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

• 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 (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 Carts 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

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

2007-2008 End of year questionnaire SFHC PGY1

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Very Useful: 7
Neutral: 2
Not useful at all: 1
Showtime

• Lights, camera action…..