

MEMORADUM FOR

SUBJECT: Psychopharmacology Practicum for Clinical Psychologists

1. PURPOSE: To establish TAMC Command Policy for Clinical Psychologists (staff and post doctoral fellows) completing a Psychopharmacology Practicum.
2. REFERENCE: Policy and Procedures for Credentialing and Privileging Clinical Psychologist to Prescribe Medication Date 13 Feb 2009.
3. SCOPE: This policy applies to all clinical psychologists (staff and postdoctoral trainees) assigned to TAMC to provide medical care.
4. GENERAL:
  - a. Psychopharmacology Practicum Requirements:
    - (1) Clinical psychologists need to participate in a psychopharmacology practicum for eight (8) hours per week for at least one-year. The total amount of hours per year is at least 400 hours.
    - (2) Clinical psychologists will see a minimum of 100 separate patients.
    - (3) Clinical psychologists will conduct evaluation and treatment with psychotropic medications.
    - (4) The patients will be from a range of disorders, a range of comorbid conditions, and from diverse backgrounds (gender, ages throughout the lifecycles, various ethnicities, sociocultural background, various cultural economic backgrounds) as much as possible within the expertise of supervisor.
    - (5) Psychotropic drugs medications include antidepressants, antipsychotics, anxiolytics, anticonvulsants, mood stabilizers, and Attention Deficit Hyperactivity Disorder/narcolepsy agents. A list of medications is provided as an enclosure in the Policy and Procedures for Credentialing and Privileging Clinical Psychologist to Prescribe Medication, Date 13 Feb 2009.
  - b. Clinical Psychopharmacology Supervisors for Clinical Psychologists.
    - (1) The credentials of the clinical psychopharmacology supervisors include Board Certified Psychiatrists or clinical psychologists who are credentialed to prescribe

psychotropic medications in a Department of Defense (DoD) Military Treatment Facility.

(2) The clinical supervision consists of at least one (1) hour of supervision per week or one (1) hour per eight hours of patient contact.

c. Necessary Documentation:

(1) Before the Clinical Psychologist participates in the psychopharmacology practicum experience, he or she will notify the Chief, Department of Psychology and provide him or her with the following information:

(a) Site where clinical supervision is going to take place.

(b) Name of psychopharmacology clinical supervisor.

(c) Before the Clinical Psychologists participates in a psychopharmacology practicum, the Chief, Department of Psychology must assure that TAMC and the Site have an existing Memorandum of Agreement (MOA) for the site to conduct training with TAMC personnel.

(2) Clinical Psychologist participating in the psychopharmacology practicum must maintain the following documentation:

(a) Maintain a log of dates and hours of clinical psychopharmacology supervision. At the end of training, the clinical psychopharmacology supervisor and the clinical psychologist will sign the log certifying that supervision took place (Enclosure # 1).

(b) Maintain a log of patients that include number of times seen for evaluation and treatment of psychotropic drugs, diagnosis, medication (s) used, doses used, age, sex, and dispositions (see enclosure # 1). At the end of training, the log needs to be signed by both the clinical supervisor and the clinical psychologist (trainee) certifying for the accuracy of the log. To assure the privacy of the patients, only demographic information will be use to identify the patient. A copy of this log needs to be provided to the Chief, Department of Psychology (Enclosure # 2).

(3) Clinical Psychopharmacology Supervisors need to complete the following documentation:

(a) A Midpoint Evaluation for Clinical Psychologists they are supervising (Enclosure # 3). This evaluation will be sign by both, the supervisor and the clinical psychologist participating in the practicum in psychopharmacology. A copy of the Mid Evaluation will be provided to the Chief, Department of Psychology.

(b) A final evaluation for the Clinical Psychologists they are supervising (see enclosure 1). This evaluation will be sign by both, the supervisor and the clinical psychologist participating in the practicum.

d. Required Training before clinical psychologists begin their practicum in psychopharmacology.

- (1) The clinical psychologists have completed a Masters Degree in Psychopharmacology from a regionally accredited university or
- (2) The clinical psychologists is in their second year of Postdoctoral Psychopharmacology training program leading to a Masters Degree in Psychopharmacology

5. Point of Contact for this memorandum is Chief, Department of Psychology at (808) 433-

Enclosure # 1:

DEPARTMENT of PSYCHOLOGY  
Tripler Army Medical Center  
1 Jarret White Road  
Honolulu, Hawaii 96859

PRACTICUM FOR PRESCRIBING PSYCHOLOGIST  
Clinical Psychopharmacology Supervision Log

<u>Date of Supervision</u>	<u># of Cases Supervised</u>	<u># of Hours of Supervision</u>

\_\_\_\_\_  
Supervising Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychologist's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief, Department of Psychology

\_\_\_\_\_  
Date

Enclosure # 2

DEPARTMENT of PSYCHOLOGY  
Tripler Army Medical Center  
1 Jarret White Road  
Honolulu, Hawaii 96859

PRACTICUM FOR PRESCRIBING PSYCHOLOGISTS  
LOG OF CONTACT HOURS WITH PATIENT

Patient's Initials	AGE	Ethnicity/ Race	Sex	Diagnoses	# of Time Seen	Medication used	Dose used	Disposition

\_\_\_\_\_  
Supervising Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychologist's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief, Department of Psychology

\_\_\_\_\_  
Date

Enclosure # 3:

DEPARTMENT of PSYCHOLOGY  
Tripler Army Medical Center  
1 Jarret White Road  
Honolulu, Hawaii 96859

**EVALUATION FOR PRESCRIBING PSYCHOLOGIST PRACTICUM**

Date: \_\_\_\_\_

Psychologist's name: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Midpoint and final evaluation- please indicate: Mid-rotation \_\_\_\_\_ Final \_\_\_\_\_

Please use the following to guide your evaluation (circle):

1. Has failed to demonstrate expected level of performance
2. Performs satisfactorily at times, has specific deficiencies
3. Meets expected level of performance
4. Exceeds expected level of performance
5. Exceptional performance

If a student receives a one or a two, please include any comments about what would improve his/her performance.

- 1) Obtains appropriate psychological and medical history

1      2      3      4      5

Comments:

- 2) Forms appropriate diagnoses

1      2      3      4      5

Comments:

- 3) Recommends referral for medical evaluation when necessary

1      2      3      4      5

Comments:

4) Initial goals are appropriate for patient's diagnosis

1      2      3      4      5

Comments:

5) Is knowledgeable about when laboratory tests should be ordered

1      2      3      4      5

Comments:

6) Demonstrates appropriate knowledge in interpreting lab tests.

1      2      3      4      5

Comments:

7) Demonstrates an ability to explain a drug's benefits, side effect profile, and risks

1      2      3      4      5

Comments:

8) Is responsible in monitoring psychotropic drug effectiveness and recommending appropriate changes

1      2      3      4      5

Comments:

9) Able to explain drug use to a patient in a thorough, clear manner

1      2      3      4      5

Comments:

10) Is systematic in checking for drug interactions

1      2      3      4      5

Comments:

11) Is systematic in assuring that drug selection is not contraindicated with patient's medical condition or other medical treatment

1      2      3      4      5

Comments:

12) Give patients written information when appropriate

1      2      3      4      5

Comments:

13) Sets appropriate long term goals

1      2      3      4      5

Comments:

14) Keeps timely and thorough notes, etc.

1      2      3      4      5

Comments:



15) Is an active participant in the learning process, asking appropriate questions, reading recommended material, etc.

1      2      3      4      5

Comments:

---

Supervisor's Signature

---

Date

---

Student's Signature

---

Date

---

Chief, Department of Psychology

---

Date