

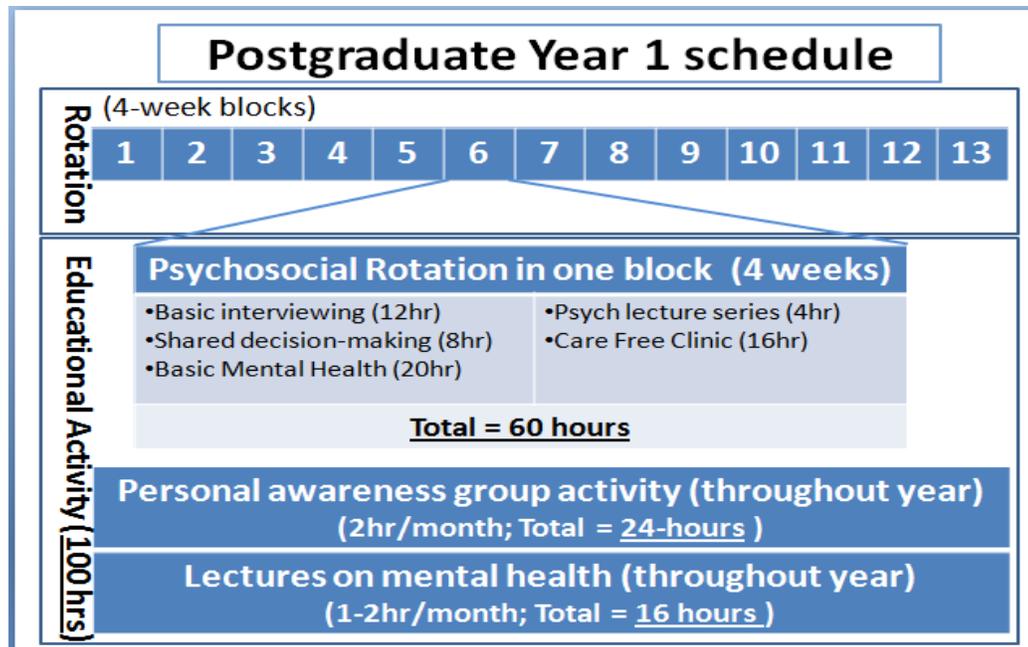
PGY-1 Sample Curriculum – 100+ hours per year

1) 60 hours – One-month, full-time psychosocial rotation for groups of 5-7 residents. The following curriculum would use the *lecture/assigned readings* and *small group* format:

- 16 hours – Basic interviewing and advanced interviewing (**Objective 1**)
- 12 hours – Informing and motivating patients to healthier habits (shared decision-making); 4 hours will be devoted to smoking cessation; the remainder of time will address diet and alcohol use, giving bad news, and providing routine information (**Objective 2**)
- 20 hours – Introduction to basic mental health care via discussion and role play: psychiatric interview, mental status evaluation, cognitive behavioral and pharmacological principles, suicide, depression, anxiety/panic disorder, unexplained symptoms/chronic pain, prescription substance misuse (**Objective 3**)
- 8 hours – Local Indigent Care-Free Clinic once weekly x 2 weeks (4 hour clinics) (**Objectives 1-5**)
- 4 hours – Psychiatry Lecture Series for one hour weekly: unexplained symptoms, depression/anxiety, psychopharmacology, prescription substance misuse (**Objective 3**)

2) 40 hours – Activities spread throughout the year:

- 24 hours -- Group activity (2 hours/month) aimed to develop personal awareness and personal support for the residents. In addition to group work and attendant journaling, this will include work on mindfulness meditation and narrative medicine – guided by interests of the group (**Objective 4**).
- 16 hours – Ongoing lecture series for all residents together will occur at a weekly teaching day with 16 separate one-hour lectures on various mental health topics from the Objectives. All topics will be covered twice every three years.



3) Variable number of hours – Additional mental health learning venues integrated with other training activities across the entire year.

- During Regular Inpatient Rotations (these are possible because of consolidation of most resident patients on one ward) – emphasize nurse-doctor communication and teamwork (**Objective 5**). Examples are:
 - i) regularly scheduled joint nurse-doctor morning report;
 - ii) nurse join rounds with resident ward team when her/his patient involved;
 - iii) senior resident make chart rounds with involved nurses before ward rounds;
 - iv) resident attends nurses' length of stay conference for her/his patient;
 - v) senior resident meets with charge nurse and/or case manager each day;
 - vi) junior resident rounds with staff nurses in evening.
- During Regular Ambulatory Clinics -- foster teamwork, a team approach, and a broader systems perspective. Examples are a specific, ongoing curriculum to enhance teamwork:
 - i) regular meetings with the case manager to review the needs of their panel of patients;
 - ii) regular meetings with the social worker to learn how to link the patient's needs to resources in the community, specifically addressing settings of care, requirements for each setting, and home health care options for each setting;

- iii) instruction in using the Automated Prescription System to detect prescription substance misuse;
- iv) instruction in using the electronic record to identify unmet patient needs; e.g., lack of an office visit after hospital discharge or need for a mammogram or glycohemoglobin.
- v) quality assurance screening projects on biopsychosocial topics involving residents' patients; e.g., do all patients have a PHQ-9 screen, use of full-dose antidepressants in all identified depressed patients, PHQ-9 to monitor depressed patients, automated prescription monitoring system use quarterly on all patients taking addicting substances, develop a protocol for overall management of all patients taking controlled substances on a chronic basis. Learners are assigned to these projects and assist in their conduct, supervised by faculty intrinsic to the clinic.
- vi) enhance inter-professional activities via pharmacy student on-site in clinic (or ward).