Building Your Mental Health Curriculum/Rotation

Virtual Café
Brought to you by the BMH Learning Community
Of the APPD
September 26, 2023



Association of Pediatric Program Directors



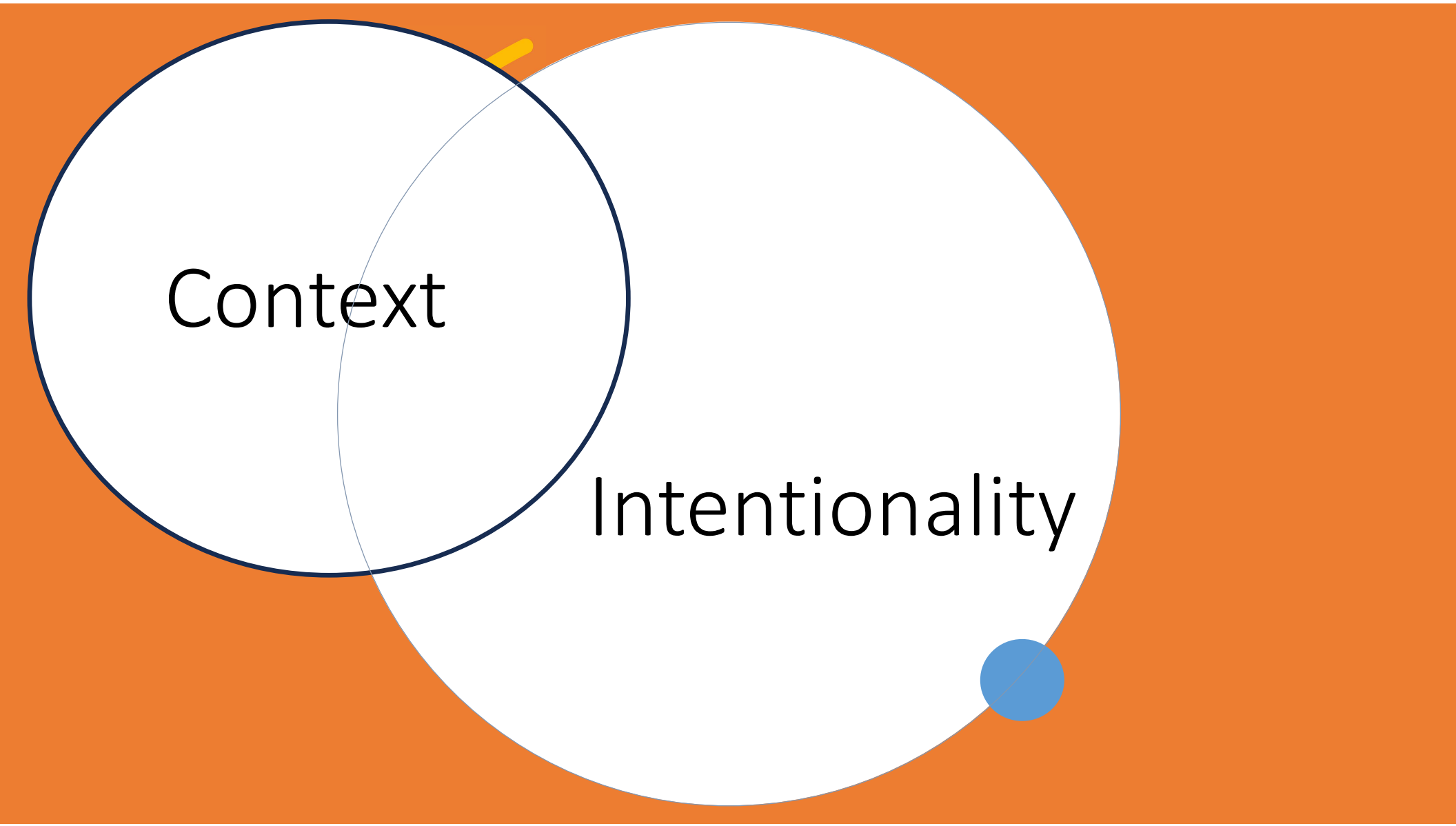




What are we building?

