INITIAL DEVELOPMENT OF A MULTIDISCIPLINARY CURRICULUM TO RAISE MEDICAL STUDENTS’ AWARENESS OF THE IMPACT OF DEPRESSION ON CO-MORBID MEDICAL DISEASE

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Background: Depression is among the most common problems encountered in medical practice. Its prevalence ranges from 15-40% among patients with such diverse and common medical conditions as cardiovascular disease, diabetes, end stage renal disease, cancer, AIDS, and chronic pain. Despite depression’s high prevalence and adverse prognostic impact on co-morbid medical illness, link to suicide, and association with higher health care expenditures, it often goes unrecognized and under-treated by physicians.

Objectives: To develop a multidisciplinary longitudinal undergraduate medical curriculum to enhance medical students’: (1) recognition of depression in the context of co-morbid medical illness; (2) appreciation of depression’s adverse impact on the prognosis of co-morbid medical illness and the potential mechanisms by which depression might exert its effect; (3) awareness of effective depression treatment strategies that can be employed by non-mental health specialists; (4) self-efficacy at managing depressed medically ill patients; and (5) knowledge of indications for referral of depressed medically ill patients to the specialty mental health sector.

Methods: We assembled a 5-member multidisciplinary team of internists, psychiatrists, and medical educators to develop our curriculum. As the substantial majority of medical students enter non-psychiatric fields, we chose to implement our program outside the traditional “silo” of the psychiatry core curriculum. Given the difficulty in changing established practice patterns, we commenced with a focus on the problem based learning (PBL) curriculum that students complete in the first two preclinical years of medical training.

Results: Over a four-month period, we developed a two-session PBL involving the impact of depression on co-morbid cardiovascular disease and then trained psychiatry faculty members to serve as small-group facilitators. Faculty delivered the PBL to both the MS-2 (March 2005) and then the MS-1 class (May 2005) in 32 groups of approximately 10 students each. Following each of the second PBL sessions, we collected anonymous student feedback via our medical school’s password-protected class evaluation website. To date, 77% of MS-2 students (N=92 respondents) reported these activities “contributed to learning and understanding” to either a “high” (11%), “considerable” (27%), or “moderate” (39%) degree (MS-1 class data pending).

Conclusions: Medical students responded favorably to our initial attempts to integrate information on the adverse impact of depression on co-morbid medical illness via the PBL curriculum. Plans are underway to expand our PBL-based approach to the MS-2 organ system blocks beginning with Nephrology in the fall of 2005, and then to develop new initiatives to target MS-3 and MS-4 students during their clinical rotations.