

Outline

- ▶ History and rationale of the Behavioral Scientist within family medicine residencies
- ▶ Current guidelines for psychosocial medicine
- ▶ Example curriculum
- ▶ Application

Let's integrate! Working with the medical team to enhance integrated care, Part II: Being a Behavioral Scientist

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2/16/2022



What made it that way?

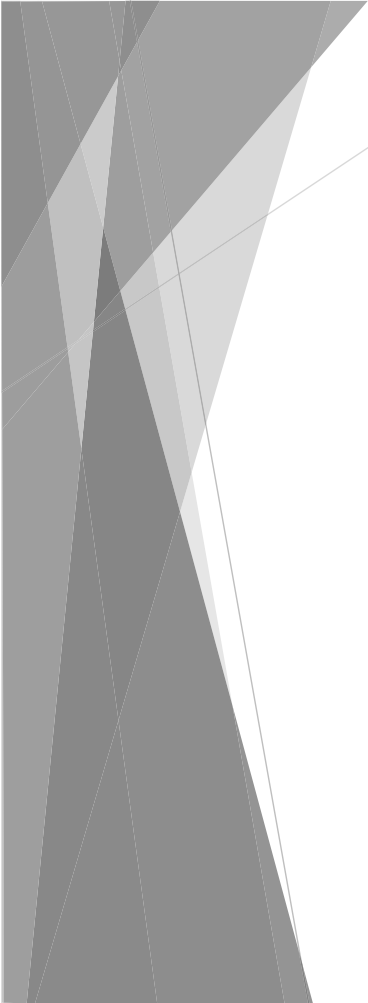
▶ Not so good

▶ Good

As a patient, think of an encounter you had with medical provider that was:

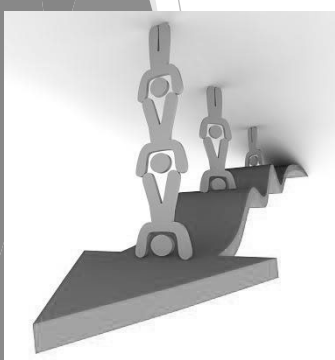
Audience Poll

- ▶ How many of you are considering:
 - ▶ Being a Behavioral Scientist?
 - ▶ Working in a medical setting?
 - ▶ Supervising others?
 - ▶ Working as part of a team?
 - ▶ Ever seeing a medical provider???



History of the Behavioral Scientist Role in FM

- ▶ Great article by Baird et al., 2017¹
- ▶ The Early Years (1966-1986)
 - ▶ Family Medicine - - "The sine qua non of family practice is the knowledge and skill which allow the family physician to confront relatively large numbers of unselected patients with unselected conditions and to carry on therapeutic relationships with patients over time."
 - ▶ Family medicine trying to figure itself out
 - ▶ BS roles mostly filled by psychiatrist
 - ▶ Tension in goals of the BS
 - ▶ Diagnosis/treatment skills VS interpersonal/interviewing skills



History of the Behavioral Scientist Role in FM

- ▶ Medical Residency
 - ▶ Required of MD's & DO's post degree
 - ▶ 3yrs (FM) to 7yrs (Neurosurgery)
 - ▶ Supervised (Preceptors)
 - ▶ Can go on to specialize afterwards (e.g. OB, sports med)
- ▶ What and who are behavioral scientists???



History of the Behavioral Scientist Role in FM

- ▶ The Early Years (1966-1986), cont'
 - ▶ By the end of this time, 90% of FM residencies had a BS
 - ▶ Shift in who was doing it
 - ▶ In 1986, STFM proposed CCs:
 - ▶ Sociocultural issues
 - ▶ Normal development/developmental crises
 - ▶ Dr/pt relationship
 - ▶ Family systems/life cycles
 - ▶ Biopsychosocial assessments
 - ▶ Biopsychosocial management
 - ▶ Personal/professional relationships

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History of the Behavioral Scientist Role in FM

- ▶ Middle Years (1987-2001)
- ▶ Common ground in curriculums

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History of the Behavioral Scientist Role in FM

- ▶ Middle Years (1987-2001)
- ▶ Beginning to see integrated behavioral health components
- ▶ Focus on cultural competencies
- ▶ Contextualism influence

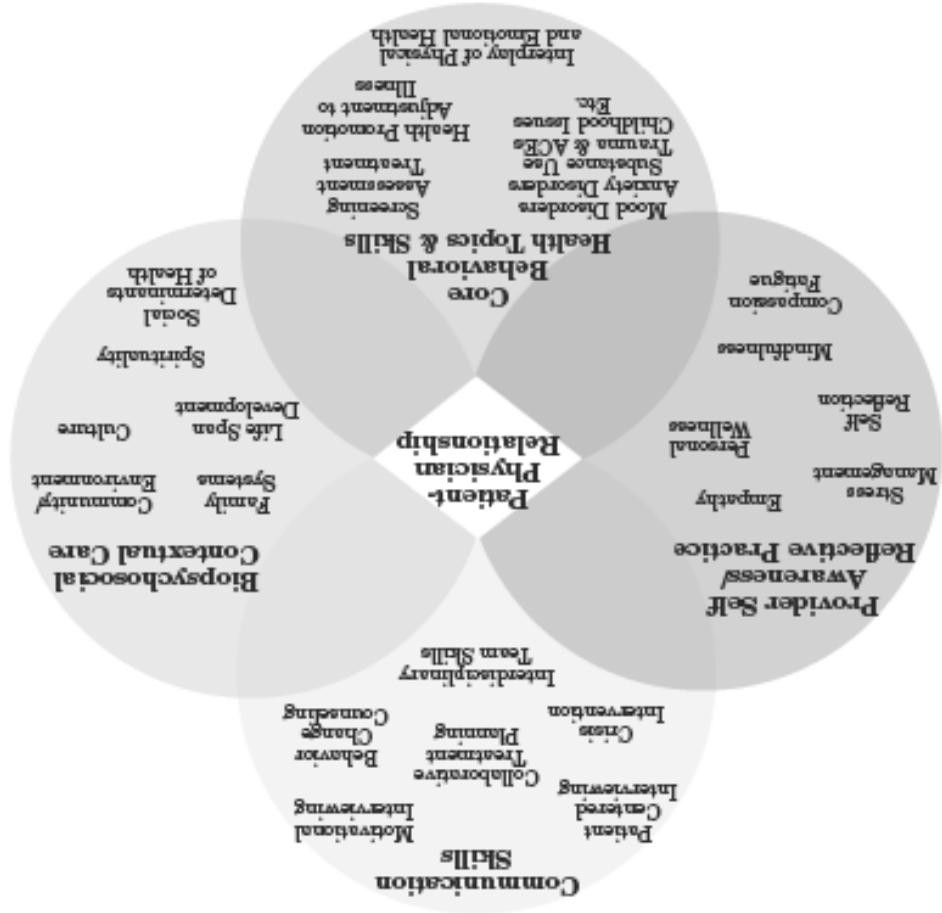


Figure 2: Domains in Behavioral Science Teaching

Requirements from ACGME

- ▶ Accreditation Council for Graduate Medical Education (ACGME)²
 - ▶ Set requirements for graduate medical education
 - ▶ APA for MDs/DOs
 - ▶ Ex. Procedures, number of patients seen, etc.
 - ▶ Requirements for psychosocial medicine:
 - ▶ IV.A.5.a Patient Care and Procedural Skills
 - ▶ Residents must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health
 - ▶ Diagnose, manage, and coordinate care for common mental illness and behavioral issues in patients of all ages

