

Interdisciplinary Psychiatric Education: Enhancing Knowledge, Bridging Gaps, Improving Outcomes

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Background

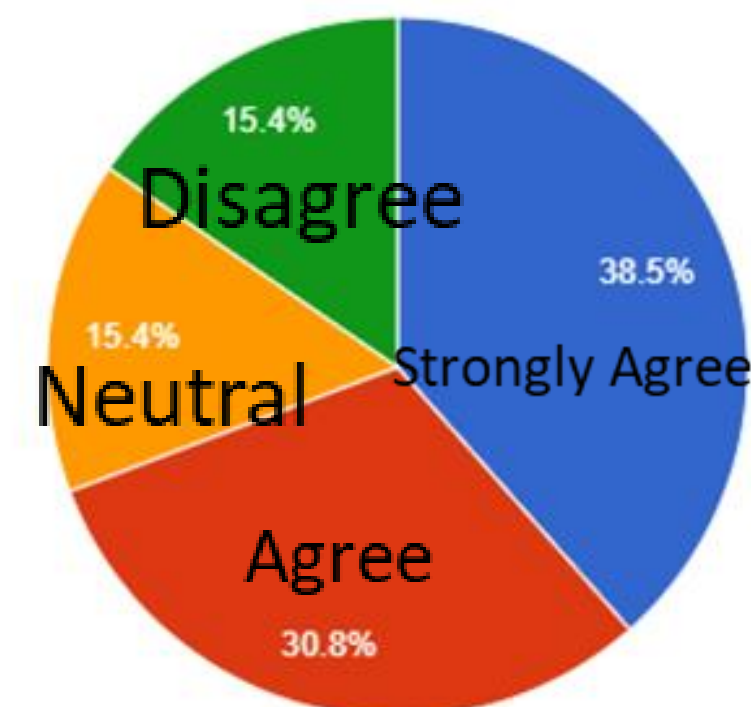
- The Centers for Disease Control and Prevention data- 20% of all visits to primary care physicians included behavioral health-based concerns.
- U.S. Surgeon General's Mental Health Crisis declaration- 30%-40% escalations in anxiety and depression symptoms
- National average wait times for psychiatry- 25-90 days
- Studies showing >70% of internal medicine program directors identifying need for more psychiatric didactic
- Brief educational interventions have been studied and indicate the need for further psychiatric education.

Purpose

- This study aims to evaluate the need for a longitudinal psychiatric curriculum for internal medicine residency programs, in effort to prepare primary care physicians to fill the psychiatric access to care gap.

Methods

- University of Chicago Medical Center Internal Medicine PGY-2 and PGY-3 residents completed an anonymous 27 question online needs assessment survey. Questions utilized a Likert scale rating of comfort and knowledge in diagnosing and treating anxiety and depressive disorders, along with assessing current psychiatric didactic training and interest in more in-depth psychiatric education.



More Standardized Psychiatric Lectures

Results

-Response: 13/61 residents= 21%
11 PGY-3s and 2 PGY-2s.
33% interested in primary care

Diagnosing and treating Anxiety and Depressive Disorders:

>80% felt at least somewhat comfortable

Understanding treatment guidelines for anxiety and depression:

30-40% did not feel comfortable

Adequate education on treating anxiety and depression-

Only 38% agreed

More standardized/curriculum-based psychiatric lectures should be

a part of the residency training:

Over 68% either agreed or strongly agreed

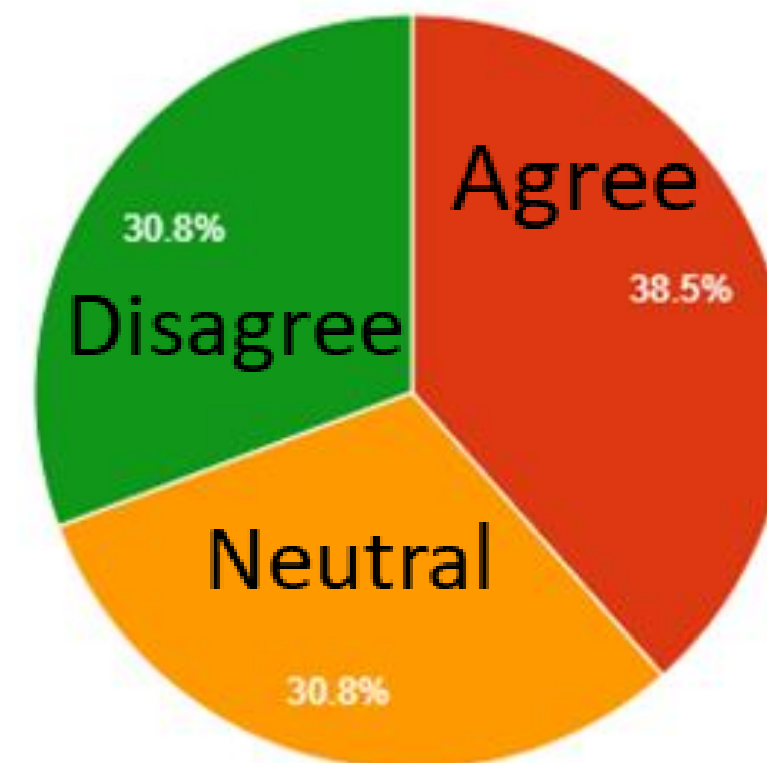
Wanting outpatient psychiatrist supervision in their outpatient

clinics:

>92% either agreed/strongly agreed

Impacted confidence in treating anxiety and/or depression:

>50% felt time constraints and uncertainty of medications



Adequate Education on Treating Anxiety and Depression

Discussion

- Due to a small sample size, not all data achieved statistical significance, however analysis suggests that there is clearly less comfort in treating anxiety disorders and lower knowledge of evidence-based treatment for depressive and anxiety disorders.
- Responders indicated limited dedicated didactic time and interest for more standardized psychiatric lectures.
- Interestingly, surveyed residents indicated substantial interest in psychiatry clinical supervision in clinical practice.
- Information collected, despite a lower response rate, has identified specific topics and methods of preferred teaching to formulate a longitudinal psychiatric curriculum.

Conclusion

- As access to timely psychiatry appts remains limited, primary care physicians **become the only option to provide psychiatric care.**
- Given published evidence of interest and need for psychiatric education, curriculum implementation within internal medicine residency programs remains essential **to provide comfort in treatment and adequate care.**
- While this study and anticipated results are limited by a small sample size and percentage of residents interested in primary care, the results of this **needs assessment will provide the guideline for a longitudinal curriculum.**
- The impact of a curriculum within one internal medicine program will assist in **further study of curriculum use in other primary care specialties** and ultimately education **impact on patient care outcomes.**

References

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