

Clinical Supervision in Integrated Primary Care 102

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March 2018

Objectives

Introductions

Integrated primary care behavioral health
Training Updates

Giving Feedback

Q and A/Discussion

Introductions

- ▶ Name
- ▶ Organization
- ▶ Site/Trainee(s)

Training Updates

Review: Goals for training in PCBH

Goals of PCBH training

- ▶ 1) Effectively assessing and treating a wide spectrum of behavioral health problems consistent with a generalist approach
- ▶ 2) Providing behavioral health consultation (brief assessment and brief, behavioral intervention) services to individuals across the life span;
- ▶ 3) Developing competency in identifying and intervening with problems appearing in high-frequency at primary care clinics, such as depression, anxiety, chronic pain, and metabolic disorders; and
- ▶ 4) Developing competency in interprofessional practice.

Dobmeyer et al., 2003

Training Updates Cont'd

- ▶ How are your trainees becoming oriented to primary care? To their clinic?
- ▶ Future trainings? (e.g., lunch and learns, staff meetings)
- ▶ Barriers to team orientation?

Clinical Supervisory Style

Supervisory Style

- ▶ What is your supervisory style?

Example: Integrated Developmental Model (Stoltenberg, Delworth, and McNeill)

- ▶ **Level one:** Trainees are highly anxious as they test their new skills and benefit from a high level of structure in supervision sessions. They need supervisors to provide specific direction on working with patients, assessment, case notes and case conceptualizations. Supervisors can assign trainees homework to practice their skills.

Example: Integrated Developmental Model (Stoltenberg, Delworth, and McNeill)

- ▶ **Level two:** As trainees gain confidence as a provider, their focus shifts more to the patient and understanding the patient's worldview. Supervisors can allow trainees more autonomy and consider catalytic interventions, such as having trainees reflect on their experiences with a patient and on patient's reactions.

Example: Integrated Developmental Model (Stoltenberg, Delworth, and McNeill)

- ▶ **Level three:** Trainees increasingly empathize with the patient and reflect on what they know about theory and research in a given situation. As the supervisory relationship becomes more collaborative, supervisors may introduce other perspectives to broaden their view and might be more willing to provide negative feedback.
- ▶ Trainees may fall in any one of these levels depending on their experience in different domains of practice, Stoltenberg says. For example, a trainee may be operating at a level three when working with adult patients with depression but at a level one when conducting a visit for an adolescent with asthma.

Giving Feedback

PCBH Visit Example - Use PCBH Rating Form



How would you give feedback to the trainee in 2-4 minutes?

Corrective Feedback Approaches

- ▶ Sandwich: “I like the way you [identify a strength]. I’d like to see you do more of [specific behavior or problem]. Overall, you are making good progress in [area of strength].
- ▶ Growth Mindset: Praise effort in support of a growth mindset (curiosity, enthusiasm, risk taking, exploration).
- ▶ XYZ: “When you do [X], [Y] is what happens so I suggest that you do [Z]

Corrective Feedback Approaches

- ▶ “I” statements: “I have observed a pattern here that when (for example: you are not sure how to address an issue, you speak about it in very general, non-specific terms). What do you observe?”
- ▶ Empathic responding: “This is a problem that most students have at your stage of development.”
- ▶ Self-disclosure: “I struggled with the same thing when I was starting out. Follow this with a strategy you found particularly helpful.”

Prepared by Michelle Schwartz, Instructional Design and Research Strategist, for the Learning & Teaching Office, <http://www.ryerson.ca/lt>

Checklist for Corrective Feedback



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Questions/comments?

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