

## **Halifax Health Family Medicine Residency Program**

### **BEHAVIORAL MEDICINE CURRICULUM GUIDE-PGYII ROTATION**

**Coordinator: Kathryn Fraser, Ph.D.**

**I. Purpose/Goals of the Behavioral Medicine Rotation:** To provide the resident with an opportunity to learn to assess and understand the important mental health needs of a family medicine center population and to become aware of the mental health resources available in the community. As a result of this rotation, residents are expected to be able to meet the following goals:

- (1) identify the most pertinent behavioral DSM 5 diagnoses in their family medicine (FM) population
- (2) learn basic counseling, advice-giving and behavior change techniques for their FM patients
- (3) show understanding of use of medications for psychiatric issues in their FM patients and in inpatient settings
- (4) become familiar with mental health community
- (5) identify methods for self-care to improve overall well-being and prevent burnout

Residents are expected to refer patients to the Behavioral Medicine Coordinator (BMC) for counseling all throughout the PGYI, II and III years. This longitudinal component of the curriculum includes learning appropriate consultation and collaboration skills, as well as taking advantage of opportunities for co-counseling with the BMC when appropriate. Resident self-care is also addressed throughout all three years through the resident support groups and individual support sessions when needed.

**II. Scheduling:** The Behavioral Medicine Coordinator (BMC) is primarily responsible for scheduling activities for the residents. Each resident will meet with the BMC Thursday before the rotation begins to go over the schedule.

**III. Self-assessment:** At the beginning of the rotation, residents will complete a checklist of the Behavioral Medicine Core Curriculum Guidelines. By rating themselves on a scale from 1 – 5 of knowledge of each particular objective, they increase self-awareness of their strengths and weaknesses in knowledge of Behavioral Medicine issues. The results will also be used for the BMC to provide resources to help the residents improve their knowledge in their weaker curricular areas. The resident's personal self-care and stress management will also be addressed at this time.

### **IV. Competency-Based Goals and Objectives**

#### **A. Medical Knowledge**

Residents are expected to have the knowledge necessary to care for their patients from a biopsychosocial perspective. The rotation is designed to provide information to help them develop a well-rounded approach to patient care. Residents are expected to achieve the following competencies:

- (1) utilize most current, evidence-based methods of mental health treatment
- (2) apply basic clinical science to make appropriate diagnoses and develop adequate treatment plans

Objectives:

- (1) demonstrate working knowledge of the most current version of the APA's Diagnostic and Statistical Manual
- (2) be aware of basic counseling techniques available for them as family physicians
- (3) understand basic approaches to community mental health

- (4) demonstrate current knowledge of psychiatric medications and treatment techniques in outpatient and inpatients settings

Specific areas of knowledge to be covered on the rotation include:

1. Individual and Family Development

- a. Apply basic family systems concepts, recognizing their effects on individual growth and development
- b. Describe biopsychosociospiritual approach to health care
- c. Describe influence of culture (such as religious, ethnic, socioeconomic, geographic, sociocultural, gender and sexuality issues) on an individual's health care.
- d. Apply basic family counseling skills pertinent to health care settings
- e. Conduct lifestyle and preventive counseling with patients.
- f. Evaluate psychological impact of chronic illness on patient and family

2. Assessment and Management of Mental Health Disorders

- a. Accurately diagnose DSM disorders:
  - i. Mood disorders (anxiety/depression/bipolar)
  - ii. Child/adolescent disorders
  - iii. Cognitive disorders (delirium, dementia, amnesia)
  - iv. Psychotic disorders
  - v. Eating disorders
- b. Diagnose and develop treatment plans for patients with substance use disorders
- c. Prescribe/manage
  - i. Anti-depressants
  - ii. Anxiolytics
  - iii. ADHD medication (through consultation with psychiatrists)
  - iv. Anti-psychotics (through consultation with psychiatrists)
- d. Make referrals for co-management of mental health disorders
  - i. Describe basic principles of Integrated Behavioral Health
  - ii. Show awareness of mental health resources available in our community
- e. Conduct effective patient interview by
  - i. Utilizing common assessment tools (ex. PHQ 9, GAD 7, CAGE)
  - ii. Completing Mental Status Exam
  - iii. Assessing social support system
  - iv. Evaluating danger to self or others
  - v. Evaluating domestic violence (children, intimate partner, elder) and understanding mandatory reporting requirements
  - vi. Implementing behavior change plan
- f. Provide patients with resources to supplement your treatment

