Session # E6b

Effects of Behavioral Medicine Training on Family Medicine Residents' Perceived Behavioral Medicine Skills and Clinical Documentation of Suicidality

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

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- Society of Teachers of Family Medicine (STFM) Behavioral Science and Family Systems Educator Fellowship mentors and faculty

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

- Describe how behavioral medicine training can impact physicians' clinical documentation of suicidality
- Describe key findings of a program evaluation of behavioral medicine teaching
- Discuss physician self-evaluations of their skills in behavioral medicine after training

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Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

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BACKGROUND AND OBJECTIVE

Behavior impacts every aspect of health and illness.

A Behavioral Medicine Rotation (BMR) can strengthen resident physicians' ability to help patients with issues such as suicidal ideation.[1]

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A Behavioral Medicine Rotation (BMR) can strengthen resident physicians' ability to help patients with issues such as suicidal ideation.[1]

People who died by suicide [2-3]

- Twice as likely to have had contact with their PCP than mental health staff in the year and month prior to death
- Up to 90% had contact with their PCP in the year prior to death
- Up to 76% had contact with PCP in the month prior to death

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As a result of a Behavioral Medicine Rotation, residents will:

- Perceive increased competency in core behavioral medicine skills
- Improve their documentation of suicidal ideation and safety plans

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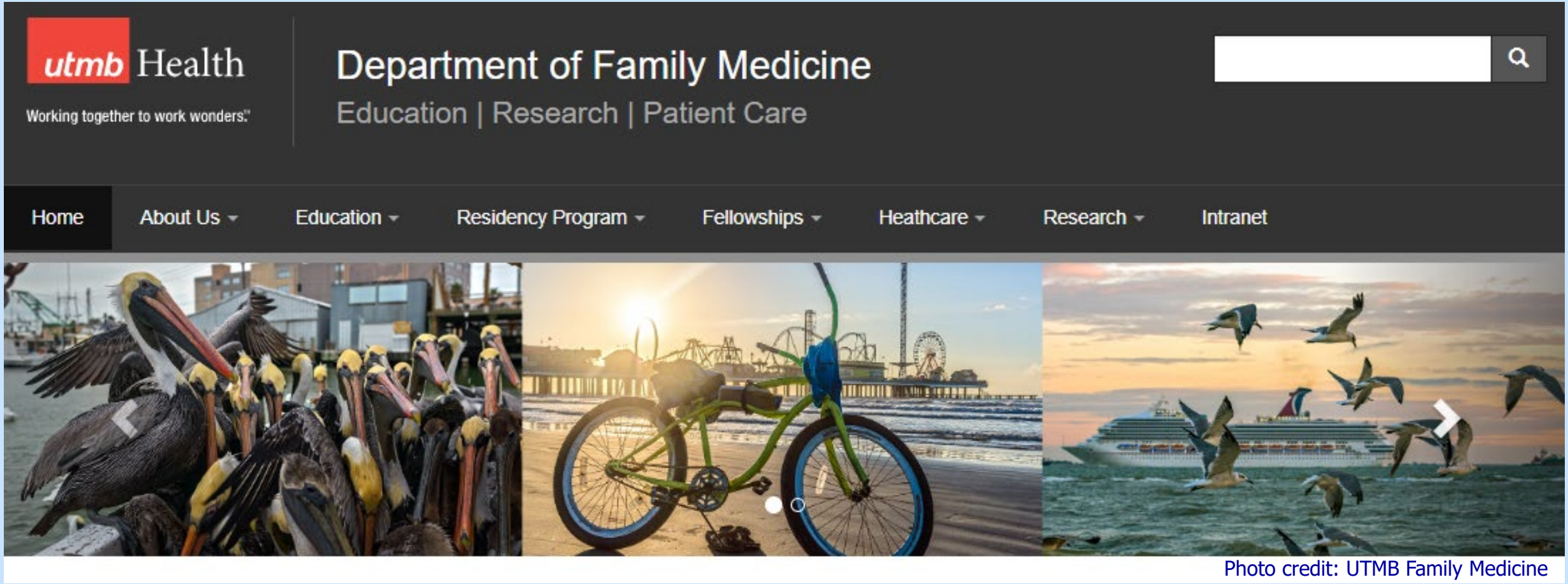

