

Counseling Psychology in Medical Education

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Counseling Psychology in Medical Education

Medical schools typically divide the four-year curriculum for the Doctor of Medicine degree into two parts. During the first two years in medical school, students study basic sciences such as anatomy, physiology, biochemistry, and microbiology. During the last two years, they study clinical sciences such as medicine, surgery, pediatrics, and psychiatry.

When the National Board of Medical Examiners added a behavioral sciences test to the first part of their licensing examination, many medical schools added a behavioral sciences course to their basic science curricula (Olmsted & Kennedy, 1971). These courses aim to increase medical students psychosocial sensitivity and skills at the same time that they are learning the natural sciences which support the biotechnical aspects of medical practice and before they begin clerkships in the major specialties of clinical medicine.

Currently, there is widespread agreement that training in the behavioral and social sciences is essential to the adequate training of physicians. Recent reports such as Medical Education in Transition (Marston & Jones, 1992) recommend that medical educators increase the attention given to behavioral sciences training and operationally define this training as consisting of topics that happen to be at or close to the core of counseling psychology. For example, these reports highlight the importance of teaching physicians interviewing and relationship skills; the effects of social class, gender, and race on behavior; human development through the life cycle; adult sexuality; aging; death and death;, and self-efficacy and empowerment.

A Department of Behavioral Sciences

Departments of Behavioral Sciences typically are responsible for

teaching those aspects of behavioral and social sciences that pertain most directly to the practice of medicine. In my school, this material is drawn primarily from counseling psychology, health psychology, medical sociology, epidemiology, biostatistics, and medical economics. My department teaches medical students in each of their four years.

During the first year, we teach a course called "Medical Behavioral Sciences." In Term 1, we emphasize human development across the life span, family systems, and stress and adaptation. In Term 2, we use Carkhuff's microskills model in teaching a procedures course in communication and interpersonal skills. In Term 3, we introduce students to key concepts in the disciplines of medical anthropology, medical sociology, epidemiology, public health, medical economics, and bioethics.

In the second year of medical school, we collaborate with the Department of Family Medicine in teaching the behavioral sciences component of a course called "Introduction to Clinical Medicine." The didactic part of this component deals with crisis intervention, family counseling, adolescent medicine, living with chronic illness, and death and dying. The process part of this component consists of a year-long interviewing skills practicum in which students practice the skills that they learned in the procedures course during the previous year. The students interview actors and actresses who have been trained to play roles based on real patients. Each patient's physical complaint is compounded by problems of family violence, sexuality, substance abuse, or personality disorders. Each practicum consists of four students co-taught by a family physician and a behavioral scientist.

In the third year, we offer a bioethics program taught during clerkships in internal medicine, obstetrics/gynecology, and primary-care medicine

clerkship. We also collaborate with the Department of Psychiatry in coordinating the behavioral sciences curriculum with their clerkship.

In the fourth year, our Behavioral Sciences Department offers a Human Values in Medicine Program (HVM) that uses the humanities and behavioral sciences to help students reflect on and think critically about social issues in medicine. The HVM program consists of 50 mini-courses (16 clock hours each) taught by our faculty and 10 workshops (6 clock hours each) taught by visiting scholars. Students meet their HVM requirement of 120 clock hours by selecting from these courses and workshops.

In addition to teaching medical students, the Department sponsors the William Carlos Williams Poetry Competition for medical students in the United States and Canada. This year we had 198 entrants from 96 different medical schools. Each year, the Journal of the American Medical Association publishes the winning poems. To share the poems from the competitions with a wider audience, we have published three poetry books.

In collaboration with Hiram College, the Behavioral Sciences Department co-sponsors the Center for Literature, Medicine, and the Healing Professions. The National Endowment for the Humanities provides additional support for the Center. The Center's educational programs consist of institutes (e.g. Humanities and Medicine), seminars (e.g. Narrative Bioethics), and courses (e.g., Literature and Aging) designed to assist faculty from medical schools use literature to increase the sensitivity of medical students to the human condition. In addition to its educational programs, the Center serves as a clearinghouse on pedagogical methods for teaching literature in medical schools and residency programs.

Counseling Psychologists as Behavioral Sciences Faculty

My training in counseling psychology prepared me well for my role as a behavioral sciences faculty member. "There is no such thing as a behavioral science discipline" (Olmsted & Kennedy, 1972, p. 5). Therefore, medical schools recruit behavioral sciences faculty from disciplines such as psychology, sociology, anthropology, economics, and education. In selecting faculty, medical schools concentrate on the jobs to be done and who has the skills to do them rather than disciplinary labels. Although not by design, counseling psychologists are trained in the skills needed to do the job of educating medical students for psychosocial sensitivity and appreciation of medicine as a social science. In addition to being a behavioral science, counseling psychology advocates a scientist-practitioner model that resembles the physician-scientist model in many ways. This resemblance eases our adaptation to working with clinical scientists in medical schools. Moreover, because counseling psychologists are the generalists of psychology, our training programs purposefully prepare us to work in many diverse settings and jobs, including medical schools.

