

“Next Steps After Depression Screening”: Development of a Perinatal Psychiatry Curriculum in Order to Improve Clinical Outcomes and Access to Care

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I. Specific Educational Aims/Project Goals: The primary goal of this project is to develop a perinatal psychiatry curriculum for residency education programs that will educate a diverse audience, including primary care physicians, OBGYNs, and family practice and psychiatry clinicians.

II. Project Rationale: The prevalence of major depression during pregnancy and postpartum is at least 10% (1) and approaches 25% or higher in women with a history of mood disorder (2). Consequently, the U.S. Preventive Services Task Force recently updated guidelines for screening for depression in adults to include screening for perinatal depression (3). The American College of Obstetricians and Gynecologists and the American Academy of Pediatrics have already issued similar guidelines (4,5). The Edinburg Postnatal Depression Inventory (EPDS) is used world-wide as a screening instrument; however, this 10-item questionnaire does not differentiate between unipolar and bipolar depression or anxiety disorders. Practitioners outside of psychiatry are increasingly called upon to be the clinicians to initiate perinatal psychiatric care (6), since they are the “front lines” and women have ongoing relationships with these providers, despite a lack of formal training in this area. Consequently, one of the often cited barriers to “universal screening” for perinatal depression in this country is a lack of education regarding proper management of women who screen positive for mood or anxiety disorders during pregnancy or postpartum (7).

Gaps in U.S. Medical School Education Addressed By This Proposal: Currently there is no standardized national perinatal psychiatry curriculum in medical schools (or even in psychiatry residency programs themselves). This proposed project will address this education gap. We hypothesize that a perinatal psychiatry curriculum designed for a multidisciplinary set of clinicians will a) increase the ability of clinicians to make clinical decisions if a patient screens positive on the EPDS b) increase access of patients to initiation of psychiatric care and c) improve recognition and early treatment of psychiatric emergencies.

Pilot Data: We created a concise perinatal psychiatry curriculum of 2 overview lectures in perinatal psychiatry that we have taught, for the past 3 years, to the Stanford University Psychiatry residents as well as community residencies--the Stanford-O’Connor Hospital Family Practice residents and the San Mateo County Psychiatry residents. Residents and faculty have reported that this has been an extremely important addition to their curriculum.

III. Approach: We propose to expand and extend this pilot curriculum by using a “flipped classroom” approach: OBGYN, Pediatrics, Primary Care and Psychiatry residents will be assigned to watch 4 videos (approximately 45 minutes each) of lectures on perinatal psychiatry. This approach allows for more interaction between a diverse group of clinicians and our team of perinatal psychiatry specialists. A major focus of the psychopharmacology lectures will be on how to critically examine study design methodology and evaluate the constantly evolving literature regarding the risks and benefits of perinatal psychotropic medication use. Each video will have an in associated in-class curriculum which includes representative cases of patients who screen positive on the EPDS. Residents will work through differential diagnosis and treatment decision-making with the assistance of instructors.

IV. Timeline and Implementation Plan:

Activity Name	Sept/ Oct	Nov/ Dec	Jan/ Feb	Mar/ Apr	May/ Jun	July/ Aug
IRB submission						
Schedule didactics						
Create videos						

Create cases						
Create pre/post-didactic tests						
Create course assessment						
Teach course						
Score pre/post-didactic tests						
Complete pre/post course assessments						
Analyze data						
Edit material						
Prepare manuscripts						
Organize dissemination						

V. Anticipated Work Product: We plan to create a perinatal psychiatry educational curriculum that includes educational videos and illustrative cases with clear explanations of treatment approaches that can be disseminated to diverse residencies beyond Stanford. Dissemination of knowledge about what to do when a patient has an elevated EPDS score will improve patient care by decreasing the time to initiation of care, as well as improving response to psychiatric urgent situations.

VI. Promotion of Diversity: This proposed education curriculum promotes economic, ethnic and racial diversity in many ways. 45% of women who deliver at LPCH are on MediCal, and 37% are Hispanic or Latino. San Mateo County and Stanford-O’Connor Hospital have diverse populations as well. Consequently, we hypothesize that this curriculum will facilitate evaluation and treatment of a more diverse group of women. This project also promotes educational diversity by expanding/filling the gap in perinatal psychiatry education in residency curriculums, utilizing efficient and diverse didactic methods to teach this topic, such as the “flipped classroom.” This proposed curriculum also broadens community and national access to our perinatal psychiatry specialty team’s experience and education (see anticipated work/dissemination).

VII. Evaluation Plan

▪ **Course Pre & Post Test:**

- Perinatal psychiatry knowledge and skills development will be measured through pre and post test assessments after each course. This will measure the extent to which participants are learning from the course.
- To assess whether this curriculum changes behavior, increases willingness of physicians to comply with ‘universal depression screening’ and increases initiation of care in primary care settings, we will utilize a questionnaire that asks the following: a) frequency of using EPDS in clinic b) number of new perinatal mood and anxiety disorder cases identified who receive care in their primary care setting and c) number of cases referred to psychiatry. A 10 item Likert Scale will be used to answer the following questions: a) confidence in differential diagnosis of elevated EPDS score b) confidence in discussing and weighing risks and benefits of initiating antidepressant in depressed patients and/or anxious patients c) comfort with evaluating psychopharmacology literature and d) confidence in evaluating psychiatry emergency situations.

▪ **Follow-up survey of course participants:**

- 3, 6 & 12–months post course surveys will be sent out to participants to determine if they continue to use knowledge and skills taught in the course and investigate barriers to retention and application.

VIII. Dissemination of Results: Dissemination efforts will include submission of abstracts for presentation at national meetings (American Academy of Obstetrics and Gynecology, American Academy of Pediatrics and meetings of OBGYN, Pediatrics, Primary Care and Psychiatry residency directors), and manuscript submission to relevant journals, (*Academic Medicine*, and *Obstetrics and Gynecology*). We plan to publish the curriculum on MedEd portal, so that other residencies across the country can address this education gap, and develop the course materials into a CME program.

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