Session # letter and number

SCIENCES TO FAMILY MEDICINE RESIDENTS: THE “SHARED CARE APPROACH”

Dr. Jon Davine, MD, CCFP, FRCP©
Associate Clinical Professor
McMaster, University

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

CFHA and SharedCare Annual Conference
October 19 – 23 , 2021

FACULTY DISCLOSURE

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

CONFERENCE RESOURCES

Slides and handouts shared by our conference presenters are available on https://www.integratedcareconference.com/ and on the conference mobile app.

All sessions will be recorded and posted to https://integratedcarelearning.talentlms.com/ shortly following the conference.

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

LEARNING OBJECTIVES

At the conclusion of this session, the participant will be able to:

- Describe a longitudinal teaching program for family medicine residents
- Describe the Adult Pedagogic Principles Entrenched in the Program
- Describe the use of audiovisual case presentations as a teaching modality

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

Objectives:

- Who
- What
- When
- Where
- Why

WHY

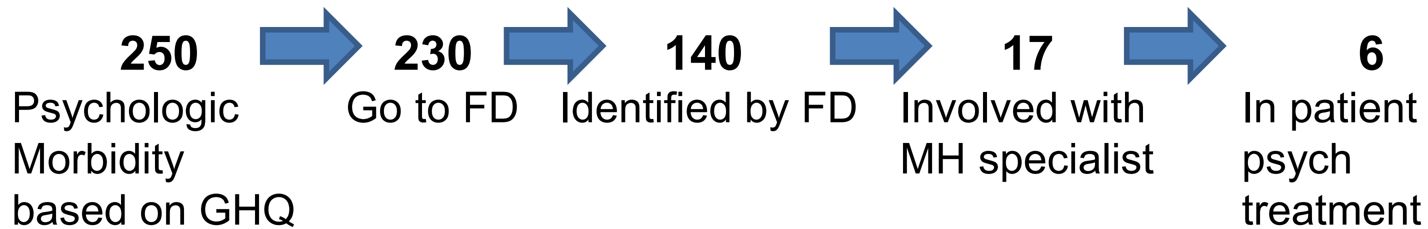
- 70% of antidepressants and 90% of anxiolytics are prescribed by Family MDs.

WHY

- 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”

WHY

- 1000 people



WHO and HOW

- Hybrid model at McMaster (FP +SW/Psychiatrist dyad)
- No Block Rotation
- ½ day behavioural sciences x 2 years
- PGY1's and PGY2's are separated
- Make up of residents from two academic units and the community placements
- 10-12 Residents in a group

HOW

- 3 x's per month meet as a group

- PGY2's – once per month
- Resident-led sessions for PGY2's
- Usually topic-based

- Once per month – large group sessions for PGY1's

WHAT

- 2021-2022 Large group sessions for PGY1's:
  - Solution focused therapy
  - Depression and Suicide
  - Anxiety Disorders
  - Ethics and Boundaries
  - Poverty Workshop
  - Psychosis and Bipolar
  - Palliative Care
  - Somatizing and Personality Disorders
  - Addictions Medicine
  - Mindfulness

WHAT

- 2021-2022 Large Group Session for PGY2's
- Psychopharmacology
- Palliative Care
- Pre-Exam Prep (Overview)

HOW

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

HOW

- Other Teaching Techniques
  - Topic centered
  - 20 topics over two years
  - Done by Residents
  - Expected to do one over the two years

HOW

- Other Teaching Techniques
  - Role playing
  - Visits to community centres (detox, shelters)
  - Representatives from community present to the unit (e.g. CAS)
  - Residents are expected to do one leadership activity over the two years

WHERE

- Family Practice Clinic
- Cases and tapes come directly from a family practice clinic population
- Relevant!

Adult Pedagogic Principles

- Relevant cases
- Done in the work setting
- Ongoing mentorship by an ‘expert’ around these cases.
- We have two years to work with residents, not two months
- Voila!!

