



Department of
Family Medicine

Teaching Behavioural Sciences to Family Practice Residents: The
"Shared Care" Approach

May 15, 2010

11th National Conference on Collaborative Mental Health Care

Overview

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

Introduction

- 70% of antidepressants and 90% of anxiolytics are prescribed by Family MD's

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 (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

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

- Central coordinator, site coordinators (MFP, SFHC, community, KW, Niagara, Brampton)
- Four 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.

Description of Program

Psychotherapy Modalities

1. Supportive
2. CBT (change therapy)
3. Solution Focused therapy
4. Motivational interviewing

Description of Program

- Curriculum Requirements
- BS is a clinical rotation!
- Attendance Guidelines
- Participation Guidelines
- Evaluation Guidelines

Description of Program

- Curriculum renewal drivers
 - new direction art in family medicine

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

Teaching Methods

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

Teaching Methods

- 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

Teaching methods

- 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

Teaching Methods

- 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”

Teaching Methods

- 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

Teaching Methods

- Using Video in Clinical Supervision:
- Modeling can be helpful
- Facilitators may show their own tapes
- Residents can then critique facilitators
- Showing a tape that did not go well is highly useful for teaching

Teaching Methods

- Using Video in Clinical Supervision:
- Try to review the tape as soon as possible from the time of taping
- Residents can then remember more of the issues that were involved in this presentation

Teaching Methods

- 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

Teaching methods

- Using Video in Clinical Supervision:
- Log is kept with resident presentations
- Try to ensure that each resident shows the required number of tapes

Teaching Methods

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

Teaching Methods

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

Teaching Methods

- Using Video in Clinical Supervision:
- Avoid overloading the learner with feedback
- Get the presenter's reaction to feedback they have received

Teaching Methods

- 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

Other Teaching Methods

- Large Group Sessions
- 4x/year
- PGY1's and PGY2's are separated
- Topics such as counseling, ethical issues, etc.
- Residents organize some of these sessions themselves

Other Teaching Methods

- Using Video in Clinical Supervision
- New website – BS SFHC
- New on-line resource – Doc.com
- Pod Casts WCBA, BMJ

Evaluation

- Individual evaluation every 6 months
- Involves resident, bs tutor, and family medicine supervisor
- 50% attendance.
- 2 +2 rule, every 6 months
- Must pass “BS” to write the exam. Treated as ‘seriously’ as any other rotation

New Evaluation Forms and Process

- Resident evaluations:
 - Four Principles of Family Medicine
 - Skilled clinician, resource, community, doctor-patient
 - Supervisor- larger role
 - Tutor responsible for evaluating tutorial
 - Educational Planning-resident, tutor, supervisor

New Evaluation Forms and Process

- Tutor Evaluation
 - Timely and accurate
 - Formative and summative
 - Incorporates feedback from all residents
 - Honour longitudinal relationship of tutor/resident
 - All tutors evaluated using same form

Conclusions

- DFM Accreditation Report, April 2009
- Behavioural 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			



Showtime

- Lights, camera action.....