

# Maine Medical Center Family Medicine Residency

Version 12.19.15

## *Behavioral Medicine*

### Introduction

The focus on behavioral medicine during the family medicine residency highlights the importance of the impact of emotional, family and psychosocial issues on the health of patients, physicians, and their longitudinal relationship. Each patient is seen within the context of the family and the larger community. The family physician must have an understanding of problems not within her/his scope of practice and refer patients for management as needed.

Behavioral medicine is the interdisciplinary field concerned with the development and integration of behavioral and biomedical science, knowledge and techniques and the application of these to prevention, diagnosis, treatment and rehabilitation. It promotes a philosophy of health that stresses individual responsibility to maintain health and prevent illness and dysfunction.

The overall goals of the behavioral medicine curriculum are for family medicine residents to:

- use *biopsychosocial and relationship-centered approaches* in a team based environment
- promote patient self-efficacy and *behavior change* as primary factors in health promotion, disease prevention, and chronic disease management
- identify and manage common *mental health and substance abuse care* into primary health care services
- integrate *psychological and behavioral knowledge into the care of physical symptoms and diseases*
- promote the *integration of sociocultural factors within the organization and delivery of health care services*
- provide information and guidance on the impact of *familial, social, cultural, spiritual, and environmental contexts* in patient care to improve health outcomes
- practice a *developmental and life cycle perspective* with learners and clients
- encourage and support *provider self-awareness, empathy, and well-being.*

The curriculum goals outlined on the following pages indicate the expected resident outcomes by the end of each PGY level for each of the ACGME competencies. Many behavioral health outcomes are also included in other curriculum documents, including Ambulatory Care, Substance Abuse, and Integrative Medicine.

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## **Competency Goals:**

### **Patient Care**

Definition: provides patient care that is compassionate, appropriate, and effective in health promotion and treatment.

#### PGY-1

- Evaluates patients for mental health and substance abuse disorders using appropriate techniques and skills
- Gathers essential and accurate information, including relevant psychosocial information
- Prioritizes problems and establishes focus
- Negotiates the agenda for the office visit with patients
- Demonstrates a health promotion/disease prevention perspective in encounters by identifying risks and potentials, assessing, and accepting patient's readiness to change
- Demonstrates beginning comfort in ability to screen and manage depression, anxiety, substance abuse, ADD/ADHD, and adjustment disorders

#### PGY-2

- Assesses and defines the patient's and family's level of biopsychosocial functioning
- Deals effectively with challenges, such as approaching sensitive issues or working with patients seeking drugs
- Integrates a health promotion perspective by identifying risks and potentials and articulating own values and attitudes, especially when counseling patients who are not ready to change
- Adjusts level and type of involvement according to the patient's needs and readiness to change
- Makes informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgment
- Demonstrates the ability to identify and manage with assistance substance abuse and somatoform disorders

#### PGY-3

- Addresses the needs of challenging patients and examines related treatment dilemmas in context
- Manages complex situations such as psychosocial crises and non-adherence
- Provides environment that maximizes continuity of care
- Utilizes principles of motivational interviewing and other counseling strategies
- Develops, presents, and documents organized follow-up plans
- Demonstrates the ability to identify and utilize team resources to manage primary care mental health and behavioral health diagnoses

### **Medical Knowledge**

Definition: Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and behavioral sciences, as well as the application of this knowledge to patient care.

#### PGY-1

- Recognizes, demonstrates basic medical knowledge of, and develops appropriate evaluation and management strategies for persons with mental health, substance abuse, and behavioral health issues and disorders.
- Has sensitivity and knowledge of the emotional aspects of organic disease
- Integrates individual, familial, and sociocultural dimensions into formulation of diagnoses.
- Understands normal and abnormal developmental and family life-cycle stages and can apply to patient care

#### PGY-2

- Demonstrates evidence of logical, systematic thinking in clinical situations

- Understands the basic principles of motivational interviewing

### PGY-3

- Incorporates and applies medical knowledge in novel or complex situations

### **Practice-Based Learning and Improvement**

Definition: Investigates and evaluates his/her care of patients; appraises and assimilates scientific evidence, and continuously improves patient care based on constant self evaluation and lifelong learning.

