

May 16, 1991

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The behavioral science program at UC Irvine Department of Family Medicine is a multifaceted educational effort dedicated to four goals: 1) understanding and enhancing the doctor-patient relationship 2) developing the theory and skills necessary for implementing family-oriented medical care 3) addressing day-to-day management of a range of common psychosocial issues arising in the treatment of patients 4) promoting sensitivity to cross-cultural issues in patient care. The program consists of several components: 1) Clinic-based teaching and supervision, in which behavioral science faculty are assigned to work with individual residents during their regular clinic sessions 2) A behavioral science rotation in the second year, including both tutorial sessions on relevant psychological topics, and weekly patient counseling sessions to develop psychotherapeutic skills 3) Psychosocial rounding on the family medicine inpatient service, in which an interdisciplinary approach to seriously ill patients is adopted 4) An ongoing noon lecture series on behavioral science topics. The behavioral science program also offers a support group for first year residents, as well as informal counseling and advisement for residents at all stages of their training.

JS/bt
Attachment:

BEHAVIORAL SCIENCE CLINIC PROGRAM

The behavioral science teaching program is a continuity program which functions throughout the three years of residency training. It is a clinic-based curriculum which focuses on somewhat different, but interrelated objectives, over this three year period. The program operates at both the 29A clinic at UCIMC and at the Community Clinic of Orange County, located in Santa Ana.

YEAR 1: All first year residents are required to be directly observed by a behavioral science faculty member during the course of their normal patient interactions in family medicine clinic at least twice a month (may occur more often, depending on availability of faculty). Upon completion of the interview, the behavioral scientist provides both verbal and written feedback to the resident. The emphasis of training is on the development of interviewing skills, increasing the resident self-awareness as it relates to patient care, and understanding various factors influencing the doctor-patient relationship.

YEAR 2: All second year residents will be directly observed by a behavioral science faculty member during their normal patient clinic interactions approximately once a month. This is a monitoring system, primarily to ensure that skill development initiated in the first year is completed and maintained. It also addresses psychosocial issues of patient management. In addition, residents will participate in a 2-3 hour didactic session with a behavioral science faculty member approximately once a month. This didactic session will include the following components: 1) teaching tutorials - didactic presentations and readings on important behavioral science topics, such as death and dying, geriatrics, difficult patients, stress management etc. 2) Home visits - an opportunity to learn more about the physical environment and family dynamics of patients whom the resident selects. 3) Special projects, including "self-development." The resident may arrange with a faculty member to do a directed study project in an area of behavioral science of particular interest to him or her. This may also include projects of more reflective, self-analytic nature, for example, considering such questions as "How can I become a more caring and compassionate physician?" "How can I learn to reconcile personal and professional priorities?"

YEAR 3: No formal behavioral science observation occurs during this year. Instead, residents participate in approximately 2 "counseling clinics" per month. Counseling clinics are 3 hour sessions where residents may self-refer their own patients with psychological problems or difficulties in management. In addition, other family practice residents may refer patients to these counseling clinics, which occur twice a week at each clinic site. All counseling clinics are supervised by behavioral science faculty, who may adopt role of observer, co-therapist, or primary interviewer, depending on the needs and skills of the resident. Each patient encounter is preceded by a half-hour preparation session with faculty, and a half-hour debriefing.

In addition to the above program, depending on availability, behavioral science faculty are present in clinic as general resources, for brief patient management consultations.

DRAFT

BEHAVIORAL SCIENCE PROBLEM-BASED LEARNING
STRUCTURAL MODEL AND ISSUES

Copy B²
6-23-92
Beh sci packet
REVISED
To: Pat
Mike
Shaw
6-25-92

I. PGYI

A. Monthly behavioral science conferences (currently 3rd Wed. video conference)

These conferences will identify approximately 6 topics (and 6 follow-up sessions, for a total of 12 contacts)

Possible topics for exploration include the following:

- * Doctor-patient relationship
- * Interviewing skills (2 sessions)
- * Supportive counseling
- * Brief counseling (education; community referral; resource identification)
- * Time management
- * Patient explanatory models of illness

At each session, a resident videotape will be presented; videotape analysis will occur, but emphasis will be placed on the particular learning topic under discussion (eg., doctor-patient relationship)

Discussion will involve tape critique; and also alternative and complementary approaches to accomplishing resident-patient goals

B. Observation sessions 2 times per month (clinic based)

These observation sessions will proceed similarly to those currently underway; however, goals will be coordinated more closely with the curriculum identified above; for example, the first 2 months might emphasize feedback and discussion focusing on doctor-patient relationship

II. COMBINED PGY II, III
MONDAY TEACHING SESSIONS

Working with a two year, combined curriculum, we will have approximately 100 teaching sessions available to us. The allocation model is as follows:

- 1) First Monday - diagnostic category (Depression, Sexual dysfunction, AIDS etc.)
- 2) Second Monday - Family therapy approach
- 3) Third Monday - Relevant literature
- 4) Follow-up and summation

This model would give us room for approximately 25 topics, which might be drawn from the following list:

- * Depression
- * Anxiety
- * Panic disorder
- * Alcoholism/substance abuse
- * Death and dying
- * Domestic violence
- * Personality disorder
- * Geriatric issues
- * Sexual dysfunction
- * Adjustment disorder
- * Somatization disorder
- * Incest/child abuse
- * Psychosocial aspects of HIV disease
- * Psychological disorders of childhood
- * Cross-cultural considerations in health care
- * Dr/Pt relationship
- * Medical mistakes
- * Childhood disability
- * Ethics
- * Normal Family Development

The above model requires considerable flexibility. For example, not every content topic needs to be explored from the literary/family perspectives, so that we can devote additional sessions to a more straightforward approach. A few of the topics mentioned definitely require more than one introductory session. We will use the case-oriented, problem-based approach.

PROBLEM-BASED LEARNING

At each session, a role-play situation will be presented, with one or more residents sequentially role-playing with a simulated patient (this might be behavioral science faculty, OSCE volunteers, or actors Camille is training). A panel of "tutors," consisting of the assigned behavioral science faculty member, a physician faculty member, and an invited guest "expert" (optional), will be present to facilitate the role-play and guide discussion.

At the close of each session, a list of learning tasks will be generated and assigned to 2-3 of the residents. These might include:

- a) a list of patient problems
- b) identification of community and personal resources
- c) alternative treatment modalities
- d) cultural factors
- e) psychopharmacologic intervention

At the follow-up session, different patient approaches will be presented and explored through role-play and discussion.

III. 2nd/3rd Year Clinic-based Program

- a) 2nd year Observation sessions (1 time/month)
- b) 3rd year Counseling clinics (1-2 times/month)

BEHAVIORAL SCIENCE TEACHING TOPICS
PGYI 92 - 93

1. Interviewing skills
2. The doctor-patient relationship
3. Conducting the difficult interview (technical and process problems)
4. Conducting the difficult interview (topical and personality problems)
5. Cross-cultural issues in medical interviewing
6. Use of an interpreter in medical interviewing
7. Supportive counseling skills
8. Patient compliance and patient education
9. Brief counseling techniques
10. Time management
11. Patient explanatory models of illness
12. Stress management for physicians