**UVA FM Residency: Longitudinal Behavioral Science Curriculum**

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| **Core Principle** | **What is being taught?** | **How is it being taught?** | **By Whom?** |
| Use a bio-psycho-social and relationship-centered approaches to care | Active Listening; Skilled Interruptions; Patient-Centered Communication; Power of positive “No”; Delivering bad news; Establishing Focus (agenda setting) | **Self-directed learning module**; Mauksch’s PCOF; **Video and Direct Observations** (2x/yr); Behavioral specialist available in precepting room; **Didactics (Behavioral Rounds 2x/mo and Essentials of Family Medicine 1x/yr)** | PhD, graduate students in clinical psychology; FM physician faculty |
| Promote patient self-efficacy and behavior change as primary factors in health promotion, disease prevention, and chronic disease management | Motivational interviewing; Non-pharmacological pain intervention; | Practice Brief Behavior Change protocol on each other. Supervised Collaborative care calls. | PhD, FM physician faculty; graduate students in clinical psychology |
| Integrate mental health and substance abuse care into primary care services | BATHE; brief CBT; common psychiatric medications; recognizing psychiatric disorders | Didactics; **Behavioral Health rotation** (4 wks); observing psychotherapy; observed in brief psychotherapy sessions, including with continuity patient; collaborative care calls | Psychiatry faculty; psychology graduate students; PhD |
| Integrate psychological and behavioral knowledge into the care of physical symptoms and diseases | Relaxation training. Safety screening. | Didactics. **Resident delivers didactic** on behavioral health topic of choice. | PhD |
| Promote the integration of socio- cultural factors within the organization and delivery of health care services | population management; community needs assessment | Didactics; quarterly **International Grand Rounds** | FM physician faculty |
| Demonstrate the importance to health of familial*,* social, cultural, spiritual, & environmental contexts in patient care to improve health outcomes | Home visits; care of refugees; LGBTQ patient care; goals of care discussions; | Didactics; **International Family Medicine Clinic**; **Duke Population Health modules** | PhD, FM physician faculty; Palliative faculty; FM residents |
| Practice a developmental and life-cycle perspective with learners & clients | ASQ/MCHAT child development screening; child development basics; child discipline; life cycle of couples and families | Didactics; participating in psychotherapy team; curriculum planned for Essentials of Family Medicine over 3 years. | PhD, FM physician faculty |
| Provider self-awareness, empathy, and well-being | 55-word stories; Signature Strengths; Myers-Briggs; Maslach Burnout Inventory; Strengths Bombardment; Self-forgiveness for medical errors | **Intern Lunch (**weekly); **Practice Inquiry** (e.o.w.); **Wellness Activity of the Week**; reflective writing; class-based experiential activities; didactics | PhD, FM physician faculty; FM residents. |