

Perspective

The Art and Science of Learning, Teaching, and Delivering Feedback in Psychosomatic Medicine

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Background: *The teaching and learning of psychosomatic medicine has evolved with the better understanding of effective teaching methods and feedback delivery in medicine and psychiatry. Objectives:* We sought to review the variety of teaching methods used in psychosomatic medicine, to present principles of adult learning (and how these theories can be applied to students of psychosomatic medicine), and to discuss the role of effective feedback delivery in the process of teaching and learning psychosomatic medicine.

Methods: *In addition to drawing on the clinical and teaching experiences of the authors of the paper, we reviewed the literature on teaching methods, adult learning theories, and effective feedback delivery methods in medicine to draw parallels for psychosomatic medicine education. Results:* We provide a review of teaching methods that have been employed to teach

psychosomatic medicine over the past few decades. We outline examples of educational methods using the affective, behavioral, and cognitive domains. We provide examples of learning styles together with the principles of adult learning theory and how they can be applied to psychosomatic medicine learners. We discuss barriers to feedback delivery and offer suggestions as to how to give feedback to trainees on a psychosomatic medicine service. Conclusions: The art of teaching psychosomatic medicine is dynamic and will continue to evolve with advances in the field. Psychosomatic medicine educators must familiarize themselves with learning domains, learning styles, and principles of adult learning in order to be impactful. Effective feedback delivery methods are critical to fostering a robust learning environment for psychosomatic medicine.

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INTRODUCTION

Efforts to understand the relationships between disease and emotion (which form the foundation for psychosomatic medicine) started in medieval times, as physicians explored the emotional problems displayed by the physically ill. Subsequently, physicians (including Sigmund Freud and Franz Alexander) in the 20th century expanded both our knowledge and understanding of how the mind and body are interrelated¹; however, little literature on this interface existed and teaching relied heavily on experiential learning, role modeling, and the apprenticeship model. As medicine

and psychiatry have advanced over the past century, psychosomatic medicine has evolved into an interdisciplinary medical field. This (coupled with our increased awareness of how adults learn) required

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teaching and learning about psychosomatic medicine to incorporate a wide range of educational methods (where learners increasingly took ownership of the content of teaching) and strategies for delivering feedback continued to develop.² In this article, we review the ways in which psychosomatic medicine has been taught (placed in the context of teaching theories), present principles of adult learning (and how these theories can be applied to students of psychosomatic medicine), and discuss the role of effective feedback delivery in the process of teaching and learning.

HOW HAS PSYCHOSOMATIC MEDICINE BEEN TAUGHT?

Teaching methods³ (including role modeling, the use of Socratic questioning, reading, lecturing, participating in case discussions, and role-playing) for education about psychosomatic medicine (as in all fields of medicine) have become diversified and multimodal.

In an era before books and peer-reviewed publications related to psychosomatic medicine became readily accessible, teaching was largely based on the philosophy of “see one, do one, and teach one.” More experienced teachers of psychosomatic medicine saw patients with trainees and modeled history taking and examinations at the bedside; these efforts were followed by discussions of treatment strategies, held in the presence of the patient or in close proximity to the patient. As trainees witnessed more evaluations, they practiced what they learned and received feedback from an experienced physician who had been watching the encounter. Over time, trainees were given more independence and saw patients on their own, after which they discussed their findings, impressions, and treatment plans with their supervisors. This type of training/role modeling (still used as a primary teaching method) is most effective when teachers make their expectations about knowledge, competence, and skills explicit. For example, explaining and reviewing the techniques of motivational interviewing (using open-ended questions, affirmations, reflective listening, and summaries) before conducting an interview with a substance-abusing patient helps to prepare and guide a learner in real time rather than by expecting the learner to master the techniques solely by observing.

Use of Socratic questioning has been a key component of experiential teaching and learning.⁴

In a supportive, respectful, nonjudgmental, and safe environment, Socratic teaching has facilitated learning by challenging learners to explain their thought process, the evidence for clinical decision-making, and their rationale for treatment planning.

As physicians have increasingly written about psychosomatic medicine (e.g., in peer-reviewed journal articles and textbooks), readings have been recommended for trainees.⁵ There are multiple excellent and comprehensive textbooks that are recommended as resources for hospital-based psychiatry practice.^{6–8} Reading about specific topics relevant to real clinical cases facilitates case-based learning.

Lectures have also been used to teach about psychosomatic medicine. However, the style and format of lectures has evolved (e.g., from teachers reading to learners, to supporting talks with writings on chalk boards or white boards, to using Power Point presentations). Although lectures tend to be a passive learning experience, engagement with the speaker and the material can be enhanced by having clear objectives for case discussions and by employing problem-solving exercises or audience response systems. Lectures are increasingly viewed as more effective when they are focused and brief, as most adult learners lose attention after several minutes.

Use of flipped classrooms (e.g., where students read about a subject ahead of time and focus on a problematic area with the preceptor) is also an effective way of learning psychosomatic medicine. Discussions of recently experienced challenging cases or clinical questions also facilitate learning, especially when trainees formulate the learning objectives based on reflection and self-assessment of their knowledge deficits. Such case discussions can occur in a variety of situations (e.g., outside a patient’s room, in hallways, in an office, or in a conference room) depending on the length of the discussion and the need for privacy.

Role-playing allows learners to hone their skills with one another and with experienced physicians. For example, a trainee can prepare for a confrontation with a difficult patient by simulating the encounter with an attending (who provides both guidance and feedback) before actually talking with the patient. Clinical cases can be presented by both teachers and learners in a variety of group settings; however, the setting is best determined by the logistics of the clinical situation. As role-playing is usually problem-centered and provides immediate feedback, it enhances learning.

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