History of the Behavioral Scientist Role in FM

- ▶ Recent Years (2002-2016)
 - ▶ A move towards integration
 - ▶ Significant increase in BS also doing IBH
 - ▶ Residents responding
 - ▶ 97% of residents said they would be more inclined to accept and/or apply for a job w/ IBH
- ▶ More workforce development
 - ▶ STFM BREF Fellowship
 - ▶ Imbedding BS truly within FM



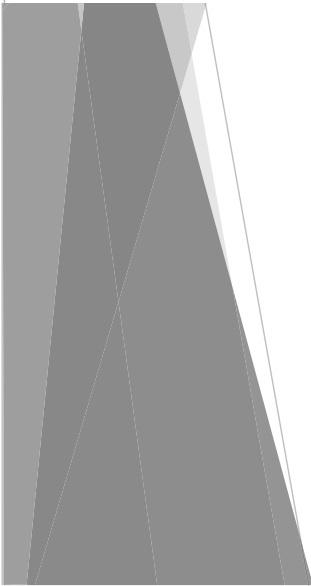
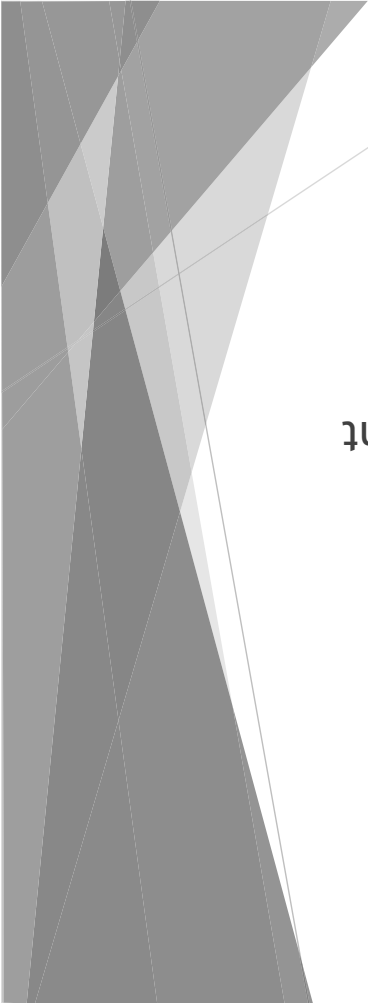
▶ 97% of residents said they would be more inclined to accept and/or apply for a job w/ IBH

ACGME Milestones

- ▶ Patient care
- ▶ Medical Knowledge
- ▶ Systems-Based Practice
- ▶ Practice-Based Learning and Improvement
- ▶ Professionalism
- ▶ Interpersonal and Communication

ACGME Milestones

- ▶ A milestone is a significant point in development... that can be (progressively) demonstrated
- ▶ Milestone's development also gave rise to Clinical Competency Committees (CCCs)
- ▶ Different residency to residency



ACGME Milestones

Medical Knowledge 1: Demonstrates Medical Knowledge of Sufficient Breadth and Depth to Practice Family Medicine				
Level 1	Describes the pathophysiology and treatments of patients with common conditions	Applies knowledge of pathophysiology with intellectual curiosity for treatment of patients with common conditions	Identifies behavioral strategies to improve health	Describes how behaviors impact patient health
Level 2	Engages in learning across the lifespan	Demonstrates knowledge of complex pathophysiology and the comprehensive management of patients across the lifespan	Engages in learning across the lifespan	Describes how behaviors impact patient health
Level 3	Integrates clinical experience and comprehensive knowledge in the management of patients across the lifespan	Demonstrates knowledge of complex pathophysiology and the comprehensive management of patients across the lifespan	Engages in learning across the lifespan	Describes how behaviors impact patient health
Level 4	Expands the knowledge base of family medicine through dissemination of original research	Integrates clinical experience and comprehensive knowledge in the management of patients across the lifespan	Engages in learning across the lifespan	Describes how behaviors impact patient health
Level 5				

ACGME Milestones

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication				
Level 1	Uses language and nonverbal behavior to demonstrate respect, establish rapport while communicating one's own role within the health care system	Establishes a therapeutic relationship in straightforward, listening and clear language	Establishes a therapeutic relationship using active encounters	Identifies the need to individualize communication strategies
Level 2	Recognizes easily identified barriers to effective communication (e.g., language, disability)	Identifies complex barriers to effective communication (e.g., health literacy, cultural)	Organizes and initiates communication, sets the agenda, clarifies expectations, and verifies understanding	Identifies the need to individualize communication strategies
Level 3	When prompted, reflects on personal biases while attempting to minimize communication barriers	Sensitively and compassionately delivers medical information, managing patient/family values, goals, preferences, uncertainty, and conflict	Organizes and initiates communication, sets the agenda, clarifies expectations, and verifies understanding	Identifies the need to individualize communication strategies
Level 4	Maintains therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity	Independently recognizes personal biases while attempting to proactively minimize communication barriers	Organizes and initiates communication, sets the agenda, clarifies expectations, and verifies understanding	Identifies the need to individualize communication strategies
Level 5	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships	Independently recognizes personal biases while attempting to proactively minimize communication barriers	Organizes and initiates communication, sets the agenda, clarifies expectations, and verifies understanding	Identifies the need to individualize communication strategies

Level 1	Level 2	Level 3	Level 4	Level 5
Identifies screening and prevention guidelines by various organizations	Reconciles competing prevention guidelines to develop a plan for an individual patient, and considers how these guidelines apply to the patient population	Identifies barriers and alternatives to preventive health tests, with the goal of shared decision making	Implements comprehensive plans to maintain and promote health, incorporating pertinent psychosocial factors and other determinants of health	Participates in guideline development or implementation across a system of care or community
Identifies opportunities to maintain and promote wellness in patients	Recommends management plans to maintain and promote health	Implements plans to maintain and promote health, including addressing barriers	Implements comprehensive plans to maintain and promote health, incorporating pertinent psychosocial factors and other determinants of health	Partners with the community to promote health

Comments:

- ▶ Use biopsychosocial approach
- ▶ Promote patient self-efficacy and behavior change
- ▶ Integrate behavioral health
- ▶ Address physical symptoms
- ▶ Address sociocultural factors
- ▶ Understand impact of systems
- ▶ Apply developmental psychology
- ▶ Provider wellness

STFM's Core Principles of Behavioral Medicine³

Summarizing the Behavioral Scientist Role

- ▶ Train medical providers to offer whole person, biopsychosocial care that is respectful of, and responsive to, individual patient preferences, needs and values.

