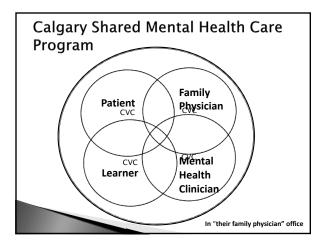
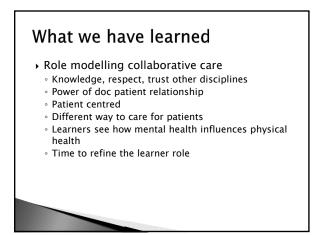


# Do you have medical students and residents with you in practice?

• wno? • Learner level? How many learners at a time? How have you involved them in care? What has worked best? Not so hot?





#### What we have learned

- Addressing Learner Needs
  - Different by level of learner
  - · Different by tolerance for uncertainty
  - $\circ$  Different if learner has not already seen the patient
- > Purposeful / Intentional Learning
  - Pre session
  - $\circ$  In session
  - Post session

#### Purposeful/Intentional Learning Pre – session

- o Differences: traditional diagnostic based vs collaborative not in charge tolerance of dissonance egalitarian
- o Which patients offered this program? Why?
- o Importance of FP history if patient not known to learner
- $\circ\,\mbox{Role}$  and responsibility explicit for each learner

#### Purposeful/intentional learning Pre/ In-session

- $\circ$  Early learner: observation valuable/expect debrief
- What to watch for
- How to be involved
- Clinician/FP make time for learners in session
- o Mid learner:
- progressive responsibility/expect debrief
- communication tools
  how to ask for support
- how to ask for support
   More seasoned learner:
- expect debrief
- +skill translation to other patient encounters

#### Purposeful/intentional learning Post -session reflective practice

- Discussion/share thoughts
   Notice?
  - Most impactful?
- Validate perceptions/build confidence
- Skill translation

# Shared Care Collaborative Practice Benefits

- Reduced barriers to care Location/strong doctor-patient relationship accepts care/accepts learners relationship transfer
- > Small goals / Big outcomes Patients empowered, not sick Gentle nudges/different discussion
- >Inter-professional awareness/trust
- >Transferrable skills

### New graduate, now in practice

I can say that as a learner, it provided a safe environment to independently navigate through a patient's story because it became more of a 'discussion' (generated by the patient's lead/agenda) rather than a 'clinical encounter'. Now, having that slight shift in mindset when discussing mental health concerns with a patient, either alone or in this model, helped me feel more comfortable, have more vocabulary, and develop strategies on how to interact in a sensitive manner (i.e., how to word specific questions, how to probe about sensitive subjects.

## International Medical Graduate

- Shared mental health care helped me to work on recognizing the emotions behind signs and symptoms and to help me connect and build rapport with my patients. I saw how the shared mental health care team worked on identifying the problems for the patients, guide them to the plans, step by step, to manage the issues and closely follow up the progress.
- The dramatic change in the patient's quality of life is rewarding.

#### **Future Directions**

- Refine learner session materials
- Develop sequential skill sets/components relevant for busy practices
- Alignment with Patient Medical Home
- Consider measurement
- Share successes

