Title: Interprofessional Behavioral Health and FP Competencies

Behavioral Health (BH) Interns, FP Residents

Longitudinal Geriatric Support Team at PFMC (PCMH)

Resources-

APA. Competency Benchmarks in Professional Psychology. 2011. [http://www.apa.org/ed/graduate/competency.aspx Last Accessed 9/5/2016](http://www.apa.org/ed/graduate/competency.aspx%20Last%20Accessed%209/5/2016)

ACGME, and ABFM. The Family Medicine Milestone Project 2015. <https://www.acgme.org/Portals/0/PDFs/Milestones/FamilyMedicineMilestones.pdf>. Last Accessed 9/5/2016.

AAHPM. Hospice and Palliative Medicine Entrustable Professional Activities. <http://aahpm.org/uploads/HPM_EPAs_Final_110315.pdf>. Last Accessed 9/5/2016.

Rationale-

The integration of care is foundational to excellent delivery of primary care. This is particularly important when caring for the geriatric or palliative patient with their complex challenges. At PFMC we have the opportunity to blend our integrated geriatric support team in gaining BH and FP competencies. Thus we have an academic journal club, inter-professional discussion, and clinical experience where BH and FP teaching learn in shared effort. We hope to maximize each learner’s readiness for entry into their own practice and future interaction with diverse disciplines whether training or participating in PCMH or clinical psychology practice.

Logistics-

As part of BH Interdisciplinary Treatment Team Rotation and FP geriatrics, ambulatory care, outpatient chief and other rotations throughout their 3 years, learners will come on Thursday morning sessions. This session will include didactics and inter-professional team discussion of selected patients. This will then be followed by a clinical experience where BH foci include geriatric depression assessment and intervention, cognitive evaluation, and caregiver evaluation. Based on the BH, resident learners, and PC fellows experience, the following goals and associated competencies will be addressed.

Goals:

**Journal Club and Didactics**

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| --- | --- | --- | --- |
| **Goal** | **BH competency** | **FP competency, milestone** | **PC EPA (Milestone see FP)** |
| Develop academic evaluation to approach literature in order to maximize medical knowledge, systems based appreciation of resources, and evidence based practice. | Science, Application (EBP)  Education | PBL1  PBL2 | EPA 17 promote and teach |
| Focus on areas of selected geriatric and palliative care BH teaching such caregiver burden, difficult conversation tools, depression management to teach learners within small group didactic. | Education (12 Teaching)  Professionalism (1E Professional Identity) | PBL1  PBL2  Prof2 | All EPA’s appropriate topics |

**Interdisciplinary or Interprofessional Team Discussion**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal** | **BH Competency** | **FP Competency, Milestone** | **PC EPA, see FP Milestone** |
| Participate as specialist in review of geriatric supportive care clinic patients. Represent or ensure conversation includes patient goals, BH assessment, care-giver assessment. | Professionalism  Relational  systems | SBP4 | EPA 7  EPA 14  EPA 16 |
| Participate as a team member in review of geriatric support care patients and explore individual, cultural, psychosocial, spiritual diversity and support | Individual and Cultural Diversity  Systems | SBP3 | EPA 11 |

**Geriatric Support Clinic-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal** | **BH Competency** | **FP Competency, Milestone** | **PC EPA see FP competency** |
| Participate as preceptor (roles include demonstrating and practicing assessment tools as part of team to provide efficient clinic for patients) | Application  Education  Systems | PC3  MK | EPA 2  EPA 11 |
| Participate as preceptor teaching further communication or follow up on assessment tools for GDS, Cognitive evaluation, caregiver (providing follow up questions or brief assessment or review of support tools such as counseling) | Application  Education  Professionalism | PC3  SBP3  C1 | EPA 2  EPA 11 |
| Develop a method to demonstrate, shadow, precept in experiential teaching. (vs didactic session) | Professionalism  Relational  Education | Prof  MK | EPA 17 |

Objectives (BH)/(FP and PC)

1. Science - Medical Knowledge and PBL
   1. Recognize, Evaluate and provide management plan for depression, caregiver burden, and cognitive impairment
   2. Utilize evidence based medicine and evaluation of literature to incorporate medical knowledge into practice
   3. Provide didactic and medical knowledge to geriatric support team to promote further best practices
   4. *R1- BH Role may include demonstration of Assessments- GDS, MOCA, Care-giver evaluation- (also to consider experience of BH intern.)*
   5. *R2- BH role- If further precepting is needed can mentor these portions of clinic including experiential teaching. If residents able to complete independently, then this may include a co-facilitation role where individual aspects are completed and then together develop a plan based on efficiency needs of the visit. - (also to consider experience of BH intern)*
   6. *R3- May be shadowing with giving specific points or co-facilitating clinic- (also to consider experience of BH intern.)*
2. Application- Patient Care
   1. Provide demonstration of above tools and precept residents to carry out above assessments based on year as above
3. Systems- Systems Based Practice
   1. Identify roles and appropriately work with all members of the geriatrics support team in academic pursuit (JC), patient discussion (IDT), and patient care (clinic)
   2. Create IDT plan to enter into EPIC
4. Professionalism- Professionalism
   1. Provide didactics to team regarding various topics related to journal club and palliative care.
   2. Fully participate in scheduled activities and didactics
   3. Fully respect members of team and Patient Centered Medical Home at AKFMR including ancillary health care providers and families
   4. Provide understanding towards clinic process including preparation for specific patients scheduled into geriatric support clinic but also ability to accept patients during day of care.
5. Relational- Interpersonal and Communication Skills
   1. Respect and identify strengths of members of team during patient discussion (IDT)
   2. Participate in evaluation and feedback to resident clinic as well as entire journal club, IDT, and clinic logistics
   3. Incorporate underserved, diverse, and transcultural sensitivity into patient discussions and clinic
   4. Establish clear communication primary palliative care questions to guide residents towards goals of care which encompass compassion and empathy

Implementation:

1. Journal club and didactics- longitudinal Thursday mornings (8-9am)
   1. A list of journal articles designed to encompass all aspects of competencies and EPA’s provided.
2. Interdisciplinary team meetings- longitudinal Thursday mornings (9-10am)
   1. Participate as specialists emphasizing specified disciplines and and representing values of patients to the interdisciplinary team discussion.
3. Clinic- longitudinal Thursday mornings (10am-12:15)
   1. Co facilitate clinic by experience of learner resident and BH intern
   2. Precept clinic by experience of learner resident and BH intern

*Preparation BH Intern-*

1. *Prepare to contribute to interdisciplinary team discussion on diverse topics representing BH discipline (as we often overlook non-pharmacologic care which is very important and incredibly beneficial to our patients.)*
2. *Prepare to use EMR in effective documentation of IDT discussion and plan*
3. *Shadow GDS, Cognitive evaluations, Caregiver assessments, and Psychology interventions (such as counseling) that you will be offering in clinic*
4. *Be ready to administer and offer appropriate intervention in timely fashion*
5. *Have short didactic on tools ready for education of learners*
6. *Practice shadowing and giving feedback to resident learners*
7. *Prepare for precepting but also co-facilitation role (conducting assessments then meeting with resident to develop plan) based on experience of resident learner.*