
Shrinking the Western Pacific: Psychiatric Training for Medical Students from Micronesia

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In 1989 the Hawaii State Hospital became the primary site for clinical teaching of psychiatry to students of the Pacific Basin Medical Officer Training Program, a program designed to train clinicians for the western Pacific. The psychiatry clerkship was developed to provide practical training in psychiatry to clinicians who will practice in Micronesia. Challenges encountered by the educators, including transcultural issues, are discussed. Interventions found to be effective in resolving these challenges are described.

The Region

The term *Micronesia* was originally a cultural designation. However, since the region is inhabited by eight sufficiently diverse cultural groups, the term, as a cultural designation, has little meaning. Today the term is used to refer to a geographic area in the western Pacific that covers three million square miles of ocean with an area of habitable dry land half the size of Rhode Island. About 175,000 people call one of the 2,200 islands of Micronesia home and reside in one of the four newly created political entities: Belau, Federated States of Micronesia (FSM), Republic of the Marshall Islands, or the Commonwealth of the Northern Marianas.¹

At the end of World War II Micronesia came under the joint trusteeship of the United States and the United Nations. In 1986 the FSM entered into "Free Association" with the U.S.²

Historical Background

Since the close of World War II many efforts were undertaken to supply physicians to the Pacific Island nations. For the most part these efforts were unsuccessful and the shortage of physicians in the area continued. Of all the attempts to supply physicians to the region, the Pacific Basin Medical Officer Training Program (PBMOTP) has been the most successful.



Pohnpei Public Health Department .

In 1986 the John A. Burns School of Medicine of the University of Hawaii (JABSOM) contracted to design and administer a program that would train enough physicians to meet the needs of the U.S.-associated islands of Micronesia. The first class of 23 students entered the five year program, based in Pohnpei in January 1987. The program features early introduction to the clinical setting, with basic sciences integrated over five years. Medical officers initially received training in psychiatry in Guam. When the Guam facility closed, arrangements were made for the students to receive their psychiatric training at Hawaii State Hospital (HSH), a psychiatric hospital affiliated with the University of Hawaii.

Overview of the Psychiatry Clerkship

Two PBMCTP students at a time come to HSH for a six week psychiatry clerkship. During the rotation the students are housed on the hospital grounds. The students follow assigned patients. Didactics in psychopathology, psychopharmacology, and child psychiatry are provided by JABSOM faculty. The students attend and participate in ward rounds, therapy groups and meetings of Alcoholics Anonymous. They visit a community mental health clinic and treat patients on an emergency psychiatric service.

The cultural diversity of the patient population at HSH offers an exceptional opportunity for training for the PBMOTP students who may treat culturally diverse patient populations when they return to Micronesia.

Specific Challenges

The islands of Micronesia have few of the distractions of urban life compared to the island of Oahu, the site of HSH. On some



UH Pediatric Professor Dr Rudolfo Rudy with medical officer students on the pediatric ward of Pohnpei Hospital.



Medical officer students participated in the revival of the Pacific Basin Medical Association last year.

Micronesian atolls there are no automobiles or bicycles. When they arrive on Oahu some students are distracted by the urban setting and neglect their studies. The clerkship director has found it helpful to allow the students ample time to take advantage of the culturally enriching opportunities that Honolulu has to offer.

The psychiatry training of students in the PBMOTP poses specific problems for the educators. Investigators have documented differences between U.S. and non-U.S. physicians in their attitudes toward mental illness.³ The Micronesian students seem to have a greater tolerance for psychopathology than the North American students. For example, the PBMOTP students are less likely than their North American colleagues to perceive auditory hallucinations or loosened association as abnormal. Perhaps this difference between North American and Micronesian students is because these psychotic symptoms can result in less impairment in Micronesia, where the economy is based largely on fishing or subsistence farming, than in North America, where the economy is currency-based.

In order to provide the students with training that is culturally relevant to the patients that the medical officers will treat, the preceptors work toward raising the students' awareness of the Western medical model of mental illness, but not necessarily toward having the students embrace these Western models. None of the current educators has had any clinical experience with psychiatric patients in Micronesia. An effort has been made to learn from the students the kinds of psychiatric problems common to Micronesia. Review of the available literature on psychopathology in Micronesia has been helpful in tailoring training to meet the needs of the medical officers. For example: an unusually high focus of psychotic disorders in Belau has been described.⁴ Educators attempt to provide especially intensive training in the treatment of psychosis to students who intend to practice in Belau.

The students in the PBMOTP show a passive learning style as compared to the North American students. They ask few questions and are hesitant to participate in case discussions even when they are encouraged to do so. The JABSOM faculty has found that patience and positive reinforcement result in the students taking a more active role.

The psychiatric formulary in Micronesia is limited to three neuroleptics (haloperidol, chlorpromazine, and fluphenazine), three tricyclic antidepressants: carbamazepine, lithium, and diazepam. Many patients at HSH are treated with newer atypical antipsychotics and serotonin-specific antidepressants. Familiarity with these newer

medications is of little practical value when the students return to Micronesia. The educators make an effort to teach the students how to treat patients with the agents that are available in Micronesia.

Even more challenging to the Micronesian medical officer is the current lack of facilities in Micronesia for measuring serum lithium levels. During the clerkship an effort is made to train students to be sensitive to the clinical manifestations of early lithium toxicity rather than to rely on serum measurements.

Investigators have reported high rates of suicide in Micronesia.⁵ The PBMOTP students corroborate these reports, especially for adolescent and young men. For this reason considerable effort is invested in teaching the students how to assess for suicide risk. Rates for alcoholism also are reported to be high in Micronesia. Not surprisingly, some of the PBMOTP students themselves may have suffered from alcohol abuse or dependence during their training. An effort is made to familiarize the PBMOTP students with chemical dependency treatment programs at HSH. Though 12-step programs are the mainstay of chemical dependency treatment at HSH, only one student has been aware of the existence of an Alcoholics Anonymous group meeting in Pohnpei. Some of the medical officer students have expressed interest in advocating for the development of more chemical dependency treatment programs in Micronesia when they return.

Discussion

The PBMOTP has almost reached its original goal of training 80 physicians for Micronesia and is scheduled to come to a close in 1996. The psychiatry rotation at HSH has been an enriching experience for both faculty and students. Despite the unique challenges of the clerkship arrangement discussed above, the program is successful in providing psychiatric training to medical students from Micronesia. The authors hope that other students and medical educators will benefit from these experiences of the PBMOTP psychiatry clerkship.

References

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