### PGY-1

- Identifies personal learning needs
- Uses EBM resources to answer clinical questions
- Is open to and responds well to feedback. When differences arise, seeks dialogue to understand differences.

### PGY-2

- Uses evidence based medicine to support patient care decisions and patient education
- Seeks feedback and uses it constructively

### PGY-3

- Incorporates feedback into provision of patient care
- Practices self-reflection
- Changes practice patterns based on reading and evidence
- Relates individual treatment strategies to practice-based improvement initiatives
- Facilitates learning of students, junior residents, and other healthcare professionals in this curricular area
- Seeks and provides feedback to others including addressing conflict without blaming self or others

### **Interpersonal and Communication Skills**

Definition: Demonstrates interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

### PGY-1

- Demonstrates an empathic and patient-centered interviewing approach
- Forms a therapeutic alliance with most patients
- Establishes rapport and collaborates with team members
- Demonstrates self-awareness regarding own models of behavioral change
- Demonstrates organized thinking in presentation, patient care and documenting
- Is aware of own impact on patients' behavior (e.g. interpersonal style, gender, race, cultural differences)

### PGY-2

- Develops and sustains therapeutic relationships with patients
- Adapts to patient's level of understanding
- Communicates effectively with and understands the needs of patients' socioculturally different from self
- Demonstrates the use of various interpersonal styles and worldviews and is able to consider their uniqueness in assessment and treatment planning
- Consistently collaborates and takes initiative to help peers when needed
- Presents cases, even complex ones, with clarity in an organized, sequential fashion

### PGY-3

- Demonstrates purposeful listening
- Calibrates own feelings and addresses values when different from patients
- Effectively uses reflective and change-promoting questions and statements
- Consistently collaborates, even with the most challenging peers
- Models, guides, and mentors others in case presentations, documentation, and patient care
- Models and teaches communication skills
- Fosters mutually respectful relationships, even in face of values differences or conflicts

### **Professionalism**

Definition: Displays a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to a diverse population.

#### PGY-1

- Shows concern, compassion and empathy
- Demonstrates accountability
- Demonstrates integrity
- Shows respect for others
- Demonstrates awareness of personal limitations and asks for help when needed

#### PGY-2

- Demonstrates commitment to ethical principles pertaining to provision or withdrawing of clinical care, confidentiality of patient information, informed consent and business practices
- Demonstrates altruism
- Displays openness to feedback and willingness to learn

#### PGY-3

- Maintains respectful demeanor in demanding and stressful situations
- Accepts duty/responsibility
- Demonstrates commitment to excellence and ongoing professional development
- Demonstrates sensitivity and responsiveness to patient's culture, age, gender and disabilities

### **Systems-Based Practice**

Definition: Demonstrates an awareness of and responsiveness to the larger context and system of health care and effectively calls on system resources to provide optimal health care.

#### PGY-1

- Practices cost-effective care that does not compromise quality of care
- Demonstrates understanding of system or patient barriers to patient care

#### PGY-2

- Provides care for patients with understanding of and attention to the complexity of patient populations and larger systems of care
- Knows what services, referrals, treatments, modalities, and community support services are available and how to use these effectively
- Advocates for patients within the patient's resources, system resources and considering patient barriers

#### PGY-3

- Demonstrates the coordination of care between other healthcare providers and the patient
- Recognizes cultural differences and their impact on health
- Is able to intervene effectively and professionally in emergent psychiatric, domestic

violence, child abuse, and disaster situations

- Is able to describe the clinician, patient/family, practice setting and larger system variables that contribute to the current health status and behaviors of a number of patients

**Resident Longitudinal Experiences throughout the three years:**

Works collaboratively with psychiatrist, clinical social workers, pharmacists, and case management social workers on family medicine inpatient service and at outpatient centers

Consults with the psychiatric consult team, behavioral health faculty, and substance abuse RN re: hospitalized patients

Collaboratively interviews patients with psychiatrist and social worker during Family Medicine Outpatient months

Participates in hospital to home group medical visits, addressing medical needs as part of an interdisciplinary team

Participates in the suboxone clinic, including individual assessment and inductions physician visits, group medical visits, and group counseling visits.

Attends didactic sessions/seminars including Tuesday morning didactics, clinical jazz, pain consults, and patient care conferences in the outpatient clinic; and morning report and monthly biopsychosocial rounds on family medicine in-patient service. Psychiatrist and clinical social workers participate in afternoon report throughout the week to help with outpatient behavioral health issues.

**Experiences/Responsibilities PGY-1:**

Attends orientation theme sessions on substance abuse, mental health, mind-body resources, motivational interviewing, and community needs and resources

Attends ongoing monthly PGY-1 support group facilitated by program director

Interviews medical patients and/or families with faculty observation and feedback using video equipment at least two times/year and direct observation up to four times/year

Participates in individual assessment and counseling patients with clinical social work faculty and psychiatry resident physicians during Family Medicine outpatient months

**Experiences/Responsibilities PGY-2:**

Interviews medical patients and/or families with faculty observation and feedback using video equipment at least two times/year and direct observation up to four times/year.

Participates in individual assessment and counseling patients with clinical social work faculty and psychiatry resident physicians during Family Medicine outpatient months

Participates in a one-month Community Medicine/Integrative Medicine rotation, which includes many aspects of behavioral medicine.

Participates in a one-week block Substance Abuse/Dependency rotation at the Addiction Resource Center

Interviews patients with behavioral health faculty while on the Family Medicine inpatient service, providing case-based teaching for monthly Biopsychosocial Rounds

**Experiences/Responsibilities PGY-3:**

Participates in individual assessment and counseling patients with clinical social work faculty and psychiatry resident physicians during Family Medicine outpatient months

Collaborates with behavioral health faculty while inpatient service chief, to choose patient to interview for biopsychosocial rounds.

**Descriptions of the general organization of the behavioral health curriculum:**

The Behavioral Medicine curriculum is integrated into all aspects of the teaching program. On the inpatient family medicine service, a Consultation/Liaison psychiatry team is available to see patients and behavioral health faculty interviews patients, providing case-based monthly teaching. In pediatrics, a Consultation/Liaison psychiatrist is present at weekly patient care conferences.

The Family Medicine Outpatient Offices have integrated behavioral health clinical services, utilizing nurse and social work care managers, clinical social workers and consultation psychiatry resident physicians. The Community Care Team and High Priority Patient projects provide case management services to patients with frequent emergency room visits and hospitalizations. Social work students provide information and referral and case management services to patients through individual and group visits. Residents collaborate with this team through the care and consultation of these patients.

On their bi-annual Family Medicine outpatient months, residents are scheduled on select half-days in multiple behavioral health oriented clinics. They are encouraged to schedule their own patients, seeing them with family physicians, psychiatrists and clinical social workers for assessment, medication management, counseling, and referral services. The clinics include the following:

**Behavioral Health Clinic:** occurs Tuesday afternoons

**Psychiatry Clinic:** occurs Monday and Thursday afternoons

**Suboxone Clinic:** occurs Monday afternoons

**Community Medicine/Integrative Medicine Rotation:** Relevant sessions are focused on mindfulness, advocacy, culture, wellness, community resources, and conducting an ethnographic survey of a select patient during a home visit.

**Substance Abuse/Dependency Rotation:** includes a one-week rotation at the Addiction Resource Center, where residents participate in individual and group visits with physicians and counselors with patients with addiction issues with alcohol and drugs. This includes assessment for suboxone services, induction, group medical visits, group counseling/psychoeducational meetings and AA.