DESCRIPTION OF PROGRAM

- Central coordinator, site coordinators (Hamilton, KW, Burlington, Niagara, Brampton)
  - Several times per year
  - All tutors attend from all units
  - Evaluate program. Discuss what has worked and what has not worked.
  - Share ideas/resources
  - Team building/faculty development

EVALUATION--RESIDENTS

- Individual evaluation every six months
- Involves residents, BS tutor
- >50% attendance
- 1+1 rule, every six months
- Must pass “BS” to write the exam. Treated as ‘seriously’ as any other rotation

Evaluation--Tutors

- Tutor Evaluation
  - Formative and summative
  - Incorporates feedback from all residents
  - All tutors evaluated using same form

“ENRICHMENT” MONTH

- Four consecutive weeks
- Residents chooses topic of interest

- PGYs’2:

- CBT
- Motivational Interviewing
- CBT-I
- Performance of Medicine

- Able to explore in some depth

2021-22 “ENRICHMENT” MONTH

- PGY1’s:

- The Art of Seeing
- Mindfulness (MBSR)
- PhotoVoice
- The Performance of Medicine

WHO

- Who?

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

WHO

- GP's as "secondary messenger".
- "Permeability"

  (George Engel)

GOALS OF PROGRAM

- Enhance collaborative, interprofessional skills
- Enhance communication, interpersonal skills.
- Promote FP as primary delivery of mental health care, psych as consultant
- Ergo, collaborative care!

GOALS OF PROGRAM

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

Exposure to Different Psychotherapies

- Supportive
- CBT ‘Lite
- Solution focused
- Motivational interviewing

CBT

- In future, knowing principle of CBT can help family docs “supervise” patients using workbooks or on-line programs.
- Study showed same results in half the time when supervising

Using Video in Clinical Supervision

- Help learners become comfortable
- Tape all their encounters
- Tape regularly
- Get consent on tape

Using Video in Clinical Supervision

- Give constructive feedback in a supportive manner
- “McMaster Sandwich”
- Resident to resident feedback important

Using Video in Clinical Supervision

- Presenter gives a preamble
- States learning objectives
- They can decide which specific parts of the tape are important to watch
- Can re-edit if possible
- Presenter keeps remote control
- Any person in the group can stop tape
- Encourage frequent stops

Using Video in Clinical Supervision

- Ask the resident who is presenting for their reflections and ideas.
- Then ask other residents
- Then facilitators may speak up

Using Video in Clinical Supervision

- Can ask about attitudes
  - What were you feeling, thinking?
  - What is another way of saying that?
- Can look for non-verbal cues
  - Using silence
  - Making “empathic statements”

Using Video in Clinical Supervision

- Can help develop efficient information gathering skills
- Use of open and closed questions
- Can help develop exact questioning for making psychiatric diagnoses
- Can use the case to get into treatment issues, content issues

Using Video in Clinical Supervision

- Prioritize tapes at the beginning of a session
- Clinical questions take priority
- Let the group decide which tapes may be most appropriate
- Choice also made on viewing particular residents and need to meet requirements

Using Video in Clinical Supervision

- Log is kept with resident cases and tapes
- Try to ensure that each resident shows the required number of tapes and cases (1+1)

Using Video in Clinical Supervision

- Non-judgmental supportive critique
- Develop a trusting relationship in which learners feel comfortable with vulnerability
- Be respectful and straightforward

Using Video in Clinical Supervision

- Be specific in feedback, e.g., here is how one could ask these specific questions versus “good interview”

Using Video in Clinical Supervision

- Avoid overloading the learner with feedback
- Get the presenter’s reaction to feedback they have received

Using Video in Clinical Supervision

- Advantage of this system: Residents can learn from other people's cases
- An example of this is teaching CBT where we watch one resident with an ongoing case

Using Video in Clinical Supervision

- Use case as platform to explore diagnostic and treatment ideas
- Personal responses (transference and countertransference)
- Communication issues

On to the Tape…..

Reference

- Westberg J, Hilliard J. Teaching Creatively with Video: Fostering Reflection, Communication and Other Clinical Skills. Springer Publishing Company, New York, 1994.

WE'RE DONE!!

FEEDBACK?

SESSION EVALUATION

Use the CFHA mobile app to complete the evaluation for this session.

CFHA
COLLABORATIVE
FAMILY HEALTHCARE
ASSOCIATION

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION