2017 Fall Educational Conference Topics

Legal issues in the practice of correctional medicine: including how to be a good defendant, how to be a good expert; this session will include a mock trial

Mental Health issues in the practice of correctional medicine

Our Patients Speak” – A Special Session with individuals who have spent significant time in isolation

Please see our website for the full agenda, at www.accpmed.org, visit our Facebook page for event updates, www.facebook.com/AmericanCollegeofCorrectionalPhysicians, or email Christine@accpmed.org.
This year’s conference will deal heavily with legal and mental health issues, with a focus on the use of isolation. Based on the feedback from a shorter session on litigation involving the correctional physician, we are expanding that session this year to include more in-depth education related to physician as defendant and expert. The training will include a mock deposition which will be video recorded. The lawyer will then use the recording - as he might in litigation - during parts of a mock trial. Another speaker will help us tease out issues in a common - and sticky - area of intersection between mental health and the law surrounds: patient decision-making, specifically the ability to consent and refuse. When does a patient have, or lose, the capacity to make decisions, such as those surrounding forced administration of psychotropics (Harper) or food (hunger strikes)?

Closely related to this, another speaker will help us navigate another common and litigation-prone situation; differentiating between medical vs. mental health etiologies in a patient with a bizarre or agitated behavior. Many of these patients end up in isolation, which will be the focus of the rest of our conference. We will hear perspectives from three different voices: mental health professional, correctional professional, and patient. Our mental health professionals will review the evidence for harm from isolation and help us design safer systems. Our correctional professional will share what she sees as the role for physicians in a decision - and phenomenon - that is largely custody-driven.

And finally, and arguably most importantly, we will end the day with ACCP’s signature “ACCP Talks to its Patients“ session. During this session, a panel of 4-5 formerly incarcerated individuals of different genders and races will share their stories of YEARS in isolation and engage in a conversation with the audience. If you are a physician, nurse practitioner, or physician assistant practicing in jail or prison in the US, this is a conference you cannot afford to miss.
7:50-8:00
Welcome
Todd Wilcox, MD, MBA, CCHP-A, CCHP-P, FACCP

08:00-08:45
The sticky intersection between mental status and decision making: Informed Refusal and Consent, Competency, Capacity.
Cassandra Newkirk, Chief Psychiatric Officer, CCS, MD, MBA

Learning Objectives: Understand the difference between competency and decision-making capacity. Review approaches to determining decision-making capacity. Understand the elements of clinically and legally acceptable informed decision and informed refusal. Enhance understanding of these concepts by applying them to two common, but sticky correctional medicine challenge: involuntary medication administration and hunger strikes.

08:45-10:45 (will include a break)
How to testify as a defendant physician and an expert physician in correctional cases, including videotaped mock deposition with two prepared physician defendants and narration.

Larry Wulkan, CCHP, Attorney, Stinson Leonard Street LLC
Beth Boone, JD, Hall Booth Smith LLC
Deana Johnson, JD, General Counsel, Centurion - MHM, Inc.

Learning Objectives: Understand the role of the physician defendant and physician expert in correctional malpractice and deliberate indifference litigation (with emphasis on the former). Understand the pitfalls of testifying at deposition in each.

11:00-11:30
Bizarre/Agitated Behavior: Differentiating the Mental Health from Medical Etiologies and Management.
John S. Wilson, PhD, CCHP-MH, Vice President of Clinical Development, MHM Services and Jeffrey Keller, MD, FACEP, Chief Medical Officer, MHM Services

Learning Objectives: Honing our skills of differential diagnosis by exploring emergency physiological conditions that give rise to the agitation rather than assuming the agitation is psychiatric or behavioral. Review clinical management approaches to patients with bizarre/agitated behavior. Review the role of multidisciplinary collaboration in addressing such patients and discuss effective communication/collaboration approaches.

11:30-12:00
Flex time and break.

