Pilot medical resident training program in Women's Comprehensive Clinic at VA Hospital
Andrea Garroway1,2, Sally Haskell1,2, Luz Vasquez1,2
1VA Connecticut Healthcare System, 2Yale School of Medicine

Teaching
Introduction with institutional context and educational objectives
A primary training area within medical education is for physicians understand how behavior and social factors affect health (Association of American Medical Colleges, 2011). Additional goals identified in the AAMC report focus on improving physicians’ interpersonal and interprofessional communication skills, and using those skills and the patient’s biopsychosocial context to promote health behavior change. This pilot program is conducted at a comprehensive women’s primary care clinic at a VA hospital, in which medical residents complete a two-week rotation once a year. The educational objectives of the program are to: 1) Improve residents’ skills and comfort discussing mental and behavioral health issues, 2) Help residents identify areas of growth in interview skills and patient communication, 3) Provide residents with individualized feedback about health coaching skills and motivational interviewing to promote health behavior change, and 4) Help residents practice trauma-informed care and improve communication around issues relevant for female veterans (e.g., military sexual trauma).

Instructional and/or assessment methods
A psychology postdoctoral fellow participates in the multidisciplinary pre-clinic huddle with the attending, resident, and nurse to discuss the upcoming patient panel. The psychologist meets with the resident for 3-5 minutes to introduce the purpose and goals of the observation program. The resident is encouraged to choose from a list and/or identify his/her own goals for the interview that the psychologist will focus on for the observation (see Figure). With patient permission, the psychologist sits in the exam room to observe the resident’s interview and identified target areas. The psychologist also monitors the residents’ general communication skills using motivational interviewing principles (e.g., open-ended questions, affirmations, reflections, and summaries). They meet for 5 minutes after the appointment to discuss the observation and provide timely verbal feedback; the psychologist provides detailed written feedback via email later that day.

Program evaluation results
We are currently conducting quantitative measures to assess physicians’ evaluation of the program usefulness and effectiveness in reaching the identified educational objectives, however data are not yet available. Qualitative feedback from residents and attending physicians has been positive.

Discussion/implications
The current pilot program is in early development, and qualitative feedback is promising. This program provides unique training for residents to gain self-evaluation skills to identify their own growth areas, receive individualized feedback on their communication skills and integration of behavioral and social context into patient interviews, become familiar with primary care mental health integration, and learn about trauma-informed care and other issues relevant to female veterans.

Abstract Figure: Template used for resident observations
Date:____________
Provider:____________
Preferred email:____________

Goals of observation:

<table>
<thead>
<tr>
<th>GOAL MET?</th>
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Time management
□

Agenda setting
□

Referring to mental health treatment
□

Balancing acknowledging patient concerns and progressing w/ appointment
□

Managing patient agitation in the appointment
□

Discussing behavioral health issues (chronic pain, insomnia, smoking cessation, weight management)
□

Other:______________________________
□

O.A.R.S. Skills
Open-ended questions:
Affirming:
Reflecting:
Summarizing:

Overall feedback: