

A Survey of PSYCHIATRY RESIDENTS' KNOWLEDGE, SKILLS AND ATTITUDES ON MEASUREMENT BASED CARE

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Introduction

Measurement based care (MBC) has been identified as a clinical approach that utilises systematic symptom rating scales to enhance providers' decision making with the goal of improving effectiveness and efficiency of care (Fortney et al, 2017). The Department of Psychiatry at the University of Toronto has indicated that MBC is part of the 2020-2026 strategic plan and that residents must be trained in this approach. However, there are currently no well-established MBC training programs for psychiatry residents identified in the medical education literature. The goal of this survey was to determine UT psychiatry residents' existing knowledge, skills and attitudes on MBC with the intention of eventually developing a robust MBC curriculum plan for trainees.

Methodology

Study Questions:

1. What are UT psychiatry residents' educational experiences of measurement based care?
2. What kind of knowledge, skills, and attitudes do residents hold towards MBC?

Study Design

A cross-sectional qualitative survey was provided to all residents in the University of Toronto program in July 2021. REB exemption was provided through the University of Toronto.

Results

A total of 42 psychiatry residents responded to the survey. Clinical sites included CAMH, Sunnybrook, Mt Sinai, UHN, St Michael's Hospital, and SickKids. The majority of residents (72%) were situated in an outpatient psychiatry context.

POSTGRADUATE YEAR	RESPONSES	N
• PGY 1	26.19%	11
• PGY 2	35.71%	15
• PGY 3	14.29%	6
• PGY 4	4.76%	2
• PGY 5	16.67%	7
• PGY 6	2.38%	1
TOTAL		42

Use Of Scales

83% of respondents state they currently use rating scales in their practice however only 2.3% of residents use scales with every clinical encounter. Less than 20% had been given explicit training in how to choose/select a rating scale. The PHQ-9 and GAD-7 were the two most commonly used rating scales in clinical practice followed by the MOCA.

SELECT THE STATEMENT THAT BEST REFLECT YOUR PRACTICE...

I review the scores from the survey/scale but do not necessarily discuss with the client/patient	30%
I review the scores together in the session with the client/patient	30%
I review the scores together with the client/patient and identify which specific symptom domains have shifted	7.5%
I review the scores with the client/patient and make adjustments to medication treatment based on scores and symptom domain	27.5%
I do not plan to utilize symptom scales in any of my assessments or management of patients.	5%

Barriers in using MBC

Difficulties integrating into workflow

Concerns around time management and information technology

Lack of knowledge around scales and intended use

Lack of supervision

Lack of institutional leadership

Site Training on MBC

Most commonly offered MBC training at local sites:

1 Individual supervision (with staff psychiatrist)

2 Grand Rounds on MBC

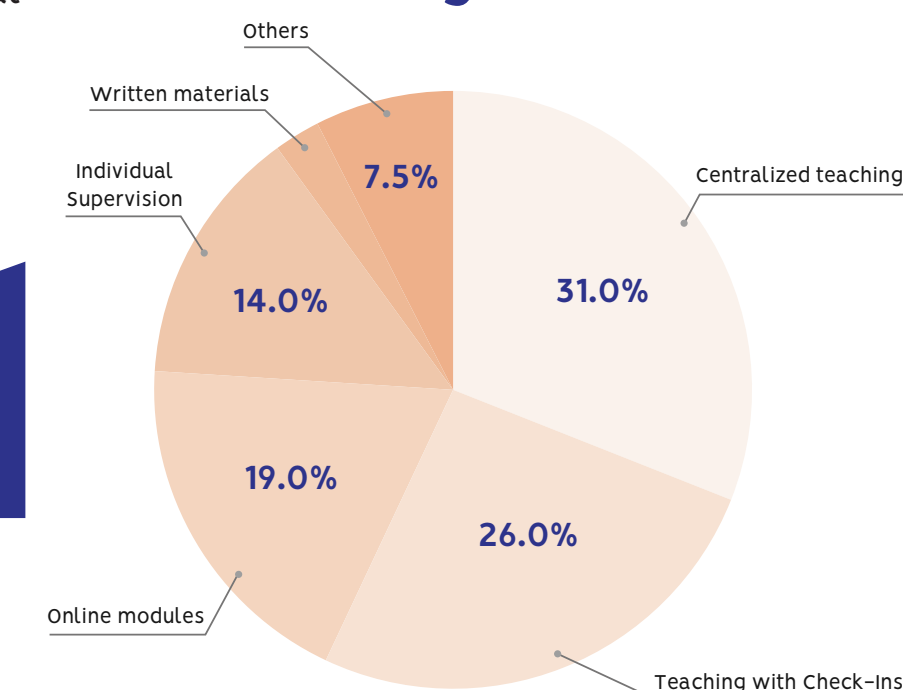
3 Workshops/ Seminar

47%

reported no training offered

11% of residents report that primary site mandates clinical rating scales for new consultations.

Preferred Training Method



Knowledge of MBC

85% of residents correctly identified the definition of MBC as "a clinical approach that involves the use of systematic rating scales to help inform treatment decisions."

Level of Confidence in Knowledge around Clinical Scales

40%

Conclusion

University of Toronto psychiatry residents currently have limited exposure to MBC training. There is a mismatch between educational experiences offered and residents' training preferences. Self-reported confidence levels are moderate for MBC knowledge base. There is a wide variation in MBC practice. Developing an MBC educational program will need to address residents' desire for more centralized teaching, ongoing follow up and also attend to the barriers related to workflow integration, time management and information technology solutions.

REFERENCES

Fortney JC, Unützer J, Wrenn G, et al. A tipping point for measurement-based care. *Psychiatric Services* 2017; 68(2): 179-188.