

Complexity, Intersectionality, and CBME: A Needs Assessment for an HIV Psychiatry Educational Experience



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BACKGROUND

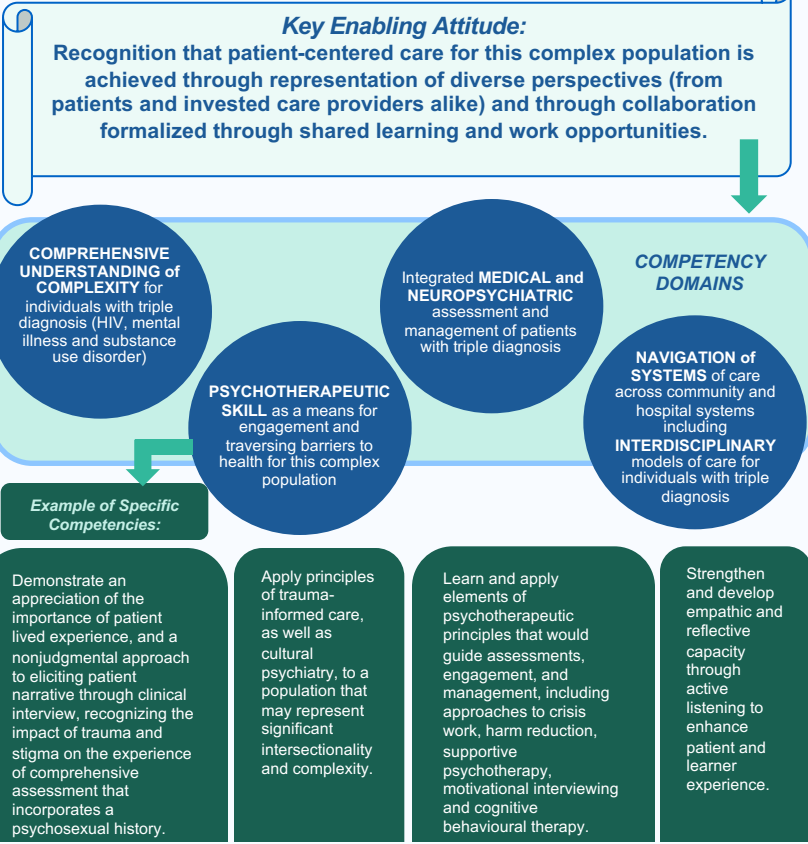
- With Competency-Based Medical Education (CBME), there is growing recognition that traditionally siloed CanMEDS roles and ACGME core competencies inadequately capture an approach to complexity.
- HIV forms syndemics with other comorbidities, including mental illness and substance use disorders, and disproportionately impacts individuals with barriers to the determinants of health (1).
- Thus, a comprehensive approach in treatment is often necessary, involving medical, psychiatric, and psychosocial care – described as integrated care.
- The limits of evidence-based medicine when treating complex populations – like individuals with HIV and mental illness – have been described. Further development of education in these integrated care settings is required (2).
- Educational paradigms for complex populations are needed; future physicians should be attuned to the needs of the highest-needs populations.
- The HIV Psychiatry Clinic at Mount Sinai Hospital developed a resident physician elective experience that teaches trainees in a multidisciplinary learning environment about how to provide integrated mental health care to a complex population with HIV and mental illness. Here we report on our needs assessment and competency-based framework.

METHOD

We conducted a needs assessment via a focus group of diverse stakeholders in HIV care across Toronto – including:

- AIDS Service Organization workers from various organizations
 - People living with HIV
 - Physicians (psychiatrist and primary care) who care for persons with HIV
 - Hospital and community social workers
 - Clinical neuropsychologists with expertise in HIV Associated Neurocognitive Disorder
- The focus group asked participants to describe their vision for HIV Psychiatry education, including current gaps in existing systems of care, approaches to care and necessary skills, as well as content expertise.
 - Utilizing content analysis methodology, two study investigators performed iterative coding of the focus group transcript generating a list of open codes, while grouping these codes into categories and sub-categories to capture identified themes using an inductive and deductive approach (3).
 - The two codebooks were then reconciled through consensus discussion, and used to develop an overarching philosophy of care, competency domains and specific competencies, mapped to overlapping CanMed roles (4).

RESULTS



LIMITATIONS

- Focus group participants all from Toronto, Ontario
- Thematic analysis has inherent subjectivity

CONCLUSIONS

- Competency-based medical education needs to address increased complexity and intersectionality, as represented by an HIV Psychiatry patient population.
- The focus group process itself illustrated the importance of getting diverse stakeholders, including people with lived experience, in a room together –and led to more opportunities for interdisciplinary collaboration.
- Medical competency looks different in diverse settings, and competency-based objectives should be guided by the needs of the patient population, especially complex populations such as those affected by HIV and mental illness.
- Many specific competencies exist beyond traditional medical expertise.
- Competency in caring for complex populations may only occur in teams or collaborative systems of care, and our educational objectives should reflect this.
- This process can be considered for development of other educational experiences for teaching in a medically and psychiatrically complex setting.

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