

## **RESIDENT GUIDE**

### **AACAP SYSTEMS-BASED PRACTICE TOOL KIT**

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The ACGME has mandated that all Residency Review Committees incorporate the six core competencies into their requirements to promote and demonstrate the competency of their graduating residents. In response, national organizations and training programs have become actively involved in developing a framework to define, implement and evaluate the general competencies. In the meantime, the child services system-based practice in the U.S. has become more developed and important in the service delivery for youth and their families. Therefore, the AACAP Work Group on Community-Based Systems of Care has dedicated their efforts towards the goal of developing a training tool kit for systems-based practice for child and adolescent psychiatry residency programs. An Abramson Grant from AACAP was awarded to the work group in 2006 to complete the development of the tool kit; pilot the tool kit in child and adolescent psychiatry residency programs; develop educational competency outcomes and a training director/trainer network.

Fifteen CAP residency programs volunteered to participate in the pilot phase of the tool kit implementation for the 2007-08 academic year. Each program agreed to use four process modules (SBP overview, family-driven care, consultation, and cultural considerations in SBP) and then chose specific system modules of interest. Resident demographic information was collected and evaluation vignettes were completed for each module used. AACAP staff assigned a number for each individual resident to maintain confidentiality and all information was reported with resident number. Program directors were asked to complete a general evaluation regarding the use of the tool kit at the end of the 2007-08 academic year. Resident focus groups were offered to all residents with a standardized question format. The focus groups were completed in June 2008 with residents from four programs (two conference calls and one on-site). Residents received a stipend for participating. A Training Director network was established with periodic updates and scheduled meetings at the AACAP annual meeting.

Evaluation data was received from seven CAP residency programs. All seven programs used the four core modules. Eleven of the thirteen modules were used by different programs. The education system and mental health modules were the most frequently used system modules. The educational consultant evaluated the data, and results were used to inform the revisions of the modules.

#### **ORGANIZATION OF THE TOOL KIT**

The tool kit is organized into thirteen modules. Each module covers an important component of systems-based practice. Two types of modules are included: process and system modules. Process modules discuss an important process for the child and adolescent psychiatrist to understand and consider in systems based practice. System modules discuss the basic elements of individual child-serving systems in the U.S. and the potential roles of the child and adolescent psychiatrist working with and in these systems. Each module contains learning objectives, core

information in handout form and case vignettes. The objectives for each module are categorized based on the Psychiatry RRC specific systems-based practice competencies.<sup>1</sup> The vignettes can be used for group discussion and evaluating individual resident competency. The systems-based practice knowledge base is interrelated and there will be some intentional repetition of information within the tool kit.

The modules include:

Process Modules

1. Systems-Based Practice Overview
2. Consultation
3. Family-Driven, Youth-Guided Care
4. Cultural Considerations in Systems-Based Practice
5. Organizational and Financial Structures in Mental Health Systems

System Modules

6. Education System
7. Child Welfare System
8. Juvenile Justice System
9. Primary Health Care System
10. Mental Health System
11. Developmental Disabilities System
12. Substance Abuse Treatment Services System
13. Early Childhood Services System

**FREQUENTLY ASKED QUESTIONS by RESIDENTS FOR RESIDENTS:**

**1. DON'T I ALREADY KNOW THIS? (NOT THIS AGAIN.)**

You think you do, but you really don't know this information. You know bits and pieces of information, but not the whole picture. This is some of the information that you may learn "on the job," but it is usually not taught. Once you have learned this material, you will have a better understanding of the systems and how to collaborate more effectively. One resident that participated in the pilot study commented: "I kept the modules and have referred back to them during my first year of practice many times. I have especially used the web resources for my benefit and to educate family members regarding resources."

**2. HOW IS THIS DIFFERENT FROM WHAT I LEARNED IN ADULT PSYCHIATRY TRAINING?**

As you may have already learned, children are a whole different world. The rules, agencies, and funding are very different than what was available in adult psychiatry training. Also, children are minors and do not have complete autonomy. Therefore, there are many more systems involved in their care such as the education system, child welfare, etc., and the family issues are more frequently addressed in working with minors.

**3. ISN'T THIS THE JOB OF ANCILLARY STAFF?**

Depending on the setting, much of the leg work is done by other staff members. Then, the multiple staff members, residents and attending physicians work in collaboration with the child and family to promote effective outcomes. Sometimes in this process there are final decisions that are made by us. If we are knowledgeable about the systems and resources we will be more effective team members and leaders. Also having an overview of the various systems can help us collaborate with families and system representatives. Once we finish residency we will work in various settings and will be comfortable dealing with system issues and working with representatives from all of the child-serving agencies.

#### **4. HOW WILL THIS HELP ME?**

Learning this material now will make the transition into our next job easier by improving our understanding of and collaboration skills with the child-serving systems. Learning this material has helped me improve patient care, decrease frustration (mine and family members) and anecdotally witness some improved outcomes for children with difficult problems.

#### **5. HOW MUCH OF THIS INFORMATION IS SPECIFIC TO INDIVIDUAL STATES?**

This depends on the module. The process modules discuss an important process for the child and adolescent psychiatrist to understand and consider in practice. The process modules are general information that is usually not specific to individual states. The system modules discuss the basic elements of individual child-serving systems in the U.S. and the potential roles of the child and adolescent psychiatrist. All of the child-serving systems have some basic elements and organization that are reviewed in each module. Some child-serving systems have more variation from state to state and this is addressed in each module. Once you learn the basic information about each child-serving system it will be easier to learn the variations when you move to practice in a new state.

#### **6. HOW WOULD I INCORPORATE THIS INTO MY CLINICAL PRACTICE?**

The discussion and evaluation cases helped me see how to use this information in everyday clinical practice. During these discussions residents would also discuss current patient situations and potential solutions. We have used the information to help families become more knowledgeable about systems and ways to advocate for the patient/family needs. The discussion of the roles of the CAP in each module was very helpful to find out all of the ways we can work with or in these systems. When parents would ask me questions or gave information that related to systems, I was knowledgeable enough to understand the information presented or knew where to look for more information if needed.

#### **7. WHAT PARTS OF THESE SERVICES HAVE BEEN STUDIED OR ARE EVIDENCE-BASED?**

The provision of effective evaluation and treatment services for children and families is one of the goals of every child and adolescent psychiatrist. Tools have been developed by professional organizations, clinicians and policymakers, and investigators to promote

appropriate and high-quality care while also emphasizing accountability. This tool kit addresses evidence-based practices as they apply in each module.

1. Accreditation Council of Graduate Medical Education. Program Requirements for Residency Education in Child and Adolescent Psychiatry. URL: [http://www.acgme.org/acWebsite/downloads/RRC\\_progReq/405pr07012007.pdf](http://www.acgme.org/acWebsite/downloads/RRC_progReq/405pr07012007.pdf). Accessed July 28, 2009.