

Child and Adolescent Psychiatry Boot Camp (2.0): A Clinical Orientation for New Fellows

UNIVERSITY
OF MINNESOTA

Raghu Gandhi, MD¹; Anna Donoghue, MD¹; Lindsay Merriman, MD¹; Chiamaka Nwankiti, MD¹;
Jenna Triana, MD¹; Dane Jensen, MD¹; Asma Jami, MD¹; Afshan Anjum, MD²

1. CAP fellow, 2. Program Director CAP fellowship

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Introduction

- Fellowship comes with an unsaid expectation that the trainees are presumed to acquire a certain level of proficiency with regards to medical knowledge and applied practice prior to any formal training in their niche field.
- Fellows usually start clinical rotations (outpatient child psychiatry clinic/ inpatient) within couple of weeks of starting fellowship, and at times it is a challenge to evaluate and treat specific diagnoses related to child psychiatry such as ADHD, ASD, DMDD, and child bipolar disorder
- Trainees report having limited knowledge about psychotropic medications approved for use in patients under 18 years old.

Objectives

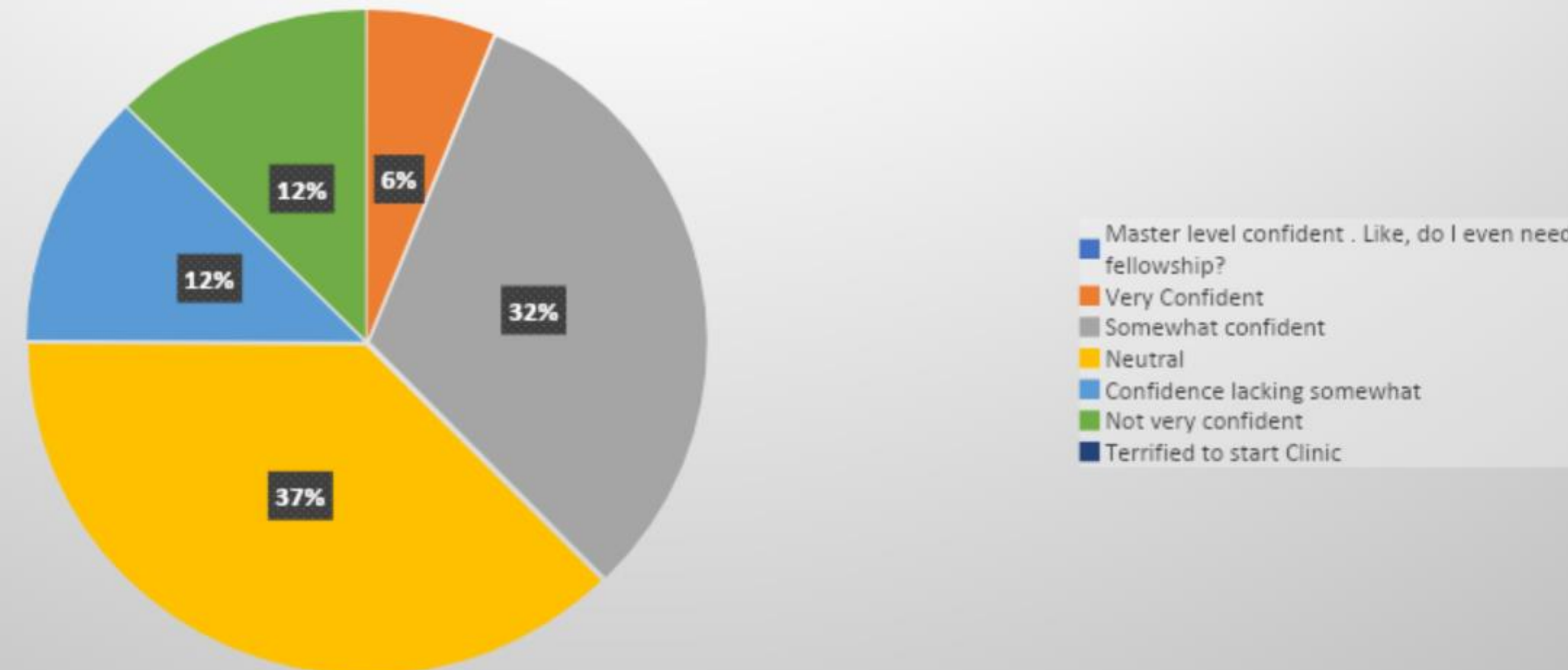
- This pilot project is in its second year where the first and second year fellowship classes were brought together to learn and review the basics of outpatient child psychiatry.
- Modules were developed to help ease the transition from outpatient adult psychiatry clinic to child/ adolescent psychiatry clinic.

