

# Increasing Trainee Exposure to Proactive C-L Psychiatry: Lessons Learned from a Resident-Led Pilot on Two Surgical Units

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## Introduction

- Proactive C-L psychiatry is an evidence-based model designed to systematically screen medically hospitalized patients and identify those who may benefit from earlier behavioral health interventions. This model has been associated with decreased length of hospitalization.<sup>1</sup>
- The majority of proactive C-L literature has studied models implemented on general medical units.<sup>2</sup> Relatively little is known about utilizing this model with surgical services.
- Many trainees do not receive any clinical exposure to proactive C-L psychiatry during residency.

## Methods

- Reviewed consult data from March-June 2021 to identify high utilization services. Clinicians from these services were approached about a proactive C-L pilot and agreed to participate.
- Two residents partnered with psychiatry faculty to develop educational objectives for a proactive C-L elective rotation.
- Elective overview:
  - Resident was available two days/week for six weeks.
  - Each resident worked directly with one team for the entire block.
- Patient screening included a combination of chart review and discussion with the primary team during routine morning meeting (i.e., "running the list").
- Patients deemed to be higher risk for behavioral health needs during hospitalization were seen by psychiatry resident for full evaluation.
- All cases seen by a resident were staffed with attending psychiatrist.
- Quantitative data was obtained via anonymous survey regarding knowledge & comfort managing behavioral health concerns. Additionally, current psychiatry residents completed a separate anonymous survey regarding their current knowledge & interest in proactive C-L.
- Qualitative data was also obtained from voluntary interviews with some team members regarding satisfaction with the pilot.

## Results

### Clinical Utilization

- Review of historic consult data from March-June 2021 (n=125 consults):
  - 26/125 consults (20.8%) were from surgery services.
  - Transplant hepatology and plastic surgery accounted for 54% of those surgical consults (n=14/26).
- During the six-week pilot:
  - Both surgical teams identified an advanced practice provider (APP) as their primary point of contact.
  - No consultations were requested on the five days per week when a psychiatry resident was not embedded with the team.
  - No consultations for suicidal ideation, homicidal ideation, or acute safety concerns.

### Psychiatry Resident Survey

- 18 responses from 27 total residents surveyed (67% response rate).
- Only 1 resident (5.6%) reported being "very familiar" with the proactive C-L model.
- 7 of 18 residents (38.8%) indicated they had minimal or no prior knowledge of proactive C-L psychiatry.
- After being presented with a brief description about proactive C-L, 14/18 residents (77.8%) expressed interest in further education about proactive C-L during residency training.

