Background

- Primary care providers (PCPs) are positioned to serve increasing numbers of youth with behavioral health (BH) concerns in primary care (PC).
- Common barrier to providing effective care is lack of BH training for PCPs (Serby et al., 2002).
- Most directors of pediatric residency training programs acknowledge training on topic is minimal/suboptimal (Leigh et al., 2006).
- American Academy of Pediatrics (AAP, 2009) policy statement: key aspirational behavioral health competencies for PCPs should be acquired via innovations in residency training.

Objective

- Empirically evaluate an innovative behavioral health training curriculum on improving residents’ attitudes and knowledge in primary care behavioral health service delivery compared to “training as usual.”

Results

Survey Tool Development

- The survey, developed by study investigators, includes 18 items:
  - Items 1-12 consist of demographic questions including questions about education/training history.
  - Items 12-18 consist of resident’s rating of their level of confidence and comfort in managing BH concerns using evidence-based practice parameters (AAP, 2009; AAPAC, 2007b; AAPAC, 2007b; AAPAC, 2001 on 1-10 scale (i.e., Knowledge).

Data Collection

- Surveys were administered separately for PGY-1 and PY-2’s at the beginning and end of training year.
- Data were analyzed to demonstrate the response to the behavioral health curriculum at Site 1 compared to “training as usual” at Site 2 after one year of implementation.

Conclusions

- Data yielded 3 major findings:
  1. At baseline, there were no significant differences in scores between residents at the 2 sites making them appropriate for comparison.
  2. At baseline, there were no significant differences between scores of interns and upper-level residents, demonstrating a lack of growth during matriculation through residency, despite low baseline scores.
  3. Residents who participated in the enhanced BH training demonstrated more statistically significant improvements in their clinical competencies compared to the “training as usual” group.

Future Directions

- Add additional sites to perform dismantling studies to determine relative effectiveness of each component within the behavioral health curriculum.
- Assessment residents’ “Skills” in actually carrying out evidence-based practice parameters.
- Examine psychometric properties of survey instrument.

References

- Serby, Schmeler, & Smith (2002). Length of psychiatry clerkships: Recent changes and the relationship to recruitment. Acad Psychiatry, 26, 102-104.