

# Curriculum on Behavioral Medicine, Cultural Competency and Health Literacy

## Danbury Hospital Primary Care Track

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### A. Educational Purpose and Goals

General goals: to familiarize primary care track residents with common psychiatric problems such as depression, anxiety, chronic pain and addiction, personality disorders, dementia, delirium, substance abuse, insomnia, dealing with the difficult patient, conversion disorders, etc. and to help them become proficient with the complete mental status exam; to assist residents in correct psychiatric diagnosis and pharmacologic and non-pharmacologic management of psychopathology.

It is desirable for medicine residents to develop skills necessary for acute stabilization and initial management of these patients. In addition, many outpatients have psychiatric issues requiring treatment, but are unwilling or unable to see a psychiatrist. Medicine residents should be familiar with terminology, diagnosis, and management of these patients. They should also understand assessment and management of suicide risk and to become familiar with the services of crisis intervention. In addition, residents should be well versed in issues concerning literacy and cultural competency. Also the elective is designed to assist residents in communicating with and treating patients in a culturally competent manner in order to provide more patient-centered care.

	Monday	Tuesday	Wed	Thurs	Friday
AM sessions (8:30 -11:45)	Outpatient Psychiatry	Outpatient Psychiatry	Independent study	Outpatient Psychiatry	Outpatient Psychiatry
*PM sessions (1:15-5:15)	See below	See below	**Small Group Modules	See below	See below

Outpatient Psychiatry (CCBH):, 152 West Street in Danbury, CT 06810

\*PM sessions: Monday thru Friday afternoons; go to your assigned continuity **clinic** session on the day you are scheduled, these begin at 1:15, there will be 3 non-clinic days, 3 of these will be spent on the **inpatient psychiatric ward** with Ruth Cheney or Dr. Kathleen Rivera and the remaining sessions is devoted to independent study of any assigned readings/boards review.

\*\* Small group modules; see below

### B. Teaching Methods

- **Small group sessions/modules**: topics include, depression, anxiety, headaches, chronic pain, care of individuals with substance-related disorders, literacy and cultural competency.
  1. **Chronic pain management/substance abuse**: Wednesday morning at the Connecticut Counseling Center.
  2. **Health Care Literacy/Cultural Competency**; a 6 hour workshop devoted to educating our trainees in these crucial patient-centered topics. The workshops are comprised of a self assessment; pretest survey, videos of real patients demonstrating literacy, cultural competency issues, demonstrates communication techniques like teach back. In addition there will be a session devoted to role playing and simulation using a standardized patient.
  3. **Depression/anxiety/psychiatric aspects of the medically ill patient** will be approached from a psychiatric approach and an Integrated Medicine approach with Drs. Myron Glucksman and Mitch Prywes giving their overview and treatment approaches to these conditions.
- **Supervised direct patient care**: residents will rotate on the following inpatient and outpatient psychiatric services:
  - The office setting is located at CCBH, 152 West Street in Danbury with Dr. Joseph Williams.
  - The inpatient service is located at Danbury Hospital, with Ms. Ruth Cheney or Kathleen Rivera
- **Didactics**: per psychiatry service supplemented with small group sessions and noon conferences
- **Independent reading**: Assigned readings/boards questions

### **C. Educational Content**

1. **Mixture of Diseases**; Mood disorders (major depression, bi-polar disorder, mania), psychoses (schizophrenia, dissociative disorders, somatization disorders), Personality disorders (antisocial, borderline, etc.) and cognitive disorders (delirium and dementia), substance abuse (opiates, alcohol, prescription drugs)
2. **Patient characteristics and types of clinical encounters**; outpatient office based settings for both psychiatry, and substance abuse problems
3. **Procedures and services**; as described above
4. **Reading lists, other educational resources**; material for literacy and cultural competency will be provided by our library staff; the Johns Hopkins Modules on Depression, Alcoholism, Addiction, are also recommended

### **D. Method of Evaluation of Resident and Faculty Competence**

At the beginning of each rotation the residents and preceptors will review the goals and objectives of the rotation. At the end of the rotation a face to face review of the resident's performance will take place. It will be the resident's responsibility to schedule the final review with the MD preceptor. Dr. Joe Williams. He will provide a review of the resident's competency based performance. These evaluations are discussed in a summative fashion during our House staff evaluation committee meetings. A final written evaluation will be incorporated into the resident's semiannual performance review.

## **E. Rotation Specific Competency Objectives**

This rotation is tailored for the PGY-1 level of training. The expected competency based **milestones** are listed below:

### **1. Patient Care**

- Acquire accurate and relevant history from the patient in an efficiently customized, prioritized, fashion
- Synthesize available data, including interview, physical examination, and preliminary laboratory data to define patients' clinical problems
- Develop a prioritized differential diagnosis, evidenced based diagnostic and therapeutic plans for common psychiatric conditions
- Understand tools used in Integrative Medicine such as Motivational Learning and Spirituality in Health Care
- Recognize situations with a need for urgent or emergent medical care, including life-threatening conditions such as suicidal ideation.
- Make appropriate clinical decisions based on the results of common diagnostic tests
- With supervision, manage patients with common & complex clinical disorders seen in practice of ambulatory general internal medicine

### **2. Medical Knowledge**

- Understand the relevant pathophysiology and basic science for common psychiatric conditions
- Understand indications for a basic interpretation of common diagnostic tests
- Residents will develop satisfactory skill and competence in the use of antipsychotics, mood stabilizers, anti-anxiety agents, hypnotics, and antidepressants
- Understand alternative treatment plans for stress and mind-body medicine as well as sleep and health

### **3. Interpersonal and Communication Skills**

- Provide effective verbal and written communication and patients/advocates
- Deliver succinct and hypothesis-driven oral presentations
- Effectively use verbal and nonverbal skills to create rapport with patients/families

### **4. Professionalism**

- Maintain appropriate professional relationships with patients, families and staff

- Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status
- Preserve patient confidentiality
- Demonstrate empathy and compassion to patients

5. Practice Based Learning

- Apply clinical evidence to individual patients
- Formulate learning and improvement goals
- Deliver care that reflects learning from previous experience

6. Systems Based Practice

- Work effectively as a member within the inter-professional team to ensure safe patient care
- Address common barriers that impact patient care