

Report of a Joint Association of Pediatric Program Directors—American Board of Pediatrics Workshop: Preparing Future Pediatricians for the Mental Health Crisis

Julia A. McMillan, MD¹, Marshall L. Land, Jr, MD^{2,3}, Angie M. Rodday, PhD, MS⁴, Kelly Wills, MD⁵, Cori M. Green, MD, MSc⁶, and Laurel K. Leslie, MD, MPH^{3,4}

On April 5, 2017, the Association of Pediatric Program Directors (APPD) and the American Board of Pediatrics (ABP) cohosted a day-long workshop targeting program directors, associate program directors, and medical education leaders in conjunction with the APPD Annual Meeting. The workshop, entitled “The Mental Health Crisis: Preparing Future Pediatricians to Meet the Challenge,” aimed to enhance recognition of the magnitude and urgency of the behavioral and mental health (B/MH) crisis, identify barriers and facilitators for incorporating robust experiences in B/MH into pediatric training programs, and encourage innovation and networking to achieve resident and fellow competence in providing appropriate care. This report describes the planning and proceedings of the workshop, including recommendations by participants for initiatives needed to enhance training in B/MH.

Pediatric B/MH Needs and Training

The urgent driver for this workshop was the increasing recognition of the high rates of B/MH issues and resulting morbidity and mortality, which pediatricians generally are not prepared to address. B/MH issues are among the most common disorders facing the patients of general and subspecialty pediatricians.¹⁻⁴ Recent surveys indicate that 1 in 7 children younger than 8 years and 1 in 5 adolescents have a diagnosable behavioral, mental, or developmental disorder.⁵ Between 2001 and 2011, childhood disability related to mental health and neurodevelopmental conditions increased by more than 20%, even as disability due to physical health conditions decreased by almost 12%.² In 2015, the Centers for Disease Control and Prevention reported that suicide was the second-leading cause of death for individuals between 15 and 25 years and the third most common cause of death for children between 10 and 14 years.⁶ Between 2006 and 2011, hospitalization for B/MH conditions increased by 50% for children aged 10-14 years; the cost of hospital visits alone for these conditions was \$11.6 billion⁷; and total cost of providing care for B/MH problems in children was estimated at \$247 billion in 2007.⁸

AAP	American Academy of Pediatrics
ABP	American Board of Pediatrics
APPD	Association of Pediatric Program Directors
B/MH	Behavioral and mental health
EPA	Entrustable Professional Activity

Only approximately 20% of children in need of mental health services receive specialty care.⁹⁻¹¹ Although pediatricians in general practice feel responsible for identifying these problems, many do not feel adequately trained to do so, nor do they feel competent to treat them.¹² Leaders in both child and adolescent psychiatry¹³ and developmental/behavioral pediatrics have forecast workforce shortages, leading to increasing calls for general and subspecialty pediatricians and other health-care professionals to develop skills, enhance interprofessional training, and implement care models.¹⁴⁻¹⁶ Although workshop organizers recognized the need to enhance the skill and knowledge of pediatricians already in practice, the focus for this workshop was on pediatricians in training, who will become the generalists and subspecialists of the future.

Engaging the Pediatric Community

The Strategic Planning Committee of the ABP was appointed in 2014 to recommend initiatives through which the ABP could improve outcomes for children. The committee identified B/MH needs as the greatest priority gap in care that the ABP should address using its influence on the education and certification of pediatricians, its maintenance of certification program, and its advocacy efforts. In 2016, that committee recommended to the Board of Directors that “the ABP engage in activities to ensure that graduating residents are prepared to prevent and recognize B/MH problems and provide knowledgeable, effective, efficient, coordinated care for children affected by these conditions.” The recommendation acknowledged the ongoing work and the tools already developed by the American Academy of Pediatrics (AAP). The ABP’s intention to partner with the AAP and other organizations to ensure that pediatric residents and fellows develop the competence needed to meet the B/MH needs of their patients was highlighted in a call to action published in *Pediatrics* in early 2017.¹⁷

From the ¹Department of Pediatrics, Johns Hopkins School of Medicine, Baltimore, MD; ²Department of Pediatrics, University of Vermont College of Medicine, Burlington, VT; ³The American Board of Pediatrics, Chapel Hill, NC; ⁴Institute for Clinical Research and Health Policy Studies, Tufts School of Medicine; ⁵Division of General Pediatrics, Boston Children’s Hospital, Harvard Medical School, Boston, MA; and ⁶Department of Pediatrics, Weill Cornell Medicine, New York, NY

