**To register for the 2012 Clinician Educator Showcase, please complete this form and email it to the event coordinator, Jeanie Knox Houtsinger, at** [**knoxjv@upmc.edu**](mailto:knoxjv@upmc.edu) **no later than August 31, 2012. She will also be happy to answer any questions you have regarding this event. Registrants will receive an email by September 21, 2012 with their breakout session assignments and the location of their breakout sessions.**

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| **GENERAL INFORMATION** | | |
| **Last Name/Degree(s)** | **First Name** | |
| **Position Title** | **Clinical Program** | |
| **Email Address** | **Telephone Number** | |
| **PLEASE SELECT A LUNCH** | | |
| **We are providing a boxed lunch (consisting of a sandwich, drink, and snack) to all registrants. Please choose from the following options and put an ‘X’ next to your sandwich selection below:**  **( ) Tuna Salad ( ) Roast Beef ( ) Grilled Vegetable** | | |
| **PLENARY SESSIONS (12:00PM – 1:30PM)** | | |
| **Registrants will automatically be signed up to attend the following three plenary sessions. However, you must register for breakout sessions on the following page of this form.** | | |
| **Plenary I Early Access to Integrated Behavioral Health Services in the Pediatric Medical Home – Western Psychiatric Institute and Clinic of UPMC, Children’s Hospital of Pittsburgh of UPMC and Children’s Community (Presenter: Abigail Schlesinger MD)**  **Brief description:** The Children’s Community Pediatrics (CCP) Behavioral Health program is a collaborative effort between pediatricians, licensed clinical social workers, psychologists and psychiatrists to provide timely access to high-quality, empirically supported behavioral health assessments, behavioral interventions, and psychiatric interventions to children and families in an integrated model of care provided within the pediatric primary care office. Mental health concerns are among the top five conditions impacting children and youth. A dearth of healthcare practitioners comfortable with the diagnosis and treatment of childhood mental health conditions, in combination with a cultural and regulatory differences between the medical and mental health fields, often leads to delay in identification and treatment of behavioral health conditions. Early identification and treatment of common and disabling behavioral health problems have been recommended by national organizations, but implementation of procedures to improve recognition has been limited. Identification early in the course of a disorder should lead to improved outcomes, but an improved system of support for the proactive primary care diagnosis and treatment for children and adolescents is necessary in order to improve access to evidence-based interventions. In the period leading up to the initiation of our service, families were presenting frequently to pediatricians with behavioral concerns, evidence was increasing that favorable evidence-based treatments existed, but pediatric primary care providers were less likely to feel comfortable diagnosing and treating these conditions. This program and the services delivered have been integrated from initial design to full implementation. The senior leadership of three health service organizations (pediatrician’s offices, psychiatry, and a counseling center) came together to develop a model of care where children could receive behavioral health and medical service under one roof, with familiar and trusted practitioners and be able to access empirically supported interventions. The integrated service completed more than 12,000 behavioral health visits in 2011, an increase of more than 20% over the prior year. Show rates for behavioral health visits at integrated sites were 90% in 2011 compared to national norms of 50%-70% for standalone community-based behavioral health clinics. In 2011, pediatricians at participating practices were provided a four-part lecture series on “Internalizing Disorders in Pediatric Primary Care.” The group of 31 practices documented a 50% increase in the use of evidence-based behavioral health interventions by primary care providers. Thus the integration effort not only has increased and simplified access for families, it has increased the breadth and quality of the care provided directly by pediatricians. | | |
| **Plenary II Overcoming Challenges Associated with the Application of Recovery Principles in the Care of Individuals with Acute and Chronic Mental Illness (Presenter: Michael Marcsisin MD)**  **Brief Description:** Over the course of the last decade, many state and national governments have attempted to incorporate principles of the Recovery movement into the care of those with acute and chronic mental illnesses.  Recovery emphasizes that people with mental illnesses can and do recover from their illnesses and are able to lead successful lives in the community.  In Pennsylvania, Recovery-oriented policies have sought to change the nature of mental health services by shifting resources away from institutional to community settings and by encouraging individuals with mental illnesses to develop the skills, relationships, and coping strategies necessary to live successfully in the community.  While such Recovery-oriented policies have helped to reintegrate many individuals with mental illnesses into their local communities, many others have struggled with this transition.  Significant challenges remain in developing state and community mental health services that are capable of addressing the needs of individuals with mental illnesses and meeting the goals of the Recovery movement. | | |
| **Plenary III Physician Advisors as Agents for Health Care Change (Presenter: Jamie Tew MD)**  **Brief description:** US Healthcare costs have increased rapidly over the past 50 years, far outpacing the growth rate of the US Economy. As government and private payers seek to cut back on unsustainable rates of utilization, our hospitals and clinical staff must find new ways to deliver essential, high-quality services that is efficient and sustainable. Clinicians must lead this culture change effort. In recent years, a new role has emerged in hospital settings: the Physician Advisor. Physician Advisors are typically Administrator/Clinician/Educator faculty who 1) provide education on trends in healthcare reimbursement, 2) assist clinical treatment teams in understanding and responding to changing incentives, 3) tracking quality and efficiency, 4) serve as a liaison between clinical providers, hospital finance, the payer community, and hospital leadership to develop new, sustainable models of care. | | |
| **REGISTER FOR BREAKOUT SESSIONS I AND II** | | |
