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Developing an Interprofessional Community Psychiatry Rotation Using an Assertive Community Treatment Team Model: A Preliminary Evaluation

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INNOVATION HIGHLIGHT

Developing an Interprofessional Community Psychiatry Rotation Using an Assertive Community Treatment Team Model: A Preliminary Evaluation

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Introduction: There is a shortage of psychiatric providers trained to work in community settings with people with serious mental illness (SMI) and associated comorbidities. We designed an innovative psychiatry rotation and curriculum for psychiatry residents and other learners.

Methods: The rotation incorporates working with our Assertive Community Treatment team and includes home visits, assertive outreach, and visits in other community settings. It was designed to improve learners' confidence in their understanding and skill set for working with and treating people with SMI in the community on an interprofessional (IP) team. This pilot quality improvement project evaluated psychiatry resident responses to the rotation using a standard evaluation form (residents) and post-rotation debriefing (all learners and IP staff).

Results: Preliminary responses to the evaluation form indicated that the rotation improved residents' confidence in their knowledge of underlying approaches, social determinants of mental health, and community resources. The rotation also improved their skills in working collaboratively with people with SMI, IP teams, and people with serious substance use disorders. Debriefing sessions revealed that the rotation was rated highly by learners and IP staff.

Discussion: Preliminary results suggest that the rotation (1) was well received by learners and IP staff and (2) increased residents' confidence in their understanding and skill set for working in community psychiatry on an IP team.

Conclusions: Using an IP team model, this rotation provides an opportunity for improving learners' confidence in their expertise, skills, and understanding of how to work with patients with SMI and comorbidities who are marginalized and difficult to engage.

Keywords: psychiatry, community mental health services, curriculum, medical education, interprofessional education

In Portland, Maine, high rates of poverty, homelessness, and psychiatric and medical recidivism coincide with a shortage of psychiatric providers trained to work with people who have these conditions.[1-4] Psychiatry learners work primarily in outpatient and inpatient settings. However, informal feedback from psychiatry residents at our institution indicated that seeing patients at home, in community settings, and in assertive outreach (reaching out to a patient in the community) was a gap in their education. The local community is served by the Maine Behavioral Healthcare ACCESS Assertive Community Treatment (ACT) team, which focuses on adults with serious mental illness (SMI) and co-occurring disorders.[5-7]

We designed an innovative rotation in interprofessional (IP) community psychiatry so that learners can gain experience by working directly with an ACT team. We designed the curriculum to

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improve learners' confidence in their understanding and skill set for (1) working with and treating people with SMI in the community, (2) working with IP teams, and (3) understanding how the social determinants of mental health contribute to the development and maintenance of SMI.[8-10]

METHODS

The rotation centers on our ACT team and uses an approach based on the Kolb experiential learning theory. This theory includes reflections at weekly supervision meetings and at the end of the rotation.[11] The ACT team is a community-based IP team that provides intensive mental health treatment for adults with SMI and co-occurring disorders. The ACT team also seeks to improve client functioning by strengthening family, work, school, and community ties. We use assertive outreach in the community to reach patients who are difficult to engage and to provide recovery-oriented, trauma-informed services.[8,12-14] Our team consists of a program leader (social worker), psychiatrist, nurse practitioner (NP), registered nurses, clinical social workers, case managers, a peer-support case manager, an employment specialist, and an administrative-support specialist. Although we originally developed the rotation for psychiatry residents, the rotation grew to include other types of learners. We first piloted the rotation with a PGY-4 psychiatry resident and a psychiatric NP student. Then based on their feedback, we modified the teaching materials to be appropriate to learners' fields and experience.

The curriculum includes experiential learning and asynchronous learning through a module in the CANVAS learning management system (Instructure Inc., Salt Lake City, UT). This module includes materials that outline rotation goals. The module also provides readings, videos, and personal accounts that address the social determinants of mental health, health equity, provision of trauma-informed and recovery-oriented care, community psychiatry, and assertive community treatment. Residents may also complete a practice-oriented scholarly project during their rotation.