Methods

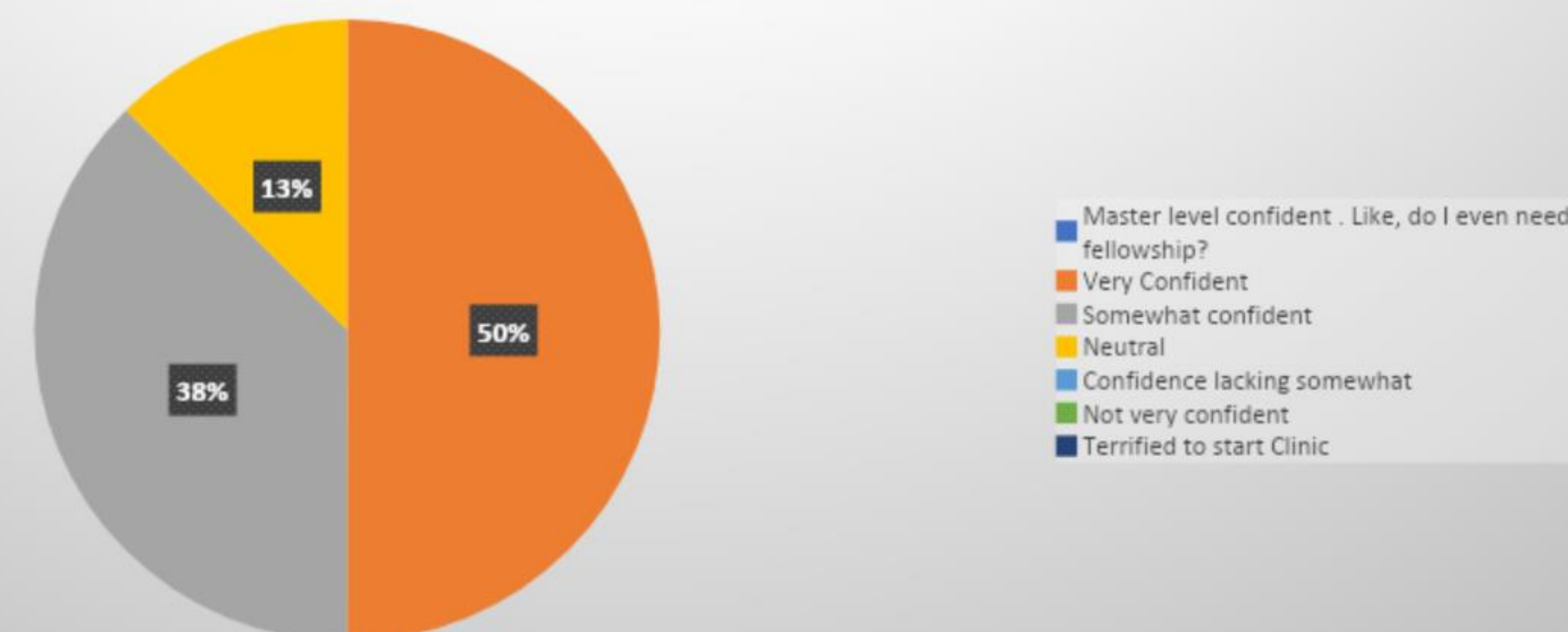
- A 6-part series of 60 minute modules was developed to focus on pertinent child and adolescent psychiatry topics which included attention deficit hyperactivity disorder (ADHD), major depressive disorder, autism spectrum disorder, bipolar and disruptive mood dysregulation disorder, and anxiety.
- Boot camp was organized during initial couple months of fellowship.
- Pretest and pre-survey questions were given prior to each module.
- Goal of modules was to specifically address diagnostic assessment and pharmacological management
- Post-test and post-survey questions were given at the completion of the boot camp.

