

LOUIS STOKES CLEVELAND DVA MEDICAL CENTER
Psychology Postdoctoral Fellowship Program with Special Populations

The Louis Stokes Cleveland DVA Medical Center is offering postdoctoral fellowships in Clinical Psychology with two separate emphasis areas: (1) Geropsychology and (2) Psychosocial Rehabilitation with the Seriously Mentally Ill. The one-year postdoctoral Fellowship program's mission is to provide depth of training for advanced competence in the emphasis areas of geropsychology and psychosocial rehabilitation with severely mentally ill veterans.

I. BACKGROUND STATEMENT

The Louis Stokes Cleveland DVA Medical Center (LSCDVAMC), a consolidated facility, is one of the most diverse and comprehensive affiliated healthcare delivery systems within the Veterans Healthcare Administration. Treatment and rehabilitation centers include a large urban healthcare facility (the Wade Park Campus), a large suburban behavioral health and long-term care facility (the Brecksville Campus), and thirteen Community-Based Outpatient Clinics (CBOC). The Fellows' training would take place at the two central campuses. The Wade Park campus offers a broad range of primary, secondary and tertiary medical, surgical, and psychiatric services. These include primary care and geriatric clinics, pain clinic, women's health clinic, cardiothoracic surgery, renal dialysis unit, neurology, CT and MRI, and inpatient and outpatient mental health services. Our Brecksville Campus provides a full range of long-term psychiatric, rehabilitation, substance abuse, and extended care (nursing home) services. The LSCDVAMC is affiliated with the Case Western Reserve University School of Medicine, and is heavily invested in the training of professionals in health care and in basic and applied research. The psychology discipline, through the office of the ACOS/Education, also maintains current affiliations with 24 APA-accredited psychology training programs. In addition to psychology interns, medical residents and students, as well as over 1000 students in the healthcare professions, are trained yearly, affording frequent regular opportunities for interdisciplinary experiences.

The LSCDVAMC continuum of care for geriatric and mental health populations is depicted in *Appendix X, Table X*. The specific clinical training settings (rotations) are highlighted in the table, and are fully described below.

Psychology at the LSCDVAMC:

The Medical Center is organized into Service Lines, with many mental health programs clustered in Psychiatry and the Mental Health Care Line (MHCL), and its Divisions of General Mental Health, Substance Abuse, Post-Traumatic Stress Disorder, and the Comprehensive Homeless Center. 'Traditional' in- and outpatient care is provided by our Psychiatry Service in close concert with the MHCL. There are 37 professional psychologists who provide comprehensive services to veterans and their families in the MHCL, Psychiatry, and other Service Lines throughout the Medical Center. They serve as members of interdisciplinary treatment teams in psychiatric care, as consulting and unit psychologists in specialized medical units, and as coordinators or program managers of a number of interdisciplinary in- and outpatient programs. Two psychologists are Division Managers within the MHCL. In addition to clinical and administrative duties, psychologists are also actively involved in training and research. Thus,

there are a wide range of professional activities in which Fellows may engage and a large, diverse, and experienced staff with whom to interact. Discipline-specific professional activities, such as training programs, credentialing and privileging, and peer review, are under the aegis of the Professional Chief Psychologist. The Director of Psychology Training manages the day to day features of the Psychology Internship Program and the Postdoctoral Psychology Fellowship. He is chair of the Station Psychology Training Committee that oversees policymaking and program development and evaluation.

Psychology Training Programs:

There is a 42-year history of psychology training at this facility. We were competitively awarded a Geropsychology Postdoctoral Fellowship in 1993-1994 and 8 Fellows successfully completed the program until it ended in 2000. Each year, we had an ample number of applicants (between 9 and 20) for the one Fellowship position. In 1985, we were also funded for an NIMH Postdoctoral Traineeship in Geriatric Mental Health (Psychology). Our longstanding Psychology Internship Program is, of course, accredited by APA. We have had a geropsychology track in the internship since 1982 (special funding for a Geriatric Psychology Intern from FY 86 through FY 92) and currently have a geriatric predoctoral intern slot funded by GRECC.

Psychology Educational Opportunities:

The Mental Health Care Line is approved as a sponsor of continuing education by the American Psychological Association and has conducted both discipline-specific and interdisciplinary programs in areas such as Stress Management, Competency Assessment (utilizing VA Practice Guidelines), Senile Dementia, Assessment of Memory, the Perspective of the Seriously Mentally Ill Individual, New APA Ethical Standards, and a variety of SMI and geropsychology topics. Psychology conducts two, two-hour educational seminars each week attended by interns and at a level suitable for Fellow and staff continuing education. A large number of these seminars are on topics relevant to geropsychology and services for the severely mentally ill, some of them presented as mini-courses for added depth. The Medical Center also offers a vast variety of other relevant presentations, such as the weekly Psychiatry Service/MHCL Grand Rounds at Brecksville and a weekly Geriatric Medicine Series at Wade Park.

II. FELLOWSHIP PROGRAM DESCRIPTION

Goals and Objectives:

The goal of the Fellowship is to provide an intensive and extensive core of specialized expertise in clinical work with the relevant populations, including assessment, intervention, consultation, interdisciplinary team experience, and scholarly and research activities. Fellows should already possess the journeyman level of competence in basic skills. The Fellowship seeks to extend and deepen these skills, as well as affording the Fellows the opportunity to solidify their emerging professional identities. This is actualized by specifying *Common Competencies* for both Fellows participating in the program, as well as *Specific Competencies* for each Fellow relevant to the training emphasis. Attainment of these competencies constitutes the training objectives.

The *Common Competencies* are:

1. Demonstrate advanced competence in holistic diagnostic and psychosocial evaluations.

2. Demonstrate skills in comprehensive evaluation of family and social support systems.
3. Utilize knowledge of life-span development, growth, and aging to develop and provide psychoeducational, psychotherapeutic, and rehabilitative interventions appropriate to client need.
4. Gain experience in evaluation of functional capacities relative to legal competencies.
5. Deepen research and program development/evaluation skills.
6. Demonstrate understanding of ethnic and cultural diversity factors, including their impact on consumer strengths, needs, barriers, and preferences.
7. Demonstrate competence in rapid psychological assessment, utilizing culture-fair and ecologically valid instruments.
8. Demonstrate competence in communicating/teaching knowledge to peers and students.

Specific Competencies for the Fellow in Geropsychology:

1. Effectively clarify differential diagnosis between mood disorders, delirium, the different types of dementia, psychosis, and medical problems which mimic psychiatric disorders.
2. Learn to make treatment recommendations relevant to the elderly based on diagnoses, social context, and medical condition, and to facilitate the employment of these recommendations by patients, staff, families and caregivers.
3. Develop or enhance individual, couples and family psychotherapy skills relevant to the elderly, including interventions to help cope with dementia, loss, grief, end-of-life issues, post-traumatic stress issues, change of residence, behavior problems, and loss of driving privileges.

Specific Competencies for the Fellow in Psychosocial Rehabilitation with Severely Mentally Ill Veterans:

1. Demonstrate competence in rehabilitation case facilitation, including evaluation, rehabilitation planning, psychosocial intervention, and evaluation of outcomes across the continuum of care.
2. Acquire or deepen vocational assessment and counseling skills relevant to a severely mentally ill population.
3. Demonstrate competence in differential diagnosis of psychotic spectrum conditions utilizing traditional psychological assessment techniques.

Graphic representation of the curricula is in *Appendix X, Table X*.

Curriculum:

GEROPSYCHOLOGY FOCUS: The Fellow participates in year-long ongoing involvement in core clinical training (24 hours weekly) in the Geriatric Evaluation and Management Unit (12 hours) and the Geriatric Outpatient Clinic (12 hours). The Fellow selects one 12-month, or two 6-month, optional rotations (8 hours weekly). These rotations also include teaching, scholarly and supervisory activities. In addition, there is an eight-hour weekly year-long research component spent developing a research project with a definable work product.

