The Buddy System: A Collaborative Learning Model
Sandra L. Fritsch, MD, Brian Youth, MD, Benjamin Wood, DO, Gabriel Civiello, MD
Maine Medical Center & Tufts University School of Medicine

Objective
This poster describes a novel collaborative learning model (The Buddy System) initiated at Maine Medical Center with child psychiatry fellows (CAP) and pediatric and med-peds residents (PMP) in 2012. The poster describes a pre-survey, the development and delivery of the model, post-survey and preliminary first year usage data.

Methodology
A literature search was conducted for attitudes of CAP towards and from pediatric primary care providers. Utilizing the results of the literature search and informal consultation with colleagues nationally, pre- and post-surveys were developed to assess prior educational exposure to the “other” specialty, personal sense of knowledge and efficacy for diagnoses and treatments of the “other” specialty, and attitudes about collaborative care. In July 2012, all PMP (N=30) residents were given the pre-survey and all CAP (N=5) fellows were given the corresponding CAP pre-survey. CAP fellows were “buddied up” with PMP residents (PGY-2 and up, interns were excluded) during a formal introduction in September 2012. The introduction included: 1) describing the model, 2) the “buddies” meeting one another, 3) a discussion of the survey results, and 4) a discussion around the cultural differences of each profession. Each CAP fellow was paired with 4-5 PMP residents. During their adolescent medicine month, second year PMP residents paired up with their CAP buddies one afternoon per week in the pediatric psychopharmacology clinic. A post-survey was given to all of the participating CAP (N=5), PMP (N=21) in June 2013. Statistical analyses were performed using Microsoft Excel 2007 (Microsoft, Inc.) for descriptive findings of each group (CAP and PMP).

Results
Pre- and post-survey responses rates were 100% for CAP fellows (N=5) and 73% for PMP residents, including interns, (N=20). Exposure to the “other” specialty in medical school: CAP exposure to pediatrics: 80% had 4-6 weeks of pediatrics in medical school; PMP exposure to CAP in medical school: 71.4% had fewer than 4 weeks of CAP.

Self-perception of level of knowledge ranged from “knows all need to know” to “knows nothing” (5-point scale). In the pre-survey CAP fellows endorsed the greatest knowledge for obesity (2.6) followed by asthma (2.8) with the least for HIV (3.6). Post-survey data for CAP data revealed improvement of perceived knowledge for asthma (2.8 to 2.2), IBD (3.2 to 2.6), and CHD (3.6 to 3.2). Pre-survey CAP endorsed greatest knowledge for ADHD (2.5), but for the “general knowledge needed to provide mental health treatment” the CAP endorsed only “knows some” on average (3.3) with improvement on post-survey only notable for disruptive behavior disorders.

PMP and CAP post-survey data for knowledge, attitudes and skills necessary for collaboration with PMPs showed improvements on most items.