# Longitudinal Community Medicine and Behavioral Sciences Curricula in a Community-Based Residency

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Program Director
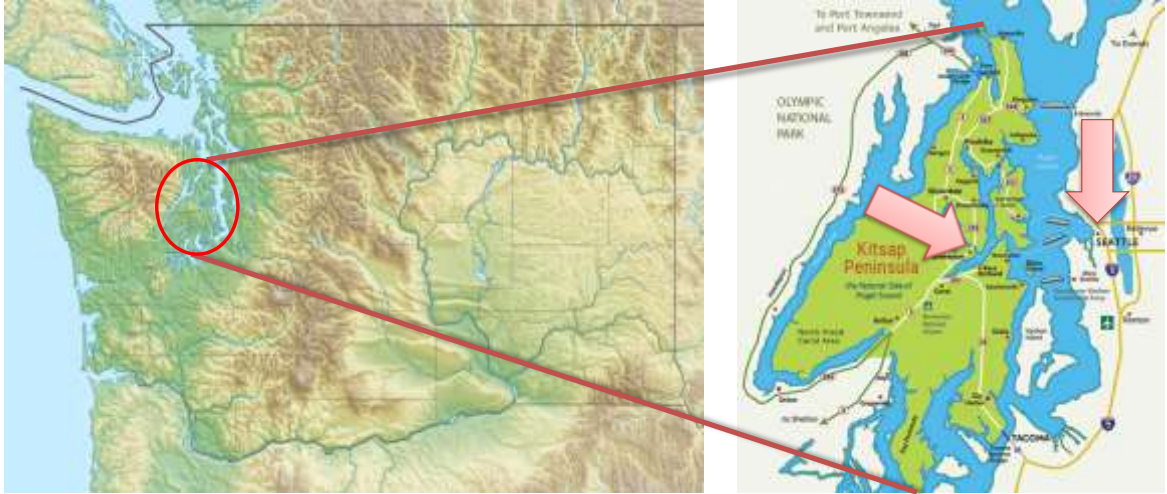Northwest Washington Family Medicine Residency

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# Objectives

1. identify 3 ACGME Program Requirements addressed by employing longitudinal Behavioral and Community Medicine experiences

2. explain 3 benefits for residents involved in longitudinal Behavioral and Community Medicine experiences.

3. identify 3 community-based resources near attendee training programs which may be used to expand Behavioral and Community Medicine training.

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# We are here…

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# Community Needs Assessment

- Conducted by our Sponsoring Institution
- Few local psychologists/psychiatrists.
- High concentration of patients with mental health disorders/dual-diagnoses.
- Attrition rate and population growth creating an ever-growing deficit of primary care physicians.
- "Recruitment" of primary care physicians insufficient to match area needs

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# Starting Out…

- Brand new residency
  - ➢ While this doesn't make things "easier," it makes trying new things less complicated!
- No pre-existing curriculum
  - ➢ What do we really what them to learn/experience?
- No pre-conceived expectations for resident/faculty involvement
  - ➢ No need to adjust existing schedules that may already rely on faculty/resident presence
- Only the FM Program requirements to guide…

# The Program Requirements (Part 1)

- IV.A.6.n) The curriculum must be structured so behavioral health is integrated into the residents' total educational experience, to include the physical aspects of patient care.

- IV.A.6.o) There must be a structured curriculum in which residents are educated in the diagnosis and management of common mental illnesses.

- IV.A.6.p) There must be a structured curriculum in which residents address population health, including the evaluation of health problems of the community

# The Program Requirements (Part 2)

- IV.A.5.f).(1) [*Residents must learn to*] work effectively in <u>various health care delivery settings and systems</u> relevant to their clinical specialty;

- IV.A.5.f).(2) [*Residents must learn to*] <u>coordinate patient care within the health care system</u> relevant to their clinical specialty.

- IV.A.6.a).(3) [*Residents must learn to*] be primarily responsible for a panel of continuity patients, <u>integrating each patient's care across all settings, including the home, long-term care facilities, the FMP site, specialty care facilities, and inpatient care facilities</u>.

