

Psychiatry Residents as Teachers: Can a Standardized Lecture to Medicine Residents Improve Knowledge and Self-Efficacy Regarding Capacity and Legal Holds?

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Abstract

Internal medicine residents cite lack of psychiatric knowledge/training as a barrier to providing adequate patient care (Hemming and Loeb). While family medicine programs have a behavioral health rotation built into their residency, most internal medicine programs in the United States do not. Gaining knowledge surrounding psychiatric issues during early years of training can allow internal medicine residents to function more efficiently during senior experiences when managing care teams. Our aim was to observe if a standardized curriculum can improve knowledge amongst internal medicine residents in regards to assessing capacity and managing involuntary holds (two common reasons for consultation at LAC+USC hospital). Internal medicine interns (PGY1) were provided with a one-hour lecture created by psychiatry residents. Participation was voluntary and instruction was provided at the LAC+USC Medical Center during didactic hours. Primary outcomes were 1) increase in self-efficacy of internal medicine residents and 2) increase in knowledge base surrounding the above two topics. On post-exam analysis, we found self-efficacy to be significantly improved in all domains. Knowledge base showed increase on post-exam but was not significant at p value of <0.5. This study supports the notion that a curriculum created by psychiatry residents can be utilized in subsequent years of training and applied to other disciplines for the purposes of increased collaborative care in a county setting.

Keywords: Integrative medicine, Psychiatry training, Physician wellness

Biography:

Kelly Jones is currently a fourth year psychiatry resident at LAC+USC in Los Angeles, CA. She is serving as chief resident of the inpatient service and has a particular interest in inpatient psychiatry, schizophrenia management and collaborative care psychiatry.

European Psychologists & Psychiatrists Meeting:

Budapest, Hungary- February 28-29, 2020

Abstract Citation:

Kelly Jones, Psychiatry Residents as Teachers: Can a Standardized Lecture to Medicine Residents Improve Knowledge and Self-Efficacy Regarding Capacity and Legal Holds?, Psychologists Meet 2020, European Psychologists & Psychiatrists Meeting; Budapest, Hungary- February 28-29, 2020

<https://psychology.psychiatryconferences.com/abstract/2020/psychiatry-residents-as-teachers-can-a-standardized-lecture-to-medicine-residents-improve-knowledge-and-self-efficacy-regarding-capacity-and-legal-holds>

