Curriculum Design and Development:

From Principles to Practice

Toolkit

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(With thanks to Ted Siedlecki and Matt Martin)

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Behavioral Health Curriculum Development Resource List
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General Resources:

- *ACGME Requirements for Family Medicine.* Accreditation Council for Graduate Medical Education. https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/120_FamilyMedicine_2020.pdf?ver=2020-06-29-161615-367
- *Recommended Curriculum Guidelines for Family Medicine Residency Programs: Human Behavior and Mental Health.* (2015) American Academy of Family Physicians. http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint270_Mental.pdf
- *Family Medicine Residency Curriculum Resource: Case* based interactive presentations, facilitator guides, and quizzes. STFM and AFMRD. Free access to topics, descriptions and reading lists with STFM log-in and password. Residency subscription and full access to resources costs $1,200. https://www.fammedrcr.com/access-curriculum
- STFM Resource Library, including the Behavioral Science Basics Wiki. https://resourcelibrary.stfm.org/home
- Bjork, R.A. (1994). Memory and metamemory consideration in the training of human beings. In J. Metcalfe & A. Shimamura (Eds.). *Metacognition: Knowing about knowing* (pp 185-205). Cambridge, MA: MIT Press.
- Fadiman, A. (2012). *The spirit catches you and you fall down: A Hmong child, her American doctors, and the collision of two cultures.* Macmillan.
- Thomas, P.A., Kern D. E., Hughes, M.T., & Chen, B. Y. (2016). Curriculum development for medical education: A six-step approach (3rd ed.). Johns Hopkins University Press; Baltimore, MD.
- Wedding, D., Boyd, M. A., & Niemiec, R. M. (2010). *Movies and mental illness*. Hogrefe.
- Patient Centered Observation Form (PCOF) and on-line training. http://www.pcof.us/
- Family Centered Observation Form (FCOF) and on-line training. https://sites.google.com/view/fcof/home

Duke/SRAHEC Clinical Resources Listed:

- Patient Health Survey (iPad tablet) with PHQ-9, AUDIT, and DAST screening tools http://www.southernregionalahec.org/sbirttool/index.html
- Integrated Behavioral Health – Resident Training (2 hours, self-paced) https://courses.cpe.asu.edu/browse/college-health-solutions/pcori/courses/cpe-chs-resident-training

MMC Clinical Resources Listed:

- Behavioral Health Clinical Guidelines and Tools: https://mainehealth.org/healthcare-professionals/clinical-resources-guidelines-protocols/behavioral-health-integration/behavioral-health-integration-guidelines
- Substance Abuse - AUDIT screening tool for alcohol use: https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf
- Survey of Well-being of Young Children (SWYC): https://www.floatinghospital.org/The-Survey-of-Wellbeing-of-Young-Children/Overview.aspx
- Adverse Childhood Experiences (ACE) Survey: http://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf
- MMC Institute for Teaching Excellence (MITE): http://www.mitemmc.org/resources/

University of Virginia Clinical Resources:

- Bloom, B. L. (1981). Focused single-session therapy: Initial development and evaluation. In *Forms of brief therapy* (pp. 167-216). New York: Guilford Press.
- Clabby, J. (2011). *Two Minute Talks* to Improve Psychological and Behavioral Health.
- Johnson, S. M. (2007). The basics of EFT: Tasks and interventions. In *The practice of emotionally focused couple therapy: creating connection* (pp. 53-112). London: Routledge.
- Lindenboim, Chapman, and Linehan. (2007). Borderline Personality Disorder. In Kazantzis, N., L'Abate, L., & Gérard, F. *Handbook of homework assignments in psychotherapy: research, practice, and prevention* (pp. 227-245). New York: Springer.
- Stuart, M., Lieberman, E. *The Fifteen Minute Hour*: Therapeutic Talk in Primary Care, 5th Ed. Stuart, Lieberman. (2015).
- Waters, D. B., & Lawrence, E. C. (1993). Competence in Therapy. In *Competence, courage, and change: an approach to family therapy* (pp. 34-56). New York: W. W. Norton.