Photo credit: UTMB Family Medicine

- 1st family medicine (FM) residency program in Texas; accepted first residents:1971
- 3-year training program
- Innovative program focused on preparing physicians for future practice
- 10-10-10 FM residency (30 residents total)

BACKGROUND AND LOCATION

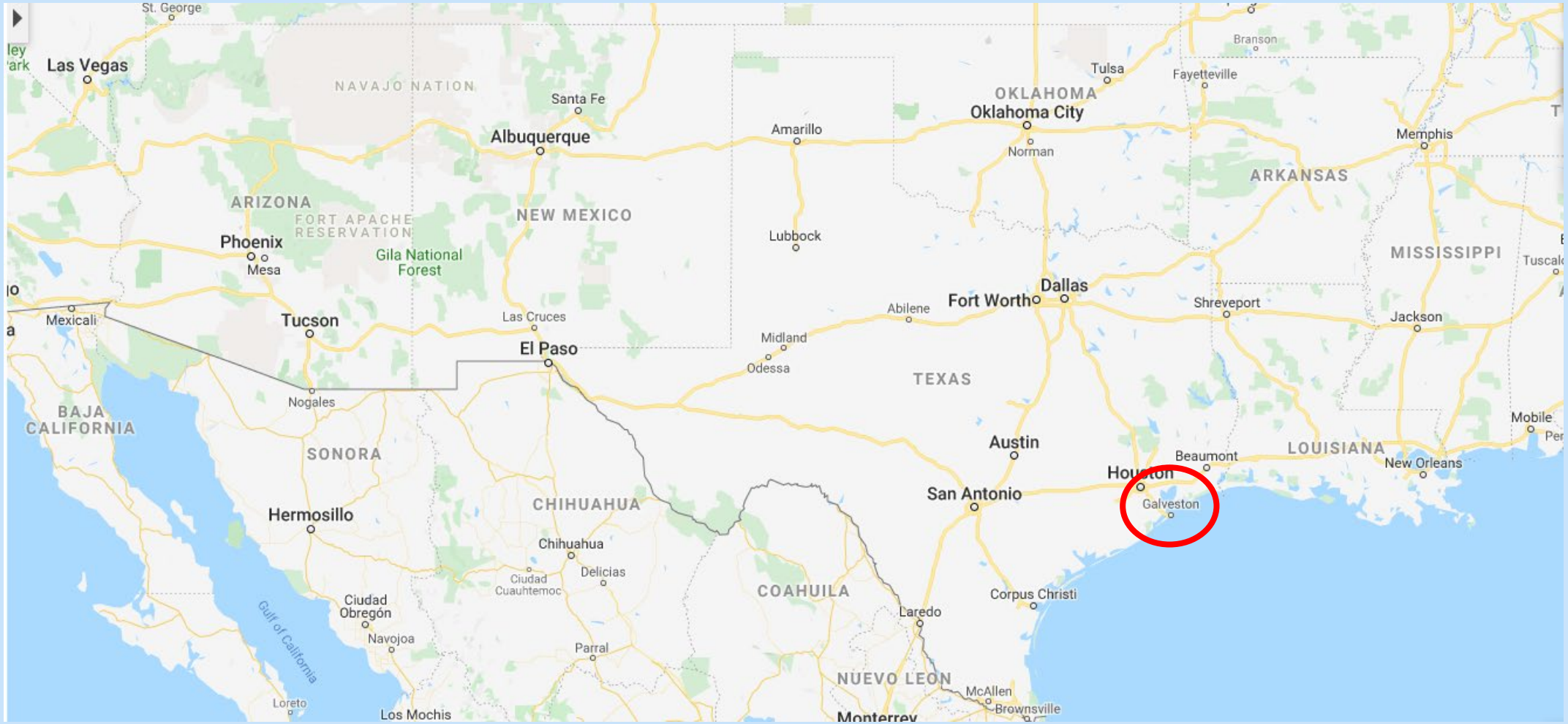

Image credit Google maps

BACKGROUND AND LOCATION

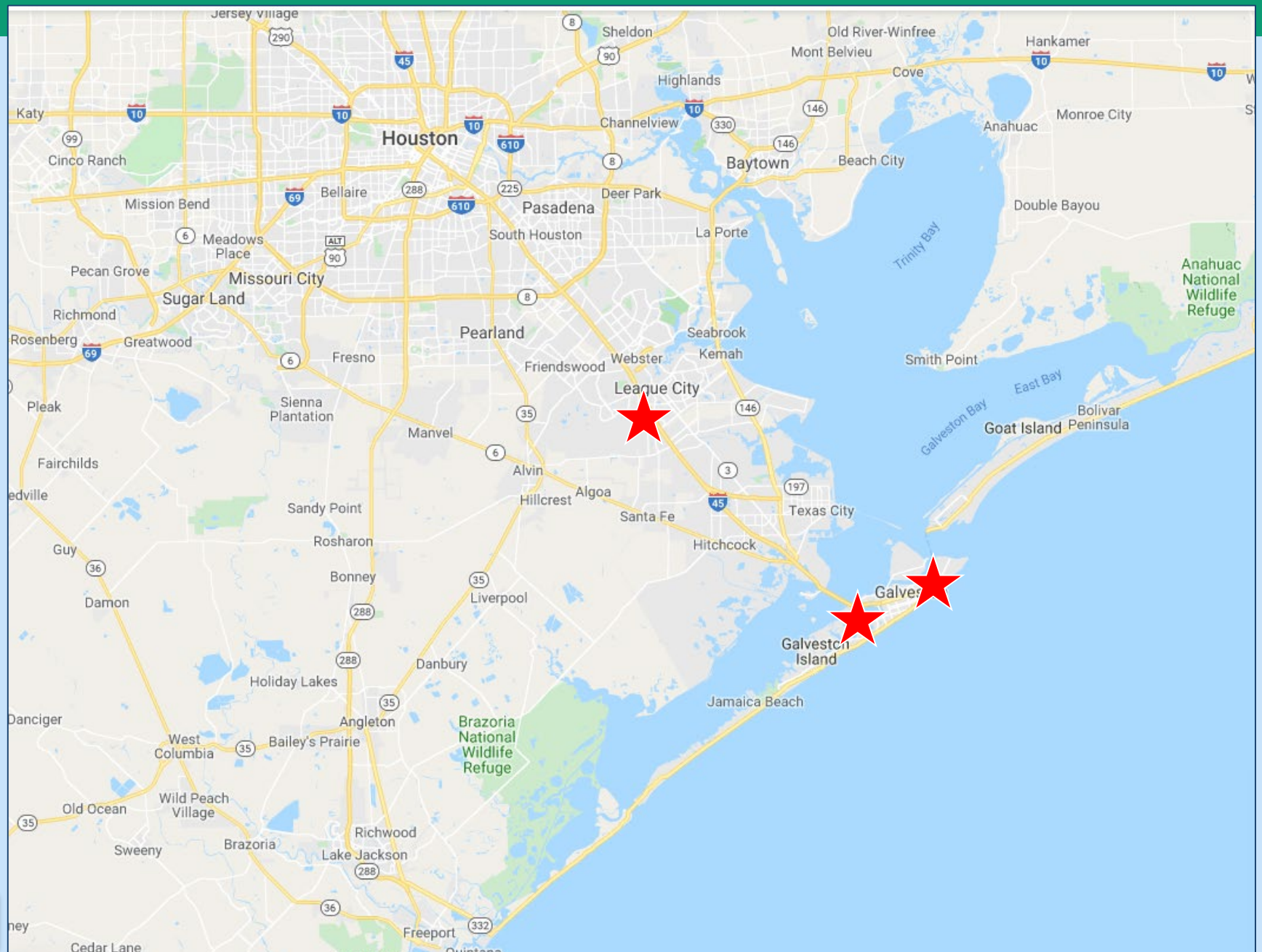

Image credit
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BACKGROUND AND LOCATION

>40,000 patient visits annually

3 primary care clinic locations:

Family Medicine Clinic – Island East

Family Medicine Clinic – Island West

Family Medicine Clinic – Dickinson

Photo credit: UTMB Family Medicine

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BACKGROUND: Behavioral Medicine Rotation (BMR)

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BACKGROUND: Behavioral Medicine Rotation (BMR)

INTERPROFESSIONALS INVOLVED:

- BMR for half 2nd year residents (5 at a time)
- Behavioral Science Faculty
- Physician Faculty co-teach when able
- Integrative and Behavioral Medicine Fellow
- Experts in Mind-body Techniques
- Behavioral Health Intern/Therapist-in-training

