

Inter-professional education in Behavioral Medicine: Training medical and clinical psychology students together in primary care

Anne H. Berman, PhD¹, Gunilla Krantz, MD, PhD², Ester Mogensen, PhD³, Åsa Nilsson, MD, PhD¹, Ulla Ek, PhD⁴
 1. Dept of Clinical Neuroscience, Karolinska Institutet, 2. Dept of Community Medicine and Public Health, Gothenburg University
 3. Dept of Learning, Informatics, Management and Ethics, Karolinska Institutet, 4. Dept of Psychology, Stockholm University



The challenge:

Patients with medically unexplained symptoms (MUS) are a significant challenge for primary care providers

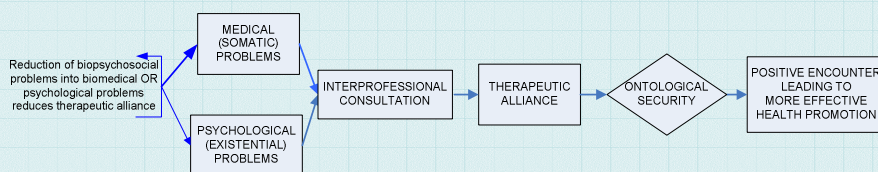
Conclusions:

Students' professional confidence increases via IPE

- Both groups are more familiar with what the other group studies and does at work
- Both believe collaboration should be increased
- Views on med-psych proportions in primary care change:

Each profession believes it should proportionally increase!

Patients' ontological security increases via joint sessions:



"To be ontologically secure is to possess... 'answers' to fundamental existential questions which all human life in some way addresses." (Giddens, 1991, p. 47)

Structure of behavioral medicine course:

Medical and psychology students:

- Encounter the primary care patient **together** 3 times
- Receive supervision by psychologist-physician team
- Attend seminars in behavioral medicine
- Complete examination: written project, oral presentation at clinic as well as course

Course goals:

To establish or improve students':

- Capacity for interprofessional communication and collaboration in primary care
- Theoretical and applied knowledge of behavioral medicine

Question to students:

What has really motivated you in this course?

MEDICAL STUDENT:

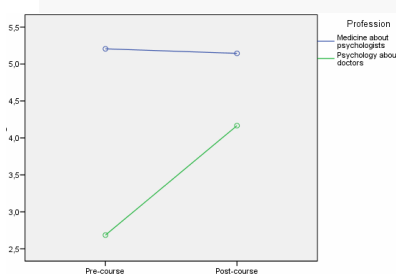
"It's important to listen and focus a bit on the psychological aspects because that is such a big part of the actual illness, how you feel, how you deal with problems.... The patient can feel so much better even though you maybe haven't done anything medical but just listened to the patient."

PSYCHOLOGY STUDENT:

"Mostly to work with the patient... to take responsibility for what I do in the room, to try to be prepared, to try to understand how the clinic works, to learn from the supervisor...."

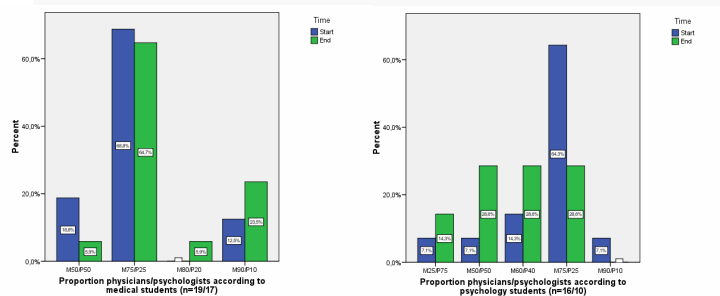


Post-course interprofessional attitude changes:



After the course, psychology students see doctors as "rounder" ($p < 0.01$), "softer" ($p < 0.02$) and "warmer" ($p < 0.05$) using Osgood's (1957) semantic differential. Both medical and psychology students perceive each other's professions as equally "good", "strong", and "big".

Pre-/post-course views on desired* physician-psychologist proportions in primary care:



* Current, existing proportions are <99:1.

Planned changes for the next course:

1. Pre-course "labs" to prepare students for the joint encounter.
2. Physiotherapy students will be admitted.



Karolinska Institutet

Anne H Berman, PhD, Licensed psychologist & psychotherapist
 Dept of Clinical Neuroscience, Center for Psychiatry Research
 Box 4044 • 141 04 Huddinge, Sweden

E-mail: anne.h.berman@ki.se
 Telefon: +46 8 607 1526, Fax: +46 8 711 7141
 Website: ki.se/berman



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