



PGY: 1

**Behavioral Health** 

NGMC- Family Medicine Residency Program Gainesville, Ga

# **Description of Rotation:**

This is a 4-week rotation with direct supervision by a Behavioral Health Specialist and supplemental longitudinal learning in the FMP supervised by Family Medicine Faculty. Residents will learn about the occurrence of mental disorders/health in the family medicine practice as well as experience community-based learning which will take place in an inpatient/outpatient based behavioral health settings under the supervision of psychiatrists, counselors, social workers, and other specialists. Additional experiential learning will occur during didactics, Balint-like group (Personal and Professional Development), individual consultations and specific assignments.

#### **Overall Goal of Behavioral Health PGY1 Rotation:**

Residents will become familiar with levels of behavioral health services and resources available in the community. Residents will learn about a range of psychiatric disorders; how to refer patients for psychiatric, behavioral health and social services as well as collaboration with medical, behavioral health and social service providers to meet the multi-level health needs of patients and their families. Residents will learn how to conduct a diagnostic interview, administer, and interpret common behavioral screening tools and provide/initiate treatment recommendations in a Biopsychosocial-spiritual context. During patient and family interactions, the resident will demonstrate empathy with patient centered communication skills while incorporating motivational interviewing skills.

## **Rotation Location:**

NGPG - <b>FMC</b>	NGMC-Laurelwood	NGPG Psychiatry Outpatient	NGMC -Psychiatry
1439 Jesse Jewel Pkwy	200 Wisteria Drive	1075 Jesse Jewell Pkwy, SE,	Consult/Liaison
Suite 102	Gainesville, GA 30501	Suites A & B (top floor, top entrances)	743 Spring Street
Gainesville, GA 30501		Gainesville, GA 30501	Gainesville, GA 30501

Sample PGY 1 Rotation Schedule Behavioral Health Access- NGMC Psychiatry Consult/Liaison-NGPG Outpt Psychiatry

М	Т	W	TH	F	Sat	Sun
NGMC	Behavioral	NGMC	NGPG Psychiatry	NGMC	Eligible for	off
Consult/Liaison	Health- FMC	Consult/Liaison	Outpatient	Consult/Liaison	FMIS	
					coverage	
NGMC	Clinic- FMC	Didactic Half	NGMC	NGMC	Eligible for	off
Consult/Liaison		Day	Consult/Liaison	Consult/Liaison	FMIS	
					coverage	

Patient Ca	re
PGY level	By the end of the rotation the resident will be able to:
1	Interview patients using patient-centered communication to gather biological, psychological, and social information then formulate diagnosis and initial therapeutic/management plans to maintain and promote health while addressing any barriers. (PC-3/L2)
1	Collect clinical information in an empathetic manner and recognize the psychological impact of chronic health conditions and its social impact on patients and their families. (PC-2/L2)
1	Utilize multidisciplinary teams and recommend community resources for behavioral health that correspond to the appropriate level treatment, clinical criteria and promote collaborative continuity of care. (PC-1/L2)
1	Demonstrate evidence-based care related to undifferentiated health concerns while utilizing appropriate consultations and diagnostic testing. (PC-4/L2)
1	Identify therapeutic interventions/procedures and counsel patients regarding the treatment modalities. (PC-5/L2)





