Exposing Medical Students to Child and Adolescent Psychiatry

By the year 2050, the population of children and adolescents in the United States is projected to grow by 33% from approximately 84 million to 112 million young persons (DHHS 2010). Nearly one in four to five young persons in the United States will meet diagnostic criteria for a mental disorder and will experience significant impairment at some point during their lifetime (Merikangas 2010). These statistics have led to a projected demand for services from child and adolescent psychiatry that is expected to increase by 100% between 1995 and 2020. Despite this need, only a small fraction of children and adolescents in this country will ever receive an evaluation by a child and adolescent psychiatrist (Thomas, Holzer 2006).

On November 1, 2010, I joined the AACAP Work Force Issues Committee, whose mission is to oversee various initiatives to address the shortage of child and adolescent psychiatrists in this country. At that time, I was in the middle of my first year of child and adolescent psychiatry residency training at Mayo Clinic. Being the only D.O. on the committee, I was tasked with reaching out to osteopathic medical schools across the country and assessing osteopathic medical students’ exposure to child and adolescent psychiatry; particularly during the first and second year of medical education. This was my first experience serving in this kind of venue, and I confess I did not fully appreciate the scope of the national shortage of child and adolescent psychiatrists. I also did not know what to expect with regards to the specific task that I was assigned.

As a graduate of Kirksville College of Osteopathic Medicine, I had the good fortune of being taught by a professor of psychiatry who was trained in both adult, and child and adolescent psychiatry, in addition to having his law degree. The lectures were entertaining as well, and we were routinely treated to magic tricks. Needless to say, these lectures were often ‘standing room only.’ Drawing upon my own experience as a medical student, I wondered if other osteopathic medical students had a similar kind of exposure to child and adolescent psychiatry. I felt I needed to better understand the national workforce shortage of child and adolescent psychiatrists, and why this is an important issue. I also wanted to better understand what kind of exposure to child and adolescent psychiatry osteopathic medical students receive during their first and second year of medical school education. Lastly, I wanted to see if there was anyway that exposure to child and adolescent psychiatry could be improved.

In this article, I hope to convey my own experience over the last two years working on this project as a member of the AACAP Workforce Committee.

Various authors including but not limited to Arden Dingle, M.D., Wun Jung Kim, M.D., M.P.H., Michael Sawyer, M.D., and Christopher Thomas, M.D., have all written germane papers on the topic of the workforce shortage within the field of child and adolescent psychiatry. In reviewing their work, several salient points stuck out to me. This is a longstanding national and international issue that is projected to persist into the foreseeable future, particularly as awareness of the burden child and adolescent mental health issues increases. Stigma and ignorance of mental illness, and of those that choose a career in mental health, continues to be problematic and is a significant barrier in addressing the workforce shortage. There is wide variability among medical school curricula nationwide regarding the degree of exposure to child and adolescent psychiatry first and second year medical students receive; with the general consensus being that little time is spent on this topic relative to other specialties. The reasons for the workforce shortage are complex and multifactorial and the inertia of cultural, political, social, and educational forces is difficult to change. These authors and others have called for collaboration and action at these various levels to impact the workforce shortage. It was this call for collaboration that inspired me to develop a project to try and improve medical students’ exposure to child and adolescent psychiatry.

I also learned that like their M.D. counterparts, there was quite a bit of variability with regards to exposure to child and adolescent psychiatry among first and second year osteopathic medical students. The osteopathic schools that responded to my initial inquiries expressed a need and/or an interest in improving their medical students’ exposure to child and adolescent psychiatry. Serendipitously, I met a wonderful second-year medical student, Jacob White, who attended Pacific Northwest University of Health Sciences (PNWU), an osteopathic medical school located in Yakima, Washington. Jacob was the student government president at this school and represented his first and second-year classes. “We don’t have a lot of child psychiatrists around here…"
it’s too bad you couldn’t be here to talk about child and adolescent psychiatry in person,” Jake said. That triggered an idea to start a lecture series on key topics in child and adolescent psychiatry and present them to interested first and second year medical students at PNWU via video-teleconferencing.

Based on input from students, I chose to do a mixture of interactive lectures using live-patient interviews and power point presentations on topics like the origin of child and adolescent psychiatry, autism, and ADHD. On average about 20-25 students participated in each of these lectures. Jake summarized feedback from his classmates saying, “The interactive sessions have increased the interest in psychiatry as a possible career choice and increased respect for the field. More people are saying they are considering psychiatry and seem more enthusiastic to say that than before. Every school should participate in this program. It’s easy and very helpful.”

Using Jake’s connections with student leaders from other osteopathic medical schools, we have started expanding this program to other schools. At Mayo, Carlos Salgado, M.D., and Christopher Takala, M.D., have started working with the Edward Via Virginia College of Osteopathic Medicine and are seeing similar success. Sourav Sengupta, M.D., M.P.H., and his colleagues at the University of Pittsburgh Western Psychiatric Institute and Clinic have started liaising with Western University of Health Sciences located in Pomona, California. Jess Shatkin, M.D., M.P.H., Scott Albin, M.D., and child psychiatry residents at the New York University Child Study Center have started a similar program working with medical students from New York University College of Osteopathic Medicine.

It remains to be seen how much impact this program will have on increasing the pool of talented future child and adolescent psychiatrists. My hope is that this project becomes a model for improving exposure to child and adolescent psychiatry among first and second year medical students nationwide. On a personal level this experience has allowed me to meet outstanding students and colleagues, and work with great mentors and collaborators, and that was by far the best thing that I took away from this project, and I would encourage other child and adolescent psychiatry residents to get involved.

If you are interested in helping with this project please contact Dr. Salgado at salgado.carlos@mayo.edu.

References


Dr. Pullen completed his child and adolescent psychiatry residency at the Mayo Clinic in June 2012. He now works at St. Luke’s Regional Medical Center in Twin Falls, Idaho, doing outpatient child and adolescent psychiatry. He may be reached at Samuel.pullen@mayo.edu.

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