Behavioral Medicine

Curriculum

Level of Training
PGY-1, PGY-2, PGY-3

Length of Curriculum
Longitudinal, over the course of the three years of residency
Four week block experience third year
One-four week elective

Attending's Name(s) and Titles
Cathy Snapp, Ph.D., Director of Behavioral Science
Peter Debelius, M.D., Psychiatrist
Ruth DeBusk, Ph.D, RD, Genetic Nutrition
Amrita Brummel-Smith, MD, Family Medicine
Min Tian, MD, Ph.D. Acupuncture/Lifestyle medicine

Location(s) of the Training
Family Medicine Center
Stress Reduction Center - FMC
Medical Symptom Reduction Clinic
Behavioral Medicine Unit
Yisheng Clinic

Description of Training
Behavioral Medicine incorporates knowledge from Psychiatry, Psychology, Social Work, Neuro-Cardiology, Psychoneuroimmunology, Functional Medicine and Nutrition, and Spirituality. Behavioral Medicine is concerned not just with psychopathology but with normal growth and development, communication styles, psychodynamics', cognitive processes, family dynamics, counseling/psychotherapeutic techniques, psychotropic interventions, nutrition, preventive medicine, wellness and stress reduction, and mind/body medicine. This information is
applicable to all areas of health, prevention and promotion, and treatment, especially 1) connecting/communicating with patient, 2) motivating patients for compliance and involvement, 3) preventing and curing illness, 4) self-awareness and the use of self as healer, and 5) techniques for personal growth and wellness. The ultimate goal is for the residents to be able to integrate knowledge from these areas into their lives for personal enrichment and excellent patient care.

The goals of the Behavioral Medicine experience at Tallahassee Family Medicine are to facilitate residents’ 1) learning of specific Psychiatric and Behavioral assessment, treatment, evidence based approaches to clinical care, guidelines, and prevention to use for personal development, 2) learning to apply these techniques and guidelines in clinical care, 3) learning about normal/abnormal development, 4) improving patient/doctor interaction, and 5) understanding social, emotional, nutritional and spiritual aspect of illness.

The behavioral medicine experience is in part longitudinal in format so that the resident can accomplish a number of goals and objectives during the years of residency. Reviewing materials in the Behavioral Medicine library and working with faculty and other residents, guides and assists residents in achieving the goals outlined.

There is also a four-week block rotation for Behavioral Science/Psychiatry which occurs in the third year. The experience will focus on disease management through Psychiatric assessment and psycho-pharmacological treatment with Dr. Peter Debelius and health promotion through targeted rotation experience with Drs. Snapp, DeBusk, Tian and Brummel-Smith. These sessions will give the resident opportunity to participate in psychiatric evaluations/treatment, electroconvulsive therapy, cognitive behavioral therapy, preventive and lifestyle medicine, acupuncture and nutritional medicine, psychological intervention and assessments.

**PG-1**

**Learning Goals**

By the end of the first year, the resident will have increased knowledge regarding:

1. doctor/patient relationship and interviewing skills (Competencies: Interpersonal and Communication Skills 1, 2).
2. stress management/physician wellness/health promotion (Competency: Practice Based Learning and Improvement 1).
3. understanding families and cultural differences in Behavioral Medicine (Competency: Professionalism 3).
4. understanding the Bio-Psychological, Family Systems and Lifestyle Medicine model and five modifiable lifestyle factors (Competency: Medical Knowledge 1).
5. appropriate psychiatric assessment and referral – including Baker and Marchman Act (Competency: Medical Knowledge 1).
6. appropriate use of nutritional and lifestyle interventions in individualized treatment approaches (Competencies: Medical Knowledge and Practice Based Learning and Improvement 1,2).
7. stages of change in patients’ disease management and health promotion (Competency: Practice Based Learning and Improvement 1).
8. Mindfulness in medicine (Competencies: Interpersonal and Communication Skills and Practice Based Learning and Improvement 1 and 2).
Learning Objectives

By the end of the first year, residents will be able to:

1. demonstrate effective patient interviewing skills/counseling skills (Competency: Interpersonal and Communication Skills 1, 2).
2. explain the Bio-Psychosocial and Therapeutic Lifestyle Change Model (Competency: Medical Knowledge 1).
3. explain what is meant by Mind Body Medicine (Competency: Medical Knowledge 1).
4. describe normal psychosocial growth and development in individuals and families (Competency: Medical Knowledge 1).
5. describe one technique for stress management and mindful awareness (Competencies: Interpersonal and Communication Skills 1, 2).
6. describe self-regulatory techniques and diaphragmatic breath and heart rate variability related to stress reduction (Competency: Medical Knowledge 1).
7. demonstrate sensitivity to cultural differences in patients: cultural competency and a non-judgmental attitude (Competency: Professionalism 3).
8. discuss the stages of stress in the Family Life Cycle (Competency: Medical Knowledge 1).
9. describe and demonstrate a effective Physician-Patient relationship (Competencies: Interpersonal and Communication Skills 1, 2).
10. discuss at least one strategy for personal and professional wellness (Competencies: Practice Based Learning and Improvement 1).
11. demonstrate the basic skills of grief counseling and delivering bad news (Competencies: Interpersonal and Communication Skills 1, 2).
12. demonstrate competency in psychiatric diagnosis, treatment plan/referral (Competency: Medical Knowledge 1).
13. demonstrate understanding of stages of change (Competencies: Interpersonal and Communication Skills and Practice Based Learning and Improvement 1, 2).

PGY1 CLASS – ROTATION TOPICS

FPU

1. Physician Wellness/Stress Physiology (ABS)
2. Psychiatric Referral/BHC in-patient overview (Unit 1/Unit 4, PD)
3. Chronic Disease management using nutritional medicine (RD)

Noon Conference

1. Lifestyle medicine in chronic disease management (RD,CAS)
2. Messaging System and allostasis and allostatic load (RD)
3. Functional Medicine approach to clinical imbalances – Personalized Medicine (RD)
4. Chronic Care Team approach to medicine
5. Stages of change
6. General classification of medications used in psychiatric disorders
7. General classification of psychiatric morbidity
8. Attention to specialty care (OB, Peds, Geriatrics)
9. Physician-Patient Relationship
10. Resident Support and Personal and Professional Wellness
11. Grief Counseling and Delivering Bad News
12. Patient Interviewing Skills/ Counseling Skills
13. Bio-Psychosocial Model
14. Introduction to Mind Body Medicine
15. Normal Psychosocial Growth and Development in Individuals and Families
16. Introduction to Stress Management and Heart Rate Variability
17. Self-Regulatory Techniques and Diaphragmatic Breath
18. Sensitivity to Cultural Differences in Patients: Cultural Competency and Non-Judgemental Attitude

**Support Group**

1. Meditation and mindfulness for self-care and stress reduction
2. Nutrition and cooking experience
3. Exercise through yoga/stretching
4. Expressive writing
5. Sleep through yoga nidra
6. Massage and guided meditation
7. Cognitive work through Physician Wellness workbook

**PG2**

Learning Goals

By the end of the second year, the resident should be able to understand the importance of the following topics in the care of family medicine patients.

1. Diagnosis and management of psychiatric disorders (Competencies: Medical Knowledge 1 and 2).
2. Psychopharmacology (Competencies: Medical Knowledge 1 and 2).
3. Lifestyle and mind-body medicine/spirituality in health promotion (Competencies: Medical Knowledge 1 and 2).
4. Personalized medicine in treatment of chronic disease related psychiatric conditions (Competency: Medical Knowledge 1, 2).

Learning Objectives

By the end of the second year, residents will be able to:

1. diagnose and begin management of common mood disorders (Competencies: Medical Knowledge 1 and 2).
2. diagnose and begin management of common anxiety disorders: Panic, OCD, GAD, social phobia (Competencies: Medical Knowledge 1 and 2).
3. diagnose and begin management of PTSD (Competencies: Medical Knowledge 1 and 2).
4. diagnose and begin management of somatoform disorders (Competencies: Medical Knowledge 1 and 2).
5. diagnose and begin management of substance abuse and addictive behaviors (Competencies: Medical Knowledge 1 and 2).
6. diagnose and begin management of ADHD/ADD and Childhood Psychiatric Disorders (Competencies: Medical Knowledge 1 and 2).
7. diagnose and begin management (including referral) of Family Violence: child/partner/elder abuse and neglect (Competencies: Medical Knowledge 1 and 2).
8. describe suicidality and when crisis intervention is appropriate (Competencies: Medical Knowledge 1 and 2).
9. diagnose and begin management for of personality disorders (Competencies: Medical Knowledge 1 and 2).
10. diagnose schizophrenia and psychiatric disorders (Competencies: Medical Knowledge 1 and 2).
11. use basics psychopharmacology in the management of their patients (Competencies: Medical Knowledge 1 and 2).
12. diagnose and begin management (including referral) of Eating Disorders (Competencies: Medical Knowledge 1 and 2).
13. describe the emotional aspects of Non-Psychiatric Disorders (Competencies: Medical Knowledge 1 and 2).
14. describe neuro-cardiology (Competencies: Medical Knowledge 1 and 2).
15. describe psychoneuroimmunology (Competencies: Medical Knowledge 1 and 2).
16. describe allostasis and allostatic Load (Competencies: Medical Knowledge 1 and 2).
17. design individualized, personalized treatment plan identifying modifiable lifestyle factors (Competencies: Medical Knowledge and Practice Based Learning and Improvement 1,2).

