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.

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

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 appoints 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

• Gooding, H. An educational intervention to increase internists’ confidence with and provision of preventive services to adolescents and young adults. Teach Learn Med. 2012, Pub Med