Luncheon
12:00-1:30
Luncheon Speaker
12:15-1:00
From the eyes of Custody Administrators: What role can physicians play in decreasing the use of isolation beds?
Superintendent -- TBA

Learning Objectives: Understand how the superintendent was able to reduce the use of isolation. Understand what role physicians played in making that easier (or harder). Understand what role physicians can play in their own facilities (both on an individual patient level as well as on a policy level) in being places where the facility administrator is not taking an active role in reducing the use of isolation.

1:00-1:30
ACCP Business Meeting
1:30-1:45
Flex time or break.

1:45-2:45
Does Isolation cause harm?: What is the evidence? What systems and warning signs need to be in place to avoid that harm?

John S. Wilson, PhD, CCHP-MH, Vice President of Clinical Development, MHM Services and Joel Andrade, PhD, LICSW, CCHP, Director of Clinical Operations--Mental Health, MHM

Learning Objectives: Review the controversial literature that addresses the Grassian assertion that isolation induces psychosis. Review the empirical evidence addressing whether isolation causes other harm. Understand the systems and warning signs that needs to be in place to avoid that harm.

2:45-3:15
Parallels with Isolation, and Lessons Learned from Treating Survivors of Torture

Antonio Martinez, PhD, Senior Clinical Psychologist, Dr. Jorge Priesto Family Health Center

Learning Objectives: Review some basic principles of treating survivors of torture. Compare and contrast psychological findings from two survivors of prison isolation with survivors of torture (including the similarities with autism). Explore in what way the psychological care these survivors received in prison might have been harmful? Stimulate thought among the audience about next steps in understanding the psychological sequelae of long term isolation.

3:15-3:30
Break

3:30-5:00
“ACCP Talks to its Patients” -- Long term Isolation

Coordinator: Brian Nelson, Paralegal, Uptown Prison Law Center, and Survivor of Over a Decade in Isolation

A panel of 4-5 formerly incarcerated individuals who have each spent extended periods of time (years) in isolation will tell their stories and then field questions from the audience.

Learning Objectives: Learn what we can directly from survivors of long term isolation in prison that will assist us in being physicians for our individual patients, and better advocates for our community of patients.
Conference Goals and Objectives

Participants will:

- Understand the difference between competency and decision-making capacity. Review approaches to determining decision-making capacity. Understand the elements of clinically and legally acceptable informed decision and informed refusal. Enhance understanding of these concepts by applying them to two common, but sticky correctional medicine challenge: involuntary medication administration and hunger strikes.

- Understand the role of the physician defendant and physician expert in correctional malpractice and deliberate indifference litigation (with emphasis on the former). Understand the pitfalls of testifying at deposition in each.

- Honing our skills of differential diagnosis by exploring emergency physiological conditions that give rise to the agitation rather than assuming the agitation is psychiatric or behavioral. Review clinical management approaches to patients with bizarre/agitated behavior. Review the role of multidisciplinary collaboration in addressing such patients and discuss effective communication/collaboration approaches.

- Understand how the superintendent was able to reduce the use of isolation. Understand what role physicians played in making that easier (or harder). Understand what role physicians can play in their own facilities (both on an individual patient level as well as on a policy level) in being places where the facility administrator is not taking an active role in reducing the use of isolation.

- Review the controversial literature that addresses the Grassian assertion that isolation induces psychosis. Review the empirical evidence addressing whether isolation causes other harm. Understand the systems and warning signs that needs to be in place to avoid that harm.

- Compare and contrast psychological findings from two survivors of prison isolation with survivors of torture (including the similarities with autism). Explore in what way the psychological care these survivors received in prison might have been harmful? Stimulate thought among the audience about next steps in understanding the psychological sequelae of long term isolation.

- Learn what we can directly from survivors of long term isolation in prison that will assist us in being physicians for our individual patients, and better advocates for our community of patients.
About the ACCP

The ACCP is the only membership organization committed solely to the professional development and fellowship for Correctional Physicians, providing a venue of advocacy for us and our patients.

ACCP members are united through the goal of improving public health by examining issues specific to the incarcerated and identifying solutions for medical professionals.

The ACCP endeavors to advance research, education, and training in correctional medicine through academia and government.

Serving our members by promoting the highest professional and ethical standards in the care delivered in America’s correctional facilities.

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