

Title: Primary Care Behavioral Health Service Delivery: A Psychologist-delivered Training Curricula for Pediatric Residency Programs

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Background: Pediatricians are positioned to serve increasing numbers of youth with behavioral health (BH) concerns in primary care (PC). However, a common barrier to providing effective care is the lack of BH training that PCPs receive. In fact, most pediatric residency training directors acknowledge that training on the topic is minimal/suboptimal¹. The American Academy of Pediatrics in a 2009 policy statement cited aspirational BH competencies for all pediatricians in the areas of ADHD, anxiety, depression, and suicide among others.

Aim(s): This study empirically evaluated an innovative behavioral health training curricula delivered by pediatric psychologists as part of pediatric residency training. The training curricula consisted of 2 components: (1) service-delivery exposure consisting of "warm hand-offs", "curbside consults", and in-vivo performance feedback in residents' continuity clinic, and (2) didactic exposure consisting of a BH lecture series, readings/quizzes, and case vignettes.

Methods: 36 residents across two pediatric residency programs in a northeastern state participated in the study by completing a survey. The instrument included of 18-items assessing knowledge in managing commonly occurring BH conditions in PC. Surveys were administered at each site at the beginning and end of the training year to demonstrate response to training at each site. One site received the enhanced behavioral health training curricula described above, while the other site received "training as usual" (ACGME-mandated 1-month developmental-behavioral pediatrics rotation).

Results: Data yielded 3 major findings: (1) at baseline, there were no significant differences in knowledge 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, and (3) the residents who participated in the enhanced BH training demonstrated more statistically significant improvements in their clinical competencies compared to the "training as usual" group.

Conclusions: Findings underscore AAP's initiative to improve BH competencies for PCPs. The BH training curricula described in this study shows promise as a means to improve these competencies. Future dismantling studies of the enhanced BH curricula should analyze which components of the intervention are the most "active" ingredients. This will be important if other programs elect to adapt the curricula for implementation in their own residency programs.

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¹Leigh, Stewart, & Mallios. (2006). Mental health and psychiatry training in primary care residency programs: Who teaches, where, when, and how satisfied? *Gen Hosp Psychiatry*, 28, 189-194