

January 19, 1978

RESIDENTS AND FACULTY, DEPT. OF FAMILY MEDICINE

In an effort to assess how the needs of residents and faculty can best be met in the area of Behavioral Science training, I've designed the following questionnaire to provoke some thinking on the subject. Please do not regard this as just another piece of paper to be thrown away! This is probably the point at which the development of the Behavioral curriculum is at its most fluid and accessible, so your input is critical.

Please return completed questionnaires to me in room 203.

Thank you for taking the time and interest.

Johanna Shapiro, Ph.D.
Assistant Professor
Dept. of Family Medicine

JS:e1

BEHAVIORIAL SCIENCE BRAINSTORMING QUESTIONNAIRE

Using the following scale please indicate the intensity of your interest (or lack of interest!) in the following areas.

1 2 3 4 5 6 7
 Not at all Interested Extremely
 interested interested

Content Areas

- Interviewing Skills
- Interpersonal Communications
- Family Process
- Psychopathology
- Marital Counseling Skills
- Family Therapy, Theory and Technique
- Problems in Patient Management (hostilities, depression, seduction, noncompliance)
- Environmental Analysis
- Crisis Intervention/Brief Therapy
- Medical Ethics
- Life Span Development
- Doctor/Patient Interaction
- Parent Training
- Problem Solving/Decision Making
- Observational Skills
- Research
- Other

Structure

- One to one supervision of specific family cases
- Small group seminars focusing on specific skill acquisition
- Discussion group dealing with personal and/or professional issues and the way they interface
- Lecture series on specific content areas
- Behavioral Labs (role playing, films, discussion, etc.)
- Other

To what extent would you be interested in using these time slots for Behavioral Science material?

- Noon time
- One evening per week for approximately 3 hours
- The fourth section of the second and third year residency

Would you be interested in a Behavioral Science rotation? Yes No

To what extent are you interested in an advisory system for personal/professional self appraisal. (Please comment)

Do you feel Behavioral Science aspects of the program should be optional or required? (circle one)

RESPONSE TO VIDEOTAPE SEGMENTS

In treating patients, there is some information that is essential to know, some that is desirable to know, some that is nice to know, and some that is unimportant to know. For each of the stimulus tapes viewed, please put the following information items into one of the below five categories. When you finish there should be the same number of items, that is 3 items, in each category.

1	2	3	4	5
Essential to know	Important to know	Desirable to know	Nice to know	Unimportant to know

1. Prognosis of patient					
2. Attitudes of patient's family toward physician					
3. Attitudes of patient toward physician					
4. Vital Systems					
5. Attitudes of family toward patient illness					
6. Attitudes of patient toward illness					
7. Past Medical History					
8. Who are family members living with the patient					
9. Current psycho-emotional status of patient					
10. Diagnosis					
11. Family Dynamics					
12. Past coping behaviors of the patient					
13. Medications					
14. Patient and family inter-personal relationships					
15. Current lifestyle of patient					

RESIDENT ASSESSMENT EVALUATION MEASURE: RESPONSE TO VIDEO-TAPE SEGMENTS

Residents will view two video-tape stimuli. Video-tapes rather than written case histories seem preferable because their greater ambiguity allows more room for interpretation and because of their emphasis on implicit cues. Video-tapes are selected from the affective stimulus series and from two interview tapes by Dr. Jean Carlin. Tape one depicts an older man describing a series of physical and psychological symptoms. Tape two depicts a young woman in an acute episode of grief. Residents will be asked to rate the following items on a five point scale. Rating will be forced choice, with the rationale that the resulting data would reflect priorities in patient evaluation.

1	2	3	4	5
Essential to know	Important to know	Desirable to know	Nice to know	Unimportant to know

Medical Status

- Prognosis of patient
- Vital Systems
- Past Medical History
- Diagnosis
- Medications

Family

- Attitudes of patient's family toward physician
- Attitudes of family toward patient illness
- Who are family members living with the patient
- Family Dynamics
- Patient and family interpersonal relationships

Emotional/Attitude Status

- Attitudes of patient toward physician
- Attitudes of patient toward illness
- Current psycho-emotional status of patient
- Past coping behaviors of patient
- Current lifestyle of patient