- ▶ Behavioral/mental health diagnoses and interventions
- ▶ Patient Centered-Care
- ▶ Cultural attitudes, knowledge, skills
- ▶ Working on integrated teams
- ▶ Wellness/Resiliency

How it is typically done...

- ▶ One Behavioral Scientist
 - ▶ from a variety of disciplines
 - ▶ Maybe sees patients, maybe doesn't
 - ▶ Typically as a traditional mental health provider
 - ▶ Works with residents on a RANGE of things
 - ▶ E.g.: structured didactics, case centered conferences, journal clubs, individual precepting, behavioral medicine rounds, co-therapy, video critique and observation, genograms and self-exploration of genograms, Balint participation in relevant community programs, Balint
 - ▶ One month rotation in a three year residency

Central Washington Family Medicine (CWFM) Residency

- ▶ 10-10-10 FM residency program
- ▶ Locations in Ellensburg and Yakima, WA
- ▶ Teaching Health Center
- ▶ Residents receive a variety of experiences ranging from outpatient, OB, inpatient and... psychosocial medicine

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How CWFM Does It

- ▶ Six behavioral scientists, plus postdocs and other BHC's
- ▶ Integrated into 3 Rotations x3yrs: AFM, Geriatrics, Am Peds
- ▶ Infuse patient-centered, biopsychosocial, care across all elements of training:
- ▶ Rotations activities:
 - ▶ Role plays: contextual interview, cultural sensitivity/humility, anti-racism
 - ▶ Residents shadowing BHCs: contextual interview
 - ▶ Readings
- ▶ BS shadows residents: Patient Centered Communication
- ▶ Didactics for all residents throughout the year
- ▶ One-on-ones
- ▶ Behavioral Scientist at Clinical Competency Committee meetings

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Summarizing the Behavioral Scientist Role

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- ▶ Working on integrated teams
- ▶ Wellness/Resiliency
- ▶ Patient Centered-Care
- ▶ Cultural attitudes, knowledge, skills

Patient-Centered Care

- ▶ Institute of Medicine:

“Care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.”⁴

Patient-Centered Care⁵

- ▶ Improved adherence to treatment plans
- ▶ Higher satisfaction
- ▶ Better overall health

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Patient-Centered Communication (PCC)

- ▶ Communication that promotes shared understanding and shared decision making⁶

▶ Poor communication:

- ▶ Misunderstanding of information¹¹
- ▶ Post-care complications¹²
- ▶ Medical errors and readmissions¹³

▶ Physicians¹⁴⁻¹⁶

▶ Good:

- ▶ Discussing clinical decisions with patients

▶ Not so good:

- ▶ Determining the patients' preferences
- ▶ Assessing if patient understands information
- ▶ Discussing pros and cons or alternative methods of health care.

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Patient-Centered Communication (PCC)

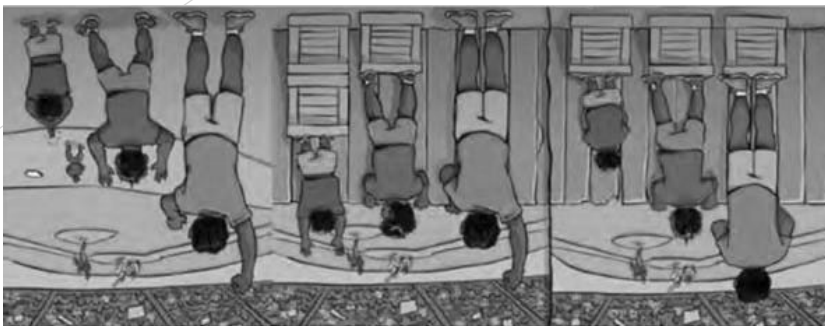
- ▶ Improved understanding of medical regimens⁷
- ▶ Increased patient involvement⁸
- ▶ Increased adherence to self-care⁹
- ▶ Improved health care utilization¹⁰

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PCC Skill Domains¹⁷

- ▶ Eliciting and understanding patient perspectives
- ▶ Understanding the patient's unique psychosocial and cultural contexts
- ▶ Reaching a shared understanding of patient concerns and shared decision regarding treatments that are concordant with patient values

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Equal treatment
Equitable treatment
Removing the systemic barrier

▶ People who have systematically experienced greater obstacles to health often due to discrimination or exclusion.

▶ Who

▶ Differences in health outcomes that are linked to social, economic, and/or financial inequality.

▶ What

▶ Health Disparities¹⁹

Knowledge

→ Health Equity and Antiracism

▶ Awareness, acceptance, and appreciation for the ways in which cultural factors impact health and willingness to incorporate these factors into treatment decisions.

▶ Attitudes

▶ Biopsychosocial assessment and intervention

▶ Patient-centered communication

▶ Skills

▶ Social Determinants of Health

▶ Health Disparities

▶ Knowledge

Sensitivity, Competence & Humility¹⁸

STFM Guidelines for Cultural

Knowledge

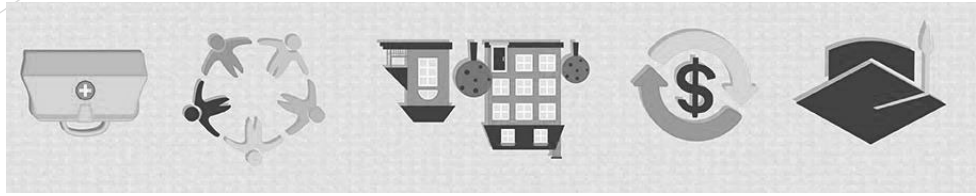
► Social Determinants of Health:

- “The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities...Social determinants of health are shaped by the distribution of money, power, and resources”²⁰