**Didactics/Seminars:**

Tuesday morning educational session topics include:

1. biopsychosocial rounds (bi-monthly) in Tuesday morning teaching, including the following:
  - a) Addictions / Motivational interviewing
  - b) Anxiety disorders
  - c) ADHD
  - d) Post Traumatic Stress Disorder / Domestic Violence & Sexual Assault
  - e) Working with Difficult patients / Difficult Family Members
  - f) Mood Disorders / Counseling for Mood Disorders
2. weekly wellness/integrated medicine rounds, including meditation, music therapy, yoga, Tai Chi, Chi Gong, acupressure.
3. resident support group
4. first year support group

Afternoon report monthly topics include:

1. clinical jazz – residents present cases that are having a profound emotional impact on them, (positive or negative), with a particular question posed to the group to help them better manage the patient
2. psychiatry rounds
3. pain consultation rounds

**Teaching Methodologies:**

The residents learn through

1. observing care provided by psychiatry and behavioral medicine faculty
2. providing ongoing treatment of individual patients at the Family Medicine Center under the supervision and in collaboration with psychiatry and behavioral medicine faculty
3. receiving feedback from videotaping and direct observation experience
4. participating in interactive websites through the University of Arizona Integrative Medicine program
5. participating in didactics, case-based seminars, and interactive seminars

**Resident Assessment:**

Videotaped observation by behavioral health faculty using the Patient Centered Observation Form and accompanying Milestone Document (Appendix A)

Direct observation by medical preceptors at the Family Medicine Center and inpatient attendings

Verbal or written feedback from faculty and residents during inpatient and ambulatory training

Ongoing medical, psychiatric and behavioral health preceptor assessment of resident performance at the Family Medicine Center

Resident tracker

**Faculty:**

Julie Schirmer, LCSW

Amy Roberts, LCSW

Craig Schneider, MD, Community/Integrated Medicine Rotation

Deborah Rothenberg, MD, PhD, Community/Integrated Medicine Rotation

A. Katherina Trede, MD (or subsequent third year psychiatry resident)

Mark Bouchard, MD, Suboxone Clinic

Ann Skelton, MD, Suboxone Clinic

Eric Harram, LCPC, Addiction Resource Center

George Dreher, MD, Addiction Resource Center

Patrice Roy, RNC, Substance Abuse Nurse, inpatient Family Medicine Service

## **Learning Resources:**

### **EPIC:**

**Assessment Tools:** PHQ-9, GAD-7 and AUDIT assessment tools are embedded into EPIC

**Smart Phrases:** there are 100+ behavioral health EPIC Smart Phrases that include other assessment tools for common behavioral health issues other than depression, anxiety and alcohol abuse; patient educational materials; on-line resources; community resources; and CBT and ACT counseling handouts.

### **Textbooks and Readings:**

(also see Integrative Medicine, and Maternal/Child Health curriculum documents)

### **Addiction/Substance Abuse**

1. Substance Abuse: A Comprehensive Textbook (FMC-P)
2. Principles of Addiction Medicine (FMC-P)
3. Alcohol Clinical Training Project of Boston University <http://www.bu.edu/act/index.html>
4. SBIRT Protocol/On-Line Training for Alcohol Use Assessment

### **Behavioral Medicine (general)**

1. Behavioral Health: 20 Common Problems (JS)
2. Primary Care Psychiatry and Behavioral Medicine: Brief Office Treatment and Management Pathways (JS)
3. Behavioral Medicine in Primary Care: A Practical Guide (JS)
4. The Family Medicine Digital Resource Library <http://fmdrl.org>
5. The Med Ed Portal <http://www.aamc.org/mededportal>
6. Behavioral Consultation and Primary Care: A Guide to Integrating Services (JS)
7. Behavioral Health in Primary Care: A Global Perspective (JS)
8. Behavioral Science Basics Wiki  
<http://www.fmdrl.org/group/index.cfm?event=c.showWikiHome&wikiId=85>

