

## OBJECTIVES

**Purpose:** Survey residents from Family Medicine training programs across the U.S. to assess:

- Perceived adequacy of training on the diagnosis and treatment of mental disorders
- Satisfaction with the quantity and quality of education in psychiatry
- Preparedness to treat patients with mental disorders

## METHODS

### Recruitment: Snowball Sampling

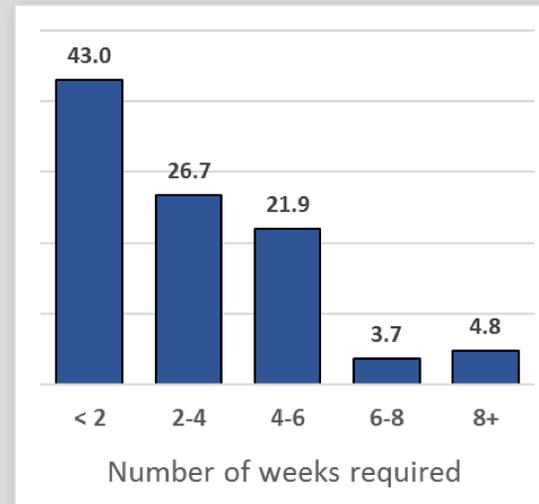
- Target population: 522 Family Medicine programs
  - 145 program directors agreed to forward a survey link to their current residents
  - 272 residents agreed to participate
- Participation was voluntary; online consent was required before survey access was granted
- Responses collected for 4 months beginning 9/2017
- Study design was approved by the University of Kansas Human Subjects Committee

**Table 1. Consented Family Medicine Residents**

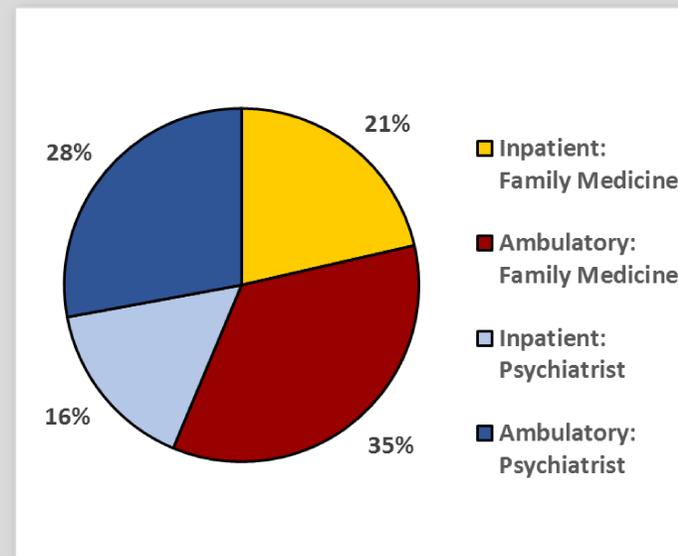
Characteristics	n=272	%
Female	166	61.7
Mean age, y (sd)	30.2 (3.8)	
<b>Program classification</b>		
Urban	115	42.3
Rural	63	23.2
Suburban	94	34.6
<b>Program location</b>		
West Coast	36	13.3
Midwest	92	33.9
South	76	28.0
East Coast	67	24.7
<b>Will treat patients with mental disorders</b>		
<i>Unlikely or possible</i>	<b>39</b>	<b>14.4</b>
<i>Probably</i>	<b>92</b>	<b>33.9</b>
<i>Definitely</i>	<b>140</b>	<b>51.7</b>

## RESULTS

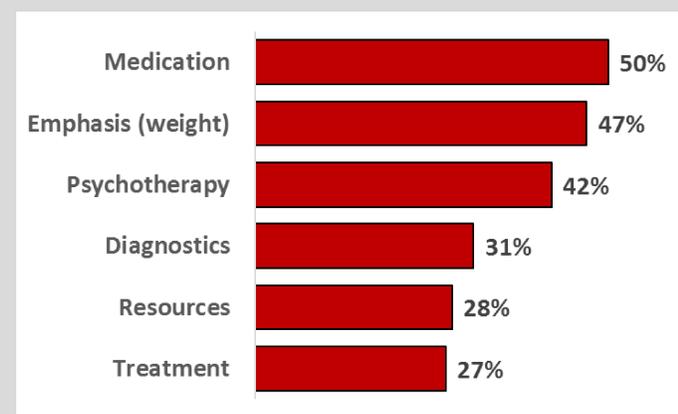
**Figure 1. Number of weeks of clinical psychiatry experience required by program surveyed**



**Figure 2. Training experience by location & provider**



**Figure 3. Perceived inadequacies of training**



## RESULTS

**95% of all FM residents reported they would like MORE training in psychiatry**

- 68% requested more supervised clinical experience with psychiatric patients
- 43% reported < 2 weeks of clinical psychiatry experience (Fig 1)
- 44% of training experiences were supervised by Psychiatrists (Fig 2)
- FM residents felt under-prepared to treat patients with mental disorders, especially regarding knowledge of psychiatric medications (Fig 3)

**Perceived barriers to adequate psychiatric training**

- 23% - Lack of time
- 22% - Lack of psychiatric faculty
- 20% - Other competing demands
- 14% - Lack of faculty expertise
- 11% - Lack of training sites

## DISCUSSION

Untreated mental disorders are surpassing other medical conditions regarding mortality and burden of disease. Despite this, the data suggests that FM residency programs are not giving enough time, weight, and appropriate instruction by trained psychiatrists to the next generation of general practitioners. Residents feel unprepared to take on the increased demands in diagnosing and treating patients with mental illness. It is up to the training institutions to adapt their curricula to better accommodate the growing needs of the patient populations their residents will eventually serve.

## REFERENCES

1. Calabrese, C., Sciolla, A., Zisook, S., Bitner, R., Tuttle, J., & Dunn, L. B. (2010). Psychiatric residents' views of quality of psychotherapy training and psychotherapy competencies: A multisite survey. *Acad Psychiatry* 34(1):13-20.
2. Kovach, J. G., Dubin, W. R., Combs, C. J. (2015). Psychotherapy training: Residents' perceptions and experiences. *Acad Psychiatry*, 39, 567-574.
3. Leigh, H., Stewart, D., Mallios, R. (2006). Mental health and psychiatry training in primary care residency programs Part 1. Who teaches, where, when and how satisfied? *General Hospital Psychiatry*, 28, 189-194.
4. Triana, A. C., Olson, M. M., Trevino, D. B. (2012). A new paradigm for teaching behavior change: Implications for residency training in family medicine and psychiatry. *BMC Medical Education*, 12, 1-6.

