



Did European guidelines on training in C-L psychiatry and psychosomatics contribute to reduce diversities in training throughout Europe?

Wolfgang Söllner, Barbara Stein (both: Nuremberg/Germany),
Joanna Rymaszewska (Wroclaw/Poland)

**European Association of Consultation-Liaison Psychiatry and
Psychosomatics
Workgroup on Training**




Acknowledgements

European Workgroup on Training in C-L (EACLPP)

- Austria: *Susanne Maislinger, Angelika Riessland-Seifert,*
- Belgium: *Philippe Renard*
- Bulgaria: *Ivo Natsov*
- Croatia: *Dalibor Karlovic*
- Denmark: *Per Fink*
- Finland: *Pirkko Hiltunen*
- France: *Silla Consoli*
- Germany: *Albert Diefenbacher, Wolfgang Söllner, Barbara Stein*
- Greece: *E. Rizos, Markos Syngelakis*
- Hungary: *Marta Novak*
- Italy: *Silvia Ferrari, Marco Menchetti, Marco Rigatelli*
- Netherlands: *Annette Boenink, Albert Leentjens*
- Norway: *Øystein Christiansen, Ulrik Malt*
- Poland: *Joanna Rymaszewska, Agnieszka Kudrynska*
- Portugal: *Graca Cardoso*
- Spain: *Maximino Lozano†, Antonio Lobo*
- Sweden: *Anders Lundin*
- Switzerland: *Alexandre Bernay, Fritz Stiefel*
- Turkey: *Sedat Özkan*
- U.K.: *Francis Creed, Else Guthrie, Damien Longson*


Co-ordination: *Wolfgang Söllner*

The logo for EACLPP, featuring the acronym 'EACLPP' above a stylized map of Europe with a gear icon to the left.

Conflicts of interest

Guidelines were developed with the support of EACLPP. No other parties or groups of interest were involved.


With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the party listed above (and/or spouse/partner) and any for-profit company in the past 24 months which could be considered a conflict of interest.

The logo for EACLPP, featuring the acronym 'EACLPP' above a stylized map of Europe with a gear icon to the left.

Overview


- Survey on training in C-L 2005
- Development of European Guidelines on training
- Survey on training in C-L 2010
- Did the European Guidelines contribute to reduce diversities in training throughout Europe?

W. Söllner, Nuremberg/Germany


Introduction

- Since the 90' the number of C-L services increased in most European countries
- Multicentre trials on care delivery and quality management in C-L were conducted by the ECLW. They showed
 - vast differences in the C-L experience of residents at different sites;
 - serious shortcomings and unacceptable variations of the standards of training in C-L across Europe;
 - a lack of training guidelines in most European countries

W. Söllner, Nuremberg/Germany


Survey on training in C-L 2005

- **EACLPP Workgroup on Training** in C-L psychiatry and psychosomatics
- Homepages and publications of national C-L societies/working groups investigated.

- **Semistructured questionnaires** filled in by 16 national representatives of EACLPP in (Western) Europe including items on
 - Existence
 - Organisation
 - Contents
 - Didactics
 - Implementation
 - Accreditation of training

W. Söllner, Nuremberg/Germany



Survey on training in C-L 2005: Identified problems

- Lack of clear objectives and lack of guidelines
- Very heterogeneous quality of teaching programs
- Lack of well-structured C-L units that can provide training
- Lack of full-time senior C-L psychiatrists who can teach/supervise trainees
- Lack of clear requirements for teachers
- Lack of training posts for rotation to C-L units
- Problematic rotation inside the C-L unit (continuity of care)
- Lack of clarity regarding the role of experienced C-L nurses and psychologists in training programs
- Lack of evaluative research
- Concern on how the costs of training will be covered


W. Söllner, Nuremberg/Germany




Developing European guidelines on training in C-L: Methods

- Three expert meetings at EACLPP conferences
- **Formal Delphi procedure** with a panel of 20 experts from 14 European countries
- Expert advisors from the U.S. (Tom Wise) and Australia (Graeme Smith)
- 1st Delphi round: Experts agreed/disagreed on a preliminary consensus protocol which was prepared in the experts' meetings
- 37 items concerning the objectives, contents and organisation of (a) training for residents and (b) advanced training in C-L psychiatry/PSM (high overall agreement 75-100%)
- 2nd and 3rd Delphi round: Revised consensus protocol and final consensus report (>90% agreement on the 37 items)