### **Counseling Methods for Primary Care Providers**

1. The Fifteen Minute Hour: Applied Psychotherapy for the Primary Care Physician (FMC-P)
2. The Doctor, His Patient, and the Illness (JS)
3. Patient Centered Medicine (JS)
4. Cognitive Therapy: Basics and Beyond (JS)
5. Health Behavior Change: A Guide for Practitioners (JS)
6. Treating Somatization: A Cognitive-Behavioral Approach (JS)
7. Brief Mental Health Interventions for the Family Physician (JS)
8. Motivate Healthy Habits: Change yourself before helping others (JS)
9. Motivational Practice; Promoting Health Habits and Self-care of Chronic Diseases (JS)
10. Imagery for Getting Well: Clinical Applications of Behavioral Medicine (JS)
11. Handbook of Hypnotic Suggestions and Metaphor (JS)
12. American Academy of Communication in Health Care <http://www.aachonline.org/>
13. doc.com: patient communication resources <http://webcampus.drexelmed.edu/doccom/user/>
14. Motivate Healthy Habi <http://www.motivatehealthyhabits.com/index.html>

### **Elders and their families**

1. Alzheimer's Association [www.alz.org](http://www.alz.org)
2. American Self-Help Clearinghouse [www.selfhelpgroup.org](http://www.selfhelpgroup.org)
3. Elder Care On-Line [www.ed-online.net](http://www.ed-online.net)
4. Family Caregiver Alliance [www.caregiver.org](http://www.caregiver.org)
5. National Alliance for Caregiving [www.caregiving.org](http://www.caregiving.org)
6. National Family Caregivers Association [www.nfcacares.org](http://www.nfcacares.org)



### **Family in Family Medicine**

1. Family Therapy and Family Medicine: Towards the Primary Care of Families (JS)
2. Family Systems in Medicine (JS)
3. Genograms in Family Assessment (JS)
4. Medical Family Therapy: A Biopsychosocial Approach to Families with Health Problems (JS)
5. Genograms: Assessment and Intervention (JS)
6. Families, Illness & Disability: an Integrative Treatment Model (JS)
7. Family in Medical Practice (JS)

### **Genetics and family component of disease**

1. American Medical Association [www.ama](http://www.ama-assn.org)
2. National Institutes of Health [www.nih.gov](http://www.nih.gov)
3. Centers for Disease Control [www.cdc.gov/genetics](http://www.cdc.gov/genetics)
4. Genetic Alliance [www.geneticalliance.org](http://www.geneticalliance.org)
5. The Genetic Resource Center [www.pitt.edu/edugene/resource](http://www.pitt.edu/edugene/resource)
6. Gene Tests [www.genetests.org](http://www.genetests.org)
7. The Genome Action Coalition [www.tgac.org](http://www.tgac.org)
8. National Coalition for Health Professional Education in Genetics [www.nchpeg.org](http://www.nchpeg.org)
10. List of genetic counselors [www.nsgc.org](http://www.nsgc.org)

### **Interpersonal Violence**

1. Mental Health Effects of Family Violence (JS)
2. Diagnostic and Treatment Guidelines on Elder Abuse and Neglect (JS)
3. Strategies for Treatment and Prevention of Sexual Assault (JS)
4. Diagnostic and Treatment Guidelines for Child Physical Abuse and Neglect (JS)
5. Diagnostic and Treatment Guidelines of Domestic Violence (JS)
6. Identifying and Responding to Domestic Violence: Consensus Recommendation for Child and Adolescent Health (JS)
7. Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers (JS)

### **Physician Well-being**

1. The Commonweal <http://www.commonweal.org>

### **Psychiatry**

1. Organic Psychiatry: The Psychological Consequences of Cerebral Disorder (FMC-P)
2. Child and Adolescent Psychiatry: Modern Approaches (FMC-P)
3. Comprehensive Textbook of Psychiatry (FMC-P)
4. Outpatient Management of Depression: A Guide for the Primary Care Practitioner (FMC-P)
5. Handbook of Disruptive Behavior Disorders (FMC-P)
6. Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> ed. (FMC-P and F)
7. Essentials of Clinical Psychiatry based on the American Psychiatric Press Textbook of Psychiatry (FMC-P)
8. Textbook of Consultation – Liason Psychiatry (FMC-P)
9. Synopsis of Psychiatry (FMC-P, GD)
10. PDR Psychotropic Prescribing Guide (FMC-P)
11. Psychiatry (FMC-P)
12. Sexual Pharmacology: Drugs that Affect Sexual Function (FMC-P)
15. National Institute of Mental Health [www.nimh.nih.gov/HealthInformation/Depressionmenu.cfm](http://www.nimh.nih.gov/HealthInformation/Depressionmenu.cfm)

