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

• 250 → 230 → 140 → 17 → 6
  | Psychologic Morbidity Based on GHQ |
  | Go to FD | Identified by FD | Involved with MH specialist | in patient psych treatment |

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 online resource – Doc.com
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

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<th>Very Useful</th>
<th>Neutral</th>
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Conclusions

2007-2008 End of year questionnaire SFHC PGY1

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