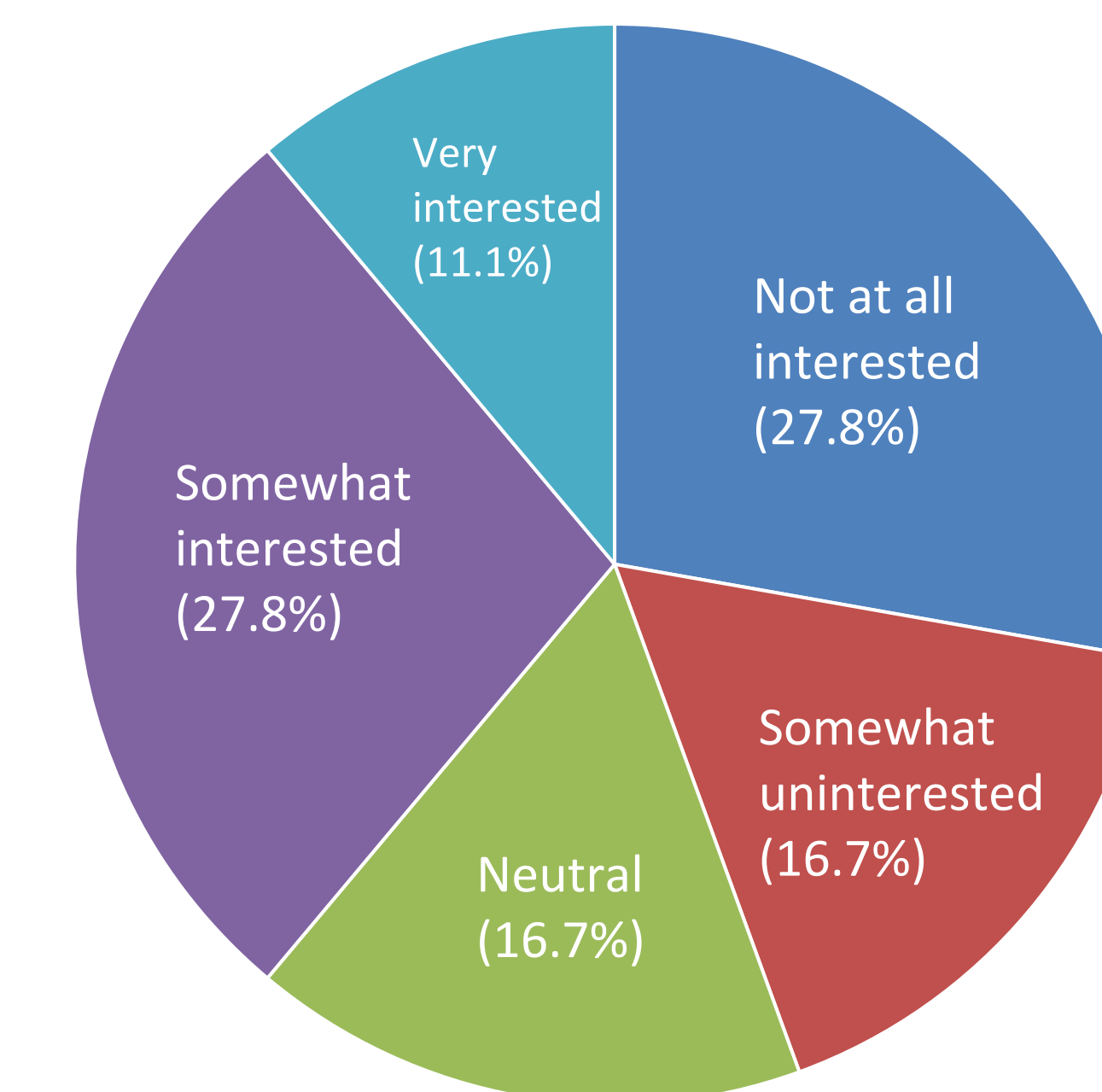
### Feedback from Primary Teams

- 11 survey responses received from nurses who work with patients the limb salvage service.
  - 7 respondents (64%) felt that >30% of limb salvage patients would benefit from behavioral health intervention during hospitalization.
  - 73% (n=8) "somewhat" or "strongly" agreed that surgical staff are able to identify & discuss problems related to patient behavioral health needs.
  - Only 18% (n=2) "somewhat" or "strongly" agreed that hospital resources were readily available to meet these needs.
- Specific behavioral health needs that nurses rated as "often" or "always/almost always" needed:
  - Bedside therapy (73%, n=8)
  - Medication management for mood/anxiety (64%, n=7)
  - Medication management for agitation (36%, n=4)
- Qualitative debrief interviews with transplant hepatology team members revealed overwhelming interest in ongoing collaboration with psychiatry
  - "It felt reassuring to know psychiatry was here."
  - "It did not impede workflow, in fact, it improved it."
  - "I felt that your presence prevented what could have been disasters."
- APP point of contacts from both surgical teams expressed interest to have future psychiatry residents work with their team in a similar model.

Table 1: Overview of psychiatric clinical encounters during six-week pilot

	Limb salvage/Plastic surgery	Transplant hepatology
Patients seen for psychiatric evaluation	6	10
Total clinical encounters (includes follow-up evaluations)	14	19
Primary reason for consultation	-Depression (3) -Anxiety (2) -Delirium (1)	-Depression (2) -Anxiety (6) -Delirium (1) -Capacity (1)

Figure 1. "How interested would you be to participate in a proactive C-L elective during residency?"



## Discussion

- This pilot resulted in an average of 1-2 new consultation per week.
- Identifying a primary point of contact & learning the unique workflow of each surgical team helped minimize communication difficulties despite unpredictable schedule changes.
- "Bedside therapy" was the most common behavioral health need identified by surgical nursing staff, which is not always feasible given limited mental health resources in a C-L setting.
  - Discussing proactive C-L psychiatrist's role at the beginning of the elective helped set realistic expectations for primary team members.
- Primary teams found proactive discussions with psychiatry was reassuring and facilitated easier multidisciplinary discussion about behavioral concerns.

## Limitations

- Psychiatry resident involvement limited to two days per week due to logistical barriers.
- Workflow of busy services at a teaching hospital with frequent resident turnover led to difficulty eliciting formal feedback from primary team physicians.

## Conclusion

**Training programs can increase resident exposure to proactive C-L psychiatry by creating electives with high utilization services. This may also increase recruitment for C-L fellowships.**

**Feedback from this pilot suggests that staff on surgical teams have identified behavioral needs and are overwhelmingly in favor of collaboration with psychiatry to increase proactive consultations.**

**Future projects can continue to formally evaluate feasibility and identify specific challenges that are unique to partnering with surgical teams.**

## References

- Desan P, Zimbren P, Lee H, Sledge W: Proactive psychiatric consultation services for the general hospital of the future. in Integrated Care in Psychiatry: Redefining the Role of Mental Health Professionals in the Medical Setting. Edited by Summergrad P, Kathol R. New York, Springer; 2014.
- Oldham MA, Chahal K, Lee HB. A systematic review of proactive psychiatric consultation on hospital length of stay. Gen Hosp Psychiatry. 2019;60:120-126.

## Disclosure

The authors do not have any financial disclosures or conflicts of interest to disclose.