Programmatic Factors Relevant to Curriculum Design

Fill out as best you can for your residency:

- # Residents (e.g. 8/8/8) _____
- Relevant background of residents (e.g., primarily International Medical Graduates):
  _____
  _____
  _____
- # Core FM Faculty _____
- # FTE Behavioral Medicine Faculty available for teaching (non-clinical) _____
- # Additional FM faculty available for occasional teaching _____
- Non-FM faculty available for teaching (e.g., psychiatrist): _____
- # of physical sites _____
- ___ University-based ___ Community-based ___ FQHC ___ Other_____
- Research supports: _____
- Fellowships offered: _____
- Interdisciplinary training on site: _____
- Available teaching resources (Standardized Patients, Simulation Center, video in exam rooms, etc.):
  _____
  _____
  _____
- Special patient populations served: _____
- Organization of residency training: ___ Longitudinal ___Block ___ Mixed
- Organization of didactics:

  ___ All residents ___All in one PGY year ___ Mixed PGY years as available
- Extent of currently existing curriculum in behavioral science:

  ___ Well-developed ___ Moderate ____ Basic ___ None

Daytona FMRP Curriculum Worksheet Focused on Behavioral Science Core Principles

Core Principle	What is being taught?	How is it being taught?	By Whom?
Use a bio-psycho-social and relationship-centered approaches to care	Patient centered communication Health equity, socially determined care	**Didactic lectures Interactive -** **Observation/co-counseling** **Patient care** at Domestic Abuse Council Shelter Clinic **Patient care** at Volusia Volunteers in Medicine Clinic (indigent)	BM Coordinator Family Medicine faculty
Promote patient self-efficacy and behavior change as primary factors in health promotion, disease prevention, and chronic disease management	Motivational Interviewing Health behavior change models: BATHE, "6 Five Minute Tools," "7 Skills That Promote Mastery"	**Didactic lectures- Interactive** **Observation/co-counseling** **One on one didactics** to discuss articles on Behavioral Med Rotation	BM Coordinator
Integrate mental health and substance abuse care into primary care services	BATHE, CBT interventions, AA and Al Anon principles Prescribing and medical management	**Observation/co-counseling** **Rounds** with Psychiatrists on Behavioral Med Rotation **Rounds** at SMA (community mental health and SA facility**)**	BM Coordinator Halifax Psychiatrists SMA Addictionologist
Integrate psychological and behavioral knowledge into the care of physical symptoms and diseases	Health equity, socially determined care	**Didactic lectures- Interactive** **Observation/co-counseling**	BM and FM faculty BM Coordinator
Promote the integration of sociocultural factors within the organization and delivery of health care services	Health literacy strategies Cost effective care Health equity	**Didactic lectures- Interactive** **Quality Improvement projects**	FM faculty QI/Patient Safety faculty
Demonstrate the importance to health of familial*, social, cultural, spiritual, and environmental contexts in patient care to improve health outcomes*	Biopsychosociospiritual approach to assessment and treatment	**Didactic lectures-interactive**	BM Coordinator FM Faculty Hospital chaplain
Practice a developmental and life-cycle perspective with learners and clients	Family dynamics, genograms, ORGANISM assessment tool	**Didactic lecture-cinemeducation**	BM Coordinator
Provider self-awareness, empathy, and well-being	Physician self-care principles Education re EAP offerings CLER Committee Advisor check in Self-reflection Wellness curriculum Wellness afternoon Team Building Field Day	**Support group** **Annual Wellness didactic session** **Quarterly meetings** **Advisor/advisee meeting** **Questionnaire** on Beh Med Rot **Longitudinal all 3 years** **Beh Med Rotation** **Annual Retreat/Planning Meeting** **Faculty vs. Resident** sport competition at Retreat	BM Coordinator Hospital EAP Rep Faculty and resident committee members FM faculty advisor All faculty, Wellness resident Resident BM Coord and FM Faculty Residents

University of Alabama Curriculum Worksheet Focused on Behavioral Science Core Principles

Core Principle	What is being taught?	How is it being taught?	By Whom?
Use a bio-psycho-social and relationship-centered approaches to care	Biopsychosocial case formulation, agenda setting, delivering bad news, patient-centered communication, BATHE	Resident case presentations/ seminars (R1 & R3) Video-taped encounters and review with faculty mentor (R1, R2) OCSEs (R1)	Psychiatry & FM faculty
Promote patient self-efficacy and behavior change as primary factors in health promotion, disease prevention, and chronic disease management	Brief counseling interventions, health literacy	Didactics Skills workshops Observe diabetes self-education classes	Psychiatry & FM faculty, LCSM, dietician
Integrate mental health and substance abuse care into primary care services	Prevention, diagnosis, & management of common mental health & substance use disorders; community resources; psychopharmacology	Psychiatry rotation (4 wks, R2) Didactics Community medicine rotation (4 wk, R1): meet with social workers, attend AA meetings, etc	Psychiatry & FM faculty LCSW PharmD residents & faculty Community resource contacts
Integrate psychological and behavioral knowledge into the care of physical symptoms and diseases	Interplay between psychological and biological systems	Resident case presentations/ seminars (R1, R3) Behavioral health specialist on inpatient rounds once weekly Psychiatry preceptor meeting (R3)	Psychiatry faculty
Promote the integration sociocultural factors within the organization and delivery of health care services	Social determinants of health, improving access to care, cultural competence	Didactics Evening clinics (walk-in appts) Global Health lecture series	FM Faculty LCSW Residents
Demonstrate the importance to health of familial, social, cultural, spiritual, and environmental contexts in patient care to improve health outcomes	Spiritual care, trauma-informed care, ACEs, goals of care, maternal/child health relationship	Community medicine rotation (4 wk, R1): meet with pastoral care, visit local farms, etc IMPLICIT screening (maternal health screening for all well child visits age 0-2) Didactics Home visits/Nursing home visits	FM, Psych & Pediatric Faculty Community resource contacts
Practice a developmental and life-cycle perspective with learners and clients	Child development screening & management of delays; care of the elderly; family approach to care	SWYC & MCHAT screening tools Didactics Geriatric rotation (4 wk R1)	FM & Peds faculty PharmD Psychology graduate students
Provider self-awareness, empathy, and well-being	Self-reflection techniques; mindfulness; development of professional identity	Resident group therapy (quarterly) Wellness activities & lectures (monthly) Orientation seminar	FM faculty Independent PsyD LCSW

Great Plains Curriculum Worksheet Focused on Behavioral Science Core Principles

Core Principle	What is being taught?	How is it being taught?	By Whom?
Use a bio-psycho-social and relationship-centered approaches to care	Biopsychosocial spiritual model, family oriented care, family care conference, patient centered communication	Didactic lecture, precepting, nursing home rounds, inpatient rounds, live observation and use of the PCOF & FCOF	Behavioral Medicine Faculty, core physician faculty
Promote patient self-efficacy and behavior change as primary factors in health promotion, disease prevention, and chronic disease management	Motivational interviewing, chronic condition self-management, brief behavioral interventions appropriate for physician encounters	Didactic lecture, online module, longitudinal care of patients in our chronic pain self-management program, collaboration with BHC team & health coach, workshop during rotation	BMed Faculty, BHC team, health coach, core physician faculty
Integrate mental health and substance abuse care into primary care services	PCBH style integrated care, mental health screening and assessment, referral to treatment	Implementation of PCBH model in clinic, training & utilization of various screening measures (e.g., PHQ-9, GAD-7, PC-PTSD); community referral site visits during rotation	BMed Faculty, BHC team, health coach, core physician faculty, site visit preceptors
Integrate psychological and behavioral knowledge into the care of physical symptoms and diseases	Trauma informed care, BPSS view of traditionally biomedical/psychological conditions	Didactic lecture, precepting, inpatient rounds, case consults, resident presentations	BMed faculty
Promote the integration sociocultural factors within the organization and delivery of health care services	Social determinants of health, privilege & marginalized groups, intersectional view of health & healthcare	Workshops during rotation, readings at nursing home rounds, free clinic	BMed faculty, free clinic preceptors, geriatrics faculty, health coach
Demonstrate the importance to health of familial, social, cultural, spiritual, and environmental contexts in patient care to improve health outcomes	Family centered care, family care conferences, health beliefs, strengths & family/community support	Precepting and hospital rounds, workshop during rotation, nursing home rounds, readings, didactic lectures	BMed faculty
Practice a developmental and life-cycle perspective with learners and clients	Family life cycle, family-centered communication, family care conferences	Didactic lectures, nursing home rounds, precepting	BMed faculty, core physician faculty, geriatrics faculty
Provider self-awareness, empathy, and well-being	Medical humanities, self-reflection, physician wellness	Balint, experiential wellness activities, medical humanities readings at nursing home, self-evaluation & advising, Physician Well-being Index	BMed faculty, GME Wellness group, Wellness Resident

Curriculum Worksheet Focused on Behavioral Science Core Principles

TASK: Identify 1-2 content areas of the above table and complete. Identify the area(s) that really need development in your program to develop an action plan today.

Core Principle	What is being taught?	How is it being taught?	By Whom?
Use a bio-psycho-social and relationship-centered approaches to care			
Promote patient self-efficacy and behavior change as primary factors in health promotion, disease prevention, and chronic disease management			
Integrate mental health and substance abuse care into primary care services			
Integrate psychological and behavioral knowledge into the care of physical symptoms and diseases			
Promote the integration sociocultural factors within the organization and delivery of health care services			
Demonstrate the importance to health 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			
Provider self-awareness, empathy, and well-being			

Curriculum Development Plan **By:** Grace Pratt **Date:** March 9, 2020

Goal: Create an experiential component for the resident wellness/resilience curriculum

Specific Objective #1: Develop resilience training with heartrate variability (HRV) biofeedback training for residents

Task	By when?	Resources & Info Needed	Who can help?
1. Complete training for facilitators	October 2020	Heartmath enrollment, review materials	GME Wellness Department
2. Furnish biofeedback space	February 2021	Funding, old ultrasound room, chair, equipment	Shonna, Michelle
3. Train residents on use of equipment	March 2021	Conference time (Wednesday Workshop)	Chiefs
4. Provide ongoing monitoring and coaching	March 2021 – ongoing	Protocol, log book, Balint time check-ins	Residents

***** Consider what you want to do within a 1-2 week period; a 3 month period; a one year period.

Potential Collaborators/Champions: GME Wellness, Michelle (Program Manager)

Potential Barriers: Funding, residents' time to utilize space, buy-in from faculty

Possible Solutions to those barriers: Internal grant from GME wellness, build in time on light rotations, provide training and evidence to faculty

Ways to Assess Success: Physician Well-Being Index (already being collected), qualitative feedback from residents

Curriculum Development Plan **By:** UVA, Ted Siedlecki **Date:** 1/10/2014

Goal: Increase teaching of patient-centered communication skills to our residents and medical students

Specific Objective #1: Design a self-directed learning module for enhancing patient-centered communication skills is efficient in terms of both learner and faculty time.

Task	By when?	Resources & Info Needed	Who can help?
1. Discuss my ideas for how to use Mauksch's PCOF online training as basis for a learning module.	2/1/2014	send link to Mauksch's online training	Claudia and Lisa
2. Create document with links to PCOF online training and forms.	3/1/2014		
3. Ask rotating resident to pilot completing the training and two observations. And informally evaluate value of experience.	3/15/2014	Ask Claudia to add to rotation orientation.	Claudia
4. Create reflection questions to round out the module.	4/1/2014		Lisa
5. Make adjustments to module and have next resident pilot full module.	5/1/2014	Add module to rotation requirments. Upload directions and docs to Collab for easy access.	Claudia

* Consider what you want to do within a 1-2 week period; a 3 month period; a one year period.

Potential Collaborators/Champions: Claudia Allen (Director of Behavioral Medicine); Lisa Rollins (Director of Scholarship)

Potential Barriers: Resident leaving observations to last minute. Resident reluctant to ask to observe. Not having time to talk to resident about their evaluation of the module.

Possible Solutions to those barriers: Send email to faculty explaining the project and asking who would be willing to be observed. Put ticklers in my calendar to check progress with resident. Plan meeting with resident towards end of rotation to discuss.

Ways to Assess Success: Exit interview with resident: What did they learn? Were 2 observations enough? Was the time needed for the module too short or too long? Was the learning gained was worth the time invested? What barriers were encountered?

Curriculum Development Plan **By: _____** **Date: _____**

Goal:

_____

_____

Specific Objective #___: _____

Task	By when?	Resources & Info Needed	Who can help?
1.			
2.			
3.			
4.			

***** Consider what you want to do within a 1-2 week period; a 3 month period; a one year period.

Potential Collaborators/Champions: -

_____

Potential Barriers:

_____

_____

Possible Solutions to those barriers: _____-

_____

_____

Ways to Assess Success: -

_____

Examples of Complete Written Curricula

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 effect 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.
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. Mar/Apr 2017.
9. The Art of Medicine: 7 Skills That Promote Mastery. Egnew, T. Fam Prac Mgmt. 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.
13. 8 Ways to Lower Practice Stress and Get Home Sooner. Drummond, D. Fam Prac Mgmt. 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: July 14, 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
AM	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
PM	*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
AM	FHC Pts	9:00 am Pts and didactics w/Dr. Fraser	Psychiatrist	Psychiatrist	FHC Pts
PM	*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.

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.

Contents:

Appendix:

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 though 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
2. American Self-Help Clearinghouse www.selfhelpgroup.org
3. Elder Care On-Line www.ed-online.net
4. Family Caregiver Alliance www.caregiver.org
5. National Alliance for Caregiving www.caregiving.org
6. National Family Caregivers Association www.nfcacares.org

7. Well Spouse Foundation www.wellspouse.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
2. National Institutes of Health www.nih.gov
3. Centers for Disease Control www.cdc.gov/genetics
4. Genetic Alliance www.geneticalliance.org
5. The Genetic Resource Center www.pitt.edu/edugene/resource
6. Gene Tests www.genetests.org
7. The Genome Action Coalition www.tgac.org
8. National Coalition for Health Professional Education in Genetics www.nchpeg.org
10. List of genetic counselors 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, 5th 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

16. American Association for Geriatric Psychiatry www.aagpgpa.org
17. The IMPACT Program for Late Life Depression 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
Chicago Center for Family – Family Health Certificate Program, June, contact: John Rolland, MD www.ccfhchicago.org
Collaborative Family Healthcare Association, fall, contact: www.cfha.net
Psychiatry Grand Rounds, Tuesdays 8-9am Dana Center Auditorium, contact: 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
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

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@ummhc.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
	Marshfield Clinic at St. Josephs Hospital, Marshfield, Wisconsin
Developmental & Disability Medicine	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

Behavioral Medicine Tracker Name: _____

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**
After 1st year:		
ADD/ADHD		
Adjustment disorders		
Depression		
After 2nd and 3rd years:		
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		
Skills & Procedures		
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		

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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.

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

*Notes*_____

_____ _____

Medical Provider Signature *Faculty Signature*

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Trainee name_____ Observer_____ _____Date_____

	Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4
PC2: Care of pts with chronic illness					
	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
PC3: Disease prevention/health promotion					
	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
PROF3: Humanism, cultural proficiency					
	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
PROF4: Wellness, prof growth, feedback					
	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
C1: Rapport w/ pts & families					
	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
C2: Effective communication with patients and families					
	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
C4: Technology					
	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