Teaching Behaviour Medicine

The current state of the art: Ideas from the field

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Faculty/Presenter Disclosure

- **Faculty:** William Watson, Todd Hill, Joyce Zazulak, Shelly McEwen, Douglas Cave
- **Program: FMF, Vancouver, Nov 10/16**
- **Relationships with commercial interests:**
  - **No relationships to declare**

Disclosure of Commercial Support

- **This program has received no commercial in-kind support**

Mitigating Potential Bias

- Not applicable

Introductions
Goals and Objectives

- After the workshop, participants will be able to:
- - describe at least one new approach to teaching behavioural medicine that they can take back to their home program.
- -value the experience of collaborating across programs to improve the teaching of behavioural medicine with a new list of resources
- -employ one new technique or collection of techniques in their own practice of teaching of behavioural medicine.

Context

- Context of teaching
- Why is it important?
- Is teaching BM different from other teaching?
- How do teachers and programs prepare our trainees for the onslaught of psychosocial problems in Family Practice?
- How do we evaluate trainee competency
- What works-how can we do it better?

Brief history of Teaching Behaviour Medicine

Views from the Field

Experiences of programs across Canada

- U of T Family Medicine:
- Counselling Skills Education Program
- Shared care with psychiatry

Mental Health &
Behavioural Sciences
(*MHBS*)

McMaster University

FMF
Vancouver 2016

McMaster University
FAMILY MEDICINE

Mental Health & Behavioural Sciences

PROGRAM STRUCTURE

McMaster University
FAMILY MEDICINE

What is MHBS?

- IT IS A CLINICAL ROTATION!
  - Case-based small group learning
  - Centred in Family Medicine
- Replaces two month in-patient psychiatry rotation
- Covers all of Behavioral Medicine
- Longitudinal

McMaster University
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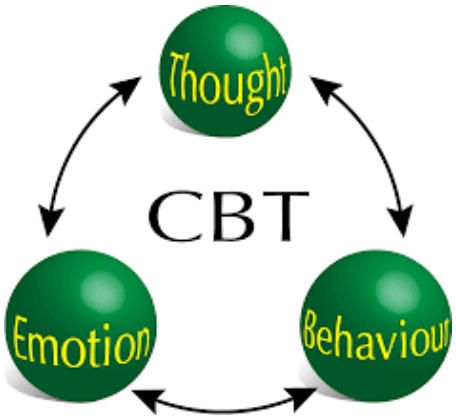
Family Physicians Social Workers Psychiatrists



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How We Learn in MHBS

Case-based, small group learning…

- Presenting Tapes of patient encounters
- Case discussions
- Role plays
- Reflective writing
- Check-in (peer support)
- Topic presentation
  - In tutorial group
  - LGS

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Goals of Tutorials

1. To become expert in the patient-centred clinical method
2. To learn core Psychiatry content
3. To learn and practice basic counseling skills relevant to Family Medicine
4. To acquire peer support throughout residency training
5. CCFP Preparation – SOO's and core mental health topics