- IV.A.6.a).(3).(a) Long-term care experiences must occur <u>over a minimum of 24 months.</u>

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# The Program Requirements (Part 3)

- II.D.1.a) The patient population must include <u>a volume and variety of clinical problems and diseases sufficient to enable all residents to learn and demonstrate competence</u> for all required patient care outcomes.
- II.D.1.b) The patient population *must include a sufficient number of patients of both genders.*

- IV.A.5.a).(1).(a).(i) [*Residents should learn to*] <u>diagnose, manage, and integrate the care of patients of all ages in various outpatient settings</u>, including the FMP site and home environment;
- IV.A.5.a).(1).(a).(iii) [*Residents should learn to*] <u>diagnose, manage, and coordinate care for common mental illness and behavioral issues in patients of all ages;</u>
- IV.A.5.a).(1).(a).(iv) [*Residents should learn to*] <u>assess community, environmental, and family influences on the health of patients.</u>

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# Rationale for Longitudinal Approach

- Longitudinal experience in Behavioral Science affords residents opportunity to develop inter-professional relationships with fellow health-care providers and therapeutic relationships with complex mental health patients which should increase confidence managing such patients.

- Longitudinal experience in Community Medicine increases resident exposure to local healthcare-related resources, affording them opportunity to become invested in local communities by developing "broadly-based coalitions" that "align education and clinical practice."

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# The Longitudinal Schedule

**PGY-1 Sample Weekly Schedule**

|  |  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|
| Week 1 | AM | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation |  |  |
|  | PM | FMP | FMP | Clinical Rotation | ACAD | B.Health |  |  |
| Week 2 | AM | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation |  |  |
|  | PM | Sports Med | FMP | Clinical Rotation | ACAD | FMP |  |  |
| Week 3 | AM | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation |  |  |
|  | PM | FMP | FMP | Clinical Rotation | ACAD | FMP |  |  |
| Week 4 | AM | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation |  |  |
|  | PM | FMP | Comm Med | Clinical Rotation | ACAD | FMP |  |  |

3-4 pts/session
2 sessions/wk
42 weeks/year
252-336 pts/year

# The Longitudinal Schedule

**PGY-2** Sample Weekly Schedule

| | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|
| Week 1 | AM | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | | |
| | PM | FMP | FMP | FMP | ACAD | B.Health | | |
| Week 2 | AM | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | | |
| | PM | Sports Med | FMP | FMP | ACAD | FMP | | |
| Week 3 | AM | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | | |
| | PM | FMP | FMP | PM/Proc | ACAD | FMP | | |
| Week 4 | AM | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | | |
| | PM | FMP | Comm Med | FMP | ACAD | FMP | | |

4-6 pts/session
3 sessions/wk
42 weeks/year
504-756 pts/year

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# The Longitudinal Schedule

**PGY-3** Sample Weekly Schedule

| | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|
| Week 1 | AM | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | | |
| | PM | FMP | FMP | FMP | ACAD | B.Health | | |
| Week 2 | AM | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | | |
| | PM | Sports Med | FMP | FMP | ACAD | FMP | | |
| Week 3 | AM | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | | |
| | PM | FMP | FMP | PM/Proc | ACAD | FMP | | |
| Week 4 | AM | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | Clinical Rotation | | |
| | PM | FMP | Comm Med | FMP | ACAD | FMP | | |

6-8 pts/session
3 sessions/wk
42 weeks/year
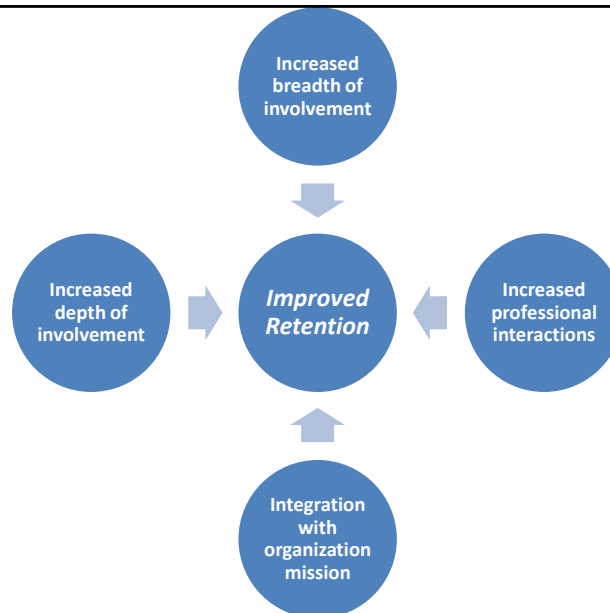756-1008 pts/year          1512-2100 pts/resident over 36 months