16. American Association for Geriatric Psychiatry
17. The IMPACT Program for Late Life Depression

[www.aagpgpa.org](http://www.aagpgpa.org)  
<http://impact-uw.org>

### **Self-Help Books:**

1. Seeking Safety: A Treatment Manual for PTSD and Substance Abuse (JS)
2. Living Beyond Your Pain: Using Acceptance & Commitment Therapy to Ease Chronic Pain (JS)
3. Mind Over Mood: Change How You Feel by Changing the Way You Think (JS)
4. Living a Health Life with Chronic Conditions: Self-Management of Health Disease, Arthritis, Diabetes, Asthma, Bronchitis, Emphysema and others (JS)
5. Managing Pain Before It Manages You (JS)

### **CONFERENCES**

Behavioral Science Forum, University of Wisconsin, Chicago, IL, October, contact: [www.stfm.org](http://www.stfm.org)  
Chicago Center for Family – Family Health Certificate Program, June, contact: John Rolland, MD  
[www.ccfhchicago.org](http://www.ccfhchicago.org)

Collaborative Family Healthcare Association, fall, contact: [www.cfha.net](http://www.cfha.net)

Psychiatry Grand Rounds, Tuesdays 8-9am Dana Center Auditorium, contact: [liberm@mmc.org](mailto:liberm@mmc.org)

Thomas Nevola, MD Spirituality & Health Symposium – Maine-Dartmouth Family Medicine Center, Augusta, Maine, June, contact: Fred Craigie, PhD, [Frederic.C.Craigie@Dartmouth.edu](mailto:Frederic.C.Craigie@Dartmouth.edu)  
University of Rochester:

Medical Family Therapy Institute, June, contact: <http://www.urmc.rochester.edu/psychiatry/institute-for-the-family/family-therapy/mfti.aspx>

Family Systems Medicine Fellowship, 2 years post residency, contact:  
[tom\\_campbell@urmc.rochester.edu](mailto:tom_campbell@urmc.rochester.edu)

### **BEHAVIORAL HEALTH INTERNSHIPS/ROTATIONS/TRAINING PROGRAMS:**

Society of Teachers of Family Medicine Behavioral Health/Family Systems Educator Fellowship,  
Contact: <https://www.stfm.org/CareerDevelopment/BehavioralScienceFamilySystemsEduFellowship>

A one year fellowship to enhance teaching knowledge, attitudes and skills for new behavioral science/family systems educators that includes participating in two national conference and monthly small group phone conference calls.

Collaborative Health/Mental Health Certificate Program, Family Medicine Department, University of Massachusetts, Worcester, Massachusetts, contact Alexander Blount: [BlountA@ummhmc.org](mailto:BlountA@ummhmc.org)  
A 6-day on-site or internet-based training program for behavioral health providers on integrated behavioral health care.

The following rotations/fellowships are listed on the AAFP website and are available to any family medicine resident in the US.

Palliative Care:	University of Florida Family Practice Center, Jacksonville, Florida University of Louisville Family Practice Residency Program, Louisville, Kentucky
Developmental & Disability Medicine	Marshfield Clinic at St. Josephs Hospital, Marshfield, Wisconsin University of Colorado at Denver Health Sciences, Aurora, Colorado
Underserved Advocacy	Indiana University Family Practice Residency Program, Indianapolis, Indiana
Health Psychology	University of Minnesota Medical Center, Jackson, Minnesota

Communication Health	Duke University
Patient-Centered Care	University of Rochester, Family Medicine Department, Rochester, New York
Health Disparities Research	University of Rochester, Family Medicine Department, Rochester, New York
Behavioral Medicine	University of Tennessee Department of Family Medicine, Knoxville, Tennessee

### **MEDICAL FAMILY THERAPY PROGRAMS AND INTERNSHIPS:**

The following programs are medical family therapy programs that have been accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).