W. Söllner, Nuremberg/Germany



Developing European guidelines on training in C-L: Recommendations I



- All residents in Psychiatry should be exposed to C-L work as part of their clinical experience
- Minimum of 6 months FT rotation to a C-L unit in the second part of **residency**
- Specialised **advanced training** should be provided in a C-L unit or PSM unit (at least 12 months)

W. Söllner, Nuremberg/Germany




European guidelines on training in C-L: Training for residents - Recommendations II: Knowledge and skills

- Assessment and management of psychiatric and psychosomatic disorders or situations** (e.g. suicide/self-harm, somatisation, chronic pain, abnormal illness behaviour)
- Crisis intervention and psychotherapy methods** appropriate for the medically ill
- Psychopharmacology** in physically ill patients

- Psychological problems in specific clinical areas** (e.g. psycho-oncology, transplant, ICU)
- Communication** with severely ill patients and dying patients, as well as with medical staff
- Promotion of **coordination of care** for complex patients across several disciplines
- Organisation** of C-L service in relation to hospital and/or primary care
- Ethical & medicolegal issues**

W. Söllner, Nuremberg/Germany



**European guidelines on training in C-L:
Training for residents - Recommendations IV:
Organisation of the training**

- The principal training site should be the general hospital (broad range of pts)
- **Liaison activities** should be included.
- **Supervision** of trainees should be clearly defined and organised with a named supervisor
- The ratio between regular C-L team members and trainees should be fixed.
- **Number** of supervised consultations attended
- **Feedback of tutors** (checklist based on above curriculum); competency measures should be developed


W. Söllner, Nuremberg/Germany



**European guidelines on training in C-L:
Advanced training: Knowledge and skills I**

- Advanced training of **psychopharmacology and psychotherapy** methods in the medically ill
- Assigned to different medical specialty areas with clinical responsibility incl. **liaison activities**
- Exposure to **primary care setting** is encouraged
- Advanced methods of the assessment and care co-ordination of the **complex patient** (case management and planning)
- **Special interventions** for patients seen in units of cardiology, oncology, chronic pain, gynaecology, geriatrics, paediatrics, AIDS, Intensive Care Unit etc.
- Understanding **unconscious systemic and psychodynamic aspects** of the referral
- Skills necessary for **effective team performance**
 - skills to clarify and resolve conflicts between patients, relatives and staff
 - advising the medical team concerning the psychosocial aspects of physical illnesses and treatments
 - debriefing to relieve staff after severely distressing situation

W. Söllner, Nuremberg/Germany



EACLPP

European guidelines on training in C-L:

Advanced training: Knowledge and skills II

Ethical issues: counselling teams in case of ethical dilemma

Management/organisational skills:

- how to run a C-L service
- lead a multidisciplinary team
- quality management
- care management
- funding mechanisms
- major incident planning

Research in C-L (methodology)

Teaching C-L (becoming a tutor)

Assessment of competency

- Examination for advanced training

W. Söllner, Nuremberg/Germany



EACLPP


Survey on training in C-L 2010

- Survey in **Eastern European countries:**
Joanna Rymaszewska & Agnieszka Kudrynska

Training in Consultation-Liaison Psychiatry in Eastern Europe


Prof. dr hab. Joanna Rymaszewska
Agnieszka Kudrynska, PhD student

Research Unit of Consultation-Liaison Psychiatry & Behavioral Medicine
Department of Psychiatry
Wroclaw Medical University, Poland




- New survey in **Western European countries:**
Wolfgang Söllner, Barbara Stein
- Both using the same methodology as the 2005 survey
- Homepages and publications of national C-L societies/working groups investigated
- Semistructured questionnaires filled in by the national representatives of EACLPP

