**MMC 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 | Patient-centered communication; shared decision making; PCOF; motivational interviewing | 1) ***Videotape /Direct Observation*** using modified PCOF – 2xs/year2) ***Monthly Beh Science Tips***posters & email  | LCSW, Integrative Medicine and FM physician faculty; MITE faculty |
| Promote patient self-efficacy and behavior change as primary factors in health promotion, disease prevention, and chronic disease management | Motivational Interviewing; Shared Decision Making; SBIRT; Cognitive Behavioral Therapy and Acceptance & Commitment Therapy Models | 3) ***interactive presentations*** during orientation and Tuesday am teaching4) ***Formative OSCE half days***, always with behavioral health case (monthly) | LCSW, Preventive Medicine and FM physician faculty within and outside department |
| Integrate mental health and substance abuse care into primary care services | Prevention, assessment, manage- ment and evidenced based treatments for substance abuse and mental health disorders, including disorders of mood, anxiety, eating, personality, trauma, attention, cognition, and somatization. Psychopharmacology. | 5) ***Screening and assessment of mental health and substance abuse*** (see references)6) ***Substance abuse rotation*** (1 week) and FM suboxone clinic7) ***Psychiatry outpatient rotation*** – 1 week8) ***Behavioral Science and Psychiatry clinic***, seeing patients with faculty9) ACO m***ental health & substance abuse metrics*** | LCSW, Psychiatry, Pharmacology and FM physician faculty |
| Integrate psychological and behavioral knowledge into the care of physical symptoms and diseases | Interplay of thoughts, emotions and physical health; epigenetics; chronic pain contributors & consequences; sleep disorders | 10) ***ACE survey*** for chronic pain patients 11) ***Integrated behavioral health, psychiatry & practice “extenders”*** 12) ***Group visits on Wellness & Hospital to Home***  | LCSW, Psychiatry, Preventive Medicine and FM faculty |
| Promote the integration of socio- cultural factors within the organization and delivery of health care services | Cultural competence, health literacy, social determinants of health, specifics to patient cultures (50+ different translated languages) | 13) ***Community Health and Integrative Medicine Rotation*** – 1 month, PGY2s14) ***Morning (inpatient) and afternoon (outpatient) teaching rounds*** | FM, Integrative Medicine, and LCSW faculty |
| Demonstrate the importance to health of familial*,* social, cultural, spiritual, & environmental contexts in patient care to improve health outcomes | FRAME Spirituality Model; Trauma Informed Care; Adverse childhood experiences; Delivering Bad News, grief work | 15) ***Homeless Health Rotation –*** 1 week16) ***Child Well-being Screening*** (SWYC) during select well child checks, including parent mental health, interactions and family functioning  | FM, Integrative Medicine and LCSW faculty |
| Practice a developmental and life-cycle perspective with learners & clients | Family interviews, communication and genograms | 17) ***Support groups*** for PGY1 & all residents | Program director & chief  |
| Provider self-awareness, empathy, and well-being | Resident contributions to encounter; Mindfulness | 18) ***Resident wellness monthly didactics, plan*** & monitoring by faculty advisor | Integrative Medicine, FM and LCSW in faculty & community |