

# eNewsBrief

A bi-monthly newsletter brought to you by the CL SIG

VOL. 2, ISSUE 1

FEBRUARY 2017

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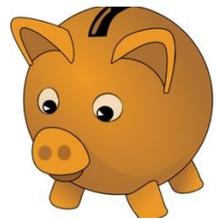
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## Training Treats

### [What I wish I knew \(and others had told me\) before beginning my Peds CL experience: Wise words from trainees who have been there](#)

- Flexibility and Thinking on Your Feet:** “Don’t expect structure or routine! Feast or famine characterizes the pace of consult referrals. Be ready to be flexible. Finding times throughout the day that your patient is not asleep, receiving treatment, or when caregivers are present is half the battle. Patient presentations, settings, and difficulties vary considerably and demand therapy that can be modified to fit the context.” \* “Remember that your first visit with a patient may be your *only* visit.... (T)he first visit during traditional therapy is often just information gathering, with little to no treatment. With CL work you need to gather info, synthesize, and provide treatment before you leave the room.” \* “Be prepared for formulation to change throughout treatment. I am thinking of a child where the medical team had formulated the case as factitious-by-proxy, which was abandoned abruptly when it was found that the child had a rare form of cancer that had been missed.” \* “Embrace the unexpected. You never know what your day will look like but it likely will be fun.”
- Your General Clinical Skills Will Serve You Well:** “All of the clinical skills you have learned thus far in graduate school and practica will apply in the hospital. At the end of the day these are just kids/adolescents in a different setting than you’re used to. Don’t be intimidated!” \* “I was honestly surprised by how much the other providers (MDs, nurses, social workers, everyone) appreciated my input. As this became more and more clear, I certainly gained confidence to speak up during rounds and other group meetings.” \* “Your general clinical skills set will most definitely set you up for success in the hospital. In fact, my experience taught me that psychology, as a discipline, was often well received even by the most skeptical patients. I attributed this phenomenon in large part to the common factors that we learn to utilize in treatment as well as the amount of time that we spend gathering information and/or intervening, which often exceeds that which other disciplines are able to dedicate to a single patient interaction.... Never, ever, underestimate the powerful impact that a listening mindful ear and unconditional positive regard can have in a world where patients have grown accustomed to the round robin approach.”
- Be Patient and Persistent in Learning Medical Terminology and Hospital Dynamics:** “Don’t be intimidated by medical jargon; with time, you will learn the important terminology and concepts. We are not trying to be junior physicians. Our psychological skills are unique and valued.” \* “Ask questions; don’t hesitate to ask questions, as that is at times the only way that you will learn and gain full understanding.”
- Importance of Documentation:** “Your EMR note is often the most salient form of communication with the medical team. Be brief but concise and thorough. Make your formulation clear and explicit. Be sure to put the most important stuff in your impressions/recommendations section; that’s what most people will read first, and they may stop there. You can use bold fonts to emphasize important points, but don’t overdo it!” \* “Do your EMR notes as soon as possible so you don’t confuse patients and information after a busy day of consults.”
- Mind Your Professional Demeanor:** “Follow the 3 D’s of CL: Diplomacy, Diplomacy, DIPLOMACY! Be nice to nurses, social workers, and Child Life specialists – they often end up being your best friends on the medical team.” \* “Be seen. Stop by the nursing station. Write notes in the charting and workrooms where the trainees and staff hang out. Build rapport with other medical professionals.” \* “Selling the service to ‘non-believers’ of psychosocial interventions in a medical setting can be challenging. It is also a challenge to stay connected to the other health care professionals when your office is not in the same shared-space as theirs.”