3. Personal and Professional Behaviors

- a. Engage in patient centered care and show respect for patients' autonomy
- b. Apply sound ethical principles in medical decision making
- c. Show ethical approaches to patient diversity (such as religious, ethnic, socioeconomic, geographic, sociocultural, gender and sexuality issues)
- d. Recognize the need for and engage in personal stress management and preventive health practices (See Wellness handbook for more detailed curriculum)

- e. Revisit and update Personal Wellness Plan
- f. Effectively manage emotional responses to patient care situations.
- g. Show professional demeanor when interacting with all members of the health care team

Suggested articles: (PC, MK, IC, P)

1. Article: “Communicating Sad, Bad and Difficult News”



badnews.pdf (104 KB)

2. Encouraging Patients to Change Unhealthy Behaviors with Motivational Interviewing. Stewart, EE & Fox, C. Fam Prac Mgmt 2011 May-June;18(3)21-25.
3. Healing Skills for Medical Practice. Churchill, LR & Schenck, D. Ann Intern Med 2008;149;720-724.
4. The BATHE Method: Incorporating Counseling and Psychotherapy Into the Everyday Management of Patients. Lieberman, JA & Stuart, MR. Prim Care Comp J Clin Psychiatry 1999 April;1:2;35-39/
5. Motivational Techniques and Skills for Health and Mental Health Coaching/Counseling. Sobell & Sobell 2013. Available online at [http://www.nova.edu/gsc/online\\_files.html](http://www.nova.edu/gsc/online_files.html).
6. Adapting Evidence-Based Cognitive-Behavioral Interventions for Anxiety for Use With Adults in Integrated Primary Care Settings. Shepardson, RL, Funderburk, JS & Weisberg, RB.
7. Realistic Approaches to Counseling in the Office Setting. Searight, HR. Am Fam Phys 2009 Feb 15;79(4);277-284.
8. Managing Behavioral Health Issues in Primary Care: 6 Five Minute Tools. Sherman, MD, Miller, LW, Keuler, M. Trump, L & Mandrich, M. Fam Prac Mgmt. [www.aaft.org/fpm](http://www.aaft.org/fpm). Mar/Apr 2017.
9. The Art of Medicine: 7 Skills That Promote Mastery. Egnew, T. Fam Prac Mgmt. [www.aafp.org/fpm](http://www.aafp.org/fpm). Jul/Aug 2014.
10. Stereotype Threat and Health Disparities: What Medical Educators and Future Physicians Need to Know. Burgess, DJ, Warren, J, Phelan, S, Dovidio, J & van Ryn, M. J Gen Int Med 2010;25(Suppl 2)169-77.
11. A Commitment to Health Equity: Reflections on Why; One Journey Toward How. Edgoose, JYC. Intl Jn of Psy in Med 2017.Vol 52(3);212-218.
12. An Ally’s Guide to Terminology: Talking About LGBT People and Equality. Movement Advancement Project. [www.lgbtmap.org/messaging-guides](http://www.lgbtmap.org/messaging-guides).
13. 8 Ways to Lower Practice Stress and Get Home Sooner. Drummond, D. Fam Prac Mgmt. [www.aafp.org/fpm](http://www.aafp.org/fpm). Nov/Dec 2015.

### Suggested websites

Stress Management Information from the National Institutes of Health:

<http://www.nlm.nih.gov/medlineplus/stress.html>

62 Stress Management Techniques, Strategies and Activities

<https://positivepsychology.com/stress-management-techniques-tips-burn-out/>

### Suggested Readings-Books:

15 Minute Hour: Applied Psychotherapy for the Primary Care Physician

Family Medicine

Genograms

Death, Dying and Bereavement (MK); DSM V

### **B. Patient Care**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of mental health problems and the promotion of overall health. Residents are expected to achieve the following competencies:

- (1) communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- (2) gather essential and accurate information about their patients
- (3) counsel and educate patients and their families
- (4) work with health professionals, including those from other disciplines, to provide patient-centered care

### Objectives:

- (1) To learn how to adapt elements of the psychotherapy treatment approach to your treatment approach as a family physician utilizing.
- (2) Understand objectives of the various community mental health agencies and their unique role in the patients' mental health treatment
- (3) To understand the roles psychiatrists play in the inpatient (psychiatric and medical) settings and community settings.

