



Medical School Hotline

The Role of Psychiatry in Undergraduate Medical Education at the John A. Burns School of Medicine (JABSOM)

Anthony P.S. Guerrero, M.D.

**Assistant Professor of Pediatrics and Psychiatry
Director of Medical Student Education in Psychiatry
Department of Psychiatry**

Increasingly, teachers in medicine have recognized the importance of instilling, early on in medical training, the values of humanism and sensitivity to the emotional and social aspects of patient care. Notable humanitarian organizations, such as the Robert Wood Johnson Foundation, have supported efforts to improve knowledge and education in these aspects of the medical profession.^{1,2}

Since 1989, the Problem-Based Learning (PBL) Curriculum³ at the University of Hawai'i John A. Burns School of Medicine (UH-JABSOM) has emphasized effective patient care through the clinical application of knowledge gained from multiple disciplines (including epidemiology and the behavioral sciences) and through the appreciation of the human perspective inherent to every patient encounter. Beginning with their very first PBL case (which describes a physician who sustains a needle-stick injury while caring for a patient infected with the HIV virus), students must practice being attentive to the psychosocial issues relevant to patient care.

With the implementation of the PBL curriculum at JABSOM, the Department of Psychiatry has played an increasingly important role in medical education during the pre-clerkship years. In addition to roles as PBL tutors and medical student advisors, faculty in the department function as "resource people" who can discuss the emotional and behavioral perspectives of the cases being studied and who can convey effectively the importance of such issues in the practice of medicine.

Through their case-based study, medical students recognize that it would be impossible to manage the infected foot of their PBL patient if his coexisting problems of untreated schizophrenia and homelessness were not also addressed. This holistic approach was eloquently advocated by Engel⁴, who described how practical application of the "biopsychosocial model" can guide effectively the treatment of what would appear to be a purely "biological" condition; namely, an *acute* myocardial infarction.

During the second year (specifically, during the "Brain and Behavior" subunit of the PBL unit which also includes the locomotor and neurologic systems), the students have a more formal introduction to psychiatry through their clinical skills preceptorship, where they learn, from faculty in the Department of Psychiatry, detailed mental status examination as a branch sequence of the general physical examination. Through this experience, students learn more about the specialty of psychiatry, and become more comfortable interacting with patients in psychiatric settings.

During the third year, all students are required to rotate through the 7-week psychiatry clerkship, where they gain experience in general inpatient and outpatient psychiatry, as well as in some of the psychiatric specialties (e.g., child and adolescent psychiatry, addiction psychiatry). From the beginning, the relevance of psychiatry to general medical practice is emphasized. Discussed during the orientation, are: the relatively high prevalence of mental health conditions (e.g., the 17% lifetime prevalence of major depression⁵); the significant morbidity caused by mental health conditions (even in comparison to other chronic general medical conditions^{5,6}); the significant mortality caused by mental health conditions (e.g., homicide and suicide as two of the top three causes of death in adolescents⁷); the importance of recognizing life-threatening medical conditions (e.g., alcohol withdrawal, intracranial bleeds) with behavioral manifestations; and the treatability (shown in the scientific literature) of psychiatric conditions. Students are taught the basic psychiatric interview as an essential tool of the *safe physician*, who can establish optimal rapport with patients in various contexts and who will not overlook conditions, which could threaten the safety of either the patient, the physician, or anyone else. The clinical experiences, along with supplementary PBL tutorials, insure that students acquire the knowledge and skills necessary to manage – at the level of a "generic physician" – patients with common psychiatric symptoms. All Department of Psychiatry faculty are required to participate in the clerkship – either through direct supervision of patient care or through participation in the PBL tutorials.

Finally, fourth year students have the opportunity to take month-long electives in various specialties of psychiatry (e.g., child and adolescent psychiatry, addiction psychiatry, consult-liaison psychiatry, psychiatric aspects of obstetrics and gynecology, etc.) All medical students are encouraged to take electives, which can be helpful to them, in whatever specialty they choose.

The faculty's role in undergraduate medical education would not be complete without efforts to enhance recruitment into psychiatry. Although the main objective is to collaborate with other departments in the training of humanistic, competent physicians, Psychiatry, as a community-oriented department, is ever mindful of the acute shortage of psychiatric services. As an example, the current supply of 6300 child psychiatrists in the United States is anywhere from 4000 to 24000 short of what is actually needed, based on workforce demands⁸. In Hawai'i, there is an acute need for more child psychiatrists to care for children with special educational needs.

