

Psychologist's Approach to Merging the Worlds of Medicine and Psychology

Diane McKay, PsyD, Clinical Psychologist in Florida

Diane McKay, PsyD, entered the field of psychology in the late 1990s following a career in pharmaceutical research. She specifically wanted to work in medical psychology and married the two disciplines in her dissertation on cardiac psychology. McKay now operates a solo practice in Sarasota, FL, where medical patients make up about 50% of her caseload.

Working with physicians

To build her medical psychology practice, McKay developed working relationships with physicians from several specialties: family practitioners, internists, gynecologists, rheumatologists, otolaryngologists, and a cardiologist. Her medical clients are referred to her by one of these physicians when either the patient has not been compliant with the medical treatment program or the treatment has not succeeded to the level the doctor had anticipated. McKay says the physicians also will refer patients to her for psychological evaluation when the case is complex and/or comorbidities are present.

When McKay was working on her doctoral dissertation on cardiac psychology, she found a great deal of research about each discipline but none that combined the two. Since she has been practicing medical psychology, she has found that physicians and psychologists look at their patients differently. To help her identify with the medical side, she attends medical conferences and sometimes goes on rounds with physicians. She says these practices have helped her understand physicians' procedures. When she goes on rounds, she observes how the physician works with the patient, noting where she can help improve the relationship and, ultimately, the overall quality of treatment. McKay urges psychologists who also want to work in medical psychology to adopt these practices and recommends physicians work with psychologists on a regular basis to help each understand the other's world.

McKay says the psychologists and physicians focus on different aspects of patient care. When they work together, they can focus on the whole patient, which enables them to develop a treatment plan specific to the needs of the patient, thereby improving medical care and outcomes.

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Helping develop individualized treatment plans

The otolaryngologists McKay works with handle psychological assessment a little differently than the other physicians. McKay and three otolaryngologists comprised the Tinnitus Management Program of the Florida Ear and Sinus Center in Sarasota. Following a medical evaluation, these physicians referred patients with tinnitus to McKay. She sees the patients in the Center's office and participates in treatment team meetings.

McKay explains that there are many treatments available for tinnitus. Rather than take a hit-and-miss approach, McKay uses psychological assessment to help identify characteristics of the patient's personality, then in turn, helps determine the treatment method that makes most sense for that patient. One example she provides is that a change in diet may be a treatment recommendation. If she discovers the patient has a history of an eating disorder, she will recommend a treatment that will work around the patient's eating rather than against it. She reports that the team has experienced tremendous success in either managing or eliminating patients' tinnitus among those patients who complete the program.

MBMD test identifies important personality characteristics

McKay includes the **MBMD® (Millon Behavioral Health Diagnostic)** among the battery of psychological assessments she administers to tinnitus patients. She uses the MBMD test specifically for its ability to identify patient personality characteristics. The strengths of the instrument, according to McKay, are that it includes:

- **Negative Health Habits**, which can contribute to tinnitus or interfere with treatment
- **Psychiatric Indicators**, which also may contribute to the disease or interfere with treatment. McKay notes that anxiety is common among tinnitus patients, explaining that the physiologic component of anxiety and tinnitus both involve the autonomic nervous system

- **Coping styles**, which help McKay understand personality characteristics that may interfere with treatment and influence how a patient may interact with medical staff
- A one-page **Healthcare Provider Summary** which, according to McKay, is just what the physicians need. Written in medical language, this summary provides the physicians information pertaining to what they and their staff can do to work successfully with the patient.

McKay also finds the MBMD test useful for situations where she has to work with a large medical staff, such as in bariatric surgery centers, when the full staff needs to know how to approach the patient in order to accomplish successful outcomes. In these cases, the MBMD test helps her design a treatment plan that involves the full healthcare staff.

"The MBMD test helps merge the worlds of medicine and psychology in a way that is useful to improve medical care, treatment, and prognosis," says McKay. "It gives the physicians and staff the tools they need to work more efficiently and effectively with their patients."

When psychologists such as McKay bring their tools to the medical team, they also bring a different viewpoint with fresh insight and understanding. When physicians work with psychologists, they can find new ways to break through the difficult cases and bring greater efficiency to the entire treatment process.

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