We need a place to live:

- a room vs a house
- rotation vs curriculum
- New build vs Addition vs Renovation


Context
Intentionality

Historical Context

American Academy of Pediatrics, Task Force on Pediatric Education. *The Future of Pediatric Education.* Evanston, IL: American Academy of Pediatrics; → **emphasized the need to enhance residency training in behavioral, developmental, and adolescent issues**

1978

ACGME program requirements for pediatric residency training in the United States included a requirement for "evidence of structured educational experiences in adolescent medicine, child development, child psychology, and the care of the handicapped child."

1990

Leslie L, Rappo P, Abelson H, et al. Final report of the FOPE II Pediatric Generalists of the Future Workgroup. Pediatrics. 2000;106 (suppl 5):1199–1223 → **again emphasized need for training in developmental and behavioral issues**

2000

ACGME program requirements add **required 1-month** block experience in Developmental and Behavioral Pediatrics **(DBP)**

2000

American Board of Pediatrics (ABP) publishes the Behavioral/ Mental Health EPA – **BMH EPA**

2013

In a periodic survey by the American Academy of Pediatrics (AAP), 65% of the 512 responding **primary care and specialty pediatricians** indicated they lacked training in the treatment of children and adolescents with mental health problems, almost 40% responded they lacked confidence in their ability to recognize those problems, and **>50% lacked confidence in their ability to treat them**

2013

ACGME program requirements now mandate only that each program have at least 1 **faculty member who is certified in (DBP)** developmental and behavioral pediatrics

2016

Green C, Leyenaar JK, Turner A, Leslie LK. ***Competency of future pediatricians caring for children with behavioral and mental health problems.*** Pediatrics. 2020;146(1):e20192884 → Of applicants, 62.3% responded to the survey (n = 2086). Of these, **only 32.8% reported high competence in assessment skills and 18.9% in treatment skills.** There were large variations in reported competence across programs. ***Respondents from smaller programs (<30 trainees) reported higher competence in assessment and treatment than those from large programs***

2020

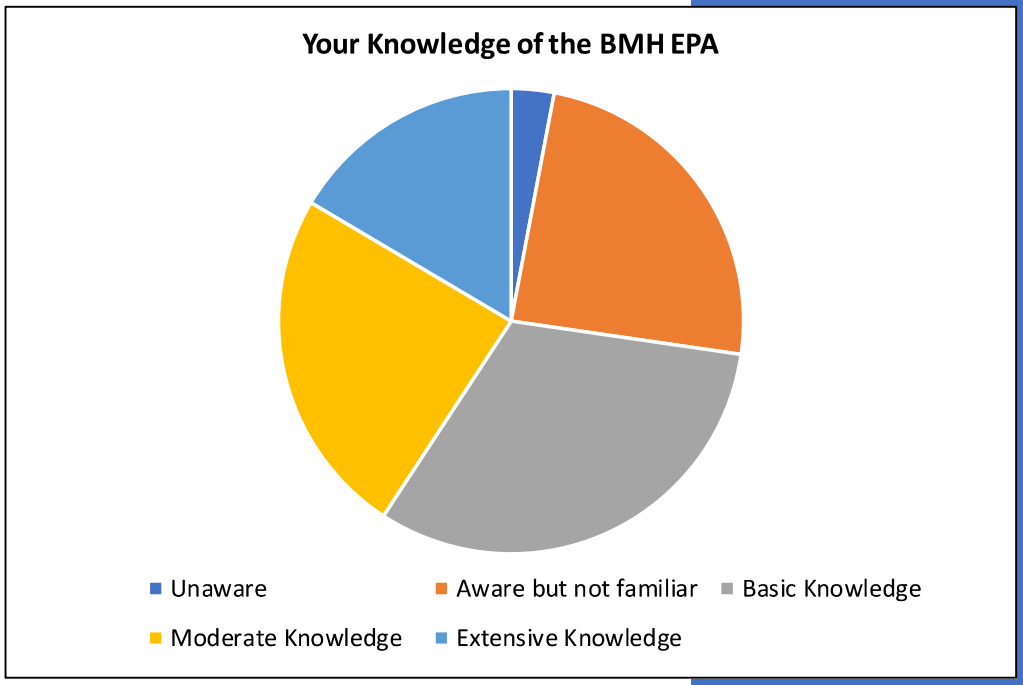
ACGME program requirements add required 1-month block experience in Pediatric Psychiatry ?????

2023 ??

