Training Psychiatric Residents for Collaborative Mental Health Care

DEVELOPMENT OF UNIVERSITY OF TORONTO'S INTEGRATED MENTAL HEALTH CARE TRAINING EXPERIENCE

Presenters: Kristina Powles, Andrea Levinson, Mike Neszt, Natasha Snelgrove

Contributors: Michaela Beder, Mark Fefergrad, Abbas Ghavam-Rassoul, Nadiya Sunderji, John Teshima, Amy Cheung

PRESENTER DISCLOSURE

- **Presenters:** Andrea Levinson, Mike Neszt, Kristina Powles, Natasha Snelgrove

- **Relationships with commercial interests:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Other:** None

- Contributors also have no conflicts to disclose

PRESENTER DISCLOSURE

Learning Objectives

At the end of this presentation, attendees will be able to:

1. Describe the history of collaborative mental health care training for psychiatrists in Canada and its evolution at the University of Toronto in particular
2. Discuss the strengths and limitations of a collaborative care training experience based on an initial implementation evaluation
3. Situate collaborative care training for psychiatrists in the greater context of national implementation and evolving models of care

Collaborative Mental Health Care

- CPA Position Paper 2010: "Collaborative care is care that is delivered by providers from different specialties, disciplines, or sectors working together to offer complementary services and mutual support"

Collaborative Mental Health Care

- Importance of personal contacts
- Mutual respect, trust, and role recognition
- Evidence-based practice
- Responsive to changing needs of patients
- Shaped by context and culture
- Relevant and responsive to local resource availability and provider skills

Collaborative Care in Residency Training

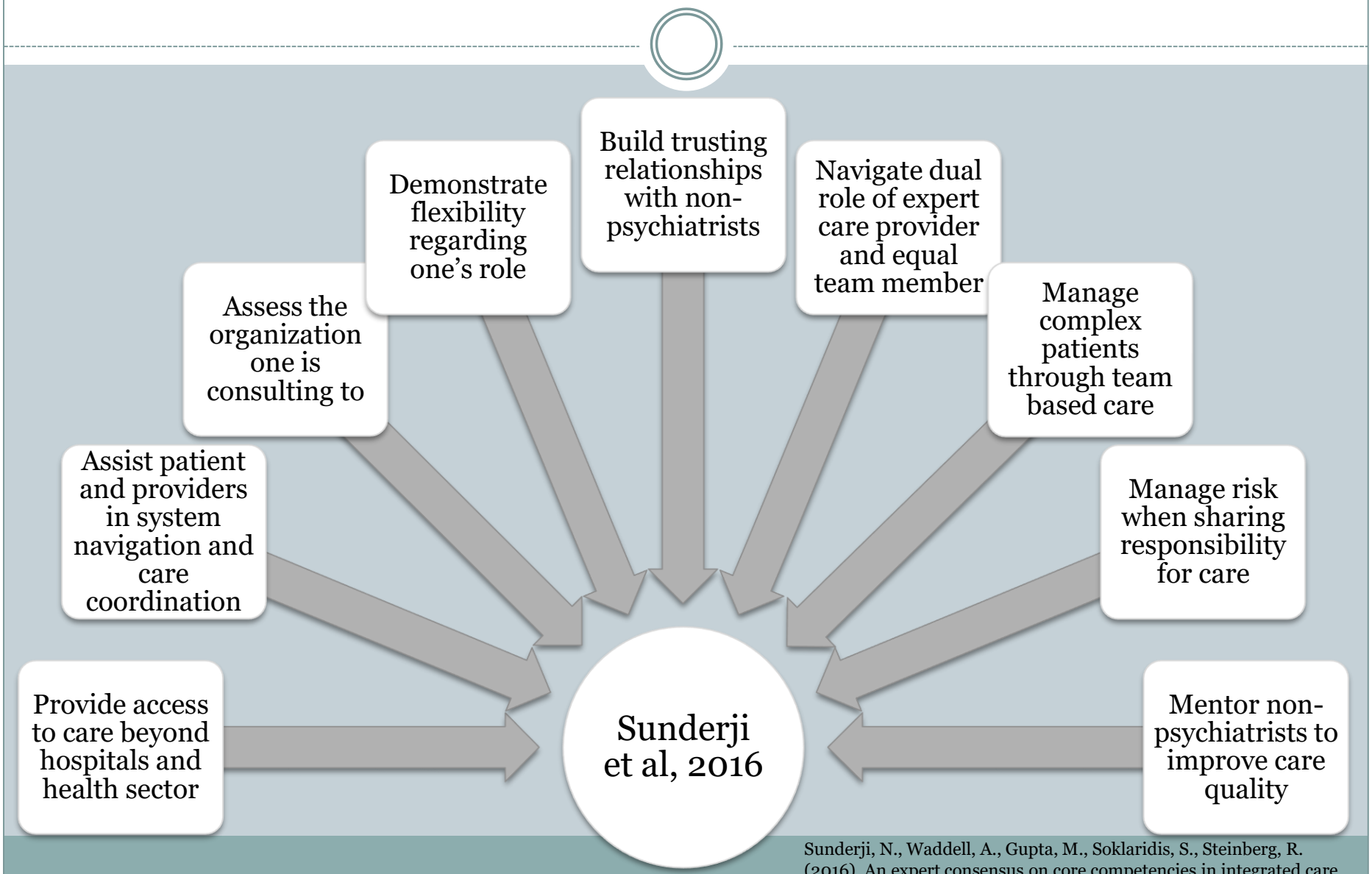
- Instituted by the RCPSC as a mandatory rotation for senior psychiatry residents in 2009