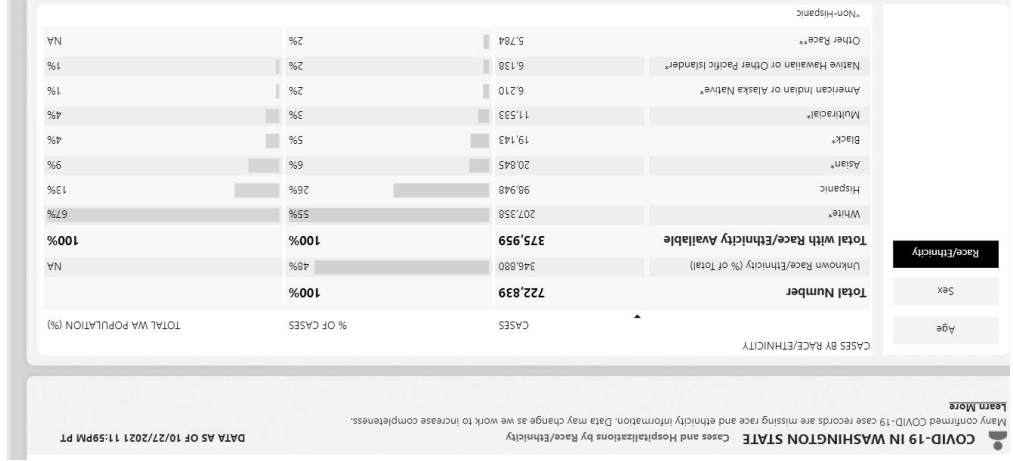
- Physical environment

- Social environment

- Access to health services



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doh.wa.gov

Rate ratios compared to White, Non-Hispanic Persons	Hispanic Persons	Black or African American, Non-Hispanic	Asian, Non-Hispanic	American Indian or Alaska Native, Non-Hispanic	Hispanic persons	Hispanic persons or Latino
Cases ¹	2.8x	higher	1.1x	higher	2.6x	higher
Hospitalization ²	5.3x	higher	1.3x	higher	4.7x	higher
Death ³	1.4x	higher	No	Increase	2.1x	higher

cdc.gov

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Getting your feet wet...

- ▶ <https://www.youtube.com/watch?v=Ob3gy4xsbl4&feature=youtu.be>
- ▶ Jot down your reactions ...
- ▶ What does this provider do well, what could she do better?

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PCC Skills Assessment

- ▶ Resident is observed for multiple clinics by BHC(s) throughout their residency
- ▶ Complete Patient-Centered Observation Form
- ▶ Each BHC who observed resident submits an evaluation re: if milestones were observed and provides summary of skills
- ▶ Seen by resident and their advisor
- ▶ Reviewed during Clinical Competency Committee meetings

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Patient Centered Observation Form - Clinician version

1. Trace behaviors in the left-side column. Mark one box per row. Comment and use in either of the two right side columns. Only rate what you see; avoid giving benefit of the doubt. Use notes to record questions, patient cues, and reflections for subsequent discussion and learning. This form is designed to help structure feedback, build vocabulary, and enhance self-awareness. There is an emphasis on observation and learning. This form is designed to help structure feedback, build vocabulary, and enhance self-awareness. There is an emphasis on observation and learning. This form is designed to help structure feedback, build vocabulary, and enhance self-awareness. There is an emphasis on observation and learning.

Skill Set and Elements Check only what you see or hear. Avoid giving the benefit of the doubt.	Provider Centered	Biomedical Focus	Patient Centered	Biopsychosocial Focus
<input type="checkbox"/> Establishes Rapport <input type="checkbox"/> Introduces self (before gazing at computer) <input type="checkbox"/> Warm greeting (before gazing at computer) <input type="checkbox"/> Acknowledges all in the room by name <input type="checkbox"/> Uses eye contact <input type="checkbox"/> Humor or non-medical interaction	<input type="checkbox"/> 1a. Uses 0-2 elements <input type="checkbox"/> 1b. Uses 3 elements <input type="checkbox"/> 1c. Uses 4 elements	<input type="checkbox"/> 1d. Uses 0-2 elements <input type="checkbox"/> 1e. Uses 3 elements <input type="checkbox"/> 1f. Uses 4 elements	<input type="checkbox"/> 1g. Uses 0-2 elements <input type="checkbox"/> 1h. Uses 3 elements <input type="checkbox"/> 1i. Uses 4 elements	<input type="checkbox"/> Establishes Rapport <input type="checkbox"/> Warm greeting (before gazing at computer) <input type="checkbox"/> Acknowledges all in the room by name <input type="checkbox"/> Uses eye contact <input type="checkbox"/> Humor or non-medical interaction
Maintains Relationship Throughout the Visit <input type="checkbox"/> Uses verbal or non-verbal empathy during discussions or during the exam <input type="checkbox"/> Uses continuer phrases ("um hm") <input type="checkbox"/> Repeats (reflects) important verbal content <input type="checkbox"/> Demonstrates presence, curiosity, intent focus, not seeming "rushed" and acknowledges distractions	<input type="checkbox"/> 2a. Uses 0-1 elements <input type="checkbox"/> 2b. Uses 2 elements <input type="checkbox"/> 2c. Uses 3 elements	<input type="checkbox"/> 2d. Uses 0-1 elements <input type="checkbox"/> 2e. Uses 2 elements <input type="checkbox"/> 2f. Uses 3 elements	<input type="checkbox"/> 2g. Uses 0-1 elements <input type="checkbox"/> 2h. Uses 2 elements <input type="checkbox"/> 2i. Uses 3 elements	<input type="checkbox"/> Establishes Rapport <input type="checkbox"/> Warm greeting (before gazing at computer) <input type="checkbox"/> Acknowledges all in the room by name <input type="checkbox"/> Uses eye contact <input type="checkbox"/> Humor or non-medical interaction
Collaborative Agenda Setting <input type="checkbox"/> Acknowledges agenda items from other team member (e.g., MA) or from EHR. <input type="checkbox"/> Additional action- "something else?" X <input type="checkbox"/> Establishes agenda as a new element <input type="checkbox"/> Asks or confirms what is most important to patient.	<input type="checkbox"/> 3a. Uses 0-1 elements <input type="checkbox"/> 3b. Uses 2 elements <input type="checkbox"/> 3c. Uses 3 elements	<input type="checkbox"/> 3d. Uses 0-1 elements <input type="checkbox"/> 3e. Uses 2 elements <input type="checkbox"/> 3f. Uses 3 elements	<input type="checkbox"/> 3g. Uses 0-1 elements <input type="checkbox"/> 3h. Uses 2 elements <input type="checkbox"/> 3i. Uses 3 elements	<input type="checkbox"/> Establishes Rapport <input type="checkbox"/> Warm greeting (before gazing at computer) <input type="checkbox"/> Acknowledges all in the room by name <input type="checkbox"/> Uses eye contact <input type="checkbox"/> Humor or non-medical interaction
Maintains Efficiency Using Transparent (out loud) Thinking and Respectful Interruption: <input type="checkbox"/> Takes about visit time use / visit organizers <input type="checkbox"/> Recognizes priorities (includes provider agenda items) <input type="checkbox"/> Takes about problem solving strategies <input type="checkbox"/> Respectful interruption/transition using EEE: Excuse yourself, Empathetic/acknowledge issue being interrupted, Explain the reason for interruption (e.g., Topic Tracking)	<input type="checkbox"/> 4a. Uses 0 elements <input type="checkbox"/> 4b. Uses 1 element <input type="checkbox"/> 4c. Uses 2 elements	<input type="checkbox"/> 4d. Uses 0 elements <input type="checkbox"/> 4e. Uses 1 element <input type="checkbox"/> 4f. Uses 2 elements	<input type="checkbox"/> 4g. Uses 0 elements <input type="checkbox"/> 4h. Uses 1 element <input type="checkbox"/> 4i. Uses 2 elements	<input type="checkbox"/> Establishes Rapport <input type="checkbox"/> Warm greeting (before gazing at computer) <input type="checkbox"/> Acknowledges all in the room by name <input type="checkbox"/> Uses eye contact <input type="checkbox"/> Humor or non-medical interaction
Gathering Information <input type="checkbox"/> Use open-ended question <input type="checkbox"/> Use reflecting statement <input type="checkbox"/> Use summarizing statement <input type="checkbox"/> Score each item the skill is used as an alternate.	<input type="checkbox"/> 5a. Uses 0-2 elements <input type="checkbox"/> 5b. Uses 3 elements <input type="checkbox"/> 5c. Uses 4 elements	<input type="checkbox"/> 5d. Uses 0-2 elements <input type="checkbox"/> 5e. Uses 3 elements <input type="checkbox"/> 5f. Uses 4 elements	<input type="checkbox"/> 5g. Uses 0-2 elements <input type="checkbox"/> 5h. Uses 3 elements <input type="checkbox"/> 5i. Uses 4 elements	<input type="checkbox"/> Establishes Rapport <input type="checkbox"/> Warm greeting (before gazing at computer) <input type="checkbox"/> Acknowledges all in the room by name <input type="checkbox"/> Uses eye contact <input type="checkbox"/> Humor or non-medical interaction
Exploring Patient or Family Perspective on Health <input type="checkbox"/> Explores patient verbal or non-verbal cues. <input type="checkbox"/> Explores patient beliefs (explanatory model) or feelings. <input type="checkbox"/> Explores contextual influences: family, cultural, spiritual. <input type="checkbox"/> Number of patient verbal / non-verbal cues.	<input type="checkbox"/> 6a. Uses 0 elements <input type="checkbox"/> 6b. Uses 1 element <input type="checkbox"/> 6c. Uses 2 elements	<input type="checkbox"/> 6d. Uses 0 elements <input type="checkbox"/> 6e. Uses 1 element <input type="checkbox"/> 6f. Uses 2 elements	<input type="checkbox"/> 6g. Uses 0 elements <input type="checkbox"/> 6h. Uses 1 element <input type="checkbox"/> 6i. Uses 2 elements	<input type="checkbox"/> Establishes Rapport <input type="checkbox"/> Warm greeting (before gazing at computer) <input type="checkbox"/> Acknowledges all in the room by name <input type="checkbox"/> Uses eye contact <input type="checkbox"/> Humor or non-medical interaction

