Teaching for Integrated Mental Health Care Competency in Unique Learning Environments

Learning and Growing Together

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Presenter Disclosure
Learning Objectives

• At the end of this presentation, attendees will be able to:
  • Define integrated mental health care and describe associated key CanMEDS roles
  • Discuss key issues for creation of new rotations in new care models
  • Understand how our program evaluation was conducted
  • Apply this knowledge to their local rotations and programs as a model for facilitating change
What is Integrated Mental Health Care?
Key CanMEDS Roles

Collaborator

Health Advocate

Leader
Integrated Mental Health Care in Residency Training

- Instituted by the RCPSC as a mandatory rotation for senior psychiatry residents in 2009
Key Inputs

- Departmental leadership
- Dedicated and supported rotation director
- Engagement of 40+ faculty supervisors and community sites
- Resident leadership involvement
Clinical Rotation

- One day per week for entire PGY-5 year
- Situated with one of 40 community sites
  - Resident situated as expert care provider
- Direct and indirect clinical care
- Teaching of other care providers
Curriculum

- Flipped classroom curriculum
  - Homework integrated into resident’s clinical day

- Major themes:
  - Models of IMHC
  - Communication
  - Medicolegal issues
  - Population based approaches
  - Improving on models of care
  - Leadership
  - Careers in IMHC

- Assignment
  - Ideas for improving model of care at own site
Evaluation

- Resident surveys: June 2017 and 2018
  - 63% (17/27)
  - 39% (16/41)

- Faculty surveys: June 2017 and 2018
  - 61% (17/28)
  - 61% (22/36)
Resident Evaluation

• Strengths:
  • Disadvantaged population experience
  • Interacting with team members

• Challenges:
  • Managing time for homework
  • Dissonance between curriculum taught and lessons learned on rotation/with supervisors

'Oh dear! Oh dear! I shall be late!'
Faculty Evaluation

- **Strengths:**
  - Resident care contributions useful
  - Enjoyed teaching and supervision

- **Challenges:**
  - Time constraints
  - Lack of knowledge of curriculum leading to difficulties in clinical teaching and dissonance
Lessons Learned

- Challenges of flipped classroom in PG
- Curriculum dissonance in distributed, community rotations
- Faculty development in context of training transformations
Adaptations Made

- Residents
  - Reduction of curriculum homework and adaptation of assignment to better meet realities of PGY-5
  - Highlighting of dissonance and care model variability in classroom

- Faculty
  - Regular provision of curriculum information via email throughout year to aid teaching
  - Development of fac dev strategy
Questions?