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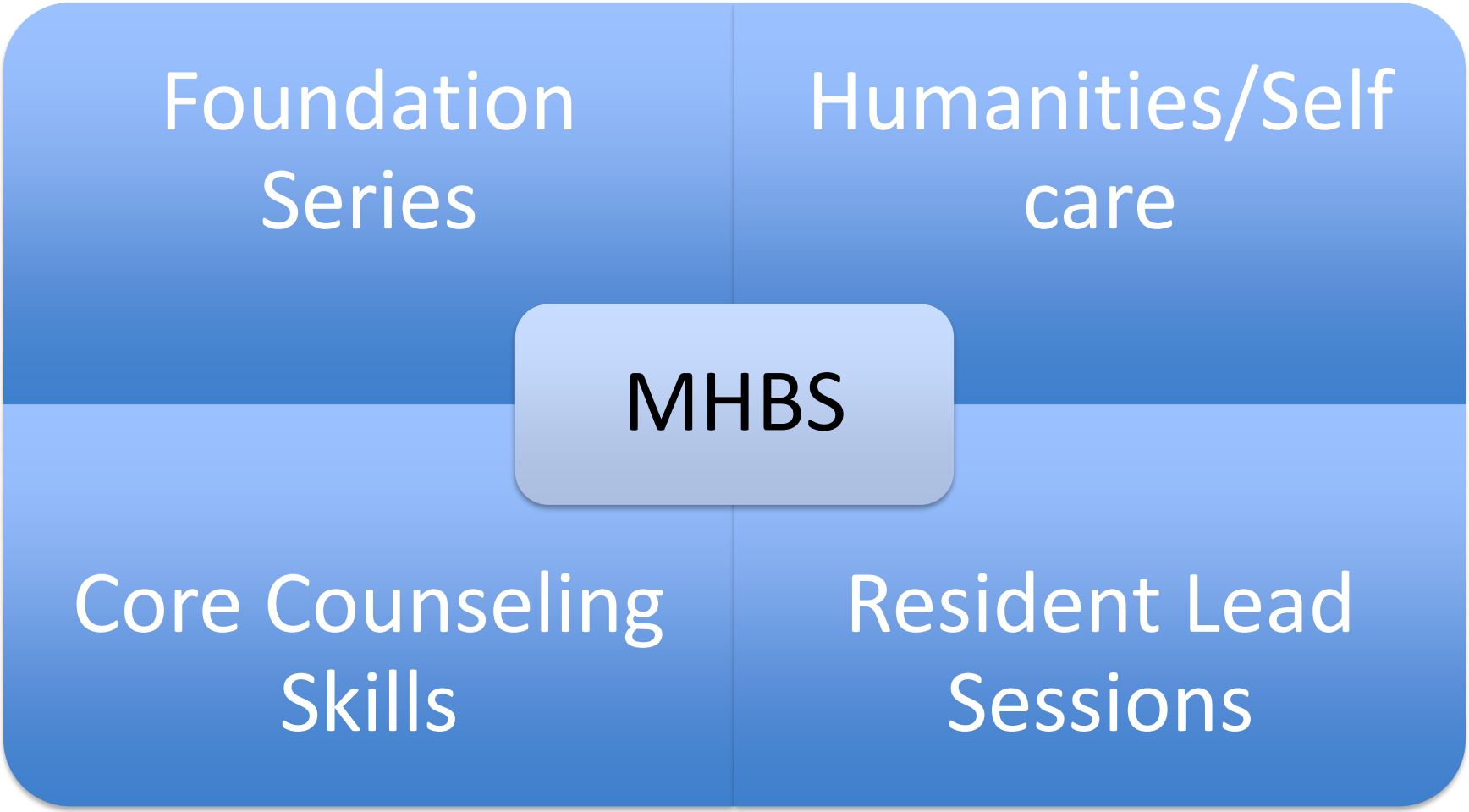
Recent Innovations in MHBS



Thank-You

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University of British Columbia Behavioural Medicine

- Sites: 19
- Residents: 352 (CMG 118/IMG 58)
- Preceptors: +1500

Douglas Cave,
MSW RSW, PhD, RPsych, MA, AMP, MCFP

Providence HEALTH CARE
How you want to be treated.

UBC

Academic Guiding Principles

1. Group process approach
2. Humanistic approach (e.g., Carl Rogers)
3. Safety Inclusion Trust Hopefulness

Providence HEALTH CARE
How you want to be treated.

UBC

Core Curriculum Topics

1. Interviewing Skills
2. Boundaries and Professionalism
3. Adverse events (medical error)
4. Communicating life altering news (Breaking bad news)
5. Resilience

Psychiatry rotation, SOO prep, Video review

Providence HEALTH CARE
How you want to be treated.

UBC

Post Graduate Curriculum

- Addictions
- Schizophrenia family physician's role
- Perinatal Depression
- Broaching Code Status
- Giving Life Altering News
- Cognitive behavioural therapy
- Psychosis

Providence HEALTH CARE
How you want to be treated.

UBC

Post Graduate Curriculum cont'd

- Individual counselling skills
- Group counselling skills
- Managing difficult interactions
- Resilience and transitions
- Confronting mortality
- Boundaries Professionalism
- Team agreements
- Family systems
- Psychological trauma
- Complex family decision making

Providence HEALTH CARE
How you want to be treated.

UBC

Overview of a Typical Session (3 hours)

- Guidelines/Check – in/Group building
- Topical sensitizing exercise and evidence review
- Group discussion of exercise and guiding template
- Demonstration of case by faculty
- Practice case by residents using the template
- Group debrief
- Closing

Providence HEALTH CARE
How you want to be treated.

UBC

Approaches Developed

- CENTRE (real-time group agreements)
- Team Charter
- ABCD communication template
- Self-FIFE (FIFE as mindfulness reflection tool)
- Intentional Functional Disconnect

Pilot for dedicated academic time for resident support

Group Agreements

C onfidentiality (with standard limits)

E qual airtime

N on-judgmental listening

T imeliness

R ight to pass

E ngaged

Team Charter

1. Leadership
2. Defined purpose, mission, goals and objectives
3. Job Descriptions (Contracts for each member)
4. Role Definitions (The work each person actually does)
5. Team Agreements
6. Regular Review
7. Communication (The cornerstone of every relationship)
8. Dual Relationships
9. Skills and skill sets
10. Expressed Expectations (Hopes, wants and desires)
11. Beliefs

Communication Template

"A"ttend
- Self: What am I experiencing? What am I aware of?
- Other: What is the other person experiencing?

"B"ridge
- Introduce topic (broadly)
- Introduce subject (specifically)
- Relationship awareness (dr/pt, colleagues, etc.)

"C"omment:
- Say message
- Ask for what you need
- Check for understanding

"D"evelop Contract:
- Acknowledge impact on patient (includes feelings, experiences and behaviours)
- Establish timeline/follow-up
- Immediate Plans (safety)

Maintaining Yourself
FIFE yourself

Feelings

What are you feeling? (If you struggle to name a feeling, try: Mad, sad or glad)

Impression

What is your impression (judgment) of yourself?

Function

What effect does your thought or feeling have on you?

Expectations

What expectations do you have of yourself?

Functional Disconnect

Whitehead, 2012

- Balancing emotional re-connect
- Intentional emotional distance as a tool to remain functional
- Disconnect can be generated by focusing on protocol
- Reconnect can be generated by focusing on mindfulness

Summary

- Please write down (at least) 1 idea that they have heard, and tell their neighbour what they hope to achieve
- Through future e-mails - we may get a better sense of whether we need another teleconference.

References

- McDaniel et al. Family–Oriented Primary Care. 2nd edition, Springer, 2005

University of Saskatchewan

College of Medicine

The University of Saskatchewan has been commended for leadership in the recently developed, innovative and evidenced-based Patient Centred Medicine and Advanced Communication Curriculum with its emphasis on Communicator, Collaborator and Health Advocate Role.

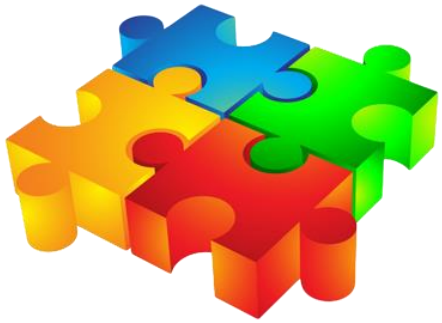
Seven (2 urban, 5 Rural) distributed learning sites throughout Saskatchewan

BMed Design

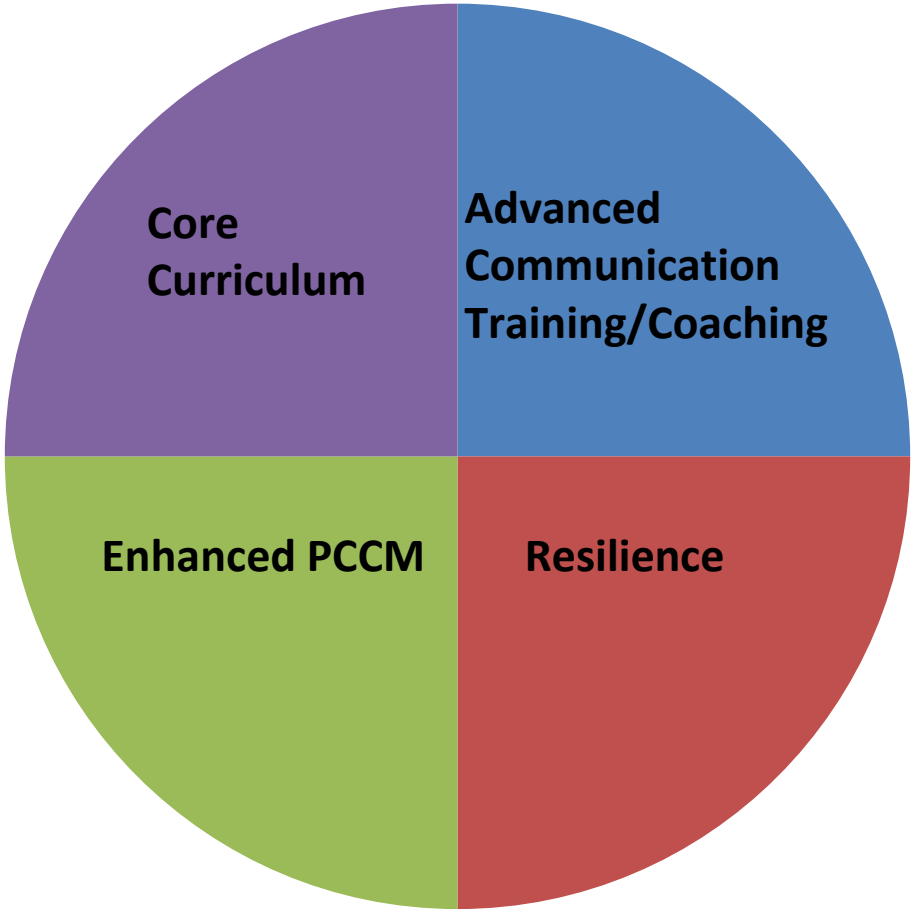
1. ***Foundation***: based on Family Medicine Educational Taxonomy

2. ***Teaching Style***: follows Robert Gagne's Conditions of Learning

3. ***Philosophical Foundation***: Behavioural Medicine Skills can be taught and learned just like any other clinical skill



Four Streams of BMed



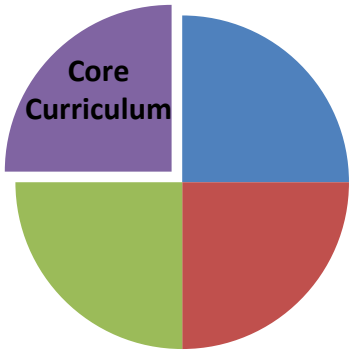
*Areas are not compartmentalized but rather interconnected

Stream One
Core Curriculum

- **Rich, engaging and competency-based adult learning opportunities**
  - Team developed curriculum based on validated models for advanced interviewing, communication and patient-centred care

- **Provides relevant learning context, content and strategies**
  - Enables residents to integrate competencies in alignment with CanMEDs Family Medicine Framework

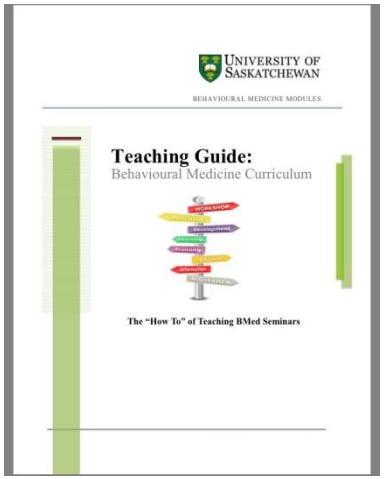
- **Modules support consistency in medical education to all residents**
  - Regardless of training site and provide faculty with easily accessible tools and resources to assist with this goal



Core Curriculum Cont'd

- **Teaching faculty are provided with a common framework**
  - flexible enough to allow academic freedom to amend aspects of material to meet specific needs of residents, communities served as well as professional preferences

- **Modules provide best practices education**
  - while allowing residents a safe environment to learn and grown in their approach to BMed, advanced communication and patient-centred medicine



Modules

- **Designed for small group but flexible enough to be modified for alternate learning needs (e.g. distance learning/individual learners)**

- **Six core components of BMed Curriculum/13 Modules (Year 1 & 2)**
  - Patient Centred Medicine
  - Cognitive Behavioural Therapy in Primary Care,
  - Advanced Communication skills
  - Motivational Interviewing
  - Social Determinant of Health
  - Resiliency

  *Additional Module: Orientation to BMed for all new R1's

- **Longitudinal**
  - Year One and Year Two modules on core components to support basic and advanced skill education and development

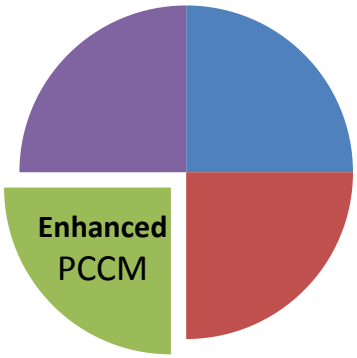
Stream Two:
Advanced Communication Training

- **Individualized Coaching/Training Sessions**
  - One-on-One training
  - Based on individual strengths/learning needs
  - Minimum 6 hours per year of training
  - Delivered by Behavioural Medicine Communication Specialists

- **Integrated Standard Assessment Tool**
  - Patient Centred Observation Form
  - Assessed by Behavioural Medicine Communication Specialists

Stream Three:
Enhanced PCCM Training

- **Simulation**
- **Core Curriculum**
- **Individualized Coaching**



Stream Four
Resilience

- **Formal**
  - Orientation
  - Core Curriculum (Year 1 and Year 2)
  - Resilience and Intimidation/Harassment Committee
  - Resources: UBC/Canadian Forces/CMHA/SMA/Post Grad Office/PAIRS

- **Informal**
  - Culture of Resiliency (site specific)
  - Building Community

Group exercise

- i) communication skills / relationship - centerede care
- ii) mental health / addictions / behaviour change
- iii) physician / resident wellness

Thanks for listening