Integrating Behavioral Science Into Precepting

Forum for Behavioral Science in Family Medicine 2016

Role Play 1

Luis is a 42 year old Latino bilingual man with abdominal hernia and low back pain requesting a refill of percocet, which was prescribed by ED. This is his first visit with the clinic, with no imaging or previous records. Pain is 9/10 for 1 month. He has been getting percocet from his PCP in Florida for the past year, and last took it 2 days ago. PMH of polysubstance abuse (alcohol, cocaine, marijuana) 5 years ago and Major Depressive Disorder in 2013 treated with sertraline and counseling and resolved.

1. Resident: Present chief concern, clinical question, HPI including 2 psychosocial factors. Additional background that you can include: Luis lives with his wife and 14 year old son in Florida, but is staying in NY with his mother who is elderly and needs additional assistance. He is an electrician and has been unable to work due to back pain. His wife supports his family as a receptionist at a beauty salon. He is not suicidal or homicidal. Luis is agitated and you are concerned he will be upset if he does not get percocet.

1. Attending Physician: Do not ask any further questions. Label patient as “drug-seeking” and inform resident that percocet is not appropriate. Suggest further tests and non-narcotic medical options. Tell resident s/he has two other patients waiting so be fast.

1. Behavioralist: Negotiate with attending and resident re: time in order to address resident’s and patient’s concerns. Ask resident for additional information. Use CAARE MORE to engage resident in further assessment and planning.

Role Play 2

Martha is a 55 year old African-American woman from the Bronx who lives with her 30 year old daughter and 5 year old grandson. She is here for refill of her medications. She has diabetes, hypertension, and chronic kidney disease. She also has depressed mood, anhedonia, and poor self-care. She binges on sweets and doesn’t exercise. Although she always comes to her doctor’s appointments, she does not check her blood sugar because it is “depressing.” She sees a social worker for counseling, but has refused antidepressant medication or referrals to a psychiatrist.

2. Resident: Present chief concern and HPI. Do not include clinical question or psychosocial aspects of care in presentation. When preceptors asks for these, say that you have been treating her for 3 months and don’t have any questions, and that she has no psychosocial issues.

2. Attending Physician: Agree with resident, stating that you know the patient well and there are no other concerns. Explain that the resident, as a PGY-3, needs to learn better time management and does not have time for further questioning by the Behavioralist.

2. Behavioralist: Negotiate with attending and resident re: taking more time to precept. Explore further psychosocial aspects of care, engagement, or counseling skills, and consider suggesting resident look at and present strengths as well as needs.

Role Play 3

Talisa is a 65 year old Black woman from Togo who emigrated 6 months ago and only speaks French and an African dialect. She has hypertension and shortness of breath and is coming to get lab results from a physical. Talisa lives with her 22 year old daughter who speaks English and works part-time as a housekeeper. Talisa’s daughter usually comes to the doctor with her mother and acts as her translator. Talisa’s visa has expired and she does not have health insurance, but she has Charity Care through the hospital, which covers visits but not medications. Talisa has her medication, but is not taking it every day.

3. Resident: Upon coming to precept, you state that your patient does “not want to learn.” You complain that you have explained how to take the medication many times, but the patient is still not taking it as prescribed.

3. Attending Physician: Practice 5 microskills with resident.

3. Behavioralist: What is the resident’s affect? What questions can you ask the resident to understand how she is feeling with this patient? Suggest that you go see the patient with the resident. How would you model for the resident an assessment of the patient’s “noncompliance”? How do you address patient’s language needs?

Role Play 4

Melissa is a PGY-2 who has a dedicated patient panel and excels at patient care. She has had some conflict with residents and attendings in the past, but mostly on the inpatient floor. Lately, she has been late to outpatient clinic 3 times in a row.

4. Resident: You are tired and grumpy. You are not sleeping well, and you are worried about an upcoming exam. You have a long-distance relationship with your husband, who is also a resident. You moved to the city for residency, and have made some good friends at the residency program. You are confident and smart. Lately, you have had less motivation to come to work, and you aren’t going to the gym as often.

4. Attending Physician: Discuss with Behavioralist before Melissa arrives any concerns you have. You have precepted with her for the past 2 weeks, and know her work well. Negotiate a plan about how to support Melissa today.

4. Behavioralist: Discuss with Attending Physician before Melissa arrives any concerns you have. This is the first time you have precepted with Melissa since last year. You do not know her well.