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As part of my medicine-psychiatry residency training, I have had numerous opportunities to manage patients with functional gastrointestinal disorders from a psychiatric perspective. I contacted Dr. Drossman in summer of 2015 in hopes of furthering my education and clinical knowledge in the area of functional gastrointestinal disorders. He graciously forwarded several articles in the study of the biopsychosocial model and GI medicine and, with his staff's assistance, we coordinated a clinical preceptorship for December 2015.

The articles Dr. Drossman provided set the stage for a biopsychosocial focus in delivered care which coincided with my previous experience with this model. However, while psychiatric providers with whom I had interacted used a similar model, I had not witnessed a clinician apply it in encounters with patients having functional gastrointestinal disorders. During the clinical preceptorship I was able witness how Dr. Drossman followed up with patients he has known for years and effectively establish the beginnings of a therapeutic relationship with new consultations. I witnessed repeated encounters where patients recalled their initial experience with their symptoms and highlighted evaluations with previous clinicians that resulted in 1) ongoing and often unrelenting symptoms, and 2) frustrations with medical management that often left more questions than answers, with fears for future quality of life.

Dr. Drossman would very carefully navigate these clinical encounters and provide hope for these emotionally frustrated and physically ill patients. He achieved this by implementing effective interview skills to help with information gathering and itself provide a therapeutic effect, and use the biopsychosocial model to assess the patient and create a shared-decision making model for future management of symptoms. The three main takeways from the preceptorship with Dr. Drossman: 1) the biopsychosocial model is an effective tool to help understand and manage a patient's symptoms, 2) effective interview skills not only provide efficiency during clinical encounters but also provide an emotional connection between patient & provider that bolsters the therapeutic relationship, and 3) the shared decision-making model is an often-forgotten tool that can be applied to patient encounters, whether these are new patient consultations or with patients that have been medically managed for years.

I would like to thank DrossmanCare for the excellent clinical opportunity I was afforded and I look forward to implementing the tools learned in future clinical encounters with patients.