

TexMed 2017 Quality Research Abstract

Please complete all of the following sections and include supporting charts and graphs in this document. Submit a total of two documents - this document and the Biographical Data and Disclosure Form to posters@texmed.org by midnight March 17, 2017.

Description and Selection Criteria

- Applicants should demonstrate an understanding of systematic investigation through research development, testing and evaluation designed to develop or contribute to generalizable knowledge. Judges will use the scoring described in this matrix to identify projects to be presented at the conference, as well as, projects to be considered for the awards.
- The focus for Quality Research abstracts is any project that is conducted with an intent to answer a research question or test a hypothesis related to quality improvement (QI). It is also intended to develop or contribute to generalizable knowledge. Projects in Quality Research need to have approval from an Institutional Review Board or have a formal letter of exemption. Traditional QI activities, on the other hand, cover the gamut of projects that are:
 - aimed at improving local systems of care, or improving the performance of institutional practice;
 - designed to bring about immediate improvements in health care delivery; or
 - intended to compare a program/process/system to an established set of standards such as standard of care, recommended practice guidelines, or other benchmarks.

If you have a question about whether your project is Quality Research or a QI project, please contact us.

- These submissions should provide general information related to the one of the following categories: patient safety, patient centered care, equity, timeliness, efficiency, or effectiveness.
- Maximum points delineated with a brief explanation of the content that should be included under each section. Applicants may describe the problem and results in narrative or graphic format.

PROJECT NAME: Implementation and Results of Psychiatric Services Incorporated into a Student Operated Free Clinic

Institution or Practice Name: The Monday Psychiatry Clinic

Setting of Care: North Dallas Shared Ministries

Primary Author: Whitney Stuard, BA Medical Student Class of 2019

Secondary Author: Kathryn Squiers, BA, Adina Suss, MD, Emily Schrader, MD, Dina Triantafyllou, MD, Carol S. North, MD MPE

Other Members of Project Team:

Is the Primary Author, Secondary Author or Member of Project Team a TMA member (required)?

Yes No

Please provide name(s): Carol North

Project Category: *(Choose all categories)*

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Patient Safety | <input checked="" type="checkbox"/> Patient Centered Care | <input type="checkbox"/> Timeliness | <input type="checkbox"/> Enhanced Perioperative Recovery |
| <input type="checkbox"/> Efficiency | <input type="checkbox"/> Effectiveness | <input type="checkbox"/> Equity | <input type="checkbox"/> Disaster Medicine & Emergency Preparedness |

For this poster session, TMA is looking for research projects that demonstrate the six aspects of Quality Care as defined by the Institute of Medicine.

- Safe - avoids injuries to patients from care that is intended to help them
- Timely - reduces waits and delays for both those who receive care and those who give care
- Effective - based on scientific knowledge, extended to all likely to benefit, while avoiding underuse and overuse
- Equitable - provides consistent quality, without regard to personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status
- Efficient - avoids waste, including waste of equipment, supplies, ideas, and energy
- Patient centered - respects and responds to individual patient preferences, needs, and values, ensuring that patient values guide all clinical decisions

Introduction (15 points max): Describe 1) where the work was completed; 2) what faculty/staff/patient groups were involved, and 3) sufficient background information provided to establish the significance of the problem.

- 1) The work was completed at the North Dallas Shared Ministries facilities in-Dallas in a predominantly Hispanic area. The Monday Psychiatry Clinic (MPC) operated on Monday evenings beginning with the arrival of the psychiatry clinic manager at 4:15 p.m. followed by arrival of the preclinical and clinical students at 4:45 p.m.
- 2) MPC is coordinated by two 2nd-year medical student clinic managers, with UTSW psychiatry attending oversight. UTSW psychiatrist faculty members Carol North and Adam Brenner began the clinic in 2009 along with a group of medical school students.
- 3) Prevalence of psychiatric illness in US is increasing. Uninsured & immigrants face disproportionate burdens of mental health problems. Medical student-operated free clinics (SOFCs) can help address health disparities among uninsured populations and provide valuable student educational opportunities. Few SOFCs have implemented systematic psychiatric components. Therefore, medical students and faculty at UTSW implemented a student run psychiatry clinic. MPC was designed to address psychiatric needs of disadvantaged communities, provide medical student leadership opportunities, and educate preclinical and clinical students about psychiatric illness and diagnosis. Funded by an American Psychiatric Association grant, MPC was added to The Monday Clinic (TMC), a UT Southwestern (UTSW) SOFC. It shared an operating space with TMC but ran per its own protocol.
The missions of MPC:
 - i. Provide high-quality free mental health evaluation to underserved North Dallas population, regardless of demographics or ability to pay
 - ii. Establish interactive learning environment for students to develop clinical, organizational, and leadership skills
 - iii. Develop student investment in contribution to community needs to establish lifelong patterns of service.

