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Innovation in Education

#### Poster Title

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

#### Authors

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#### Background:

The number of organ transplants performed in the US is increasing (UNOS). 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). In addition, there is an increased concern about psychiatric problems in living organ donors (4). There is a perceived need for training in Transplant Psychiatry (TP) among Psychiatry Residency Programs and Psychosomatic Medicine Fellowships (5).

#### Objectives:

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

Methods: We analyzed the feedback from 15 trainees who completed the TP elective at YNH between 2010 and 2014. We reviewed the results of a survey regarding TP teaching received from 61 US Psychiatry Residency Programs and 24 US Psychosomatic Medicine Fellowships. In order to evaluate the training program we created or adapted several instruments: 1. a pre and post-test to assess the efficacy of the lectures on TP; 2. relevant items from the ACGME Psychosomatic Milestone rubric; 3. a communication rubric to facilitate feedback regarding the communication skills; 4. a structured portfolio aimed to standardize the clinical exposure and liaison experience.

#### Results:

Our TP curriculum aims at providing the trainees with both knowledge and communication skills necessary to address the psychiatric issues in the transplantation setting. The knowledge module will consist of four lectures and clinical exposure in both inpatient and outpatient setting. The communication skills module will include three role-plays followed by actual liaison work with the transplantation team and with community mental health providers. The lectures and the role plays will be delivered in the beginning of the academic year, while the clinical experience and participation in multidisciplinary meeting will follow over the course of a 3 month rotation. The role-plays will use specific scenarios considered challenging such as recommending against transplant listing to a multidisciplinary review committee. The structured portfolio will ensure that trainees acquire a broad experience with clinical scenarios specific for TP.

#### Conclusions:

1. Inpatient and outpatient clinical exposure complement lectures in providing adequate knowledge in TP
2. Liaison training may be enhanced if preceded by role play.
3. Structured portfolio can support both knowledge and communication skills training during TP rotation.

## References

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