Learning Activities: The following clinical experiences will be included in this rotation:

**Rotate with HMC Psychiatrists:** 2 -3 half days per week of the rotation. Activities include

1. Rounds with Dr. Caliendo or Dr. Silvestre seeing patients in the HH Psychiatric Center, in the hospital inpatient setting or in the outpatient clinic.
2. Attend HH Baker Act Hearings—Psychiatric Center (MK, SBP).

**Volusia Volunteers in Medicine:** Every Friday afternoon during the rotation. Participate in providing care for non-paying patients in local clinic. Contact person: Dr. Michael Heiland

**Domestic Abuse Council Clinic:** Every Thursday afternoon during the rotation. Participating in providing care for patients who are staying in the local DAC Shelter. Contact person: Dr. Michael Heiland

**Outpatient Counseling with Behavioral Medicine Coordinator:** One half day per week. Observe psychotherapy patients in the Family Health Center clinic and participate in assessment, diagnosis, and treatment planning. Residents will learn to use brief therapy approaches such as:

1. BATHE technique
2. Motivational Interviewing
3. Stages of Change model
4. The Five A's technique

Residents are expected to conduct themselves with a professional attitude, showing respect and sensitivity to each patient. Residents are also encouraged to critically evaluate their own patient care and interpersonal skills when treating their Family Health Center patients. (MK, PC, PBL, IC, P, SBP)

### **Didactic instruction**

Residents will be instructed in specific topics such as MI, counseling skills of family physicians, and personal resiliency and wellness. In addition to (1) learning well rounded and ethical approaches to assessment and treatment which take into account the patient's cultural, socioeconomic, and spiritual context, residents will (2) develop a personal health management approach which focuses on prevention and regular use of positive coping mechanisms. (MK, PBL, Prof).

### **C. Interpersonal and Communication Skills**

Residents have the opportunity to learn effective interpersonal skills to enhance their communication with patients, their family members, and staff/colleagues in all patient care settings. Residents are expected to achieve the following competencies:

- (1) create and sustain ethically sound and clinically effective communication with patients and fellow members of the various treatment teams
- (2) use effective listening skills to show professionalism and optimal patient care approaches with patients and fellow members of the various treatment teams

#### **Objectives:**

- (1) to learn rapport building which facilitates good communication and collaboration with patients in developing treatment plans and providing support for patients
- (2) to speak professionally to staff within the hospital and various community settings to facilitate effective consultation and referrals
- (3) to deliver effective presentations in various professional and community settings

**Learning Activities** (see list of clinical experiences)

### **D. Professionalism**

Residents must learn to interact with patients and all members of the treatment team in a professional manner, with the goal of improving their communication skills and treating others with dignity and respect. Residents are expected to achieve the following competencies:

- (1) respond to the needs of society in a way that supercedes self-interest
- (2) treat all patients and staff members in ways that are responsive and sensitive to diversity and cultural characteristics
- (3) use ethical principles in decision-making and business practices

#### **Objectives**

- (1) conduct patient interviews that are patient-centered, collaborative and respectful of patients' reading and education level, as well as individual cultural characteristics that may influence their health care.
- (2) Respond to patients in ways that are ethical and supportive, particularly regarding difficult subjects like physical abuse, substance abuse, major mental illness and chronic pain
- (3) Show collaboration and conduct themselves professionally in multi-disciplinary settings

#### Learning Activities

- (1) Observation/participation in patient care in community mental health settings
- (2) Observation/participation in seeing patients with the Behavioral Medicine Coordinator
- (3) Observation of Behavioral Medicine Coordinator and other preceptors in their professional interactions.
- (4) Complete Self-reflection questionnaire

### **E. Practice-Based Learning/Improvement**

Residents are encouraged to approach the behavioral curriculum from the standpoint of being a lifelong learner, with an ability to appraise their skills with a sense of humility and dedication to self-improvement. Residents are expected to achieve the following competencies:

- (1) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- (2) use information technology to manage information, access on-line medical information and support their own education
- (3) examine their own practice patterns and determine ways to improve accuracy in assessment, diagnosis and treatment

#### Objectives:

- (1) utilize web-based resources, selected articles and well accepted textbooks in the area of behavioral family medicine (see resource list)
- (2) utilize web-based mental health resources issues germane to their FP patients such as depression, anxiety and stress management
- (3) discuss cases in their own FM center patients that present challenges in mental health treatment and develop appropriate management plans

#### Learning Activities:

- (1) Case discussions and chart reviews
- (2) "Behavioral Medicine Rotation Goals and Objectives List" for self-assessment of knowledge base (see attached) and planning of additional readings
- (3) "Managing Mental Health Issues in My Practice" form attached to Behavioral Medicine Planning Guide (see attached). This form is used to facilitate residents' self-assessment and also receive feedback from the BMC regarding management of their FM center patients.

