**Integrative Psychiatry Elective Track**

**IMR-Psychiatry I**

Course Director: Noshene Ranjbar M.D.
Co-director: Amelia Villagomez, M.D.

July 1, 2018 – June 30, 2019

Mondays 1-3pm for didactics (see Clinical Practice for additional times for patient care)

Location: Behavioral Health Pavilion Group Room/Physician’s Lounge/One-Way Mirror Room

*This elective is open for CAP fellows and PGY3/4 residents in general psychiatry.*

ACGME Milestones for Psychiatry training emphasize competency in the area of patient care, medical knowledge, practice-based learning and improvement, and professionalism. One goal for training is to become a psychiatrist who serves as a role model and teacher of compassion, integrity, respect for others, and sensitivity to diverse patient populations. A goal under medical knowledge includes knowing drug-supplement/herb interactions. One milestone that is evaluated for residents is “accountability to **self**, patients, colleagues and the profession” with subsection for fatigue management and work balance.

*Integrative Medicine* broadly defines a clinical paradigm that is patient-centered, healing-oriented, health promoting, and embracing of appropriate therapeutic approaches whether they originate in conventional or complementary medicine (Dodds et al, 2013). It reaffirms the importance of the therapeutic relationship, focuses comprehensively on the whole person, and renews attention to healing (Institute of Medicine, 2009b). Practitioners are called to exemplify and commit themselves to self-exploration and self-development. Mind body medicine, which is an important component of integrative medicine, particularly emphasizes and provides skills for provider wellness, self-awareness, reflection, and compassion toward the self and others.

**Goals of the IMR-Psychiatry I:**

***Goal 1: Improve resident knowledge of evidence-based Integrative Medicine in Psychiatry***

The primary goal of the curriculum is to introduce the resident/fellow to the field of evidence-based integrative medicine as it related to mental health. Many patients have questions about integrative therapies. It is important for psychiatrists in training to have an understanding of this emerging field, and to have familiarity with evidence-based integrative medicine research and resources, whether they will use integrative medicine or not. As the resident participates through the curriculum he/she will see that some areas of integrative medicine have strong supporting research and others areas may not. We will delineate the boundaries of the current research.

***Goal 2: Improve Resident Wellness and Self-Awareness of their own wellbeing***

A second essential goal of the IMR-Psychiatry curriculum is to raise awareness about the importance of resident health and wellness. For this reason, the resident will find a blend of pediatric and adult evidence-based integrative curriculum throughout the IMR-Psychiatry, especially in the areas of preventative health, integrative mental health and mind-body medicine. A core philosophy of the Arizona Center for Integrative Medicine is self-care for the physician-learner, with an eye to helping them become better role models and more effective counselors to their patients and families.

During IMR-Psychiatry the resident/trainee will also receive an introduction to evidence-based mind-body medicine with a strong foundation in mindfulness in medicine. This topic is emphasized deliberately in large part due to the emerging literature in mindfulness in medicine, and in response to the newly revised core competencies in training in the areas of personal and professional development. This new core competency specifically calls for the development and evaluation of resident skills in self-awareness, effective stress management, and self-regulation. The IMR-Psychiatry curriculum in this area is designed to provide a robust research background in addition to experiential exercises. This was done to provide a multi-dimensional approach to a topic that may be new to many in the medical field.

***Goal 3: Incorporating knowledge of Integrative Medicine in the clinical setting***

Finally, IMR-Psychiatry has the goal of training residents/fellows in incorporating their emerging knowledge of integrative medicine in the clinical setting. Therefore, in addition to case-conferences, journal clubs, online interactive modules, and experiential didactics, residents also participate in patient care using integrative medicine principles. This will provide a multi-dimensional, hands-on training for these residents to gain clinical experience in this expanding field.