Results

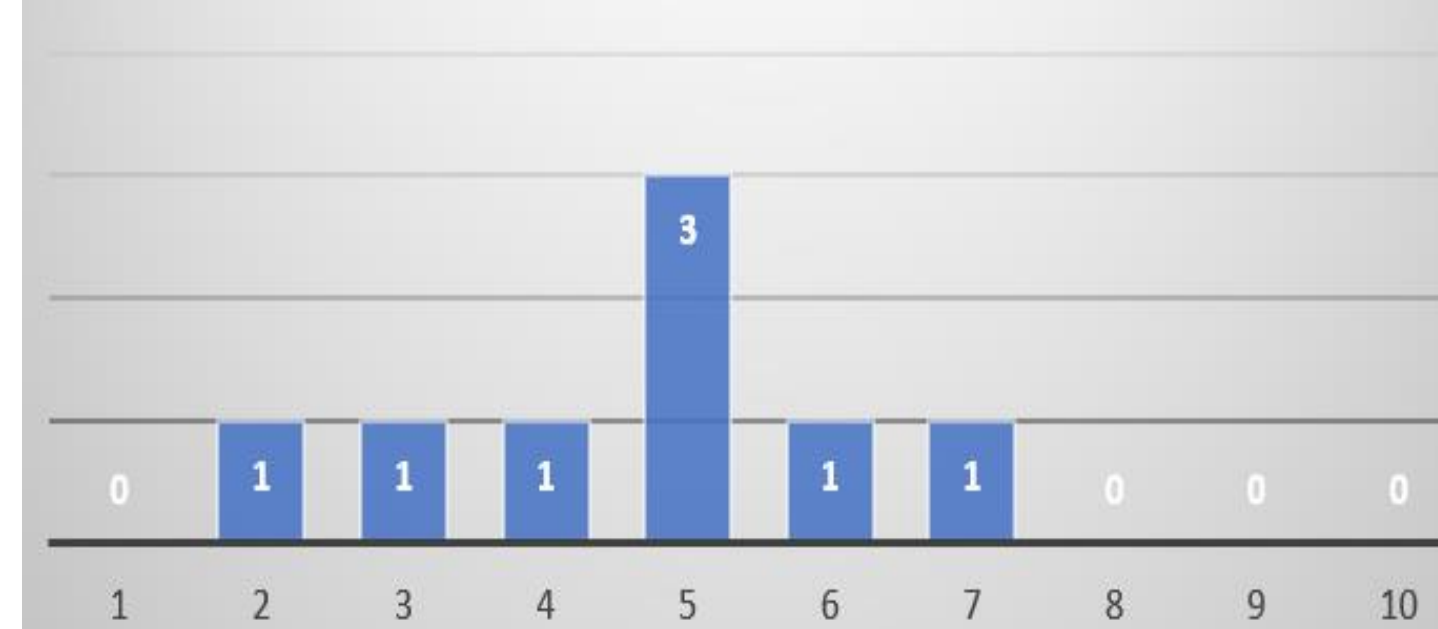
In general, How confident are you in your answers to the question above?



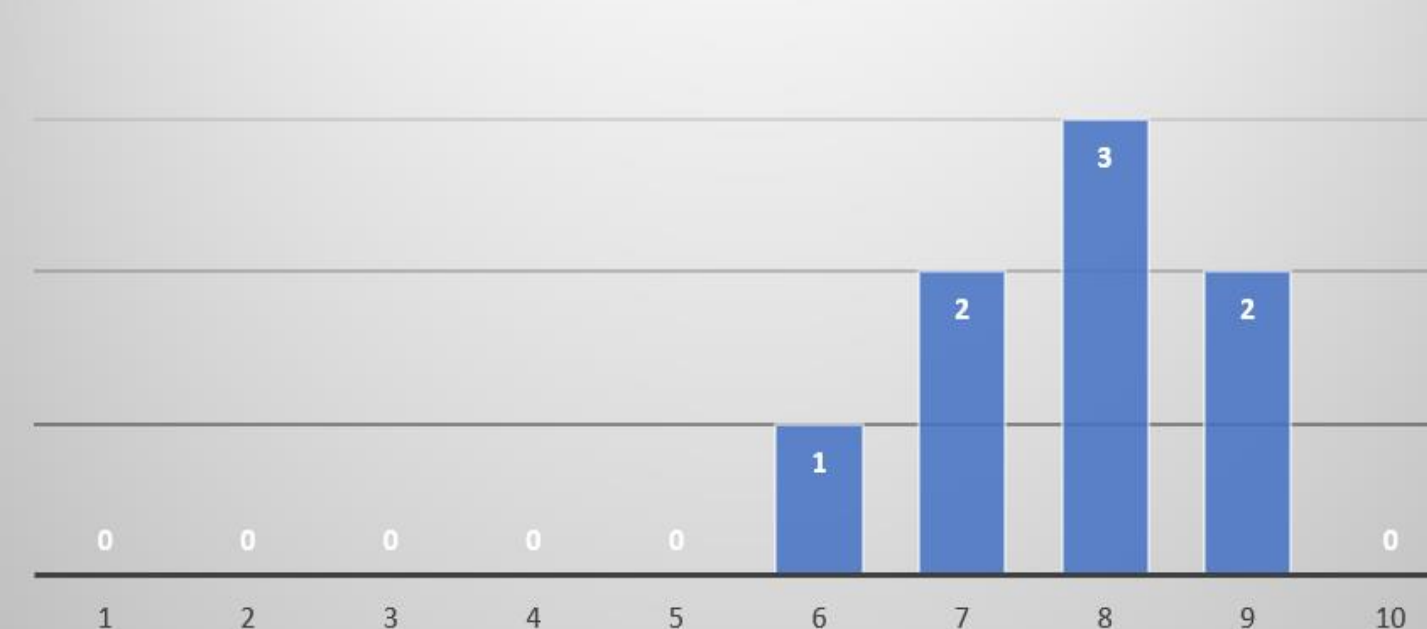
In general, how confident are you in your answers to the questions above?