How Training Programs are Responding

National Needs Assessment: Of 187 active APPD programs, 55% completed the survey (n=103) → 2022

- The majority of programs (72%) have made changes to their MBH curriculum in the last 5 years, but more due to increased patient MH needs (97%) rather than in response to the MBH EPA #9 (13.5%) or the AAP MH competencies (27%).
- Variety of educational resources: child psychiatry block (70%), integrated MH clinics (52%), and longitudinal MH curriculums (25% currently have, 25% developing) in both inpatient and outpatient settings.



Almost 9 years after its publication, less than half of pediatric program directors rate themselves as knowledgeable about the BMH EPA.



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(EPA9)
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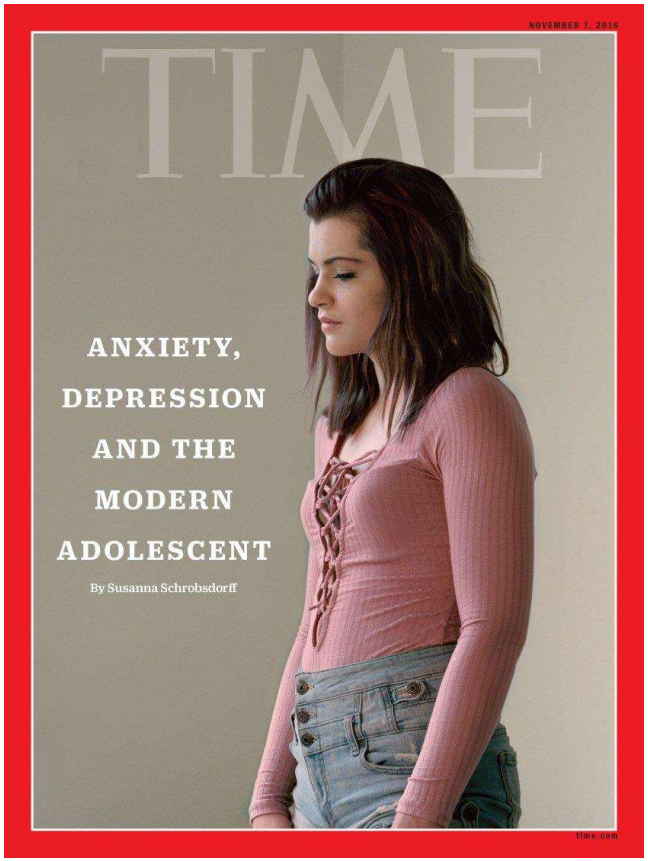


Assess and manage patients with common behavior/mental health problems.

- **Rationale:** Pediatricians must assess behavioral wellness and address prevention as well as anticipate, identify, and manage behavioral and mental health needs, recognizing when consultation is needed
- **Scope:** Assessment, diagnostic criteria, screening instruments, pharmacotherapy
- Generally within the scope to recognize, evaluate, and initiate treatment: Common behavioral issues-bedtime refusal, tantrums, delayed toilet training; ADD, depression, anxiety, autism, normal adolescent dev issues/conflict, and substance abuse
- Referrals as needed and awareness of mental health resources in community



The Georgetown Experiment





Episodic time with Experts:

Pediatric Psychiatry Rotation



Developmental-Behavioral Pediatrics Rotation

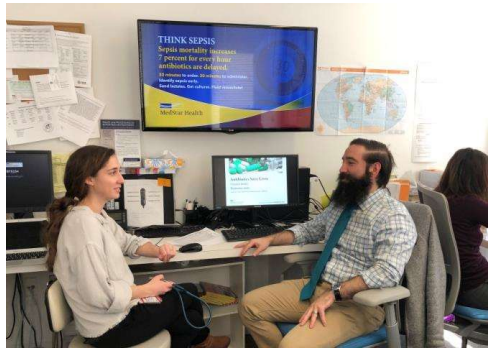


GEORGETOWN UNIVERSITY School of Medicine

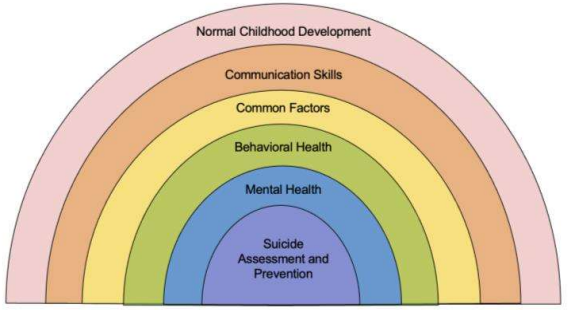
MedStar Health

Longitudinal Training Approach:

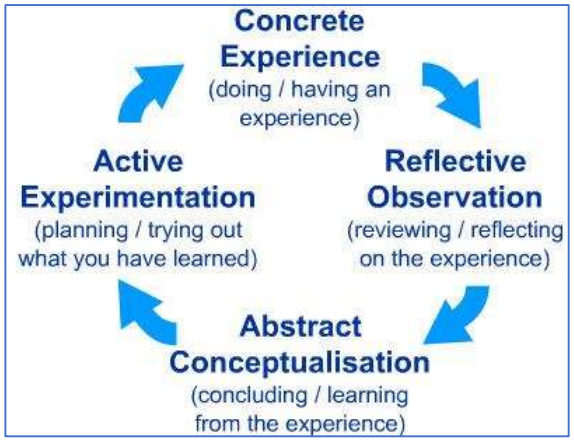
Integrated Mental Health Clinic in Pediatric Resident Continuity Clinic

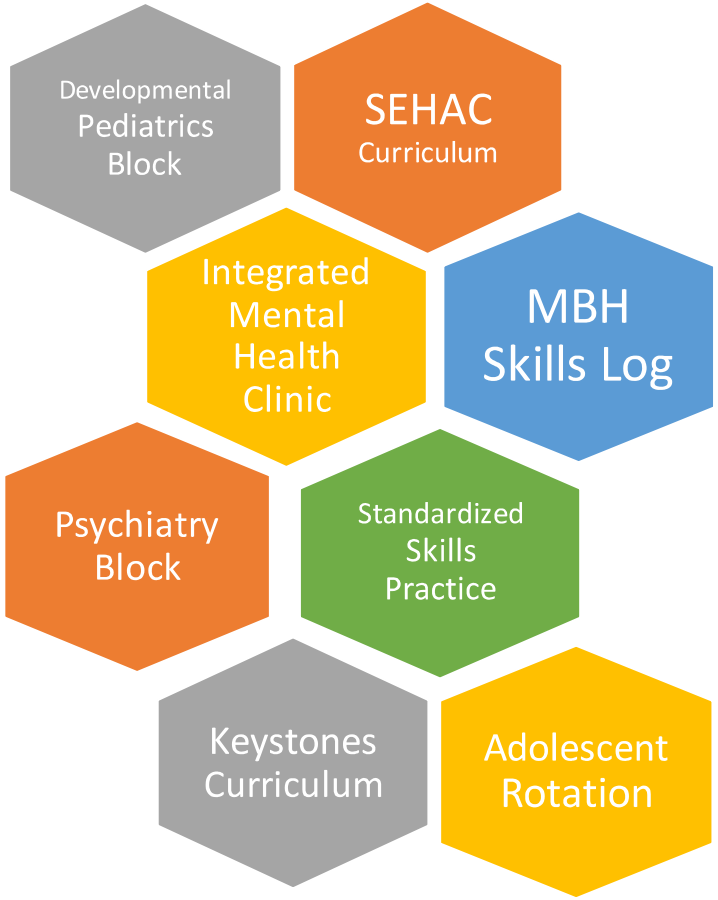


SEHAC Curriculum



Kolb's Experiential Learning Theory





The goal is to be very *intentional* with whatever you do have or do use for BMH training….

Wrap Up

- **Final thoughts**
  - This will have to be an iterative process
  - No one program/curriculum will fit all, be creative with what you have, be strategic in what resources or personnel you ask for
  - Sending trainees to 'learn from experts' on episodic or time-limited rotations is not enough to achieve competence in mental/behavioral health skills → be intentional in what you want them to learn where
- **Next steps**
  - Interesting in getting more involved? → Join the BMH Learning Community of the APPD
  - Need more help? → APPD Virtual Café will continue to offer space for discussions amongst those faculty tasked with planning and implementing new ACGME requirements around BMH training ['BMH rotation directors' group]



- **Available resources**
  - APPD BMH Curriculum → launching this fall
  - EMPOWER study - watch for invitation to join, will come with faculty support
  - See resource slide, also resource sheet/handout available for those who are interested (email Elizabeth for this: Elizabeth.chawla@gunet.georgetown.edu)

References and Further Reading

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