**In-person Didactic and Experiential Sessions (Mondays 1-3pm):**

***Mind-Body Skills Groups:*** Each resident/fellow will participate in a series of mind body skills groups (2-hour group weekly for 10 sessions). The skills include deep breathing techniques, meditation, biofeedback, guided imagery, mindful eating/nutrition, and the therapeutic use of creative arts, music and movement. The goal of the group is to give hands-on experience within a mind-body skills group to the participants, enhancing knowledge of various mind-body medicine techniques; even more importantly, the goal is to encourage gaining experience in the practice of self-care, self-awareness, and to enhance a sense of well-being and resiliency.

***Experiential sessions:*** Participants will visit various community-based integrative medicine practitioners in order to experience a wide array of modalities. These may include but are not limited to motivational interviewing, biofeedback, Tai Chi, meditation, clinical hypnosis, Traditional Chinese Medicine, Reiki, Qi Gong/Chi Nei Tsang, environmental health, accelerated resolution therapy (ART), internal family systems therapy (IFS), supplement/herb store visit, grocery store visit, and aromatherapy.

***Case Conference Presentations:*** Resident/fellow will present 3-4 times over the course of the year during monthly integrative psychiatry case conference presentations

**Clinical Practice:**

***PGY3 Residents:*** 10 hours per week (includes group experiential sessions on Mondays 1-3pm, clinical practice, time for reading, and two hours of group supervision). Expectation is 2-3 new intakes per month and follow-up visits at the Banner-University Medicine Integrative Psychiatry Clinic (BHP). All intakes and clinical time will count towards already existing PGY3 residency requirements. Time: Monday, Tuesday, and Wednesday mornings. Group supervision: Monday 8-9am, Wednesday 8-9am, and every other Tuesday 10-11am. ***Patient Intakes with Group Case Discussion****:* Residents will participate in 5 educational intakes done thru a one-way mirror in July-August, on Tuesdays 8-11am. The first 1.5 hours will involve one resident interviewing patient with Dr. Ranjbar or a IMR-Psychiatry II resident through a one-way mirror, with other residents observing. This session will be followed by a 1.5-hour discussion session (without patient present), when a comprehensive biopsychosocial case formulation and treatment plan will be discussed.

***PGY4 Residents:*** Flexible number of hours; intakes with integrative psychiatry faculty and follow-ups at the Banner-University Medicine Integrative Psychiatry Clinic (BHP, or Whole Child Clinic).

***Child Psychiatry Fellows:*** Intakes and follow-ups will be with Dr. Ranjbar. Dr. Ranjbar will work with fellows to create an integrative formulation, treatment plan, and ongoing follow-up.

***On-line Interactive Modules:*** Thursdays 9:30am-10:30am. A unique on-line interactive curriculum provides information on evidence-based interventions for psychiatric care. The on-line curriculum has been carefully chosen to provide an introduction to integrative medicine from a psychiatric perspective. In order to graduate, residents must complete 80% of the required on-line modules. Residents are expected to read on a regular basis and progress will be checked monthly by course directors. As the on-line material provides foundational material that will be needed to create integrative treatment plans. It is expected for residents to complete 60% of the on-line material by January 1st. Residents who are not consistent with on-line reading will be expected to create a reading plan and present it to course directors.

***Scholarly Project:*** This will include two writing assignments. One is a reflection paper about a personal or professional awareness, realization, or deeper understanding regarding integrative medicine (2 pages single spaced, Arial font 12, 1 inch margins). The reflection paper will provide an opportunity for the trainee to reflect on his/her own process of personal and professional growth through participation in the curriculum.

**Reflection Paper DUE DATE:** June 5th

The second is a research paper (3 pages [not including references] single spaced, Arial font 12, 1 inch margins) based on a literature review of any topic in integrative medicine related to mental health, chosen based on interest. The purpose is to examine an area closely to gain a sense of competency. Integrative medicine literature is vast and expanding rapidly, and learners can often feel a sense that they know a little bit about lots of things but nothing in depth. This is an opportunity to really deepen knowledge in one area. Minimum number of references to include (with bibliography): 10.

On Feburary 25th, each resident/fellow will give a 10-minute presentation and 5 minutes for discussion/questions about the topic with the group.