### **F. Systems-Based Practice**

Residents are expected to treat mental health issues in their patients using a multi-disciplinary, systems-oriented approach which views the patient's whole range of health care providers as a team with a common goal of overall health. Residents are expected to achieve the following competencies:

- (1) advocate for quality patient care and assist patients in dealing with system complexities
- (2) partner with health care managers and health care providers to assess, coordinate, and improve health care and demonstrate knowledge of how these activities can affect system performance

### Objectives

- (1) participate in treatment planning with psychiatrists and health care workers in various community settings
- (2) discuss how to develop action plans with patients in the outpatient counseling setting and how they can use mini counseling techniques in their own clinics
- (3) discuss appropriate ways to make mental health referrals and follow up with their patients and their mental health providers regarding such referrals

### Learning Activities

- (1) Observation/participation in patient care in community mental health settings
- (2) Observation/participation in seeing patients with the Behavioral Medicine Coordinator

### **V. Assessment Methods**

- (1) Self-assessment
- (2) Global evaluation of Behavioral Medicine Coordinator with feedback from community preceptors

**VI. Personal Leave (PL/CME) Policy:** Residents may schedule one week of personal leave or CME days as long as they notify the Behavioral Medicine Coordinator in advance.

### **Required IHI Modules and Narcotics Training**

IHI Modules and Narcotics modules should be completed and either a PDF or screenshot of the certificate(s) sent to Dr. Blackmore.

PS 103 – Human Factors and Safety

PS 105 – Responding to Adverse Events

Narcotics Module 8 – Motivational Interviewing in Managing Pain.

# **BEHAVIORAL MEDICINE SCHEDULE SAMPLE (Updated: September 11, 2020)**

NAME: Jane Doe, M.D.

DATES:

## Week 1

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	FHC Pts	9:00 am Pts w/Dr. Fraser	8:00 am HH Psychiatry, Dr. John Caliendo or Dr. Silvestre	9 am Baker Act Hearings, HMC Psych Services	FHC Pts
PM	*Bishop's Glen HCC	Didactics/ Professional Development	FHC Pts	Domestic Abuse Council clinic	Volusia Volunteers in Medicine

## Week 2

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
A M	FHC Pts	9:00 am Pts w/Dr. Fraser	8:00 am HH Psychiatry, Dr. John Caliendo or Dr. Silvestre	8:00 am HH Psychiatry, Dr. John Caliendo or Dr. Silvestre	FHC Pts
P M	*Bishop's Glen HCC	QI/Research w/Dr. Blackmore	FHC Pts	Domestic Abuse Council clinic	Volusia Volunteers in Medicine

## Week 3

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
A M	FHC Pts	9:00 am Pts and didactics w/Dr. Fraser	Psychiatrist	Psychiatrist	FHC Pts
P M	*Bishop's Glen HCC	Wellness activity	FHC Pts	Domestic Abuse Council Clinic	Volusia Volunteers in Medicine

\*Nursing Home



## **Activities on Behavioral Medicine Rotation**

- Clinic patients 3 half days
- Meet with Dr. Fraser to discuss rotation
- Counseling sessions with Dr. Fraser's patients
- HMC Psychiatric Center
  - -Rotate with Psychiatrists
  - -Baker Act Hearings
- Professional development/wellness Activities
- Community Clinics/patient care (Bishop's Glen HCC, Domestic Abuse Council Shelter Clinic, Volusia Volunteers in Medicine Clinic)

## **Participation in Counseling Sessions with Behavioral Medicine Coordinator**

### **Goals for residents:**

1. To learn basic elements of diagnosis, treatment planning, and supportive advice-giving when counseling patients (**Medical Knowledge**)
2. To learn how to adapt elements of the psychotherapy treatment approach to your treatment approach as a family physician utilizing **ADAF** model [Assessment, Diagnosis, Action plan, Follow-up] (**Patient Care**).
3. To improve listening skills and focus on developing rapport with patients (**Interpersonal Communication**)
4. To learn to utilize ethical, patient-centered decision-making skills, taking into account patients' social and cultural backgrounds (**Professionalism**).
5. To increase understanding of the biopsychosocial approach to family medicine which involves physical and biological aspects of the person as well as psychological, social and cultural issues relevant to illness (**Systems-Based Practice**)