Rotation length is flexible to accommodate learner schedules, and we host one person at a time. The rotation is offered through the year-long 4-week selective schedule for PGY-2 psychiatry residents and on an ad-hoc basis for others. Learners are embedded in the IP team. They participate in daily rounds, and they see patients on their own and with IP staff, including the attending psychiatrist. Learners accompany IP staff to see patients at home, on assertive outreach, and in other places in the community (a homeless community resource center, Housing First sites,[15] and shelters). Some also pair up with a staff member to participate in group therapy. Learners are familiarized with community resources for marginalized patients, as well as the components of Maine's state and public mental health system. They also learn how to help patients navigate gaps in the social and medical safety net. Learners also observe peer support in action and, through observing our team's vocational support for patients, better appreciate the impact of work and structure in helping patients get into recovery. Learners are confronted with clinical situations that involve making ethical choices, balancing patient autonomy with patient and community safety, and sometimes working with patients on Maine's court-ordered program for assisted outpatient treatment (also known as Maine's Progressive Treatment Program). [16]

We typically scheduled learners for either mornings or full days so that they could participate in team discussions at our daily morning team meetings and be involved in planning the team's daily clinical activities. Each day, we assigned learners to a team member for outreach. We also had to modify the activities due to the COVID-19 pandemic. For example, instead of meeting patients only in-person, we used face-to-face, telehealth, or phone meetings; visits at the jail or the local peer-support and recovery center were not possible.

Psychiatry residents complete a standard evaluation form at the end of all rotations. With help from the residency team, we added 7 questions to this form to assess (using a Likert scale) residents' confidence in acquiring rotation-specific knowledge and skills. This evaluation form is not available to other types of learners. The attending psychiatrist conducts debriefings with all learners and with the IP team at the end of a rotation to obtain feedback on their experiences.

This evaluation was reviewed as not research by the MaineHealth Institutional Review Board.

RESULTS

To date, 2 residents, 2 NP learners, and 1 medical student have completed the rotation and provided preliminary feedback. Two residents completed scholarly projects: 1 gave a presentation about conspiracy theories and mental health, and 1 created templates within Epic to help streamline staff's use of this technology. One resident also became involved with our institutional work group on Maine's Progressive Treatment Program.

Table 1 summarizes responses provided by 2 psychiatry residents on their post-rotation evaluation forms. Likert scores indicated that the rotation gave both residents confidence in their knowledge of underlying approaches, social determinants of mental health, and community resources. The rotation also gave them confidence in their skills in working collaboratively with people with SMI, IP teams, and people with serious substance use disorders.

Table 2 documents key findings from post-rotation debriefings. These debriefings provided insight into learner and staff reactions to the rotation and also noted comments' alignment with The Accreditation Council of Graduate Medical Education (ACGME) Psychiatry Milestones.[17] The rotation was rated highly by learners and staff, although both groups commented on the adverse impact of the COVID-19 pandemic.

We identified several challenges when implementing the rotation. First, we encountered scheduling conflicts both within psychiatry and between departments. We also had to address both state and institutional requirements for learners working in a community setting. To resolve issues, we worked with administrators in human resources, regulatory affairs, medical education, and Maine Behavioral Healthcare. For example, we needed to identify and comply with state Department of Human and Health Services and institutional guidelines on IP learners' roles on the ACT team and for providing sufficient supervision. Also, the COVID-19 pandemic required changes in care delivery and clearly impacted the learners' experience. However, implementing telehealth opened opportunities to meet with patients with geographic/transportation barriers or emotional/physical difficulties leaving their home.

DISCUSSION

Preliminary results from this pilot evaluation were positive, though the small number of participants must be considered when interpreting the results. Nevertheless, our findings can inform future program development. Our findings support that this innovative rotation improved learners' confidence in their understanding and skill set for working with and treating people with SMI in the community, and for working with an IP team. The rotation also improved learners' understanding of how social determinants of mental health contribute to the development and maintenance of SMI.[8-10] Learner feedback suggests that the rotation is fulfilling their needs, may promote interest in community psychiatry, and addresses several ACGME Psychiatry Milestones. Learners were especially enthusiastic about seeing patients at home and in the community, whereas the IP team felt invigorated by working with learners and modeling our approach to working with patients. Both learners and the IP team discussed working collaboratively and learning from each other.

In future enhancements, we will offer learners more involvement with peer-support staff and the team's employment specialist. We will also work to further simplify the onboarding process. Based on learner feedback, we may provide more full-day options. As the pandemic recedes, we will expand learners' in-person experiences (e.g., community visits to jail and psychosocial recovery settings). However, we plan to maintain a hybrid model with face-to-face and telehealth visits as clinically appropriate and feasible, as this hybrid model provides the most flexibility for working with our clients. Eventually, we may offer the rotation to learners from other health professions. We are currently partnering with the addiction medicine and psychiatry departments at our institution to be a training site within a medical student rotation.

Limitations of this preliminary evaluation include its small size, its single-institution design, and a potential for bias, as debriefings were conducted by the attending who had worked with the participants. Thus, although learners' responses were positive, the limitations preclude any strong conclusions based on our preliminary findings. Lastly, our experience with the rotation can only be interpreted in the context of the COVID-19 pandemic, which impacted the experiences that we were able to offer.