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## What I wish I knew cont:

6. **Advocacy and Follow Up:** “We are often our patients' best advocates and, at times, their only ally. Follow up with your patients and their families, in and out of the hospital, and provide contact information for the future.” \* “Know the resources in your area to best help your patients.”
7. **Be Innovative and Creative:** “Think outside of the box and be creative in your provision of patient care.” \* “Biofeedback can be one your best friends.”
8. **Time and Workflow Management:** “Working around doctors or other medical providers schedules/procedures is a challenge. Bring something with you so you can avoid conflict/utilize time appropriately. Time management is important so that you retain enough time for the intensive cases, e.g., cases on involved intervention protocols. Make your goals meet the time you can devote.” \* “Work life balance...hospitals are 24/7/365 organizations. Being able to set boundaries to protect our self-care time while serving the needs of the patients. Specifically, I am thinking about the challenges presented when high need/demand patients (e.g., eating/feeding disorder, new onset DM1) are admitted late on a Friday afternoon and are being rushed out the door Monday after a full day of services only available during the work week verses the children who are admitted on a Monday and could have been seen by psychology multiple times over the course of their stay.” \* “Walk fast!”
9. **Know Your Audience and Role and Be Prepared!:** “Learn and apply the 6 C's of Consultation (Crisis, Coping, Compliance, Communication, Collaboration, Changing Systems). Bring helpful items with you such as notebook, brochures, forms and handouts, and a referral list with phone numbers and addresses. Always check the patient chart for updates (and possible room changes) before you go in the room.” \* “You will be interacting with other professionals from multiple disciplines, most of whom will approach the presenting problems from a perspective that markedly differs from yours as a psychologist. When communicating treatment plans to other disciplines, be sure you are using language that will be meaningful to the individual you are speaking to...part of knowing your audience... will involve formulating concise treatment plans that you can communicate meaningfully in a short period of time. Consider challenging yourself to come up with discussion points that you would be capable of communicating in a brief elevator ride with a colleague you happen to catch in the hall.” \* “From the patient perspective, knowing your audience will also mean considering the challenges and unique opportunities endemic to working with the populations you will encounter on inpatient medical units. Both a difficult task at times and a privilege, you will have access to patient populations that would not otherwise make it into an outpatient psychology clinic. Be prepared to *sell* your service in a way that is meaningful to patients who may not have requested the consult. Do not take lightly the impact that a single positive interaction with a psychologist can have on a patient's and parent's beliefs/expectations about mental health treatment.”
10. **Work as a Team:** “Be sure to communicate and coordinate with all the members of your CL team, ancillary hospital services (Child Life, Social Work, Palliative Care, Chaplaincy, etc.), and the medical team.” \* “*Always* talk to nursing and a member of the medical team before seeing a patient so that you can get all relevant information and find out exactly what they want you to do or help with, i.e., define the problem in an answerable way.”

## **Thanks to the following trainee and former trainee contributors:**

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## Conference Corner

### SPPAC 2017 – March 30-April 1 in Portland, Oregon

#### CL SIG SPPAC 2017 Poster Awards

The SIG will be giving awards to outstanding posters featuring research in the area of C/L psychology. Winner(s) of the C/L SIG Poster Awards will be acknowledged at the SIG business meeting during SPPAC. **Eligibility:** You must be a member of the C/L SIG with a poster on the topic of C/L accepted for presentation at SPPAC 2017. If you have multiple first author posters scheduled for presentation at this conference, you may submit all for consideration but will only be eligible for one award. Students are especially encouraged to apply!

#### Mentor-Mentee Meeting

We will be having an informal gathering of mentor-mentee pairs during one of the breakfasts or breaks at SPPAC 2017 in Portland. This will give mentor-mentee pairs a chance to interact face to face. Additional information on date, time, and location to follow. We look forward to seeing all of pairs there! Please feel free to contact CL SIG Student Representative, [Gillian Mayersohn, M.S.](#) with any questions.

#### SIG Business Meeting

The 2017 CL SIG meeting is scheduled to take place on **Thursday, March 30th from 11:30 AM until 1:00 PM.** \*\*Please note the starting time is listed incorrectly for 12:30 PM on the SPPAC website. \*\* All SIG meetings will occur prior to the Opening Reception and Poster Session, so we hope you will come early to connect and engage with your CL colleagues! We are taking the longer time-slot we have been allotted this year to brainstorm and initiate the next collaborative CL SIG project(s) to launch in 2017. In preparation, CL SIG members who have engaged in multi-site projects will host round-table discussions about the mechanics, benefits, and stumbling blocks they experienced in implementing collaborative research and practice projects. Among the examples of cross-site projects CL SIG members have embarked upon are the survey of CL practices, brochures developed and available on the Resource Bank relevant to CL practice, and the collaboration on the Coping Club website hosted at Norton Children's Hospital. Ideas and knowledge generated from these discussions will guide our efforts in identifying the CL collaborative project(s) on the horizon along with a rough work-plan to initiate the process. A short business segment will preface the working portion of our meeting. Please come prepared to engage and work! Questions may be directed to our CL SIG co-chairs, [Chrissy Cammarata, Ph.D., ABPP](#) or [Courtney Fleisher, Ph.D., ABPP](#).

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## Announcements

#### Submission for SPPAC Poster Awards

Please forward a copy of your accepted poster abstract to [Megan Shelton, Ph.D.](#) by **February 28, 2017.**

#### Leadership Team Position Replacements

Terms of several members of the leadership team will end at the SPPAC 2017 business meeting. We are currently accepting nomination for the next Co-Chair, Secretary & Membership Coordinator, and Research, Intervention, and Outcomes Committee Co-Chair. Please send nominations to [Courtney Fleisher, Ph.D., ABPP](#) and [Chrissy Cammarata, Ph.D., ABPP](#) by **February 28, 2017.** The SIG membership will vote the new leaders into office at the SIG business meeting in Portland.

#### Mentorship Program at SPPAC

Don't forget to contact CL SIG Student Representative, [Gillian Mayersohn, M.S.](#) if you will be at SPPAC 2017 and want to meet with your mentor!

#### Kaleb's Coping Tool Project

Kaleb, an 11-year-old with Burkitt's Lymphoma, would like to invite pediatric psychologists across the country (and beyond!) to have their patient's view his video (<https://player.vimeo.com/video/198436539>) and consider adding their personal coping tools to help him reach his goal of "getting 100 different coping tools for kids who are sick and have to be in the hospital." You can record your videos on any device (smartphone, tablet, camera, etc.) as long as it can be converted to .m4v or .mov format, where it will be placed on the [Coping Club](#) website. Submitted videos will get a "fancy edit," including inserting your hospital's logo, before being added to Kaleb's collection. You can use your institution's video consent form or contact Bryan Carter, Ph.D. for a copy of Norton Children's Hospital consent form. For more information contact [Bryan Carter, Ph.D.](#)

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## Resource Bank Highlights

The *Pediatric Psychology Resource Bank* website was created for pediatric psychologists to share and access various user-friendly resources that can be used in their day-to-day professional lives in conducting clinical and research activities in a variety of pediatric healthcare settings. While the *Resource Bank* website was established and sponsored by the Div54 Pediatric Consultation-Liaison Special Interest Group (Peds CL SIG), it is intended for use by all Division 54 members and the content is not restricted to applications in CL settings. Additionally, the website was established as a platform for sharing among professionals of materials that support the clinical, teaching, training, research, professional and business aspects of our specialization. Resource material posted on the website include the following: Assessment Instruments; Intervention Protocols; Digital Resources; Quality Improvement Procedures and Measures; Business of Practice Information; Forms and Documents; Practice/Advocacy Materials; and Training Protocols.

For a video tour of the *Pediatric Psychology Resource Bank* website and information about becoming a subscriber, click on the link below:

<https://player.vimeo.com/video/199885101>



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## PEDIATRIC CONSULTATION LIAISON

Division 54 SPP Special Interest Group

Next edition: March 2017