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Competencies of the consultation-liaison psychiatrist: A formulation from the general hospital section of the Dutch psychiatric association

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As is the case in several other countries, medical training in the Netherlands has been subject to revision. The Central College of Medical Specialties, the training college of the Royal Dutch Medical Association, has formulated seven general competencies of the medical specialist along the lines of CanMEDS [1]. By defining these competencies (which in some way means making the implicit explicit), it becomes possible to formulate and develop more specific training programs that make competencies testable.

Holding physicians accountable for their competence is not a new idea, but having uniform standards by which to assess such competence is [2].

In 1996, the Dutch Psychiatric Association (DPA or NVvP) published the “Psychiatrist’s Profile”, a report that describes the knowledge and skills necessary to practice the profession in the various fields in which the psychiatrist can work [3]. This year, we will see the publication of a new edition that makes use of the CanMEDS format.

General hospital psychiatry (including both consultation-liaison activities and the work on the psychiatry unit) is not classed as a subspecialty in the Netherlands. However, as it is more and more recognized as an important bridge between psychiatry and general medicine, the general hospital section of the DPA sees the revision of the training curriculum as an opportunity to formulate the required competencies of a general hospital psychiatrist along the framework of the CanMEDS. The formulated ‘essential roles and key competencies of general hospital psychiatrists’

are listed in Table 1. They must be seen as additional to the competencies that are expected from a psychiatrist in general.

In the near future, this proposal will hopefully be used as a format for defining competencies for general hospital psychiatrists and formulating training programs.

Table 1
Essential roles and key competencies of consultation-liaison psychiatrists

| Roles | Key competencies |
|----------------|--|
| Medical expert | The general hospital psychiatrist must be able to... <ul style="list-style-type: none">• Demonstrate diagnostic and therapeutic skills in the ethical and effective care for patients with comorbid psychiatric and physical illness or with psychosomatic disorders• Clinically apply the biopsychosocial model• Access and apply relevant information in order to optimize clinical decision making with regard to both psychiatric and physical disease• Indicate for and perform therapeutic interventions like pharmacotherapy, different types of psychotherapy, and electroconvulsive therapy in patients with medical comorbidity |
| Communicator | <ul style="list-style-type: none">• Establish a therapeutic relationship with patients and their families and a professional relationship with other medical specialists, nurses and other disciplines involved in the treatment of the patient• Obtain and synthesize relevant history, including psychiatric and medical history and risk factors, from patients and significant others |

(continued on next page)

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Table 1 (continued)

| | Key competencies |
|-----------------|--|
| Roles | The general hospital psychiatrist must be able to... |
| Communicator | <ul style="list-style-type: none"> • Discuss appropriate information with patients and health professionals concerned |
| Collaborator | <ul style="list-style-type: none"> • Consult effectively with physicians and other healthcare professionals • Contribute effectively to interdisciplinary team activities of department and hospital |
| Manager | <ul style="list-style-type: none"> • Utilize resources effectively to balance the various aspects of care for patients with comorbid illness • Promote education and research in the area of comorbid psychiatric and physical illness and psychosomatic disorders |
| Health advocate | <ul style="list-style-type: none"> • Identify the important determinants of health affecting patients in accordance to the biopsychosocial model • Contribute effectively to improved health of patients treated in the psychiatry department and in departments where CL activities take place • Recognize and respond to those issues where advocacy for patients with comorbid psychiatric and physical illness psychosomatic disorders is appropriate |
| Scholar | <ul style="list-style-type: none"> • Develop, implement, and monitor a personal continuing education strategy to keep up in the bordering areas of psychiatric and physical illness • Educate patients on the relation between psychiatric and physical function • Stimulate and facilitate learning of house staff, students, and other health professionals of both psychiatric and other backgrounds in the field of general hospital psychiatry |
| Professional | <ul style="list-style-type: none"> • Recognize own competence limitations, both in the field of psychiatry and of other specialties • Realize how own experiences and opinions are of influence on views on health and disease |

References

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