**Literature Review Paper DUE DATE:** Please email the paper to Dr. Ranjbar February 18th, 2019.

***Evaluation:*** A Pre- and Post- evaluation survey of the knowledge base of trainees in the field of integrative medicine, as well as assessments of self-care, quality of life, stress management, and level of career satisfaction will be performed.

Completion of 80% of on-line course materials, participation in 80% of in-person sessions and passing the final exam is required; participants meeting this requirement will receive a completion certificate from the Arizona Center for Integrative Medicine and the University of Arizona Department of Psychiatry.

**IMR-Psychiatry II (Advanced Psychiatry Integrative Medicine in Residency)**

Course Director: Noshene Ranjbar M.D.

Co-director: Amelia Villagomez, M.D.

July 1, 2018 – June 30, 2019

Time requirement to be set up in advance with course director, and may range from 4-8 hours per week. Location: Behavioral Health Pavilion and/or Whole Child Clinic

This elective is open for CAP fellows and PGY4 residents in general psychiatry who have completed IMR-Psychiatry I.

**Goals of IMR-Psychiatry II:**

1. To apply knowledge of evidence-based integrative medicine in the comprehensive psychiatric evaluation of child and/or adult psychiatry patients
2. To apply knowledge of evidence-based integrative medicine in the biopsychosocial case formulation of intakes in child and/or adult psychiatry
3. To apply knowledge of evidence-based integrative medicine in the comprehensive treatment planning and follow-up of child and/or adult psychiatry patients
4. To enhance adult and/or child psychiatry patient care based on up-to-date literature searches of integrative approaches for the treatment of mental health conditions.
5. To enhance the resident/fellow’s ability to refer to community providers for appropriate evidence-based integrative medicine approaches
6. To continue to practice integrative medicine approaches to enhance resident/fellow well-being, self-awareness, and mindfulness in medical practice

**Components:**

***Mind-Body Skills Groups (Optional):*** Each resident/fellow will have the option to participate in a series of mind body skills groups (2 hour group per week for 10 sessions). Since all IMR-Psychiatry II resident/fellows have already completed IMR-Psychiatry I, this will be a repeated experience, with opportunity to deepen knowledge and practice of mind-body medicine. Participation allows for IMR-Psychiatry II resident/fellows to share their knowledge and experience of mind-body medicine with their colleagues who may be new to the experience.

***Adult and/or Child Patient Intakes:*** Resident/fellow will perform comprehensive patient intakes with supervising attending present. The intake frequency may vary from 1-3 per month depending upon scheduling needs. 1.5 hours are allotted for each adult intake. For child and adolescent intakes, one two hour slots is set aside to allow for interviewing child and parent, with ample time for treatment planning and psychoeducation.

***Case Conference Presentations:*** Resident/fellow will present 3-4 times over the course of the year during monthly integrative psychiatry case conference presentations

***Group Supervision:*** Residents/fellows can participate in weekly group supervision where new and follow-up cases are presented and discussed with supervising attending. Group supervision: Monday 8-9am, Wednesday 8-9am, and every other Tuesday 10-11am.

***Teaching opportunities****:* Resident/fellow will have the opportunity to conduct one or more of the experiential sessions for IMR-Psychiatry I participants. This may involve giving an interactive case presentation, designing and facilitating an experiential session based on one of the integrative medicine modalities, leading a journal club, or case presentation session for IMR-Psychiatry I participants in collaboration with the supervising attending.

***Research opportunities*:** With approval of elective directors, resident/fellow may take part in the data gathering, analysis, and/or publication of a quality improvement program related to the IMR-Psychiatry I curriculum; may also include a resident-initiated research project, literature review, case report, etc.

**Table: IMR-Psychiatry I & II Requirements**

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| Category of Program | Year of Resident | Prior elective experience | Curriculum |  Integrative Psychiatry Clinic |
| IMR-Psychiatry I | 3rd & 4th, 1st & 2nd year child fellow | None | 85 hours of on-line interactive modules + 2 hours/week of experiential didactics | Up to 6 hours/week |
| IMR-Psychiatry II | 4th, 2nd year child fellow | Completed IMR-Psychiatry I  | Tailored to participant interest and clinical cases | Up to 8 hours/ week  |