Panel III: Innovations in Education and Training

Panelists:

Patrick Hendry, Vice President of Consumer Advocacy, Mental Health America

Kirsten Matthews Wilkins, M.D., Associate Professor, Department of Psychiatry, Yale School of Medicine

Dennis Mohatt, M.A., Vice President for Behavioral Health, Western Interstate Commission for Higher Education

Kenneth Thompson, M.D., President, American Association for Social Psychiatry
Panel III: Innovations in Education and Training

Patrick Hendry
Vice President of Consumer Advocacy, Mental Health America
Integration of Primary Care and Psychiatry: a New Paradigm for Undergraduate Medical Education

Kirsten Wilkins, MD
Associate Professor of Psychiatry
Director of Clerkships
November 13, 2015
Public Health Crises at the Interface

• Epidemic of psychiatric and substance use disorders in primary care
• Leading global cause of all non-fatal burden of disease
• Patients with serious mental illness
  • Often lack access to primary care services
  • Higher rates of treatment nonresponse, illness persistence
  • Increased utilization of services and cost
  • Premature death

• Mandersheid and Kathol 2014, Whiteford et al 2013
Effective Clinical Care Models
Yale School of Medicine Curriculum Reform

• Strategic Planning Committee 2010
  • Rebuild curriculum “from the ground up”

• Guiding Principles
  • Integration
  • Assessment and Reflection

• Overarching Goals
  • Responsibility to Society
  • Health Promotion and Disease Prevention
New Curriculum Model

Year One
- Master Courses & Longitudinal Courses
- Longitudinal Clinical Experience/Clinical Skills
- Summer

Year Two
- Master Courses & Longitudinal Courses
- Clinical Clerkships
- Summer
- LCE/Clinical Skills

Year Three
- Clinical Clerkships
- SubInternships, Electives, and Research

Year Four
- SubInternships, Electives, and Research
Integrated Clerkship Curricula

- Increasingly common among medical schools
- OB/GYN + Pediatrics
- Surgery + Emergency Medicine
- Psychiatry + Neurology
  - Benefits
  - Challenges
Integrated Clerkship for Primary Care and Psychiatry
Integrated Clerkship for Primary Care and Psychiatry

• Shared clinical framework

• Shared conditions

• Shared challenges
Integrated Clerkship for Primary Care and Psychiatry

Longitudinal Outpatient Experience
½ day per week

"Precede"
2 days

Inpatient Psychiatry
4 weeks

Adult Primary Care
4 weeks

Pediatric Primary Care
2 weeks
Consult/ER Psychiatry
2 weeks

"Postcede"
2 days

Integrated Didactic Series
½ day per week
Assessment of the New Model

- Student and faculty feedback
- Clerkship review process
- Performance on written exams and OSCE’s
- Graduation questionnaire
- Recruitment?
- Impact on patients and preceptors in PC and psychiatry?
Student Feedback after Block 1

• Patients with substance use, depression, chronic pain, obesity, treatment non-adherence

• “Most of the patients in my PC office presented with psych issues...it was helpful that I was thinking about psych in parallel....”

• “I had many patients in inpatient psychiatry who had very poor primary care....”

• “Most PC physicians do not truly have the time to help people with psychiatric conditions....”

• “I saw that people who are not in psychiatry sometimes have very little knowledge about how to practice psychiatry, which is concerning given that sometimes PCPs are actually the ones treating psychiatric conditions. This clerkship definitely opened my eyes to that interface.”
The Future
NEXT EXIT
Reaching Place Committed Learners: Challenges and Opportunities in Technology Enhanced Education

31st Annual Rosalynn Carter Symposium on Mental Health Policy
November 12-13, 2015
Atlanta, GA
The WICHE West – We Get Distance
>60% Americans reside in shortage area.
>1500 Counties have NO mental health professional
• Not That Long Ago...
300,000+ Courses and Programs Online
6.7 million students enrolled in at least one online course
32% of university students enrolled in at least one online course
77% of Public Higher Education Institutions report online education is key to their future sustainability

Health Professions Online Education is the fastest growing

Alfred B. Sloan Foundation (2013)
• - Alaska Psychology Internship Consortium (AK-PIC)

• - WICHE Internet Course Exchange

• - Northern Marianas College & UA-Fairbanks
  •  2 + 2 Bachelor of Social Work Degree Program
  • - North American Network of Science Labs Online
Alaska Psychology Internship Consortium

Established 2010 – APA Accredited 2012
Currently 8 slots
Graduated 35 Interns
77% Remain in AK practice

Atlanta to Denver = 1400 miles
WICHE ICE enables students, through their home institutions, to seamlessly access high quality online courses and programs offered by other four-year and two-year ICE member institutions. The collaborative model fosters faculty engagement, resource sharing, and innovation.

WICHE ICE is a course and program exchange between an enrolling institution, which registers the student, administers financial aid, and transcripts the coursework and a teaching institution, which provides the course and instructor.

- Access to unique classes not offered at your home institution.
- Stay in academic sequence toward degree
- Continue to offer classes when there is a illness/leave disruption
- Match overenrolled, over capacity, institutions with institutions that have excess capacity

Example – Most of the social work MSW programs in rural western states prepare an “advanced generalist”, who has very little behavioral health training. Through WICHE ICE the University of Wyoming offers a certificate in Rural Clinical Practice.
• CNMI is a remote U.S. Commonwealth in the western Pacific north of Guam. Much of their healthcare workforce are non-citizen guest workers. The immigration laws enabling these guest workers will expire in December 2019. WICHE is working with institutions across the west to expand opportunities for local place committed residents to train up to meet the demand.