- "Collaborative/shared care with family physicians, specialist physicians and other mental health professionals"
- Min 1 month, recommend 2 months
- Lack of guidance re: goals, content or format for training
- Gap between aspiration and existing capacity of sites, supervisors

Collaborative Care at University of Toronto

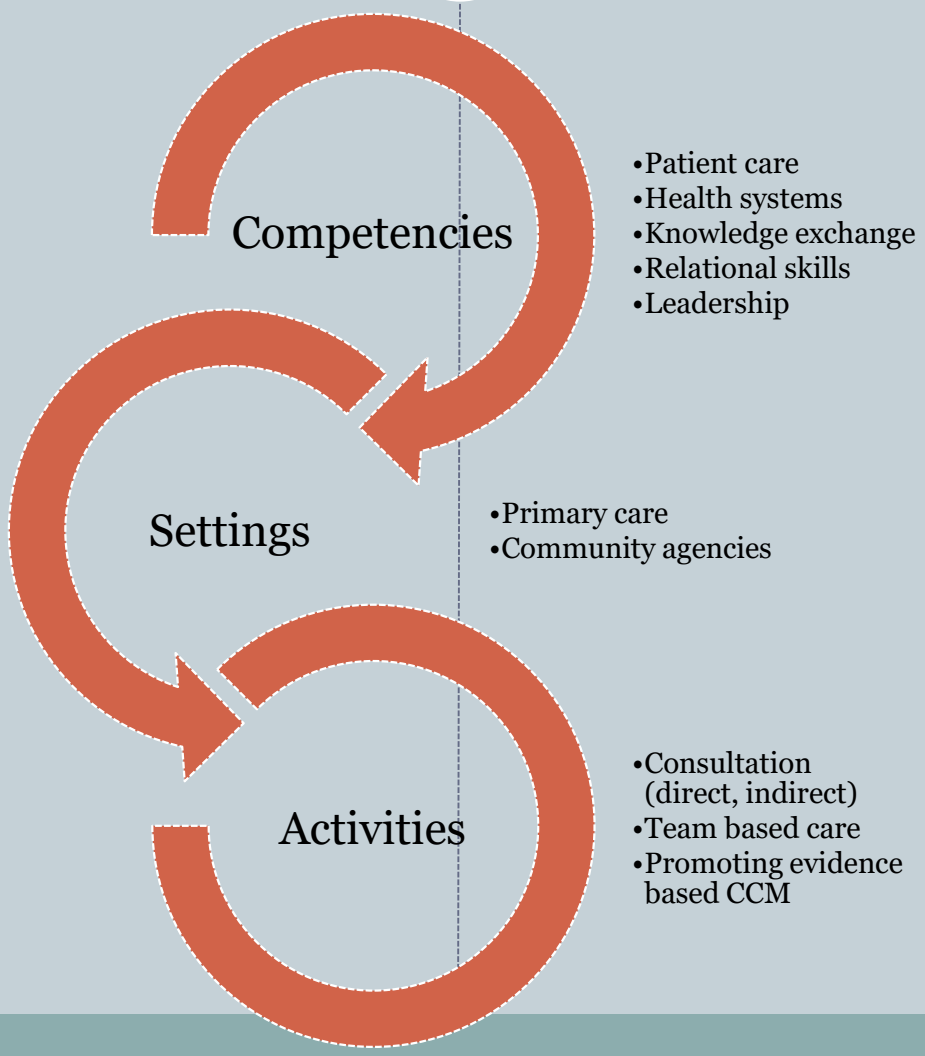
- Many iterations over many years
- Initially developed as PGY-4 experience
  - Blocks, integrated into CL rotation
- Difficulties with training experience for residents, faculty and partnered sites led to re-imagining

