INTRODUCTION

• Rising rate of psychiatric conditions in children has led to an increased focus on the importance of mental health in medical education1-3.
• Surgeon General recently issued an advisory stating “Mental health challenges in children, adolescents, and young adults are real and widespread. Even before the pandemic, an alarming number of young people struggled with feelings of helplessness, depression, and thoughts of suicide — and rates have increased over the past decade.”4-6
• Pediatric providers do not feel they have sufficient education or competence to adequately handle their patients’ mental health concerns1-2.
• Pediatric consultation liaison (CL) psychology developed in the 1970s out of a growing need for psychology services in medical settings to address psychological factors that could be affecting medical condition/functioning5-7.
• Collaboration is a key component of CL psychology6.
• In hospitals, pediatric patients are often cared for by multidisciplinary teams, that may include medical and psychology students. Research has shown that effective medical teams greatly improve care and reduce error, improving quality, safety, and the patients’ overall experience19-20.
• At the time of this project there was only 2 pediatric psychologists embedded in medical teams (known to the authors) at CUIMC.

OBJECTIVE

• Create and implement a module to teach psychology and medical learners to collaborate effectively.
• Increase awareness of mental health needs of children with medical conditions.
• Foster awareness that will translate to future rotations and settings.

POST-MODULE RESULTS

Confidence 1 (not at all)-5 (extremely) M ± SD

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<tr>
<th>Activity</th>
<th>M ± SD</th>
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<tbody>
<tr>
<td>Collaborate with psychology clinicians</td>
<td>4.27 ± 0.62</td>
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<tr>
<td>Provide feedback to psychology clinicians</td>
<td>3.64 ± 0.77</td>
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<tr>
<td>Assess the emotional and/or behavioral needs of a child newly diagnosed with cancer</td>
<td>3.18 ± 0.57</td>
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<tr>
<td>Provide feedback to psychology clinicians</td>
<td>3.45 ± 0.66</td>
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<td>Provide feedback to psychology clinicians</td>
<td>3.00 ± 0.60</td>
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Comfort 1 (not at all)-5 (extremely) M ± SD

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<tr>
<th>Activity</th>
<th>M ± SD</th>
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<tbody>
<tr>
<td>Collaborate with psychology clinicians</td>
<td>4.27 ± 0.38</td>
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<tr>
<td>Provide feedback to psychology clinicians</td>
<td>3.55 ± 0.66</td>
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<tr>
<td>Assess the emotional and/or behavioral needs of a child newly diagnosed with cancer</td>
<td>3.18 ± 0.57</td>
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<tr>
<td>Provide feedback to psychology clinicians</td>
<td>3.55 ± 0.66</td>
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<tr>
<td>Provide feedback to psychology clinicians</td>
<td>3.27 ± 0.62</td>
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METHODS

• Collaborated with medical colleagues and learning designer to create module to implement as part of inpatient pediatric oncology rotation.
• Created curriculum and cultivated resources.
• Didactic information at beginning of rotation (learner became teacher).
• Planned and unplanned interactions to foster collaborations.
• Ran over 6 months; 11 learners completed surveys.

NEXT STEPS

• Concise information on psychology focused on logistics and information most relevant to rotation.
• Continued planned and natural interactions between psychology and medical learners.
• Focusing on teaching of psychology learners ways to bridge between medical and psychology learning.

REFERENCES


“Would love more opportunities during the course of the rotation to speak as a team with the psychology team so we can better learn about our patients' needs from the insights...into their emotional and behavioral needs”

“...other services should have psychology too”

Thank you to the Provost’s Office and the Center for Teaching and Learning for the Provost Innovative Course Module Design Grant that made this project possible.

Thank you to the learners who motivate us to continue to improve our methods of teaching.