

**Observable Practice Activities**  
**Primary Care Behavioral Health Psychology Post-doctoral Fellowship**  
**Marshfield Clinic**

Primary Care Behavioral Health is an integrated primary care service model that embeds a behavioral health professional into the primary care setting. The provider is integrated within the primary care rather than being simply a referral source or having an office co-located nearby.

Goals of integrated primary care include:

- Improving the overall health of the patient population
- Behavioral health services seen as a routine part of medical care
- Prevention services, early identification of concerns, and decreasing delays to mental health treatment

The fellow will have the opportunity to work within the Department of Pediatrics as part of an integrated primary care service. The fellow will work closely with pediatricians, pediatric residents, and support staff. It is expected that the fellow will be exposed to a broad range of presenting concerns from a diverse age range. Pediatrics provides care to newborns through early twenties.

The fellow will provide:

- Curbside consults to pediatricians regarding behavioral health questions
- Warm handoffs for patients identified as needing same-day, problem focused behavioral health interventions
- Short-term problem focused treatment for patients
- Annual screening of behavioral health concerns
- Assistance with referral to Department of Behavioral Health for higher level of care
- Education regarding behavioral health issues for residents, staff, and providers

Some common consults and specific interventions include:

- Problem-solving techniques
- Stress reduction skills, such as deep breathing and progressive muscle relaxation
- Parenting skills
- Coping strategies to assist with the diagnosis and subsequent treatment of a chronic medical condition
- Sleep hygiene skills
- Skills training to improve family/parent-child interactions
- Toilet training techniques
- Weight management
- Help with school related issues, including academics, behavioral issues, and social concerns
- ADHD assessment and strategies
- Tips to prepare for medical procedures
- Behavior management strategies
- Brief cognitive-behavioral treatment for mild mood and behavioral issues
- Psychological and behavioral diagnostics
- Pain management

#### **A. Integrating services into Department of Pediatrics**

- a. Read select material regarding the Primary Care Behavioral Health (PCBH) model of integrated primary care from *Behavioral Consultation & Primary Care* by Robinson & Reiter (2007).
- b. Review select integrated primary care training materials.
- c. Familiarize yourself with layout of Pediatrics. Your supervisor will introduce you to PCPs and staff.

#### **B. Receiving consults**

- a. Be available with supervisor within Pediatrics. Being visible and making sure that PCPs know how to reach you is critical in order to receive consults.
- b. PCP identifies patient with mental health concerns. PCP introduces integrated services to patient and/or family. If pt/family agrees to meet with psychologist, PCP completes a warm hand-off to integrated service. PCP may call to reach IPC service through a dedicated phone for the service or come to speak with service in our office.
  - i. Receive consult with supervisor. Briefly review with PCP specific concerns and determine if they have a specific goal for pt (e.g. review sleep hygiene techniques). This will be done quickly in a few minutes.
  - ii. Actively discuss relevant issues regarding the consult request.
  - iii. Briefly review CMR to see whether pt has any previous psych contact or is a current pt.
  - iv. Actively participate with supervisor in determining whether consult is consistent with fellow's clinical ability, training interests, personal comfort, time availability and patient eligibility to be seen by a fellow.

#### **C. Meeting with patient**

- a. Walk with PCP to their exam room for PCP to introduce you to pt and family (warm hand-off).
  - i. PCP may briefly review the presenting concern again and then will step out of the room.
- b. Introduce yourself as a postdoctoral fellow in Integrated Primary Care psychology, working under the supervision of Dr. \_\_\_\_\_. Introduce your role in meeting with them today as discussed with PCP and supervisor.
- c. Determine who is in the room and whether those present are appropriate to stay for the brief assessment/intervention.
- d. During the initial 15 minute visit, remain focused on the concern identified by the patient and PCP. Your chief tasks are to:
  - i. Introduce the IPC service and PCBH model.
  - ii. Clarify the presenting concern by gathering the most essential details.
  - iii. Offer 1-2 brief interventions.
  - iv. Determine level and type of follow-up needed.

#### **D. Providing recommendations for follow-up services**

- a. During the brief visit, determine the severity of the presenting concerns.

