Mental Health Providers’ Responses to a Clinical Case Vignette: Transcultural Diagnostic and Treatment Differences

Sarah A. Romeo, BA1, Hongyu Tang, MD2, Ronghuan Jiang, MD3, Xin Yu, MD4, Hong Ma, MD5, Yanqing Guo, MD3, Fanbo Li, MD4, Jessica K. Miller, PhD1, Albert Yeung, MD3, John A. Fromson, MD1, Robert J. Birnbaum, MD, PhD1
1 Massachusetts General Hospital, Division of Postgraduate Education, Boston, MA; 2 Institute of Mental Health at Peking University, Beijing, China; 3 Massachusetts General Hospital, Depression and Clinical Research Program, Boston, MA; 4 Tianjin Anding Hospital, Tianjin, China

BACKGROUND
Research indicates that clinician responses to questions about hypothetical case vignettes can accurately reflect actual diagnostic and treatment practices (Peabody, 2000). In turn, such responses can be useful in evaluating the effectiveness of educational interventions for clinicians. As part of an ongoing assessment of the effectiveness of a national training program for mental health providers in China (the 686 Project – “Basic Knowledge and Skills training for Psychiatry”), researchers at Peking University and the Massachusetts General Hospital (MGH) collaboratively administered questionnaires about hypothetical case vignettes to a group of community doctors and general practitioners who were participating in one such training program in China. Their responses were compared to those of a group of mental health providers attending a training program in the United States. The results of this comparison provide a snapshot of transcultural diagnostic and treatment practices across the two countries.

OBJECTIVE
At the conclusion of this session, the participant should be able to:
1) Recognize the diagnostic and treatment differences for first-episode psychosis between Chinese and American providers;
2) Discuss the utility of clinical case vignettes on transcultural continuing medical education training programs.

METHOD
Study Procedures
• A case vignette depicting a patient with first episode psychosis was administered to mental health providers attending a psychiatry training course in Tianjin, China on October 8, 2008.
• The same case vignette was administered to participants in the US who attended a continuing medical education course on schizophrenia in Boston, Massachusetts on October 18, 2008.
• Participants’ responses to the first episode psychosis case vignette were translated by a bilingual physician at MGH.
• Participants’ free-form responses to the first episode psychosis case were compared between United States health care providers and Chinese health care providers.

Data Analysis
• 70 out of 72 (97.2%) participants in the Tianjin training program completed the psychosis case vignette.
• 62 out of 92 (67.4%) participants in the U.S. Schizophrenia course filled out the psychosis case vignette.

RESULTS
• Chinese providers were significantly more likely to select schizophrenia as the diagnosis (z=2.304, p<0.001), whereas American providers more often selected schizoaffective (z=2.192, p<0.001) and mood disorders (z=2.488, p<0.001).

DISCUSSION
Significant differences were shown between Chinese and American providers in the management of first episode psychosis, reaffirming the effectiveness of case-based teaching for identifying clinical practice gaps. Differences may be due to the nature of the training programs in the two countries, and levels of previous provider training. More research is needed to determine the implication of these differences.

REFERENCES