Implementing a longitudinal behavioral medicine curriculum in a family medicine residency

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1. PROBLEM STATEMENT

It is important to train family medicine residents with strong foundational skills in behavioral medicine and the skills to practice within a integrated behavioral medicine setting (Jacobs et al., 2018). This is because:

- **Up to 30 percent** of the U. S adult population meets the criteria for one or more mental health problems (Croghan and Brown, 2010)

- Integrating behavioral medicine into primary care **is increasingly common** because it may lead to better treatment of patients with mental health conditions (Saeidi and Wall, 2018; Olfson, 2016).

2. OBJECTIVES

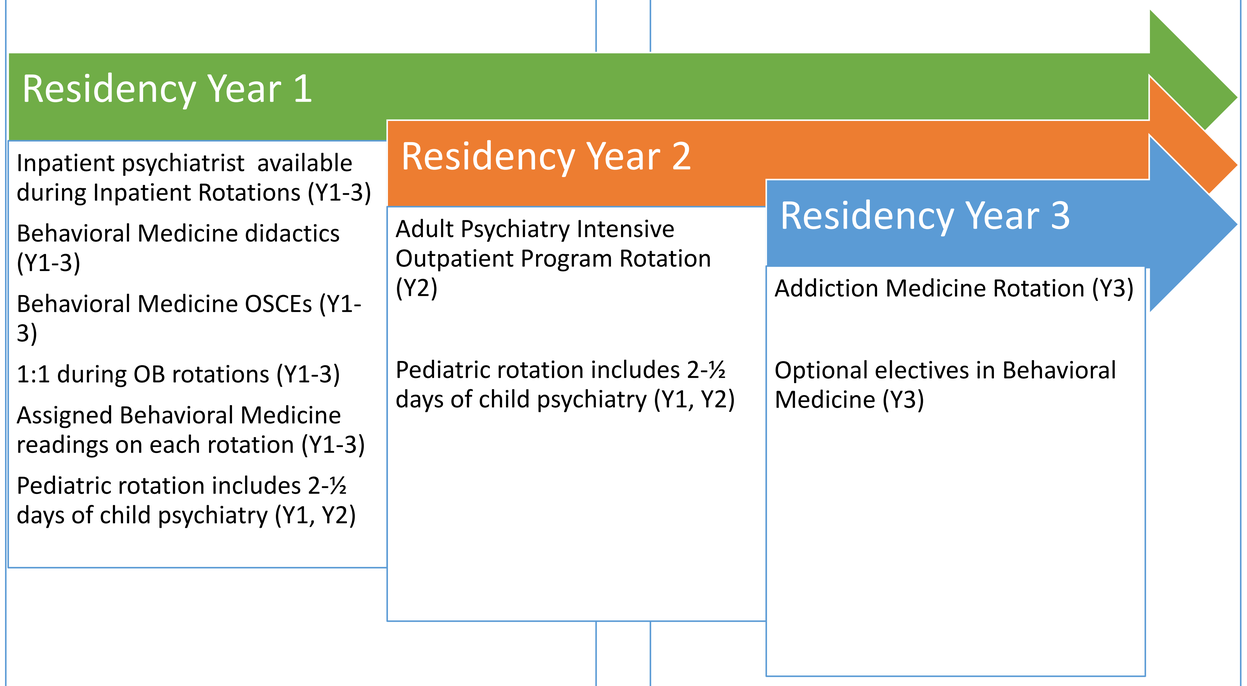
Kaiser Permanente Santa Rosa implemented an integrated Behavioral Medicine curriculum into our new Family Medicine Residency Program. This poster:

- Outlines the **longitudinal curriculum**,
- Discusses **what's worked and what hasn't** so far, and
- Invites participants **to use these lessons** to improve inform their own Behavioral Medicine residency curricula

3. CURRICULUM OVERVIEW

The aim of the Kaiser Permanente Santa Rosa Family Medicine's longitudinal Behavioral Medicine curriculum is for residents to be able to compassionately and appropriately respond to the psychological needs of their patients.

The elements of the longitudinal curriculum are provided in the figure below. Importantly, a Kaiser Permanente **psychologist and psychiatrist have dedicated time to devote to the education and clinic activities for the residents in each of the three years.** These faculty members observe and provide feedback regarding residents' clinical interview skills during continuity clinic.



4. RESULTS

What has worked well?

- OSCE assessments show residents have **improved their interviewing skills** and **ability to identify mental health conditions**.
- Integrating a psychologist and psychologist into the residency has allowed residents work closely with behavioral medicine faculty to assess, treat and follow up with their patients.

What has been challenging?

- Aligning resident and behavioral medicine faculty's administrative and clinic time was logistically challenging
- There was a low utilization of behavioral medicine faculty during continuity clinic and inpatient rotations during the first 6 months of the residency. Utilization is now increasing.

5. CONCLUSION

Implementing a longitudinal behavioral medicine curriculum into the family medicine residency has been logistically challenging but will provide residents with comprehensive training regarding how to appropriately treat each patient's behavioral, mental and emotional symptoms.

Recommendations for residencies wanting to implement a longitudinal curriculum:

- Identify your behavioral medicine faculty early to set curriculum and schedules;
- Set clear expectations with residents and faculty regarding reading requirements and assessments;
- Carve out times for resident supervision with behavioral medicine faculty.

6. REFERENCES

- Croghan, T. & Brown, J. (2010). Integrating Mental Health Treatment Into the Patient Centered Medical Home. AHRQ Publication. 10.
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