

# BRIDGING THE GAP

*A newsletter for medical professionals*

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## Feature Article

### Psychological tests serve as practical teaching tools with advanced psychology students

This article is the third in a series featuring Rebecca Cogwell Anderson, PhD, who is a professor and the director of Transplant Psychological Services at the Medical College of Wisconsin.

Rebecca Cogwell Anderson, PhD, spends about 30% of her time teaching, with the remainder of her time divided between patient care and administrative responsibilities.

"When I start talking about teaching, I start smiling," says Anderson. "I love everything about it. It's an honor to be a part of helping young professionals grow into mature and confident practitioners."

Teaching has been an ongoing part of Anderson's career. She currently acts as a clinical supervisor at the Medical College of Wisconsin for advanced practicum students and psychology interns. She also is on the adjunct faculty at Marquette University and conducts educational seminars at professional conferences.

Over the years, she's seen educators become increasingly aware that the adult learner is a unique breed. "These students want material to be presented in a way that's immediately useful," she says. "If it's not meaningful to them for the near future, they lose interest. As educators, we are learning how we can tailor our teaching style to meet that need."

#### Brief test helps students evaluate their own observations

In supervising students, Anderson looks for ways to connect learning with practical applications. One of her techniques is to incorporate the use of two psychological assessments into her teaching approach.

The first of these is the BSI® (Brief Symptom Inventory), a self-report on psychological symptoms that Anderson uses with many of her patients. "The BSI not only gives me information on the client's current status that's useful in making treatment decisions, it also helps me educate students, partly because it focuses on a few key symptoms," she says. "First, I will have the student interview the client. Then, before we look at the BSI results, I'll ask the student, 'What do you think you're going to see on the test results' and why?'"

Finally, Anderson computer-scores the BSI, which provides test results quickly, and discusses the report with the students. "The BSI serves almost like a test key," she says. "We can compare what the students predicted to the results of a validated assessment. I'll ask the students what led them to their conclusions. For example, if the BSI score on depression were elevated, I'd look at whether the student asked the patient about sleep problems, loss of appetite, ability to make decisions, feelings of hopelessness, and other factors related to mood. If it turned out that the student didn't ask those questions, it would be an important learning experience."

## Practical methods help students learn the test

Another instrument Anderson uses in her training is the MBMD™ (Millon™ Behavioral Medicine Diagnostic) assessment. Her students study this test as part of their formal curriculum. To complement their textbook education on the tool, Anderson asks them to take the assessment privately as a way to familiarize themselves with it. She also asks students to read the narrative section of a MBMD interpretive report, write a summary, and then compare it to the MBMD's summary.

Anderson administers the MBMD as part of her standard diagnostic protocol with surgical patients and uses it as a teaching tool when she and the students are seeing patients. "When I give the test, I'm looking for specific factors that could affect how the patient responds to medical treatment, such as whether the patient struggles with overeating or substance abuse, has adequate social support, has a spiritual component in their life, or is in distress. The student should be asking about these same factors in the clinical interview. As with the BSI, we can use the MBMD results as a check against what the student has observed."

In addition, Anderson may have her students write up a report based on the MBMD treatment recommendations, the clinical interview, and other test results. "It's valuable experience for them in learning how to pull all the data together and create a cohesive interpretation. And, it increases their confidence to know that the recommendation isn't based solely on the clinical interview—it's also backed up by the objective results of the MBMD and other tests."

## The value of a mentor

Anderson's love of advising adult learners may stem from her own experience as a student. "I was very fortunate to have great mentors," she says. "They didn't just teach me didactic material; they helped me to find myself and gave me the opportunity to grow professionally. Students should realize that a lot of educators and clinicians are happy to mentor a graduate student, or new psychologist, or young doctor. I would advise any advanced degree student: Find a mentor you respect and learn from them. You will have a guide, an advocate, and a sounding board."

Editor's note: This is the third of a series of three articles featuring Dr. Rebecca Cogwell Anderson. Previous articles, "Medically oriented psychological tests help improve care for breast surgery candidates" and "Measuring both sides of the transplant equation: Psychological tests help evaluate organ recipients and donors" discuss her use of the BSI and MBMD tests with mastectomy and organ transplant patients. To read them, click on the article title.