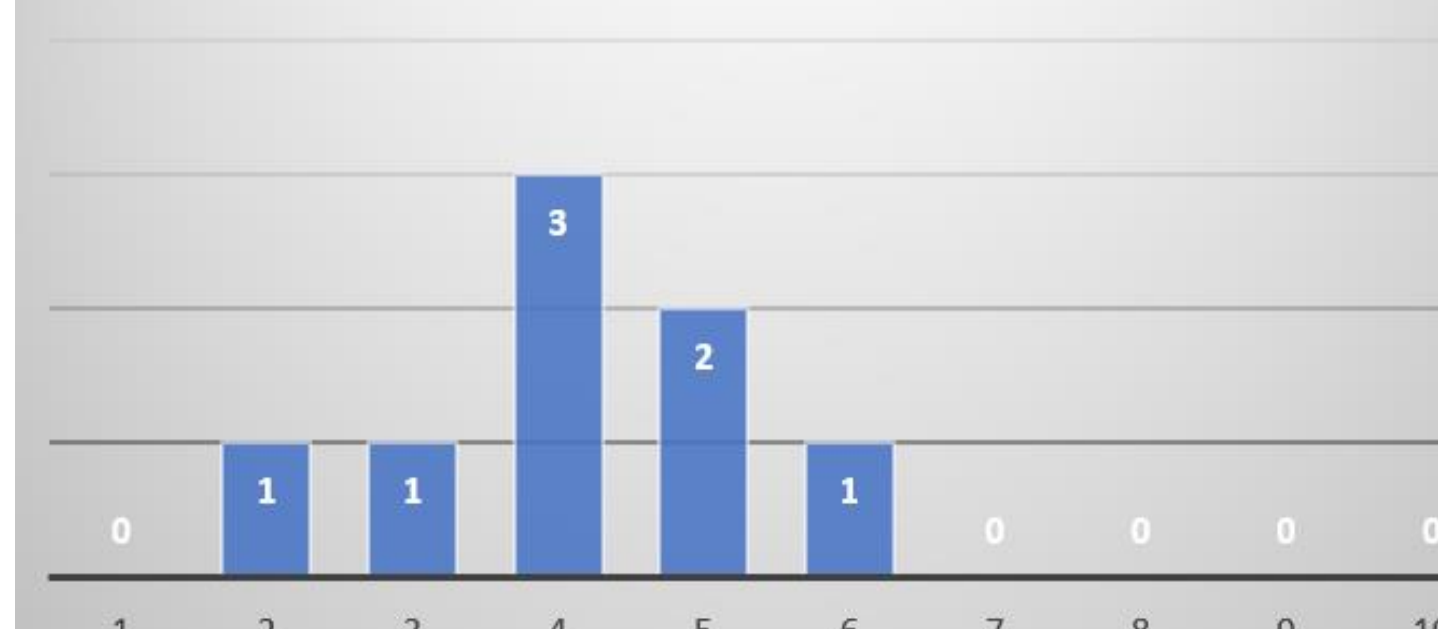
On the scale of 1-10, what is your confidence level of starting outpatient clinic?