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use this form to guide verbal feedback to someone you observe

Skill Set and Elements Avoid giving the benefit of the doubt. Check only what you see or hear.	Provider Centered Biomedical Focus	Patient Centered Biopsychosocial Focus
Establishes Rapport <input type="checkbox"/> Introduces self (before gazing at computer) <input type="checkbox"/> Warm greeting (before gazing at computer) <input type="checkbox"/> Acknowledges all in the room by name <input type="checkbox"/> Uses eye contact <input type="checkbox"/> Humor or non-medical interaction	<input type="checkbox"/> 1a. Uses 0-2 elements <input type="checkbox"/> 1b. Uses 3 elements <input type="checkbox"/> 1c. Uses 4 elements	<input type="checkbox"/> 1d. Uses 0-2 elements <input type="checkbox"/> 1e. Uses 3 elements <input type="checkbox"/> 1f. Uses 4 elements
Maintains Relationship Throughout the Visit <input type="checkbox"/> Uses verbal or non-verbal empathy during discussions or during the exam <input type="checkbox"/> Uses continuer phrases ("um hm") <input type="checkbox"/> Repeats (reflects) important verbal content <input type="checkbox"/> Demonstrates presence, curiosity, intent focus, not seeming "rushed" and acknowledges distractions	<input type="checkbox"/> 2a. Uses 0-1 elements <input type="checkbox"/> 2b. Uses 2 elements <input type="checkbox"/> 2c. Uses 3 or more elements	<input type="checkbox"/> 2d. Uses 0-1 elements <input type="checkbox"/> 2e. Uses 2 elements <input type="checkbox"/> 2f. Uses 3 or more elements

Notes:

PCC Skills: Agenda Setting

several iterations. If requested, use this form to guide verbal feedback to someone you observe.

Skill Set and elements Check only what you see or hear. Avoid giving the benefit of the doubt.		Provider Centered	Patient Centered
Collaborative upfront agenda setting <input type="checkbox"/> Acknowledges agenda items from other team member (eg MA) or from EMR. <input type="checkbox"/> Additional elicitation- "something else?" " X _____ "each elicitation counts as a new element" <input type="checkbox"/> Asks or confirms what is most important to patient.		3a. Uses 0-1 elements <input type="checkbox"/>	3b. Uses 2 elements <input type="checkbox"/>
Note patient concerns here:		3c. Uses ≥ 3 elements <input type="checkbox"/>	

1. Acknowledge: "I see you're here to discuss diabetes..."
 2. Elicit: "Is there something else?"
 3. Prioritize: "We will have time to address two of those concerns, This is done until patient says "No." which is most important to you?"
- Complete first before discussing details of concerns for:
- ▶ Efficiency/time management
 - ▶ Patient-centered!

PCC Skills: Agenda Setting

▶ ...getting into the nitty gritty

- ▶ "What brings you in today?"
 - ▶ Might be different from reason on appointment or what they've told the MA
 - ▶ Assess if patient awareness of their healthcare needs
 - ▶ ...might be the 3rd time patient has had to relay this info
- ▶ "You're here for..."
 - ▶ Demonstrates PCP preparation
 - ▶ Demonstrates communication
 - ▶ More efficient
 - ▶ Agenda setting process will assess if patient has other concerns

PCC Skills: Agenda Setting

- ▶ ...getting into the nitty gritty
 - ▶ Patient-Centered
 - ▶ Identify patient's needs/goals for visit
 - ▶ 30-80% of patients' expectations are not met during PC visits²¹
 - ▶ PCP's often assume:
 - ▶ First thing the patient mentions in most important
 - ▶ Patients will spontaneously report all concerns
 - ▶ When done well, more concerns get addressed in same amount of time²³
 - ▶ Example scripts from Mauksch, 2001

PCC Skills: Agenda Setting

TRANSCRIPT

Dr: So, what brings you in today?