A. Geriatric Evaluation and Management (GEM) Unit (12 hours/week)

This is a 12-bed inpatient unit at the Wade Park campus that provides, for patients referred from acute care areas, thorough diagnostic assessment, therapy, rehabilitation and discharge planning

for conditions such as change in mental status, dementia, inability to perform activities of daily living, and various medical conditions. Goals include improvement of medical and functional status, strengthening of social supports, and facilitating the least restrictive placement which adequately addresses the patients' needs. This unit received a Program of Excellence Award for the high quality of care dedicated to the geriatric veterans. The Fellow is involved in the following activities:

1. New patient assessment including mental status, organic screening, substance use, history, functional status, neuropsychological screening, personality evaluation, and assessment for psychiatric illness.
2. GEM multidisciplinary weekly team meeting with physicians, nurses, the social worker, the psychologist, the dietician, rehabilitation medicine therapists, the clinical pharmacist, Doctor of Pharmacy residents, the geriatric podiatry fellow, social work interns, and interns in dietary/nutrition.
3. GEM multidisciplinary weekly teaching rounds with a geriatrician.
4. Ongoing direct patient care including supportive and goal-oriented psychotherapy with patients, spouses, families and caregivers.
5. Consultation with nursing and medical staff to educate and develop interventions around behavioral and patient management issues.
6. Capacity evaluations and completion of Statement of Expert Evaluation forms for competency hearings as needed.
7. Attend multidisciplinary family meetings to facilitate family understanding of patient limitations and difficulties, provide feedback regarding interventions and level of care, and support the patients and their families as they cope with disability and impairment.
8. Develop and facilitate treatment and discharge plans as a member of the multidisciplinary team.

B. Geriatric Outpatient Clinic (12 hours/week)

The Geriatric Outpatient Clinic provides multidisciplinary assessment and primary care for an ethnically diverse population of veterans over 70 years of age. Evaluations of medical, cognitive, psychological and physical function of elderly and frail patients, many who are medically complex, cognitively impaired, psychiatrically disordered, and functionally impaired, are performed daily. The clinic works to manage these patients closely, assist the patients and their families, and facilitate use of VA and community resources. The Fellow is involved in the following activities:

1. Psychological evaluation of new patients including clinical interview, cognitive and psychological screening, history, and interview with the spouse, family or caregiver.
2. Multidisciplinary staffing of new patients to develop a treatment plan.
3. Ongoing psychological interventions including individual, couple's and family therapy; management of behavior problems; neuropsychological screenings; and personality assessment.
4. Capacity evaluations and completion of Statement of Expert Evaluation forms for competency hearings as needed.
5. Consultation and treatment of patients who develop emotional or cognitive difficulties once in the clinic.
6. AIMS testing for patients on psychotropic medications.

C. Research (8 hours/week)

The Fellow undertakes a clinical or applied research project to be completed during the fellowship year. This may be undertaken on the GEM unit or in the Geriatric Outpatient Clinic, in which a wealth of data has been accrued which may offer opportunity for study, or new intervention projects may be developed. The Fellow may also elect to perform research under the auspices of the GRECC, or to become involved in CWRU or community research centers. There is great opportunity to become involved with research at both Menorah Park and the University Memory and Aging Center (described below).

D. Optional Rotations (8 hours/week; 12-month or 6-month duration)

1. Extended Care Unit: This 195-bed unit provides care to patients needing long-term rehabilitation in order to restore them to optimum level of functioning and to prevent or delay decline. The Fellow assumes assessment, treatment and consultation responsibility. The Fellow is involved in such activities as: new patient assessments including interviews as well as cognitive or personality testing as needed; direct patient care, typically long-term, including therapy to help cope with a variety of problems such as Parkinson's disease, stroke, chronic physically debilitating conditions, and dementia; consultation with staff regarding behavior management and environmental issues; participation in weekly multidisciplinary staff, treatment and discharge planning meetings; and the provision of staff education as needed.
2. The University Memory and Aging Center (UMAC): The UMAC, affiliated with Case Western Reserve University, is designated by the National Institute on Aging as an Alzheimer's Disease Research Center (ADRC). It provides clinical services through the interdisciplinary University Foley ElderHealth Center specializing in the evaluation and medical care of patients with memory disorders and related illnesses. Fellows will conduct neuropsychological consultations and assessments, and psychotherapy with a variety of older adult patients, including those with: normal aging, mild cognitive impairment, Alzheimer's disease, frontal lobe dementia, Parkinson's disease, Lewy Body dementia and other related dementias, psychiatric disorders, and other neurological disorders. Advanced training in clinical neuropsychology is emphasized. In addition, fellows may participate in clinical research involving neuropsychological assessment and clinical drug trials within the ADRC.
3. Neuropsychological Evaluation: Neuropsychological services at the LSCDVAMC are provided by two postdoctorally-trained, ABPP-CN board-certified neuropsychologists. The Fellow may receive training in the evaluation of elderly patients with compromised brain function. The Fellow is involved in neuropsychological consultation for patients in the extended care unit; testing as needed for competency evaluations, often of patients suffering from dementia; report writing; and offering feedback as needed to the patient, family or referral source.
4. Psychiatric Extended Care Unit: This 29-bed inpatient unit serves patients with a psychiatric diagnosis who are either admitted directly or referred from an acute or chronic care unit. Over half the patients are elderly. Typical diagnoses include affective disorders, acute psychosis, change in cognitive status, dementia, diminished functional capacity, and