- Chicago Center for Family Health
- East Carolina University
- Eastern Tennessee State University
- Mercer College
- Nova Southeastern University
- Seattle Pacific University
- University of Nebraska
- University of Rochester

These are the skills that we think every resident should possess before graduating.

- 1) Use the **Resident Check-off** column below to indicate your proficiency with knowledge and skills.
- 2) Return a copy of this tracker to the Educational Coordinator and keep your own copy for continued longitudinal documentation.

Evaluate and Manage	Resident Check-off	Notes
<b>After 1<sup>st</sup> year:</b>		
ADD/ADHD		
Adjustment disorders		
Depression		
<b>After 2<sup>nd</sup> and 3<sup>rd</sup> years:</b>		
Anxiety disorders		
Autism		
Behavioral Disorders of infancy, childhood and adolescence		
Bipolar		
Child abuse		
Childhood depression		
Chronic pain		
Developmental Disabilities		
Eating disorders		
Factitious disorders		
Impulse control disorders		
Interpersonal Violence		
Personality disorders		
Schizophrenia and other psychotic disorders		
Sexual and gender identity disorders		
Sleep disorders		
Somatoform disorders		
Substance related disorders		
<b>Skills &amp; Procedures</b>		
Counsel patient and family on end of life/terminal illness issues		
Counsel distressed couple		
Counsel family about behavioral problems in child		
Conduct a family conference		
Manage an acutely suicidal patient		
Medication management: PGY 1: initiating SSRIs, benzodiazepines; monitoring drugs for bipolar and ADD/ADHD; initiating pain contracts PGY 2: starting ADD/ADHD meds; 2-3 med trials for moods d/os PGY3: adjunct therapy for mood and other d/os		
Motivational Interviewing		
Reach common ground with patients who disagree		
Refer patient/family to behavioral health provider		

# Patient Centered Observation Form version 4.1.15

page 1

Trainee name \_\_\_\_\_

Observer \_\_\_\_\_

Date \_\_\_\_\_

Directions; Track behaviors in left column. Then mark appropriate box per row. Competent skill use is in one of the right two columns.

<b>Skill Set and elements</b> <i>Check only what you see or hear.</i>		<b>Provider or Bio-Medical Focus</b>	<b>Patient or Biopsychosocial Focus</b>	
<i>Patient description:</i>				
<b>Sets Collaborative Agenda Upfront</b>		<i>Circle all that apply</i>		
<input type="checkbox"/> Additional elicitation- "something else?" <i>Each elicitation counts as a new element</i>	Not done or Missed opportunity Uses 0-1 elements	Partially done Uses 2 elements	Fully done Uses 3 elements	
<input type="checkbox"/> Acknowledges agenda items from other team member (eg MA) or from EMR				
<input type="checkbox"/> Confirms what is most important to patient				
<b>Maintains Efficiency through transparent (out loud) thinking: Count each time the skill is used as 1 element</b>		Not done or Missed opportunity Uses 0 elements	Partially done Uses 1 element	Fully done Uses 2 elements
<input type="checkbox"/> About visit time use /visit organization, problem priorities and/or problem solving				
<b>Gathers Information Count each time the skill is used as 1</b>		Not done or Missed opportunity Uses 0-1 elements	Partially done Uses 2 elements	Fully done Uses 3+ elements
<input type="checkbox"/> Uses open-ended question				
<input type="checkbox"/> Uses reflecting statement				
<input type="checkbox"/> Uses summary/clarifying statement				
<b>Assesses Patient or Family Perspective on Health</b>		Not done or Missed opportunity Uses 0-1 elements	Partially done Uses 2 elements	Fully done Uses 3 elements
<input type="checkbox"/> Acknowledges patient verbal or non-verbal cues				
<input type="checkbox"/> Explores patient beliefs or feelings				
<input type="checkbox"/> Explores contextual influences: family, cultural, spiritual				
<i>Number of patient verbal/non-verbal cues: _____</i>				
<b>Behavior Change Discussions, if applicable</b>		Not done or Missed opportunity Uses 0-1 elements	Partially done Uses 2-3 elements	Fully done Uses 4+ elements
<input type="checkbox"/> Explores patient knowledge about behaviors				
<input type="checkbox"/> Explores pros and cons of behavior change				
<input type="checkbox"/> Scales confidence or importance				
<input type="checkbox"/> Identifies barriers				
<input type="checkbox"/> Asks permission to give advice				
<input type="checkbox"/> Reflects or summarizes patient thoughts & feelings				
<input type="checkbox"/> Creates a plan aligned with patient's readiness				
<input type="checkbox"/> Affirms behavior change effort or success				
<b>Shared Decision Making , if applicable</b>		Not done or Missed opportunity Uses 0-1 elements	Partially done Uses 2 elements	Fully done Uses 3+ elements
<input type="checkbox"/> Explains risks and benefits of procedure/treatment				
<input type="checkbox"/> Explores additional patient needs to make decision				
<input type="checkbox"/> Identifies patient decision				
<b>Closure and Follow-up</b>		Not done or Missed opportunity Uses 0-1 elements	Partially done Uses 2 elements	Fully done Uses 3 elements
<input type="checkbox"/> Asks for questions about today's topics				
<input type="checkbox"/> Summarizes plan				
<input type="checkbox"/> Uses Teachback = Asks patient to explain plan				

Notes \_\_\_\_\_

Medical Provider Signature

Faculty Signature

# Patient Centered Observation Form version 4.1.15

page 1

Trainee name

Observer

Date

	Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4
<b>PC2: Care of pts with chronic illness</b>					
	Misses relevant information in history and/or physical exam	Gathers relevant interval history and performs appropriate PE	Creates an assessment and plan that demonstrates understanding of the patient's clinical status	Includes clinical guidelines and the individual needs and values of the patient to develop an appropriate management plan	Develops an appropriate comprehensive management plan for complex patients with multiple chronic illnesses
<b>PC3: Disease prevention/health promotion</b>					
	Misses crucial relevant family and social history	Takes a thorough family, social and health habits history	Incorporates disease prevention and health promotion into clinical care	Employs shared decision making to tailor disease prevention and health promotion to individual patients	Integrates disease prevention and health promotion seamlessly into ongoing care of patients
<b>PROF3: Humanism, cultural proficiency</b>					
	Displays absence of compassion or empathy	Generally demonstrates compassion and empathy	Consistently demonstrates caring and compassion	Goes above and beyond to meet the needs of patients	This resident exemplifies the kind of doctor I strive to be
<b>PROF4: Wellness, prof growth, feedback</b>					
	Resistant to feedback	Listens to constructive feedback without pushback	Accepts and acknowledges constructive feedback	Actively seeks feedback, and works to improve	Communicates accurate self-assessment recognizing opportunities for improvement
<b>C1: Rapport w/ pts &amp; families</b>					
	Demonstrates evidence of poor rapport, without effort to improve	Displays efforts to build rapport	Creates a non-judgemental, safe environment	Works to maintain rapport in situations where provider and patient/family goals and values differ	Maintains good rapport in very challenging situations, including management of conflict and verbal self-awareness of how provider contributes to the visit
<b>C2: Effective communication with patients and families</b>					
	Communication with patients and families is not clear or effective	Communicates clearly with patients and families	Communicates with patients and families in an organized way	Demonstrates enhanced communication skills including: negotiation of visit agenda, use of active listening, and recognition and use of non-verbal cues	Effectively communicates difficult information such as end-of-life discussions, delivery of bad news, negotiating pain contract
<b>C4: Technology</b>					
	Overreliance on the computer during visits with patients	Balances patient, family and computer interaction during visits	Actively involves patients in charting and medical record review	Effectively and ethically uses the computer and internet sites to optimize care during visits	Stays current with technology and adapts systems to improve communication with patients, other providers