

An interdisciplinary training program for child psychiatry and pediatric oncology Fellows: communication and intervention with complicated family systems

PI: Victoria E. Cosgrove, Ph.D., Clinical Assistant Professor

I. Specific educational aims

- Identify barriers to working effectively with complex families of youth receiving outpatient or inpatient treatment for mental illnesses or cancer
- Develop an interdisciplinary curriculum designed to integrate systemic, structural, and strategic ways of conceptualizing and working with families, including skills from well-studied evidence-based family therapies.
- Pilot curriculum during a day-long Interdisciplinary Workshop.

II. Project rationale

Pediatric fellowship programs are designed to provide specialized training for advanced medical trainees in distinct areas of medicine, such as child and adolescent psychiatry or pediatric oncology. Within both domains, the emphasis is by definition placed on focused assessment and treatment critical for a young person's growth and survival. While the families of young people are often physically present across all stages of their child's care, their emotional investment and needs for information are often challenging for Fellows to effectively navigate. Further, Fellows on the pediatric oncology service overwhelmed by handling complicated families are often told to consult with the psychiatry service, although child psychiatry Fellows often report similar levels of consternation.¹⁻³ This application for a *Teaching and Mentoring Innovation Grant* seeks to fill an interdisciplinary gap in Fellowship training by developing and piloting an Interdisciplinary Curriculum designed to integrate systemic, structural, and strategic ways of working with families and introduce techniques to enhance clinical effectiveness from widely-used evidence-based treatments such as Parent Management Training (PMT) and Family-Focused Therapy (FFT).

III. Approach

As Director of the Family Therapy Clinic within the Division of Child and Adolescent Psychiatry, I am uniquely positioned to serve as Principle Investigator on this project. During the past three years, I have supervised more than ten doctoral-level trainees in clinical psychology as well as eleven Fellows in their clinical work with complicated families. First, we will obtain IRB approval for the project. Fellows in Child and Adolescent Psychiatry and Pediatric Oncology will be invited to participate in one of three Focus Groups. These Groups will be an hour in length and facilitated by Dr. Cosgrove. Qualtrics will be used to collect quantitative survey data in real-time from participants, and discussions will form the basis for qualitative data. Goals of the Focus Groups will be to better understand barriers (both perceived and real) to effectively working with complex families of young patients. Subsequently, synthesized data from the Focus Groups will be used to inform the development of an electronic Interdisciplinary Curriculum incorporating written and media-based resources. Fellows will be invited to participate in a day-long weekend Interdisciplinary Workshop where this Curriculum will be piloted. Workshop participants will be asked for objective and subjective feedback via Qualtrics surveys and in-person interviews.

IV. Timeline and plan for implementation:

Sept–Dec, 2016	<i>IRB & Focus Groups:</i> <ul style="list-style-type: none">• Obtain IRB approval for project
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	<ul style="list-style-type: none"> • Isolate key topics for discussion • Invite Fellows to participate • Facilitate 2-3 groups
January – March, 2017	<i>Develop Interdisciplinary Curriculum</i> <ul style="list-style-type: none"> • Synthesize Focus Group data • Design modules in response to key areas of need for Fellows • Research approaches used at other elite medical schools • Create electronic didactic materials (written, media, case examples)
April – June, 2017	<i>Interdisciplinary Workshop</i> <ul style="list-style-type: none"> • Identify weekend day for training retreat • Secure space, reproduce necessary materials for trainees • Evaluate Fellows’ experience and expertise, qualitatively and quantitatively, before and after the retreat
July – August, 2017	<i>Analyze findings and prepare Brief Report</i>

V. Anticipated work product

- Educational model for how to effectively train Fellows across disciplines ways to manage and communicate with complicated family systems
- Electronic didactic materials
- Brief report, to be published in medical education journal (e.g., *Academic Medicine*), describing qualitative and quantitative findings from Focus Groups and Interdisciplinary Workshop.

VI. Evaluation plan:

Focus Group participants will be asked to fill out Qualtrics online surveys in real-time regarding their current knowledge of and perceived competence in key concepts and intervention techniques related to working with complicated families in the context of psychiatric or medical pediatric illnesses. Interdisciplinary Workshop participants will be asked to complete pre- and post-Workshop Qualtrics surveys online in real-time assessing knowledge and competence as well as their subjective mood and anxiety level related to family-based work.

VII. Dissemination of Results

We anticipate publishing a brief report appropriate for a medical education journal (e.g., *Academic Medicine*) presenting qualitative and quantitative findings from Focus Groups and the Interdisciplinary Workshop as a formal way to educate Fellows across disciplines to effectively communicate and intervene with complicated families in service of the young patient. If successful, this interdisciplinary training model for Fellows could be expanded to other pediatric services.

¹Rait, D.S. Family Therapy Training in Child and Adolescent Psychiatry Fellowship Programs. *Academic Psychiatry* 2012; 36:6.

²Feraco, A.M., Brand, S. R., Mack, J.W., Kesselheim, J.C., Block, S.D., Wolfe, J. Communication Skills Training in Pediatric Oncology: Moving Beyond Role Modeling, *Pediatric Blood Cancer* 2016; 63:966-972.

³Wakefield, C.E., Butow, P., Fleming, C.A., Daniel, G., Cohn, R.J. Family information needs at childhood cancer treatment completion 2012, 58: 621-626.