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# Curricular and Practice Overlap

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The Hope:



- Increased breadth of involvement
- Increased depth of involvement
- *Improved Retention*
- Increased professional interactions
- Integration with organization mission

# Kitsap Public Health District

- No direct patient care services any longer
- Higher-level view of public health in 3-county region
- Needs assessment (a 3 year process)
- Disease tracking
  - Seasonal (like influenza)
  - Local concerns (like GC/Chlamydia epidemic)
  - Interfaces with state, regional, national opioid dependence and treatment resources
- Mass casualty planning services
- Epidemiologists on staff

# Peninsula Community Health Services

- Local Federally-Qualified Health Center
- Some mental health services
- Primary Care Services primarily for low-income population
- A very busy practice model
- OB referrals from PCHS

# Kitsap County Drug Court

- MAT for opioid dependence
- Resource for treatment while incarcerated
- Pipeline for maintenance of treatment when released
- Affiliation with "Court-Supervised" substance abuse treatment/MAT

# Kitsap Mental Health Services

- Provider of Mental Health Services for low-income population
- Family Counseling, Pediatric/Adolescent Services, Substance Abuse Treatment Services, Geriatric Services
- Longitudinal Experiences over 36 months
- Inpatient Treatment a small part
- Outpatient treatment is focus
  - Team-building with mental health services providers
  - Integrates with Geriatrics/Long Term Care curriculum
  - Integrates with Addiction Medicine curriculum

# Kitsap Recovery Center

- Substance Abuse Treatment Center in Bremerton, WA.
- Longitudinal Experiences
- 2 Week Addiction Medicine "block" experience as PGY-2's
- Also has low acuity medical detox beds.
- Reciprocal referral agreement
  - Behavioral Management of Substance Dependence
  - MAT for Substance Dependence
  - Primary Treatment Location for Kitsap County Drug Court

# West Sound Treatment Center

- Substance Abuse Treatment Centers in Kitsap County, WA.
- Longitudinal Experiences
- 2 Week Addiction Medicine "block" experience as PGY-2's
- Reciprocal referral agreement
  - Behavioral Management of Substance Dependence
  - MAT for Substance Dependence

# Cascadia Treatment Center

- Substance Abuse Treatment Center in Bremerton
- Longitudinal Experiences
- 2 Week Addiction Medicine "block" experience as PGY-2's
- Reciprocal referral agreement
  - Behavioral Management of Substance Dependence
  - MAT for Substance Dependence

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# Kitsap County Resources

- **WIC**
  - Including Nutrition Classes
- **Head Start**
- **"The Parenting Place"**
  - Classes for parents and children build on existing strengths using the Developmental Assets Model.
  - Topics include:
    - Parenting (general), Parenting Teens, Parenting the Challenging Child
    - Helping children who have witnessed domestic violence
    - Parenting in recovery
    - Love & logic
    - Strengthening families

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# The Coffee Oasis

- Faith-Based Organization
- Focus is on Teens
- Mentoring Program
- Safe Places for teens to meet
- Oasis Hope Home
  - Temporary Shelter
- Hope Inc.
  - Job Training/Internships

# Central Kitsap School District

- Sporting events coverage
- Annual Physicals
- Classroom Teaching
  - Sciences
  - Health Classes
  - Vocational Program
- Participation in the District's Sports Medicine Program
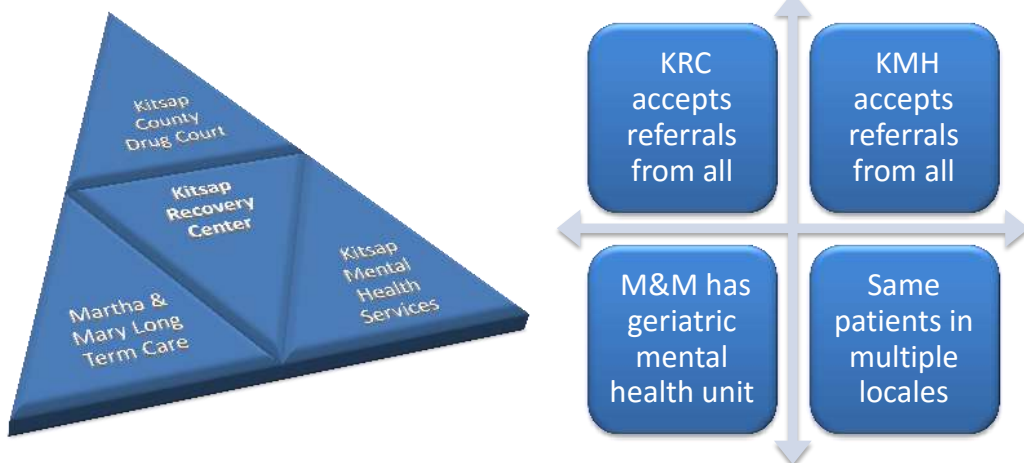- Health-related career mentoring
- **School-based Clinic**

