Method of Orienting Medical Students in Community Social Services

ROBERT L. LEON, M.D., and JANE P. FRIEDMAN, B.S., M.S.W.

SENIOR medical students at the University of Texas Southwestern Medical School in Dallas have been participating in special case conferences intended to help them understand the interaction between psychiatric patients and their communities. Each conference brings together senior medical students, representatives of many community agencies, and staff members of the psychiatric clinic to discuss the problems of a particular psychiatric patient. One conference is planned for each group of medical students during their clerkship in psychiatry. A medical student presents the case, and representatives from the social agencies are invited to contribute to the discussion.

As a part of their psychiatric clerkship, senior medical students diagnose and treat patients in the outpatient psychiatric clinic of a large charity hospital in Dallas. Many of the patients coming to this clinic have severe socioeconomic problems which must be considered in planning a realistic psychiatric treatment program.

The patients usually have had contacts with several community agencies. The interagency conference attempts to bring together representatives of all the agencies involved in a case to discuss their observations of environmental problems that confront the patient. Other agencies having resources that may be helpful in alleviating some of the environmental problems are also invited.

Sixteen interagency conferences have been held since September 1959, with a total of 256 senior medical students participating. Other student participants included social work students, psychology interns, psychiatric residents, and chaplain seminary students. A psychiatrist, a psychologist, and a psychiatric social worker from the teaching staff of the clinic attended each meeting, and a medical sociologist was present at some meetings. A total of 83 workers from 20 community agencies attended the conferences, with some workers attending more than one. The agencies most heavily represented were the State welfare department (24 workers), the county welfare department (17), the juvenile department (8), and the local housing authority (6).

The problems discussed in the conferences have included: effects of parental illness on children, child placement, illegitimacy, broken homes, problems of adolescence, delinquency, dependency, marital problems, social disruption, problems of servicemen and their families, religious and cultural differences, relocation of an Indian family, economic and social deprivation, the indigent aged, the dying patient, the indigent itinerant, unemployment and vocational training, housing, community recreational resources for psychiatric patients, costs of medical care, commitment to psychiatric hospitals, adult parole, and community attitude toward the mentally ill.

The clinic psychiatric social worker has been responsible for the conference program, which requires careful preparation. By trial and error it was found that 1½ hours was the optimum

Dr. Leon is associate professor of psychiatry and chief of the psychiatric clinics, University of Texas Southwestern Medical School. Miss Friedman is consultant psychiatric social worker in the Texas State Division of Mental Health and coordinator of the Dallas County Community Care Project, Dallas County Health Department.

time period for a conference. Workers and supervisors from the community social agencies active with the case being presented are requested to submit in advance short written summaries of their contacts with the patient and his family. Other appropriate agencies which could be called on for future service are also invited. The duties of conference chairman and recorder for the conferences are distributed among staff and student social workers to provide these experiences to as many of them as possible. The recorder is responsible for compiling a summary of the conference. Copies are provided to the agencies that are actively involved, and the original is filed with the patient's chart.

Conference Procedures

The sequence of presentation follows a general pattern. The senior social worker from the psychiatric clinic states the dual purpose of the conference: (*a*) to show how doctors can use the services of the community in providing better care to patients and (*b*) to provide coordinated service to the patient whose case is being presented. The clinic social worker active on the case presents a brief identifying summary of the case and a statement of the services requested of social service agencies by the referring medical student. The medical student presents his findings, which are supplemented by comment from his supervising psychiatric resident. The psychology intern presents his analysis of testing results supplemented by the remarks of his supervisor.

Verbal reports are then given by the workers from the various community agencies active in the case. Agency administrators or supervisors describe their agencies in terms of auspices, functions, limitations, and geographic availability to doctors in practice. They also emphasize the value of exchange of information between doctors and agencies and procedures for making good referrals to agencies. Time is allowed for questions and answers. The chairman restates the purpose of the conference and clarifies the issues in the case. Recommendations for the patient are requested of professional personnel.

The medical sociologist may broaden the meaning of the specific case by bringing into the discussion useful concepts derived from research in his field.

The director of the psychiatric clinic summarizes the overall situation, translating the specifics of the case presented into general concepts and principles for future use by conferees. Finally, appropriate agencies assume responsibilities for carrying out the recommendations. The conference has often highlighted past duplications of services.

