Improving Onboarding to PGY2 Training Year with Preparation of PGY1 Residents for Psychiatric Consultation

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**Background/Current Conditions**

- The C&L psychiatry experience is a GME and board certification requirement for psychiatry residents.
- Over the last several years, ECU Psychiatry residents have identified the C&L rotations, including emergency psychiatry, geriatric psychiatry, and general psychiatry C&L, as the most challenging rotations.
- These rotations are the source of most block failures in our training.
- This QI project was created with the intention for the PGY1 residents to gain better knowledge on the core psychiatric consultation principles and to better prepare them for PGY 2 training year.

**Aim**

Primary: To increase intern knowledge on C&L procedures by 40% prior to entrance to PGY-2 level in July 2021.

Secondary: To reduce number of block failures/remediations on these rotations

**Root Cause Analysis**

**Identified Problems**

**Knowledge Gaps**
- Capacity evaluations
- Delirium workups
- Role of the consulting physician

**Limited Experience**
- Returning pages
- Contacting triage
- Prioritize consults

**Problem Statement**

PGY-2 Psychiatry residents have reported feeling unprepared when they begin consult and liaison service (C&L) rotations, which are the bulk of PGY 2 training year.

**Plan**

- ECU Psychiatry PGY2-4 residents and the current and previous C&L attendings were surveyed to determine what makes C&L service difficult and what knowledge would be useful to impart to psychiatry interns.
- Strong senior residents were identified to have interns shadow while on the day float service, which covers all emergency psychiatry and C&L services over the weekend.
- Handouts were created on how to complete capacity evaluations and delirium consults, as these were identified as the most difficult.

**Do**

- Key faculty were identified and asked to provide a didactic series covering C&L topics from February 22, 2021, to April 29, 2021.
- Knowledge assessment developed to use as baseline and post-intervention measure.
- Intern schedules were modified to include shadowing. Only 5 out of 8 interns were able to incorporate the shadowing experience. Three have completed to date.
- Baseline knowledge scores with the pre-test scores were higher than anticipated (M=72.5%); range of questions correct was 8 to 14.

**Study**

The post-test score decreased to 69.17% correct (range # correct 8-14). This difference in score was not statistically significant. Shadowing experience also had no impact on pre-test vs. post-test scores

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<thead>
<tr>
<th>Group</th>
<th>Pre-Test</th>
<th>Post-Test</th>
</tr>
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<tbody>
<tr>
<td>mean</td>
<td>10.88</td>
<td>10.38</td>
</tr>
<tr>
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<td>1.81</td>
<td>1.77</td>
</tr>
<tr>
<td>SEM</td>
<td>.64</td>
<td>.63</td>
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<tr>
<td>N</td>
<td>8</td>
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- Of those that completed the shadowing experience, they did find it to be helpful and that there were clear expectations. Two of the residents were able to see capacity evaluations, no one was called for a delirium consult.

**Act**

- Will revise the didactic series to better target the main topics that were missed on the questionnaire including capacity and delirium assessments.
- In the upcoming academic year, our program will now schedule every intern to shadow a senior on day float, as close to the start of PGY-2 year as schedule allows.
- Interestingly, shadow experience did not correlate with increased post-test score leading us to question if test is not accurately reflecting clinical knowledge needed to complete the rotation.
- In the future, can further assess if this intervention ultimately reduced number of block failures.