Medical Kı	nowledge Objectives and Competencies
PGY level	By the end of the rotation the resident will be able to:
1	Formulate a preliminary diagnosis using the Diagnostic and Statistical Manual of Mental Disorders, 5 <sup>th-</sup>
	Text Revision edition (DSM-5-TR) criteria. (MK-2/L1)
1	Administer and interpret the: Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder
	(GAD-7), Primary Care Post Traumatic Stress Disorder (PC-PTSD-5), Alcohol Use Disorders Identification
	Test (AUDIT), Mini Mental Status Examination (MMSE), Montreal Cognitive Assessment (MoCA),
	Adverse Childhood Experiences (ACEs) as well as formulate a treatment plan. (MK-2/L1-2)
1	Assess and manage a patient experiencing suicidality, psychosis as well as other conditions, that
	constitute a "psychiatric emergency." (MK-1/L2)
1	Develop knowledge of the following mental disorders commonly seen in Family Medicine: (MK-1/L1)
	a. Bipolar and related disorders
	b. Depressive disorders
	c. Anxiety disorders
	d. Substance-Related and Addictive disorders
	e. Feeding and eating disorders
	f. Sleep-wake disorders
	g. Neurodevelopmental disorders
	h. Somatic symptom and related disorders
	I. Trauma and stressor-related disorders
1	Appraise pharmaceutical and non-pharmaceutical therapies as well as Cognitive Behavioral Therapy for
	the most common psychiatric disorders diagnosed in Family Medicine. (MK-1/L2)

Interperso	nal and Communication Skills
PGY level	By the end of the rotation the resident will be able to:
1	Adapt communication that supports interdisciplinary team and interagency collaboration while using repeating back, verification, clarifying questions, numerical clarification, and the SBAR model. (IPC-3/L2)
1	Communicate in verbal and non-verbal ways which build therapeutic rapport, supports patient/family comprehension, understand family dynamics, conveys respect, empathy, and cultural sensitivity to all persons. (IPC-1/L1)
1	Utilize Motivational Interviewing skills, B.A.T.H.E., and Robert Carkhuff's Helping Model when building the physician-patient relationship and health promotion. (IPC-1-2/L2)
1	Communicate effectively with all physician and non-physician members of the health care team to ensure comprehensive and timely care of patients. (IPC-2/L2)
1	Present information, on patients, concisely and clearly both verbally and in writing while demonstrating organization of content and systematic reasoning. (IPC-3/L2)

Systems Ba	ased Practice Objectives and Competencies
PGY level	By the end of the rotation the resident will be able to:
1	Understand and utilize the multidisciplinary resources necessary to optimally care for patients while
	identifying/reporting system improvements or safety concerns. (SBP-1/L2)
1	Apply evidence based, cost-effective diagnostic and treatment strategies in the care of ambulatory
	patients and effectively coordinating transitions of care. (SBP-1/L1)
1	Describe when to ask for help and advice from senior residents and attending physicians. (SBP-2/L2)
1	Collaborate with other members of the health care team, including residents at all levels, medical
	students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists,
	patient educators, behavioral health specialists, case managers, and providers of home health services
	to advocate for patient care. (SBP-3/L1)
1	Know when and how to advocate for patients care and how best to utilize the assistance provided. (SBP-
	4/L1)





Practice Ba	Practice Based Learning and Improvement Objectives and Competencies				
PGY level	By the end of the rotation the resident will be able to:				
1	Commitment to professional scholarship, including systematic, critical examination of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine. (PBLI-1/L3)				
1	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients and independently create and implement a learning plan. (PBLI-2/L2)				
1	Incorporate faculty feedback into clinical/academic performance and participate in system change. (PBLI-2/L2)				
1	Recognize inequalities, inefficiencies, variation, and quality gaps in behavioral healthcare delivery in Family medicine. (PBLI-1/L1)				

Profession	alism Objectives and Competencies
PGY level	By the end of the rotation the resident will be able to:
1	Accept professional responsibility as the primary care physician for patients under his/her care. (PROF-
	1/L1)
1	Recognize and respond appropriately to signs of stress or impairment in self and team members. (PROF-
	3/L2)
1	Appraise his/her beliefs, attitudes, values toward patients and families affected by mental health
	disorders during personal and professional development/Balint groups. (PROF-1/L2)
1	Monitor personal and professional progress in the areas of wellness including mental, physical, and
	social health as well as awareness of transference and counter transference. (PROF-2-3/L2)
1	Acknowledge errors when committed and perform self-analysis to avoid future similar mistakes while
	performing tasks in a timely manner with an attention to detail. (PROF-1-2/L2)
1	Behave with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff
	interactions with similar and differing cultures. (PROF-1-2/L2)
1	Understand ethical concepts of confidentiality, consent, autonomy, and justice. (PROF-1/L2)
1	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-1-2/L2)

