

PROMOTING BRIEF PSYCHOLOGICAL COUNSELING TO MEDICAL STUDENTS



Dr. Weng-Yee Chin

Institute of Medical Health Sciences and Education and Family Medicine Unit,
Li Ka Shing Faculty of Medicine, University of Hong Kong.

BACKGROUND

In Asia, many doctors are reluctant to manage patients' psychological problems and remain skeptical towards its effectiveness and feasibility. One reason for this is inadequate undergraduate exposure and subsequent low priority for developing such skills. In 2007, a six-hour program was introduced to expose students to counseling in primary care.

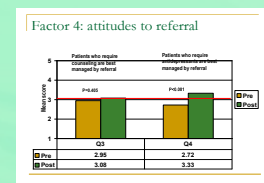
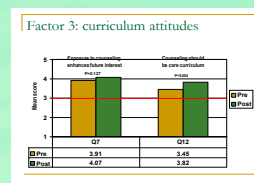
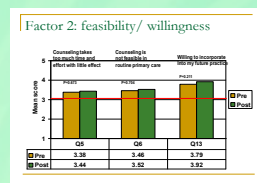
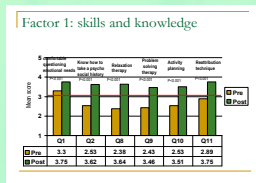
COURSE DESCRIPTION

The program was composed of:

1. Seminar on medically unexplained symptoms and techniques which can be used in routine practice for the management of psychological problems including reattribution technique, relaxation exercises, activity planning, structured problem solving.
2. Observation of psychotherapy session (being conducted by a family physician trained in psychotherapy) through a one-way mirror followed by small group discussion
3. PBL case on somatisation and depression with opportunity to role play the reattribution technique and to use the genogram as a tool to assess psycho-social history

STUDENT SURVEY

In 2008, a pre and post course questionnaire was performed on students undergoing this program to assess students knowledge, attitudes and willingness towards counseling. We found that our students had positive attitudes towards counseling and that most believed that counseling should be core curriculum. Our program was effective in improving the students' skills and knowledge but did not change their perceptions regarding incorporating counseling into future practice.



FOCUS GROUP INTERVIEWS

From January-July 2009, focus group interviews were conducted on students at the end of their Family Medicine Clerkship to determine why students felt that counseling was not effective or feasible in the HK primary care setting, and to discover what sort of educational experience might help to improve their attitudes.

Students expressed that as a result of the clerkship, they had developed a greater awareness of how prevalent psychological problems were in primary care and now realized that many patients suffered from undetected psychological distress. They also felt that they were now better able to identify these problems.

"I look at patients differently now. I used to think that consultations were just about making a diagnosis. Now I know you need to ask about their problems too."

However, there were still many persistent barriers affecting students' attitudes towards the provision of counseling in routine care.

Students' perception of society's expectations of the role of the doctor

"If a patient came to see me with a problem, and all I did was talk to them, I think they would feel that I was a waste of money and go look for another doctor"
"Society does not expect the doctor to provide counseling. This would be a waste of their time, expertise"

Lack of confidence

"Before I thought counseling was just listening to the patient, but after this clerkship, I think you need a lot of knowledge to analyze what the patient thinks and be very observant"
"I think you need a lot of life experience before you can provide counseling. I would feel awkward counseling somebody my parent's age"

Not worth the time and effort

"Doctors earn the same amount for prescribing a tablet for BP as they do for counseling depression. Why would I be bothered spending so much time to counsel a patient?"

Perception that counseling is not considered the current standard of care

"...maybe if I knew everybody else (in HK) was doing it, then I would try it too. At the moment, nobody does it, so I think I should not do it either"

TAKE HOME MESSAGE

Introducing counseling into the undergraduate medical curriculum was considered important by students and was shown to enhance their knowledge and skills. Exposure to psychological approaches during a consultation increased the students' awareness regarding the high levels of undetected psychological distress in patients, and that there were measures available to help uncover these problems. This program was not able to significantly change the attitudes of the students towards the management of patients with psychological problems. Issues regarding students' perception of the role of a doctor, lack of confidence, poor feasibility and beliefs regarding current standards of care need to be addressed before barriers to providing psychological care can be overcome. The students believed that greater exposure to seeing patients with psychological problems along with better role-modeling from their teachers, and a change in societal attitudes regarding the role of the doctor was required before their attitudes would be significantly changed.