

EDUCATING NON-PSYCHIATRIC TRAINEES ON PSYCHIATRIC TOPICS: A QUALITY IMPROVEMENT PROJECT

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INTRODUCTION

Trainees and attendings, especially in primary care settings, are often the first to encounter individuals presenting with psychiatric symptoms. Literature on current medical trainee education indicates that program directors of primary care specialties have concerns about resident and fellow preparedness to appropriately diagnose and treat patients with psychiatric conditions. The Advocate Lutheran General Hospital (ALGH) psychiatry residency program has informally presented lectures to other medical specialties over the years; however, there has not been a structured program or lecture series on psychiatric topics routinely incorporated into non-psychiatry trainee didactics. To address these discrepancies, a quality improvement project was pursued to assess the psychiatry program's effectiveness of presented lectures and encourage regular integration of psychiatric topics into non-psychiatry specialty training.

BACKGROUND

A literature search of relevant studies over the past several decades revealed consistent issues regarding lack of psychiatry training in primary care residency programs (i.e. family medicine, internal medicine, pediatrics, OB/GYN). Despite primary care trainees' frequent exposure to patients with psychiatric concerns, trainees and program directors report that residents and fellows are ill equipped to treat psychiatric conditions.

According to studies demonstrating improved outcomes of trainee knowledge and application of psychiatric topics, the following program-level actions are recommended: a) increasing number of offered didactics, b) psychiatric faculty involvement in teaching curriculum (including formalized curriculum), and c) ongoing collaboration between psychiatry and primary care specialties. Despite persistent calls for change to training practices, there continues to be an ongoing issue regarding competency of treatment of psychiatric conditions among primary care trainees.

OBJECTIVES

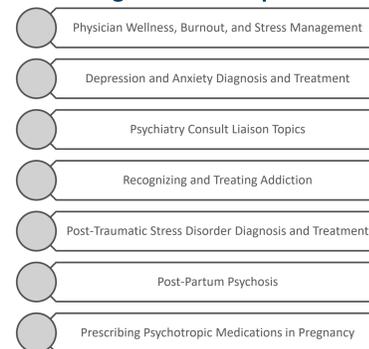
- Improve competence of non-psychiatry trainees with psychiatric topics
- Assess how to best deliver psychiatric topics to other specialties

METHODS

From November 2020 to March 2022, the ALGH psychiatry

residency offered educational seminars to interested non-psychiatry residency and fellowship programs at ALGH. Lectures were presented by a psychiatric attending and resident dyad. The offered lectures were based on expressed interest of specific psychiatric topics from program directors. Seven psychiatric lecture topics were offered to programs with a total of eight lectures presented to four different training programs (Figure 1). The availability of these seminars was communicated via email with program coordinators and the monthly ALGH e-bulletin.

Fig 1. Lecture Topics



Data was collected on the following parameters: resident/fellow status, attendance of program's specific psychiatry lecture, and post-lecture survey completed within one week of presented lecture. When the lectures were initiated, the quality improvement measures had not yet been fully implemented. Given this, formalized surveys were not conducted after all lectures. Once the standardized post-lecture survey was developed, this was sent to program coordinators for resident/fellow feedback within 24 hours of the lecture. Post-lecture survey questions were intended to assess quality of lectures through Likert scale questions and open-ended answer boxes (Figure 2).

RESULTS

Based on eligibility criteria, data analysis was conducted on 15 survey responses, approximately 60% response rate. Data collected indicated that all trainees (100%) agreed or strongly agreed that the lectures were organized, had appropriate amount of detail for training level, and presenters were knowledgeable and able to answer questions effectively. 66.7% of trainees reported that their lecture increased understanding of the topic to at least a moderate degree. All trainees reported increased understanding of the topic by at least a small amount (Figure 3). 86.7% of trainees felt that they could apply this knowledge to their patient interactions. All trainees in the survey recommended that their lecture be

provided to future trainees. Only 2 of 15 trainees provided written feedback in open-ended questions, with positive feedback consistent with Likert scale questions.

Fig 2. Post-lecture Survey

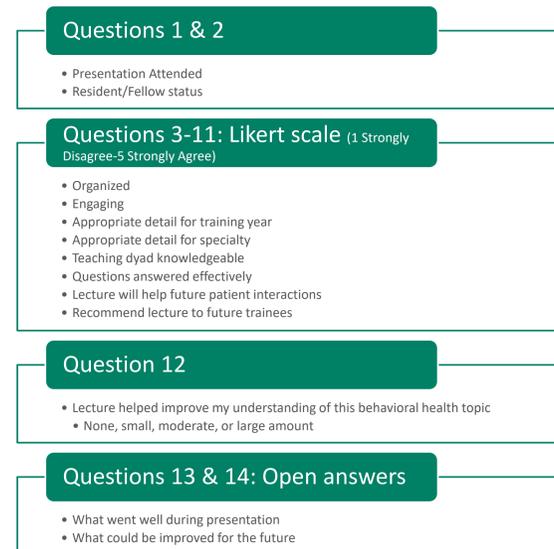
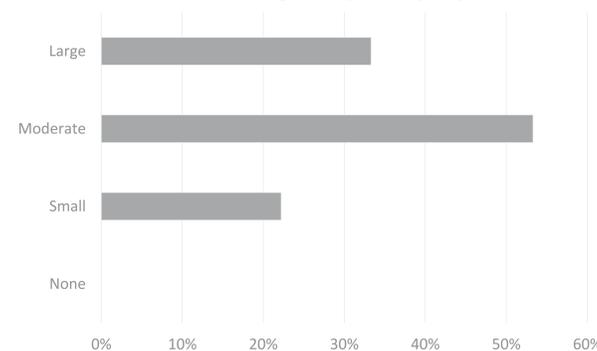


Fig 3. Amount that Lecture Helped Improve Understanding of Psychiatry Topic



DISCUSSION

This quality improvement project aimed to assess the quality of current lectures being provided by the ALGH psychiatry department, enhance non-psychiatry trainee knowledge on these topics, and how we could expand outreach to other non-psychiatry programs.

Psychiatry residents at ALGH volunteered to prepare and present requested lectures with attending input over the finalized product. This allowed psychiatry residents to hone

teaching and research skills, while strengthening their own understanding of these topics. These presentations were recognized as ACGME scholarly activity for psychiatry residents given opportunity to teach other trainees.

The data is limited given the quality improvement process began after lectures were already being provided. Once a standardized survey was developed, this was implemented and requested after lectures. In the future, a pre-lecture survey will also be implemented to help contrast with post-lecture results and assess needs of trainees to help tailor lectures.

Interestingly, program coordinators and directors reached out (as they would historically) to the psychiatric department for specific lectures; however, after advertising additional lectures in the monthly e-bulletin and encouraging additional collaboration, no other programs or lectures were sought out. This may be due to limited reach of e-bulletin letters, less interest in other topics depending on program, or other factors.

Additional platforms such as recorded videos or direct clinical experiences with the department may also be interesting areas of study in the future to enhance trainee exposure and competency in psychiatric topics.

CONCLUSIONS

This project demonstrated the feasibility of enhancing non-psychiatry trainee knowledge on psychiatric topics with inter-program collaboration. While the sample size was small, the trainees found the lectures to be informative and applicable to their patient interactions. Ongoing data collection will be helpful to determine how lectures may be improved and if findings are also consistent with other programs and topics.

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