Following are three examples from the 16 cases that have been presented:

Case 1. John was 25 years old, white, single, and an indigent itinerant with a diagnosis of schizophrenia. He had served a prison term for theft and was referred to the psychiatric clinic by his parole officer. The medical student had referred John to the clinic social worker for rehabilitation services. He needed housing, maintenance, employment or retraining, and constructive recreation outlets. Participants in this conference in addition to clinic personnel and students included the parole officer, Salvation Army representative, employment commission counselor, State vocational rehabilitation counselor, Goodwill Industries representative, and the director of the mental health association. This patient represented a segment of the population with which the medical students were only vaguely familiar. Plans were worked out at the conference for the Salvation Army to continue housing, maintenance, and temporary employment pending followup by the other agencies. The mental health association offered recreational outlets.

Case 2. Joan was 37 years old, white, and separated from her husband. Her diagnoses were terminal cancer and early paranoid schizophrenia. She was referred to the clinic social worker by the medical student for planning for her four children, all under the age of 12 years. Her estranged husband was a World War II disabled veteran. Conference participants in addition to psychiatric teaching staff included the county hospital chaplain and his trainees, State and county welfare workers, the director and a caseworker from the Boys Club, director of the children's bureau, and a Veterans Administration Hospital social service worker. Preliminary plans were made at the conference for

the State welfare worker to act as coordinator of exploratory activities for placement of the children by the Boys Club and the children's bureau. The Veterans Administration worker agreed to contact the children's father and bring him into the planning. The chaplain trainee received considerable help with his counseling of the patient.

CASE 3. Charles was a 25-year-old American Indian with a wife and three children. The family had been relocated, under the auspices of the Bureau of Indian Affairs, from a rural area to a large city in a different State. The patient experienced severe panic states on the job. The company's nurse reported this to the patient's relocation officer, who brought the patient to the psychiatric clinic. A diagnosis of acute psychoneurosis was made. The clinic social worker was requested to assist the family in adjusting to their new environment. Of particular significance in this conference was the fine presentation of the relocation program by the field relocation officer in charge. The medical sociologist discussed the broader aspects of adjustment of persons from any minority group and the problems of adjustment in moving from rural to urban areas. He pointed out the double jeopardy in this case. No plans were made at this conference because of the severity of the patient's illness. It was learned later that the family was returned to their former home.

Benefits of the Program

We have not attempted to make a systematic evaluation of the results of the conferences. We believe, however, that the conferences have fulfilled the purposes for which they were developed, that is, to present to the student as realistically as possible, social factors as they relate to psychiatric illness; to demonstrate how social agencies can aid in treating these social factors; and to improve the relationship between clinic and community. Without such a program as this many medical students would be graduated who have no knowledge of the information and resources available to them through the agencies in the community.

Through these conferences the student also learns how to make good referrals to community agencies, and he learns about the available services and limitations of the agencies.

Social agencies often need medical consultation in order to plan for their clients. The interagency conference gives the student an idea of how consultation can be given. Hopefully, when he takes on the full duties of a physician in a community, he can more realistically support needed community services and coordinated community action.

The interagency conference also serves important functions for the psychiatric clinic as a whole. It expands the role of the clinic and provides the clinic with therapeutic tools not otherwise available.

Relationships between clinic staff and community agencies have been markedly improved as a result of these conferences. There have been fewer barriers to communication. Clinic staff, including psychiatric residents, have felt freer to and can appropriately call upon community agencies for help in planning for their patients. In turn, community agencies have felt freer to contact the clinic for consultation about a client. In many instances, after consultation the agency does not need to refer the client to the clinic. Just as the medical student learns how to make appropriate referral to a social agency, so the social agency learns how to make an appropriate referral to the clinic. Through repeated conferences the social agencies learn what the clinic can and cannot do and, as a result, tend more and more to refer only patients who can be helped by a psychiatric clinic.

Summary

The University of Texas Southwestern Medical School is using the interagency conference as a teaching method to demonstrate to medical students the relationship of social and economic problems to psychiatric illness. Through these conferences the student learns how to work with community agencies in planning for comprehensive patient care. The interagency conference also serves to improve the relationship of the psychiatric clinic with the community.