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BEHAVIORAL MEDICINE ROTATION: SAMPLE SCHEDULE

Week 1: Primary Care Counseling Skills

Week 2: Motivational Interviewing

Week 3: Depression

Week 4: Anxiety

Other topics include:
Wellness
Mind-Body Medicine
Counseling for Pain

Behavioral Medicine Rotation* Aug. 19-Sept. 15, 2019 BLOCK 3

Monday	Tuesday	Wednesday	Thursday	Friday
Aug 19 8:30AM-12:00PM Orientation; Integrated Care; Establishing Focus, BPSS Care PM –Individual Assignments/Clinic *Beh Faculty at Island East (direct obs. & patients)*	Aug 20 8:30AM-12:00PM Clinical Feedback; Offering Advice; 1:00 PM – 5:00 – Primary Care Counseling Skills; Recorded skills practice (no SP); debrief;	Aug 21 AM – Clinic / Individual Assignments *Beh Faculty at West clinic (direct obs. & co-visits)* PM – Individual / Clinic Assignments *Beh Faculty at West clinic*	SM Aug 22 8:30-12:00 Continue PC Counseling skills; debrief/feedback video review PM – Didactics	ABK Aug 23 8:30AM-12:00 Intro to wellness project and Mind-Body Medicine 1:00- 5:00 PM –Wellness *(3-4 LGBTQI+ group IE*)*