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In April 2016, the ABP convened a workshop involving representatives from 10 pediatric and child B/MH organizations with an interest in pediatric training. The overall goal for that workshop was to share information and develop a strategy to help ensure that current and future pediatric residents develop the knowledge and competencies needed to provide appropriate care for children with B/MH problems, along with mental health professionals, including developmental/behavioral and adolescent medicine pediatricians and neurodevelopmental disabilities specialists. Even though all organizational representatives agreed on the urgency of this effort, there was acknowledgement that the APPD, with membership from virtually all pediatric residency programs and many fellowship programs, would be critical partners for enhancing faculty expertise, developing curricula and assessment tools, and advocating for needed changes in resident and fellow training environments. The APPD and ABP agreed to cohost a workshop specifically focused on B/MH training before the April 2017 APPD meeting.

Planning for the Workshop

Framing the Workshop within the Context of Entrustable Professional Activities

The workshop planning committee chose to frame the workshop using a competency-based education framework. During the last 2 decades, medical education has moved toward competency-based education, as embodied in the milestones developed and implemented by Accreditation Council for Graduate Medical Education in 2009¹⁸ and the more recent framework of entrustable professional activities (EPAs), currently being developed and piloted by the Association of American Medical Colleges¹⁹ in undergraduate medical education and the ABP in pediatric graduate medical education (Table I). Currently, 20 pediatric residency training programs are implementing the 17 proposed EPAs for general pediatricians and participating in a study of their validity

through the APPD's Longitudinal Educational Assessment Research Network. The workshop's planning committee employed the activities and curricular components of EPA #9 (B/MH EPA), "Assess and manage patients with common B/MH problems," as the basis for workshop activities. Open invitations were distributed to all APPD members, including directors and associate/assistant program directors of residency and fellowship programs, to attend a day-long workshop before the APPD meeting.

Conducting a Context Analysis to Inform the Workshop Planning

Drawing on a recognized approach to curriculum development and evaluation termed "Context, Input, Process, and Product,"²⁰ the planning committee chose to distribute a voluntary, Web-based meeting questionnaire to all registrants to develop a context analysis of attendees before the workshop. This type of analysis provides information regarding curricular goals, priorities, and needed interventions by assessing needs, problems, assets, and opportunities.

The questionnaire was launched in Novi-Survey (<https://novisurvey.net/>) and focused on registrants' perceptions of their expected and current B/MH training outcomes, their conceptualization of the existing resources and rotations at their site, and their programs' knowledge of and experience with the EPAs in general and the B/MH EPA specifically. Results were shared with the planning committee members to inform the workshop agenda. Attendees who did not complete the questionnaire before arrival were offered the opportunity to complete a paper-based questionnaire at the meeting. No identifying information regarding the respondents' personal information or program was collected. The questionnaire was determined to be exempt by Schulman and Associates, the ABP's institutional review board of record. Descriptive statistics of all responses, including frequencies and proportions, were conducted with SAS Enterprise Guide 7.1 (SAS Institute, Inc, Cary, North Carolina).

Table I. EPAs in general pediatrics

EPAs

- Provide an agreed-on list of activities within a given subspecialty that a physician should be expected to be able to perform competently and without supervision
- Are observable and measurable
- Require integration of competencies (knowledge, skills, attitudes) across domains of the 6 core competencies and the behavioral milestones for the specialty
- Assign goals for training into the context of the activity in which they are taught and assessed

EPA #9: Assess and manage patients with common B/MH problems

B/MH issues are central to pediatric practice. Care of patients with B/MH problems requires that the pediatrician engage with the family to:

- Identify and manage common B/MH issues (eg, low mood, inattention and impulsivity, disruptive behavior, and aggression, anxiety, learning difficulty, substance use, and social-emotional issues in young children), including the initiation and monitoring of treatment effects for psychosocial interventions and, when indicated for certain disorders (ADHD, depression, anxiety), pharmacotherapy
- Refer and comanage patients with the appropriate specialist(s) when indicated to match the patient's needs, including pharmacotherapy (eg, CBT for depression, specialist in trauma focused CBT for post-traumatic stress disorder, child psychiatrist for assistance in medication management)
- Know the mental health resources available to patients in one's community and use the appropriate resources for each patient's needs
- Know the role of each member of the interprofessional team and coordinate and monitor care provided outside one's practice (eg, mental health professionals, community social services, support groups, early intervention, and school personnel) to optimize patient care
- Provide care that is sensitive to the developmental stage of the patient and the cultural context of the patient and family around issues of mental health

ADHD, attention-deficit/hyperactivity disorder; CBT, cognitive behavior therapist.
For information, go to https://www.abp.org/sites/abp/files/pdf/gen_peds_epa_9.pdf.

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