



Behavioral Science Rotation/Continuity Curriculum (PGY 1, 2, 3)

Family Medicine Faculty Liaisons: B. Robertson, LICSW

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The Behavioral Science (BSCI) curriculum is a required longitudinal experience during the PGY-1, PGY-2, and PGY-3 years. Training takes place primarily within the Residency Family Medicine Practice Clinic. For the PGY-1 curriculum the residents will also participate in all the components of care provided at Kitsap Mental Health during a longitudinal forty eight hour immersion which will be documented with portfolio notes and feedback from KMH staff.

The BSCI curriculum is built on six experiential components:

- 1) Didactics (core behavioral science presentations, resident Art of Medicine and presentations and faculty led Art of Leadership topics,
- 2) Observed and evaluated patient-centered communication (PCC) sessions,
- 3) Active participation in the peer-based/360 Professional Competency Assessment (PCA) and Personal Professional Development Plan.
- 4) Collaborative Care- Integration of behavioral health knowledge and skills during continuity clinic and the Behavioral Health consultation.
- 5) Active participation in the Resident Peer Group
- 6) Psychiatric Rounds scheduled monthly and as related to routine care consultation.

During the first month of training residents participate in 'Continuity Week' training focusing on their learning process addressed through longitudinal activities. During this week the following competency-based goals are covered: patient-centered communication, motivational interviewing, health behavior change and the initial orientation with KMH.

The Behavioral Health Coordinator (BHC), who also serves clinically as the IBHC (Integrated Behavioral Health Consultant), coordinates this curriculum.

ACGME Competencies and FM-Specific Milestones Assessed:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
✓ **PC-1, PC-2, PC-3, PC-4, PC-5**
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care;
✓ **MK-1, MK-2**
3. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care;
✓ **PBLI-1, PBLI-2, PBL-3**
4. **Interpersonal and Communication Skills** result in effective information exchange and teaming with patients, their families, and other health professionals;
✓ **C-1, C-2, C-3, C-4**
5. **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;
✓ **PROF-1, PROF-2, PROF-3, PROF-4**
6. **Systems-Based Practice** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
✓ **SBP-1, SBP-2, SBP-3, SBP-4**

Family Medicine Program Requirement:

IV.A.5.b).(8): *Residents “should acquire knowledge and skills in this area (Human Behavior and Mental Health) through a program in which behavioral science and psychiatry are integrated with all disciplines throughout the residents’ total educational experience.*

(A) *Training should be accomplished primarily in an outpatient setting through a combination of longitudinal experiences and didactic sessions.”*

Competency-Based Objectives and Instructional Methods

Goal of Rotation Behavioral Science is multi-dimensional and integrated throughout the curriculum, with an emphasis on acquiring behavioral health competencies within the continuity clinic setting and through behavioral health teaching in the behavioral health clinic. The Mental Health curriculum, which focuses on diagnosis, psychological assessment tools, psychopharmacology and the wide range of community mental health needs and services, is addressed below and included in the community medicine continuity rotations. Direct instruction entails working with the Behavioral Health Consultant in the BH clinic for ½ day the first two months, addressing: motivational assessment, education and brief behavioral health interventions. Residents will be immersed in this continuity rotation all three years, which a focus on developing comprehensive practice skills as they progress. Routine evaluation by the BH Consultant and faculty preceptors will identify both strengths and growth areas to support routine formative feedback focusing on individual competencies associated with all six milestones.

R1 Mental Health Continuity Immersion- Pending input from KMH. R1 year will be an exposure to all components of community mental health through monthly half day rotations at Kitsap Mental Health, which will be evaluated as part of field notes in their portfolios. During all three years they will participate in monthly Psychiatry Rounds with faculty.

Half day immersive venues from which we will select for the R1 longitudinal curriculum:

Adult Outpatient Program:

Client assigned a multidisciplinary team of mental health and co-occurring substance use disorder therapists, case managers, psychiatric medical providers, medical assistants, and peer specialists. Teams use evidence-based, recovery-oriented practices for treatment, care coordination, crisis intervention, medication management, brief therapy and stabilization services. Intensity of services based on level of need. Most people transition out of care within 6 months.

Child and Family Outpatient Program:

Child and family-centered treatment for serious emotional disturbances and behavioral problems, including substance misuse, care coordination with primary care, and healthy living support.

Older Adult Outpatient Program:

Outpatient Treatment & Case Management - a multidisciplinary Care Team provides specialized assessment, individual and group treatment, case management, outreach, crisis intervention, consultation and education, substance abuse assessment and intervention, and medication management services. Staff work with clients and their support systems, including families, nursing homes, social service providers, to maintain independence and quality of life.

PACT (intensive outpatient program for adults):

24/7 highly intensive wraparound services provided in the community. This program is an Evidence Based Practice and serves a small number of individuals.

WISe (intensive outpatient program for children):

5 Teams offer high intensity interventions via therapists, care coordinators, youth advocates, and parent partners working with youth and their families.

Adult Inpatient Unit:

Provides 16 beds, 24/7 of voluntary and involuntary evaluation & treatment for rapid stabilization of crisis, and symptom relief.

Youth Inpatient Unit:

Provides 16 beds, 24/7 of voluntary and involuntary evaluation & treatment for rapid stabilization of crisis, and symptom relief.

Madrona Day Treatment (alternative to school):

KMHS Campus Therapeutic Day Treatment School for ages 6 – 14 for children benefitting from a therapeutic treatment environment for 12 youth.

Crisis Response Team (in the field assessment of need for detention):

Designated Mental Health Professionals evaluate crisis acuity. Callers may be from person in crisis, community service providers, or concerned citizen. This team is also responsible for after-hours crisis for all enrolled KMHS clients.

Crisis Clinic of the Peninsulas (phone based support):

Offering crisis intervention, information, and referral services, and supportive listening by telephone to people in the community experiencing emotional distress. Calls are free and confidential. Trained volunteers, supervised for this role.

Access Center (new client intake):

Individuals new to Outpatient services may “WALK-IN” or CALL 360-405-405-4010 for 1st Visit to THE ACCESS CENTER. We are Open M – F 8 am – 4 pm for initial Intake or consultation. Patients will have their first appointment scheduled and may have a scheduled appointment with a prescriber if certain criteria are met.

Outpatient Chemical Dependency Program (scheduled to start December 2017)

Medication Assisted Treatment (MAT) - Outpatient CD Treatment Professional; 1 Community Outreach Specialist for Opiate/Intravenous Drug Use. Plus Co-occurring treatment groups for individuals suffering from mental health and substance use/abuse symptoms.

Crisis Support Services Center (Crisis Triage Unit & Substance Use Residential) (scheduled to start January 2018):

16 beds Crisis Triage and 16 beds Withdrawal Management for up to 5 days of care. Staff help people secure needed treatment, community resources, housing.

A. Patient Care

Objectives

During provision of supervised care in the Family Medicine Practice continuity clinic sessions and Behavioral Health clinic, residents should:

1. Deliver patient-centered, compassionate, and evidence-based care during all clinical interactions (continuity clinic, Behavioral Health Clinic, Family Medicine Clinic and inpatient interactions).
2. Demonstrate ability to integrate psychological and social aspects of patient care with appropriate biomedical treatment during scheduled home visits with patients.
3. Demonstrate empathy with regard to stressors experienced by the patient and their family (e.g., psychological, emotional, financial).
4. Demonstrate appropriate collection/performance of a comprehensive psychosocial patient history with the ability to reframe the patient’s personal understanding of suffering into a goal-oriented behavior change model.
5. Demonstrate appropriate brief: psycho-social assessment, patient education, motivational assessment and behavior change counseling skills.

Instructional Methods

1. **Direct Interaction:** With Behavioral Science Coordinator and physician preceptors in the Family Medicine Practice (FMP) during resident continuity clinics, psych consultation and behavioral health clinical interactions.
2. **Guided Research:** Resident presentation of assigned topic at AOM/Academic Conference based upon clinical cases observed in own continuity clinic or during community resource experiences.
3. **Supervised Clinical Management:** Application of the information to individual patient cases under guidance of FM Faculty during resident continuity clinic and home visits.
4. **Observed Clinical Encounters:** With direct feedback following each patient centered communication (PCC) observed/video-recorded visit. Observed clinical encounters sessions will be conducted by Interns at least four times per academic year and twice per year for R2/R3.

B. Medical Knowledge

Objectives

During provision of supervised care in Family Medicine Practice continuity/Behavioral Health clinic sessions, home visits with patients, residents will be able to:

1. Explain/demonstrate appropriate management for the range of behavioral health conditions seen commonly in Family Medicine outpatient settings, including:
 - a. Mood disorders
 - b. Anxiety disorders
 - c. Personality disorders
 - d. Eating disorders
 - e. Somatoform disorder
 - f. Attention deficit disorders
 - g. Sleep disorders
 - h. Sequelae of domestic violence
 - i. Sequelae of chronic pain
 - j. Stress-related disorders
 - k. Chronic metabolic conditions
2. Explain/demonstrate appropriate management for patients with substance abuse disorders, including:
 - a. Alcohol abuse/dependence
 - b. Narcotic abuse/dependence
 - c. Stimulant abuse/dependence
3. Explain/demonstrate appropriate management for patients with identified pathologic social/environmental circumstances, including:
 - a. Child Abuse
 - b. Spouse/Partner Abuse
 - c. Homelessness
 - d. Spouse/Partner/Child with Substance Abuse/Dependence

4. Identify correctly what conditions constitute a “psychiatric emergency” and require immediate referral.
5. Describe the initial assessment and management of the suicidal patient.
6. Explain the basic principles of brief focused: patient education, motivational assessment, and health behavior change techniques.
7. Identify community resources available to assist patient who may have substance abuse disorders, including:
 - a. Counseling centers
 - b. Shelters
 - c. Substance Abuse Treatment Centers
 - d. Support Groups (i.e. Narcotics Anonymous, Alcoholics Anonymous)
 - e. Food Pantries

Instructional Methods

1. **Direct Interaction:** With Behavioral Science Coordinator and physician preceptors in the Family Medicine Practice (FMP) during resident continuity clinics, psych consultation and behavioral health clinical interactions.
2. **Guided Research:** Resident presentation of assigned topic at AOM/Academic Conference based upon clinical cases observed in own continuity clinic or during community resource experiences.
3. **Supervised Clinical Management:** Application of the information to individual patient cases under guidance of FM Faculty during resident continuity clinic and home visits.
4. **Observed Clinical Encounters:** With direct feedback following each patient centered communication (PCC) observed/video-recorded visit. Observed clinical encounters sessions will be conducted by Interns at least four times per academic year and twice per year for R2/R3.

C. Practice Based Learning and Improvement

Objectives

During provision of supervised care in Family Medicine Practice continuity clinic sessions, Behavioral Health consultation, home visits with patients residents will:

1. Demonstrate ability to incorporate faculty and peer feedback into clinical/academic performance changes.
2. Demonstrate ability to incorporate feedback and lessons gleaned from longitudinal Resident Peer/Support Group activities into personal and performance change.
3. Demonstrate ability to use search tools in the medical library to locate resources for use in patient care and/or presentation preparation.
4. Self-identify area of Behavioral Science requiring additional practice/experience and create Academic Conference presentation for resident peers.
5. Review recorded patient visits and develop with Behavioral Science faculty a plan for adjustment/modification/correction of growth areas identified.

Instructional Methods

- 1. Direct Interaction:** With Behavioral Science Coordinator and physician preceptors in the Family Medicine Practice (FMP) during resident continuity clinics, psych consultation and behavioral health clinical interactions.
- 2. Guided Research:** Resident presentation of assigned topic at AOM/Academic Conference-based upon clinical cases observed in own continuity clinic or during community resource experiences.
- 3. Supervised Clinical Management:** Application of the information to individual patient cases under guidance of FM Faculty during resident continuity clinic and home visits.
- 4. Observed Clinical Encounters:** With direct feedback following each patient centered communication (PCC) observed/video-recorded visit. Observed clinical encounters sessions will be conducted by Interns at least four times per academic year and twice per year for R2/R3.
- 5. Process Improvement projects:** Each team will engage in PI projects with the consultation of the team leaders related to identify practice concerns. These projects will be presented at the end of the year at a juried conference.

D. Interpersonal and Communication Skills

Objectives

During all patient interactions (clinic, inpatient, telephonic) residents will:

1. Identify psychological, social, personal issues which may affect patients' willingness and/or ability to comply with medical recommendations.
2. Counsel patients effectively and compassionately, taking into account psychosocial factors affecting their care.
3. Demonstrate effective communication skills with patients and families across a broad range of socioeconomic and cultural backgrounds.
4. Demonstrate patient-centered communication skills, including:
 - a. Use of appropriate greetings
 - b. Use of appropriate non-verbal communication
 - c. Use of open ended questions
 - d. Use of clarifying statements
 - e. Use of summarizing statements
5. Demonstrate knowledge, and appropriate application, of motivational interviewing techniques.
6. Demonstrate ability to give clear and concise case presentations to faculty and/or specialty staff.
7. Construct appropriately organized, complete, and timely progress notes or consultation reports when indicated.
8. Demonstrate ability to communicate effectively with external services when arranging to participate in experiential activities.

Instructional Methods

1. **Direct Interaction:** With Behavioral Science Coordinator and physician preceptors in the Family Medicine Practice (FMP) during resident continuity clinics, psych consultation and behavioral health clinical interactions.
2. **Guided Research:** Resident presentation of assigned topic at AOM/Academic Conference based upon clinical cases observed in own continuity clinic or during community resource experiences.
3. **Supervised Clinical Management:** Application of the information to individual patient cases under guidance of FM Faculty during resident continuity clinic and home visits.
4. **Observed Clinical Encounters:** With direct feedback following each patient centered communication (PCC) observed/video-recorded visit. Observed clinical encounters sessions will be conducted by Interns at least four times per academic year and twice per year for R2/R3.

E. Professionalism

Objectives

While evaluating community behavioral health resources and during provision of supervised care in the Family Medicine Practice continuity clinic sessions, and Resident Peer Group sessions, residents will:

1. Demonstrate ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions.
2. Acknowledge errors when committed and demonstrate ability to analyze how to avoid future similar mistakes.
3. Demonstrate punctuality and reliability at all times, whether in clinic, didactic sessions, or performing inpatient duties.
4. Maintain a professional appearance at all times.
5. Complete on time all academic, experiential, and evaluative activities of the rotation.
6. Adhere to principles of confidentiality and informed consent.

Instructional Methods

1. **Direct Interaction:** With Behavioral Science Coordinator and physician preceptors in the Family Medicine Practice (FMP) during resident continuity clinics, psych consultation and behavioral health clinical interactions.
2. **Guided Research:** Resident presentation of assigned topic at Academic Conference/AOM based upon clinical cases observed in own continuity clinic, HHPMH, KMH, or during community resource experiences. PI projects will be conducted by teams relating to collaborative care keystones.
3. **Supervised Clinical Management:** Application of the information to individual patient cases under guidance of the Behavioral Health Clinician or under guidance of FM Faculty during resident continuity clinic and home visits.
4. **Observed Clinical Encounters:** With direct feedback following each observed/video-recorded visit. Observed clinical encounters sessions will happen at least one afternoon twice per academic year for each resident throughout the duration of their training.

5. **Professional Competency Assessment-** participate in the annual peer professionalism evaluation. This is a peer-based 360 degree feedback process designed to provide specific insight regarding leadership and teamwork behaviors. It focuses on growth areas and strengths so the resident can identify goals regarding professional development. Content of the PCI/360 process is not evaluated but the degree of commitment to developmental growth is an important professional competency.

F. Systems Based Practice

Objectives

While evaluating internal behavioral and mental health services and community mental health resources and during provision of supervised care in the Family Medicine Practice continuity clinic sessions residents will:

1. Demonstrate appropriate utilization of mental health services and professionals within the greater medical community while advocating for patients.
2. Demonstrate ability to analyze external resources available for patient care by critically evaluating two behavioral health/patient support resources within the local community.
3. Demonstrate cost-effective and judicious use of other diagnostic testing by recognizing the value and limitations of various procedures as are related to diagnosis and treatment of psychiatric/behavioral illnesses.

Instructional Methods

1. **Direct Interaction:** With Behavioral Science Coordinator and physician preceptors in the Family Medicine Practice (FMP) during resident continuity clinics, psych consultation and behavioral health clinical interactions.
2. **Guided Research:** Resident presentation of assigned topic at Academic Conference /AOM based upon clinical cases observed in own continuity clinic, HHPMH, or during community resource experiences with specific emphasis on learning experiences during the monthly KMH immersion.
3. **Supervised Clinical Management:** Application of the information to individual patient cases under guidance of the Behavioral Health Clinician and with monthly psychiatric rounds or under guidance of FM Faculty during resident continuity clinic and home visits.
3. **Observed Clinical Encounters:** With direct feedback following each observed/video-recorded visit. Observed clinical encounters sessions will happen at least one afternoon twice per academic year for each resident throughout the duration of their training.

Evaluation Activities

Residents will not be eligible for graduation until the following items are completed.

1. Resident Evaluation: *(the resident may be evaluated by several department members)*

- Periodic feedback:
Faculty and staff are encouraged to provide verbal feedback; but written feedback is required if resident is considered to be performing inadequately during the longitudinal experience. Family Medicine Associate Program Director or Program Director should be notified as soon as possible when a supervisor feels a resident's performance is inadequate or he/she demonstrates behavior that gives concern for safety of resident or patients.
- Final Evaluation
Behavioral Science Coordinator will complete the standard on-line summative evaluation form for each PGY-3 no less than one month prior to scheduled completion of residency.
- Attendance Verification
Documentation of attendance at didactic sessions, procedural clinics, FM continuity clinics, experiential encounters, Art of Medicine/Leadership evaluations and resident peer group sessions will be maintained in resident training file to verify > 100 hours completed in the Behavioral Science Domain.
- Evaluation of Observed/Recorded Visits
Resident and faculty written evaluations of observed/recorded visits will be preserved in resident training file. A plan of action for remediation of significant deficits in interviewing skills will be included if necessary.

2. Documentation: *(to be completed by resident prior to summative evaluation)*

- Appropriate EHR documentation of all encounters must be completed.
- Case logs must be completed and submitted to Behavioral Sciences within 1 week of the final experience at this location. A portfolio file will be kept containing both faculty feedback and resident input concerning competencies and growth areas.

3. Staff Evaluation: *(by the resident)*

- Residents evaluate faculty/staff using standard on-line evaluation form AT LEAST within 1 month of graduation date. "Voluntary" evaluation in the New Innovations system may be completed at any time a resident feels he/she must report something (positive or negative) regarding a supervisor.

4. Rotation Evaluation: *(by the resident)*

- Resident assesses quality of the rotation on the standard on-line evaluation form AT LEAST within 1 month of graduation date. "Voluntary" evaluation in the New Innovations system may be completed at any time a resident feels he/she must report something noteworthy (positive or negative) regarding the Behavioral Science longitudinal curriculum/experience.

Non-evaluated resident well-being sessions- Longitudinal Resident Peer Group (RPG): Focuses on Balint model addressing difficult patient interactions but also permits an open agenda decided by the residents. Attendance is mandatory. The topics are identified before-hand with a wide range of suggested readings, such as:

- Difficult Conversations.* Stone, Patton, Heen.
- The Terrifying Story of a Doctor Who Got Away With Murder.* Stewart, James B.
- You Don't Need a Title to Be a Leader, How Anyone, Anywhere Can Make a Positive Difference.* Sanborn, Mark.
- The No Asshole Rule: Building a Civilized Workplace and Surviving One that Isn't.* Sutton, Robert I.
- Emotional intelligence: New ability or eclectic traits?* Mayer, John D.; Salovey, Peter; Caruso,

Required Behavioral Health readings:

1. *Responding to suffering.* Epstein RM, Back AL. JAMA (2015) 314:2623-2624.
2. *Health Behavior Change: A Guide for Practitioners,* Rollnick, S., Mason, P., & Butler, C. 1e. 1st Edition
3. *Relationship, communication and efficiency in the medical encounter: creating a clinical model from a literature review.* Mauksch, LB.; Dugdale, DC.; Dodson, S.; & Epstein, R. Arch Intern Med. (2008);168(13):1387-1395.
4. *The Art of Medicine; Seven Skills that Promote Mastery.* Egnew, T. © 2014 American Academy of Family Physicians.
5. *Core Principles of Collaborative Care.* AIMS Center, UW.

Self-Directed Learning from assigned readings list (to be expanded throughout the academic experience):

- a. *Human Behavior and Mental Health, Recommended Curriculum Guidelines for Family Medicine Residents.* American Academy of Family Physicians (AAFP).
- b. *Motivational Interviewing Techniques/Strategies.* Sobell and Sobell (2008).
http://www.nova.edu/qsc/forms/mi_rationale_techniques.pdf
- c. *The Home Visit.* American Family Physician (AFP). Vol. 60/No. 5 (October 1, 1999):1481-1488.
- d. *Screening for Depression.* AFP. Vol. 85/No. 2 (January 15, 2012):139-144.
- e. *Evaluation and Treatment of the Suicidal Patient.* AFP. Vol. 85/No. 6 (March 15, 2012):602-605.
- f. *Antidepressant Use in Pregnancy.* AFP. Vol. 83/No. 10 (May 15, 2011):1211-1215.
- g. *Exercise, Yoga, and Meditation for Depressive and Anxiety Disorders.* AFP. Vol. 81/No. 8 (April 15, 2010):981-987.
- h. *Bipolar Disorders: A Review.* AFP. Vol. 91/No. 9 (May 1, 2015):483-493.
- i. *Generalized Anxiety Disorder: Practical Assessment and Management.* AFP. Vol. 79/No. 9(May 1, 2009):785-791.
- j. *The Physician's Role in Managing Acute Stress Disorder.* AFP. Vol. 86/No. 7 (October 1,

- 2012):643-649.
- k. *Evaluation of Physical Abuse in Children*. AFP. Vol. 61/No. 10 (May 15, 2000):3057-3064.
 - l. *Evaluating the Child for Sexual Abuse*. AFP. Vol. 63/No. 5 (March 1, 2001):883-892.
 - m. *Adolescent Substance Use and Abuse: Recognition and Management*. AFP. Vol. 77/No. 3 (February 1, 2008):331-336.
 - n. *Common Problems in Patients Recovering from Chemical Dependency*. AFP. Vol. 68/No. 10 (November 15, 2003):1971-1978.
 - o. *Reaching Out to an Impaired Physician*. Family Practice Management (FPM). Vol. 17/No. 1 (January/February, 2010): 27-31.
 - p. *Resonant Leadership*. Boyatzis, R, McKee, A, Harvard Business School Press. (2005).

Bruce D Robertson, Behavioral Health Coordinator
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Michael Watson, MD 5/9/2018
/ / Date