Table 1. Rotation Evaluation Metrics and Learner Feedback (January 1, 2021–June 30, 2021) (N = 2)

Evaluation questions*	Responses†
Standard clinical rotation evaluation	
Expectations on service were clear, avg	4.3
Reasonable balance of service and education, avg	5.0
Rotation furthered my professional growth, avg	5.0
Good mix of patient cases, avg	4.3
Faculty/supervisors available and interested in teaching, avg	5.0
Additional items for the ACT rotation	
This rotation gave me confidence in my knowledge of:	
Trauma-informed care, avg	4.3
Recovery-informed care‡, avg	5.0
Social determinants of mental health, avg	5.0
Community-based services, avg	5.0
This rotation gave me confidence in my skills in working collaboratively with:	
An interdisciplinary psychiatric treatment team, avg	5.0
People with serious mental illness, avg	5.0
People with serious dual diagnosis, avg	5.0
Free text responses from residents§	"My experiences on the ACT team this year have furthered my interest in working with ACT at some point in my career, and I really appreciated the opportunity to be a part of the team for a year. I think future residents would benefit from being scheduled for a full day, as much of the outreach happens in the afternoon."
	"I had a wonderful time working with the ACT team. The team members were all so enthusiastic to have me and went out of their way to include me in their daily activities. I was able to participate in all aspects of the care provided by ACCESS team members which was very useful in understanding how patients are served by ACT teams."
	"A great experience learning about the ACT model of care and seeing a good patient case mix for intakes and follow up."

Abbreviation: ACT, Assertive Community Treatment.

*The evaluation form is only available to psychiatry residents. These data include responses from 2 people: 1 resident who did a year-long rotation completed 2 evaluations (1 at mid-year and 1 at year-end), and 1 PGY-2 resident completed 1 evaluation after the single block rotation. Only aggregate data are reported back to faculty for evaluations completed within a given period.

†Responses were provided using a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Psychiatry residents could also share free-text reflections on their rotation experience. Data were provided by the Maine Medical Center Department of Psychiatry as a report generated using New Innovations software (New Innovations, Uniontown, OH). The report includes an average score for individual questions and anonymous quotations from psychiatry residents who completed evaluations for the rotation during the specified period.

‡Although this phrasing was (in error) the actual wording on the questionnaire, we interpreted the responses in the context of "Recovery-oriented care".

§Representative comments are shown.

Table 2. Feedback from Debriefings with Learners and the Interprofessional Team

Topic	Feedback
Feedback from learners	
Curriculum and rotation	"CANVAS materials were valuable and interesting."* "I was already interested [*in community psychiatry and interprofessional work*]; this [*rotation*] cemented it."*†
Community and IP work	"It was satisfying meeting them [*patients*] where they are at."*† "It was fantastic, especially over multiple days and in crisis."*† "It would be good to have more of this" [*for new learners*].*†‡ [*Meeting with a patient in the community, the team*] "used a recovery-oriented approach when she was in crisis rather than a caretaking approach"*†‡
Impact of COVID-19	"I am concerned about miscommunication due to wearing masks" "There were fewer outreach visits and fewer in-person groups. This is an untapped resource."
Feedback from the interprofessional team	
Roles and responsibility	A case manager stated "Having responsibility for the learner was scary at first but worked it out with 1-2 clients". The learner had shared thoughts and the case manager wondered if they should trust the learner but is trusting them now.‡
Working with learners	Rejuvenating and worthwhile working with learners.* "Great willingness of learners to jump into community situations."*†‡ Overall, very positive experience with learners despite initial team concerns about the added burden of teaching given COVID-19 restrictions, transition to a new electronic health record, and being short-staffed. Community visits with learners were "nice for clients who liked meeting someone new who was not prescribing for them" and with whom "there was less of a power differential."*†‡
Barriers encountered	COVID-19 limited face-to-face and community work (a key focus of an ACT team)

Abbreviation: ACT, Assertive Community Treatment.

*ACGME psychiatry milestone addressed: System Navigation for Patient-centered Care (Systems-Based Practice 2)[17]

†ACGME psychiatry milestone addressed: Physician Role in Health Care Systems (System-Based Practice 3)[17]

‡ACGME psychiatry milestone addressed: Interprofessional and Team Communication (Interpersonal and Communication Skills 2)[17]

CONCLUSIONS

Using an IP team model, this rotation provides an opportunity for improving learners' confidence in their expertise, skills, and understanding of how to work with patients with SMI and comorbidities who are marginalized and difficult to engage. These tools are valuable for learners no matter what field they have chosen. We hope that educators in other settings can use this program as a model for developing IP rotations that are patient-centered and community-based.

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Conflicts of Interest

None

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