**PGY2 CLASS – ROTATION TOPICS**

**Noon Conference**

What can we do in the first 2 classes that would grab their interest and be practical for them, things they could use over their residency time (stress reduction, nutrition, exercise)

Start out with expressive writing around the question—what type of physician do you want to be, what’s it like as a physician to see your patient getting well?

1. Lifestyle Medicine in Chronic Disease Management (RD, CAS)
2. Messaging System (RD)
3. Functional Medicine’s Integrated Approach to Clinical Imbalances – Personalized Medicine (RD)
4. The Collaborative Care Team in Chronic Disease (RD)
5. Mood Disorders
6. Anxiety Disorders: Panic, Obsessive-Compulsive Disorder (OCD), Generalized Anxiety Disorder (GAD), Social Phobia
7. Post-traumatic Stress Disorder (PTSD)  
8. Somatoform Disorders  
9. Substance Abuse and Addictive Behaviors  
10. ADHD/ADD and Childhood Psychiatric Disorders  
11. Family Violence: Child/Partner/Elder Abuse and Neglect  
12. Suicidality and Crisis Intervention in Healthcare Setting  
13. Personality Disorders  
14. Basic Psychopharmacology  
15. Schizophrenia and Psychotic Disorders  
16. Eating Disorders  
17. Emotional Aspects of Non-Psychiatric Disorders  
18. Neuro-Cardiology  
19. Psychoneuroimmunology  
20. Allostasis and Allostatic Load – duplicate of #2

**Support Group**

1. Meditation and mindfulness for self-care and stress reduction  
2. Nutrition and cooking experience  
3. Exercise through yoga/stretching  
4. Expressive writing  
5. Sleep through yoga nidra  
6. Massage and guided meditation  
7. Cognitive work through Physician Wellness workbook

**PG3**

**Learning Goals**

By the end of the third year, residents should show proficiency in the following areas:

1. clinical application of Behavioral & Mind-Body Medicine (Competency: Patient Care 4).  
2. family dynamics/psychopathology in Family Systems (Competencies: Medical Knowledge 1, 2).  
3. resident transition to professional life (Competencies: Professionalism 1, 2).  
4. resident application of chronic disease management and prevention (Competency: Medical Knowledge 1).  
5. Nutritional and Pharmacogenomics (Competency: Medical Knowledge 1).

**Learning Objectives**

By the end of the third year, the resident will be able to:

1. demonstrate comprehensive chronic disease management skills (Competencies: Medical Knowledge 1, 2).
2. make in-depth diagnosis, treatment and referral of common psychiatric diagnoses (Competencies: Patient Care 2, Medical Knowledge 1 and 2).
3. describe factors influencing patient compliance (Competency: Patient Care 4).
4. describe in detail the physiology of the stress response (Competencies: Medical Knowledge 1, 2).
5. demonstrate family conference skills (Competency: Patient Care 4).
6. describe cognitive behavioral therapy and its uses (Competencies: Medical Knowledge 1, 2).
7. describe medical ethics and end of life care (Competencies: Professionalism 1, 2).
8. describe options for self-care and health promotion: nutrition, exercise, yoga, massage, bio-feedback, mindfulness, expressive writing (Competency: Patient Care 4).
9. describe the stages of stress in the family cycle (Competencies: Medical Knowledge 1, 2).
10. demonstrate understanding of chronic care team model (Competencies: Professionalism 1, 2).
11. demonstrate knowledge of genomics and use in medical care (Competency: Medical Knowledge 1).
12. demonstrate understanding of use of mindfulness based technologies in patient care and physician wellness (Competencies: Patient Care and Practice Based Learning and Improvement 4, 1).