chronic schizophrenia. The Fellow is involved in: new patient assessment/screening for dementia utilizing history, interview, cognitive screening exams and functional skills assessment; neuropsychological screening/assessment as needed; cognitive-behavioral and supportive psychotherapy as indicated; weekly treatment team planning meetings; and discharge planning.

5. **Bioethics Program:** The LSCDVAMC Bioethics Committee is co-chaired by a psychologist. The Bioethics Program views patient rights and healthcare decision-making from three perspectives: clinical, policy, and education. The Fellow assists patients, families, and staff when there is conflict about treatment decisions, including those related to limitation or withdrawal of life support. Issues commonly addressed include decisional capacity, problems in communicating, surrogacy, and informed consent. Facilitating resolution of staff/family/patient conflict is central to the consultation process. Education and training of physicians, nurses, and other health care providers in basic bioethical principles as well as end of life and informed consent policy and procedures are emphasized. Bioethics Committee participation provides the Fellow with administrative experience in policy development and quality improvement activities as well as the opportunity to do multidisciplinary ethics education and research. An apprenticeship model of training is followed.
6. **Palliative Care Team:** The Palliative Care Team is comprised of a nurse practitioner, psychologist, social worker, geriatrician, and chaplain. Patients are end-stage in their illnesses, most often cancer-related, but may also suffer from end-stage cardiopulmonary, liver or renal disease. End of life pain management is a common referral question. The Fellow is involved in consultation regarding assessment and treatment of anxiety, depression and delirium, as well as competency evaluations, with concomitant questions of healthcare-related decisional capacity, surrogacy, and advanced directives.
7. **The Dementia Project of the Menorah Park Center for Senior Living:** A specialized program of cognitive rehabilitation developed by Cameron Camp, Ph.D., employs learning theory and Montessori/ neuropsychological rehabilitation principles to improve functional abilities in persons with cognitive impairment. The Fellow is involved in the interdisciplinary team of physicians, social workers, physical and occupational therapists, and speech pathologists, and will engage in the following activities: development of specific interventions for participants and residents at the center to improve function; and applied research designing and disseminating interventions to be used in other facilities and environments to enhance the function and quality of life for persons with cognitive impairment.

PSYCHOSOCIAL REHABILITATION WITH SEVERELY MENTALLY ILL VETERANS FOCUS: The Fellow participates in a series of clinical and rehabilitation rotations to maximize both the breadth and depth of training. Optimizing the balance between professional support and consumer independence is a principal dilemma in recovery-oriented service. Our psychosocial rehabilitation programs provide tools for veterans as they progress within the domains of recovery from severe and persistent mental illness: empowerment and education, access to resources, community involvement and support, work and meaningful

activity, and familial and social supports. The Fellowship rotations provide extensive experience across these domains of recovery. The rotations will also include teaching, scholarly and supervisory activities. In addition, there is an eight-hour weekly year-long research component spent developing a research project with a definable work product.