• Workforce study identified the need to have 50 social workers

• Local institution, NMC, in partnership with UA-F, reviewed and revamped A.A. degree program to meet the lower division requirements for a BSW.

• Upon completion of the residential AA program, students matriculate into the upper-division provided via technology enhanced methods from UAF. They pay resident UAF tuition. NMC provides a learning lab and technology hub.

• Local faculty (and existing social workers) serve as mentors.

• Practica supervised by UAF faculty remotely, with local adjuncts.
North American Network of Science Labs Online

- NANSLO: A Consortium of institutions & WICHE...
- Working together to create quality lab activities
- Leveraging the knowledge of multiple experts for quick deployment of activities
- Optimizing the use of capital
- Utilizing high-end scientific equipment
- Reducing the bottlenecks experienced at f2f labs
- Expanding access to STEM courses for underserved and rural student populations
- Providing remote access to laboratories via the Internet to serve the ever increasing online student population

www.wiche.edu/nanslo
• Distance Education is now Technology Enhanced Teaching & Learning
  •  
  • Technology is a tool to educate – Not Education
  •  
  • It’s about reaching place committed learners
  •  
  • It should enhance, not duplicate classroom experience
  •  
  • Connection beyond geographic barriers
  •  
  • Instruction beyond didactic shout outs
  •  
  • Connect – Share – Learn – Mentor - Grow
• **Core Program Staffing**
  • Dennis Mohatt, Vice President for Behavioral Health
  • Ken Cole, Director of Operations
  • Deb Kupfer, Senior Consultant
  • Nathanial Mohatt, Senior Research & Technical Assistance Associate
  • Nathaan Demers, Research & Technical Assistance Associate
  • Amanda Strickland, Research and Technical Assistance Associate
  • Alyssa Gilden, Research and Technical Assistance Associate
  • Jennifer Allen, Administrative Assistant
  • Sandra Martinez, Budget and Contracts Officer

• **Arizona EBT Fidelity Review Team**
  • Mimi Windemuller, Project Manager
  • Georgia Harris, Fidelity Reviewer
  • Jeni Serrano, Fidelity Reviewer
  • Karen Voyer-Caravona, Fidelity Reviewer

---

**Consultants-Subject Matter Experts**

- David Wanser
- Nicola Winkel
- Alan Press
- Gina Brimner
- Lindsey Banning
- Sarah Ross
• Dennis Mohatt
• Vice President for Behavioral Health
• 3035 Center Green Drive
• Boulder, CO 80301
• 303-541-0256 ph
• dmohatt@wiche.edu

• www.wiche.edu/mentalhealth
Psychiatry 2.0: Modernizing the Public Service Psychiatric Workforce

Kenneth S. Thompson MD
Medical Director, Pennsylvania Psychiatric Leadership Council

31st Annual Rosalynn Carter Symposium on Mental Health Policy
November 13, 2015
Atlanta, GA
“Look, you’re not the only one with problems.”
Agenda

• Modernizing Psychiatric Practice: Putting Recovery into Practice (and more)

• Promoting and Supporting Excellent Public Service Psychiatry

• Making These Things Happen
Putting Recovery into Practice
RTP (not RIP)

- Psychiatry
- Psychiatric Nursing
- Social Work
- Peer Specialists
- Psychologists
- Addiction Specialists
Recovery-Oriented Care in Psychiatry

American Psychiatric Association
American Association of Community Psychiatrists
1. Introduction and Rationale

2. Engagement and Welcoming Environment
   creating an environment of hope for recovery where all people feel valued and respected

3. Person-Centered Planning and Shared Decision-Making
4. Developing Peer Supports and Working with Peer Specialists
5. The Role of Medication in Recovery
   collaborative medication management; discussing options (including not taking medication)
6. Health and Wellness Focused Care
   integrated approach to recovery and well-being (mental, physical, spiritual, social, etc.)
7. Developing Living Skills and Natural Supports
   Self-sufficiency and meaningful activity; building emotional skills to deal with adversity; family members, peer support groups, strategies to strengthen support systems

8. Culturally Appropriate Care
   Incorporate understanding of beliefs, cultural identity, spirituality, and experiences into recovery planning

9. Trauma Informed Care
Strategies for Dissemination

- Provider, Foundation and State support: Pennsylvania and Texas (the Hogg Foundation)

- Modeling TransforMED- the role of conceptualizing and coaching (ask me about what Family Practice did!)

- Modernizing Practice- RTP, HIT, Integration, Population Health etc etc…

- Certified Community Behavioral Health Centers CMS

- Center for Innovation
Training, Recruiting and Retaining Public Service Psychiatrists
Pennsylvania Psychiatric Leadership Council

- Multiple Stakeholders
- Policy Development
- State-wide Training and Coaching
- Centers of Excellence in Academic Medical Centers - urban and rural (UPenn and Pitt)
- Public Service Psychiatry Fellowships
- Residency and Medical Student Training
American Psychiatric Service Corps

A project of the American Psychiatric Association?
Possible Features

- Provide professional support and incentives to psychiatrists in public service - recognize the sacrifice of public service
- Foster public service as a psychiatric career
- Funded by the profession as a key element of our mission
- Work in collaboration with all levels of government and all other willing partners promoting public service
- Link with and promote ongoing programs such as the National Health Service Corps
- Connect with “safety/recovery net” initiatives - FQHCs, CCBHCs, “Inclusion Health”.
- Support efforts to increase psychiatric training in public service, such as the Teaching Health Center
Making it happen...
the ball won’t roll on its own
Thank you

visiblehands@mac.com