**Name:** Felix J. Grucci III D.O (PGY-4)  

**Team Members:** Dr. Nicholas Breitborde PhD, Felix J Grucci III D.O. (PGY-4); Added at start of phase 1: Dr. Kathryn Sanderlin MD, Kelly Montana, Erin Jones

**Project Title:** Should We be SCIDDing Into A Diagnosis?  

**University/Organization Name:** University of Arizona Medical Center - South Campus  

**Health System Sponsor Name:** Dr. Nicholas Breitborde PhD

**Aim of project (1-2 sentences)**

The aim of this project is to improve overall diagnostic accuracy, documentation practices, and transfer of patient care between residents at the University of Arizona Medical Center at South Campus Outpatient Psychiatry Clinic. Specifically, we want to evaluate the feasibility of performing a version of the SCID (either RV or CV) during the 90 minute intake evaluation. If it is possible to perform the SCID in the allotted time, we aim to have a full roll out of the new procedure by July 1, 2014.

**Planned changes tested (2-3 sentences)**

Phase 1 tested the feasibility of performing the SCID-RV, a structured psychosocial interview, and an unstructured patient provided illness narrative.

Phase 2 tested the feasibility of performing SCID-RV, a truncated psychosocial interview, no patient provided illness narrative.

Phase 3 tested the feasibility of performing SCID-CV, a truncated psychosocial interview, no patient provided illness narrative.

**Predictions (2-3 sentences)**

The predictions, at the start of the project were better outcomes with medication management, fewer unanswered questions by incoming residents leading to a better understanding of the patient and the treatment plan and ultimately an easier and less emotionally taxing experience for patients, and a diagnostic accuracy of 75%.

While actually testing the changes the predictions changed to:

Phase 1: The patient will fatigue too early and the SCID-RV won't be fully completed, The psychosocial aspect will be too in depth and will take too long to complete leaving little time for the completion of the SCID-RV, The data obtained will be too overwhelming and not paint an accurate picture of the patient, The interviewer will appreciate the amount of data obtained but the patient won't.

Phase 2: The patients will fatigue too early and the SCID-RV won't be fully completed, The patient will resent the use of the computer/computerized SCID, The length of the SCID-RV will still be too long to complete in 90 minutes, The interview will provide a precise diagnosis but there will be no time for rapport building.

Phase 3: The patients will fatigue too early and the SCID-CV won't be fully completed, The data obtained from the SCID-CV will provide a less accurate depiction of the patient because the SCID-CV is shorter than the RV, The fact the SCID-CV question book and answer book are separate will be cumbersome, The length of the SCID-CV will still be too long to complete in 90 minutes.
Results
Present your results with a graph(s).

Summary of results (3-4 sentences):
The patient and clinician measures indicated that the patients did appreciate the use of the SCID and were not too fatigued or resentful of the computerized system. By looking at the graph above, we see neither the SCID-RV or SCID-CV was able to be completed in the 90 minute time limit. Of the three phases tested, Phase 2 which used the SCID-RV was closest to the goal mark.

Learning (4-5 sentences)
Comparison of questions, predictions, and analysis of data:
The graph shown above demonstrates Phase 2 was the closest to being feasible with phase 1 and 3 taking an unacceptable amount of time to complete an intake session. Throughout the project, the overall questions needed to be refined based on various types of feedback; the necessity of diagnostic accuracy was not defined well enough in the charter and the fact that DSM diagnoses are phenomenological instead of pathophysiological (see below for further explanations) was not something thought about when the charter was created.

After completing the 3 PDSA cycles and evaluating the three types of measures from patients, front desk staff, and evaluator that the SCID did not cause too much fatigue and that it was received positively by study participants. In looking at the measures completed by participants who have been to other psychiatrists, the trend seemed to favor the use of the SCID.

It is unclear if the use of the SCID made transition of care easier on patients or receiving clinicians because there was not enough time to complete that phase of the study.
**Impact on systems** (3-4 sentences)
Discuss the project's significance on the local system and any findings that may be generalizable to other systems:

Due to the fact that the policies and practices of psychiatric offices vary widely, it is difficult to make generalizations. Locally, there was an increase in knowledge about the SCID and after this project was presented in Grand Rounds, there was excitement about using the SCID.

**Conclusions** (3-5 sentences)
Summarize the outcome of the project. Is this project sustainable? What are the requirements for sustainability?

The outcome of the project was somewhat disappointing. Given the current model for intakes at the UAMC-SC Psychiatry Outpatient Clinic (a 90 minute encounter consisting of a 40 minute unstructured diagnostic interview by a resident, 10 minutes for the supervisor to ask questions/clarify topics, 10 minutes for the resident and supervisor to discuss the case, and 30 minutes for the patient and resident to discuss treatment and complete paperwork), it is not feasible to incorporate the SCID. As shown in the graph above, it is possible to complete the SCID-RV, a truncated unstructured psychosocial interview, discuss treatment and complete paperwork in 100 minutes. Perhaps, the change could be feasible if the intake session was extended to 120 minutes to allow for supervisor input and discussion with the resident.

**Reflections/Discussions** (5-7 sentences)
Discuss the factors that promoted the success of the project and that were barriers to success. What did you learn from doing this project? What are your reflections on the role of the team?

During this project there were a few barriers to success. The first was time; as shown above in the graph, I never completed the sessions in 90 minutes or less. The second barrier was encountered during the planning phase and requires a bit of an introduction. The diagnoses in the DSM are clusters of symptoms and are not based on disruptions or changes in normal physiological processes. Over time there have been revisions to the DSM resulting in diagnostic criteria changing and some diagnoses even being eliminated; in other words, the patient's presentation doesn't change, but what it is called may. The question was asked by the department chairman, an experienced psychiatrist, "Why worry about getting such a precise diagnosis if it can change with the next edition of the DSM, you're supposed to treat the patient and not the diagnosis." I discussed this at length with my initial team member (Dr. Breitborde). Throughout this project his role changed with each phase (ranging in everything from therapist to cheerleader). Dr. Sanderlin came into the project at the start of the first PDSA phase and provided great feedback and wisdom. Kelly Montana and Erin Jones work at the front desk and were crucial in giving feedback about how patients reacted if I was running late, and if the proposed process impacted their daily work.

In doing this project I gained a greater respect for run charts and PDSA cycles. I learned that making small changes (such as changing the psychosocial interview) can put us closer to our goal. I also learned about how to better engage laggards and late adopters.
PRACTICUM SUMMARY REPORT CONTINUED

By signing this document (electronic signature is acceptable), I attest that the information provided by the learners in this project is accurate.

LEARNER(S):

Signature:

Printed Name: Felix J. Grucci III
Area of Study: Psychiatry

Signature: _____________________________ Signature: _____________________________
Printed Name: _____________________________ Printed Name: _____________________________
Area of Study: _____________________________ Area of Study: _____________________________

Signature: _____________________________ Signature: _____________________________
Printed Name: _____________________________ Printed Name: _____________________________
Area of Study: _____________________________ Area of Study: _____________________________

FACULTY SPONSOR/HEALTH SYSTEM SPONSOR:

Signature: _____________________________
Printed Name: Dr. Nicholas Breitborde PhD
Institution: University of Arizona Medical Center - South Campus

AUTHORIZATION
Do the learners, faculty sponsor, and health system sponsor authorize this project for publication at www.ihi.org?

☑ Yes    ☐ No