Hypothesis (15 points max): State the pertinent research or change hypothesis. Using if/then format, describe the 1) assumption; 2) condition; and 3) prediction(s).

If medical students are given the resources and support, then they can systematically detect and provide treatment referrals for psychiatric problems among patients seeking care at a volunteer student-operated medical clinic.

Methods (25 points max): Describe the specific methods, resources, procedures, models and/or programs used to study and test the subject of the investigation. Note charts, graphs and tables here and send as addendum with abstract form.

Monday Psychiatry Clinic (MPC) is coordinated by two 2nd-year medical student clinic managers, with University of Texas Southwestern (UTSW) psychiatry attending oversight. The clinic manager could use the resources provided through a student-operated clinic, The Monday Clinic (TMC) and the North Dallas Shared Ministries clinic. The-MPC manager's job was to ensure the clinic ran smoothly and followed the protocol set forth in the clinic manual. The attending arrived at the clinic at 6:00 pm to evaluate any patients with positive screening assessments. The number of patients seen at MPC per night was capped at 7, at the discretion of the attending psychiatrist. The attending evaluated the patients with the students and provided the students with education about the

patient and a referral to appropriate care for the patient. MPC was created to assess patients' needs for psychiatric care and provide referrals, but was not intended to provide patients with ongoing treatment. Patients who visited the Monday Health Clinic were provided with the opportunity to receive an MPC psychiatric assessment during their visit. ~~when the patient was waiting to see the medical tea~~ Almost no patients declined to participate in a psychiatric assessment. The full protocol for TMC is contained in the MPC Manual, created by UTSW students, and is provided to others who wish to begin their own student-operated mental health clinics.

MPC's operational procedures were as follow: 1) a brief review of the patient's TMC chart for demographic information and reason for the visit; 2) a brief screening interview conducted by a preclinical medical student accompanied by a senior medical student observer; 3) presentation of the results of the screening interview by the preclinical student to the senior medical student; 4) for patients with positive screens, a diagnostic checklist template interview by a senior medical student; 5) presentation of the diagnostic checklist template interview to the attending by the senior medical clinical student; 6) interview of the patient by the psychiatry attending in the presence of the preclinical and senior medical students; 7) discussion of the case by the psychiatry team and formulation of a disposition; 8) provision of referral recommendations to the patient; and 9) generation of a clinical record note by the senior medical student describing the assessment and the referral recommendations for patients who received the diagnostic checklist template interview, with an accompanying clinical record note signed by the attending.

MPC used two types of assessment tools to assess patient psychiatric diagnoses. The assessment tools:

Mental health screener conducted by preclinical student (5-15 min): inquiries about history of psychiatric illness/treatment, current mental health/alcohol/drug problems, current feelings of depression, current alcohol/drug use, lifetime trauma exposure, current domestic safety concerns

Diagnostic template (for patients with positive mental health screen) conducted by senior medical student (15-30 min): using diagnostic checklist templates assessing full diagnostic criteria (wording based on Diagnostic Interview Schedule) – for Diagnostic and Statistical Manual for Mental Disorders (American Psychiatric Association) including only major depressive disorder (MDD), alcohol use disorder, and stimulant use disorder.

