

A Behavioral Science Needs Assessment: Establishing the Foundation for a Curriculum Update

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Introduction

The integration of a behavioral health component in family medicine residency training is a key element contributing to the development of physicians who are able to provide comprehensive and sensitive care to patients with a wide range of presenting problems.¹

Behavioral Science faculty joining family medicine residency programs do not always inherit a well-delineated syllabus for their component of the curriculum. Additionally, our residency program, like many, is updating their curricula based on the most recent Family Medicine Milestones.²

This project examined perceived needs of our current residents and recent graduates, as well as the opinions of faculty, regarding preparedness for addressing patients' behavioral health needs upon entering clinical practice after residency.

Methods

Setting Christiana Care's Family Medicine training program includes six residents per year, plus an additional 2 residents per year in the combined Family Medicine/ Emergency Medicine residency, which is a 5-year program.

Respondents The survey was sent to:

- * 18 current Family Medicine residents, plus the 10 additional EM/FM residents, for a total of 28.
- * 19 graduates from the classes of 2011, 2012 and 2013.
- * 16 core faculty members and 10 community preceptors.

Data Collection Procedure Respondents received an anonymous questionnaire via Survey Monkey. The survey was disseminated via an email from the residency's Program Director, with a cover note explaining that it was part of a needs assessment to help guide us in the enrichment of our curriculum.

Survey We developed survey items based on a detailed review of the Family Medicine Milestones, focusing on areas that most strongly reflected the behavioral science elements of the curriculum. The most pertinent milestones fell under the competencies of Patient Care, Medical Knowledge, Professionalism, and Communication.

The survey was developed with four sections, each of which included multiple elements. Items were organized under sections for: (1) mental health (adult & pediatric), (2) health behavior change, (3) patient counseling, (4) communication and professionalism. Respondents rated their level of preparedness for each element on a 4-point Likert scale (No preparation; Under-prepared; Adequately-prepared; Over-prepared). Given that faculty have varying levels of exposure to different aspects of the residents' clinical training, their survey included a fifth response option of "Unsure / Cannot Judge".

