Family Medicine Residency Behavioral Science Curriculum Didactic Planning Tool

CORE Topics													
	Frequency			Learners				Venue				Presenter(s)	NOTES
Conditions/Populations:	Q1 yrs	Q2 yrs	Q3 yrs	R1	R2	R3	Otr	Wkshp 1 – 4hr	Noon talk	AM rpt	Otr	↓	↓
Depression/Bipolar/ Meds													
Anxiety/PTSD/ Meds													
Substance Use/Meds													
Chronic Pain													
Headaches													
Pediatrics/well-child (psychosocial)													
Geriatrics/Cognitive assessment (psychosocial)													
Suicide/Homicide/Safety													
Interpersonal Processes:													
Clinical Communication Skills & Patient Ed. & MI													
Challenging Patients													
Lifestyle Counseling & MI													
Death and Dying													
Physician Wellness													

OTHER Topics													
	Frequency			Learners				Venue				Presenter(s)	NOTES
Conditions/Populations:	Q1 yrs	Q2 yrs	Q3 yrs	R1	R2	R3	Otr	Wkshp 1 – 4hr	Noon talk	AM rpt	Otr	↓	↓
Behavioral Pediatrics													
ADHD													
Autism Spectrum Disorders													
Enuresis/Encopresis													
Psychopharmacology													
Chronic Mental Illness													
Cognitive disorders													
Mental Status													
Sleep Problems													
Chronic Medical Illness													
Somatoform Disorders													
Psychotic Disorders													
Eating Disorders													
Sexual Problems													
Adolescent Care													
Policy/Advocacy/Justice													
Other:													
Interpersonal Processes:													
Culture/Diversity													
Community Resources													
Family violence													
Family Skills													
Spirituality and Medicine													
Other:													

Family Medicine Residency Behavioral Science

Curriculum Development Resources

Family Medicine Residency Curriculum Resource
https://www.fammedrcr.com/
New subscription based resource sponsored by AFMRD and STFM with peer-reviewed, competency-based curriculum with presentations, facilitators' guides, and quizzes with new curriculum being added. As of 8/1/2016, 4 topics available under Behavioral Science.

Behavioral Science Basics Wiki
http://www.stfm.org/Groups/GroupPagesandDiscussionForums/FamilyandBehavioralHealth
Designed for both new and seasoned behavioral science educators, the Wiki is an evolving collection of key articles, books, curriculum evaluation tools, and links to the STFM Resource Library.

Behavioral Science/Family Systems Educator Fellowship (BFEF)
http://www.stfm.org/CareerDevelopment/BehavioralScienceFamilySystemsEduFellowship
Yearlong fellowship is for new behavioral science/family systems faculty to better understand the medical culture and actively participate in professional development, mentoring and a scholarly project.

AAFP Human Behavior and Mental Health (revised June, 2015)
http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint270_Mental.pdf
Curriculum guideline that defines competencies for residency training in human behavior and mental health. Includes attitudes, behaviors, knowledge and skills.

Behavioral Science Guidelines, Group on Behavioral Science, STFM, 2008
http://www.stfm.org/Groups/GroupPagesandDiscussionForums/FamilyandBehavioralHealth/FamilyandBehavioralHealthResources
General principles for behavioral science educators in Family Medicine.

ACGME Family Medicine Program Requirements (revised July, 2016)
http://www.acgme.org/portals/0/pfassets/programrequirements/120_family_medicine_2016.pdf
General ACGME requirements for Family Medicine Residencies. For behavioral science requirements, see pages 8, 13, 15 and 20.

ACGME Family Medicine Milestone Project (revised October, 2015)
http://www.acgme.org/Portals/0/PDFs/Milestones/FamilyMedicineMilestones.pdf
The *Milestones* encompass multiple disciplines and are developmentally-based family medicine-specific attributes that family medicine residents can be expected to demonstrate to become physicians.

Resource guide for behavioral science educators in family medicine
McCutchan, F., Sanders, D., & Vogel, M. (Eds.). (1999). *Resource guide for behavioral science educators in family medicine*. Leawood, KS: Society of Teachers of Family Medicine (STFM). Broad compilation of curriculum for behavioral science.

Negotiating Tips for Behavioral Scientists

These are general negotiating strategies for behavioral scientists within academic medicine. These strategies can be applied to a number of situations, but, are not necessarily meant for salary negotiations.

Hold My Hand

A good question to ask when implementing a new way of doing things is who would be supportive in my department. The next question is, "Do my supporters have influence?" If the answer to this question is "yes," then you have a good chance that your ideas may be adopted. Another good thing to consider is your ratio of support to non-support. This will let you know how much of a challenge change may pose.

Against All Odds

No one will know the weaknesses in your plan than people who are not going to support an idea. So, gain information about what they perceive is a weakness or what is their resistance to the idea. If you have an answer or a solution for some of those critiques, the challenges to what you would like to change diminish, along with the resistance.

Smooth Operator

One of the wise things that I have learned is to put a person who is against an idea on the task force/planning committee or engage them so that they have investment in the proposal. If you are able to incorporate them, the resistance is diminished and they usually will be a promoter of the idea rather than a detractor.

Step by Step

There's an old saying: How do you eat an elephant? Answer: One bite at a time. The same can be true for a change that is seen as large or new within our departments. Therefore, delineating what are realistic goals can help decrease frustration when change does not happen as quickly as you may want. Depending on the level of resistance, it may be a small as introducing the concept and then revisiting the concept the next year. If there is less resistance and the change involves residents, options to consider would be count down to the start date and you slowly implement changes until the count down. Alternatively, you can phase things in over the course of several years, or do an automatic start for all residents.

The Gambler

The chorus to this song title is "Know when to hold them, know when to fold them, know when to walk away and know when to run." Truer words have never been said. Sometimes, there are changes that you know need to be made and you are willing to work to see that they are implemented. However, there are times, although the cause is just, that you may need to give it

up (for now) and walk away. The program may not be ready or there may be a host of factors that make it an inopportune time. Ultimately, one needs to decide if the change is so important that it is worth losing some of your reputation.

Peer Pressure

The more evidence that you have that have to support the change the better. If you can use ACGME, AAMC or use evidence from other respected programs, the objectives seem easier to sell to a group.

Timing is Everything

Always know the climate of the organization in which you work and your department. There are sometimes unforeseen influences that can impact negotiation. Therefore, timing and being in the know can help the process.

Don't Forget Important Stakeholders

Don't forget to engage those who may be considered non-faculty (CNAs, nursing, administrative assistants, etc) but are crucial to the proposal. At times the ideas are great and have the potential for great outcomes, but like a ripple effect, we may fail to consider how change impacts the entire system.

KISS

Keep It Simple. The less moving parts and the more simple things can be explained the better. The use of acronyms, metaphors or similarities with the field of medicine can also help to obtain buy-in and help others understand your goal.

Getting By With A Little Help From My Friends

Don't forget to reach out for support or ask about what others have done in similar situations or circumstances. The chances are good that others have had similar experiences or ideas and can help to strengthen your ideas.

Resources

Sambuco D, et al. Negotiation in academic medicine: Narratives of faculty researchers and their mentors. Academic Medicine. 2013; 88(4): 505-511.

Sarfaty et al. Negotiation in academic medicine: a necessary career skill. Journal of Women's Health. 2007; 16(2): 235-44.

Steinert et al. A systematic review of faculty development initiatives designed to enhance teaching effectiveness: A 10 year update: BEME Guide No. 40. Med Teach. 2016; 38(8): 769-86.

Shell GR. Negotiating effectively in academic medicine. AM J Med. 1996; 101(6): 571-3.