Competencies for Collaborative Care



Sunderji, N., Waddell, A., Gupta, M., Soklaridis, S., Steinberg, R. (2016). An expert consensus on core competencies in integrated care for psychiatrists. *General Hospital Psychiatry, 41*, 45-52.

Competencies, Clinical Settings, Workplace Activities



Integrated Mental Health Care 2.0

- Integrated, longitudinal, one day per week experience
- Situated in PGY-5
- Flipped classroom curriculum
- Assignment focused on assessment of local model of care

Rationale for Training Experience

Integrated, longitudinal, one day per week experience

- Form longitudinal relationships
- Improve patient care
- Increase site capacity

Situated in PGY-5

- Transition to practice experience

Flipped classroom curriculum

- To reinforce clinical learning

Assignment focused on assessment of local model of care

- As IMHC models are evolving

Clinical Rotation

- One day per week for entire PGY-5 year
- Situated with one of 40 community sites
  - Situated as expert care provider
- Direct and indirect clinical care
- Teaching of other care providers

Curriculum

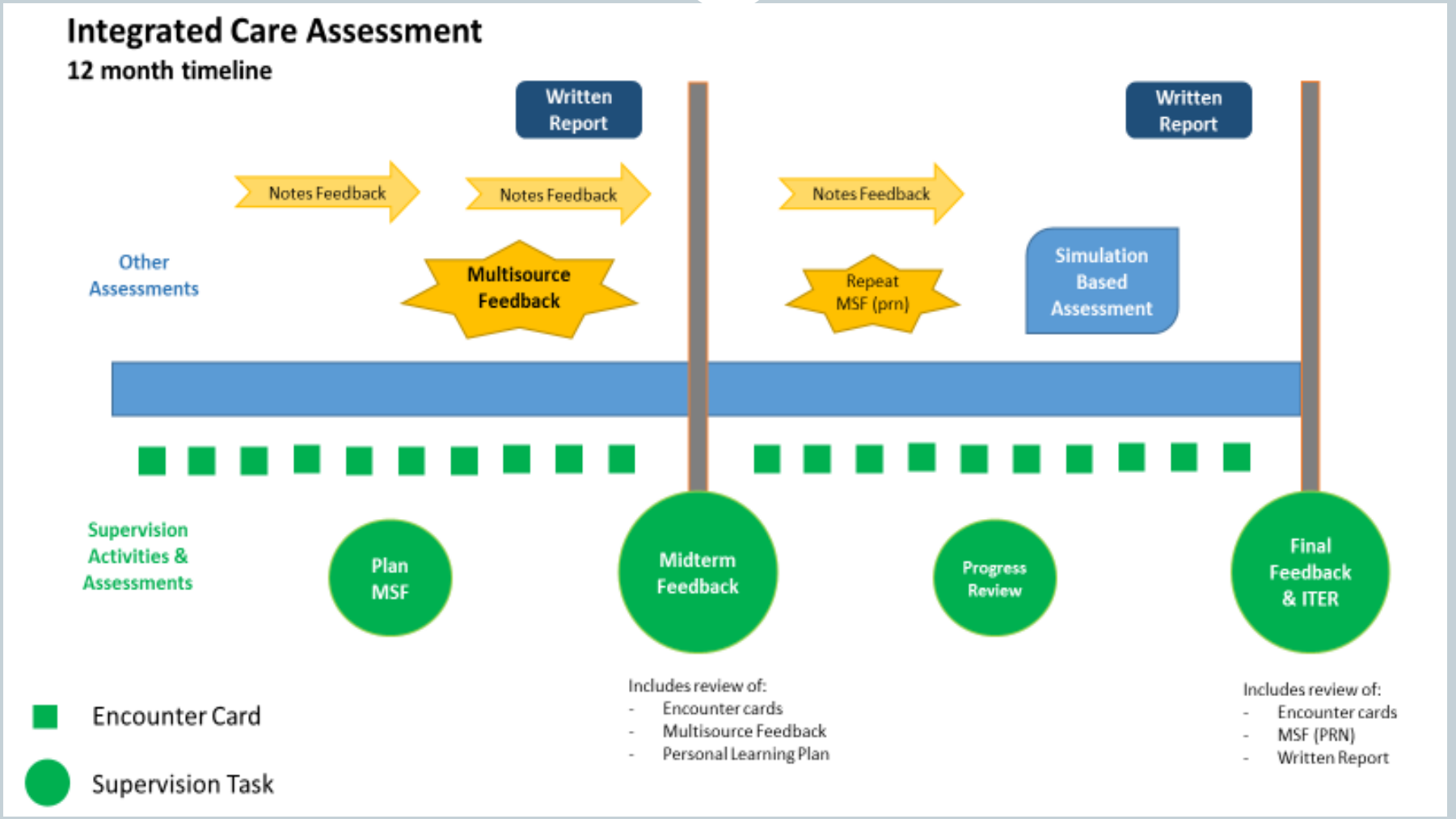
- Flipped classroom curriculum
  - Homework integrated into resident's clinical day
- Major themes:
  - Models of IMHC
  - Communication
  - Medicolegal issues
  - Population based approaches
  - Improving on models of care
  - Leadership
  - Careers in IMHC

- Assignment
  - Ideas for improving model of care at own site

Assessment