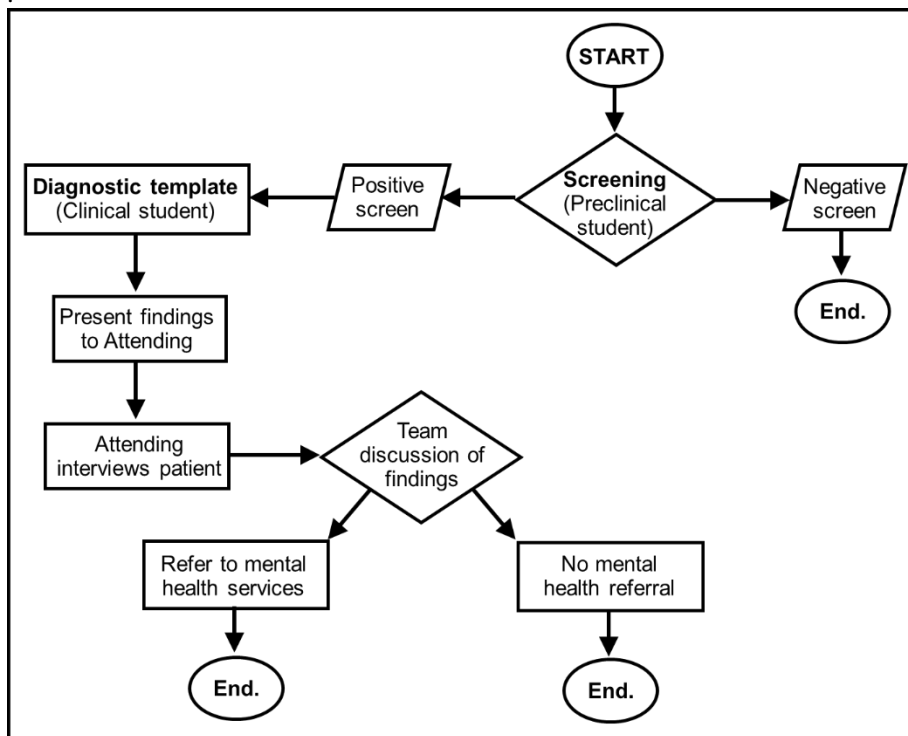


Figure 1 Clinic Flow

Results (25 points max): Specifically explain what was discovered, accomplished, collected and/or produced; supports hypothesis and conclusions with adequate evidence and includes quantitative data. Note charts, graphs and tables here and send as addendum with abstract form.

It was discovered that a student-operated free psychiatry clinic can function to identify and provide referrals and assistance for those in need of psychiatric care. One-third of MPC patients screened positive for psychiatric concerns (especially depression), demonstrating unmet needs, most of which resulted in psychiatric care referrals.

Table 1: Patient Demographics

Male sex: % (n/N)	37 (183/500)
Years of age: mean (SD), range	39.4 (11.7), 18-82
Ethnicity: % (n/N)	
White	7 (32/484)
Black	6 (30/484)
Hispanic	85 (409/484)
Asian	1 (5/484)
Other	2 (8/484)
Language: % (n/N)	
Spanish	76 (378/496)
English	24 (118/496)

Table 2: Results of mental health screening and diagnostic template assessment

Topic Assessed	Received Screen	Screened (+)	Received diagnostic template	(+) Diagnosis	
				Only patients with (+) screen	All patients
Depression	338	80 (24%)	39 (49%)	1 (3%)	1 (<1%)
Alcohol	338	44 (13%)	25 (58%)	10 (40%)	10 (3%)
Stimulant drug	334	6 (2%)	3 (50%)	1 (33%)	1 (<1%)
Trauma screen	215	21 (10%)	7 (33%)	5 (71%)	5 (2%)
Domestic safety	337	5 (1%)	--	--	--
Any of above	346	121 (35%)	61 (50%)	16 (26%)	17 (6%)

Conclusions (20 points max): *Provide a succinct interpretation of the results and evaluate what the results mean to the investigation, OR evaluate the relevance or uniqueness of what was accomplished in the immediate context of the project's purpose and describe how the investigation fits within a larger field.*

MPC was designed to identify and address psychiatric needs of disadvantaged communities, provide medical student leadership opportunities, and educate preclinical and senior medical students about psychiatric illness and diagnosis. Approximately one-third of the patients seen by MPC were identified as having a psychiatric concern that required further evaluation. MPC also raised awareness in patients and students about the importance of psychiatric assessments in patients seeking primary medical care who may not present with a specific psychiatric concern. MPC provided students with systematic procedures for assessing full diagnostic criteria and learning to conduct efficient diagnostic interviews. Systematic templates that incorporate diagnostic criteria, such as those established for this project, provide a foundation for conducting psychiatric assessments by students in the clinic. Repeated interviews based on diagnostic criteria allowed students to obtain a solid knowledge of what is needed to determine whether a psychiatric disorder is present. There were struggles with implementing the clinics, and language and cultural barriers complicated patient assessment efforts and likely limited diagnostic capability. However, this clinic overall demonstrated the importance of a psychiatric element in student-operated free clinics. It also now serves as an example for others who would like to develop a student-operated psychiatry clinic.