Preventing and Managing Metabolic Syndrome among the Seriously Mentally Ill Mini-Elective
Spring 2010

Course Dates: February 1, 8, 15, March 8
Mondays, 1:00-4:00 PM

Maximum Students: 8

Class Year: MS2

Course Director: Jason Rosenstock, MD
Director, Medical Student Education
Department of Psychiatry

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Description:
This 6-week mini-elective will help students begin applying behavioral medicine principles and practices to help real patients improve their lives. Following a series of three expert-led didactic sessions (weight management, diabetes prevention, and motivational interviewing) with heavy emphasis on practical skill training, students will be assigned a patient with a serious and persistent mental illness who is working on behavior change as a way of preventing or managing metabolic syndrome. Students will provide individualized lifestyle coaching for two sessions, with faculty supervision, collaboration with primary health providers, and assessment of outcomes.

Objectives:
• Appreciate the importance of comorbidity of psychiatry and general medical conditions
• Understand basic principles and specific techniques for fostering behavior change
• Learn how to collaborate effectively with health practitioners from different disciplines
• Increase self-efficacy with respect to the treatment of chronically ill patients
• Feel more optimistic about the role/efficacy of behavior change in medicine

Requirements:
• Participate actively in all course sessions
• Read assignments
• Complete course evaluations
Course Outline:
Preventing and Managing Metabolic Syndrome among the Seriously Mentally Ill

Course Director:
Jason Rosenstock, MD
Assistant Professor of Psychiatry
Director, Medical Student Education
Western Psychiatric Institute and Clinic

Participating Faculty:
Melissa Kalarchian, PhD
Assistant Professor of Psychiatry

Bruce Rollman, MD, MPH
Associate Professor of Medicine and Psychiatry

Allan M. Zuckoff, PhD
Assistant Professor of Psychiatry

Linda Siminario, RN, PhD, CDE
Assistant Professor of Medicine and Nursing
Director, Diabetes Institute

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Location:
All sessions
Oxford Building (3501 Forbes Avenue)
6th floor conference room (Suite 650)

Course Outline:
Week 1: February 1, 2010

1:00p-1:15p Course Overview
--Jason Rosenstock

1:15p-2:45p Introduction to Metabolic Syndrome: Diabetes Prevention and Management
--Linda Siminario

2:45p-3:15p Tour of 3501 Forbes

Metabolic syndrome, including obesity, type 2 diabetes, and hyperlipidemia—is commonly seen in the SPMI population, occurring with a prevalence greater than national rates. SPMI patients tend to have less knowledge about these general medical conditions and tend to receive inadequate primary care interventions to address these problems. In week 1 of this mini-elective, students will receive didactic sessions on metabolic syndrome, with a focus on diabetes prevention, emphasizing skills that the physician can use to help patients with behavior change. We will also take a tour of the facility housing the programs of SRRSMI (Services and Research for the Recovery of Serious Mental Illness), orienting students to staff, resources, and space that will be useful in the coming weeks.

Week 2: February 8, 2010

1:00p-2:00p Observing Group Therapy (half)
Patient/Preceptor Assignments (half)

2:00p-3:30p Weight Management: Diet, Nutrition, Exercise
--Melissa Kalarchian
In week 2, half the students will observe a group therapy session, exploring how behavior change is attempted in standard programming and meeting potential clients. The other half will get patient and preceptor assignments and take the initial steps to set up meetings and develop a basic “teaching plan” to organize the individual counseling sessions. All students will then train on weight management techniques that can be useful for patients: diet, nutrition, and exercise strategies.

Students will then take part in a practicum on motivational interviewing (MI), with an emphasis on specific techniques and approaches geared towards a psychiatrically-ill population. After the MI workshop, students will meet with faculty preceptors and get patient assignments. For homework, students will be asked 1) to develop a basic “teaching plan” that would be used to organize the following week’s individual counseling sessions, and 2) schedule time to meet with patients and preceptors.

Week 3: February 15, 2010
1:00p-2:00p Observing Group Therapy (half)
Patient/Preceptor Assignments (half)
2:00p-4:00p Behavior Change: Motivational Interviewing
    --Allan Zuckoff

In week 3, half the students will observe a group therapy session, exploring how behavior change is attempted in standard programming and meeting potential clients. The other half will get patient and preceptor assignments and take the initial steps to set up meetings and develop a basic “teaching plan” to organize the individual counseling sessions. All students will then take part in a practicum on motivational interviewing (MI), with an emphasis on specific techniques and approaches geared towards a psychiatrically-ill population.

Weeks 4-5
Flexible scheduling of individual coaching sessions and faculty supervision

Students will do two individual sessions with each patient, 30-60 minutes each, focusing on goal-setting and then follow-through (practice, specific techniques, etc.), with supervision by faculty preceptors for about 30 minutes each week. Students will help individual patients develop appropriate treatment plans based on a review of their metabolic risk factors, using MI, materials, incentives (e.g., gift cards), and equipment (e.g., pedometers) to help them achieve patient-specific goals. These goals will then be communicated back to the existing psychiatrist, therapist, and primary care physician in the form of a specific treatment plan created by the student with the patient. On March 16, we will have a final wrap-up session for all students and faculty.

Week 6: March 8, 2010
1:00p-3:00p Wrap-Up: Case Review and Concept Synthesis

Reading:

- R Ganguli, “Metabolic disturbances associated with antipsychotic medication: effects on body weight, diabetes, and cardiovascular disease risk in schizophrenia,” publication pending.
- S Dunn and S Rollnick, Lifestyle Change (2003)