

## **Human Behavioral and Mental Health**

*Goal:* To integrate behavioral science and psychiatry with all disciplines throughout the resident's total educational experience. This includes learning to diagnose, manage, and treat common psychiatric disorders found in the primary care. Residents will develop skills necessary to allow them to foster an effective and strong working relationship with their patients. The resident will be taught skills that will enable them to assist patients with lifestyle change behaviors. Each of these areas is taught in the context of the family life cycle. Residents will also develop mechanisms for fostering physician health maintenance and self care.

### *Rotational Experience:*

#### Required Rotations

PGY-1 – During the first year of training, resident have one required month rotation. They also have longitudinal experiences that occur throughout the year during continuity clinic and during the Ambulatory Medicine rotation. Behavioral medicine rotation includes 2 weeks of consultation liaison psychiatry with medical patients, 1 week in an outpatient chemical dependency program, both located at a community hospital and 1 week in palliative care (which includes home visits). Ambulatory Medicine rotation includes video review with the psychologist and physician faculty, shadowing during continuity clinic (3 hour session), rotating for two half days with the smoking cessation clinic, experiences with the domestic violence program, and experiences with the sleep clinic. Interns also participate in a year-long support group.

PGY-2 – During the second year of training there is no formal rotational experience. Residents continue to have their continuity clinics where they are shadowed at least once. Residents are required to do video clinic and review those with the psychologist and physician faculty (3 hour session).

PGY-3 – There is no required rotational experience for the third year. Residents continue to have their continuity clinics where they are shadowed at least once. There is required video clinic (3 hour session).

#### Elective Rotations

After completing the intern year, the resident has the opportunity to obtain further training in behavioral/mental health through elective rotations. The electives available are: Chemical Dependency either at Riverside or a week long program at Hazelden where you would be in residence for the week. The Hazelden program needs to be set up at the beginning of the academic year for any time during that year.

### *Longitudinal Experience:*

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**Continuity Clinic** For the duration of their training, residents are assigned as the primary care provider for a panel of patients. This panel grows in number as the resident progresses through training. As a primary care provider, the resident is expected to provide continuous, comprehensive care to these patients. The panel includes patients with mental illness and behavioral issues such as depression, anxiety, psychosis, ADHD, conduct disorders and PTSD.

**Continuous Quality Improvement** Smiley's Clinic is involved in several CQI projects that contribute to resident training in behavioral health that include system based approaches for caring for patients with Diabetes and Asthma. The resident is expected to participate in these projects and contribute to improving health care for patients.

*Didactic Sessions:*

**DFPCH Special Courses** – Residents are required to attend several Department-sponsored courses throughout the academic year. Those specific to behavioral/mental health include a course in Psychopharmacology and sexual counseling to be completed by graduation.

**FPC Lecture Series** – 12 hours of structured lecture are scheduled throughout the year as part of the FPC Lecture Series. Up to 12 additional hours are possible in crossover topics such as pediatric, emergency medicine and family/internal medicine lectures that are included in the series.

*Required Skills:*

Upon graduation the resident physician will be expected to be competent in the following skills:

Interviewing skills

Active listening skills

Techniques to elicit the context of the visit i.e. BATHE

Perform a thorough mental status exam

Indications for special procedures in psychiatric disorders i.e. psychologic, laboratory and imaging testing

Assessment of depression

Indications for psychiatric consultation

Management of emotional aspects of non-psychiatric disorders

Initial management of psychiatric emergencies

Proper use of psychopharmacologic agents

Identification of, intervention in and therapy for substance dependence and abuse

Appropriate referral procedures

Learn the role of family dynamics in caring for an individual with illness

Give bad news in an empathic manner

**Evaluation**

Evaluation of the resident includes many tools used to assess the resident's competence in the six ACGME Essential Competencies as well as the progression of the resident's skills from first through third year. The resident meets quarterly with the advisor to review performance, identify problems and plan for the future.

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In-Training Exam – Given yearly, this exam assesses medical knowledge and the resident is expected to show improvement as he/she progresses through his/her years of training.

Rotation Evaluations – These evaluations are reviewed each quarter with the advisor and consist of written reports on performance and feedback from the rotation faculty. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills and professionalism.

Faculty/Staff Evaluations – These evaluations are reviewed each quarter and include evaluations of performance in clinic, interactions with the nursing and support staff, attendance at required activities and performance in CQI projects. These evaluations also review patient compliments/complaints and compliance with dictation and coding policies. Attention is given to resident well-being and assistance is offered if needed. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, professionalism and systems-based practice.

Self-Assessment – Residents are offered the opportunity to assess themselves through the use of a questionnaire. The questionnaire covers a broad range of medical topics and is useful in identifying areas in which the resident feels more focus is needed. Essential Competencies assessed: medical knowledge, patient care and professionalism.

Video/Shadowing Clinic – Residents are required to complete multiple video/shadowing sessions during continuity clinic throughout the training program. These are reviewed by faculty including psychologists and feedback is given to the individual resident. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills and professionalism.

## **Total Training Time**

Total required rotations: 1 month

Total longitudinal time:

Total didactic hours per year: PGY-1 at least 15

PGY-2 at least 20

PGY-3 at least 16