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Behavioral medicine in Russian family medicine

David Buyck [a], Michael Floyd [b,*], Fred Tudiver [b], Lana McGrady [a], Andrea Journagin [b], Svetlana Kishenko [c]

[a] *Veterans Administration Medical Center, Salem, VA, USA*

[b] *Department of Family Medicine, James H. Quillen College of Medicine, East Tennessee State University, 917 W. Walnut Street, Johnson City, TN 37604, USA*

[c] *Department of Family Medicine, Fareastern National Medical University, USA*

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Abstract

The Russian Federation's recently adopted family medicine as a specialty, but with little or no training in psychosocial and behavioral issues, unlike many training programs in other countries. The purpose of this qualitative study was to explore the perceptions and experiences of Russian primary care physicians regarding the practice of behavioral medicine and psychosocial methods. Semi-structured in-depth interviews were conducted with ten Russian family physicians. Examination of key words, phrases, and concepts used by the physicians revealed five themes that physicians related to their incorporation of psychosocial/behavioral medicine methods: (1) factors limiting the practice of behavioral medicine (inadequate training; cultural barriers); (2) demand for behavioral medicine services; (3) patient–doctor issues related to behavioral medicine (e.g., communication); (4) physician's role strain; and (5) intuition and experience. These findings suggest that Russia's new family physicians would benefit from residency and post-graduate curricula in behavioral sciences, tailored to their unique needs.

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1. Introduction

Recent political and social reforms in the Russian Federation have led to changes in most systems, including healthcare. Public health concerns include increased infant mortality, prevalence of diseases such as tuberculosis and AIDS, and a decline in life span among men from 70 to 57 years [1]. Under the former Soviet Union healthcare was specialist-based. Prominent among the changes in the new Russian Federation healthcare system is a recent commitment to primary care. Although the Ministry of Health officially adopted family medicine as a specialty in 1992, the process of change and the anticipated improvement in the health of Russian citizens has been slow and disappointing [2–4]. For example, family medicine remains in its infancy with fewer than 4000 physicians in practice [2]. The international community has responded by funding several initiatives and fellowships to enable Russian health officials to examine existing models of primary care in other countries. Through an International Research and Exchanges Board fellowship in1999, a physician faculty in a Russian family medicine residency program (SK) visited a family medicine residency program in the United States. The purpose of the 3-month visit was to determine what elements of the US family medicine training model could help improve the efficiency of Russia's evolving system. She observed a striking difference between American and Russian family physicians relationships with patients, methods of doctor–patient communication, and facility in addressing psychosocial issues.

Attention to psychosocial issues is consistently linked to improved health outcomes, clinical efficiency, and patient satisfaction [5,6]. These factors have contributed to the birth of *behavioral medicine* in the US defined as "... the interdisciplinary field concerned with development and

* Corresponding author. Tel.: +1 423 439 6481; fax: +1 423 439 4320.
E-mail address: floyd@mail.etsu.edu (M. Floyd).

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integration of behavioral and biomedical science, knowledge and techniques relevant to the understanding of physical health and illness and the application of this knowledge and these techniques to prevention, diagnosis, treatment, and rehabilitation'' [7,8]. This idea has long been relevant to family medicine in the US as the Accreditation Council for Graduate Medical Education (ACGME) requires that family medicine residency programs include behavioral sciences faculty and maintain behavioral medicine curricula [9]. These curricula include training of key behavioral issues that have an impact on health: the patient–doctor relationship, diagnosis and treatment of mental illnesses and substance abuse, stress-management, family counseling, and physician self-care.

The value of the integration of psychology and medicine in Russia has not been widely reported and it is not clear whether and how behavioral medicine issues fit into Russian family medicine [10–13]. Because of this and particularly in view of SK's observations, we developed and initiated a qualitative research project to better understand the knowledge and perceptions regarding behavioral medicine among Russian primary care physicians.

In 2000 one of the authors (DB) visited a family medicine program in the Russian Far-east. Two authors (SK, DB) conducted unstructured, exploratory interviews with eight faculty, two residents, and two patients in the Russian family medicine residency program. Following completion of interviews, DB and SK provided all faculty and residents with a series of lecture/discussions on behavioral medicine in the US as well as a 3-week period of case consultation. The interviews and training sessions led to a more specific question to guide this research: How are these Russian Family Medicine faculty and residents coping with the transition to Family Medicine with respect to behavioral medicine issues. Review of interview data by the present authors led to DB's second visit to Khabarovsk in which the semi-structured interviews comprising the present study were conducted.

The purpose of this study was to initiate an exploration into the perceptions and experiences of Russian primary care physicians with regard to the practice of behavioral medicine. This exploratory research used a small sample qualitative design in order to inform a future larger quantitative project that would be designed to survey a larger, more representative sample of Russian family physicians.

2. Methods

2.1. Data collection

A semi-structured in-depth interview method was chosen for this qualitative study. Five general areas of exploration were formulated from the earlier unstructured, exploratory interviews. The questions dealt with providers' preparedness to address patients' psychological problems, as well as how they dealt with their own feelings and reactions related to their clinical work:

1. Why might some physicians feel unprepared to deal with patients' psychological problems?
2. What might help to deal with physicians' emotional reactions to difficult patients?
3. What do you think about physicians sharing feelings concerning patients with other physicians?
4. When would you make a referral to a psychiatrist or psychologist?
5. What are your beliefs about psychosocial factors in health and illness?

2.2. Study setting

The interviews were conducted in October 2001. The setting was a university affiliated family medicine residency clinic in Khabarovsk, a city of 620,000 and the capital of the Khabarovsk Krai, a region in the Russian Far-east also containing the cities, Vladivostok and Komsomolsk-on-Amur. Krai has a population of 1.6 million people and a density of 2.0 persons per km^2, about 4.4 times less than the average population density in the Russian Federation. The research participants were a convenience sample of primary care physicians selected from the 10 faculty and 12 residents at family medicine residency clinic. Because of the Krai's population density, the clinic serves both rural and urban patients. The Clinic has no hospital affiliations as family medicine physicians in the Russian Federation do not practice in hospital settings.

2.3. Subjects and interviews

The interviewer (DB) was a clinical psychologist working fulltime in a rural family medicine teaching practice in the Eastern US. Every interview was attended by a Russian physician and translator, to ensure that all communication was clearly understood. The interviews lasted approximately one hour. The interviews were audiotaped, and the interviewer kept field notes. Information obtained from the earlier interviews was incorporated into subsequent interviews in order to validate themes and discover variances. All interviews were transcribed into Russian verbatim. The text was then translated into English by two of the authors, a bilingual native Russian (LM) and a bilingual American native (DB). The translated English text was subsequently transcribed verbatim, and used for the analyses described below.

Ten Russian family physicians were interviewed within a residency program similar in size to that of most US programs. Seven men and three women were interviewed. Seven of the ten had participated in the initial interviews in 2000. Nine were serving as faculty in the Family Medicine Residency program of Khabarovk's Fareastern National Medical University. One of the physicians moved from her

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