**Precepting Model for Behavioral Science Instructors and Attending Physicians:**

Shared and Active Learning Model for Adult Learners

Purpose: To offer a flexible and collaborative model of precepting to improve resident learning, patient care, and time management.

1. **Shared agenda setting with BSI, AP, and Residents:**
2. AP and BSI identify any residents they want to focus on and any particular concerns.
3. AP and BSI discuss with residents if they have any patients they want support with and how.
4. AP and BSI discuss the priorities of the day:  Residents who are struggling, patients who are struggling, needs of clinic, time management
5. BSI reminds residents to present at least 2 psychosocial aspects of care for each patient.

**2.  Presentation:**

1. Resident identifies clinical question or need.  “What do I want to learn?”

(See next page for examples of Behavioral clinical questions)

1. During presentation, resident identifies and presents at least 2 psychosocial factors that may impact (positively or negatively) patient's health. They might include:
   * social supports/family structure
   * living arrangements
   * education
   * employment
   * history of mental health/substance abuse concerns and treatment
   * history of trauma
   * other stressors
   * adjustment to health conditions/impact on daily life
2. Resident discusses assessment and plan. Resident incorporates knowledge of DSM 5, behavioral screening tools, counseling techniques, and behavioral health, social service, and community referrals.

**3. Preceptor skills/activities:**

1. Ask open-ended questions to promote problem solving and critical thinking.
2. Provide instruction, modeling, and guidance: “One-Minute Preceptor”
3. Provide feedback that is specific, constructive, and not emotional.
4. Offer role modeling or shadowing with resident and patient.
5. Reinforce behavioral tools and themes learned during concepts.
6. Discuss themes from behavioral topics of the month.

**Resident Developmental Needs:**

Each resident will have different strengths and weaknesses, and will develop skills and knowledge at a different rate. Providing an environment where a resident feels comfortable to ask questions and take an active part in their learning is very helpful. The following guidelines of what to focus on by PG Year may also be a helpful framework:

PGY-1: Psychosocial assessment, interviewing and communication skills, how to refer to social services, working with families, self-care

PGY-2: Counseling skills, psychiatric and substance abuse screening, communication and building a therapeutic relationship, community resources, self-care

PGY-3: Psychiatric treatment, working with families, community resources, and self-care

**Examples of Behavioral Clinical Questions (by ACGME Competency)**

**Interpersonal and Communication Skills**

         How do I encourage patients to follow up with me?

         I really dislike this patient, or feel overwhelmed, what do I do?

**Patient Care and Procedural Skills**

         What are some tools for me to counsel a patient to make lifestyle changes for diabetes?

         What can I do to help my patient get better housing?

**Medical Knowledge**

         What is the best treatment for depression?

**Practice-Based Learning and Improvement**

Can you shadow me on this patient to help me with....?

**Professionalism**

         I'm feeling really stressed and tired today, how can I still make sure I am giving my

patients good care?

**Systems-Based Practice**

         How should I talk to my patient about a referral to (social services, substance abuse

treatment...) so that he will more likely go?

**Calendar of Behavioral Themes:**

January: Depression and Suicide

February: Difficult conversations

March: Substance abuse

April: Anxiety

May: Termination/Transitioning care

June: Family

July: Time Management/Screening tools

August: Stress/Community resources

September: Trauma

October: Domestic violence

November: Child Abuse

December: Grief and loss

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