- i. Consider the number of concerns identified, chronicity of concern, motivation of pt and family, and level of distress experienced.
  - ii. Discuss with supervisor and offer your recommendations for follow-up.
- b. If concerns are significant, longstanding, and/or distressing, consider referral to outpatient behavioral health for a higher level of care for the patient. Explain to family what services are offered in Department of Psychiatry and Behavioral Health and that this would begin with a complete diagnostic evaluation.
  - i. If pt agrees to recommendation, assist with the referral and provide relevant paperwork to family for them to complete (e.g. History questionnaire). Advise them to return to the Department for the referral to be completed.
- c. If you determine the concerns would likely be improved by the patient meeting with a psychologist for approximately five 30 minute visits, offer to the pt integrated visits within Department of Pediatrics.
  - i. If pt agrees to recommendation, schedule an integrated visit. If pt declines a follow-up appt in Pediatrics, include this in your documentation.
- d. If you identify only minor concerns, provide relevant psychoeducation/strategies that pt will be able to implement at home.
  - i. Review with family that they may contact you or PCP as needed for any further questions or concerns. They can schedule an integrated visit prn.

#### **E. Supervision**

- a. If supervision is at a level that allows the fellow to conduct such visits without a supervisor present, the supervisor should be contacted in order to briefly discuss the findings and plan. Discuss with the supervisor the recommended level of follow-up. The supervisor will review the initial consult, question the fellow for additional information/impressions and will briefly meet personally with the patient/family to review plan.

#### **F. At conclusion of initial visit**

- a. If PCP is available, communicate with PCP either verbally or by email the outcome of the visit (e.g. pt is returning in 1 week to meet with you to review additional interventions, pt declined a referral to Behavioral Health, pt only needs to be followed prn).
- b. Document your brief assessment and interventions to CMR.
  - i. Include:
    1. Reason for consult/presenting concerns
    2. Relevant symptoms and history
    3. Interventions
    4. Mental status examination
    5. Plan
    6. Diagnoses
    7. Time spent
  - ii. CC: the PCP your note
- c. Enter any follow-up integrated visits into your schedule if applicable.
- d. Notify Behavioral Health appointment coordinators if referral was recommended/paperwork was provided so they enter this on patient screen

#### **G. Follow-up integrated visits in Pediatrics**

- a. Schedule follow-up integrated visits with pt/family within a timeframe that fits with clinical interventions/goals (e.g. return in 2 weeks after implementing toileting chart, return in 1 week to discuss mood).
- b. Continue to focus on the most relevant presenting concern and necessary interventions. Visits are brief (30 minutes).
- c. Regularly assess pt's progress and improvement and whether he/she is receiving the most appropriate level of care. If you determine that the presenting concerns are more significant than originally assessed, discuss with pt/family referral to outpatient behavioral health.
- d. Maintain regular contact with the PCP regarding their patient. The PCP consulted you on this patient and they are invested in their care. As appropriate, review progress with PCP verbally, by email or cc'ing your CMR notes.
- e. Keep your supervisor current on changes or relevant factors in the course of the brief integrated visits. Always consult if any questions or concerns arise, either by you or medical staff.
- f. All dictated notes need to be completed within 48 hours, reviewed and signed by your supervisor.

## **Primary Care Behavioral Health Fellowship Outpatient Service**

The fellow provides clinical assessment and treatment through the Department of Psychiatry and Behavioral Health. In that setting, the fellow works with children and adolescents exhibiting a wide range of emotional and behavioral problems, including attention deficit hyperactivity disorder, anxiety disorders, depressive disorders, somatization disorders and behavior disorders. Assessment includes interview, collateral contacts with family and other professionals, and psychological tests and behavioral questionnaires. The fellow conducts diagnostic assessments, conceptualizes the cases, devises treatment plans, and implements interventions. Fellows participate in the weekly fellowship seminar, the weekly case consultation staffing, the monthly professionalism/leadership seminar and quarterly patient safety/quality improvement forums.

## **Outpatient Service Observable Professional Activities (OPAs)**

### **A. Referrals**

1. Screens referrals for relevance to Individual Fellowship Plan, caseload goals and eligibility to be seen by a fellow.
2. Provides timely response to the relevant parties to facilitate the referral
3. Manages documentation to support efficient referral processing.

### **B. Intake Session Preparation**

1. Reviews HX form and available medical records to identify context, concerns.
2. Identifies external records that may be needed and sets up plan to get them.
3. Has a format for the intake that has been developed in collaboration with supervisors and is informed by Department . Q.A. and other regulatory body requirements.

### **C. Intake**

1. Effectively engages child and family in waiting room
2. Provides explanation of role/goals of the intake in supportive manner consistent with health literacy of the adults and developmental level of the child.
3. Provides explanation of their role as a fellow, working under the supervision of the assigned supervisor (provide name). Ensures fellowship acknowledgement form is signed.
4. Supportively reviews confidentiality, risks and benefits of session consistent with the health literacy of the adults and developmental level of the child.
5. Effectively engages patient and family in the following:
  - review of reasons for referral
  - history of presenting concerns
  - detailing of the presenting concerns (onset, duration, frequency, impact, etc)
  - exploration of working theory each person has for the difficulties
  - assessment of desire/readiness for treatment
  - completion of relevant risk assessment
  - assesses medical, psychiatric, academic, family, trauma history
  - assesses mental status
6. Provides initial impressions and treatment recommendations to child and family in a supportive, encouraging manner that is consistent with health literacy of the adults and developmental level of the child.

-Provides impressions that are consistent with the data available at the completion of the intake

-Provides impressions in a non-judgmental, non-blaming, supportive manner

-Provides specific treatment recommendations directly related to the impressions and the areas of concern.

7. Solicits family feedback on the evaluation experience by providing family the intake patient survey to complete in the waiting room before they depart.

#### D. Intake Report

1. Effectively pulls together the various sources of data (interview, internal records, external records, HX form, test data) in preparation for dictation.

2. Constructs an impression/conceptualization that incorporates an ecological, holistic, developmental model. This includes genetics, early development, life events, relational, medical, psychosocial, etc.

3. Constructs the report in a manner that is succinct, organized and integrates the data into the impressions and recommendations sections.

4. Dictates the report in an efficient and timely manner.

5. Accepts supervisor feedback on the report in a non-defensive manner.

6. Ensures findings/report are communicated to other professionals involved in the patient's care as needed.

#### E. Therapy

##### 1. Session preparation

-Efficiently reviews medical record since last session to identify relevant medical events, concerns for the session

-Develops a specific objective for the session that is consistent with the treatment plan, is informed by the last session and addresses tx modality for the session

-Between sessions, reviews research as needed for treatment planning, conceptualization, intervention

##### 2. Session

-Effectively engages child and family in waiting room

-Identifies acute/urgent concerns by child or family and shifts focus to address them in a manner satisfactory to the family

-Generates a supportive, safe environment

-Effectively structures the session as related to the modality, issues and treatment orientation being utilized

-Provides appropriate and timely review of confidentiality and its limitations depending on the modality and issues being addressed

-Effectively engages a closure time prior to end of session to support emotional composure after addressing affect laden topics

-Monitors progress with review of goals and outcomes with child/family

##### 3. Therapy Progress Notes

- Effectively pulls together the various sources of data (interview, internal records, external records obtained since last session) in preparation for dictation

- Constructs an Assessment/Impression of the session that incorporates the initial evaluation impression, the therapist's theoretical orientation and the treatment plan, and the content of the session
- Identifies specific topics, tasks, activities, etc. for the next session
- Constructs a progress note that is succinct, organized and integrates the data into the impressions and recommendations sections.
- Dictates the progress note in an efficient and timely manner.
- Accepts supervisor feedback on progress notes in a non-defensive manner.

#### 4. Treatment Plan

- Develops a treatment plan that includes all data required per Dept. Q.A. policy
- Presents the treatment plan in collaborative manner with child and family, seeking their input, which is used as appropriate
- Obtains signatures on Treatment Plan and submits it within timeline per Dept. Q.A. policy
- Monitors progress of therapy in part via timely completion of 90 Day Tx Reviews which include the child and family

#### 5. Therapy collateral activities

- returns phone calls from family in a timely manner
- returns phone calls from others involved in the child's care only upon first confirming an active release is on file
- appropriately addresses the concerns in the call
- does timely dictation for each phone contact
- supportively sets appropriate boundaries for use of phone contact

#### Directed Independent Learning Tasks

1. Reviews the Dept Q.A. manual and demonstrates knowledge of the requirements as related to conducting initial evaluations and psychotherapy.
2. Reviews the Supervision Contract and demonstrates knowledge of the requirements for the supervisee as they relate to providing clinical services.
3. Reviews the Fellowship Handbook and demonstrates knowledge of the requirements and resources available as they relate to providing clinical services
4. Demonstrates initiative and self-directed learning when encountering clinical issues for which the fellow has limited experience.

Outpatient clinic OPAs

## **Diabetes Clinic**

The fellow will have the opportunity to work on the pediatric diabetes multi-disciplinary treatment team with providers from nutrition services, social work, and pediatric endocrinology. The fellow will provide services in the inpatient and outpatient settings to children and adolescents diagnosed with diabetes and their families. This includes patients newly diagnosed with diabetes to those who have been managing this chronic illness for quite some time. Services that the fellow will provide include: (a) initial assessment of the patient and family's strengths and weaknesses, (b) family and individual treatment that focuses on coping and adjusting to a new diagnosis, adherence issues, and other disease-specific issues, (c) individual and family treatment related to general psychological difficulties that may impact optimal diabetes management, and (d) inpatient psychological consults with families and patients. The outpatient multi-disciplinary diabetes clinic meets weekly, and the fellow can expect to see 8 patients a day. Skills and knowledge that the fellow can expect to acquire include: (a) how to communicate psychological information to medical professionals, (b) medical knowledge of diabetes and its treatment, and (c) a greater understanding of psychological issues unique to a diagnosis of diabetes and its effective management.

## **Diabetes Clinic Observable Professional Activities (OPAs)**

1. Receive referral from pediatric endocrinology (nurse, NP, MD)
  - a. Discuss with referral source to clarify concerns
2. Screen referral for relevance to Individual Fellowship Plan, caseload goals, and eligibility to be seen by fellow.
3. Review EHR and all relevant medical history. Summarize the review.
4. If not familiar with current medical diagnosis or concerns, review with supervisor and consult current references
5. Meet with patient and/or family
  - a. New diagnosis
    - i. Introduce role of integrated behavioral health service
    - ii. Develop rapport
    - iii. Assess current level of coping and adjustment to new diagnosis
    - iv. Provide appropriate interventions consistent with presenting concerns, if needed
  - b. Current/on-going difficulties or concerns
    - i. Assess adherence and address adherence engagement
    - ii. Assess behavioral/emotional functioning
    - iii. Assess/update psycho-social
      1. School
      2. Family
      3. Social
  - c. Assess level of intervention needed and make appropriate referral if needed, including:
    - i. PRN in diabetes clinic
    - ii. Regularly in diabetes clinic
    - iii. On-going psychotherapy in local community
    - iv. On-going psychotherapy in Psychiatry and Behavioral health
6. Provide timely feedback to referral source

- a. Verbal (immediate)
- b. Written (EHR)
  - i. Use integrated behavioral health care macro

## **Hematology-Oncology**

The fellow will have the opportunity to work on the pediatric hematology-oncology multi-disciplinary treatment team which includes providers from child life, social work, nutrition, occupational therapy, physical therapy, and pediatric oncology. The fellow will provide inpatient and outpatient psychological services to children and adolescents diagnosed with an oncological disorder and their families. Patients seen on this service are at every phase of treatment, including initial diagnosis, maintenance therapy, off treatment or end of life. Services that the fellow will provide include: (a) initial assessment of the patient and family's strengths and weaknesses, (b) family and individual treatment that focuses on coping and adjusting to a new diagnosis, adherence issues, and other disease-specific issues, (c) individual and family treatment related to general psychological difficulties, and (d) inpatient psychological consults with families and patients during hospitalizations. Typical psychological issues that the fellow may address include: coping and adjusting to initial diagnoses, difficulties with frequent or long hospitalizations, treatment adherence, and death and dying issues. Skills and knowledge that the fellow can expect to acquire include: (a) medical knowledge of oncology diagnoses and their treatments, (b) how to communicate psychological information to medical professionals, and (c) a greater understanding of psychological issues unique to a diagnosis of cancer.

### **Hematology-Oncology Clinic Observable Professional Activities (OPAs)**

1. Receive referral from pediatric oncology (nurse, NP, MD)
  - a. Discuss with referral source to clarify concerns
2. Screen referral for relevance to IFP, caseload goals, and payor source
3. Review EHR and all relevant medical history. Summarize the review.
4. If not familiar with current medical diagnosis or concerns, review with supervisor and consult current references
5. Meet with patient and/or family
  - a. New diagnosis
    - i. Introduce role of integrated behavioral health service
    - ii. Develop rapport
    - iii. Assess current level of coping and adjustment to new diagnosis
    - iv. Provide appropriate interventions consistent with presenting concerns, as indicated
  - b. Current/on-going difficulties or concerns
    - i. Assess adherence and address adherence engagement
    - ii. Assess behavioral/emotional functioning
    - iii. Assess psycho-social functioning
      1. School
      2. Family
      3. Social
  - c. Assess level of intervention needed and make appropriate referral if needed, including:
    - i. PRN in outpatient oncology clinic
    - ii. PRN during inpatient chemotherapy
    - iii. Regularly in outpatient oncology clinic
    - iv. Regularly during inpatient chemotherapy
    - v. On-going psychotherapy in local community

- vi. On-going psychotherapy in Psychiatry and Behavioral health
- 6. Provide timely feedback to referral source
  - a. Verbal (immediate)
  - b. Written (EHR)
    - i. Use integrated behavioral health care macro