- Clinical evaluation
  - ITER
- Review of assignment
  - With supervisor and shared with site
- Multisource feedback
  - From interdisciplinary providers

Assessment


Integrated Care Assessment
12 month timeline
Written Report
Written Report
Notes Feedback
Notes Feedback
Notes Feedback
Other Assessments
Multisource Feedback
Repeat MSF (prn)
Simulation Based Assessment
Supervision Activities & Assessments
Plan MSF
Midterm Feedback
Progress Review
Final Feedback & ITER
Includes review of:
- Encounter cards
- Multisource Feedback
- Personal Learning Plan
Includes review of:
- Encounter cards
- MSF (PRN)
- Written Report
Encounter Card
Supervision Task

Faculty Development

- Session June 2016 before new rotation, 21/31 faculty
- Themes:
  - Evidence for collaborative care and improving own model
  - Rationale for WPBA and practice with using tools, providing feedback
  - Brainstorming incorporation into supervisory workflow
- Ongoing support for implementation

Rotation Evaluation

- Resident surveys: June 2017
  - 63% (17/27)
- Faculty surveys: June 2017
  - 61% (17/28)
- Site surveys: October 2017
  - 75% (18/24)

Resident Evaluation

- Strengths:
  - Disadvantaged population experience
  - Providing highly valued clinical care
  - Interacting with team members
- Challenges:
  - Managing time for curriculum homework
  - Managing time for travel and supervision
  - Dissonance between curriculum taught and lessons learned on rotation/with supervisors

