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## ***STIPEND***

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Stipend support is commensurate with the previous training and experience of each fellow. Fellows receive malpractice and health insurance.

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## ***ELIGIBILITY***

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Candidates should have completed a family practice residency program, be board-eligible or certified in family practice, and obtained a New York State License six months before starting his or her fellowship.

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## ***APPLICATION PROCEDURE***

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For further information, write or call:

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[www.urmc.rochester.edu/FamMed/Teaching](http://www.urmc.rochester.edu/FamMed/Teaching)

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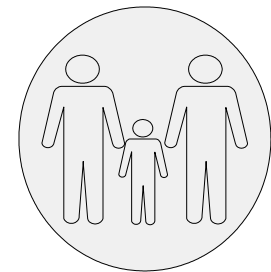
University of Rochester  
School of Medicine and Dentistry  
Department of Family Medicine  
Att: Steve Marcus  
1381 South Avenue  
Rochester, New York 14620

# Behavior Change Fellowship

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*A comprehensive training  
program for developing clinical,  
teaching and research skills for family  
physicians and health care practitioners*

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UNIVERSITY OF  
**ROCHESTER**  
MEDICAL CENTER

*An equal opportunity/Affirmative Action Employer*

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## Rationale

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Epidemics of unhealthy habits are rampant, and behavior change issues occur in every patient encounter. To address these issues, we have been trained to adopt a “fix-it” role: give information and advice. However, the majority of patients do not respond to this approach. Knowledge alone seldom changes behavior. Patient resistance and lack of motivation are widespread. To implement action plans effectively, practitioners need to learn how to lower patient resistance before enhancing their motivation. Motivational skills are core competencies for all health care practitioners; their development should be regarded as an essential process of lifelong learning. Yet, educational institutions provide practitioners with inadequate opportunities for such continuing professional development.

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## Vision for the Future

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Unraveling the psychosocial genome of unhealthy habits will do more good for humankind than the mapping of the human genome. Motivational approaches that promote healthful behavior change must become more individualized than the 21st century advances in the drug treatment of diseases. All health teams need members who can adopt a motivational role to address behavior change issues effectively.

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## Strategy

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Motivating behavior change is a complex process. To address this challenge, organizations, practitioners and patients all need to change. The Gandhi quote, “*Be the change that you want to see in the world*” can act as a guide in developing leadership to foster synergy between individual and organizational change. Using the mutual aid and self-help guidebook, *Motivate Healthy Habits*, on themselves can help leaders understand more about the complexity of change. This learning process can assist them in transforming their organizational cultures—from the acute cure, “fix-it” mentality to a longitudinal care model. Such a transformation can begin with oneself and emanate to others inside and outside of your organization, using a variety of dissemination strategies. Leaders need to understand how to: 1) use the concepts of motivational practice and personal evidence to overcome the limitations of evidence-based practice in addressing behavior change issues, 2) facilitate changes in professional roles, team work and systems of care, and 3) develop learning communities of motivational practice for promoting healthy habits.

Leaders who understand the complexity of these challenges can provide the stewardship for developing cost-effective, high-touch, high-tech behavior change programs. Such innovative stewardship can help forward-thinking and cutting-edge organizations to:

- Enhance the value and the return on investment among existing behavior change and disease management programs that promote healthy habits and self-care of chronic disease
- Expand the reach of programs and lower delivery costs
- Reduce demand on primary and secondary care services
- Lower health care utilization and avoidable costs

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## Benefits of the Training Program

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Learn how to become the researcher of improving your own health. Move beyond surface change (gaining knowledge, having good intentions, setting goals) to deep change (exploring feelings, views, values and why you want to change). This experience-based process helps you go beyond the limits of evidence-based guidelines (what is the mean effect of an intervention on a select population) to personal evidence (what does it mean to change).

Learn when and how to change from the “fix-it” to the motivational role. Enhance your motivational skills and gain a cascade of positive benefits—

- Reduce your frustrations in working with resistant patients
- Develop effective partnerships with them
- Engage them in change dialogues
- Create individualized interventions
- Enhance their readiness to change
- Improve healthcare outcomes

Become a trainer (online/offline) by participating in educational and/or research projects.

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## Training Process

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Course work will involve using a five-phase model for continuing professional and organizational development—1) Self-focused goals (improve your health behaviors and change your professional role), 2) Method-focused goals (apply motivational principles and use a six-step model to develop specific micro skills), 3) Learner-centered goals (expand your range and depths of skills), 4) Patient-centered goals (enhance patients’ readiness to change and improve patient outcomes), and 5) Organization-focused goals (become an organizational change agent and use a five-step model for transforming organizations). Fellows can pursue either the educator/trainer or research track (by completing a MPH in clinical research).

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## Fellowship Director

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**Dr. Rick Botelho, Professor of Family Medicine.** His research and development niche of expertise is in developing complex process interventions for changing practitioner and patient behavior to promote healthy habits and self-care of chronic diseases. He has published the book, *Motivational Practice: Promoting Healthy Habits and Self-care of Chronic Diseases* for professionals and lay health guides (2004) and the guidebooks, *Motivate Healthy Habits: Stepping Stones for Lasting Change* (2004) and *My Healthy Habits Journal* (2003) for the general public. He has developed online learning courses based on these books. For more details, go to [www.MotivateHealthyHabits.com](http://www.MotivateHealthyHabits.com). He has developed online learning programs for practitioners and patients, using an e-process learning system and Blackboard. He is co-author for serial chapters in *Promoting Health through Organizational Change* (2002) by Professor Harvey Skinner. For more details, go to [www.HealthBehaviorChange.com](http://www.HealthBehaviorChange.com). Along with Anthony Suchman and Pat Hinton-Walker, he was a co-editor of *Partnerships in Healthcare: Transforming Relational Process* (1988).

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## Department of Family Medicine

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The University of Rochester Family Medicine Program, the third such program established in the U.S., was founded in 1967. Hundreds of graduates have achieved clinical and academic success across the country. The residency program has 30 residents. The practice has approximately 62,000 patient visits per year. The diverse patient population includes all economic strata and a rich cultural and racial mix. The program has moved into a new facility that is short distance from the hospital. Highland Park is nearby where the Lilac Festival is held yearly. Many residents and faculty live within walking distance of the practice.

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## The Rochester Community

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**Rochester** is a metropolitan area of just under one million people. The community is prosperous and stable, with an economy based largely on high tech industries and education. The quality of life is high in Rochester, and housing is relatively inexpensive. There are many fine museums and restaurants; theater and music opportunities are abundant. The surrounding countryside is full of recreational possibilities and is easily accessible. Rochester is a great place to raise a family.