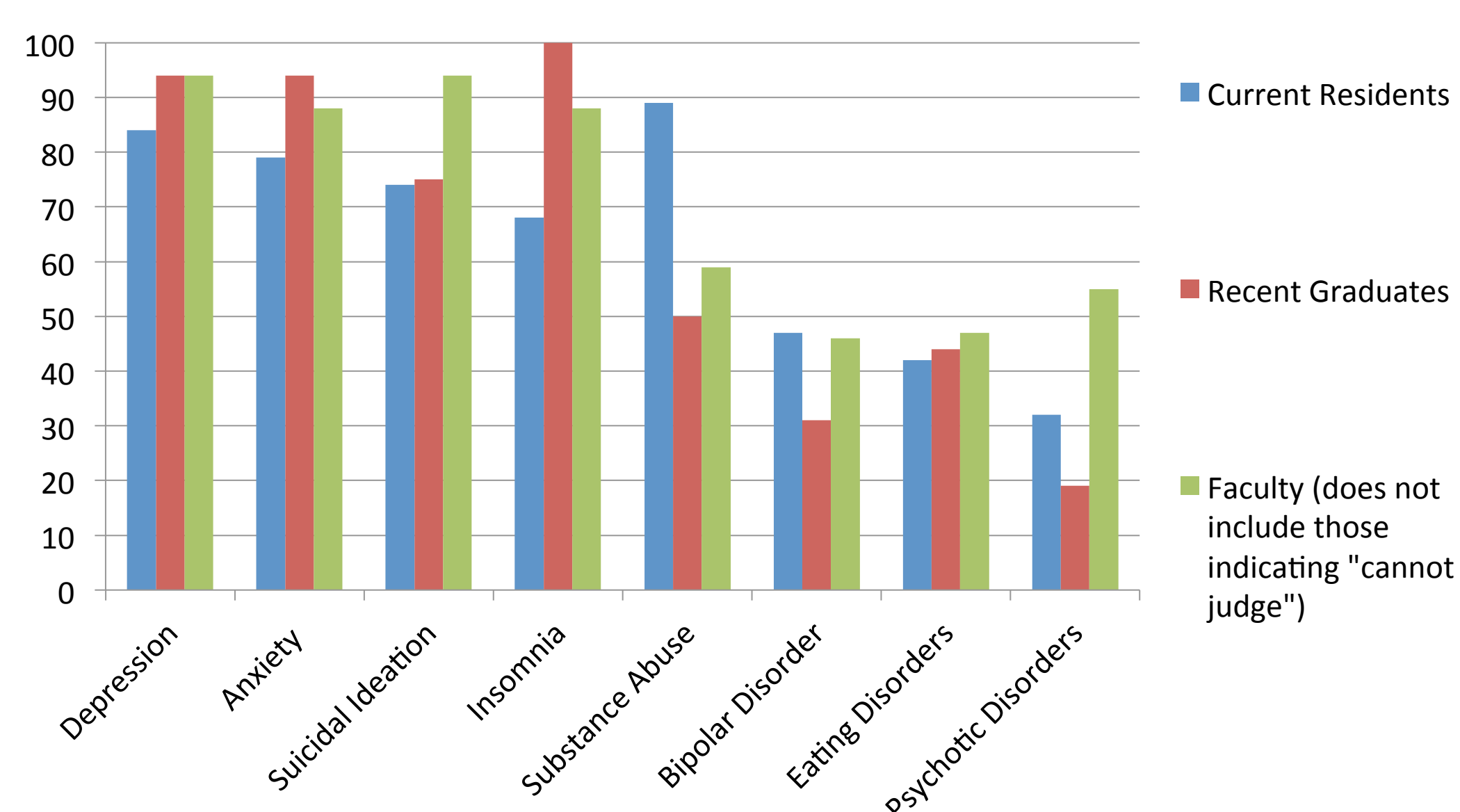
Results

A total of 53 completed surveys were received, for an overall response rate of 73%. Response rates by group were: 68% of current residents; 84% of recent graduates; 81% of core faculty; 50% of community preceptors.

Mental Health Treatment in Primary Care

Respondents feel well prepared to treat the most commonly seen psychiatric diagnoses (i.e., depression, anxiety), but less adequately prepared to treat more complex diagnoses, such as bipolar or psychotic disorders.

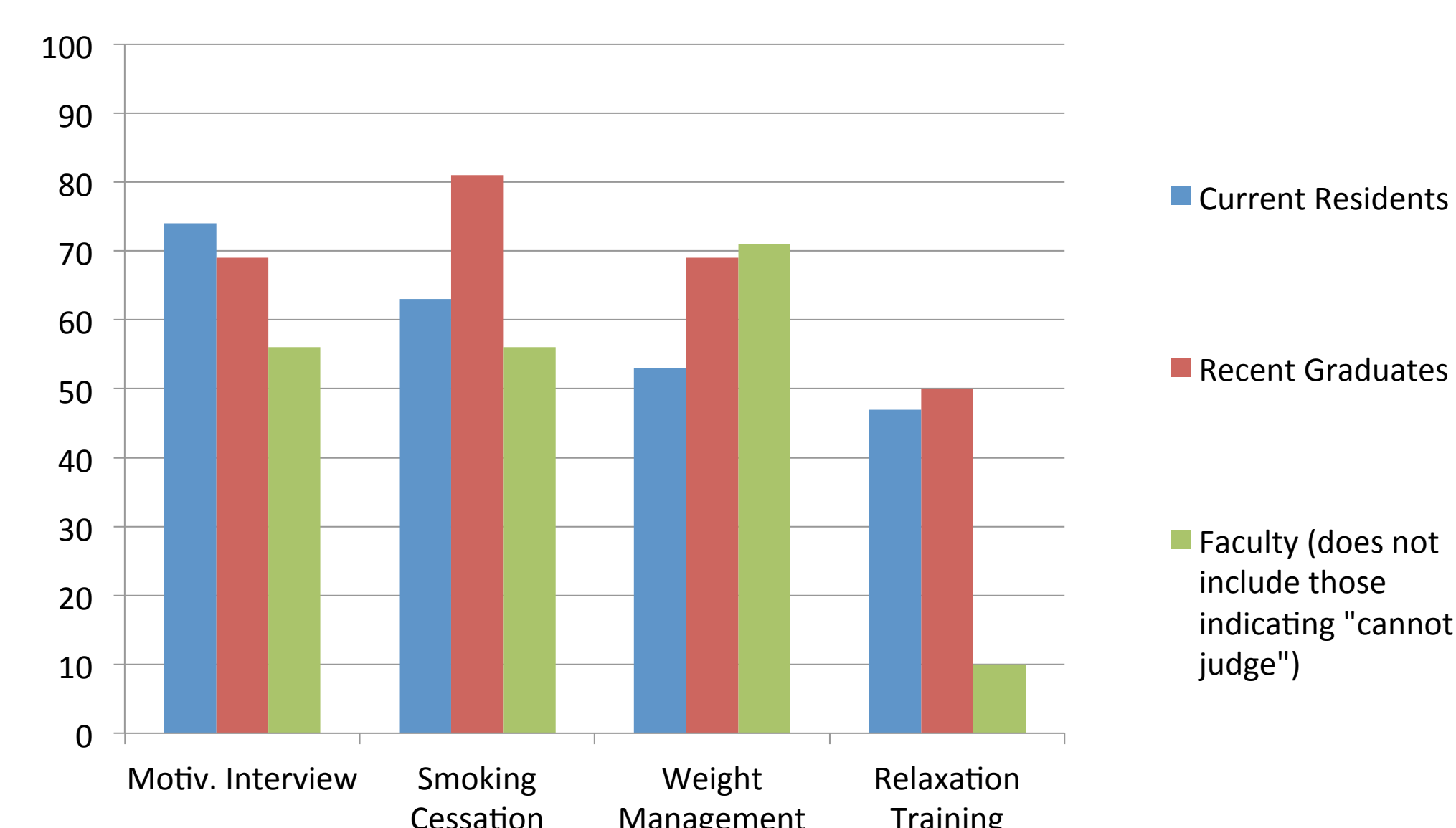
Percentage indicating that training adequately prepares residents to treat:



Skills for Promoting Health Behavior Change

The majority of respondents feel adequately prepared in skills to promote health behavior change, though the area of relaxation training was weaker.

Percentage indicating that training adequately prepares residents to provide:

