A Quantum Change: Mental Health Training

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Rationale

Objectives & Methods

Learning Objectives

Following training, students will have the knowledge, attitudes, and skills to:

A-1 = Patient-Centered Interviewing
Master patient-centered interviewing model and its integration with clinician-centered interviewing

A-2 = Advanced Interviewing
Master efficiency monitoring the doctor-patient relationship, personality types, obtaining difficult information from the patient (sexual, drug, abuse, marital), giving bad news, working with a 3rd person or an interpreter, integrating the computer and note-taking, difficult communication problems (hard of hearing, mute, blind, impaired cognition), and unique patient populations (geriatric, adolescent)

A-3 = Informing/Motivating (Shared Decision-Making)

master an evidence-based model of shared decision-making and motivational interviewing to address health behaviors of concern (e.g., tobacco cessation) & to understand screening interventions to identify problems in these areas

A-4 = Mental Health Care

Master the Mental Health Treatment Model for the primary management of patients with medically unexplained symptoms, chronic pain, mood disorders, psychiatric disorders, chronic illness, substance use, non-adherence, grief, stress, sexual concerns, working with families, and end of life issues; do this by mastering psychopharmacology, cognitive-behavioral and operant mechanisms, non-pharmacological interventions (e.g., exercise, relaxation), communication skills, cultural competence and health literacy, and referral to (and co-management with) mental health professionals

A-5 = Personal Awareness

Reflections on personal awareness of previously unrecognized responses to the patient

A-6 = Interprofessional Collaborative Practice

Master 4 associated competencies: Values/Ethics, Roles/Responsibilities, Communication, and Teamwork

Instructional Methods

1) Objective A-1: Lecture/assigned reading: all conditions in objective
2) Small groups: discuss lectures & reading, review 5-step method, practice with role play/simulated patients, use with real patients if possible. Introduce personal awareness work

2) Objective A-2: Lecture/assigned reading: all conditions in objective
2) Small groups: discuss lectures & reading, practice conditions in the objective in role play/simulated patients, use with real patients if possible. Continue personal awareness work

2) Objective A-3: Lecture/assigned reading: all conditions in objective
2) Small groups: Discuss lectures and reading, practice conditions in the objective in role play/simulated patients, use with real patients if possible. Continue personal awareness work

2) Objective A-4: Lecture/assigned reading: all conditions in objective
2) Small groups: Discuss lectures and reading, practice conditions in the objective in role play/simulated patients, use with real patients if possible. Continue personal awareness work

1) Objective A-5: Lecture/assigned reading: countertransference, emotion-laden material
2) Small groups: Discuss lectures and reading, facilitated by teachers and other learners in all venues, explore the personal experience of the learner

2) Objective A-6: Lecture/assigned reading: interprofessional collaboration; relationship-centered care
2) Small groups: Discuss lectures and reading, continue personal awareness work

3) In- and out-patient clinical experiences: focus on collaborative success and its basis in the unique roles, values, and communication methods of medical and related (e.g., nursing, social work) disciplines

[Additional intensive training in patient-centered and mental health care will be needed in residency]

Recommend

A 4-year curriculum to train students to manage mental health and other psychosocial problems

Quantum change = 60 contact hours per year x 4 years

Curriculum

- In Y1, 60 hours are devoted to Objective A-1 and include 6-8 critiqued interviews; personal awareness, DPRE lectures, readings, & discussions; and developing a creative DPRE project
- In Y2, 45 hours are devoted to Objectives A-2 and A-3 and another 15 hours to Objective A-4, primarily lectures for the latter
- In each of Y3 and Y4, 60 hours are devoted to Objectives A-4 to A-6, reviewing earlier objectives also – most time spent in “Complex Patient Clinic”

Evaluation

- Rigorous summative evaluation of Core Faculty training of students, beginning in the second year of this proposal (training of Core Faculty occurs during first year) – OMERRAD
- Rigorous ongoing formative evaluation

Faculty Development

- Existing primary care and mental health faculty will train 3 “Core Faculty” in each primary care discipline (FM, Ped, IM) to the Fellowship level over two years
- Year One training: patient centered and mental health treatment skills + teaching skills
- Year Two training: educational research and patient-centered research + supervised teaching

Goal

= develop a cadre of skilled teacher-scholars for a career in BPS medicine who can:
= Train more teachers
= Guide educational and patient-centered research at MSU
= Teach the student curriculum

Discussion

Everyone Recognizes

- Mental health care in the US lags far behind medical care
- Insufficient training of primary care doctors and shortage of mental health providers

Still Unrecognized:

- Medical education not aligned with societal needs

Recommend

- a quantum curricular leap ahead (60 contact hours per year x 4 years)
- Will meet society’s needs
- Will create first complete biopsychosocial curriculum = more scientific as well as more humanistic awareness; will lead to more mental health leadership available; e.g., OMERRAD, HRSJA residency grant

For MSU/CHUM

- National leadership: mental health training = fully BPS curriculum
- Consistent with Mission Statement espousing BPS model
- Primary care and mental health leadership available; e.g., OMERRAD, HRSJA residency grant
- Rate-limiting step: faculty development
- Not difficult and already begun in IM
- Expendable = 0.15 FTE for one Core Faculty for two years; = 3 x 0.90 FTE per department
- Grant funding possible for such innovation, especially dissertation to others

Conclusion

OMH would provide nationally the BPS curricular template for re-aligning education with societal needs