A. Inpatient Psychiatry (24 hours/week; 2-month duration)

The SMI Fellow initially gains intensive treatment and evaluation experience with veterans in an acute phase of illness on a 28-bed general psychiatric admitting unit located at the Wade Park campus. The primary training focus of this rotation is to provide the Fellow with both experience and comfort with the acute phases of psychopathology of severe mental illnesses. This rotation will include diagnostic evaluation of psychopathology and psychosocial issues, rapid assessment training, interdisciplinary care planning, and individual and group psychotherapeutic interventions. The Fellow is involved in the following activities:

1. New patient assessment including mental status, organic screening, substance use, history, functional status, neuropsychological screening, personality evaluation, and assessment for psychiatric illness.
2. Psychological evaluation of new patients including clinical interview, cognitive and psychological screening, history, and interview with the spouse, family or caregiver.
3. Multidisciplinary staffing of new patients to develop a treatment plan.
4. Acute psychological interventions including individual and group psychotherapy, and management of behavior problems.
5. Capacity evaluations for competency hearings and risk assessment for civil commitment hearings, as needed.

B. Day Hospital (24 hours/week; 2-month duration)

The Day Hospital functions in conjunction with the 24-hour general acute admitting unit at the Wade Park campus offering primary crisis intervention and transitional treatment, as well as psychosocial rehabilitation programming for veterans with severe mental illness who are at the initial phases of recovery. A short-term full case management model is used, with veterans typically involved for approximately 4 weeks. The interdisciplinary team includes a Psychologist Program Manager, psychiatrist, clinical nurse specialist, and social worker. Utilization statistics from FY01 indicate that the Day Hospital serves a veteran population with diagnoses primarily in the Schizophrenia and Major Mood Disorder spectra. The SMI Fellow in Day Hospital develops skills in:

1. Initial and ongoing psychosocial assessments, including triage screening for day hospital *versus* inpatient *versus* alternative level of care.
2. Evaluation of psychosocial support systems and coordination with family and social support networks.
3. Psychoeducational groups and group psychotherapy.
4. Individual psychotherapy, with emphasis on psychosocial skill enhancement.
5. Outreach and liaison with community resources.
6. Interdisciplinary rehabilitation planning occurs daily in this setting.
7. Leadership training with the Psychologist Program Manager will be emphasized.

C. Consultation/Liaison Team (8 hours/week; first 4 months)

In this supplementary rotation to broaden the Fellow's exposure to severe mental illness as it is peremptorily encountered, the Fellow serves as the Psychologist on this multidisciplinary team (including a psychiatrist and clinical nurse specialist), providing mental health consultation to medical units at the Wade Park campus for patients presenting with emergent psychiatric issues. The Fellow conducts bedside assessments of the patients' conditions, including diagnosis and recommendations for patient management or triage to alternative level of care. These assessments include rapid psychological assessment methodology. Interprofessional consultation and communication skills are emphasized.

D. PR RTP/ Veterans Activity Center (32 hours/week; 4-month duration)

These two programs at the Brecksville campus are overseen by Psychologist Program Managers and offer severely mentally ill veterans recovery-oriented psychosocial rehabilitation services in residential and day treatment settings. The 26-bed general psychiatric Psychosocial Residential Rehabilitation and Treatment Program (PR RTP) offers an enhanced rehabilitative milieu that focuses on the veteran's strengths, builds skills, and consistently supports increased autonomy and community adaptation. The Psychosocial Skills Program, functioning in conjunction with the PR RTP, is a recovery-oriented day-hospital format program focusing on enhancement of psychosocial skills to improve quality of life and personal goal attainment for veterans with severe mental illness. The Veterans Activity Center (VAC) is a day treatment program that utilizes a modified "Clubhouse Model" format to ground the program in a philosophy that focuses on consumer and staff partnership and collaboration, rather than "treatment." The VAC offers 6 hours of daily availability, Monday through Friday. Psychosocial programming includes psychoeducation, socialization, and development of special interests and community involvement. Veteran VAC members plan and make arrangements for regularly scheduled community-based activities. Utilization data for FY01 indicate that the VAC logged over 4000 visits serving nearly 200 veterans, primarily with diagnoses in the Schizophrenia and Major Mood Disorder spectrums.

