Behavioral Science Residency Education Priorities: The Perspective of Practicing Family Physicians
Richard L. Brandt-Kreutz, MA, MSW; Kyle Ferguson, PHD; Devin Sawyer, MD • St. Peter Family Medicine Residency Program, Olympia WA

BACKGROUND

Behavioral science residency education should be prioritized to be relevant to primary care.

25-40% of primary care patients have behavioral and mental health problems

Up to 70% of adults have some degree of psychosomatic impact

The specific context of primary care differs from mental health settings including shorter visits

Proportion of physicians that report behavioral and mental health problems varies across regions

Behavioral science education is valued by primary care physicians.

82.5% of residents/faculty reported referring to or using behavioral interventions

90% thought that behavioral interventions were “very important” or “important”

OBJECTIVES

Identify those prior studies in order to:

- Inform residency education efforts by identifying the behavioral science priorities of practicing Family Medicine physicians so that curriculum can be better aligned with the needs of practicing physicians
- Building on prior research in Colorado and Mississippi, assess regional differences between Washington State physicians and physicians in these 3 states
- Assess the effect of size of community on prioritization
- Based on updated curriculum guidelines, expand the priority list to include additional content areas not included in the original survey
- Assess the impact of physician perceived competence on prioritization

METHODS

Participants

2170 practicing family physicians in Washington State identified as “active members” of the Washington Academy of Family Physicians (WAFP) were sent the survey via email

Procedure

The study was determined “ exempt” by the Spokane, WA IRB

An initial email request from the WAFP President and two additional reminders were sent out 2 weeks apart

Instrument

On a 4-point scale (1=low, 4=high) respondents rated behavioral science topics according to the priority to be given in residency education and the respondent’s perceived competence in each topic

Original survey was modified to include:
- 27 of the original 28 behavioral science topics
- 9 additional topics were added for a total of 35 topics

In addition to the original demographic and practice data:
- Two additional topics (psychopathology and Psychiatry) are included in the practice included
- 26 of the physicians in community included

Data Analysis

Data were analyzed using both descriptive and inferential methods using SPSS statistical software

RESULTS

14% RESPONSE RATE

2270 surveys e-mailed • 370 replied • 326 completed both scales

TABLE 1

<table>
<thead>
<tr>
<th>Rank</th>
<th>Topic</th>
<th>Percentage of Male Physicians (46%)</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Depression (35/35)</td>
<td>34%</td>
<td>9.94 (SD = 3.96)</td>
</tr>
<tr>
<td>2</td>
<td>Anxiety (34/35)</td>
<td>34.18%</td>
<td>9.94 (SD = 4.05)</td>
</tr>
<tr>
<td>3</td>
<td>Difficult Patients (34/35)</td>
<td>21.38%</td>
<td>9.94 (SD = 3.96)</td>
</tr>
<tr>
<td>4</td>
<td>Lifestyle Counseling (35/35)</td>
<td>35.58%</td>
<td>9.94 (SD = 4.51)</td>
</tr>
<tr>
<td>5</td>
<td>Interviewing (35/35)</td>
<td>21.38%</td>
<td>9.94 (SD = 3.96)</td>
</tr>
<tr>
<td>6</td>
<td>Geriatrics (35/35)</td>
<td>16%</td>
<td>9.94 (SD = 4.51)</td>
</tr>
<tr>
<td>7</td>
<td>Physician Well-Being (34/35)</td>
<td>21.38%</td>
<td>9.94 (SD = 3.96)</td>
</tr>
<tr>
<td>8</td>
<td>Spirituality and Medicine (35/35)</td>
<td>30.54%</td>
<td>9.94 (SD = 4.51)</td>
</tr>
<tr>
<td>9</td>
<td>Chronic Pain (35/35)</td>
<td>30.54%</td>
<td>9.94 (SD = 4.51)</td>
</tr>
<tr>
<td>10</td>
<td>Substance Abuse (34/35)</td>
<td>21.38%</td>
<td>9.94 (SD = 3.96)</td>
</tr>
<tr>
<td>11</td>
<td>Death and Dying (35/35)</td>
<td>30.54%</td>
<td>9.94 (SD = 4.51)</td>
</tr>
<tr>
<td>12</td>
<td>Alcohol and Drug Abuse (35/35)</td>
<td>30.54%</td>
<td>9.94 (SD = 4.51)</td>
</tr>
<tr>
<td>13</td>
<td>Other (Medicaid, Medicare, self-pay, indigent) (35/35)</td>
<td>30.54%</td>
<td>9.94 (SD = 4.51)</td>
</tr>
</tbody>
</table>

METHODS

The effect of rural versus urban was not assessed

Important topics were added to the present study:
- Well Child Skills ranked #5/35.
- This is not surprising given that Family physicians provide 16-26% of visits with children
- Physicians with higher perceived competence in behavioral medicine are likely to value behavioral science and give it greater priority in residency curriculum

Spiral curriculum and specialty rotations may emphasize different topics depending on their specialty

Curriculum should give higher priority to common psychiatric topics including, depression, anxiety, and substance abuse and worry less about teaching less common topics such as, neuropsychology, eating disorders and psychiatric disorders

DISCUSSION

Patient-centered care is important with 6 topics consistently ranked in the top 13

Intervening, lifestyle counseling, difficult patients, physician well-being, patient education and death and dying

Important topics were added to the present study:
- Well Child Skills ranked #5/35. This is not surprising given that Family physicians provide 16-26% of visits with children
- Physicians with higher perceived competence in behavioral medicine are likely to value behavioral science and give it greater priority in residency curriculum

Physicians with more years in practice have given a higher priority to teaching behavioral science

Spirituality and medicine may be less important despite growing interest in recent years

LIMITATIONS

Response rate was low (14%) and not representative when compared to the total population/female ratio

Comparability with the two prior studies is reduced by differences including:
- Paper versus email survey
- One original survey question not included
- Overall, fewer years between surveys with the present study (11 versus 6 years between 2 prior studies)