

Teaching Behavioral Sciences to Family Practice Residents: The "shared Care" Approach
 May 29, 2009
 19th National Conference on Collaborative Mental Health Care


Overview

- Introduction
- Description of Behavioral Sciences Program (DFM, McMaster University)
- Goals of Program
- Teaching Methods
- Conclusions



Introduction

- 15 – 50% of all patients in family medicine have significant psychological dysfunction
- 21% receive care from mental health specialists
- 54% receive care from primary care only
- "De Facto Mental Health System"



Introduction

- 1,000 people



Description of Program

- Hybrid model at McMaster (FP SW Psychiatrist triad)
- No Block Rotation
- ½ day behavioral sciences x 2 years
- 3 'units' in Hamilton (40-50 residents per year)
- 3 'satellite units' (20 residents)
- PGY1's and PGY2's are separated



Description of Program

- Teaching techniques
 - Small group format
 - Case presentations – video, oral
 - Process issues – communication, interpersonal skills
 - Content issues – diagnostics, treatments, life cycle, problem based



Description of Program

- Other Teaching Techniques
 - Topic centred
 - 20-30 topics / 2 years
 - Arise out of cases presented, flexible
 - Some didactic presentations
 - Large group sessions – resident driven, invited speakers



Description of Program

- Other Teaching Techniques
 - Case presentations
 - Role playing
 - Visits to community centres (detox, shelters)
 - Representatives from community present to the unit (SISO, CAS)



Description of Program

- Other Teaching Techniques
 - Tutor shows his/her own tape
 - Viewed by the group
 - Tutor as model
 - Process and content issues explored



Description of Program

- Who?
- Psychiatrist, Family Doctor, Social Worker
- Hybrid Model
- Multi-disciplinary Model
- Different viewpoints



Description of Program

- Where?
- Family Practice Clinic



Description of Program

- Evaluation
- Round table self and group every 6 months
- Individual evaluation every 6 months
- Formal written evaluations of residents and tutors



Description of Program

- Psychotherapy
 - Supportive
 - CBT (change therapy)
 - Solution focused
 - Motivational Interviewing



Description of Program

- Central coordinator, site coordinators (MFP, SFHC, community, KW, Niagara Brampton)
- Four times per year
- All tutors attend from all units
- Evaluate program
- Share ideas/ faculty development



Goals of Program

- Enhance collaborative, interprofessional skills
- Enhance communication, interpersonal skills
- Promote FP as primary delivery of Mental health care, psych as consultant



Goals of Program

- Increase detection, diagnostic and treatment skills
- Psychopharmacology
- Psychotherapeutics



Teaching Methods

- Using Video in Clinical Supervision
 - Helps learners become comfortable
 - Tape all their encounters
 - Tape regularly
 - Get consent on tape



Teaching Methods

- Using Video in Clinical Supervision
 - Give constructive feedback (supportive manner)
 - “McMaster Sandwich”
 - Resident to resident feedback important



Teaching Methods

- Using Video in Clinical Supervision
- Presenter gives a preamble (scenario)
- States learning objective
- Resident determines which parts of the tape are relevant
- Presenter manages remote control
- Anyone can request tape interruption
- Encourage frequent stops



Teaching Methods

- Using Video in Clinical Supervision
- Use case as platform to explore treatment, epidemiology, personal responses (transference and countertransference) communication



Teaching Methods

- Using Video in Clinical Supervision
- Log of resident's case and tape presentations, attendance to ensure program requirements are met
- New Website – BS SFHC
- New on line resource – Doc.com
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Teaching Methods

- Using Video in Clinical Supervision
- Format allows direct and specific feedback vs general comments "good interview"



Conclusions

- DFM Accreditation Report, April 2009
- Behavioral Sciences "...particularly noteworthy strength of the residency program...unique and effectively meets the needs of the residents"



Conclusions

2007-2008 End of year questionnaire SFHC
PGY2

Overall Evaluation	Very Useful		Neutral		Not useful at all
	6	2	1	2	



Conclusions

2007-2008 End of year questionnaire SFHC
PGY1

Overall Evaluation	Very Useful		Neutral		Not useful at all
	7	2	1		