

Longitudinality matters: Qualitative perspectives on the longitudinal clinical experience in a psychiatry residency training program

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Background

Longitudinal models of clinical care and education in graduate medical education training allow residents to see outpatients over the course of their training rather than in truncated blocks. Longitudinal clinical experiences (LCEs) can positively impact both patients and providers in terms of the following:

- 1) Health outcomes
- 2) Improved mortality
- 3) Satisfaction
- 4) Reduced cost
- 5) Motivation

Residency programs have seen an increase in LCEs in primary care settings. In psychiatry, the ACGME requires residents to have a significant outpatient experience lasting at least one year. However, less is known about psychiatry LCEs that last over multiple years.

Purpose

This qualitative study explored the impact of a longitudinal training model on clinical skills development, relationships in the learning environment, and professional identity formation.

The study expands on the minimal research available on LCEs in psychiatry. It may help other educators understand how to implement or enhance longitudinal experiences in their own settings.

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Methods

The authors examined the impact of a well-established LCE clinic model in a single, large, academic psychiatry residency program. Interviews were analyzed using exploratory inductive thematic analysis.

- 3 different LCEs were chosen in different health systems: a VA Health Systems clinic, a University based clinic, and a community public health clinic
- 22 semi-structured interviews were conducted
- Residents in each class year, alumni, and faculty were interviewed from each clinic

Preliminary themes

Benefits

“[My senior resident] knows the patient panel very, very well. So he’s been able to give quite **detailed, excellent feedback** regarding my work with them... it’s a nice degree of detail that I think it’s hard to get otherwise...” –**PGY-2, VA clinic**

“I’ve had the opportunity to know [my patients] for a **longer period of time** and to build some understanding of them. [We have] more **intimate relationships** for those that I’ve seen for two or three years... I see different fluctuations in their mood on different ends of the spectrum.” –**PGY-4, University clinic**

“[The LCE] is a very important part of my current professional identity as an educator. It’s the primary place where I do teaching for outpatients for ambulatory psychiatry.” –**Faculty, University clinic**

“I knew I was already interested in public psychiatry. And so getting to do that in the community was really, really important and was a **huge part of my residency**. And it felt like it really **reaffirmed that identity** and that desire to work in the public sector – **Alumnus, Community clinic**

Results

Benefits

- Near peer learning and feedback
- Providing care through an extensive course of illness
- Longitudinal relationships with faculty
- Increased comfort with a specific patient population

Challenges

- Different electronic health records at different LCEs and clinical sites
- Travel to sites
- Intermittent presence of more junior trainees

Preliminary themes

Challenges

“I’m sure it’s hard for the **PGY-2 on acute services** to feel like they’re on top of things. And it’s **important for faculty to step up** during that six-month block to fill in... It’s hard of course for the **interns** who get a very, very **limited exposure** to have a meaningful role... – **Faculty, VA clinic**

“Looking ahead, when I’m on inpatient months I know it’s going to be pretty hard to get back and forth on time... Just the logistics of **getting between sites is annoying**... It’s like two sides of a coin. It’s nice to see different care settings. But it’s **frustrating to carve out the extra hour of travel time.**” – **PGY-1, University clinic**

“If there are really acute things that happened that need a psychiatrist, my attending just takes care of it because I don’t have access to the EMR. I **didn’t actually have access to the EMR until halfway through my second year**. So I would just write notes in a word document and send it to my attending. So that’s like a whole structural issue and it takes **huge onboarding processes.**” – **PGY-3, Community clinic**

Discussion

Interviews with residents and alumni found that the LCE is a positive learning opportunity that contributes to their professional development. Participants highlighted that the LCE enhances the following, in line with findings from medicine and pediatric longitudinal experiences:

- Enriched feedback in which trainee is evaluated over time
- Specific patient population expertise
- Prolonged mentorship interactions
- Progression of resident autonomy and teaching role in the clinic
- Promotion of trust between faculty and resident

Faculty expressed enjoyment supervising residents over the course of four years leading to more fulfilling teaching experiences.

LCEs do appear to have challenges which can interfere with favorability of resident experience. However, given the logistical nature of challenges, concrete steps for improvement seem possible.

Limitations of study

- Single site study
- Purposive sampling rather than resident-wide sampling, possibly limiting range of data
- Qualitative data subject to interview bias

Conclusion

The LCE enhances psychiatry resident training. Strategies to minimize logistical challenges around managing patient care responsibility and transitions across systems of care within the course of a day will further support the success of a longitudinal program.