

Proactive Consultative Psychiatry: an Interdisciplinary Teaching Model for Medical Residents



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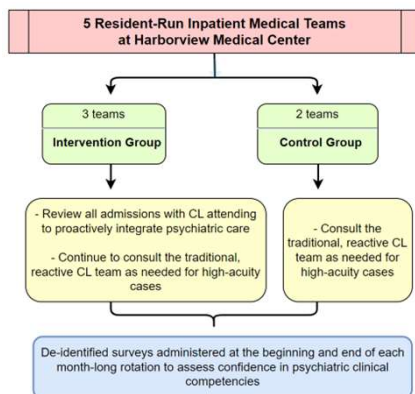
BACKGROUND

- Psychiatric comorbidity is highly prevalent on inpatient medical units (20 - 50%).¹
- Surveyed IM and FM residency program directors (n=368) believe their programs should spend more time on psychiatric education.²
- Little has been studied about how proactive psychiatric consultation can be used as an interdisciplinary teaching model.

NEEDS ASSESSMENT

- Surveys and interviews with medical residents and hospitalists at the University of Washington demonstrated a clear desire among practitioners for:
 - More frequent access to psychiatric consultation
 - Collaborative management of psychiatric inpatients
 - Additional training in psychiatric management

METHODOLOGY



SURVEY EXCERPT

For the following statements, please select: Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree

I feel comfortable managing acute suicidal ideation in medical inpatients.

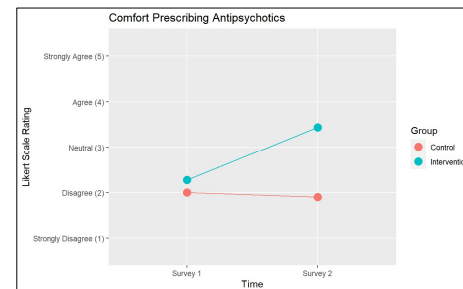
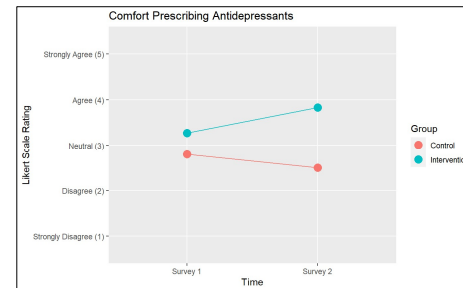
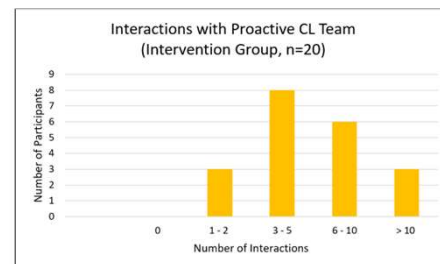
I feel comfortable managing delirium in medical inpatients.

RESULTS

Table 1: Linear Regression Model of Differences in Post-Intervention Psychiatric Competencies, adjusted for baseline scores (n=30)

Variable	β	95% CI
Suicide management	0.43	(-0.22, 1.1)
Delirium management	0.071	(-0.35, 0.49)
Substance use management	-0.066	(-0.40, 0.27)
Capacity evaluation	0.28	(-0.42, 0.98)
Antidepressant prescribing	1.1	(0.28, 1.9)*
Anxiolytic prescribing	0.31	(-0.31, 0.93)
Antipsychotic prescribing	1.4	(0.68, 2.1)***
Agitation management	0.89	(0.27, 1.5)**
Therapeutic relationships with patients	0.64	(0.29, 0.99)**
Discharge planning	0.8	(0.073, 1.5)*
Coordination with ancillary services	0.066	(-0.035, 1.1)
Support from nursing team	0.15	(-0.52, 0.82)
Support from CL psychiatry team	0.58	(0.037, 1.1)*
Burn-out	0.22	(-0.50, 0.94)
Quality of care provided	0.47	(-0.15, 1.1)
Equity of care provided	0.72	(0.077, 1.4)*

CI = Confidence Interval
*P<0.05 **P<0.01 ***P<0.001



DISCUSSION

QUANTITATIVE DATA

- Improvement in self-reported knowledge and skills was most aligned with certain topics relevant to subacute psychiatric care.
- Confidence in topics related to acute psychiatric care showed the least growth.
- Confidence in interpersonal skills for building therapeutic patient relationships, managing agitation, and coordinating discharge significantly increased.
- Perceptions of equitable care significantly increased.

QUALITATIVE DATA

- Strengths:
 - Accessibility:** frequent and dependable interactions
 - Efficiency:** prompt care for intakes and follow-ups
 - Case-based care:** practical and nuanced
 - Preventative care:** providing early intervention
 - Patient care:** especially for complex patients and prolonged hospitalizations

“With your program, we got reasoning and discussion. Short form communication can't capture that level of detail.”
- participating IM provider

- Weaknesses:
 - Coverage gaps
 - Orientation

CONCLUSIONS & FUTURE STEPS

- This brief intervention improved IM provider confidence in multiple psychiatric and interpersonal competencies.
- Anxiety and substance use disorders stand out as specific subacute conditions that were not successfully targeted and require further focus.
- Collaboration with ancillary mental health services such as rehabilitation psychology, social work, addiction and nursing would likely strengthen both provider education and patient care.

REFERENCES

- Desan PH, Zimbren PC, Weinstein AJ, Bozzo JE, Sledge WH. Proactive psychiatric consultation services reduce length of stay for admissions to an inpatient medical team. *Psychosomatics*. 2011 Nov-Dec;52(6):513-20.
- Sullivan MD, Cole SA, Gordon GE, Hahn SR, Kathol RG. Psychiatric training in medicine residencies: current needs, practices, and satisfaction. *Gen Hosp Psychiatry*. 1996 Mar;18(2):95-101.