Family Practice Forum

Training of Behavioral Scientists in Family Medicine

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Behavioral science has in recent years become an increasingly important part of family medicine. The American Academy of Family Physicians in 1977 deemed essential to residency training an integrated, comprehensive, and continuous behavioral science program throughout the three years. More recently, residents' opinions have also been solicited about behavioral science teaching, and one of the major priorities they also have set is "the integration of the behavioral science training into the total experience of the family practice residency."[1]

Thus, the general evolution of behavioral science teaching has been a move away from a separate, traditional psychiatry inpatient rotation to the integration of behavioral science into the family medicine clinic setting. With this integration, behavioral scientists have, quite appropriately, represented a variety of disciplines and theoretical orientations. Detailed behavioral science curricula developed at residencies across the country have since been widely disseminated and shared.[2-4]

Most behavioral scientists, as a recent article points out,[5] have trained themselves, through trial and error, through careful exploration and titration of their relationships with family practice faculty and residents, through the slow process of learning about the philosophy and language of family medicine, and through the day-to-day practice of primary care.

Behavioral scientists in family medicine have assumed over the years an ever wider variety of roles as faculty members (eg, clinician, consultant, teacher, administrator, facilitator, evaluator, researcher). It is clear that these roles imply a considerable degree of professional skill in several areas, some related to *process* (eg, interviewing skills, nonverbal communication, physician-patient relationships) and some to *content* (eg, family life stages, depression, anxiety). This dual focus has contributed to some controversy over behavioral scientist roles. Elements of interactional processes are very complex and difficult to teach, and sometimes a focus on these areas raises the criticism that not enough concrete facts are being taught to residents. This criticism has led to a greater advocacy for the integration of theory and clinical practice in the teaching of behavioral science.[6-8]

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Since behavioral scientists have not had their own training programs per se, they emerge from programs representing various professional disciplines and subsequently venture forth into medical settings. The most common disciplines of behavioral scientists have been medicine (psychiatry, psychosomatics, and family medicine), social work, psychology, sociology, and anthropology. Hornsby and Kerr[4] conducted a survey of 286 family practice residency programs in 1977 to investigate the disciplines represented among behavioral science faculty. They reported that 46 percent of the behavioral scientists were trained in medicine, 26 percent in psychology, 14 percent in social work, 8 percent in counseling, and 6 percent in "other." Since 202 of the behavioral scientists claimed to have patient care as a major responsibility, it can be assumed that the acquisition of clinical skills would be an indispensable focus in prior training. It becomes clear, then, that training of behavioral scientists specific to family medicine should take place in a postgraduate setting, with solid clinical skills already having been established during professional graduate education.

It is the thesis of this paper that training experiences are needed because the special skills which are required can be developed to a large extent before the behavioral scientist joins a family medicine faculty. While it is expected that these skills will be refined on the job, a field experience can give a trainee exposure to the unique roles and problems of the behavioral scientist in a family medicine setting. In examining the inherent problems in the collaboration of psychologists and physicians, Shapiro[5] discussed the conflicts that arise as a result of the differences in their communication styles, theoretical models, priorities, and attitudes toward their roles with patients. It would seem that a supervised graduate practicum in behavioral science could acquaint the trainee with these issues and provide an opportunity for mastering some of the tasks and challenges implicit in the profession. There have been earlier recommendations that behavioral scientists be trained in medical settings,[7,9,10] but training programs in family medicine have yet to be developed. It is incumbent on the behavioral scientists currently working in family medicine clinics to begin contributing to this effort.

It seems clear that training a behavioral scientist for work in the family medicine setting is a challenging endeavor which requires considerable ingenuity, teaching skill, and commitment on the part of the residency. One of the basic precepts is that the training should be on site, in the family medicine clinic, with the goal of familiarizing the trainee with the medical milieu and the day-to-day practice of family medicine.

Learning the curriculum that one is expected to teach and the essential facts about the system itself would constitute the "content" aspect of training, but far more important is the "process" emphasis on experiential learning. For instance, a vital model in behavioral science recognizes the extent to which patients' medical beliefs affect their behavioral decisions, compliance with treatment, and ultimate recovery. The behavioral scientist not only needs to have clinical experience with patients and use this model, but also needs training and experience in teaching the utility of this model to others in family medicine. In sum, a well-developed training program in behavioral science may include didactic courses and seminars which address specific areas in the field, but the primary step in training should be first-hand experience in the family practice setting under the guidance of behavioral scientists on the faculty.

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