In this 4-month rotation, the SMI Fellow gains extensive experience across a range of rehabilitative milieus and modalities, receives in-depth training in providing rehabilitation services consistent with the *VHA Clinical Guidelines for Management of Persons with Psychoses*. The Fellow's training emphasizes the following:

1. Comprehensive initial and ongoing psychosocial assessments, including screening of seven relevant domains of the *Clinical Guidelines* (i.e. Health; Self-Care/Independent Living; Housing; Family/Community Support; Socialization; Work; and Community Access).
2. Interdisciplinary rehabilitation planning based upon the veterans' assessed needs, preferences and goals.
3. Psychosocial skills training/psychoeducation in individual and group formats.
4. Individual psychotherapy.
5. Psychological assessment, including differential diagnosis of psychotic spectrum conditions.
6. Program development, including literature review, intervention design and pilot, and outcome evaluation.

E. Vocational Rehabilitation Service (32 hours/week; 4-month duration)

Vocational Rehabilitation Service supports the SMI recovery domains of development of work and meaningful activity. Our vocational rehabilitation venues address the full spectrum of vocational rehabilitation needs of veterans with serious mental illness across a continuum of therapeutic work programs. To better serve our veterans with serious mental illnesses in the recovery process, a specialty program was developed within the Domiciliary Care for Homeless Veterans (DCHV) residential environment in 1998. The Horizons Program's mission is to provide stable housing, meaningful work activity and/or income, and improved engagement in care through holistic case management services, intensive psychosocial rehabilitation, vocational counseling, and placement services for severely mentally ill homeless veterans. Vocational Rehabilitation Service provides comprehensive vocational assessment, individualized planning, ongoing vocational counseling and guidance in individual and group formats, job development and searches, and job placement. There is a new emphasis on increasing job-readiness skills, including computer and Internet training, typing and word processing skills, and preparation for GED examinations. Vocational work adjustment evaluations also occur in our large therapeutic work continuum. The Homeless Veterans Reintegration Project (HVRP), a part of the VA - Volunteers of America community partnership, offers job placement, job coaches, and long-term assistance with improved employability and job retention. Utilization and outcome data from FY01 indicate that 1702 unique veterans received vocational services in the Vocational Rehabilitation Service, accounting for over 15,000 visits. Vocational and prevocational evaluation is the focus in this training rotation. Fellows receive advanced training in:

1. Comprehensive vocational assessment, both vocational and prevocational.
2. Vocational work evaluation.
3. Vocational work adjustment evaluation.
4. Vocational counseling and guidance in individual and group formats.
5. Job coaching development.
6. Job development and searches.
7. Job placement.

F. Summit County Recovery Project (4 site visits)

The LSCDVAMC partnered with The Summit County Recovery Project, which was developed to assist persons who are recovering from mental illness to return to dignified, contributing roles in the local community, to the best of their ability. Frederick J. Frese III, Ph.D., nationally recognized psychologist-consumer and a past national NAMI officer, is the Summit County Recovery Project Coordinator and liaison for the four consumer-operated business entities. This project will afford the Fellows both exposure and participation in consumer-run activities and initiatives in the community with consumers who are in the later phases of the recovery process. These initiatives include: a consumer advocacy organization; a consumer-operated, social/recreation center; a consumer-run mental health market analysis organization; and a consumer-operated lending library and reading room for educational materials on mental illness.

G. Research (8 hours/week; 12-month duration)

The Fellow will undertake a clinical or applied research project to be completed during the fellowship year. This may be undertaken at any of the training sites. A recently completed major 3-year study of dually diagnosed veterans with yields an extensive database comprised of screening data for nearly 1800 seriously mentally ill veterans in Northeast Ohio. Fellows with

original research ideas could utilize pilot data from this project. The Fellow may also elect to perform original research related to program evaluation at any site of care.

PROFESSIONAL DEVELOPMENT and EDUCATIONAL EXPERIENCES: Both Fellows will additionally be involved in the following professional development activities:

Fellows Seminar: A twice monthly seminar is conducted for Fellows, including the Director of Psychology Training and Major Preceptors. One session per month features a brief presentation and more extensive discussion of a topic of relevance to one or both of the Fellowship emphases, and would include both content areas and professional issues. The five principals rotate responsibility for presentation but other professional staff members are invited to present as well. This seminar is open to supervisors and staff. The second monthly session is primarily administrative in nature, during which the Fellowship experience is processed by Fellows, the DOT, and Major Preceptors, with ongoing modifications made, if desirable.

