



Bringing Psychotherapy Closer to Medical Students: the Experience of Revamping an Educational Program in Brazil

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To the Editor:

Psychotherapy's history shares common roots with medicine history [1]. Key concepts include transference and role-playing, helping build rapport, and improving doctor-patient relations. As Medicine grew towards an evidence-based model, psychotherapy grew apart from Medical practice and training, and often was stigmatized [2]. Despite some discussion in lay media, many medical students (MS) have little knowledge of psychotherapy. While students at our institution already receive instruction, from multiple departments, on interviewing and rapport-building: with patients with psychiatric and non-psychiatric concerns, in basic and challenging situations, and across different locations, they receive limited training in psychotherapy as a specialized treatment generally accessed through referral. Nonetheless, physicians are expected to identify and adequately refer patients who may benefit from psychotherapy assistance. Therefore, even though accreditation standards are not prescriptive in terms of specific psychotherapy training requirements, we believe that MS should learn basic psychotherapy concepts, indications, and benefits [3].

In Brazil, MS enter the 6-year-long Medical School training straight from high school. During the 5th and 6th years, they provide direct patient care. During the psychiatry rotation, the MS see patients under supervision. Previously, during our institution's psychiatry month-long internship rotation, students attended three 3-h-long periods of psychotherapy discussions. Those periods consisted of unstructured meetings in groups of ten to fifteen fifth-year MS, twelve groups per year. The facilitators were psychiatrists

or psychologists with experience in clinical psychotherapy and teaching. Two facilitators proposed an open discussion on psychotherapy with a psychoanalysis-oriented basis. Themes depended on the student's demands. Interns without an interest in psychiatry and psychotherapy often criticized the format during the rotation feedback session. Critics addressed the lack of educational goals, methodology, theoretical framework, and impact on MS not pursuing a career in psychiatry.

Following the Kern model, we aimed to restructure the previously described psychotherapy discussions. The first meeting's objective is to establish the basic knowledge of psychotherapy a general practitioner should know. The activity starts as a 90-min-long lecture, discussing historical relations between psychotherapy and Medicine, presenting a general structure for psychotherapeutic interventions, different theoretical approaches, and modalities. The lecturer also discusses the aspects of the psychotherapeutic setting, indications, and skills for referring patients. After a break, the activity evolves into a 30-min discussion based on a text excerpt. In this text, the author presents his perspective as a psychiatrist who supervised psychotherapeutic discussions with students [4]. Recalling his medical training, the author establishes a relation between two views of the same patient, a psychodynamic perspective, and another closer to the internal medicine paradigm. During the activity, students discuss how the psychotherapeutic comprehension of cases could be useful in medical practice.

Before the second session, students must watch a pop-culture movie or TV episode approved by the facilitators and illustrative of psychotherapy. The second-day meeting is an open discussion mediated by the facilitators. First, the students are asked to report meaningful situations experienced with patients during current or previous rotations. After sharing, they are invited to connect them to the picture. The discussion is mediated towards reflecting on how they might frame a psychotherapeutic formulation and how

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non-psychiatrists might apply such tools to patient care. The activity is more practical, discussing possible interventions and the perceived stigma (from patients and physicians).

The last activity is a group psychodrama. Students are instructed to role-play real or fictional patients in a group session. We aim to increase empathy toward patients, as interns shall express these patients' feelings. This is based on the idea that assuming the patient's position and experiencing a psychotherapeutic activity impacts attitudes and knowledge and helps build rapport. This concept is common to many psychotherapeutic schools [5]. The activity is potentially moving, and vulnerable students may need support from friends and eventually need professional support; thus, we consider it essential to discuss the impact on the students and their feedback after the discussion and sharing.

While implementing the new program, we faced some difficulties and self-questioning. Moving toward a more structured program presented a significant challenge. As a group, we had to decide on the discussion topics and how to address them. Also, we worried about employing a lecture in the first meeting. Given the little previous formal discussion during medical training, the potential different backgrounds, and the large group setting, we considered it the best approach. Balancing the differences was essential to keep groups engaged. Thus, it was necessary to maintain a certain amount of malleability.

Despite the lack of a structured and sustained rotation evaluation, we believe there was an important improvement in students' perception of the activity. Contrary to previous feedback, all activities were well evaluated. In 2023, 81 students answered the evaluation Google. Twenty-five (30.9%) rated it one of the top 3 activities (out of 16) during the rotation. The psychodramatic activity was often considered the best part of the program, students regarded it as very moving, and the dramatization provided an experience that resembled psychotherapy. Some students were more moved than others; however, none reported the activity harmed their

mental health. Students considered the malleability of the facilitators and the discussions engaging and respectful to their needs and previous knowledge.

Many students stated that they changed their perception regarding psychotherapy, and some even sought mental health care, a positive outcome, as most MS do not seek proper mental health treatment. And many stated that the activity reduced their prejudice towards psychotherapy. Overall, this activity demonstrated effective restructuring of psychotherapy training without detracting from other parts of the curriculum.

Declarations The Institution Ethical Review Board approved this study (68299023.1.0000.0068) by report 6.011.994.

Disclosures On behalf of all authors, the corresponding author states that there is no conflict of interest.

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