Teaching Methods	
Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	Guided Research
Supplemental readings and multimedia	

Research Scholarly requirement	
Patient Oriented Point of Care Research	BH rounds expansion of knowledge-research

Procedures/Skills Taught (PC5)		
Clinical Interview skills	Patient Centered Communication (to include family)	
Diagnostic and treatment planning	Referral and collaboration	
Assessment and Interpret BH Scales	Pharmaceutical and non-pharmaceutical therapies	
Motivational Interviewing		





## **Supervision/Evaluation:**

The resident will meet weekly with the FM faculty Behavioral Health Specialist while receiving direct supervision and evaluation by the preceptor at Behavior Access Center/Laurelwood. The site preceptor (Psychiatry, Nurse Practitioner, Physician Assistant) will provide an end of the rotation evaluation. While the resident will interact with several health care providers, the overall supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures and interactions.

Assessment Methods		
Direct and Indirect Observation	Chart Review	
Patient Centered Observation Form (PCOF)	Procedure evaluation	
DSM-5-TR Clinical Cases	End of Rotation Evaluation/assessment	

## EPA's

(EPA 7) Diagnose and manage chronic medical conditions and multiple co-morbidities.

(EPA 8) Diagnose and manage mental health conditions.

(EPA 17) In the context of culture and health beliefs of patients and families, use the best science to set mutual health goals and provide services most likely to benefit health.

(EPA 18) Advocate for patients, families, and communities to optimize health care equity and minimize health outcome disparities.

## **Residency Outcomes**

Develop effective communication and constructive relationships with patients, clinical teams, and consultants

Practice as personal physicians, providing first contact, comprehensive and continuity care, to include excellent doctor-patient relationships, excellent care of chronic disease, routine preventive care and effective practice management

Diagnose and manage of common mental health problems in people of all ages

Resources:	
DSM-5-TR	https://www.psychiatry.org/psychiatrists/practice/dsm/about-dsm
MMSE Altered MS	https://www.aafp.org/afp/2016/1015/p635.html https://www.aafp.org/pubs/afp/issues/2021/1100/p461.html
PHQ-9	https://www.aafp.org/afp/2012/0115/p139.html
GAD-7	https://www.aafp.org/afp/2015/0501/p617.html
PC-PTSD-5	https://www.aafp.org/afp/2007/1215/p1848.html
AUDIT	http://auditscreen.org/
MoCA	https://www.mocatest.org/
Bipolar and Depressive disorders	https://www.aafp.org/pubs/afp/topics/by-topic.depression-and-bipolar-disorder.html
Anxiety disorders	https://www.aafp.org/pubs/afp/topics/by-topic.anxiety-disorders.html





Substance Use	https://www.aafp.org/afp/2013/0715/p113.html
Feeding and	https://www.aafp.org/pubs/afp/issues/2021/0101/p22.html
eating disorders	
Sleep-wake	https://www.aafp.org/afp/2013/0815/p231.html
disorders	
Neurodevelopm	https://www.epa.gov/sites/production/files/2015-10/documents/ace3_neurodevelopmental.pdf
ental disorders	
Somatic	https://www.aafp.org/afp/2016/0101/p49.html
symptom and	
related	
disorders	
Trauma and	https://www.aafp.org/afp/2013/1215/p827.html
stressor-related	
disorders	
Complementary	https://www.aafp.org/pubs/afp/topics/by-topic.complementary-and-alternative-medicine.html
and Alternative	
Med.	
Cultural	https://medschool.ucsd.edu/som/psychiatry/about/Diversity/Documents/Corral2017_Article_Ps
Competence	<u>ychiatryResidentTrainingInCu.pdf</u>
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