Collaborative Academic Training of Psychiatrists and Psychologists in VA and Medical School Settings

Douglas J. Scaturo, Ph.D., John J. Huszonek, M.D.

Objective: The authors review the background and contemporary strengths of Dean’s Committee Veterans Affairs Medical Centers in the collaborative academic training of psychiatrists and psychologists.

Methods: The authors discuss the problems and prospects of the current health care environment as it impacts the behavioral health treatment of returning veterans from the wars in Iraq and Afghanistan and the educational agenda for psychiatry and psychology. The medical education program in psychiatry and the internship program in psychology at the Syracuse Veterans Affairs Medical Center and the SUNY Upstate Medical University provide an exemplar of academic collaboration in clinical training.

Results: Within this combined educational environment, opportunities and challenges abound for interns and residents to receive advanced training in the state-of-the-art assessment and treatment of disorders related to psychological trauma, posttraumatic stress disorder, sexual trauma, traumatic brain injury, polytrauma, behavioral health in primary care, and telepsychiatry.

Conclusion: There is tremendous mutual benefit from academic collaboration for both institutions as they grapple with their respective treatment and educational missions.

Academic Psychiatry 2009; 33:4–12

Veterans returning from Iraq and Afghanistan are plagued with both traditional (e.g., psychological trauma) and less traditional (e.g., blast injuries) psychiatric concerns, some of which are understudied (1). Limited literature is available concerning existing U.S. Department of Veterans Affairs (VA) educational curricula in psychiatry and psychology and the array of treatment settings in which this training occurs. In this article, we describe the medical education program in psychiatry and the internship program in psychology at the Syracuse VA Medical Center and the State University of New York (SUNY) Upstate Medical University as an exemplar of academic collaboration in clinical training and the opportunities and challenges that abound for interns and residents.

In 1946, clinical psychologists were initially placed in five different kinds of treatment settings within the VA: mental hygiene clinics, neuropsychiatric convalescent centers, neuropsychiatric hospitals, paraplegia centers in general hospitals, and aphasia centers in general hospitals (2). Currently, VA mental health treatment programs approach nearly two dozen different types of treatment settings (3), including inpatient and outpatient drug and alcohol and specialized posttraumatic stress disorder (PTSD) programs, day treatment centers, day hospitals, vocational assessment and counseling, biofeedback programs, neuropsychology evaluation clinics, pain clinics, sexual dysfunction clinics, and sleep disorder clinics.

In their 1996 article, Lambert and Fowler (4) described the mechanisms by which a small Veterans Affairs Medical Center (VAMC) was transformed over a 6-year period into an active and well-functioning educational program for medical students and psychiatric residents. These methods included the recruitment and support for an educationally oriented staff, efforts to integrate the educational mission into the VAs clinical and research programs, and new emphasis on the combining contemporary trends in the field of psychiatry with VA training. At the time that article was written, both the private and public sectors ex-
pected future practitioners to efficiently treat the sickest and most complicated patients, an expectation that was consistent with the greater part of the VA patient population. The residents completed their training believing that it had prepared them well for the future. Current trends within psychiatry and the VA in the new millennium include rediscovering the importance of psychological trauma as a cornerstone of the field, integrating behavioral health treatments within the primary care setting, and using telepsychiatry in clinical care.

Dean’s Committee
Since the end of World War II, the VA has had a prominent history in the training of psychiatrists and psychologists (2). Historically, teaching VAMCs have been distinguished from nonteaching VAMCs by the term “Dean’s Committee” medical center. A Dean’s Committee facility is fully affiliated with an accredited medical school and has a formalized commitment to train future clinicians as one of its primary missions. Psychiatry and psychology staff typically hold faculty appointments in the medical school. In addition, research relevant to the VA’s patient population is frequently conducted. The Dean’s Committee is the administrative entity for the development, direction, and assessment of educational programs at the affiliated VAMCs and is composed of representatives from both institutions.

Syracuse VAMC and SUNY Upstate Medical University

The Medical Education Program in Psychiatry. The Syracuse VAMC is one of the major training sites for SUNY Upstate Medical University. For undergraduates, it offers the required third-year medical school 6-week psychiatry rotations supervised by an attending psychiatrist. Electives can also be arranged for fourth-year students, and many of the attending psychiatrists teach first- and second-year medical school courses.

All first-year psychiatry residents are assigned 2 months of acute inpatient psychiatry at the VA. Some may do rotations on internal medicine and neurology. Emergency night call coverage is also included. During the second year, residents are assigned a 2-month rotation for daytime emergency call duty, and nighttime call coverage continues as well. All residents work on the psychiatric consultation-liaison service for 2 months. During the entire third and fourth years, residents are assigned to the psychopharmacology clinic for 3 hours per week under attending faculty supervision and take night call duty. During the fourth year, electives, such as opportunities for research, are available.

The VA Psychology Internship Program. The year-long psychology internship program in clinical and counseling psychology at the Syracuse VAMC is predicated upon the Boulder scientist-practitioner model of training (5, 6), which calls for an equal emphasis on scientific research and clinical practice. It encompasses multiple theoretical orientations and empirically informed treatments that are well suited for a teaching hospital and academic curriculum. Psychology interns gain exposure to treatments in a variety of clinical settings, which includes the Behavioral Health Outpatient Clinic, with traditional psychotherapeutic and psychopharmacologic services. Interns also see a more contemporary approach to mental health services in the primary care clinics, where brief treatment is provided onsite for patients as appropriate (7). Rotations are offered in psychological testing and assessment, outpatient chemical dependency treatment, neuropsychology, geropsychology, and PTSD specialty care. Psychological testing and consultation are also provided to the acute care inpatient psychiatry unit. Since the war in Iraq, from which blast injuries are frequent (8), a new polytrauma rehabilitation program has been implemented to treat the combined physical and psychological traumas of combat (9). Psychology interns attend and participate in the psychiatry Grand Rounds presentations at the medical school. Research opportunities are available through a separately funded Center for Integrated Health Care, a collaborative effort among the VA, the medical school psychiatry department, and the psychology department at Syracuse University.

The Contemporary Health Care Environment: Opportunities and Challenges
The VA has evolved into the nation’s largest provider of mental health services (10). The size of the VA treatment system and bureaucracy, and the attendant escalating demands for patient care, form not only advantages but also challenges.

The VA has a unique mission to treat a very important subset of society—the veterans of U.S. armed forces. This mission is especially important during times of war. However, the health care struggles the VA faces are, in many ways, a microcosm of similar pressures that the health care system also confronts in the nation at large. Its lessons are instructive and have broad applicability. Because the VA’s primary mental health mission involves treatment for the