ABMS Visiting Scholars Research, Part I

Implementation of the Behavioral/Mental Health EPA for General Pediatrics Residency

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Disclosure

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- No other financial relationships or relationships with commercial entities

Background

50%

Americans with mental health concern/illness in lifetime (majority in childhood)

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Background

14%

Children < 8 years diagnosed with behavioral, mental, or developmental disorder

Bitsko et al. MMWR Morb Mortal Wkly Rep 2016.

Background

20%

Adolescents diagnosed with behavioral, mental, or developmental disorder

Bitsko et al. MMWR Morb Mortal Wkly Rep 2016.

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Background

20%

Increased childhood disability related to mental health/neurodevelopment (2001 – 2011)

Houtrow AJ et al. Pediatrics 2014.

Background

50%

Increased pediatric hospitalizations for behavioral/mental health conditions (2006 – 2011)

Torio CM et al. Acad Pediatr 2015.

Background

65%

Pediatricians self-reported lack of training in mental health problems

Horwitz et al: Acad Pediatr 2015.

Background

Background

Health Care Workforce Development to Enhance Mental and Behavioral Health of Children and Youths

Closing the Gap: Improving Access to Mental Health Care Through Enhanced Training in Residency

Gauri R. Raval, MD, MPH,[a,b,c] Stephanie K. Doupnik, MD[d,e,f]

Pediatric Residency Education and the Behavioral and Mental Health Crisis: A Call to Action

Julia A. McMillan, MD, FAAP,[a] Marshall Land Jr, MD, FAAP,[b] Laurel K. Leslie, MD, MPH, FAAP[c]

TASK that an individual in one's specialty should be *TRUSTED* to perform once competence is demonstrated

B/MH EPA for General Pediatrics

Identifying and managing common behavioral and mental health issues, (e.g., low mood, inattention and impulsivity, disruptive behavior and aggression, anxiety, learning difficulty, substance use, and social-emotional issues in young children), including the initiation and monitoring of treatment effects for psychosocial interventions and when indicated for certain disorders (ADHD, depression, anxiety), pharmacotherapy

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Purpose of Study

For general pediatrics residency programs, what are the barriers and facilitators to implementing and assessing the B/MH EPA?

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Methods

- 4 pediatric residency programs, previously selected to implement B/MH EPA
- Semi-structured interviews with 3-5 individuals at each site
  - Program directors/associate program directors
  - Clinical competency committee members

Sample Interview Questions

How do residents learn to manage B/MH problems at your institution?

- Who teaches them?

- In what settings?

- How much time is devoted to this during training?

Sample Interview Questions

- What have been barriers to implementing the B/MH at your institution?

- What assessment data is most useful when considering a resident's performance for the B/MH EPA?

Data Analysis

- Interviews transcribed (Rev), coded by primary coders (Dedoose), codebook developed
- Secondary coders reviewed subset of 6 interview transcripts
- All coders met to group codes → categories → themes

Results

18 Interviews

5 Themes

Theme #1

Who's responsible for behavioral/mental health training?

Theme #1

Who's responsible for behavioral/mental health training?

Who's Responsible?

Residents

Institution

Local Champion

National Organizations

B/MH Specialists

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Who's Responsible?

"I think [our program director] being involved in some of the work in this arena has been great. So, I think she […] and our department chair have been involved in this work on the national level. And so, I think, knowing that **our residents see program director as well as our chair, have been at the front lines** and hearing about this, I think that really helps in terms of getting buy-in and support from the institution. But, I still think we have a fairly long way to go."
(Participant 5)

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Who's Responsible?

"When the residents are here, the last they want to hear is psychiatry. They didn't come here to do psychiatry. Because they're young. **They don't know that when they go into private practice, this is one of the heaviest things that they are gonna be seeing**, right? So, how do you inject that in the curriculum? What goes away? Does what goes away cardiology? Does neonatology go away?"

(Participant 4)

Local Context

Community

Program

Institution

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Local Context: Community

"Then we have a really cool...**psychiatry consult line**...if you have a complicated depression or you have a kid with a history of bipolar who is screening positive for depression but you're a little bit hesitant to start the [selective serotonin reuptake inhibitor medication], you can call them and get help with medication and also community resources. It's really, really helpful...[and] **available state wide** for primary care physicians, family medicine, and pediatricians."

(Participant 7)

Local Context: Program

"We have over 204 residents. There's a wide range in career interest. Not all of our residents are in the same primary care setting, which is where we see a lot of patients. […] Specifically knowing that **you can't do every EPA for every rotation, just like you can't do every milestone for every rotation, it becomes cumbersome**."

(Participant 2)

Theme #3

Behavioral/mental health may require longitudinal, integrated, multi-disciplinary training

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Longitudinal Training

"I'm getting more and more convinced that this is a **longitudinal skill**, and that should be touched upon throughout residency, and actually integrated into every single clinical rotation we do. We see this in the intensive care unit. We see it in the emergency department. We see it in the inpatient setting. We see it in every single sub-specialty. To pull it out, I think, first to silo it versus **integrating** it as an **important skill that everyone needs to be comfortable with**."

(Participant 8)

Medical vs. Psych

"The **knee jerk** response from the resident at that time, and from the faculty at that time is, what? We need to go **psych consultation**. They come, they do the structured interview, they do everything. **The residents are not part of that interview**."

(Participant 4)

B/MH Specialists: Indispensable

"There's actually a **psychologist embedded** in those clinics now, and residents actually have assigned sessions to shadow those psychologists, which I think are really **good opportunities for the residents to model** the types of questions that the psychologist ask families to get a sense of treatment or behavioral modifications that they can then recommend to families in subsequent visits. And they can follow up on the recommendations given by the psychologist with those families. So. I think that is an awesome addition to our program."

(Participant 5)

B/MH Specialists: a Hurdle?

"I think we have a **really robust pediatric and behavioral medicine unit**…[it] is a huge asset but also **negatively impacts our residents' ability to make these assessments themselves**…Residents [are] not being as engaged in those assessments because they know that there's someone else coming in and doing the really comprehensive evaluation."

(Participant 1)

Theme #5

Resident and faculty confidence and skill impact behavioral/mental health training

"I think that the **preceptor's knowledge level** on not just a mental health EPA, but on EPAs in general, is **not consistently high across the board**. So those that would provide the evaluation, aren't necessarily familiar with the concept of the mental health EPA, or EPAs in general." (Participant 2)

Ideas to Address Faculty, Resident Training

- Day-long B/MH summit planned to address gap in curriculum, faculty education

- Simulation-based education

- Use of existing tool kits/media to help with educational standardization

- Integration of the electronic medical record (EMR) with B/MH EPA assessment (i.e. practice habits data)

Future Directions

- Who's responsible for training residents?
  - How can we better support those responsible? Time/funding?
- Do we feel confident in our ability to train?
  - How can we support faculty education?
- How do we mitigate tensions utilizing B/MH specialists?
- How do we make B/MH training more comprehensive, less "psych vs. medical?"
- Do these barriers apply to other EPAs?

Thank You!

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References