| **We will be offering two sets of breakout sessions as part of this event. Please indicate your 1st, 2nd, and 3rd choice for Breakout Session I and your 1st, 2nd, and 3rd choice for Breakout Session II. We will do our best to assign you to your 1st choice, but it is possible based on the number of slots available in each breakout session that you may be assigned to your 2nd or 3rd choice for Session I or Session II.** | | |
| **BREAKOUT SESSION I (1:30PM-2:20PM)** | | **Rank by Choice**  **(#1 #2 #3)** |
| **Session 1-A Career Development (Session Chair: Lalith Solai MD)**  **Other Session Faculty:** Mark Miller MD, Holly Swartz MD, Karen Matthews PhD and Michael Travis MD (Discussants)  **Brief Description:** The objective of the session is to discuss the career trajectories of academic psychiatrists whose work is focused on clinical and/or educational contributions to the mission of the Department of Psychiatry and to the field of psychiatry more broadly.   Among the issues that will be discussed are milestones in faculty development, creation of unique missions within the department, particular sources of work satisfaction, and barriers to meeting career goals and ways to overcome them.  Dr. Matthews will comment on how these experiences and accomplishments fit into the formal process for academic promotion.   The audience will have the opportunity to ask panelists specific questions, in addition to those asked by the session leader/moderator, Dr. Solai. | |  |
| **Session 1-B Bridging Clinical Innovation with Evidence-based Practice: Do We Need More Bridges in Pittsburgh? (Session Chair: Kenneth Nash MD MMM)**  **Other Session Faculty:** Rasim Somer Diler MD (Presenter); David Axelson MD, Jennifer Beckjord PsyD, Lisa Maccarelli PhD, Elizabeth McCabe PhD and Kimberly Owens DrPH MSN (Discussants)  **Brief Description:** Using the inpatient treatment track for adolescents diagnosed with bipolar disorder as an exemplar, this session will review some of the challenges, surprises, and successes encountered in the process of establishing an evidence-based protocolized treatment program. A brief description of the bipolar program will be presented followed by a more in-depth discussion of the conceptualization-to-implementation process. A framework for developing, implementing, and evaluating clinical innovations will be presented. Participants will be encouraged to discuss their ideas for clinical innovations with a panel of clinical and administrative consultants to address issues related to feasibility, obstacles, and resources, and generate steps to successful implementation. | |  |
| **Session 1-C DSM-5: Implications and Controversies (Session Chair: Ellen Frank PhD)**  **Session Faculty:** Boris Birmaher MD and Marsha Marcus PhD (Presenters and Discussants)  **Brief Description:** Since the DSM-5 will be published in 2013, the need to review potential implications for changes in clinical assessment and the teaching of assessment is an important issue.  This session will introduce several of the key components of potential changes in DSM-5, particularly in mood disorders as seen in both children and adults and eating disorders. Additional sessions on other topics will be presented in similar sessions later in the academic year. The goals of the session are to: 1) Provide participants with the basic change in approaches for DSM-5 and 2) Explore examples in mood and eating disorders to illustrate the implications of DSM-5 changes. | |  |
| **BREAKOUT SESSION II (2:40PM-3:30PM)** | | **Rank by Choice**  **(#1 #2 #3)** |
| **Session 2-A Great Communication: Effective Feedback Workshop + Cheap & Easy Educational Video Production (Session Chairs: Neal Ryan MD and Amy Shanahan)**  **Session Faculty:** Jason Rosenstock MD and Michael Travis MD (Presenters and Discussants)  **Brief Description:** This session is comprised of two components. First, session faculty will conduct a short workshop on delivering effective feedback to trainees.  Delivering feedback that is correctly targeted to the individual and maximally effective is a skill that can be improved and is vital to our mission.  The workshop will include role-playing and short scenarios like those we all face when handling this challenging task. Next, there will be a demonstration of computer methods to make economical educational videos for in-house use.   More and more we need to provide effective education to our faculty, staff, and trainees, especially for those who cannot attend particular classes.  With modern software and computer hardware, video of a quality suitable for in-house use can now be made economically and rapidly. | |  |
| **Session 2-B Enhancing Patient Engagement through Improving Patients Perceptions of the Processes of Care - Turns Out It Is Rocket Science (Session Chair: Frank Ghinassi PhD ABPP)**  **Other Session Faculty:** Elizabeth McCabe PhD (Presenter); Ellie Medved RN MSN, Bob Miller MS MT-BC, Kenneth Nash MD, MMM Kimberly Owens DrPH MSN, Nancy Rued MA DTR-BC and Stacy Simon MD (Discussants)  **Brief Description:** Patient/Consumer perceptions of care processes are key elements in ensuring patient/consumer engagement in collaborative treatment services. Moreover, this patient/consumer engagement is a critical component in treatment with retention, active participation, and then the attainment of positive outcomes. Consistent with the recovery movement, and with a collaborative approach to treatment planning inclusive of patient/consumer strengths, goals and priorities, this break out session will focus on a presentation of and a rich discussion about the implementation of several focused attempts to improve the patient/consumer’s experience of the care process,  to enhance the likelihood of successful engagement and retention, and  improve both symptom reduction and functional improvement in day to day life responsibilities and activities. | |  |
| **Session 2-C Integrating Behavioral Health into the Medical Center (Session Chair: Martin Lubetsky MD)**  **Session Faculty:** Abigail Schlesinger MD, Kevin Patterson MD and Lalith Solai MD (Presenters and Discussants)  **Brief Description:** The Children’s Community Pediatrics (CCP) Behavioral Health program is a collaborative effort between pediatricians, licensed clinical social workers, psychologists and psychiatrists to provide timely access to high-quality, empirically supported behavioral health assessments, behavioral interventions, and psychiatric interventions to children and families in an integrated model of care provided within the pediatric primary care office. Presenters will provide an overview of three programs, comparing and contrasting the similarities, unique qualities/ differences, and challenges and the strategies that were implemented to address them. This session will include presentations and lessons learned from three programs (Behavioral Health in Pediatrics, Benedum Geriatrics and the University of Pittsburgh Cancer Institute). | |  |