W. Söllner, Nuremberg/Germany

EACLPP  **2005-2010: Was there a change?
Training in C-L for residents**


2005	2010
<p>Knowledge and skills in C-L Psychiatry /PSM are mandatory part of many psychiatric training curricula in Western Europe</p> <p>Rotation to a C-L service</p> <ul style="list-style-type: none"> • mandatory in 3 countries (Greece: 3 mo, Portugal: 6 mo FTE, Spain: 4 mo FTE) • recommended in 3 countries Germany PSM & PSY, Norway, U.K. 6 mo) 	<p>Knowledge and skills in C-L Psychiatry /PSM are mandatory part of most psychiatric training curricula in Western and some curricula in Eastern Europe (Bulgaria, Croatia, Poland, Romania, Ukraine)</p> <p>Rotation to a C-L service</p> <ul style="list-style-type: none"> • mandatory in 6 countries plus Croatia (3 mo); Poland, Turkey (6 mo) • recommended in 9 countries plus Austria (6 mo), Netherlands (6 mo 0.2 FTE), Norway (up to 12 mo), Bosnia-Herzegovina, Romania, Serbia

W. Söllner, Nuremberg/Germany

EACLPP  **2005-2010: Was there a change?
Training in C-L for residents**

2005	2010
<p>Number of supervised consultations (minimum):</p> <ul style="list-style-type: none"> • Germany: 20 • Greece: 36 • Italy: 20 <p>Seminars/courses in C-L psychiatry/PSM:</p> <ul style="list-style-type: none"> • Mandatory in Germany PSY (20 hrs), PSM (40 hrs), Greece • Recommended and provided locally in many countries (10 to 128 hrs) 	<p>Number of supervised consultations (minimum):</p> <ul style="list-style-type: none"> • plus Austria (24), Croatia (20) <p>Seminars/courses in C-L psychiatry/PSM:</p> <ul style="list-style-type: none"> • Mandatory besides Germany and Greece in Austria (50 hrs), Croatia, Portugal • Recommended and provided locally in many countries especially in Eastern Europe

W. Söllner, Nuremberg/Germany



2005-2010: Was there a change?

Training in C-L for residents

2005	2010
<p>Assessment of competency</p> <ul style="list-style-type: none"> • Written feed-back from trainers (Germany, Greece, Italy, U.K.) • Checklist (U.K.) • Written case presentation (Germany, Greece, U.K.) • Formal examination (U.K., Italy) • Work-place based assessments (Germany, U.K.) <p>Requirements for teachers</p> <ul style="list-style-type: none"> • U. K. only (Train-the-trainer courses) 	<p>Assessment of competency</p> <ul style="list-style-type: none"> • Written feed-back from trainers: plus Austria, Croatia, Norway, Portugal • Checklist: plus Norway • Written case presentation: plus Austria, Croatia, Norway • Formal examination: plus Austria <p>Requirements for teachers</p> <ul style="list-style-type: none"> • See 2005

W. Söllner, Nuremberg/Germany



2005-2010: Was there a change?

Training in C-L for residents

2005	2010
<p>National Practice Guidelines</p> <ul style="list-style-type: none"> • Germany (S2) <p>National guidelines for training in C-L</p> <ul style="list-style-type: none"> • Germany, Spain, U.K. 	<p>National Practice Guidelines</p> <ul style="list-style-type: none"> • Germany (upgrade S3 in progress) • Netherlands (S3) <p>National guidelines for training in C-L</p> <ul style="list-style-type: none"> • plus Finland, Norway, Romania, Switzerland, (Croatia work in progress)

W. Söllner, Nuremberg/Germany



Survey on training in C-L 2005 in 16 European countries: **Advanced training**

2005

Special competence:

- Finland:** 2-year approved training „Special competence in GH Psychiatry“
- U.K.:** „Special endorsement in C-L Psychiatry“ as part of specialised training; 1-year training in C-L unit

Subspecialty (CLP or PSM):

- None

Specialty (CLP or PSM):

- Germany:** Specialisation in „Psychosomatic Medicine“; 3 years in PSM unit; focus on psychotherapy for the medically ill

2010

Special competence: additionally

- Germany PSY:** 1-year FTE or 2-year part-time incl. 60-hrs. training course, 150 documented consultations
- (Greece, Portugal):** training in preparation)

Subspecialty (CLP or PSM):