# The PCI

- The Professional Competency Inventory
- Q 6 month 360$^\circ$ evaluation
- Used for self-reflection during Academic Evaluation Conferences
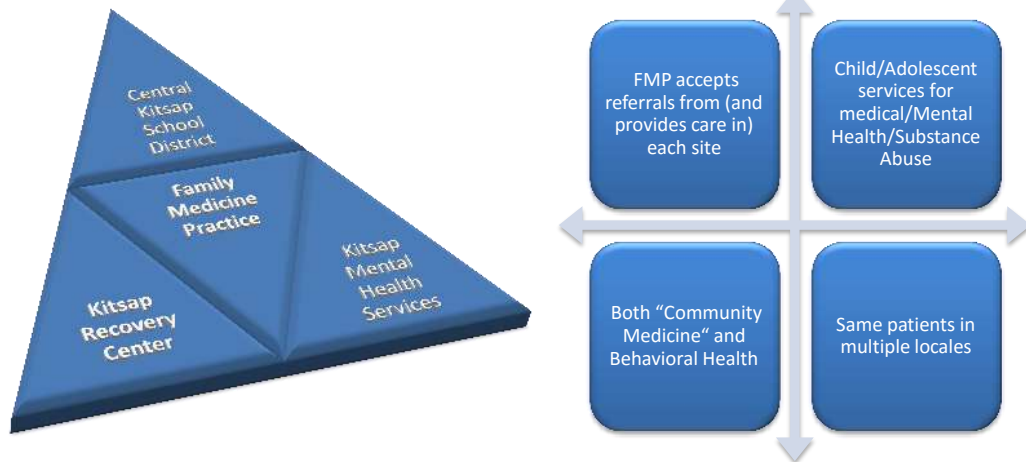- Modified annually by residents with faculty guidance

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# Interconnection Example #1



