

Background

- Current mental healthcare needs exceed the capacity of available psychiatric providers, necessitating novel healthcare delivery systems such as collaborative care to scale limited resources.
- While a national survey of general psychiatry residency program directors suggests 78% of programs offer an integrated care rotation, only 47% of these experiences offer supervision during direct patient care (Reardon, 2015).
- Barriers to implementing trainee experiences in integrated care may include limited faculty development and comfort with the collaborative care model (Huang, 2016).
- Telebehavioral health posits an advantage in connecting geographically disparate residents, faculty, interdisciplinary staff, and patient populations to capitalize upon quality preceptorship (Ratzliff, 2018).

Objective and Aim

To increase resident exposure to integrated behavioral medicine and the collaborative care model.

BIDMC Psychiatry Residency and Lahey Hospital & Medical Center Division of Psychiatry partnered to pilot a 3- or 6-month half-day elective rotation in integrated behavioral health, including Collaborative Care, during the 2021-2022 academic year.

Methods

- The rotation was adapted for remote work and telepsychiatric consultation in the setting of the COVID-19 pandemic.
- Trainees were exposed to multidisciplinary care collaboration, population health patient registries, empirically validated instruments for mental health symptoms, and supervised telepsychiatry consultations.
- Modes of education included direct observation and live-time feedback of interviewing, case review with behavioral health clinicians, and documentation of decision-support to primary care physicians.
- Course evaluation surveys were solicited from participating residents upon completion of the rotation.

Table 1: Resident Evaluation of Selective (N=2)

The overall educational value of this rotation is	5
The amount of experiential learning (i.e. "by doing") is	5
The amount and quality of clinical supervision on this rotation is	5
The amount and usefulness of structured learning (presentation/teaching rounds) is	5
The amount of work required for this rotation is appropriate	Strongly Agree
The average daily time spent on this rotation is appropriate	Strongly Agree
The rotation is well-organized	Strongly Agree
The rotation met its objectives	Strongly Agree

Scale: 1 – Poor, 2 – Fair, 3 – Good, 4 – Very Good, 5 – Excellent
 Options: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

Table 2: Resident Comments on Selective (N=2)

What were the strengths of this rotation?	Perhaps the best selective of PGY3	More of a diagnostic approach, learning to more targeted/efficient with shorter consult time frame, learning about healthcare delivery systems and outpatient consultation in primary care
What about the rotation could be improved?	Thinking through how to "leave" the room during a virtual visit to discuss plan with resident before discussing with patient	There was some initial difficulty with on-boarding/IT but I think that is to be expected as it was the first time the rotation was offered
Additional comments	Thanks for making this rotation happen!	I actually liked that it was virtual based on possible commute and early start. I think this also streamlined some of the live documentation during supervision with social work as well.

Results

- Quantitative course evaluation outcomes are displayed in **Table 1**.
- Participants rated their rotation as excellent and strongly agreed with educational objectives
- Qualitative course evaluation feedback is displayed in **Table 2**.

Discussion

- Qualitative and quantitative assessment of a pilot elective in integrated behavioral care suggests improved resident competence with

- outpatient consultation-liaison work in a primary care setting.
- In addition, in informal feedback, both trainees noted that this clinical experience influenced their post-graduate employment plans and led them to consider opportunities involving collaborative care.
- Further assessments related to outcomes data are planned as rotation enrollment increases.

Conclusion

This virtual pilot elective rotation indicates promise for increasing psychiatric resident exposure to the collaborative care model and positive regard for integrated behavioral medicine.

References

- Osofsky, et al. (2016). Collaborative Health Care and Emerging Trends in a Community-Based Psychiatry Residency Model. *Academic Psychiatry*, 40(5), 747–754.
- Huang, et al. (2016). Developing a Collaborative Care Training Program in a Psychiatry Residency. *Psychosomatics*; 58(3), 245–249.
- Ratzliff, et al. (2018). Tele-Behavioral Health, Collaborative Care, and Integrated Care: Learning to Leverage Scarce Psychiatric Resources over Distance, Populations, and Time. *Academic Psychiatry*, 42(6), 834–840.