Table 1. Learning Objectives Following training, resident learners will have the knowledge, attitudes, and skills to:	Instructional Methods
 Objective 1 = MODEL 1 = COMMUNICATION AND RELATIONSHIP i) Master the 5-step, 21-substep interviewing model⁴³ in Table 2. ii) Master the following in terms of the model: efficiency, integration with disease-based interviewing, monitoring the doctor-patient relationship, personality types, obtaining difficult information from the patient (sexual, drug, abuse, marital), working with a 3rd person or an interpreter, integrating the computer and note-taking, difficult communication problems (hard of hearing, mute, blind, impaired cognition), and unique patient populations (geriatric, adolescent).⁴³ 	 1) Lecture/assigned reading: i) Chapters 1-3 of the text; ii) Chapters 7 and 8.⁴³ 2) Small groups: i) review 5-step method, practice with role play/simulated patients → use with real patients; ii) practice conditions listed in all venues. Introduce personal awareness work.
Objective 2 = MODEL 2 = BASIC TREATMENT PRINCIPLES i) Master model for providing routine information in SDC 1 ii) Master model for giving bad news in SDC 2 iii) Master model for shared decision-making to address tobacco cessation, weight control, and excessive alcohol/drug use ⁴³ in Table 3	1) Lecture/assigned reading: Chapter 6 of the text 43 2) Small groups: practice conditions in the objective in role play/simulated patients \rightarrow use with real patients. Continue personal awareness work.
Objective 3 = MODEL 3 = MENTAL HEALTH CARE TREATMENT Master the Mental Health Care Model (Table 4), including SDC3-5, for the primary management of patients ⁴⁶ that addresses medically unexplained symptoms, depression, anxiety, suicidal ideation, drug/alcohol misuse, non-adherence, grief, stress, sexual concerns, working with families, end of life issues, psychopharmacology, cognitive- behavior and operant mechanisms, non-pharmacological interventions (e.g., counseling, exercise, relaxation), community resources, cultural competence and health literacy, and referral to (and co-management with) mental health professionals. Residents also will have the skills to diagnose and refer psychotic, substance abuse, and personality disorders, trained to manage some with bipolar disorder.	 Lecture/assigned reading: all conditions in objective, including evidence-based model in Table 4 Small groups: practice conditions in objective in role play/simulated patients. Continue personal awareness work. Special mental health clinical experiences: i) Complex Patient Clinic; ii) Inpatient Consultation Service
 Objective 4 = MODEL 4 = PERSONAL AWARENESS Conduct personal awareness of previously unrecognized responses to the patient as outlined in Table 5.³³ Objective 5 = MODEL 5 = TEAM/COLLABORATIVE CARE Use patient-centered and relationship-centered practices in using the chronic care model in SDC 6 to work effectively with nurses, each other, case managers, social workers, mental health professionals, and other relevant personnel as a team for improving quality of care and patient safety. 	 Lecture/assigned reading: countertransference, emotion-laden material Small groups: using guidelines in Table 5, facilitated by teachers and other learners in all venues, we explore the personal experience of the learner Lecture/assigned reading: medical safety, relationship-centered care Small groups: discuss readings. Continue personal awareness work. Special and routine clinical experiences: in all care venues, in- and out-patient, we facilitate relationship-centered practices to promote team-work.