

Incorporating Trainees' Development into a Multidisciplinary Training Model for Integrated Behavioral Health Within a Pediatric Continuity Clinic

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KEYWORDS

- Multidisciplinary training • Integrated mental health • Integrated behavioral health
- Pediatrics • Medical home

KEY POINTS

- Integrated mental health and behavioral care for children requires multidisciplinary team members to work together to provide services.
- There are few descriptions of integrated care clinics that provide training across disciplines, including pediatrics, psychology, and psychiatry.
- Attending to developmental level of trainees is a helpful organizational framework when providing targeted education and training.
- Training within an integrated clinic allows multidisciplinary trainees the opportunity to observe and understand the other disciplines' strengths and roles while simultaneously developing their own discipline-specific competencies within this model.

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INTRODUCTION

There is increasing recognition that pediatric primary care providers should have a role in preventing, recognizing, and addressing mental and behavioral health problems. Integrated care is designed to support providers and their patients within the primary care medical home in order to achieve these goals. Integrated care models often include multidisciplinary team members. The primary care provider may be a pediatrician, family medicine provider, advanced practice nurse (APN), or physician's assistant (PA) working with nurses, medical assistants, and office staff. Behavioral health team members may include psychologists, child and adolescent psychiatrists, social workers, other behavioral health clinicians, and case managers or care coordinators who may be family navigators, community health workers, or nurses.

This complex system of care requires different skill sets from various disciplines. Pediatrics¹ and psychology² both have statements regarding professional competencies in primary care settings, and child psychiatry is currently formulating these competencies. (See Wanjiku F.M. Njoroge and colleagues' article, "[Competencies and Training Guidelines for Behavioral Health Providers in Pediatric Primary Care](#)," in this issue.) Although some literature exists regarding training, most descriptions have not focused on the level or types of trainees. The literature does, however, identify training gaps and program descriptions. For example, pediatric residents training in a clinic without integrated mental health clinicians reported feeling unsupported and fearful of visits involving mental health concerns and that, at times, they ignored their patients' mental health concerns.³ Pediatric residents training alongside psychology trainees reported feeling better prepared to collaborate with behavioral health providers (BHPs) than colleagues who did not train with psychologists in an integrated setting, yet they only reported feeling somewhat more often prepared for handling behavioral health issues on their own after graduation.⁴ The authors propose that targeting training to the professional developmental level of the learner is important for successfully imparting the knowledge, skills, and attitude to attain the necessary competencies. The authors describe a multidisciplinary, graduated model within a pediatric teaching clinic and lessons learned in this work.

SETTING

The integrated primary care clinic is described in [Table 1](#).

Pediatric trainees and faculty provide most of the primary care within this academic pediatric primary care clinic, although APNs also serve as primary care providers within the clinic. As in similar academic institutions, medical students, family medicine residents, PA students, and other pediatric residents who have continuity clinics in external community sites provide pediatric care during their general ambulatory core month.

Clinic Setting	Characteristics of Clinic Population	Care Provided
Urban Pediatric residency continuity clinic Affiliated with academic hospital	90% Publicly insured Many different languages spoken Many Spanish speakers Young and school age predominantly Some adolescents	Well child Sick visits

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