## **Cystic Fibrosis Clinic**

The fellow will have the opportunity to work on the cystic fibrosis multi-disciplinary treatment team, working with providers from genetics, nutrition, social work, nursing, respiratory therapy, and pediatric pulmonology. Patients seen on this service are at every stage of their disease, from initial diagnosis to long term maintenance. Services that the fellow will provide include: (a) initial assessment of the patient and family's strengths and weaknesses, (b) family and individual treatment that focuses on coping and adjusting to a new diagnosis, adherence issues, and other disease-specific issues, (c) individual and family treatment related to general psychological difficulties, and (d) inpatient psychological consults with families and patients during an hospitalizations. Skills and knowledge that the fellow can expect to acquire include: (a) medical knowledge of cystic fibrosis and its treatments, (b) how to communicate psychological information to medical professionals, and (c) a greater understanding of psychological issues unique to a diagnosis of cystic fibrosis.

### **CYSTIC FIBROSIS CLINIC OPAs**

1. Receive referral from pediatric pulmonology (nurse, NP, MD)
  - a. Discuss with referral source to clarify concerns
2. Screen referral for relevance to Individual Fellowship Plan, caseload goals, and eligibility to be seen by a fellow.
3. Review EHR and all relevant medical history.
4. Effectively summarize the diagnoses and concerns based on the review in #3. Incorporate new knowledge obtained via consultation with supervisor and literature review.
5. Meet with patient and/or family
  - a. New diagnosis
    - i. Introduce role of integrated behavioral health service
    - ii. Develop rapport
    - iii. Assess current level of coping and adjustment to new diagnosis
    - iv. Provide appropriate interventions consistent with presenting concerns, as indicated
  - b. Current/on-going difficulties or concerns
    - i. Assess adherence and address adherence engagement
    - ii. Assess behavioral/emotional functioning
    - iii. Assess psycho-social functioning
      1. School
      2. Family
      3. Social
  - c. Assess level of intervention needed and make appropriate referral if needed, including:
    - i. PRN in CF clinic
    - ii. Regularly in CF clinic
    - iii. On-going psychotherapy in local community
    - iv. On-going psychotherapy in Psychiatry and Behavioral health
  - d. Conduct Annual screening.

6. Provide timely feedback to referral source
  - a. Verbal (immediate)
  - b. Written (EHR)
    - i. Use integrated behavioral health care macro

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## **Keto Clinic**

The fellow will have the opportunity to work on the keto multi-disciplinary treatment team, working with providers from genetics, nutrition, social work, nursing, respiratory therapy, and pediatric pulmonology. Patients seen on this service are at every stage of their disease, from initial diagnosis to long term maintenance. Services that the fellow will provide include: (a) initial assessment of the patient and family's strengths and weaknesses, (b) family and individual treatment that focuses on coping and adjusting to a new diagnosis, adherence issues, and other disease-specific issues, (c) individual and family treatment related to general psychological difficulties, and (d) inpatient psychological consults with families and patients during an hospitalizations. Skills and knowledge that the fellow can expect to acquire include: (a) medical knowledge of keto and its treatments, (b) how to communicate psychological information to medical professionals, and (c) a greater understanding of psychological issues unique to a diagnosis of keto.

## **KETO CLINIC OPAs**

1. Receive referral from pediatric pulmonology (nurse, NP, MD)
  - a. Discuss with referral source to clarify concerns
2. Screen referral for relevance to Individual Fellowship Plan, caseload goals, and eligibility to be seen by a fellow.
3. Review EHR and all relevant medical history.
4. Effectively summarize the diagnoses and concerns based on the review in #3. Incorporate new knowledge obtained via consultation with supervisor and literature review.
5. Meet with patient and/or family
  - a. New diagnosis
    - i. Introduce role of integrated behavioral health service
    - ii. Develop rapport
    - iii. Assess current level of coping and adjustment to new diagnosis
    - iv. Provide appropriate interventions consistent with presenting concerns, as indicated
  - b. Current/on-going difficulties or concerns
    - i. Assess adherence and address adherence engagement
    - ii. Assess behavioral/emotional functioning
    - iii. Assess psycho-social functioning
      1. School
      2. Family
      3. Social
  - c. Assess level of intervention needed and make appropriate referral if needed, including:
    - i. PRN in Keto clinic
    - ii. Regularly in Keto clinic
    - iii. On-going psychotherapy in local community
    - iv. On-going psychotherapy in Psychiatry and Behavioral health
  - d. Conduct Annual screening.

6. Provide timely feedback to referral source
  - a. Verbal (immediate)
  - b. Written (EHR)
    - i. Use integrated behavioral health care macro

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