Teaching the Psychiatric Aspects of Medical Practice and the Psychosocial Factors in Healing

DAVID H. ROSEN, MD

I want to commend the editors of The Western Journal of Medicine for publishing the excellent series of articles in the December 1979 issue on “Orthodox Medicine, Humanistic Medicine and Holistic Health Care,” and for providing a forum for continued dialogue and discussion. I want to share with the readers information concerning an innovative educational program, “The Psychiatric Aspects of Medical Practice” at the University of California, San Francisco (UCSF), that attempts to integrate orthodox and humanistic medicine and emphasizes a holistic approach towards patients as suggested by Tupin.1 This new course seeks to help future physicians restore the balance between the art and science of medicine2 and to maintain the other vital balance between medical proficiency and knowledge of oneself.3,4 It focuses on caring for the patient and healing the whole person in addition to attending to the patient’s disease.5,6 The course also represents a working example of Engel’s “biopsychosocial model,” which he has proposed as a needed alternative to the classical “biomedical model.”7

The Psychiatric Aspects of Medical Practice course is a weekly two-hour clinical seminar that operates as an integral part of the following required core clerkships: Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, Neurology, and Ambulatory and Community Medicine. Students master a body of knowledge8 and present their own patients to the psychiatric faculty in a case conference format. The faculty member interviews the patient and leads a discussion that might cover any or all of the following: (1) psychological factors or life stresses related to the onset of the patient’s illness, (2) coping with the stress of illness and hospital stays, (3) psychosocial sequelae of an acute, chronic or terminal illness, (4) the patient’s understanding and meaning of his or her illness, (5) the healing process—the effective doctor-patient relationship, (6) psychiatric conditions that manifest in a medical setting (most commonly depression) and (7) possible therapeutic interventions related to any of the above with follow-up in subsequent seminars.

The idea for the Psychiatric Aspects of Medical Practice course originated with a medical student on the UCSF Curriculum Committee. In response to the Department of Psychiatry’s request for more clerkship time, this student suggested that psychiatry be taught in a relevant and practical way as part of the other core clerkships because the majority of students were going into family medicine and primary care areas. The Curriculum Committee supported this student’s idea and in early 1977 the course was successfully piloted on the Medicine core clerkship.9 Intensive independent evaluation showed that students who participated in the pilot seminar increased their knowledge of psychosocial concepts in medical care, showed evidence of more empathy and sensitivity, and maintained a strong belief in having the patient share in the responsibility of his or her care. Students who were not in the pilot group were significantly less empathic and sensitive and showed significantly less will-

---

1 Dr. Rosen is Assistant Professor of Psychiatry, and Director, the Psychiatric Aspects of Medical Practice, University of California, San Francisco.

---

Reprinted from the Western Journal of Medicine, © 1980
ingness to involve the patient in the care. The same results were obtained from thorough pre-
evaluations and postevaluations as the course was expanded in 1977-78 to all six clerkships at
Moffitt Hospital.

In July 1978 a grant from the Henry J. Kaiser
Family Foundation (Palo Alto, California) en-
abled the Psychiatric Aspects of Medical Prac-
tice program to fully expand to all affiliated hospi-
tals. We now have 22 sections of the course op-
erating year-round. Our faculty has grown to
40 and includes some other medical specialists
who teach with our psychiatric faculty. This is
ideal and we would like to see more of this in
the future.

Students have responded very positively to our
course and at present 80 percent of the sections
are rated above average. Of course, it is the
personal reactions and comments that capture the
essence of the course. A student recently charac-
terized the course as “An isle of humanity in a
sea of technological medicine.”

I agree with Joe Tupin that the key task is
integrating orthodox and humanistic medicine and
that this is the challenge of the 1980’s. In order
to focus attention on this critical need, we are
sponsoring (again with the support of the Henry
J. Kaiser Foundation) a National Conference
on Teaching the Psychiatric Aspects of Medical
Practice and the Psychosocial Factors in Heal-
ing. This conference will be held May 4, 1980,
at UCSF and medical and psychiatric educators
are being invited to attend from all the medical
schools in the United States. Speakers include
George Engel, Robert Glaser and Norman Cou-
sins. Faculty and students from the Psychiatric
Aspects of Medical Practice program will also
be involved in the conference.

It is to be hoped that the Psychiatric Aspects
of Medical Practice program and the National
Conference are part of a growing effort by our
profession to meet the current challenge to mod-
ern medicine.

REFERENCES
1. Tupin JP: The challenge of the next decade. In Orthodox
medicin, humanistic medicine and holistic health care—A forum.
West J Med 132:83-84, Jan 1980
2. Wilbur DL: A balance of science and art. In Orthodox
medicine, humanistic medicine and holistic health care—A forum.
West J Med 132:84-85, Jan 1980
1973
5. Diamond IK: Care of the patient. In Orthodox medicine,
humanistic medicine and holistic health care—A forum. West J
Med 132:81, Jan 1980
6. Kleinman A, Eisenberg L, Good B: Culture, illness and care
—Clinical lessons from anthropologic and cross-cultural research.
7. Engel GL: The need for a new medical model—A challenge
9. Rosen DH, Blackwell B: Teaching the Psychiatric Aspects of
of the Sixteenth Annual Conference on Research in Medical
Student Education, Association of American Medical Colleges,