In part because we are the generalists of psychology, counseling psychology program curricula draw on many disciplines and subspecialties in preparing students for their profession. When I began work in my current position, I recognized most of the material in the medical school curriculum for behavioral sciences. The material on human growth and development was essentially the same as I had learned in graduate school. The material on stress, adaptation, and psychopathology also was similar to what I had been taught. The interviewing procedures course consisted of materials developed by counseling psychologists (i.e., Carkhuff and Kagan). The practicum was

very similar to my own first practicum in counseling. Moreover, my training in supervision was invaluable as I began to teach this practica. Not only had my program prepared me well in terms of content knowledge, it had given me opportunities to teach. My experience as teaching fellow, prepared me to give effective lectures to medical students.

The largest gap in my preparation had to do with knowledge about family systems and family therapy. The family is an important collaborator in the work of the physician. Medical students need to understand family dynamics and how to communicate with families. After some false starts, I learned how to learn about families and then how to teach what I learned to medical students.

Most of the other things that I needed to learn on the job were like those that a new faculty member has to learn in a counseling psychology program: how to write grants, how to participate in team teaching and committee work, how to launch a research program, how to develop the careers of your students, and so on. The major difference from a faculty position in a counseling psychology program was the context. My colleagues work in departments of anatomy, medicine, and surgery, not in departments within a college of education or a large psychology department. Obviously, I had to learn their language and customs as well as the culture of medical schools. Fortunately, I was supported in this by colleagues at my school and by members the Association for the Behavioral Sciences and Medical Education (ABSAME).

I encounter no trouble maintaining my integrity as a counseling psychologist. My medical school has one, not two, of everything. I am the only counseling psychologist but my friends are the only lung physiologist, organic chemist, and molecular pathologist. Consequently, my colleagues and I

share one primary problem - professional isolation. Each of us feels isolated from colleagues in our own specialties. We all try to attend many conventions and workshops as well as bring in colloquium speakers. However, this has not reduced the isolation very much.

A secondary problem that I share with my colleagues relates to the sense of isolation. None of our students want to be like us. Medical students want to become physicians, not counseling psychologists or biochemists. I often compare myself to an English professor who teaches the required course in composition to all sophomores. Most sophomores do not want to be English majors. Like effective English teachers, behavioral scientists must present excellent lectures to win and maintain the interest of students who really want to be studying courses in their major.

To reduce my isolation and teach students who choose to be in my class, I am a member of my university's counseling psychology faculty. Through this appointment, I teach a career counseling course each semester. I also supervise doctoral students, and have one or two serve as my graduate assistants department at the medical school. Many of my doctoral students now work as behavioral scientists in the teaching hospitals associated with my medical school and other local hospitals as well as in departments of medical education. This is not unusual, almost all of my colleagues in the basic science departments serve as graduate faculty in our university's School of Biomedical Sciences which educates Ph.D. students who will eventually teach anatomy, physiology, biochemistry, and pharmacology in other medical schools.

Exploring a Career in Medical Education

Graduate training in counseling psychology prepares generalists who are ideally suited for the role played by behavioral sciences faculty in medical

schools and residency programs. To augment this training, a counseling psychologist who is interested in exploring medical school faculty positions can engage in the following information-seeking activities.

1. Examine the behavioral sciences curricula of various medical schools. Start with your local medical school and then read about others in Medical Education and the Behavioral Sciences (Kennedy, Pattishall, & Baldwin, 1983). Also study the ideal course proposed by the Association for Behavioral Sciences in Medical Education (ABSAME), Basic Curriculum Content for the Behavioral Sciences in Preclinical Medical Education (Lella, Gill, & McGlynn, 1985).
2. Enroll for graduate credit in the behavioral sciences course taught at your university's medical school.
3. Volunteer to teach an interviewing skills practica or human values in medicine course at your university's medical school.
4. Attend a convention of the Society for Health and Human Values, the Society for Teachers of Family Medicine, or the Association of American Medical Colleges (especially the program track offered by RIME - Research In Medical Education).
5. Read journals such as Academic Medicine and Journal of Health and Social Sciences.
6. Attend the social hour hosted by the Association of Medical School Professors of Psychology at this APA convention.
7. Write your dissertation on a medical education topic.
8. Take a graduate course in medical sociology.
9. Apply for a graduate assistantship in a medical school,

particularly in a Department of Behavioral Sciences, an Office of Medical Education, or a Biostatistics and Research Consultation Unit.

10. Explore behavioral sciences teaching positions in Family Medicine Residency Program at local teaching hospitals. Consider attending the 14th Annual Forum for the Behavioral Sciences in Family Medicine from September 19-22, 1993 in Chicago. Call 708-887-3271 for information.

11. Join the Association for the Behavioral Sciences and Medical Education and read their new journal, Annals of Behavioral Sciences and Medical Education. For information or to join call Dr. Dorris Tinker, ABSAME Secretary at 717-531-8006. Next convention is October 2-5, 1993 in Meyerstown, PA on "Implementing the Process: The Complementary Roles of Curriculum and Evaluation in Behavioral Sciences Training." Call 703-556-9222 for information.

12. Read textbooks written expressly for medical students in behavioral sciences courses.

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