

PROGRAM DIRECTOR AND TRAINER GUIDE AACAP SYSTEMS-BASED PRACTICE TOOL KIT

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, and 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.¹ 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

IMPLEMENTATION OF THE TOOL KIT

The tool kit contains modules that have been tested using a didactic format. The modules could potentially be used in an online teaching format but this has not been formally tested. The pilot programs have emphasized that it helps trainees to have the module ahead of time for review and most modules require more than one session to cover the material/vignettes/questions. Using vignettes is very helpful per the learner/trainer comments. These discussions frequently lead to discussions of their own patients/experiences too.

FREQUENTLY ASKED QUESTIONS:

1. HOW MUCH TIME/HOW OFTEN TO HOLD CONFERENCE?

Many program directors have asked what time frame is needed for these modules. We encourage you to adapt this to your program and resident needs. One program used a 30 minute weekly meeting with first and second year residents. The residents received the handout the week before for review. The next week the residents would talk about salient points and questions regarding the topic. The discussion vignettes would be given at the end of the session to discuss the following week. The residents would lead the discussion of the vignettes the next week. Some sections took longer to cover than others and then more sessions would be used. Other programs covered the information and vignettes in the same session. Most of the program directors noted the importance of making this an interactive process no matter how you structured the timing of the conference.

2. WHICH RESIDENT CLASS IS APPROPRIATE?

This should also be adapted to your program and resident needs. Some pilot programs had both first and second year residents participate, while others had only second year residents participate. In one program with all residents participating, the first year residents specifically requested that they be included again the next academic year so that they could become more proficient with systems-based practice issues. Program directors from many programs noted that the residents learned from each other in these sessions and having residents with different experience levels was helpful. Another trend in the pilot was that smaller programs were more likely to include both resident classes.

3. TIME FRAME FOR PROGRAM SCHEDULING

This should be adapted to your program and resident needs. One pilot program completed 11 of 13 modules in one year with a weekly conference. Most programs completed 5 to 6 modules in the pilot year. If a program has a goal of completing all of modules you could consider spreading the learning over two years or experimenting with other, shorter models.

4. SYSTEMS-BASED SPEAKERS/VISITS

Many of the pilot residency programs included system experts to talk to their residents about the respective agency and the interface with child and adolescent psychiatry. Some programs also organized field trips to child-serving agencies to meet experts and learn more about the system “in vivo.”

5. ROTATIONS

The pilot program did not include a rotation component. However, all child and adolescent psychiatry residency programs have standard clinical rotations where trainees use basic system-based practice skills, e.g. inpatient rotations, outpatient rotations and consultation/liaison rotations.

6. SYSTEMS BASED ROTATIONS

Some of the pilot residency programs have systems-based rotations where the residents spend time in a specific child-serving agency. Most programs offer some type of experience in the education system and mental health system outside of the university setting. Other types of child-serving agency rotations could include juvenile justice settings (detention, training schools, residential facilities), child welfare settings (residential facilities), primary care settings (general pediatric clinics, co-location with primary care), developmental disabilities settings (developmental evaluation centers, allied health clinics with OT, PT, ST), substance abuse treatment services settings (residential facilities, day treatment, intensive outpatient substance abuse services), and early childhood services (early intervention). A few residency programs offer systems-based rotations where the resident spends time learning about the system and working alongside the agency representatives in typical everyday agency situations.

7. PORTFOLIO

The SBP tool kit activities could be included in a portfolio. The discussion and/or evaluation cases could easily be added to a resident's portfolio. A resident generated idea was to choose two patients that they would like to write about and apply systems-based practice principles in the care of the youth and family. The residents could write about their experiences with the youth, family and systems over time. They could then reflect on how their learning about systems affects their practice over the two years of their training and suggest additional experiences that would help continue this learning process.

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. Accessed July 28, 2009.