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The UK Advanced Training Course in Liaison Psychiatry: A 13-year review

Elspeth Guthrie*

Department of Psychiatry, Rawnsley Building, Manchester Royal Infirmary, Manchester, United Kingdom

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Introduction

The UK Advanced Training Course in Liaison Psychiatry was first established in the summer of 1994 in Manchester. The course was developed and run jointly by Francis Creed (then professor of Community Psychiatry, University of Manchester, Manchester, United Kingdom) and Elspeth Guthrie (then senior lecturer in Liaison Psychiatry, University of Manchester). It was conceived as an intensive 1-week course for senior trainees or newly appointed consultants in liaison psychiatry. The intention was to provide a setting within which participants could develop advanced skills relevant to the work of a consultant liaison psychiatrist. Specific aims were to provide participants with the skills to assess and manage complex cases, develop a business case in liaison psychiatry, develop a research project in liaison psychiatry, and assess and manage patients with medically unexplained symptoms.

Course design and format

Specific themes were chosen for each day of the course. They included psychologic reaction to physical illness, medically unexplained symptoms, research, service development, and psychologic treatments in liaison psychiatry.

The format of the course consisted of interactive lectures, case presentations, and workshops.

The case presentations were all of complex clinical problems supported by video assessments with the emphasis upon generating discussion rather than identifying the “right answer.” In the workshops, participants were divided into small groups and given tasks to perform in a specific period. This may have involved developing a business case for a specific part of a liaison psychiatry service or developing a research proposal to carry out an evaluation of a liaison psychiatry intervention. In every workshop, the small groups would have to present their proposals at the end to the whole group and receive feedback. In some of the workshops, this process was competitive with several groups working on the same proposal, knowing that only one of the proposals would be successful: success determined by the workshop leaders.

Tutor–participant relationships

The main success of the course is due to the high caliber of the course tutors who are all leading experts in liaison psychiatry and have a dynamic and provocative approach to learning. Because the course has developed over the years, more consultant liaison psychiatrists attend it, which means that many of the participants have significant experience of clinical liaison work, and this enriches the small group and the large group work. In fact, the course works best when there is a mix of experienced and relatively inexperienced participants (ie, senior trainees).

Since it started in 1994, over 200 participants have attended the course. In the United Kingdom, most trainee

* Department of Psychiatry, Rawnsley Building, Manchester Royal Infirmary, Manchester, United Kingdom.

E-mail address: elspeth.a.guthrie@manchester.ac.uk.

liaison psychiatrists have been participants on the course, at some point, during their training, and have been able to meet and forge links with peers and tutors. A course dinner is included in the cost because the development of social relationships and potential peer support is considered an important byproduct of the course. Links have also been forged with psychiatrists from Continental Europe and further afield. The course is fun and friendly!

Changes to the course over 13 years

The course has changed considerably since its inception in 1994. Two key elements still remain, the focus on psychologic reaction to physical illness and medically unexplained symptoms. However, the requirement for an intensive workshop on research has been placed by greater focus on service development, with 2 workshops on the course currently devoted to this aspect of liaison psychiatry. Instead of giving lecture note handouts, we have moved to emailing lectures to participants to save paper and so that participants can use the lectures on the course (if they wish) in their own teaching or training of others.

The course has gradually grown in size and demand over the years, largely by “word of mouth” because it has not been widely publicized except for an annual advertisement in the *British Journal of Psychiatry*. Our last course had 33 participants: 23 from the United Kingdom, 5 from Continental Europe, and 5 from other parts of the world including Singapore, Jamaica, New Zealand, and Australia. We have recently developed a course Web site with detailed information about the course, tutors, and topics. High-quality courses in consultation–liaison psychiatry are also available in Austria [1] and the Netherlands [2], and a course in consultation–liaison psychiatry for the elderly has been established in Leeds, United Kingdom (personal communication from J. Holmes).

Evaluation

Every course has been evaluated with opportunities for participants to provide structured and qualitative feedback. The quality of each lecture is rated on a 5-point scale, and participants are asked to describe 3 aspects of the course that they found most helpful and 3 aspects of the course they found least helpful. The workshops are the most highly valued aspect of the course, although all parts usually receive excellent feedback. A common problem is the inability to cover all aspects of liaison psychiatry with the inevitable feedback that some participants would like particular topics to be covered that the course does not address (eg, perinatal psychiatry).

Summary

The UK Advanced Training Course is a 1-week intensive training course in liaison psychiatry, which is suitable for trainees and consultants who are interested in liaison work. The course is lively and stimulating, and promotes learning about liaison psychiatry in an interactive, safe, fun, and challenging way.

Email: wendy.clarke@manchester.ac.uk

Website: www.manchester.ac.uk

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