

Family Medicine resident training in collaborative mental health care

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Disclosures

- None

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Learning Objectives

1. Describe working models of collaborative mental health training for family medicine residents in the Patient's Medical Home.
2. Outline parallel work being done in Psychiatry residency training programs nationally, especially with respect to defining core competencies in collaborative mental health care.
3. Appreciate the benefits of shared learning in collaborative mental health for both Family Medicine and Psychiatry residents.

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Study

Family Medicine resident training in collaborative mental health care:
a survey of existing curriculum at the Department of Family and Community Medicine at the University of Toronto

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Methods

- Anonymous online survey
- 4 questions
- Respondents were the residency program director and/or leaders in collaborative care programs at the site
- Data from 8 teaching sites

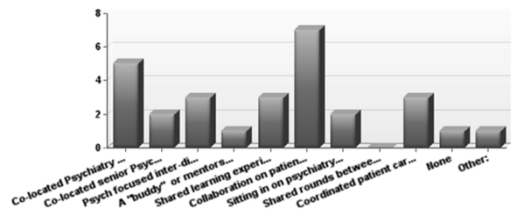
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Results

- 6/8 have a formal collaborative care program



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Results

- The 2 programs that responded "No" they do not have a formal program...
 - "never thought of it"
 - "I think you will have to define what collaborative mental health care means. Our residents have an opportunity to care for all their patients (including mental health) in a collaborative way. We often encourage trainees to involve psychiatry, social work, pharmacy, etc to help with the care of a patient. Many different providers take part in the education of our trainees. At the moment, there is no formality to this process, but it happens informally all the time."

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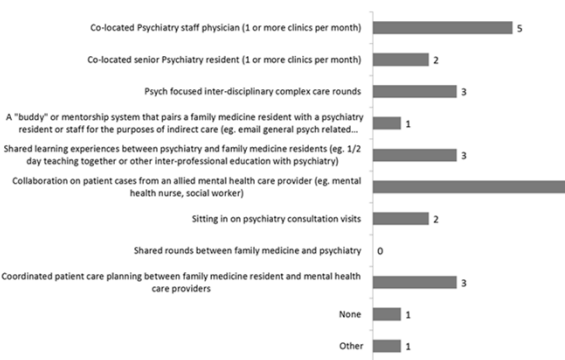
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Results

- Co-located Psychiatry staff physician (1 or more clinics per month)
- Co-located senior Psychiatry resident (1 or more clinics per month)
- Psych focused inter-disciplinary complex care rounds
- A "buddy" or mentorship system that pairs a family medicine resident with a psychiatry resident or staff for the purposes of indirect care (eg. email general psych related questions)
- Shared learning experiences between psychiatry and family medicine residents (eg. 1/2 day teaching together or other inter-professional education with psychiatry)
- Sitting in on psychiatry consultation visits
- Collaboration on patient cases from an allied mental health care provider (eg. mental health nurse, social worker)
- Shared rounds between family medicine and psychiatry
- Coordinated patient care planning between family medicine resident and mental health care providers

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Results

- Average time per year spent doing CMHC

Answer for PGY-1	Answer for PGY-2	Not sure. Completely variable. (Is there an estimated range? Please enter in box below)
1 hour per week		
1 mo per yr	Few hours per yr	
0	0	
3 hours per month	slightly less	1-2 hrs per month
2 weeks/year	2 weeks/year	
1 hour per month	1 hour per month	The above is just an estimate, as I really don't know. It would depend on the patients they see,
12	12	
		1hr per month

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Results

- Of those with a formal CMHC training program, do you have a CMHC co-ordinator?

Yes. Why?	No. Why not?
There is funding, it's a large program. We have a FM and psych co-leads.	Never heard of such a role
	unsure - likely financial resources
	no funds
	hasn't been a priority

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Conclusions

- Majority of training sites offer collaborative care experiences for their residents
- The quality and quantity is unknown
- Allied mental health/staff psych seem to play a regular role (less role for psych residents)
- Funding seems to be a factor in whether certain components are available
- Defining collaborative care further may help enhance efforts

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Limitations

- Bias
- Limited exploration of responses
- Dynamic nature of training not captured
- Didn't ask why program exists
- Doesn't capture the combinations at each site

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Psychiatry resident training

- Collaborative care training is mandated in Canadian psychiatry residency programs
- Research underway to define the competencies psych residents need to provide effective collaborative care and how these can be best evaluated (Sunderji, et al)

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Future direction

- provide the groundwork for future research to define the core competencies of FM trainees and how to achieve them during residency
- results may be useful to family physicians, psychiatrists, and inter-professional mental health care providers involved in training FM residents
- Results may lay a foundation for efforts to enhance and standardize training opportunities

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Shared learning

- Learn from each other
- Building relationships
- Strengthening understanding of scopes of practice
- Recognize each other's potential roles and contributions to patient care
- See firsthand how collaborative care can improve patient care and outcomes

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References

1. Kates N, Mazowita G, Lemire F, Jayabarathan A, Bland R, Selby P, et al. The Evolution of Collaborative Mental Health Care in Canada: A Shared Vision for the Future. *Can J Psychiatry Rev Can Psychiatr*. 2011 May;56(5):Insert 1–10.
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Thank you

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Rubrics project

- Interested in being interviewed

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