PREPARING PSYCHOLOGY INTERNS FOR INTEGRATED PEDIATRIC PRIMARY CARE URBAN PRACTICE

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LEARNING OBJECTIVES

Conference participants will learn to:

1. Increase the number of trainees working with children in medically underserved areas
2. Utilize a public health model and family engagement strategies
3. Develop partnerships related to workforce development
PROGRAM DESCRIPTION

Goals:
1. Provide interprofessional training to psychology interns and psychiatry fellows
2. Address behavioral health needs of children residing in low-income urban settings
3. Provide experiential and didactic training in integrated primary care service provision
4. Increase workforce of providers able to address needs of vulnerable children
TRAINING PRIORITIES

1. Public health model of service delivery
2. Trauma-informed care delivery
3. Family engagement strategies
4. Community partnerships
5. Integrating evidence-informed treatment into primary care setting
CLINICAL MODEL

- Fully integrated behavioral health model in pediatric primary care setting
- Use of warm hand-off as starting point
- Use of short-term, empirically supported behavioral health follow up
- Use of fully integrated electronic medical record
- Interprofessional training with child and adolescent psychiatry
- Use of continual communication between primary care provider and behavioral health services for collaborative treatment
TRAINING MODEL

• Attending supervisor on-site for portion of experiential training
• Developmental model of supervision
• Variety of didactic activities to support training, including cross-discipline education
  • Monthly psychosocial rounds
  • Monthly group supervision
  • Interprofessional Seminar in Community Practice
  • Leadership Education in Neurodevelopmental and Related Disabilities (LEND) research and presentations
EVALUATION METHODS

• Live supervision by licensed psychologists and psychiatrists
• Competency based evaluations
  • Effectiveness of team-based consultation
  • Intervention skills across wide range of concerns
• Program effectiveness
  • Track program completers for seven years and percentage time working with Medically Underserved Areas (MUA)
PROGRAM RESULTS

• Seventy nine psychology interns trained over past fourteen years
• Thirty six interns received experiential clinical training within urban primary care
• Fifty percent of program completers are currently spending fifty percent or more time devoted to providing services in MUA
IMPACT

• Twenty plus national publications and presentations
• Established and developed internship program track
• Program completers working in integrated pediatric primary care within national health care systems
CHALLENGES

• Financial sustainability of program
• Partnerships at institution, city, and state levels
• Placing program completers in integrated primary care positions in the City of Philadelphia
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THANK YOU