Colloquium/Staff Education: Each Fellow prepares a Continuing Education level presentation in an area of expertise acquired during the Fellowship year. This will be presented at a suitable venue, such as MHCL/Psychiatry Grand Rounds or the Geriatric Medicine Series.

Training Supervision of Interns: The Fellows have the opportunity to provide supplementary “umbrella” supervision to predoctoral psychology interns.

Didactic Experiences for Fellows:

1. *The Louis Stokes Cleveland GRECC:* Established to develop, implement and disseminate innovative programs to maintain independence, prevent disability, and improve quality of life for older veterans. The clinical arm of the GRECC was successful in enabling the GEM to obtain a Program of Excellence Award in late 2001. Clinical demonstration programs include preventive and rehabilitative interventions, as well as new protocols to improve medication compliance, and other successful initiatives including the Hospice/Palliative Care Initiative. The education arm of the GRECC strives to advance quantity and quality of education in geriatrics and gerontology across the disciplines, with continued emphasis on training of medical and associated medical trainees. The GRECC cosponsors the Topics in Geriatric Medicine Series (See 3, below). Considerable interaction among the disciplines occurs.
2. *Mental Health Care Line/Psychiatry Grand Rounds:* This series is promulgated by the LSCDVAMC MHCL and provides a variety of content relevant to mental health. It is approved for continuing education credit by most professions within the state and presenters come from among the staff, affiliated universities, and outside consultants.
3. *Topics in Geriatric Medicine Series:* Offers weekly seminars on subjects relevant to the elderly. Nationally renowned figures present on topics such as dementia, acute confusional states, older persons’ capacity to drive, perceptual functioning and information processing, affective disorders and substance abuse.
4. *The Western Reserve Geriatric Education Center:* Located one-half mile from the Wade Park campus, the Center provides a broad program in continuing education and curriculum development in geriatrics. The Center has coordinated the training for students from 14 different disciplines and 20 different university programs including psychology. The Center

cosponsors the Topics in Geriatric Medicine lecture series. The Geropsychology Fellow has ready access to all relevant continuing education offerings.

5. *Case Western Reserve University Psychiatry Grand Rounds*: This series is conducted at the CWRU Department of Psychiatry and is open to staff and trainees from other institutions. It also provides high quality education on a range of mental health topics.
6. *Psychology Intern Seminars (Health Psychology and Mental Health Series)*: Each series is conducted weekly for a two-hour period. These seminars provide in-depth treatment of a range of topics, often in a mini-course format, at a level approved for Medical Center continuing education.
7. *Executive Council, Research and Development, MHCL*: The MHCL Director of Research chairs this group with multidisciplinary membership including VA psychologists and psychiatrists, as well as Case Western Reserve University Psychology faculty. The Executive Council meets monthly, and serves both as an oversight committee for MHCL research proposals prior to Institutional Review Board submission, as well as a free-forum to discuss new health services research ideas.
8. *Bioethics Committee Presentations*: The Medical Center Bioethics Committee, co-chaired by a psychologist, offers various presentations to a variety of clinical units. Topics include such issues as DNR protocols and the decision-making process to terminate treatment. Open case conferences are presented intermittently for staff education on special bioethics issues.
9. *Long-Term Care Lecture Series*: Offered at the Brecksville Campus, this series focuses on medications and associated issues for treatment of the geriatric population.

Program Evaluation:

At the beginning of each Fellow's training at each site, the Preceptor meets with the Fellow to discuss the common and specific competencies to be developed. Opportunity is provided for Fellows to develop more detailed training objectives building on the competencies. This will permit the Fellow to tailor the training experience to allow more individualized professional goals. At the mid-point of training at that site, the Preceptor will meet with the Fellow to formally ascertain progress in developing the competencies and meeting individualized objectives, and to highlight areas for particular emphases. As noted above, Fellows receive final ratings at the conclusion of his/her experience at each site.