- Switzerland:** 2-years training in a C-L service at least 0.5 FTE; 300 documented consultations; 120 hrs clinical supervision; 40 hrs training course; 10 counsellings for teams

Specialty (CLP or PSM):

- Germany:** see 2005

W. Söllner, Nuremberg/Germany



Special courses in C-L


2005

- Only one 'centre of excellence' (1-week European training course, Manchester)

2010

- Training courses besides Manchester in **Germany, Austria, Italy, Norway, Sweden**

W. Söllner, Nuremberg/Germany



Requirements for training units/teachers: e. g. Switzerland

Category B (1-year training certified):

- Defined department of C-L psychiatry;
- Chair of the unit is an expert in C-L
- Each consultant conducts >100 consultations/year
- Liaison work (>5 team consultations/year/consultant; Balint groups, case discussions)
- Ratio residents:specialists<2,5:1

Category A (2-year training certified):

- Defined department of C-L psychiatry;
- Chair of the unit is an expert in C-L with **teaching tasks in C-L psychiatry**
- Each consultant conducts >200 consultations/year
- Liaison work (>10 team consultations/year/consultant; Balint groups, case discussions)
- Multidisciplinary team** (incl. psychologists, nurses)
- Ratio residents:specialists<2,5:1
- Interdisciplinary consulting hours**

W. Söllner, Nuremberg/Germany



2005-2010: Was there a change? Advanced training

2005

C-L subsections of national Psychiatric Associations:

- U.K.

C-L working groups in national Psychiatric Associations:

- Germany PSY & PSM, Greece, Italy, Sweden, Switzerland

2010

C-L subsections of national Psychiatric Associations:

- plus Italy, Sweden, Switzerland

C-L working groups in national Psychiatric Associations:

- plus Bulgaria, Hungary

W. Söllner, Nuremberg/Germany



EACLPP

Did the European Guidelines influence the development of national training programs?


NO

- **Finland and U. K.:** Advanced training in C-L organised before European guidelines were developed; however national experts plan to cross reference and 'harmonise' advanced training with the European Guidelines.
- **Austria, Italy** (national consensus finding parallel to the development of European Guidelines; Austrian and Italian experts took part in the European process)
- **Netherlands** (*„At this stage, the Dutch Psych. Assoc. is not interested in developments abroad“*)

YES

- Guidelines gave general instructions: **Austria, Croatia, Germany PSY, Greece, Norway, Portugal, Sweden, Switzerland, Turkey, U.K.**
- (partly) adopted the Guidelines: **Croatia, Germany PSY, Greece, Poland, Romania**
- Guidelines supported the development of national training programs: **Croatia, Germany, Norway, Poland, Romania, Sweden**

W. Söllner, Nuremberg/Germany



EACLPP

Conclusions

- There is still enormous diversity throughout Europe
- However, during only 5 years we can observe substantial progress in
 - number of mandatory and defined training programs for residents and for specialised training,
 - Nr. of national associations of C-L psychiatry /PSM,
 - one subspecialty
- European Guidelines on training in C-L seem to have substantial impact on the development of training programs

W. Söllner, Nuremberg/Germany



Survey on training in C-L 2005 - 2010: Identified problems

- Lack of clear objectives and lack of guidelines - **IMPROVEMENT**
- Very heterogeneous quality of teaching programs - **IMPROVEMENT**
- Lack of well-structured C-L units that can provide training – **IMPROVEMENT IN SOME COUNTRIES**
- Lack of full-time senior C-L psychiatrists who can teach/supervise trainees – **ONGOING PROBLEM IN MANY COUNTRIES**
- Lack of clear requirements for teachers - **ONGOING PROBLEM IN MOST COUNTRIES**
- Lack of training posts for rotation to C-L units - **ONGOING PROBLEM IN MOST COUNTRIES**
- Lack of clarity regarding the role of experienced C-L nurses and psychologists in training programs - **ONGOING PROBLEM IN ALL COUNTRIES**
- Lack of evaluative research - **ONGOING PROBLEM**
- Concern on how the costs of training will be covered - **ONGOING PROBLEM IN MANY COUNTRIES**

W. Söllner, Nuremberg/Germany