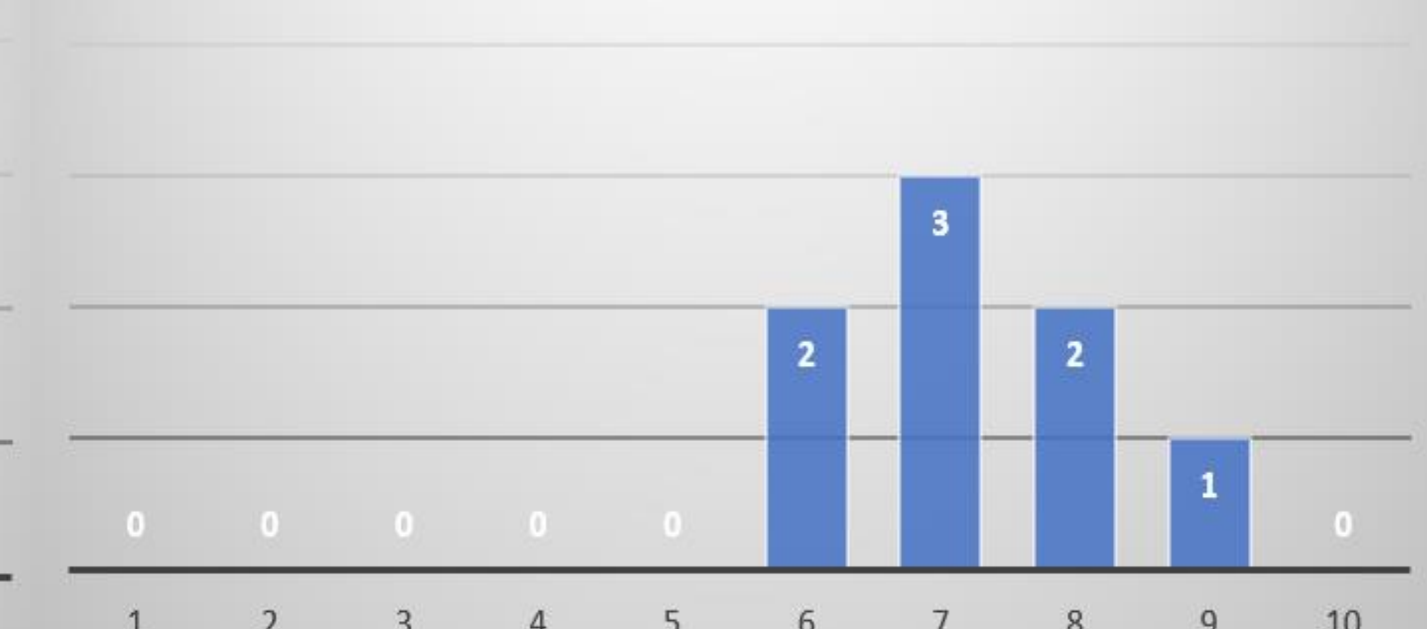
On the scale of 1-10, what is your confidence level of starting outpatient clinic?



On the scale of 1-10, how comfortable are you with having a discussion with patients about the use of off-label medications?



On the scale of 1-10, how comfortable are you with having a discussion with patients about the use of off-label medications?



Results

- This was our second annual boot camp series for child psychiatry fellowship
- Both first and second year fellows reported improved confidence in diagnostic assessment and pharmacological management.
- Fellows also reported increased confidence in discussions with parents about use of off-label medications.
- Fellows recommended continuing bootcamp for the subsequent academic years.

Conclusions

- Based on results and feedback, we determined that creation and implementation of a fellow-driven clinical orientation is immensely helpful during the transition from adult psychiatry training to child and adolescent psychiatry training.
- Medical knowledge and confidence in outpatient practice were boosted.
- Based on the feedback, we are in the process of developing additional modules which will review psychopharmacology in a comprehensive manner.
- Addition of other pertinent topics were recommended such as attachment disorders (Reactive attachment disorders, post traumatic stress disorders)
- Additional feedback highlighted that the modules should remain precise and high yield.
- Limitations included a small sample size (7 fellows total in program)

References

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