KW all day Aug 26 8:30AM-12:00 Intro to Motivational Interviewing (MI) 1:00- 5:00 Workshop: MI I	KW all day Aug 27 8:30AM-12:00 Workshops: MI (II) 1:00- 5:00 *Workshop: Counseling for Pain; Mind-Body Medicine (cont)*	Aug 28 AM –Ind. / Clinic Assignments *Beh Faculty at Dickinson clinic (direct obs. & co-visits only)* PM –Ind. / Clinic Assignments *Beh Faculty at Dickinson clinic*	Co-faculty: KW Aug 29 8:30AM-12:00 Workshop: Intro to Mood; 1 PM – Didactics 1-2 KW & KL didactic	Co-faculty: VS (AM) Aug 30 8:00 AM-12:00 –Practice w/ Standardized patient –MI 1-5 PM Finish debrief SP; Wellness
Sept 2 Holiday	Sept 3 8:30AM-12:00PM Wellness 1 PM – 5:00PM Workshop: Counseling for Depression (I)	Sept 4 AM – Clinic / Ind. Assignments *Beh Faculty at West clinic (direct obs. & co-visits only)* PM – Clinic / Ind. Assignments *Beh Faculty at West clinic*	Co-faculty: SM Sept 5 8:30AM-12:00PM Workshop: Counseling for Depression (II) PM – Didactics	Co-faculty: MK (AM) Sept 6 8:00 AM-12:00 Practice w/ Standardized patient – Depression 1-5– Finish debrief SP; Wellness
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Physician Co-Faculty Key: KW=Karen Welch; SM=Sam Mathis; MK=Madiha Khan; VS=Vic Sierpina; JI=Jamal Islam
Guest Instructor: ABK=Amy Barrera-Kovach, LCSW

