

Mental health and psychiatry training in primary care residency programs[☆]

Part II. What skills and diagnoses are taught, how adequate, and what affects training directors' satisfaction?

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Abstract

Objective: The purpose of this study is to describe the psychiatric skills and diagnostic categories taught in primary care training programs, their adequacy, the perceived needs and desires for curriculum enhancement and the factors affecting training directors' satisfaction.

Method: All 1365 directors of accredited residency training programs in Internal Medicine (IM), Family Practice (FP), Obstetrics and Gynecology (Ob/Gyn), Pediatrics (Peds) and psychiatry received a 16-item anonymous questionnaire about psychiatry training in their program.

Responses to the questionnaire to items concerning the skills and diagnostic categories taught, assessment of adequacy of teaching and desires for curriculum enhancement for specific skills and diagnostic categories were analyzed. The factors affecting training directors' satisfaction were explored.

Results: Interviewing skills were taught by a majority of all training programs and were considered adequate by 81% of FP and 54% of IM programs, in contrast to less than a majority of Ob/Gyn and Peds programs ($P < .001$). A majority provided diagnostic interviewing and counseling training, but only FP considered it adequate. A majority taught psychopharmacology and various psychiatric diagnoses, but only in FP did a majority consider them adequate. Both Peds and FP programs teach child psychiatry; significantly, more Peds compared to FP consider their training to be adequate. A vast majority of IM, Ob/Gyn and Peds programs, and 50% of FP programs desired more training in interviewing techniques and diagnostic interview. A majority of all programs desired more counseling and psychopharmacology training and more training in disorders of childhood and adolescence.

The overall satisfaction rate for psychiatric training across specialties was 46% ($n = 657$). Sixty-four percent of FP programs were satisfied compared to 31% of non-FP programs. Satisfaction was associated with increased amount of psychiatric training, diversity of training formats, venues, faculty and settings, the amount of contribution to teaching by psychiatry departments and the presence of current teaching in interviewing skills. There were specialty-specific differences in factors associated with satisfaction. In general, a smaller size of residency program was associated with satisfaction except in IM, where larger size was associated with satisfaction. Satisfaction was associated with the opinion that primary care physician should be ready and willing to treat more psychiatric conditions.

Conclusion: Most primary care training programs currently offer training in most psychiatric skills and disorders, but a majority of training directors are dissatisfied with their psychiatry training. There is a difference in the estimation of adequacy concerning training between FP, which consistently rates their teaching to be adequate, and all other primary care programs, which consider their teaching inadequate. This difference may be partly due to actual differences in amount and diversity of training as well as differences in the threshold for satisfaction. A vast majority of primary care training programs desire more training in almost all aspects of psychiatry, and there may be specialty-specific needs and areas of curriculum enhancement. To enhance satisfaction, we should improve the quality as well as the quantity of training, as well as the diversity in training formats, venues and faculty.

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1. Introduction

In the current era of cost containment, most tightly organized medical delivery systems have placed tight restraints on specialty referrals. Such restrictions have been particularly tightened for psychiatric referrals, with an emphasis on treatment of routine psychiatric disorders at the primary care level. This, coupled with an ongoing shortage and maldistribution of psychiatrists, underscores the need for effective training of primary care physicians who can provide effective treatment of psychiatric disorders [1]. The need to train primary care physicians in mental health has been widely recognized, including the Accreditation Council for Graduate Medical Education, which requires behavioral science/mental health training in Internal Medicine (IM), family practice (FP), obstetrics and gynecology (Ob/Gyn) and Pediatrics (Peds) residencies. A number of proposals and model curricula have been published to enhance mental health training in primary care programs [2–7]. What is, then, the current status of mental health training in primary care training programs? Two national surveys have been published since 1990, when the practice environment of medicine began to change dramatically. One of the studies dealt with IM exclusively [8], and the other surveyed IM and FP programs [9], but there are no studies surveying all four primary care programs. Accreditation Council for Graduate Medical Education requires behavioral science training in all four types of residencies, but the contents of the training requirements are unspecified. Have the training programs in each specialty developed different curricula to meet their needs?

We conducted a survey of the current directors of residency training in IM, FP, Ob/Gyn, Peds and psychiatry concerning the status of mental health training in their programs, the skills and diagnostic categories taught, their satisfaction with the teaching and their perceived needs and desires for curriculum enhancement.

We report the contents of their current teaching, whether they consider the specific teaching to be adequate and what they consider to be desirable about the specific psychiatric skills or diagnoses.

We also report the factors associated with training directors' satisfaction with psychiatric training.

We reported previously that, in spite of curricular requirements, a majority of primary care residency training directors consider their psychiatry training to be minimal or suboptimal (Leigh et al., this issue). A large majority of training directors of IM, Ob/Gyn and Peds were also dissatisfied with their psychiatry training (see Table 1). Family Practice was, however, an exception in that a majority of FP training directors were satisfied with their program and rated their psychiatry training to be optimal to extensive. What does FP do that others do not? Are there specific psychiatric techniques and knowledge base that, if taught, are associated with satisfaction in FP but

Table 1
Overall satisfaction by specialty

	Satisfied (<i>n</i>)	Dissatisfied (<i>n</i>)	<i>P</i>
All	46% (305)	54% (352)	
FP	64% (200)	36% (114)	
IM	35% (57)	65% (105)	
Ob/Gyn	31% (26)	69% (59)	
Peds	23% (22)	77% (74)	.001

not in other primary care specialties? What are the factors that influence a training director's satisfaction, regardless of specialty, with the psychiatry training in that program? These are some of the questions we sought to answer by identifying various factors (type of faculty, training venues and the skills and content taught) that might influence the residency training director's satisfaction with his or her program.

2. Method

2.1. The subjects

The list of 1365 directors of accredited residency training programs in IM, FP, Ob/Gyn, Peds and psychiatry was obtained from the American Medical Association (see Table 1 in Part I of this paper).

2.2. The questionnaire

The authors developed a 16-item questionnaire that included the amount of psychiatric/mental health training residents received, degree of satisfaction with the training, training venues, faculty, current training, adequacy and desirability for more training in various psychiatric skills and diagnoses, their feelings about the role of primary care physician in treating mental illness and the type of institution/facility the program was based. The questionnaire was pretested with several programs, revised and finalized. The questionnaire allowed the respondent to remain anonymous.

Following institutional review board approval, the training directors were invited to participate in the study via web site or hard-copy questionnaire. The study concluded in October 2002.

2.3. Data analysis

Questionnaire responses were entered into a Microsoft Access database and Excel spreadsheets. We then dichotomized all respondents as "Satisfieds" and "Dissatisfieds" on the basis of their response to the question, "Are you satisfied with the psychiatric training your residents receive?" We then compared the Satisfieds and the Dissatisfieds on all the rest of the items in the questionnaire utilizing ANOVA, χ^2 and Student's *t* tests. Continuous variables were analyzed utilizing the independent samples *t* test and categorical variables with the χ^2 test for independence.

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