### **Objectives--Residents will participate in:**

1. Observing psychotherapy sessions.
2. Formulating treatment plans.
3. Helping the patient to brainstorm for solutions to their problems.
4. Providing encouragement and support.
5. Exploring use of anti-depressants, anxiolytics and other psychotropic medications.
6. Exploring family and social issues and their relevance to psychosocial and health problems.
7. Suggesting outside resources and providing patient education materials.
8. Showing cultural competency and sensitivity to patients.

## **Rotating with Halifax Health Psychiatrists**

### **Goals:**

1. To observe treatment of psychiatric patients in an inpatient setting, to include psychotherapy and medication.
2. To understand your role as a family physician when treating persons with major mental illness.

### **Objectives/Activities—Residents will:**

1. Participate in inpatient rounds with psychiatrist. Specific learning objectives include:
  - a. Diagnosing major mental illnesses, including but not limited to schizophrenia, bi-polar disorder, major depressive disorder.
  - b. Use of psychotropic medications, including most current ones available.
  - c. Use of psychotherapy and other non-pharmacological treatment modalities
2. Observe Baker Act (involuntary commitment) hearings in order to:
  - a. Learn about the psychiatrist's role in the Baker Act process.
  - b. Understand the relevance of the Baker Act hearings and how they contribute to the patient's overall mental well-being.
3. Develop their own guidelines for treating major mental illness as a family physician, including scope of medications within your purview and knowing when to refer for treatment.

### **Psychiatrists available on rotation:**

Dr. John Caliendo  
Dr. Silvestre  
HBS psychiatrists

## **Rotating Through Community Agencies**

### **Goals:**

1. Become familiar with resources in their community (**Systems-Based Practice**).
2. Understand objectives of the various agencies and their unique approaches to treatment (**Patient Care**).
3. Learn about their role as a family physician when working with mental health issues in community based settings (**Practice-Based Learning**).
4. Understand how to conduct themselves professionally with staff and patients and to show compassion, dignity and a patient-centered approach when interacting with patients (**Professionalism and Interpersonal and Communication Skills**).

### **Objectives/Activities—Residents will:**

1. Get an overview of the community agency.
2. Learn about the referral process
3. Understand the varying degrees of severity of illness in the population served
4. Understand the varying degrees of restrictiveness within the treatment setting.
5. Learn about their role as a family physician with regard to the client population.

## **Behavioral Science Rotation: Self-Care Goals and Activities**

An essential part of learning to be a good family physician is learning to practice good self-care techniques. It is important to balance out the needs of your high stress profession with a personal life that is satisfying, fulfilling and relaxing. Living your life this way will also help you to be a healthy role model for your patients. Here are some examples of activities and pastimes to balance out your work load:

### **Highly active**

Power walking  
Running  
Biking  
Hiking  
Sailing  
Surfing  
Skiing  
Snowboarding  
Kayaking  
Canoeing  
Swimming  
Team sports  
Wind surfing  
Roller skating  
Power yoga

### **Moderately Active**

Walking  
Hiking  
Pilates  
Tai Chi  
Gardening  
Yoga

### **Creative**

Painting  
Drawing  
Crafts  
Decorating  
Sewing  
Quilting  
Model planes  
Woodwork  
Knitting  
Cross stitch  
Beadwork

### **Relaxing**

Yoga  
Deep muscle  
Relaxation  
Relaxation Tapes  
Guided Imagery  
Meditation  
Tai Chi  
Reflexology  
Board games  
Pets

### **Social**

Church  
Community  
Volunteer  
Cultural group  
Adult education  
Friends/family

My self-care goals/activities include:

- 1.
- 2.
- 3.

## **Examining Mental Health Issues in My Practice**

### **Five most frequent psychosocial/mental health issues which my patients face:**

- 1.
- 2.
- 3.
- 4.
- 5.

### **Five most frequent psychosocial interventions which I use:**

- 1.
- 2.
- 3.
- 4.
- 5.

### **Questions I consider when deciding on whether to use medication or psychosocial interventions with my patients:**

- 1.
- 2.
- 3.
- 4.
- 5.