Improving Competence & Confidence in Outpatient Management of Major Depressive Disorder

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Background

It is well documented that most psychotropic medications are prescribed by primary care physicians (PCPs), not by psychiatrists. Therefore, it is imperative that PCPs are trained to assess, diagnose, and prescribe psychiatric medications.

A national survey of primary care residencies showed that only 56% had 20 hours of psychiatry focused learning, and 44% had <40 hours in 3 years. 63% of internal medicine (IM) PDs believed their residents needed more psychiatry training [1]. Another survey of IM PDs indicates 79% want more psychopharmacology training, 75% want anxiety management training, and 74% want more training on diagnosing and treating mood disorders [2].

To bridge this gap at our program, we created a resident-led presentation utilizing techniques such as role play to improve resident knowledge and comfort in treating common psychiatric conditions.

Objective

Increase resident knowledge and comfort in treating generalized anxiety disorder (GAD) and major depressive disorder (MDD).

Methods

10 resident physicians in either a family medicine or transitional year program participated in a resident-led presentation on generalized anxiety disorder (GAD) and major depressive disorder (MDD) pharmacotherapy management delivered during mandatory afternoon report. The presentation utilized a case-based learning style and incorporated role-playing teaching methods.

Participants were randomized with blinded, unique identifiers and then administered a six-question quiz targeting distinct areas of GAD or MDD management immediately before and after attending the lecture. After each question, participants were asked to rate their confidence in their answers on a Likert scale, (1 = not confident at all, 5 = very confident).

Responses to these surveys were recorded, and correctness data were analyzed with McNemar’s test while the Wilcoxon signed-rank test was used to analyze confidence data.

Results

Our study investigated the knowledge and confidence of resident physicians on the psychopharmacologic treatment of MDD and GAD. We defined competency as scoring 4/6 on both the pre- & post-lecture quizzes.

As seen in our data, 7 participants transitioned from “not competent” to “competent,” 2 participants scored “competent” both before and after the intervention, and only one participant scored “not competent” both before and after the intervention.

When analyzing this data paired with participant confidence in their answers, we saw a overall statistically significant (p < .05) increases in both competence and mean confidence.

Our study’s limitations include a small sample size and using a “convenience sample” of residents who were present at afternoon report on the day of the presentation. For further study, we recommend reproducing the study with a larger sample size and spacing the post quiz out over a longer timeline.

Conclusion

Successful educational intervention resulting in increased competence and confidence in the outpatient pharmacologic management of GAD & MDD.

References


2. Leigh H, Stewart D., Mallios R. Mental health and psychiatry training in primary care residency programs Part II. What skills and diagnoses are taught, how adequate, and what affects training directors’ satisfaction? General Hospital Psychiatry. 2006 May-Jun. doi: https://doi.org/10.1016/j.genhosppsych.2005.10.004