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**Title**

*Critical Evaluation of Behavioral Health Curriculum in a Family Medicine Residency Program*

**Priority 1 (Research Category)**

Behavioral, psychosocial, and mental illness

**Presenters**

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**Abstract**

Context: Family Medicine physicians play a crucial role in providing mental health treatment. Given that individuals with mental and behavioral health diagnoses access both primary care and hospital-based services at greater rates than individuals without these diagnoses, it is critical that family medicine residents complete their training fully prepared to treat the mental healthcare needs of underserved populations.

Objective: This study aims to analyze curriculum to better understand the integration of behavioral health training during the family medicine residency.

Study design and analysis: To evaluate the existing curriculum, researchers conducted a formative assessment. Using a Delphi technique, we created a 3-point Likert scale that defined inclusion and exclusion criteria for the curriculum to be assessed. Didactics and rotations that were identified as relating to behavioral health were expertly reviewed, focusing on trainings that do not adequately address existing guidelines for behavioral health training in family medicine.

Setting: A family medicine residency program at a large academic medical institution in the Mountain West.

Outcome measures: The robust integration of behavioral health training during family medicine residency.

Results: Behavioral health training exists in the family medicine residency but is scattered across the curriculum (e.g., didactics and rotations). Existing behavioral health curriculum is largely focused on psychiatry and not family medicine. Additionally, the current version of the curriculum focuses on single adult mental health, with gaps in focus on children's mental health and the role of families. Trainings on critical topics such as suicide prevention and trauma-informed care are present but are not integrated throughout the curriculum. Further, while residents treat vulnerable and underserved groups, the focus has been on medical care without integration of mental and behavioral health. Finally, there are not strong relationships with multiple community partners to tailor trainings to specific patient groups.

Conclusions: Our findings highlight the need for an integrated and longitudinal behavioral health curriculum with a strong emphasis on community involvement so residents are well prepared to meet the mental and behavioral healthcare needs of their patients.