Pt: My back has been bothering me.

Dr: What kind of work do you do?

Pt: Um, well, I was an administrative assistant as of the beginning of January, but I got laid off, so –

Dr: So, recently laid off.

Pt: Yes.

Dr: OK, OK. And when was your last physical exam, like pelvic exam, breast exam and all that?

PCC Skills: Agenda Setting

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TRANSCRIPT

Dr: So, what brings you in today?

Pt: My back has been bothering me.

Dr: How so?

Pt: When I bend over, it hurts, and I'm stiff in the morning.

Dr: Do you remember when it started?

Pt: Yes. I was moving boxes in my house.

Dr: What did it feel like when you hurt it?

Pt: It didn't really start hurting until the next day.

Dr: Back pain is pretty annoying, isn't it?

Pt: It sure is.

TRANSCRIPT

Dr: So, what brings you in today?

Pt: My back has been bothering me.

Dr: Sorry to hear that. Before we go further, though, I'd like to find out if there is something else bothering you.

Pt: Well, I was also wondering why I've been feeling so tired lately.

I'm a bit down in the dumps.

Dr: So, tiredness and feeling down. Is there something else?

Pt: No, not really.

Dr: So, which should we start with?

Pt: Well, perhaps the back pain, but I did want to make sure we have time for both.

Dr: OK, fair enough. You said your back has been bothering you. How so?

Pt: When I bend over it hurts, and I'm stiff in the morning.

Dr: Do you remember when it started?

Pt: Yes. I was moving boxes in my house.

Dr: What did it feel like when you hurt it?

Pt: It didn't really start hurting until the next day.

Dr: Back pain is pretty annoying, isn't it?

Pt: It sure is.

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PCC Skill: Maintain Focus/efficiency

Maintains Efficiency using transparent (out loud) thinking and respectful interruption: <input type="checkbox"/> Talks about visit time use / visit organization <input type="checkbox"/> Negotiates priorities (includes provider agenda items) <input type="checkbox"/> Talks about problem solving strategies <input type="checkbox"/> Respectful interruption/redirection using EEE: Excuse your self, Empathize/validate issue being interrupted, Explain the reason for interruption (eg, for Topic tracking)				4a. Uses 0 elements <input type="checkbox"/>	4b. Uses 1 element <input type="checkbox"/>	4c. Uses 2 or more elements <input type="checkbox"/>
--	--	--	--	---	--	---

▶ The polite interruption

- ▶ Not all interruptions are intrusive, competitive, or power-claiming²⁴

▶ The three E's

- ▶ Excuse: "I'm sorry to interrupt..."
- ▶ Empathize: "...your back pain sounds distressing."
- ▶ Explain: "I want to make sure we finish addressing your asthma, and then if we have time we can address your back pain today or schedule another visit."

▶ Patient who is repetitive, disorganized and/or tangential

Forgive me. You are sharing a lot and I can see you are really bothered about ... your headache, fatigue, allergy, stomach pain ... and this is frustrating and scary for you. I would like to switch gears and ask several specific questions, then do an exam to make sure we develop a plan that works best for you.

PCC Skills: Gathering Information

Gathering Information <input type="checkbox"/> Uses open-ended question <input type="checkbox"/> Uses reflecting statement <input type="checkbox"/> Uses summary/clarifying statement Count each time the skill is used as one element				5a. Uses 0-1 elements <input type="checkbox"/>	5b. Uses 2 elements <input type="checkbox"/>	5c. Uses 3 or more elements <input type="checkbox"/>
---	--	--	--	---	---	---

▶ Basic Counseling Skills

- ▶ Non-directive, non-judgmental
- ▶ Tell me about...How is the anxiety impacting your life?
- ▶ Reflections/summaries: Demonstrates listening and understanding of what patient is saying, or opportunity to be corrected

PCC Skills: Assessing Pt/Family Perspective

Exploring Patient or Family Perspective on Health

- Acknowledges patient verbal or non-verbal cues.
- Explores patient beliefs (explanatory model) or feelings
- Explores contextual influences: family, cultural, spiritual.
- Number of patient verbal / non-verbal cues

Notes: ICS 1.2-4; PC 1.2-4; PC 2.2, 2.4; PBLI 1.

6a. Uses 0 elements	6b. Uses 1 element	6c. Uses ≥ 2 elements
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Verbal and non-verbal cues

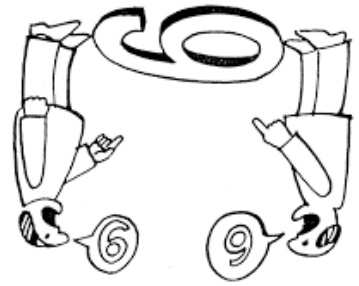
Individual and cultural beliefs

▶ What are your/family/cultural beliefs about:

- ▶ What is wrong?
- ▶ What might be causing this issue?
- ▶ What might make it better?

Contextual influences

▶ Work - Love - Play - Health Behaviors



Electronic Medical Record Use

- By 10 seconds, describes reason for each screen gaze
- Shares/points at screen during at least 2 visit phases (agenda setting, history, Rx / Lab review, typing AVS)
- Maintains eye contact / shares screen ≥ 2/3 of the visit
- Asks patient to confirm or contribute to documentation

Biomedical Focus

7a. Uses 0 or 1 elements.	7b. Uses 2 elements	7c. Uses ≥ 3 elements
---------------------------	---------------------	-----------------------

Focus

- ▶ Balancing charting/using EHR w/ maintaining rapport
- ▶ Including patient in the process
- ▶ Efficiency





Notes: ICS 1.3; PC 2.3 PC 4.3 MK1.1-4 <input type="checkbox"/> Tailors to patient health literacy needs; avoids jargon <input type="checkbox"/> Summaries cover biomedical concerns <input type="checkbox"/> Summaries cover psychosocial concerns. <input type="checkbox"/> Invites Q/A			
Sharing Information / Patient Education 9a. Uses 0-1 elements <input type="checkbox"/>	9b. Uses 2 elements <input type="checkbox"/>	9c. Uses ≥ 3 elements <input type="checkbox"/>	