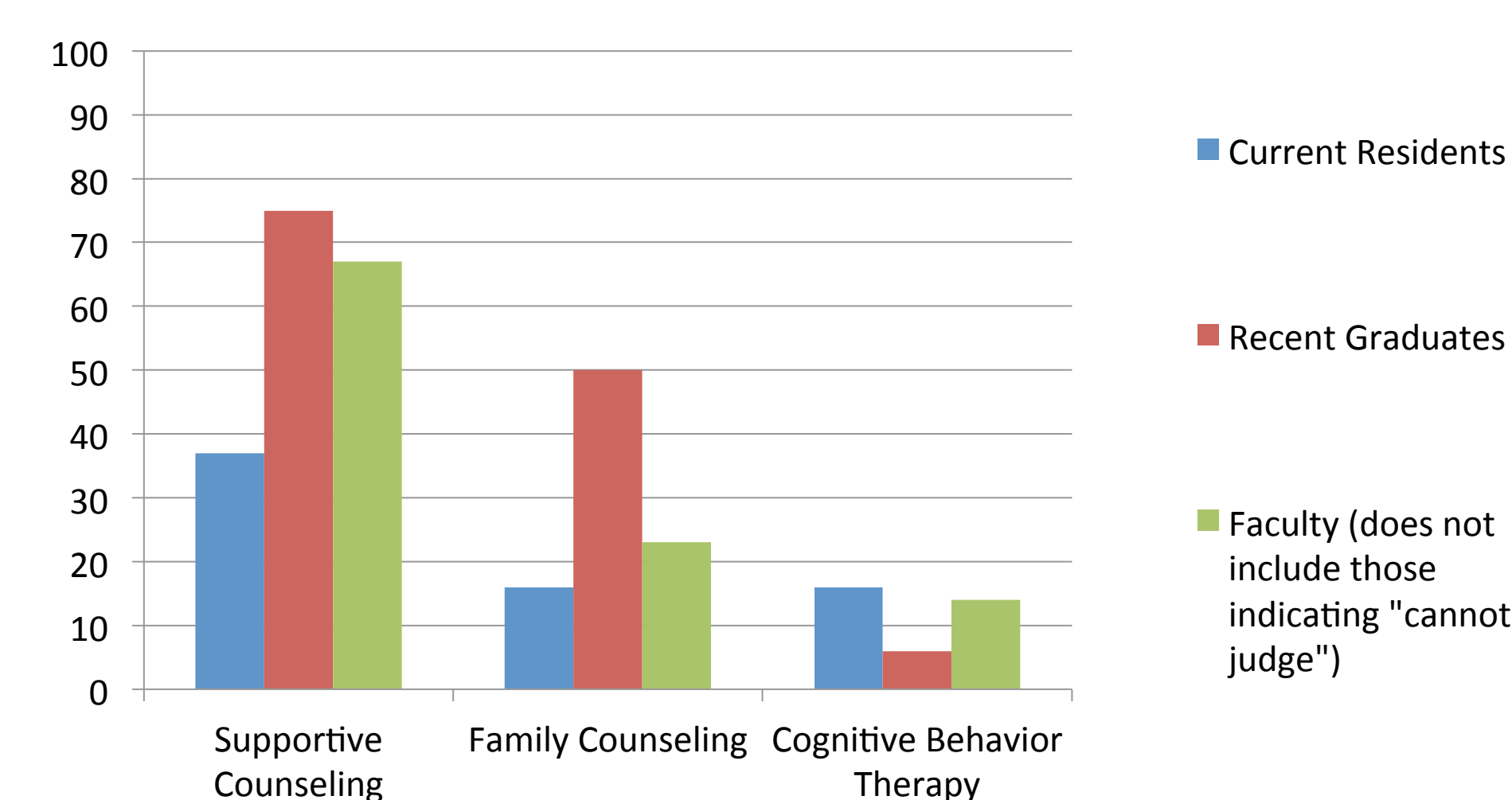


Results

Patient Counseling Skills

The majority of respondents felt under-prepared in the use of formal counseling skills during an office visit, with supportive counseling being the strategy reflective of greatest confidence.

Percentage indicating that training adequately prepares residents to provide:



Communication and Professionalism

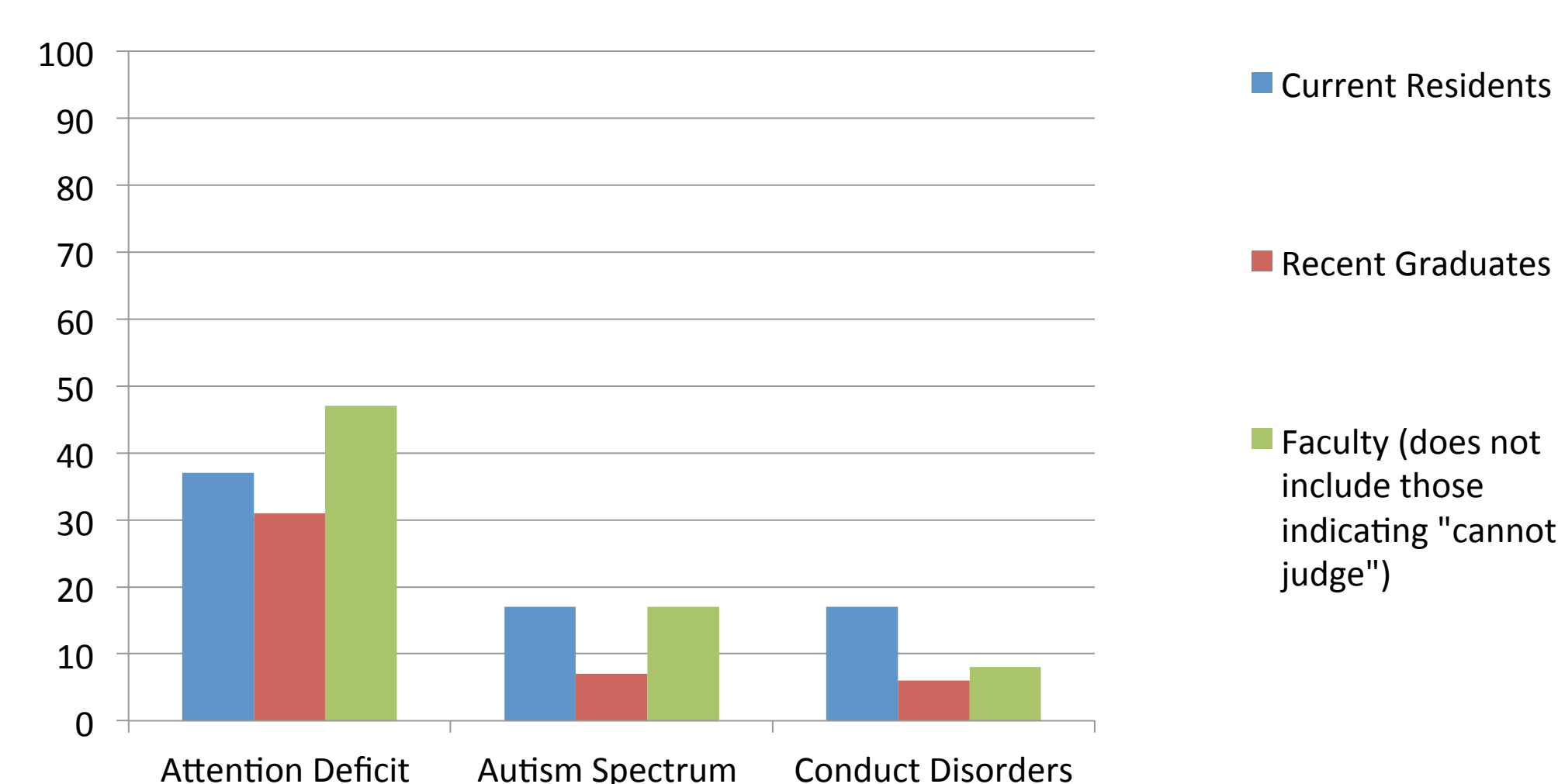
Skills surveyed included: Patient communication, Dealing with difficult patients/Managing conflict, Delivering bad news/End-of-life discussions, Understanding psychosocial factors in illness, Professionalism, Wellness and self-care, Receiving and giving feedback to foster professional growth.

Among these 7 components:
84-95% of current residents indicated adequate preparation.
75-100% of recent grads indicated adequate preparation.
63-100% of faculty indicated adequate preparation.

Pediatric Psychiatric Concerns in Primary Care

Respondents feel the lowest levels of readiness for treating these pediatric psychiatric diagnoses.

Percentage indicating that training adequately prepares residents to treat:



Discussion

The Need for Competence in Behavioral Health

- Up to 60% of patients visiting primary care clinics have a diagnosable mental health disorder.³
- Comorbidity of mental disorders and many physical diseases is common.
- The majority of psychiatric medications are prescribed by primary care physicians, especially in light of the current shortage of mental health providers.⁴

Next Steps for Curriculum Development

- Continue current levels of training for areas rated as providing adequate preparation, but increase focus on pediatric concerns and psychopharmacology for complex mental health disorders.
 - * Supplement current behavioral science faculty member's expertise with resources within CCHS system (e.g., guest lectures on ADHD, psychopharmacology).
 - * Pursue potential resources outside CCHS system to supplement training in curriculum areas of greatest need (e.g., Nemours/A.I. duPont Hospital for Children).
- Integrate training in formal counseling skills into resident conference and behavioral science precepting of live observation and videotaped office visits.
- Provide experiential training in relaxation techniques by incorporating practices into resident wellness group meetings.
- Facilitate resident education on community resources for mental health services to supplement primary care behavioral health treatment.

References

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4. Faghri N, Boisvert C, Faghri, S. Understanding the expanding role of primary care physicians (PCPs) to primary psychiatric care physicians (PPCPs): enhancing the assessment and treatment of psychiatric conditions. *Ment Health Fam Med*. Mar 2010; 7(1): 17-25.