HAVE YOU EVER WANTED your professional contacts with physicians to go more smoothly or to feel more satisfying? The ideas presented in this article are intended to provide a rationale and a ‘how to’ for primary care collaboration in the community. These ideas are based on my experiences: what I have learned while collaborating with medically trained colleagues in an interprofessional primary healthcare clinic, and while researching my doctoral dissertation.

1 The term primary healthcare denotes the first contact an individual has with the health care system. Since for most Canadians (but admittedly not all) the first contact is a family doctor, the terms primary healthcare physician and family doctor are used interchangeably here.
“I am feeling incompetent.” I said as I plopped down in one half of a cubicle located in the nurse and physician area of our primary healthcare clinic after a particularly challenging phone conversation with my school-aged son. “You’re feeling … incontinent?” came the disembodied and quizzical reply from the doc on the other side. This exchange provided a lot of laughter on both sides of the cubicle. Additionally, it underscored for me the different ways that psychologists and physicians see the world. Psychologists see things in the feeling or relational realm. In contrast, for physicians, life is often framed in the physical. It makes us different, but excellent allies in client care. We have much to learn from each other.

As people generally first present mental health issues in the primary healthcare office visit (Anderson & Lovejoy, 2000), family doctors are considered an excellent source of referrals. It follows then that a greater awareness of the cultural differences between psychology and medicine, and a psychologist’s simple adjustments are core to improving the effectiveness of our relationships with physicians. Improving relationships with primary care physicians extends beyond the primary healthcare office to the hospitals, however there are enough differences between the two settings that I defer discussion of hospital and related acute care collaboration.

Working with physicians is a cross-cultural experience. Both psychologists and physicians want the best for clients or patients but have been trained and practice differently. The downside of these differences is the occasional difficulties understanding the other’s point of view. Conversely, the upside is that because of distinct, yet complementary education and training, psychologists and physicians might enhance each other’s practice. Collaboration with physicians can be an adventure, rich with possibilities for valuable learning.

Differing ideas and realities to consider when working with a physician include the concepts of time, confidentiality, language, feedback, and ‘being open’ about one’s skill and unique expertise. Time pressures and urgency are common features of the working life of a physician. The primary care psychology literature shows doctors in outpatient practice spend 10 -15 minutes with each patient (Anderson & Lovejoy, 2000). My own family physician said he has about 7 - 8 minutes for each patient. By the time one psychotherapy or psychological assessment hour is done, a primary care physician may have seen four or five patients. Charting for an eight-hour day, not including any lunch or breaks, may mean charting for 30 to 50 patients. It takes additional time to make outside referrals, including referrals for psychotherapy. With such different time constraints, it is little wonder that misunderstandings surface. Physicians think psychologists do not pay enough attention to process. Physicians think that psychologists do not get to the point. (Frank, McDaniel, Bray & Heldring, 2004/2007).

Taking into account physicians’ time pressures, psychologists might adapt their communication style. This might include concise messaging; keeping in mind that a family doctor might have one to two minutes to read a report. Learn to write so that you include only the most germane points of your assessment, treatment plan, and recommendations. Related to time constraints, it is helpful to remember that physicians are results focused. My advice for psychologists is to ensure your responses to physicians are timely: within a few hours or at least by the end of the same day. In the fast paced environments of a medical office or clinic, responses that take a few days or a week are too late, and the opportunities for collaboration are regrettably missed. Another factor related to physicians’ time constraints and ‘results focused’ orientation is flexibility. If you’d like to work closely with physicians: consider having some time set aside in your schedule for clients who might require immediate appointments.

Confidentiality is another area in which psychologists and physicians have differing
practices. Psychologists are trained to share information only with written consent and then to share only sparingly. Psychologists may also be uncertain of exactly what to share. Physicians are used to working in a team and tend to be freer with sharing information with service providers whom they regard as team members. Teaming up may not seem beneficial to a physician if they feel that psychologists are secretive about patient information. Collaborating about a patient without adequate communication might feel to a physician like an exercise in giving up control while still bearing liability (Frank, McDaniel, Bray & Heldring, 2004/2007). Including a client’s family doctor in the signed consent at the beginning of a therapy or assessment relationship is a quick and effective solution to this concern.

Psychologists and physicians use different language and think differently about what constitutes wellness in the people who come for help. Even the descriptions of ‘who comes for help’ carry significantly different meanings; for example: patient versus client. Familiarizing yourself with medical terminology and using it appropriately in your conversations with physicians makes these conversations easier.

Finally, most physicians are unsure of exactly how psychologists differ from clinical social workers or other professionals trained in counseling (Witko, 2003; Grenier, Chomienne, Gaboury, Ritchie & Hogg, 2008). Besides being experts in psychological assessment, psychologists bring a unique approach to the conceptualization of mental health issues based upon theory, research and practice. Consider how you might express and communicate the range of expertise you bring to the physician-psychologist collaboration.

Psychologists and physicians have much to offer each other as they work to provide the best care for the people they aim to help. Psychologists provide much needed expertise in mental health, research and assessment. Psychologists are also highly trained in the theory and practice of psychotherapy, and can suggest the most effective therapy for a given client. Essentially, when psychologists’ skills are utilized the possibilities are promising: they can facilitate a more accurate and timely mental health diagnosis, reduce the burden of mental health care on physicians, and improve overall client care (Chomienne et al., 2011). Perhaps most importantly, psychologists are experts in relationships. They know about the importance of communication and conflict resolution (Gatchel & Oordt 2003/2008). Primary care physicians have a lot to teach psychologists about the physical processes involved in the expression of psychological conditions such as depression and anxiety.

Attending local primary health care and interprofessional conferences will increase your knowledge of primary care issues. Joining relevant committees and being mindful and deliberate about the quality of contact with primary care physicians will increase your comfort with their culture and them with yours. As with any cross-cultural setting, frequent contact and the development of mutual trust are paramount to successful collaboration.

Psychologists have the honor and responsibility to communicate their credentials, unique expertise, and assertively share their professional opinions and recommendations on referred clients (Grenier, Chomienne, Gaboury, Ritchie & Hogg, 2008). This communication or education with another professional culture can be offered in a way that is respectful: not with the missionary zeal of trying to convert physicians to a psychosocial viewpoint, but with the self-assurance that both professionals possess important skills.

In closing, it has been my experience that taking steps such as ones described in this article increases the effectiveness and rewards of collaboration with primary care physicians. Collaborating with physicians makes for more holistic client care and potentially provides an intellectually stimulating experience for psychologists.

References
For a full list of references, please visit our website: www.psychologists.bc.ca