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BEHAVIORAL MEDICINE ROTATION: SAMPLE SCHEDULE

Key Components

Workshops

Clinic Assignments

Standardized patient visits

Wellness

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BACKGROUND AND OBJECTIVE

What have residents said about the BMR?

"Excellent experience. Reinvigorated me in my reason for becoming a physician. Essential rotation that makes this program worth it. Shaped how I will be for the next decade."

"It was one of the top 3 training experiences I have attended during medical school and residency. It transformed the way I think about interacting with patients and gave me specific practical skills to become a much more effective physician."

"Important documentation such as GAD-7, PHQ, SToRM, with proper documentation of patient safety plans were discussed."

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METHODS

1. Pre/post self-evaluations of residents' competence with core behavioral medicine skills

Sample question:

Clinical Feedback/Advice – C2				
Lectures or gives unsolicited advice/feedback. No exploration of thoughts/feelings of patient.		Explores what patient knows or wants to know. Offers concise and clear advice/feedback. Uses visual data to give feedback. Explores what pt. thinks/feels.		Explores what patients knows/wants to know. Shows insight and understanding (attunement). Advice/feedback is clear, concise, and use of visual aids. Explores thoughts/feelings of patient.
☐	☐	☐	☐	☐

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METHODS

2. Chart review

Residents' patients' from 3 months prior to and 3 months after BMR.

Selected patients by PHQ-2 score ≥ 3.

Documentation of:

- **Suicidality** and
- **Crisis/safety plan** for patients who endorsed suicidal ideation*

*determined by >0 on "thoughts of being better off dead or of hurting yourself" on PHQ-9

