Working with medical students on the FSC rotation

# You’re their “resident.”

On rotations, medical students are typically supervised by one or more residents. That’s who tells them what to do, who they shadow, etc. You’re that person for them.

# Their duties

Attached to this email is a Log that med students complete on the rotation. It will give you a good sense of what they are supposed to be doing. In general, at first they just shadow you; later they can often try a brief intervention with you observing, and sometimes they can do them independently.

When there is nothing happening to observe, they have assigned readings and modules. You can also suggest that they watch videos of past sessions on the computer. There are headphones. After they’ve listened to you make some phone calls, they can often call patients for more info or to deliver messages. They can carry the pager and call to get information.

# Narrate your thought process out loud.

As you go about your day, tell them what you’re doing and why and anything complicated about it. “Now I’m going to return some phone calls, probably from people looking for appointments. It’s tricky because I need to get enough info to find out if we want to take the case, but I don’t want to invite them to get into things too deeply because then they feel really let down if we don’t take their case….”

After you make the call, talk out loud about how it went and any decisions you had to make about what to say. Do this just as you are making your notes, etc., nothing formal.

After they shadow you on a CC, narrate what happened and how you made the decisions you did. Share your emotional process where it might be helpful.

“So when we first went in I thought it was going to be a Behavior Change session. But when I saw how upset the patient was, I shifted to BATHE…

“When she said she wasn’t sure if she could take it anymore, that raised a red flag for me and I realized I needed to do a safety screening….”

“I felt a little put off when she was so negative about her child, but I tried to just stay curious and ask more about it…”

# Label what you’re doing.

Introduce them to our vocabulary and our “world.” i.e. “If they make an appt, we’ll probably do some exposure therapy around the dog phobia. That means …”

“The patient seemed to have weak boundaries with her extended family. You’ll probably hear us use that word – boundaries – a lot. Are you familiar with that term?”

# Point them to related readings or materials.

“I’m going to go do a safety screening in the clinic. Here’s a summary in the binder of what you cover in a safety screening. There’s also a reading on Collab.”

Re the dog phobia: “There’s a workbook on Anxiety and Panic on our bookshelf. If you browse it you’ll get a sense of the cognitive behavioral therapies that are often used. “

“Claudia has a lot of books about child development in her office (also therapies, physician wellness, grief, mindfulness, adoption, children’s therapeutic books…) She doesn’t mind if you browse or borrow them.”

# Ask them about their interests

I.e., what type of medicine they’re going into, what interested them in this rotation…. Don’t hesitate to suggest readings or resources based on what they tell you.

Feel free to ask them medical questions related to our patients, too. It gives them a chance to share their expertise. You can ask them to review the patient’s chart and help you understand the patient’s medical situation and how it might be affecting their psychological status. If they use medical jargon, ask them to explain it to you. They need practice in translating medical terms to non-physicians.

# Introduce them

As they shadow you in clinic, introduce them to the preceptors, nurses, etc. Tell them how the clinic teams are set up, etc. We are partly introducing them to Family Medicine.

Discuss Integrated Behavioral Medicine with them. Share with each other what you know, what you think works, what the future holds. Be interested in their ideas of how we as Mental Health professionals can team with medical professionals, and share your ideas for that.

# Give them feedback

If they do an intervention or make phone calls, give them feedback on how it went. You have expertise to share with them.

Lead with something right that they did (“It was great how you asked the child about his t-shirt as a way of connecting”). Where you want to correct something, tell them what they should do next time. “In the future, don’t hesitate to politely interrupt if the person seems to be on a tangent. One way of doing that is …”

Ask them how they felt after an intervention. Get them used to reflecting.

# Keep us informed

Let Ted or Claudia know if something goes wrong or you need help with any of this.