



Behavioral Health Longitudinal Curriculum
NGMC- Family Medicine Residency Program
Gainesville, Ga

PGY: 1-3

Description of Rotation:

The Behavioral Health curriculum is a longitudinal experience during the PGY 1-3 years. Training will take place in the Family Medicine practice setting, community based behavioral health service, simulation/role play and didactics with supervision by Behavioral Health Faculty. Supplemental longitudinal learning in the FMP supervised by Family Physician Faculty is also expected.

Overall Goal of the Behavioral Health Rotation:

Residents will learn to provide evidence-based, compassionate, comprehensive behavioral health skills and resources for incorporation into the practice of family medicine. This rotation will facilitate a broader view of behavioral health through encounters with families and patients who are experiencing behavioral health and social issues. Residents will also become familiar with levels of behavioral health services through a visit to community mental health providers. 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 (PHQ-9, GAD-7 and AUDIT). During patient and family interactions, the resident will demonstrate empathy and motivational interviewing skills.

Rotation Location: NGMC – Gainesville
743 Spring St NE
Gainesville, GA 30501

NGPG – Family Medicine
1439 Jesse Jewell Pkwy, Suite 102
Gainesville, GA 30501

Patient Care:	
PGY level	By the end of the residency the resident will:
1-3	Demonstrate the ability to effectively interview patients to gather biological, psychological and social information and formulate diagnosis and therapeutic plans (PC-1, PC-3)
1-3	Collect clinical information and recognize the psychological impact of chronic health conditions and its social impact on patients and their families (PC-2)
1-3	Visit community behavioral health agencies to learn about behavioral health resources, treatment levels and clinical criteria (PC-1, PC-2, PC-3)
1-3	Demonstrates empathy and evidence-based care related to undifferentiated health concerns while utilizing appropriate consultations and diagnostic testing (PC-4)

Medical Knowledge Objectives and Competencies	
PGY level	By the end of the residency the resident will:
1-3	Familiarity with the Diagnostic and Statistical Manual of Mental Disorders, 5 th edition (DSM-5) nomenclature of mental health disorders. (MK-1)
1-3	Demonstrate the ability to score and interpret the Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder (GAD-7), Alcohol Use Disorders Identification Test (AUDIT) as well provide treatment direction. (MK-1, MK-2)
1-3	Describe the initial assessment and management of a patient experiencing suicidality as well as other conditions that constitute a “psychiatric emergency.” (MK-1, MK-2)



1-3	<p>Develop a basic knowledge of the following mental disorders commonly seen in Family Medicine (MK-1, MK-2):</p> <ol style="list-style-type: none"> Bipolar and related disorders Depressive disorders Anxiety disorders Substance-Related and Addictive disorders Feeding and eating disorders Sleep-wake disorders Neurodevelopmental disorders Somatic symptom and related disorders Trauma and stressor-related disorders
-----	---

Interpersonal and Communication Skills

PGY level	By the end of the residency the resident will:
1-3	Develop rapport and builds therapeutic relationships with patients (C-1)
1-3	Communicate effectively with patients and families. (C-2)
1-3	Communicate effectively with physician colleagues at all levels (C-3)
1-3	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients. (C-3)
1-3	Present information concisely and clearly both verbally and in writing on patients. (C-4)

Systems Based Practice Objectives and Competencies

PGY level	By the end of the residency the resident will:
1-3	Understand and utilize the multidisciplinary resources necessary to care optimally for patients. (SBP-1)
1-3	Use evidence based and cost-effective diagnostic and treatment strategies. (SBP-1)
1-3	Use evidence-based, cost-conscious strategies in the care of ambulatory patients. (SBP-1)
1-3	Describe when to ask for help and advice from senior residents and attending physicians. (SBP-2)
1-3	Effective collaboration 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, social workers, case managers, and providers of home health services to advocate for patients (SBP-3)
1-3	Knowing when and how to refer patients to specialists, and how best to utilize the advice provided. (SBP-4)

Practice Based Learning and Improvement Objectives and Competencies

PGY level	By the end of the residency the resident will:
1-3	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of principles of evidence-based medicine (PBLI-1)
1-3	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI-2)
1-3	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change (PBLI-3);



Professionalism Objectives and Competencies	
PGY level	By the end of the residency the resident will:
1-3	Acceptance of professional responsibility as the primary care physician for patients under his/her care (PROF-1)
1-3	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes (PROF-2)
1-3	Behaves with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions with similar and differing cultures (PROF-3);
1-3	Understand ethical concepts of confidentiality, consent, autonomy and justice. (PROF-3)
1-3	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-4)

Teaching Methods	
Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	Guided Research
Role play Simulation	
Research Scholarly requirement:	
Patient Oriented Point of Care Research	Critical Appraisal Topic
Rounds- Present Case	Video review

Procedures/Skills Taught (PC5)	
Clinical Interview skills	Patient Centered Communication
Assessment and Interpret BH Scales	Referral and collaborate
Motivational Interviewing	

Supervision/Evaluation:
Resident will work one-on-one and will be supervised by the Behavioral Health Specialist and Family Medicine Faculty. While the resident will interact with several health care providers, 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.

Assessment Methods	
Direct and Indirect Observation	Procedure evaluation
Patient Centered Observation Form (PCOF)	Chart Review
DSM-5 Clinical Cases	Procedure Log
Case Log	End of Rotation Evaluation
Evaluation of Journal Club	

EPA's
1. Diagnose and manage chronic medical conditions and multiple co-morbidities.
2. Diagnose and manage mental health conditions
3. 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.
4. Advocate for patients, families, and communities to optimize health care equity and minimize health outcome disparities



Resources: Required Reading	
DSM-5	https://www.psychiatry.org/psychiatrists/practice/dsm/about-dsm
MMSE	https://www.aafp.org/afp/2016/1015/p635.html
PHQ-9	https://www.aafp.org/afp/2012/0115/p139.html
GAD-7	https://www.aafp.org/afp/2015/0501/p617.html
AUDIT	http://auditscreen.org/
Bipolar and Depressive disorders	https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=6
Anxiety disorders	https://www.aafp.org/afp/2008/0815/p501.html
Substance-Related and Addictive disorders	https://www.aafp.org/afp/2013/0715/p113.html
Feeding and eating disorders	https://www.aafp.org/afp/2008/0815/p187.html
Sleep-wake disorders	https://www.aafp.org/afp/2013/0815/p231.html
Neurodevelopmental disorders	https://www.epa.gov/sites/production/files/2015-10/documents/ace3_neurodevelopmental.pdf
Somatic symptom and related disorders	https://www.aafp.org/afp/2016/0815/p49.html
Trauma and stressor-related disorders	https://www.aafp.org/afp/2013/1215/p827.html