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DEVELOPMENT OF A WOMEN'S MENTAL HEALTH CURRICULUM AND EVOLUTION TO A WOMEN'S MENTAL HEALTH AREA OF CONCENTRATION IN A PSYCHIATRY RESIDENCY PROGRAM

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Abstract

Background—In 2014 the U.S. Department of Health and Human Services' Office of Women's Health emphasized the importance of women's health education, particularly in the realm of behavioral health. In order to support the professional interests of psychiatry trainees, a women's mental health study group (WMHSG) was developed and implemented.

Objectives—The WMHSG aimed primarily to supplement the resident curriculum and promote consideration of careers in women's mental health. After successful implementation, the curriculum was formalized into a Women's Mental Health Area of Concentration within the Department of Psychiatry's residency training program.

Results—Participants found the WMHSG to be interesting, to increase knowledge and improve clinical practice, and to facilitate mentorship opportunities.

Discussion—The creation and evolution of WMHSG into an Area of Concentration offers an example for enhancing training in WMH topics and principles that can be extended to other medical specialties.

Introduction

The U.S. Department of Health and Human Services' Office of Women's Health in 2014 listed five essential topic areas for women's health education including wellness and prevention, biological considerations, selected conditions, professional education, and behavioral health. Behavioral health targets include Anxiety/Stress, Depression/Bipolar Disorders, Domestic/Intimate Partner Violence, Eating Behaviors/Disorders, Sexual Behavior, Substance Abuse, and Traumatic (U.S. Dept of Health 2014). Despite the emphasis on women's mental health topics, no guidance is offered on how to improve Women's Mental Health (WMH) education. Spielvogel et al provide guidelines for a curriculum in gender and women's issues, which includes a detailed review of knowledge-

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Compliance with Ethical Standards

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skills-, and attitude-based objectives to be included in a curriculum on WMH, as well as strategies for potential challenges that may be faced (1995). This brief report is the first to describe the development, implementation, and outcomes of a WMH curriculum for psychiatry residents.

To provide residents with supplemental education and training in women's mental health, faculty at our institution designed an optional curriculum. Content areas relevant to WMH were included, with topics comprising psychotropic medication management during pregnancy and breastfeeding, perinatal syndromes (e.g., postpartum depression), women's palliative care and oncology, perinatal substance use disorders, and ethical considerations in pregnancy. The curriculum has been completed successfully for 3 years, and has culminated into a Women's Mental Health Area of Concentration (AOC) within the institution's psychiatry residency training program. We will describe the components and evolution of the AOC.

Methods

Objectives

The Women's Mental Health AOC was organized with the following goals in mind:

- To provide residents an opportunity to gain supplemental education in WMH
 - To provide education on psychotropic medication management during pregnancy and breastfeeding
 - To teach appropriate management of perinatal and postpartum syndromes
 - To provide education in other areas pertinent to WMH, such as trauma/intimate partner violence, substance use disorders, perimenopause, infertility
- To help residents appreciate available data (and limitations) in WMH.

Planning

Women's mental health education was identified as an area of interest by faculty psychiatrists, prompting the development of a study group focused specifically on WMH topics. The curriculum was developed over a period of 18 months with the input of women's health specialists and resident psychiatrists at our institutions, as well as experts across the country (Table 1). The lectures were initially constructed for a two-year cycle. While these core topics have been identified as integral to the curriculum at large, flexibility has been maintained as additional areas arise based on trainee interest and faculty expertise.

Implementation

Participants are identified annually by an email to all psychiatry residents appraising level of interest in women's mental health. We conducted monthly meetings to discuss the preselected curriculum topics with articles sent in advance for review. Psychiatric residents volunteered to present appropriate cases for the topic. In an effort to encourage and decrease the challenges to attendance for both resident and expert participants, meetings were held on campus at the end of the workday.

Evolution

As the WMH curriculum evolved, a bibliography was established and is maintained online. Sessions typically follow this format:

1. Clinical case presentation by a resident.
2. Article presentation by a resident.
3. Interactive discussion facilitated by faculty.

Flexibility is given to individual facilitators if a different format is desired, and interactive lectures are often utilized in lieu of a case discussion.

A written curriculum was formalized with departmental support into a Women's Mental Health Area of Concentration (WMH AOC) within the Department of Psychiatry's residency training program. Requirements of the AOC include attendance at 15 lectures, completion of a scholarly project, and completion of 3 clinical elective rotations in WMH (Table 2).

At the time of AOC approval, three trainees completed the requirements. An online survey was distributed to current and former participants assessing the efficacy of education, as well as satisfaction of engagement in scholarly activity related to WMH. These senior resident and fellow participants now serve as trainee course directors and facilitate many sessions, providing an avenue for cultivating resident leadership and teaching skills.

Results

Of the 6 individuals who completed the overall program survey, two (33%) worked within WMH for 25-50% of their clinical work, with the remainder allocating less than 25% of clinical focus in WMH. Among this group, five participants (83%) initiated 2-3 academic projects in WMH, with the final participant undertaking one project.

Products included poster presentations (100% respondents), oral paper presentations (83% respondents), written papers (33% respondents with papers accepted in peer-reviewed journal, 50% with papers not yet accepted), and book chapters (33% respondents).

A formalized curriculum can be found online (<http://www.psychiatry.pitt.edu/node/9910>).

Discussion

WMH education in the United States residency training programs is loosely defined with no clear guidelines or regulations. Attempts to improve teaching women's health in early medical education have seen slow progress, with inconsistent implementation across medical schools.

The initial and most comprehensive survey of women's health curricula in medical education was published in 1996 and indicated that only 14% of the 105 responding medical schools had a specialized curriculum with 28% offering tailored clinical rotations (U.S. Dept of Health 1996). Subsequent surveys in 2001 and 2002 showed an increase in the number of

medical schools with women's health curriculum, though overall numbers remained low at 44% (Heinrich 2004). Rates of expansion were not seen for the development of women's health clinical rotations and electives, with only 30 of 87 (34%) medical schools providing such opportunities (Heinrich 2004). Rotations were primarily available through the departments of obstetrics and gynecology, internal medicine, family medicine, and community medicine.

Consistent with these trends in medical school curricula, a survey of psychiatry residency training directors revealed that while many programs (as many as 90%) offer formal didactic training in women's health issues, relatively few offer corresponding clinical rotations (Gold and Epstein 2006). Program directors reported that 29% did not offer clinical rotations in women's health and 46% offered only one or two rotations, of which less than 25% were required (Gold and Epstein 2006).

The combination of a monthly, optional curriculum of topics in WMH and the availability of clinical opportunities have allowed us to establish a formalized, longitudinal AOC within our institution's psychiatry residency training program. The monthly lectures focus on evidence-based data through an interactive format. Although specialists may be utilized, we have designed the curriculum to be taught by faculty even without expertise in the topic area. Topics may be modified based on the institution's needs and trainee interests.

Conclusion

To promote optimal clinical care for women in the United States, national organizations have called for the consideration of social determinates of health, lifespan approaches, and cultural considerations in women's health (U.S. Dept of Health 2013). Women's Mental Health Areas of Concentration begin to address these needs and will continue to expand and can lead to a growth in interest among trainees as evidenced by our institution's increase in projects and creation of clinical rotations. While the WMH AOC described is specific to psychiatry resident it offers an example for enhancing training in WMH topics and principles may be extended to other medical specialties.

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Table 1

Curriculum Topics

<i>Core Curriculum</i>	
1	Risk-Benefit Model, Preconception
2	Mood Disorders in Pregnancy
3	Anxiety and Pregnancy
4	OCD and Pregnancy
5	Antidepressants and Pregnancy
6	Psychotic Spectrum Disorders and Antipsychotics in Pregnancy
7	Antiepileptics and Pregnancy
8	Postpartum Syndromes
9	Breastfeeding
10	Pregnancy and Addiction
11	Fetal Effects of Drugs of Abuse
12	Methadone and Buprenorphine in Pregnancy
13	Palliative Care
14	Psycho-Oncology
15	Palliative Care
16	Psycho-Oncology
17	Law and Ethics and Pregnancy
18	Interpersonal Violence
19	PTSD
20	Attachment
21	PMDD, Menopause
22	Contraception
23	Hormonal Treatments
24	Infertility
25	Psychotherapy
26	Perinatal Loss
<i>Additional Topics Stemmed from Resident Interest</i>	
27	It's an Election Year: Medical Evidence Behind Political Hot Topic Women's Issue
28	Pain and the Peripartum Period
29	Eating Disorders and Women's Health
30	Perinatal Health Research

Table 2

WMH-Related Projects and Available Clinical Electives Since the Implementation of the WMH AOC

Quality Improvement Projects	<ul style="list-style-type: none"> • Individual trauma intervention sessions for perinatal women who are admitted to the hospital for methadone conversion • Use of motivational interviewing to provide collaborative education about postpartum depression on an inpatient postpartum unit • Trauma group therapy targeting women with PTSD and comorbid substance abuse at an outpatient clinic • Psycho-education group for adolescent mothers with provision of skills training, resource information, and mental health education • Project on infertility and eating disorders implemented at the REI clinic • Project on long-acting reversible contraception use in severe mental illness
Conference & Symposium Proceedings	<p>Legal Consequences of Prenatal Substance Use Across the United States. Oral paper presented at Academy of Psychosomatic Medicine Annual Conference: Fort Lauderdale, FL.</p> <p>Evaluation of a Women's Mental Health Study Group and Comparison to a Psychosomatic Medicine Interest Group. Poster presented at Academy of Psychosomatic Medicine Annual Conference: Fort Lauderdale, FL.</p> <p>Trauma and Addiction: Implementation of Seeking Safety Across Treatment Sites. Poster presented at: American Society of Addiction Medicine: Austin, TX.</p> <p>Increasing Adolescent Parent Access to Pediatric Education Through an Embedded School-Based Support Group. Oral paper presented at the Academy of Psychosomatic Medicine Annual Conference: New Orleans, LA.</p> <p>Seeking Safety: Integrated Care of Trauma and Substance Use in an Antepartum Obstetrical Unit (November 2015). Poster presented at the Academy of Psychosomatic Medicine Annual Conference: New Orleans, LA.</p> <p>Postpartum Depression: Collaborating with Women in a Brief Psycho-educational Intervention with Motivational Elements (November 2015). Poster presented at the Academy of Psychosomatic Medicine Annual Conference: New Orleans, LA.</p> <p>Development of a Perinatal Addictions Workshop for OB/GYN Residents. Poster presented at: North American Society for Psychosocial Obstetrics and Gynecology: New York, NY.</p> <p>Development of a Women's Health Curriculum for Residents in Psychiatry. Poster presented at: North American Society for Psychosocial Obstetrics and Gynecology: New York, NY.</p> <p>Intentional Overdose in Pregnancy: A Case Series. Poster presented at: North American Society for Psychosocial Obstetrics and Gynecology: New York, NY.</p> <p>Intentional Overdose in Pregnancy: Clinical Features and Management of Toxidromes. Poster presented at: Academy of Psychosomatic Medicine Annual Conference: Austin, TX.</p>
Academic Writing	<p>Peer Reviewed:</p> <ul style="list-style-type: none"> • Article on postpartum depression screening <p>Other:</p> <ul style="list-style-type: none"> • 2 letters to the editor on WMH-related topics • 9 annotations reviewing recent WMH articles published on a national subspecialty organization
Education	<p>Workshops:</p> <ul style="list-style-type: none"> • Perinatal addiction workshop for OB-GYN residents • Trauma workshop for OB-GYN residents • Psychopharmacology workshop for OB-GYN residents <p>Grand Rounds:</p> <ul style="list-style-type: none"> • Perinatal addiction and trauma • Postpartum depression screening <p>Other:</p> <ul style="list-style-type: none"> • Development of a reference booklet for psychotropic medications for OB-GYN and psychiatry residents

<p>Clinical Electives for Residents</p>	<ul style="list-style-type: none"> • Perinatal Addiction Clinic: clinical evaluation and medication management of pregnant women with opioid use disorder seen in methadone clinic • Psychosomatic Medicine Senior Elective in Women’s Health: supervising PGY-2 residents in core C/L rotation who are completing consults at women’s hospital • Dual Diagnosis Women’s Health Elective: clinical evaluation and medication management of women with substance use and other psychiatric disorders • Peripartum Behavioral Health Care Elective: clinical evaluation and medication management in women in peripartum period • Women’s Intensive Outpatient Program (IOP): clinical evaluation and medication management in IOP for women with predominantly mood and anxiety disorders • Pennsylvania Organization for Women in Early Recovery (POWER): group therapy and medication management in women with substance use disorders
<p>Other</p>	<ul style="list-style-type: none"> • NPR interview of a WMH resident on Postpartum Depression • Fellowship award through a national organization for a WMH-related project

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