio	•Communication rubric	•Communication rubric with input from other disciplines (360°)

## FIGURE 2. STRUCTURED PORTFOLIO

### A. Specific clinical presentations:

- 1.Evaluation of liver transplant candidate, chronic liver failure (2 cases)
- 2.Evaluation of kidney transplant candidates- outpatient (2 cases)
- 3.Evaluation of heart transplant candidates or LVAD (1 case)
- 4.Evaluation of kidney donor (1 case)
- 5.Evaluation of liver donor (1 case)
- 6.Evaluation of liver transplant candidates: fulminant liver failure (1 case)
- 7.Post- transplant treatment: chronic psychiatric illness (1 case)
- 8.Post- transplant treatment: steroid or immunosuppressant induced psychiatric symptoms (one case)

### B. Communication scenarios:

- 1.Case presentation in recipient review committee (1 case)
- 2.Case presentation in donor advocacy meeting (1 case)
- 3.Communication with community mental health providers regarding decision to list or not to list (1 case)
- 4.Transfer of care to community mental health providers (1 case)

## CONCLUSIONS

1. Inpatient and outpatient clinical exposure complement lectures in providing adequate knowledge in Transplant Psychiatry
2. Communication skills training is enhanced if preceded by role play.
3. Structured portfolio can support both knowledge and liaison training during Transplant Psychiatry rotation.

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