Supporting Future Psychologists Committed to the Underserved in Integrated Primary Care Settings

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Psychology Internship
September 2017
Objectives

1. Describe the internship training opportunities in integrated, primary care settings that largely serve underserved populations.

2. Describe professional identity development curricula.

3. Discuss the impact of curriculum focused on the development of psychologist leaders and psychologists as educators of physicians and other health care professionals.

4. Share an example of one intern’s work in this curriculum.
Overview of the CU-SOM Psychology Internship

• Accredited since 1954
• Located on a medical school campus
• Affiliated with the department of Family Medicine (formerly with the department of Psychiatry)
• Recipient of the first and second and current rounds of Graduate Psychology Education (GPE) Program grants
• Major and minor rotation model
• Graduates go on to become leaders and to serve underserved populations
HRSA Funding

Funding in July 2016 allowed us to expand our training capacity within two primary care settings:

- Salud Family Health Centers (Salud): a federally qualified community health center.
- A.F. Williams: a primary care clinic that explicitly cares for the underserved, chronically ill, and those with significant mental health needs.
- Expanded curriculum to include an emphasis on medical educator skills and primary care leadership that complements our traditional training in clinical competence as integrated behavioral health providers.
Psychologist as Educator – Curriculum Overview

• Overall goal of exposure, success and increased likelihood of self-identification as a health service provider and educator
• Two hours of didactics on medical education faculty development
• Menu of options to participate in teaching medical and other health services students
• Completion of a minimum of fifteen hours of direct teaching in one or more courses
• Debrief and reflect on the experience of teaching
• Evaluation of the experience
Menu of Teaching Options

• Foundations of Doctoring course, communication skills

• Inter-professional Education course

• Urban-underserved inter-professional track (UUT)

• Rural Immersion inter-professional experience

• Other
Psychologist as Educator – Outcomes Year One

- Pre- and post- experience survey
  - I have **skills** to teach medical students
  - I have **confidence** to teach physicians
  - My **profession identity** includes being able to teach health care professionals
  - I would **enjoy** teaching other health care professionals
  - It is **important** to me to teach other health care professionals
Psychologist as Educator – Outcomes Year One

Quantitative
1= strongly disagree 2= disagree 3=neutral/unsure 4=agree 5=strongly agree

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Psychologist as Educator—Outcomes Year One

• “Loved it! Makes me feel confident in my skills”, “This series is an incredible learning opportunity!”

• “I found this experience to be very rewarding and it has reinforced my desire to teach.”

• “I wish we could have had more time with this part of the curriculum.”
Psychologist as Leader – Curriculum Overview

• Didactics and mentorship in three areas with physicians who are leaders in the field:
  1. Leadership with Dr. Frank deGruy
  2. Policy with Dr. Larry Green
  3. Practice Transformation with Dr. Kyle Knierim

• Interns select a track and develop a project

• Discuss role of psychologists in these three areas throughout the year

• Readings and resources provided throughout
Psychologist as Leader – Outcomes Year One

Qualitative

• “The leadership track has shown me additional avenues in which I may be able to serve a wider patient population. It has put me in contact with nationally known leaders in the field, who have inspired me to become involved in these areas.”

• “I found it helpful to learn from people who are outside of our field. I also appreciated training in things we don’t receive in graduate school, but are expected to do as psychologists, such as practice transformation and policy, especially for those wanting to continue in primary care.”

Quantitative

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Shared Medical Appointments for Diabetes: One Intern’s Practice Transformation Work

- Intern = Cyanela Hernández Borrero, MS
- Salud Family Health Centers
Model of Care:
Salud and the Population with Diabetes

• The Shared Medical Appointments (SMA) is the primary strategy for improving individual outcomes and population management for patients with diabetes.

• Salud works towards decreasing A1Cs, reducing future health-related costs, and preventing hospitalizations in this population by offering SMA.
Shared Medical Appointments (SMA) for Diabetes Management

• The SMA are ninety-minute group visits for patients with diabetes.
• Each group has up to twelve patients.
• A facilitator leads the discussion with the medical provider’s help and the behavioral health provider.
• Patients have brief one-on-one encounters with medical provider.
• Educational material is discussed to aid with diabetes management.
• Patients share experiences, ideas, and resources in a safe and supportive environment.
Identified limitations and barriers to care

• Spanish-speaking groups:
  • Emotional stress, family, and culture

• English-speaking groups:
  • Medicare/Medicaid, diet requirements, changing life style

• Other limitations and barriers:
  • After hour schedules are not offered.
  • Social determinants of health and health disparities
  • Educational level of patients
Content of the SMA

- Definition of diabetes T1 and T2
- Complications
- Sleep hygiene
- Depression
- Nutrition
- Setting goals
- Definition and meaning of A1C
- Foot care
- Medications
- Legal orientation
- Dental care
What Salud Does and Plans to Do...

• Introduce the Diabetes Distress Scale (DDS-17) to the SMA in September 2017.

• Monitor progress every three month using the DDS-17 results along with A1C outcomes.
  • 2017: November
  • 2018: February, May, August

• Restructure the role of the Behavioral Health Provider as a facilitator in the SMA groups (e.g., individual BH screenings and follow up with each group member.)

• Review the content of the curriculum to include specific behavioral health topics related to the condition on specific sessions.
Summary and Lessons Learned

• During 2016-2017, five HRSA-funded trainees engaged in approximately sixteen to twenty-four hours a week of care delivery that included collaboration with eleven other types of health care professionals.

• All interns completed the “Psychologist as Educator” and “Psychologist as Leader” specialized professional development series.

• Interns reported increased comfort in their roles as “educator” and “leader” following participation in professional development series.
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