

# A Novel Outpatient Mental Health Clinic Addressing Patient Access, Teaching, and Team-Based Care

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## Background

**Background:** Providing education to a variety of learners while fostering a team environment can be a challenge. Given the shortage of psychiatrists, it is important to educate primary care and nurse practitioners to meet the needs of our patients and model open channels of communication between specialties. We created a novel clinic in psychiatry with emphasis on teaching psychiatry residents, family medicine residents and a mental health nurse practitioner (MHNP) while eliminating the siloing of clinicians that often occurs in psychiatry.

The director of ambulatory psychiatry and the assistant program director for family medicine (FM) created an outpatient schedule for one PGY-2 FM resident (per block), two PGY-3 psychiatry residents, one PGY-4 psychiatry resident, and one MHNP. The clinic was supervised by a faculty member trained in internal medicine and psychiatry.

**Research Question:** *Will residents from both psychiatry and primary care rate this experience higher than traditional clinics? Do residents and MHNP view their ability to communicate across specialties as improved following rotating through the clinic?*

## Clinic Design

This ½ day clinic provides FM residents with a learning environment that more closely mirrors their outpatient practice, while honing their psychiatry interview and diagnostic skills through patient contact and case review with psychiatry residents.

The senior psychiatry resident learns techniques in supervision and teaching under the guidance of the faculty supervisor.

The clinic also serves as one of the continuity clinics required for the psychiatry PGY-3 year.

## Clinic Design (cont.)

FM residents are present for a block at a time and see new patients who are transferred to the psychiatry residents or the MHNP for follow up.

All residents are asked to submit goals for learning at the start, and these are revisited either monthly (FM) or quarterly (psychiatry).

Thirty minutes are reserved at the end of clinic for learning across disciplines and levels of training and provides a space for questions and patient handoff from the FM resident to the MHNP or psychiatry resident.

Finally, the PGY-4 psychiatry resident practices teaching and feedback under the supervision of psychiatry faculty. Sample teaching topics and articles shared include borderline personality vs bipolar disorder, treatment of insomnia, stimulants and cardiovascular disease, managing benzodiazepines, among others.

## Next Steps

Utilize resident evaluations of this experience to:

- assess acceptability of the clinic,
- quality of learning,
- increased comfort level communicating with primary care and NPs.

Our approach incorporates patient-centered care, dedicated teaching time for clinicians with various degrees and levels of training and sharing patient care experiences to enhance learning. We hope this project will facilitate communication across disciplines through learning and working together while increasing access to mental health treatment for patients.

References:

1. Hodson H. Landscapes of practice in medical education. *Med Educ* 2020; 54(6):504-509
2. Arenson C, Brandt B. The importance of interprofessional practice in family medicine residency. *Fam Med* 2021; 53(7):548-555

## Clinic Outpatient Schedule

		Mon	Tue	Wed	Thu*	Fri
Week 1	AM	FMC	FMBH	FMC:CS	FMC	C/L
	PM	Geri Psych	Outpatient Psych	TLC	Outpatient Psych	C/L
Week 2	AM	FMC	C/L	Admin	FMC	FMBH
	PM	Geri Psych	C/L	TLC	Outpatient Psych	FMC
Week 3	AM	FMC	FMBH	FMC:CS	FMC	C/L
	PM	Geri Psych	Outpatient Psych	TLC	Outpatient Psych	C/L
Week 4	AM	FMC	FMBH	FMC:CS	FMC	FMBH
	PM	Geri Psych	Outpatient Psych	TLC	Outpatient Psych	FMC

FMC - family medicine clinic  
 C/L - consult liaison psychiatry  
 FMBH - family medicine behavioral health  
 FMC:CS – family medicine clinical skills  
 TLC –team learning conference

\*New clinic