Lasting Impact of a Peer-to-Peer, Longitudinal Reproductive Psychiatry Curriculum for Obstetrics and Gynecology Residents: An Update on Resident Knowledge, Attitudes, and Comfort Isabella Kratzer, M.D; Rebecca Waltner-Toews, M.D; Priya Gopalan, M.D.

Introduction

Background

- Original longitudinal Reproductive Psychiatry curriculum
- Implemented 2019 for OB/GYN residents
- Peer-to-peer and case-based

Aims

- To evaluate the curriculum's sustained impact
- Assess knowledge attitudes, and comfort in treating patients with psychiatric comorbidity

Methods and Sample

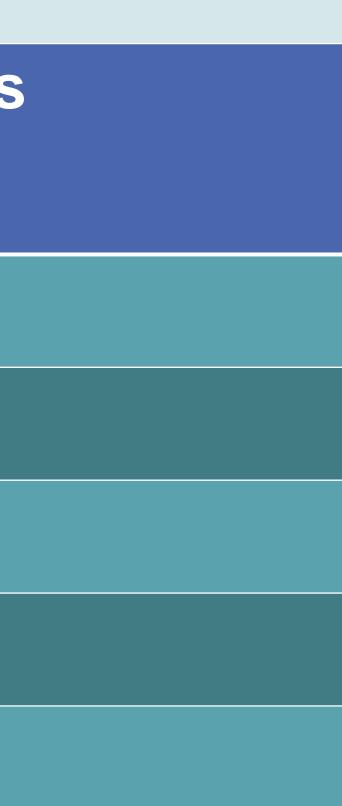
Original electronic survey disseminated to residents' institutional emails.

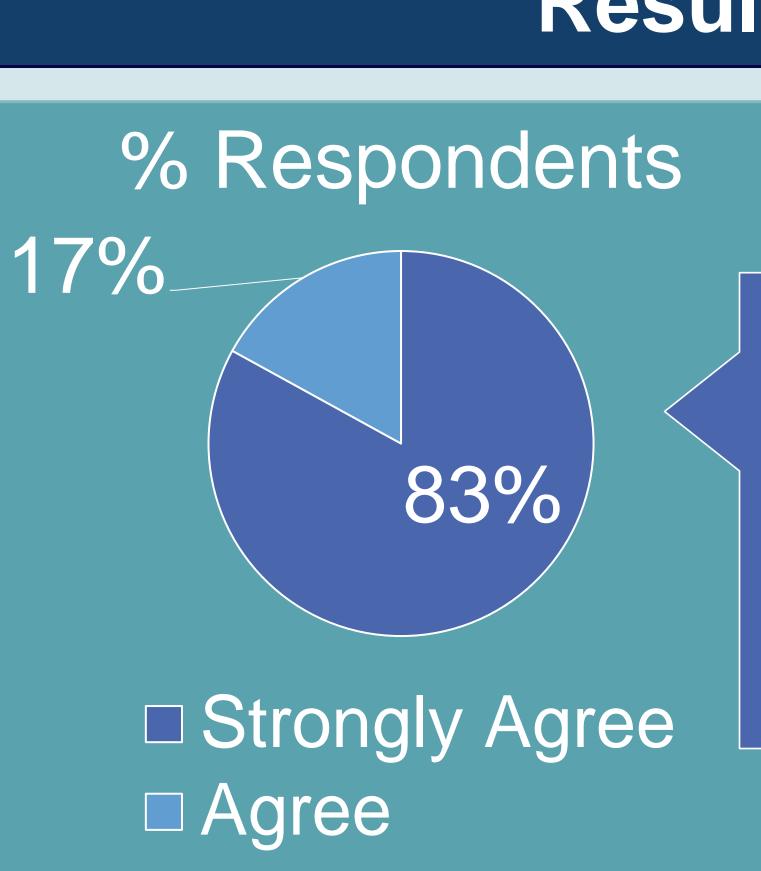
There was a 33% response rate of 36 total residents.

Year	Respondents
PGY-1	3
PGY-2	4
PGY-3	3
PGY-4	2
Total:	12

University of Pittsburgh Medical Center

Results





Of respondents who had attended the curriculum...



80% reported improved confidence discussing patient's psychiatric diagnoses and care needs with treatment teams

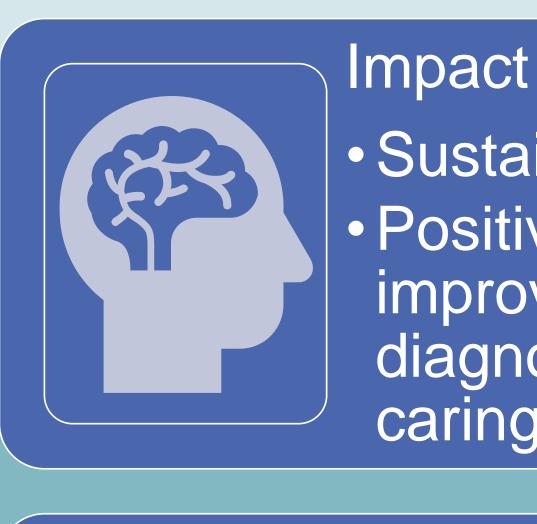
80% reported improved confidence caring for pregnant patients with psychiatric diagnoses

Comfort Screening	% F
for and Managing the	Re
Following Topics in	'So
Pregnancy	Col
Substance Use	75%
Disorders	
Trauma Disorders	50%
Suicide/Lethality Risk	58%

It is important to screen for and discuss psychiatric disorders in pregnancy.

Respondents porting Feeling omewhat' or 'Very' mfortable

The only respondent to say they were 'somewhat unlikely' to refer a pregnant patient to psychiatry for un- or undertreated psychiatric illness had not attended the curriculum.







Hage, B., Watson, E., Shenai, N. et al. A Peer-to-Peer, Longitudinal Reproductive Psychiatry Educational Curriculum for Obstetrics/Gynecology Residents. Acad Psychiatry 47, 43–47 (2023). https://doi.org/10.1007/s40596-022-01710-4

Impact

Conclusion

• Sustained response since 2019 • Positive feedback, residents report improved comfort in discussing diagnoses with treatment team and caring for this population overall

Future Directions

• Emphasize discussion of substance use, trauma, and lethality (less overall comfort) • Review skills for discussing these diagnoses with family and patients

Greater Context

• Underscores the need to involve consult psychiatry in specific assessments of lethality, trauma, or psychiatric symptom burden

References