

Enhancing Psychotherapy Education for Medical Students Through Live Observation and Simulated Therapy Demonstrations

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Background:

Psychotherapy provides medical students with a unique opportunity to build rapport and deepen understanding of the physician–patient relationship. Through reflective engagement, students develop **empathy, emotional intelligence, and communication skills** that benefit all specialties, not only psychiatry.

At Wright State University Boonshoft School of Medicine, fourth-year medical students participate in a psychotherapy elective integrating:

- **Modalities:** Cognitive Behavioral Therapy (CBT), Psychodynamic, Supportive
- **Theories:** Stages of Change, Ego Psychology, Attachment Theory, Self-Psychology, Erikson's Stages

Students typically complete **four supervised intake sessions** and a **case formulation**. However, variability in patient availability limits consistent experiential learning.

Intervention:

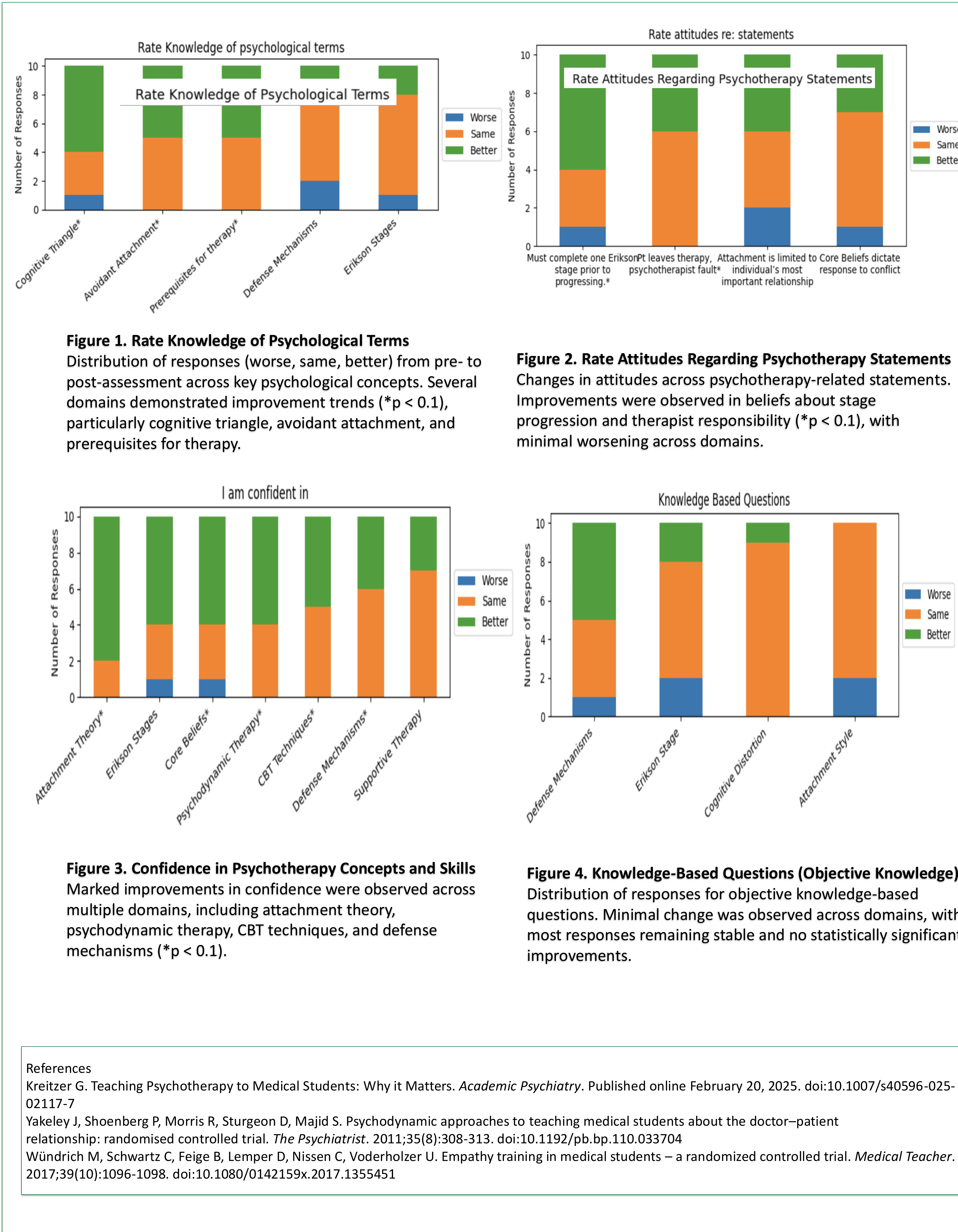
To address this gap, psychiatry residents developed a **live, scripted psychotherapy demonstration** illustrating multiple therapeutic modalities.

Students:

- Observed a simulated therapy session
- Engaged in **guided discussion and analysis**
- Reviewed key concepts through structured didactics

Methods

- Participants: **10 fourth-year medical students**
- Design: Pre–post survey assessing **knowledge, confidence, and attitudes**
- Intervention:
 - 15-minute resident-led simulation (CBT, psychodynamic, supportive)
 - 105-minute guided debrief + PowerPoint review
- Analysis: **Paired Wilcoxon signed-rank tests**
- Significance threshold: **p < 0.10** (pilot study)



References
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Results

Learner Experience

Majority reported learning **“a lot” or “a great deal”**
High perceived educational value

Self Reported Learning and Confidence:

Statistically significant improvements (p < 0.10) in: Avoidant attachment, prerequisites for therapy, cognitive triangle, attachment theory, defense mechanisms, Erikson's stages, Core beliefs, Psychodynamic therapy, CBT

Conceptual Understanding

Improved recognition of key principles:

- Disagreement with incorrect statements:
 - “Patient leaving therapy is the therapist's fault”
 - “Must complete one Erikson stage before progressing”

Objective Knowledge Outcomes

Improvement:

Knowledge Based Question on Defense mechanisms: **40% → 80% correct**

Minimal change:

Cognitive distortions: **0% → 10% correct**

Decline observed:

Attachment style identification: **60% → 40%**

Discussion:

Live observation of psychotherapy **enhanced student understanding and confidence** in core therapeutic concepts. This model provides a potential **scalable alternative** when direct patient experience is limited and allows learners to visualize techniques in action.

Limitations:

- Small sample size
- Brief simulation exposure
- Less complexity than real patient encounters
- Further assessment and evaluation of declined knowledge changes

Future Directions:

- Longer or repeated sessions (e.g., two 2-hour sessions)
- Incorporation of **board-style or application-based assessments**
- Expansion to evaluate **transfer of learning to clinical settings**

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