2015-16 Example List of Potential MSA Projects, Department of Psychiatry:

Faculty: Rob Feinstein
Topics/brief descriptions: Psychotherapy, Wellness, Personality Disorders, Suicide, Violence, Integrated Primary Care and Behavioral Health. Psychiatric & General Medical Education. Electronic Health Records, Telebehavioral health, Behavioral health outcomes.

Faculty: Mark Laudenslager
Topics/brief descriptions: Mitigating distress in family caregivers. Caregivers are crucial for patient outcome yet they are rarely integrated into the treatment plan. The student will be challenged to come up with an effective way to make this happen. They will obtain stakeholder (patients, caregivers, and providers) input on the best way to make this effective and efficient in a clinic of their choosing. The questions are what do the caregivers want? How is this best provided? What is currently available that can be offered? and so on. This is a truly independent quality improvement project which has the potential to level the playing surface for caregivers in a complex medical system.

Faculty: Abraham Nussbaum

Faculty: Kimberly Nordstrom
Topics/brief descriptions: The Psych Emergency Service at Denver Health now has a small (but energized) research/QI group. Students have come to us to work on projects that they find interesting. We could bring a student on one of the projects we are already doing but are also very willing to help with a self-identified project. This latter idea might be appealing to those students who want to go into emergency medicine.

Faculty: Melanie Rylander
Topics/brief descriptions: (1) Impact of Urine Cannabis Concentrations on Hospital Course: this is basically looking at urine THC concentrations and correlating them to measures such as length of stay, 30 day readmission, cumulative dose of antipsychotics received, admission Brief Psychotic Rating Scale (BPRS) scores, and cumulative dose of prn medications administered controlling for demographic factors. We are in analysis phase here but there are things I can get the student involved in to still be on benefit to them. (2) Standardize Scales vs. Clinical Interviews: this is basically looking at BPRS scale results on admission and comparing them to MSE’s performed on the same day. This is really more of a QI issue looking at how we are doing in picking up psychotic symptoms during clinical interviews. As we move forward with EPIC implementation we need to determine how often we will be using standardized rating scales, part of this process is looking critically at what we are currently doing.