Teaching Behavioral Sciences to Family Practice Residents: The "Shared Care" Approach

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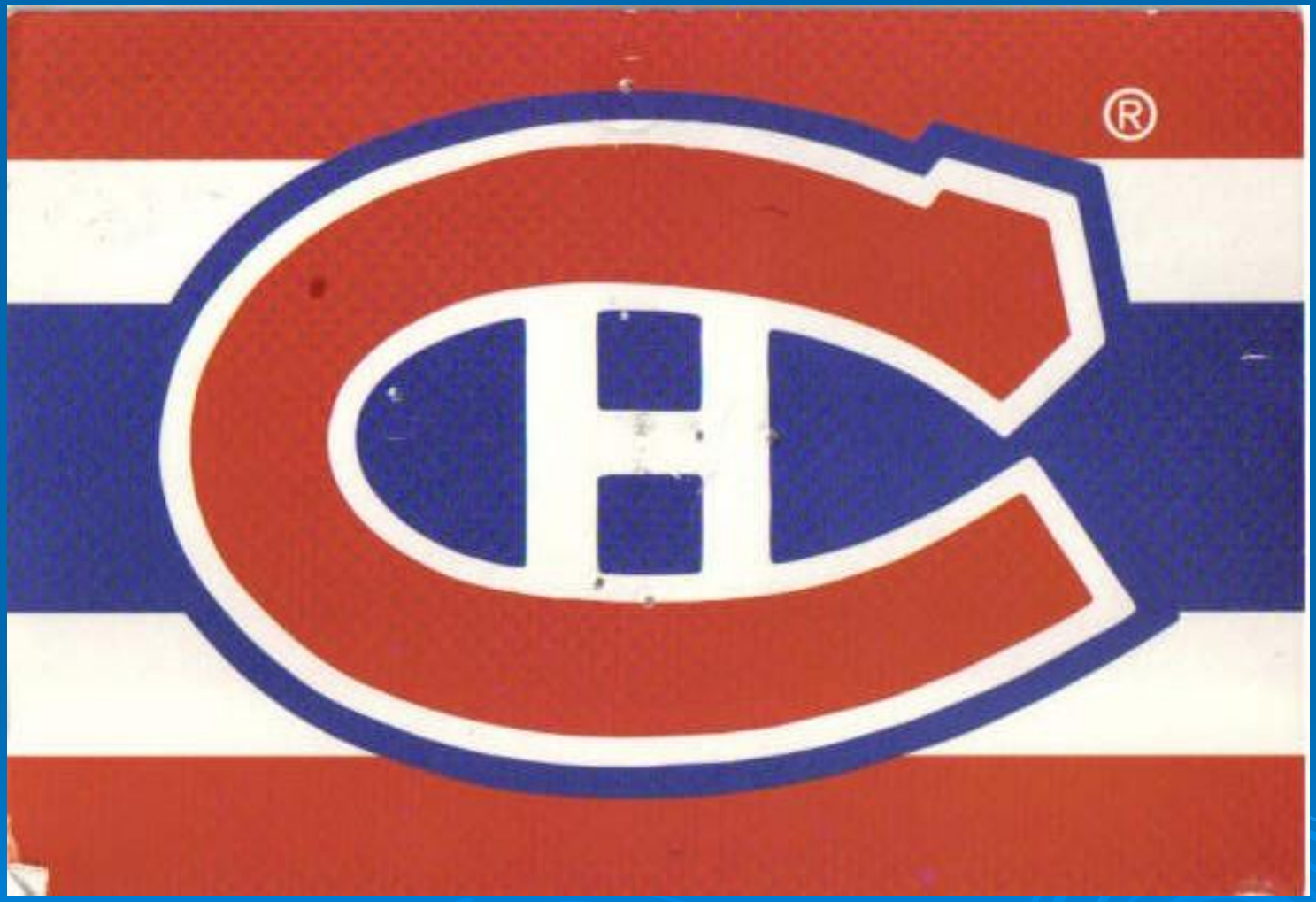

Introduction

- 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”

Description of Program

- Hybrid model at McMaster (FP SW Psychiatrist triad)
- No Block Rotation
- Half-day behavioral sciences x 2 years
- 3 ‘units’ in Hamilton (40-50 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
- Large group sessions – resident driven, invited speakers

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

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:

- 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:

- 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:

- 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

Teaching Methods

- Using Video in Clinical Supervision

- Use case as platform to explore treatment, epidemiology, personal responses (transference and countertransference) communication

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
- Formal written evaluation

Conclusions

- DFM Accreditation Report, April 2009

- Behavioural Sciences "…particularly noteworthy strength of the residency program….unique and effectively meets the needs of the residents."

Reference

Westberg J, Hilliard J. Teaching Creatively with Video: Fostering Reflection, Communication and Other Clinical Skills. Springer Publishing Company, New York, 1994.