PCC Skills: Sharing info

- ▶ Prepare
- ▶ Reduces anxiety/discomfort
- ▶ Trauma-informed
- ▶ Describe
 - ▶ Includes patient in their health/body
 - ▶ Reduces anxiety that's caused by lack of information

Notes: <input type="checkbox"/> Physical Exam describes patient before physical exam actions and ("I am going to ___" then "your lungs sound healthy?") 8a. 0-1 exam elements (eg., lungs) <input type="checkbox"/>		
8b. 2 exam elements (eg., heart, lung) <input type="checkbox"/>	8c. ≥ 2 exam elements (eg., heart, lung, ears) <input type="checkbox"/>	

PCC Skills: Physical Exam

PCC Skills: Behavior Change

Behavior Change / Self-Management Clinician Asks: <input type="checkbox"/> If patient wants to set a behavior change goal <input type="checkbox"/> Patient to brainstorm activities to reach goal <input type="checkbox"/> Patient to pick specific activity <input type="checkbox"/> Patient to name activity frequency and time of day <input type="checkbox"/> How will patient track effort and progress? Clinician offers: <input type="checkbox"/> Guidance about personal, environmental or relational behavior change strategies <input type="checkbox"/> Affirmations of past or current efforts			10a. Uses 0-2 elements or lectures patient <input type="checkbox"/>	10b. Uses 3 elements <input type="checkbox"/>	10c. Uses 2-4 elements <input type="checkbox"/>
---	--	--	--	--	--

- ▶ Medical culture has historically been prescriptive
- ▶ E.g. Smoking is bad, you should stop
- ▶ Engaging Patient in goal-setting → Behavior change



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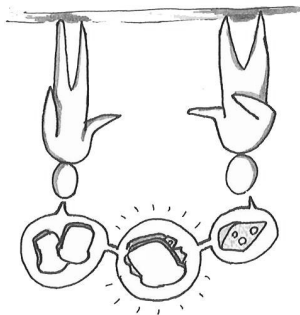
PCC Skills: Shared Decision-Making

Co-Creating a Plan / Shared Decision-Making <input type="checkbox"/> Describes options to address patient concerns <input type="checkbox"/> Discusses pros, cons and uncertainties of options <input type="checkbox"/> Asks for patient preferences <input type="checkbox"/> Identifies and resolves decision differences, if any <input type="checkbox"/> Scales confidence/feasibility to follow plan (1-10) <input type="checkbox"/> Assesses patient barriers to follow plan <input type="checkbox"/> Adjusts plan to address barriers <input type="checkbox"/> Proposes follow-up plan	1	Closure <input type="checkbox"/> Asks for questions about today's topics. <input type="checkbox"/> Co-creates an After Visit Summary <input type="checkbox"/> Uses Teachback: = Asks the patient to explain his/her understanding of the plan <input type="checkbox"/> Combines Teachback and AVS creation while sharing the screen or notepad. (Counts for 3 elements)	12
--	---	--	----

Notes: ICS 1.3-5; PC1.2-4; PC2.2-4; PC3.2-4; PC3.3; PBL1.3-3

Notes: ICS 1.1-2; ICS 3.1, 3.3-4; SBP 3.2

- ▶ Assesses patient's understanding of the treatment plan
- ▶ Asks for questions
- ▶ Uses teach-back
- ▶ Provides written plan



- ▶ Describes options and facilitates patient decision regarding treatment
- ▶ Pros/Cons
- ▶ Discusses uncertainties and preferences
- ▶ Assesses confidence and barriers

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Practicing PCC Assessment

- ▶ <https://www.youtube.com/watch?v=Ob3gv4xsbJ4tfeat>
[ure=youtu.be](https://www.youtube.com/watch?v=Ob3gv4xsbJ4tfeat)

- ▶ Take notes on form

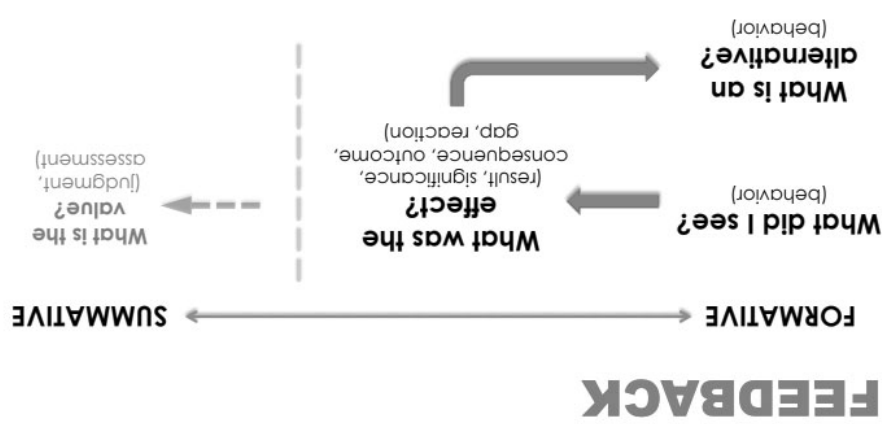
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Giving Effective Feedback

- ▶ Considers learner's stage of professional development
- ▶ Specific
- ▶ Timely
- ▶ Engages the learner

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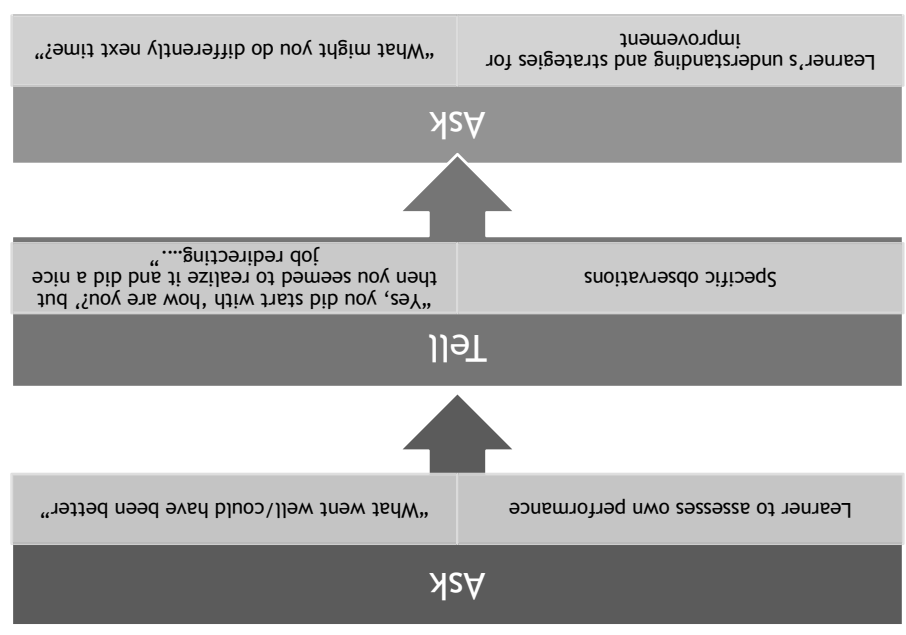


Belinda Fu, MD Model

Let's Practice!