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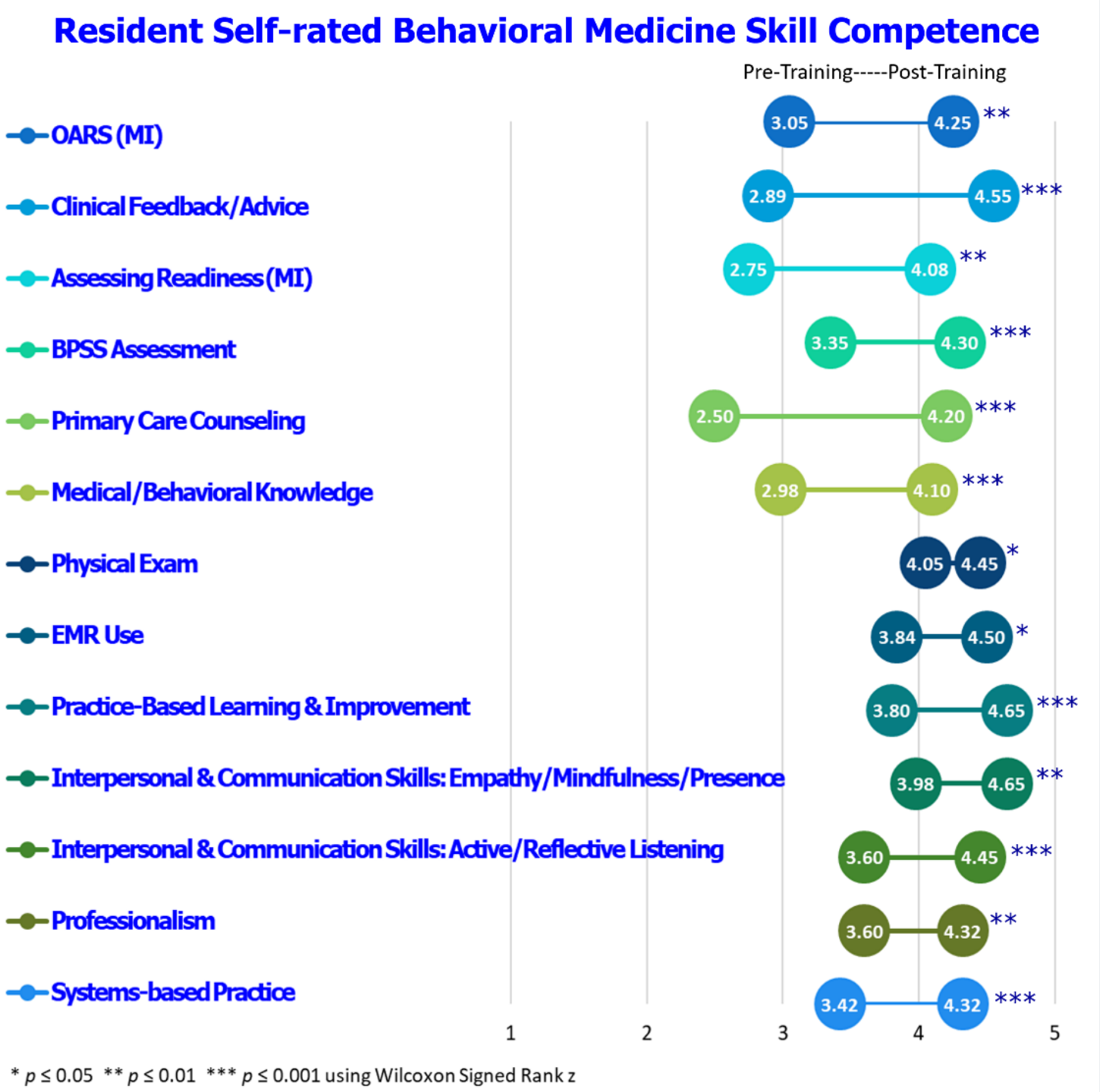
RESULTS



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RESULTS

Is suicidal ideation (SI) documented in note?			
	Pre – Training	*Post – Training*	*Total*
Yes	25.2% (32)	47.2% (60)	72.4% (92)
No	12.6% (16)	15.0% (19)	27.6% (35)
Total	37.8% (48)	62.2% (79)	(127)
Pearson chi2(1) = 1.29 Pr = 0.26 Fisher's exact = 0.31 1-sided Fisher's exact = 0.18			

For patients endorsing suicidal ideation, is a safety plan documented in note?			
	Pre – Training	*Post – Training*	*Total*
Yes	25.0% (4)	13.2% (5)	16.7% (9)
No	75.0% (12)	86.8% (33)	83.3% (45)
Total	(16)	(38)	(54)
Pearson chi2(1) = 1.14 Pr = 0.29 Fisher's exact = 0.43 1-sided Fisher's exact = 0.25			

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DISCUSSION

After the BMR,

- ✓ residents' self-assessment ratings of competency in behavioral medicine skills increased.
- ✓ clinical documentation of suicidal ideation and safety plans increased but not significantly.

Limitations:

- small sample size
- limited and uneven number of chart observations for some residents

Future quality improvement projects can address these limitations and test enhancements to the Behavioral Medicine curriculum.

DISCUSSION

Lessons Learned

Future QI

Shared Learning: ***What are you doing in your setting?***

Questions?

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- Society of Teachers of Family Medicine (STFM) Behavioral Science and Family Systems Educator Fellowship mentors and faculty for their guidance and consultation.
- Alexander Cantu for help with chart review.

Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

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Join us next year in Philadelphia, Pennsylvania! Thank you!