Social and Behavioral Medicine Seminar:
A Core Curriculum for Primary Care

The DGIM UCPC Social and Behavioral Medicine Seminar is a two year seminar that meets once per week for on-block residents. Core “doctoring” skills, communication, and professionalism are our focus but all ACGME competency areas are touched upon as part of curriculum.

Format: Mixture of didactics, group discussion, and evidence-based adult learning activities (including role plays, experiential exercises, personal narratives, videos, and self-reflection).

What We Cover: The seminar learning objectives are below along with potential topics to be covered. The topics are divided into 6 core areas identified by the IOM’s recent report on social and behavioral sciences required for physician competence. We will ask you to complete individualized learning objectives for each of the content areas. We will use these objectives and your ongoing input to shape our course. Although we do not have complete freedom to change everything about the seminar, we can be quite flexible. Please note that this is a two year seminar so if you don’t get a topic this year, it is coming next year. Please feel free to suggest new content areas or formats.

Special Sessions:
- Videos – we will devote a portion of one session to an explanation of our video policy, the use of communication skills checklists, training in how to give critical feedback, and a practice review of faculty clinic videos. Video viewing takes place approximately once per month.
- Live Patient Interviews and Case Conferences – depending on patient availability, we will invite clinic patients with psychiatric co-morbidities to join our seminar. We will perform diagnostic interviews, make treatment decisions, and demonstrate helpful therapeutic techniques.
- Standardized Patient Assessments – Twice per year, you will spend one morning at the UCSF Clinical Skills Simulation Center to take a standardized patient examination. Examinations include trained actors portraying various clinical scenarios. Your performance is recorded and scored. Feedback is used to help you shape the development of your clinical skills.
- Behavioral Medicine End-of-Year Breakfast – we like to end each year with a potluck breakfast. Each block will have its own breakfast. This session provides an opportunity to reflect, regroup, and say goodbyes.

Learning Objectives:

1. To teach residents essential communication and interpersonal skills that provide a framework for obtaining information from patients in an efficient, flexible, sensitive manner and promoting lasting behavioral changes.

2. To further refine these communication skills for applications in a variety of more challenging clinical scenarios and with a broad range of patients including motivational
interviewing, cross-cultural negotiations, medical adherence, substance abuse, and end-of-life care.

3. To teach residents how to diagnose, briefly intervene, and/or treat common psychiatric and behavioral problems, when/how to refer, and how to coordinate care with specialty providers such as psychotherapists and addictions counselors.

4. To enhance the understanding of the social, political and cultural aspects of medicine and how this impacts on the doctor-patient relationship and on their interaction with patients.

5. To assist and encourage a lifelong process of personal and professional development that improves clinical care, emotional management skills, and personal well-being.

**CORE CONTENT AREAS FOR SOCIAL AND BEHAVIORAL MEDICINE**

**Core Area 1: “Mind-Body Factors in Health and Disease”**
- Depression and Anxiety Disorders
- Bipolar and Psychoses
- Eating Disorders
- Somatization and Somatoform Disorders
- Personality Disorders
- Psychiatric Crisis Management
- Stress Management for Pts
- CAM
- Chronic Pain
- CFIDS, FMS, IBS, etc.
- Medically-Unexplained Sx

**Core Area 2: “Behavioral Health”**
- Alcohol and Substance Use
- Taking a Sexual History/Safe Sex Counseling
- Sexual Dysfunction
- Obesity/Diet/Exercise
- Prescription drug abuse
- Smoking
- Medical Adherence
- Chronic Disease Self-Management
- Behavior Change Models/Stages of Change

**Core Area 3: “Physician Identity and Role in Society”**
- Personal balance/wellness
- Self-reflection
- Physician Culture/Family-of-Origin
- Being the Physician in the Family
- Social justice/activism
- Professionalism
- Medical Ethics
- Assisted suicide/withdrawal of care
- Physicians Feelings: Recognition, Use, and Management
- Social Justice Activism
- Physician Identity/Personality

**Core Area 4: “Physician and Patient Interactions”**
- Medical Interview Skills
- Empathy and building rapport
- Difficult Patient Encounters
- Clinical Negotiation
- Patient Education
- Delivering Sad/Bad News
- Boundaries in the Dr/Pt. Relationship
- Sexual Boundaries
- Emotional Intelligence
Core Area 5: “Social and Cultural Factors in Health and Disease”
- Race, Ethnicity and Socioeconomic Class in Medical Practice
- Health and Health Care Disparities
- Overview of specific cultural/ethnic groups
- Health Literacy and Language issues
- Spirituality and Health
- Family Systems Approach
- Cultural Competence
- Gay, Lesbian, Transgender Health Care
- Homelessness
- Women’s Health
- Domestic Violence
- Bias and Discrimination in Health Care
- Immigrant Health

Core Area 6: “Health Care Systems, Health Policy, and Health Economics”
- Health care financing
- Physician incentives
- Health care legislation,
- Medicare/Medi-Cal
- Policy activism
- Managed care and the Doctor/Pt. Relationship
- Disabilities – evals, social programs, health policy
- Psychiatric health systems and referrals