Faculty Evaluation

- Strengths:
  - Resident care contributions useful
  - Enjoyed teaching and supervision
- Challenges:
  - Time constraints in organizing resident supervision
  - Lack of knowledge of curriculum leading to difficulties in clinical teaching

Site Evaluation

- Strengths:
  - Increased access to psychiatric care
  - Increased indirect consultation
  - Improved continuing education
- Challenges:
  - Temporary increase in admin burden
  - Difficulties in doing MSF

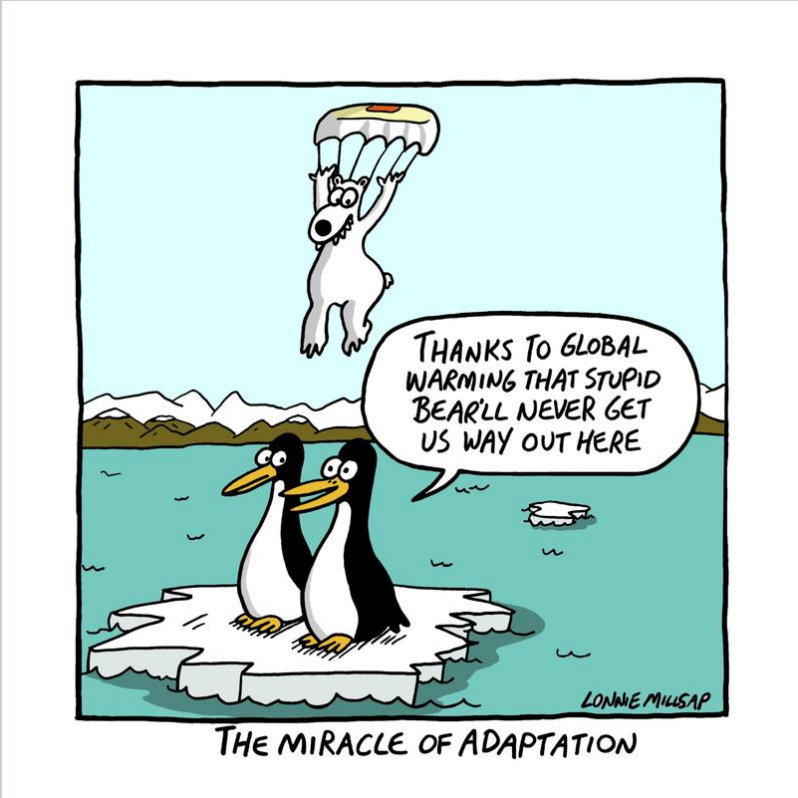
Lessons Learned

- Overall training experience highly valued by all

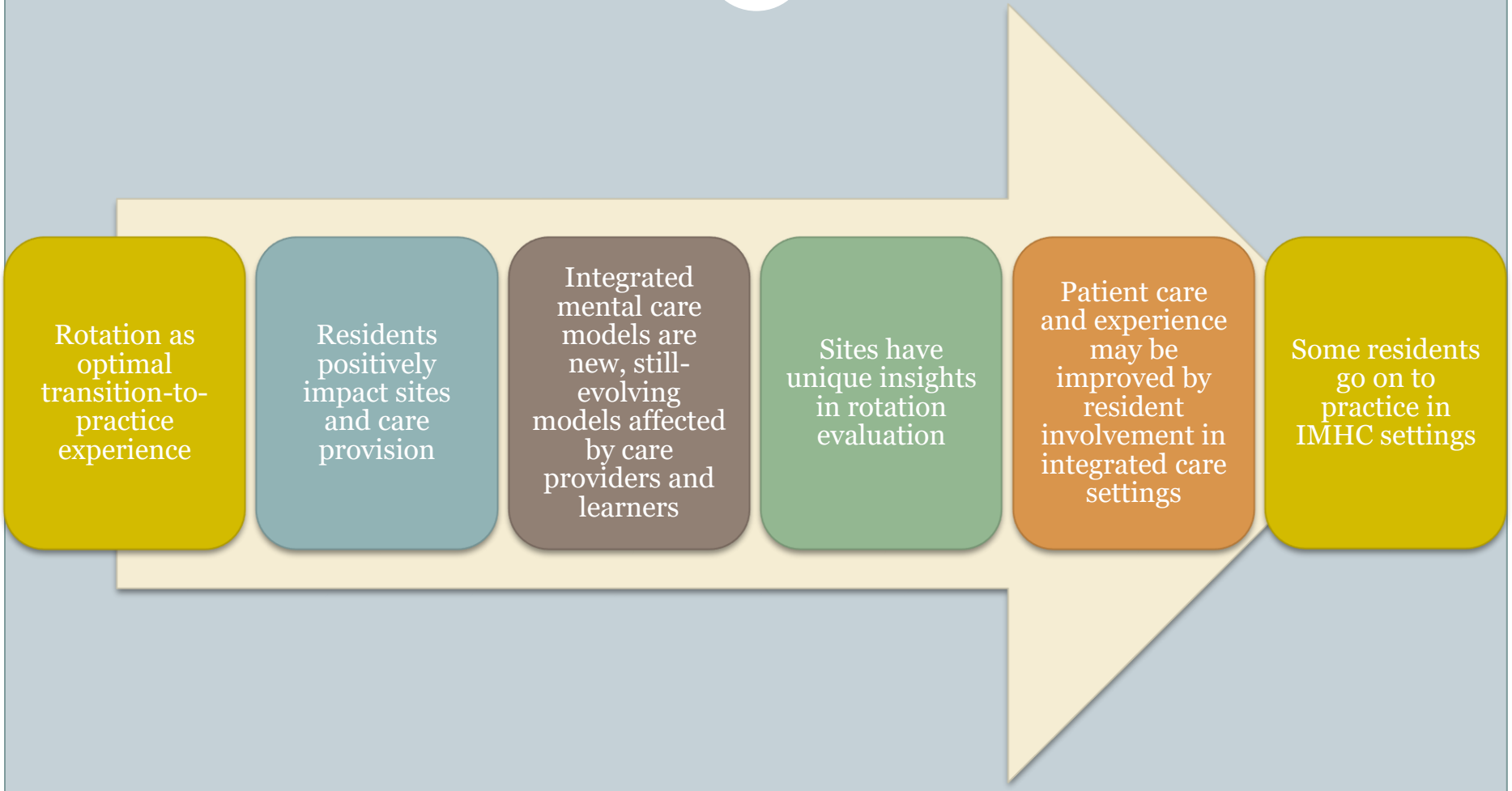
- Improvements:
  - Residents
    - Time
    - Curriculum dissonance
  - Faculty
    - Curriculum knowledge
  - Sites
    - Assessment burden

Adaptations Made

- Residents
  - Reduction of curriculum homework
  - Adaptation to assignment due date to better meet realities of PGY-5
- Faculty
  - Regular provision of curriculum information via email throughout year
- Sites
  - Removal of MSF to be reintroduced with simpler format at later date



Translation to Other Settings



References

1. Kates, N., Mazowita, G., Lemire, F., Jayabarathan, A., Bland, R., Selby, P.... & Audet, D. (2010). The evolution of a collaborative mental health care in Canada: A shared vision for the future. *The Canadian Journal of Psychiatry, 56* (suppl 5), 1-10.

2. The Royal College of Physicians and Surgeons of Canada. (2015). *Specialty training requirements in psychiatry*. Ottawa, ON.

3. Sunderji, N., Waddell, A., Gupta, M., Soklaridis, S., Steinberg, R. (2016). An expert consensus on core competencies in integrated care for psychiatrists. *General Hospital Psychiatry, 41*, 45-52.

4. Sunderji, N. & Jokic, R. (2015). Integrated care in Canada: Challenges and future directions. *Academic Psychiatry, 39,* 740-741.

5. Sunderji, N. & Snelgrove, N. (2017). Integrated mental health care – Core rotation: July 2017 – June 2018 syllabus. University of Toronto. Toronto, ON.