KRC accepts referrals from all

KMH accepts referrals from all

M&M has geriatric mental health unit

Same patients in multiple locales

Kitsap County Drug Court

Kitsap Recovery Center

Kitsap Mental Health Services

Martha & Mary Long Term Care

# Interconnection Example #2

Central Kitsap School District

Family Medicine Practice

Kitsap Mental Health Services

Kitsap Recovery Center

FMP accepts referrals from (and provides care in) each site

Child/Adolescent services for medical/Mental Health/Substance Abuse

Both "Community Medicine" and Behavioral Health

Same patients in multiple locales

# The Glue

- Behavioral Sciences Coordinator
- Liaison with community resources
- Summarizes all evals for residents and PD
- Provides direct feedback to residents from community resources
- Provides assistance with and monitoring of resident-identified areas for behavioral change
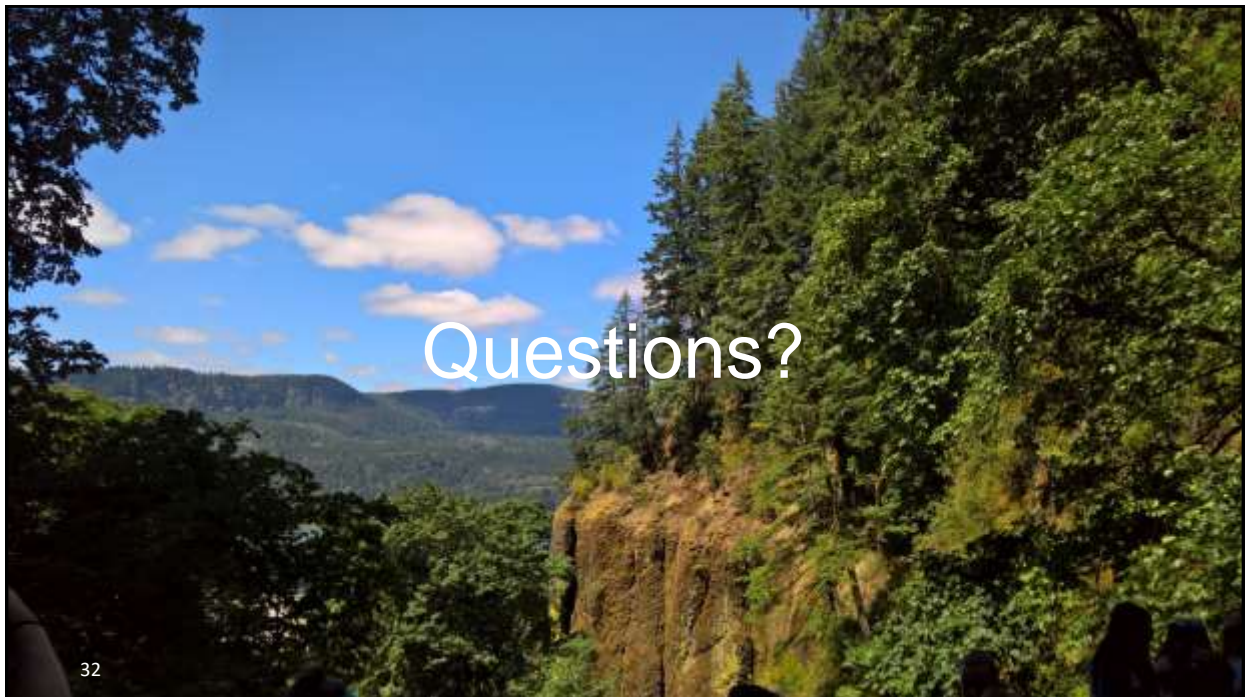
# The Challenges

- Interconnected but disparate organizations
  - Regulations, requirements
- Seemingly infinite requests for assistance
  - More involvement creates more interest
- Faculty resistance
  - Beliefs regarding value of individual endeavors
- Scheduling
  - 24 residents, 4 curricula, 52 weeks per year
  - Tracking complexity

# Final Thoughts about Value

- As with continuity clinic within the Family Medicine Practice, longitudinal experiences with Behavioral Medicine and Community Medicine will promote formation of extended inter-professional relationships and longitudinal patient-care relationships.

- Transition from block rotations to longitudinal experiences for Behavioral Medicine and Community Medicine will demonstrate the relevance of these topics to Family Medicine Residents over the entirety of their training.

- Integration of various experiences allow for patient-centered care in a variety of locations.

- Suggested practice changes for those interested:
  1) Perform (or ask your SI to perform) a community needs assessment;
  2) Contact local outpatient mental health agencies to determine interest in longitudinal partnership;
  3) Contact local health district/health department to explore interest in longitudinal partnership;
  4) Contact local school district(s) to explore interest in longitudinal partnership;
  5) Re-evaluate current curricular structure and evaluate for ability to transform rotations to longitudinal experiences.
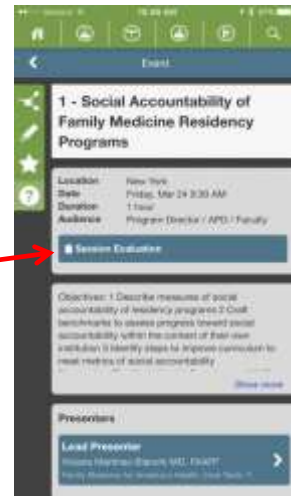
## Suggested practice changes:

1) Perform (or ask your SI to perform) a community needs assessment;

2) Contact local outpatient mental health agencies to determine interest in longitudinal partnership;

3) Contact local health district/health department to explore interest in longitudinal partnership;

4) Contact local school district(s) to explore interest in longitudinal partnership;

5) Re-evaluate current curricular structure and evaluate for ability to transform rotations to longitudinal experiences (using resources from 2-4).

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Questions?

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# Please…

## Complete the session evaluation.

## Thank you.

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