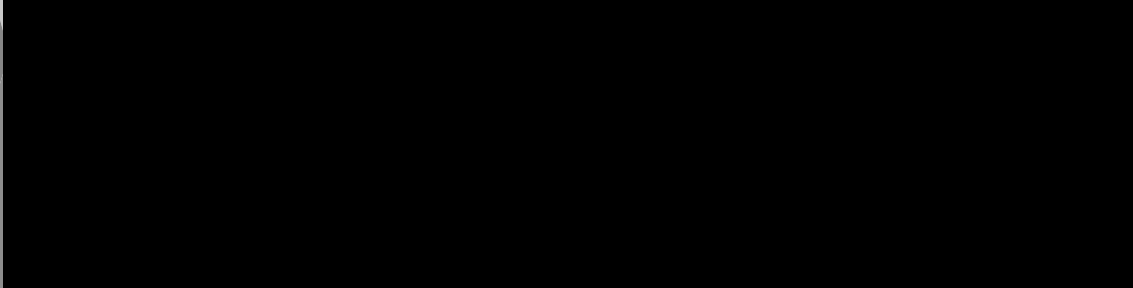


A new kind of sandwich



Giving Feedback

Dr. Udell's perspective of the PSM curriculum, as a resident



https://www.youtube.com/watch?v=Mc5z0DUkysg&index=7&list=PLvLh_Ydubbs6EWenuAD1PP3EF4k8-P0mW

Summarizing the Behavioral Scientist Role

- ▶ Train medical providers to provide whole person, biopsychosocial care that is respectful of, and responsive to, individual patient preferences, needs and values

- ▶ Behavioral/mental health diagnoses and interventions
- ▶ Patient Centered-Care
- ▶ Cultural attitudes, knowledge, skills
- ▶ Working on integrated teams
- ▶ Wellness/Resiliency

Other Teachable Moments

- ▶ After warm hand-off/Curbide consults
- ▶ Recommendations in chart
- ▶ Informal conversations

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Other Teachable Moments

Scenario: You respond to a hand-off request for a 45yo Hispanic male who complains of racing heart and tightness in his chest. PCP has ruled-out physiological causes of these symptoms and believes it's anxiety. You meet with patient. Going through time, trigger, trajectory of these symptoms you find out they started right after he was almost hit by a car. When directly asked, he denies feeling anxious. You explain the physiology of the stress response and teach him deep breathing to help with the racing heart and tightness in his chest.

PCP recommendations: Pt's sx's are likely the result of almost being hit by a car two week ago. He does not identify with having anxiety but was responsive to focusing on the physiology of stress and practicing deep breathing to alleviate his sx's. We want to cont' to focus on the physical sx's rather than labeling it anxiety.

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Other Teaching Moments

Scenario: You're standing in the team area. Resident comes out of an exam room clearly frustrated. She has just seen a patient that you have worked with. The resident says to you, "Why is she so mean to me? She's impossible to work with, as soon as I say I'm not going to increase her pain medication she stops listening to me."

Your response:

"I hear you, visits with her can be challenging. She's in a lot of pain and doesn't feel like people understand that. Sometimes all we can do is listen and let her know we hear her pain."

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Teachable moments

- ▶ Modeling patient-centered care
- ▶ Responding to biases, insensitivities, microaggressions, overt discrimination etc.....

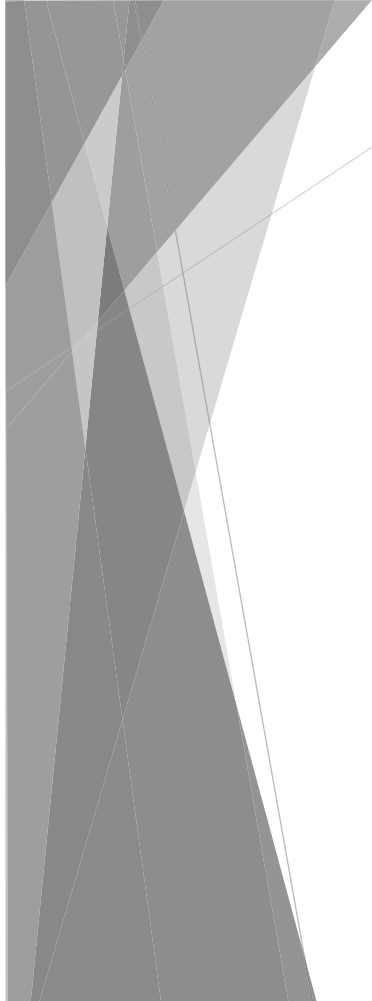
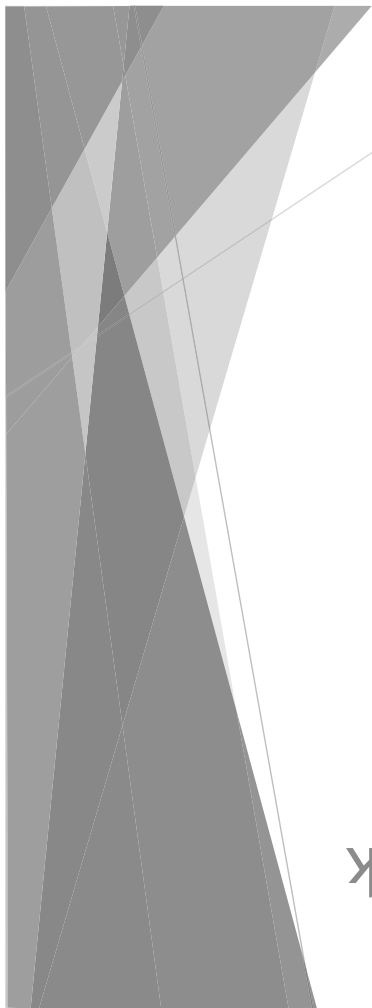
▶ **Scenario:** You're shadowing a resident to evaluate their PCC skills. You're listening in as the resident is describing a patient who he thinks might have sleep apnea. The preceptor is sharing that sometimes getting a patient to sleep on her/his side is enough to address the issue. The preceptor says, "Here's what you do, you tell the patient to have his wife sew a pocket on the back of his t-shirt and to put a tennis ball in that pocket so that every time he tries to roll onto his back at night the ball stops him."

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Questions / thoughts / feedback



No matter where you go...



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