PGY3 CLASS – ROTATION TOPICS

Behavioral Medicine One-month rotation

1. Extended rotation with Dr. Debelius BHC/In-patient/Medicine service
2. Positive psychology/mindfulness/cognitive restructuring (Snapp)
3. Nutritional core food plan, genetics, supplements, genomics, messaging system (DeBusk)
4. Accupuncture, therapeutic lifestyle change (Tian)

Noon Conference

1. Lifestyle medicine in chronic disease management (RD,CAS)
2. Messaging System and allostasis and allostatic load (RD)
3. Functional Medicine approach to clinical imbalances – Personalized Medicine (RD)
4. Chronic Care Team approach to medicine
5. Nutritional and Pharmacogenomics
6. Healthcare of the Family in Transition
7. In-Depth Psychiatric Diagnosis and Treatment and Referral
8. Factors Influencing Patient Compliance
9. In-Depth Physiology of the Stress Response
10. Family Conference Skills
11. Cognitive Behavioral Therapy
12. Medical Ethics & End of Life Care
13. Options for Self-Care: Yoga, Massage, Bio-feedback, Mindfulness
14. Stages of Stress in the Family Cycle

**Support Group**

1. Meditation and mindfulness for self-care and stress reduction
2. Nutrition and cooking experience
3. Exercise through yoga/stretching
4. Expressive writing
5. Sleep through yoga nidra
6. Massage and guided meditation
7. Cognitive work through Physician Wellness workbook
8. Life Transition

**Schedule:**

**Classes**

1. Thursday didactic classes per year
   - PG1: 14 classes
   - PG2: 18 classes
   - PG3: 8 classes

2. Support group meetings per year
   - PG1: 11 meetings
   - PG2: 7 meetings – PROPOSED CHANGE to 9 meetings
   - PG3: 5 meetings – PROPOSED CHANGE to 9 meetings

**Block Rotation:** 4 weeks in third year

Each resident will spend time with outside psychiatrists, physicians as well as faculty psychologist. The schedule of activities will be provided.

**Recommended readings:** will be provided by Dr. Snapp in the course of the rotation to all residents.

**Reviewed:** 06/09, 09/10, 06/12, 07/15
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Behavioral Science, Block Rotation
Evaluation Form (PG3)

Resident:___________________________________________ Date______________________

Did the resident meet the following objectives by the end of the Behavioral Science Block rotation?

DISEASE MANAGEMENT/HEALTH PROMOTION

1. Can the resident explain the Bio-Psychosocial Model including an understanding of the functional medicine model of clinical imbalances on chronic disease? (Competency: Medical Knowledge 1)

   Yes_____ No_____

2. Can the resident explain the core foundations of Lifestyle Medicine approach to Health Promotion? (Competency: Medical Knowledge 1)

   Yes_____ No_____

3. Can the resident demonstrate the basic skills of grief counseling and delivering bad news? (Competencies: Interpersonal Communication Skills 1, 2)

   Yes_____ No_____

4. Can the resident diagnose and begin management of PTSD? (Competencies: Medical Knowledge 1, 2)

   Yes_____ No_____

5. Can the resident describe Suicidality and when Crisis Intervention is appropriate? (Competencies: Medical Knowledge 1, 2)
6. Can the resident use basic psychopharmacology in the management of their patients? (Competencies: Medical Knowledge 1, 2)

   Yes_____ No_____

7. Can the resident describe the emotional aspects of Non-Psychiatric Disorders and appropriate mindfulness based interventions? (Competencies: Medical Knowledge 1, 2)

   Yes_____ No_____

8. Can the resident describe the emotional aspects of Neuro-Cardiology? (Competencies: Medical Knowledge 1, 2)

   Yes_____ No_____

9. Can the resident describe Psychoneuroimmunology? (Competencies: Medical Knowledge 1, 2)

   Yes_____ No_____

10. Can the resident describe the Allostasis and Allostatic Load? (Competencies: Medical Knowledge 1, 2)

    Yes_____ No_____

11. Is the resident able to make in-depth diagnosis, treatment and referral of common psychiatric diagnoses? (Competencies: Patient Care 2, Medical Knowledge 1, 2)

    Yes_____ No_____
12. Can the resident describe in detail the physiology of the stress response? (Competencies: Medical Knowledge 1, 2)

Yes_____ No_____ 

13. Does the resident demonstrate caring and respectful behaviors and sensitivity to cultural, age, gender and disability issues? (Competencies: Professionalism P1)

14. Can the resident demonstrate appropriate use of nutritional interventions for pt. treatment plan? (Competency: Medical Knowledge, 1)

Yes_____ No_____