Misconceptions, which could adversely affect career choice, must be addressed. According to Cutler⁹, many medical students eliminate psychiatry as a specialty option because they perceive it to be "too stressful." Psychiatrists care for medical conditions which affect those things which are at the core of our human-ness (e.g., how we think, feel, and relate with others) and, for this reason, many believe that psychiatry is a particularly "stressful" specialty because it seems to "hit so close to home" as one's own emotions are engaged. However, an important part of training in psychiatry is learning to handle appropriately such emotions and, in fact, to use them skillfully for the therapeutic benefit of not just "psychiatric" patients but also patients with general medical conditions. Through increasing skills in recognizing and managing these emotions (which

Continues on p. 48

otherwise might catch us "off guard"), such training, properly applied, can actually help prevent the emotional "burnout" which could arise from caring for patients in any medical specialty.

Opportunities for graduate medical training at the University of Hawai'i are available to students interested in a psychiatric career. Responsive to community's needs, the Department of Psychiatry offers accredited residency programs in general psychiatry as well as in three out of the four psychiatric subspecialties recognized by the American Board of Medical Specialties, child and adolescent, geriatric, and addiction. The University of Hawai'i is also one of ten programs in the country offering a combined program leading to certification in the specialties of general pediatrics, general psychiatry, and child and adolescent psychiatry. This program strives to train physicians who can improve access to both primary care and mental health care for children and families, especially those who are currently underserved.

Above all, through enthusiasm, example, and mentorship (reaching out to all students, especially those from culturally diverse backgrounds), the faculty strives to be persuasive, rather than coercive, in introducing students to the virtues of psychiatry.

References:

1. Schroeder SA. Improving the health of the American public requires a broad research agenda. *Acad Med.* 1999;74:530-531
2. Matson CC, Ullian JA, Boisabim EV. Integrating early clinical experience curricula at two medical schools: lessons learned from the Robert Wood Johnson Foundation's Generalist Physician Initiative. *Acad Med* 1999; 74:S53-S68.
3. John A. Burns School of Medicine, University of Hawai'i. General Guide to the M.D. Program 1999-2000.
4. Engel GL. The clinical application of the biopsychosocial model. *Am J Psychiatry.* 1980;137:535-544.
5. Glass RM. Mental disorders: quality of life and inequality of insurance coverage. *JAMA.* 1995;274:1557.
6. Spitzer RL, Kroenke K, Linzer M, et al. Health-related quality of life in primary care patients with mental disorders: results from the PRIME-MD 1000 study. *JAMA.* 1995;274:1511-1517.
7. American Academy of Pediatrics Task Force on Violence. The role of the pediatrician in youth violence prevention in clinical practice and at the community level. *Pediatrics.* 1999;103:173-181.
8. American Academy of Child and Adolescent Psychiatry. AACAP Work Force Fact Sheet. 2000.

WE COLLECT PAST DUE ACCOUNTS

Only 25%* fee for Health Care Firms!

Why give up more!



Wood & Tait

HI Collection & Detective Agency
Staff on Kauai, Oahu, Maui, & Hawaii
<http://www.woodtait.com>

739-0433

jwood@woodtait.com

*Applies to accounts assigned during this promotion; no restrictions as to dollar size or age of accounts. Fee will increase to 50% if litigation or forwarding required; you will receive a contract.

Medical Office For Lease

Aiea Medical Building
99-128 Aiea Heights Dr.
Suite 502

- Reception Area
- Private Office
- Two Exam Rooms
- Lab Area
- X-Ray Room
- Built In Cabinets
- Bathroom

AREA: 771 sf. TERMS: 3 to 5 years
GROSS RENT: \$1,900 mo + G.E.T.
PARKING: Visitors free; one tenant stall included, additional stall available for \$65 per month.
OCCUPANCY: Available Now
FOR SALE: Unit also available for purchase (LH)

Gary C. Cook (B)
808-526-0896



PACIFIC PROPERTIES

gccook@cbepacific.com

When Rita Hayworth had Alzheimer's disease, not much could be done about it.



Today there's hope.

In Rita Hayworth's later years, her life was ravaged by a disease that few people recognized, much less knew how to treat – it was Alzheimer's.

Today there are treatments to manage Alzheimer's, including effective prescription medicines.

If you or someone you love:

- forgets things more and more
- asks the same question over and over
- has increasing trouble with words

it could be Alzheimer's disease – so see a doctor soon and call the Alzheimer's Association.

Unlike the past, today there's hope for people with Alzheimer's and their families.



In Hawaii, call 800-591-2771

www.alz.org

"GILDA" ©1946, renewed 1973 Columbia Pictures Corporation. All Rights Reserved. Courtesy Columbia Pictures.

MR463CA ©2000 Alzheimer's Disease and Related Disorders Association, Inc. All rights reserved. Supported by Eisai Inc. and Pfizer Inc.