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Training in psychosomatic medicine: A psychiatric subspecialty recognized in the United States by the American Board of Medical Specialties

Andrew Angelino, Constantine G. Lyketsos *

Johns Hopkins Bayview Medical Center, Johns Hopkins University, Baltimore, MD, USA

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ABSTRACT

Psychosomatic Medicine (PM) is a subspecialty of Psychiatry approved by the American College of Graduate Medical Education (ACGME) in 2003. Since its approval, subspecialty training programs in PM have been created in the United States. Training programs are designed to educate trainees in the psychiatric care of the complex medically ill, and are centered around development of certain core competencies by trainees. Completion of an ACGME-accredited training program in PM allows the graduate to sit for the PM subspecialty board examination. Development of centers with academic PM programs will lead to an increase in the depth of knowledge about the care of the complex medically ill with psychiatric comorbidities, and may thus lead to improved medical outcomes for this population. There are also individual benefits to subspecialty training in PM. In addition, there are barriers to extended postgraduate training that may require systems-level interventions to overcome.

In the United States, the regulation of postgraduate training is complex. The American Board of Medical Specialties (ABMS) approves individual (sub)specialties, sets standards for training and oversees the relevant examinations. The Accreditation Council for Graduate Medical Education (ACGME) accredits training programs and defines core competencies that trainees as expected to achieve. Trainees who complete ACGME accredited programs are eligible to sit for the relevant Board examination. The American Board of Psychiatry and Neurology (ABPN) is responsible for board certification in psychiatry, neurology, and their subspecialties.

The Academy of Psychosomatic Medicine (APM) sponsored Psychosomatic Medicine as a subspecialty of Psychiatry, which was established in 2003. Subsequently, standards were set for training programs and the ACGME has defined the core competencies that trainees in psychosomatic medicine (PM) are expected to achieve. Trainees must complete 12 months in an accredited training program (or two years at least half-time); this training follows completion of an ACGME accredited residency in general psychiatry.

Training in PM is intended to provide a systematic, supervised clinical experience focused on the evaluation, treatment and care of the "complex medically ill", i.e. patients with medical conditions and psychiatric symptoms which interact leading to impairment of outcome, in addition to patients with unexplained medical symptoms, including chronic pain. Training programs are required to provide supervised inpatient and outpatient experiences usually in an acute hospital setting. The trainees are exposed to a wide range of relevant clinical problems and receive supervised clinical experience in the provision of consultation and liaison activities to a range of hospital services, including, for example, oncology, HIV–AIDS, neurology, neurosurgery, obstetrics gynecology, women's health, pregnancy, bariatric surgery, trauma, burns, etc. The training program requires two psychiatrists who are Board Certified in Psychiatry and Psychosomatic Medicine as supervisors.

Didactics expose trainees to the PM body of knowledge through one of the several PM textbooks, as well as supervised reading of the PM literature. Most training programs assemble key reading lists, usually data and review papers that are regularly updated. Other didactic experiences include seminars, grand rounds, bedside teaching rounds, and supervised reading experiences. Trainees may be expected to complete writing projects such as writing chapters, review papers, case studies, or reports on findings of original research.

Training in PM is intended to lead to the development and application of several relevant *core competencies*. These include gathering essential information relevant to the evaluation and treatment of complex medically ill patients, including review of records, interaction with other healthcare professionals, and key laboratory studies, including brain imaging. PM psychiatrists are also trained to develop specialized diagnostic evaluation plans that include mental status examination of medically ill patients, corroborated histories, pertinent laboratory tests, and relevant psychological or neuropsychological testing. They are also trained to develop and implement comprehensive treatment plans that address biological, psychological, and social cultural domains for complex medically ill patients.

* Corresponding author. Tel.: +410 550 0062.
E-mail address: kostas@jhmi.edu (C.G. Lyketsos).

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Other competencies acquired included the provision of ongoing psychiatric consultative care to complex medical, surgical, gynecological, neurologic, and obstetrical patients, working closely with a range of professional members of healthcare. Training includes understanding and appreciating the special stressors affecting patients with chronic or complex medical conditions, as well as consideration of special issues involved in the provision of psychiatric treatments, especially psychopharmacological treatments and/or ECT, to multi-morbid patients who might be frail, on polypharmacy, or experience specific organ system failures.

Training also leads to the development of core competencies in delivering psychotherapeutic interventions to complex medical patients, usually in the general hospital. Additionally, trainees learn appropriate social support services (for example social work or chaplaincy) and provision of guidance and education to physicians and allied health professionals about how best to help these patients in the context of this healthcare system. A key competency is also learning how to make appropriate referrals for ongoing psychiatric care either within a local PM service or to other appropriate psychiatric and mental health providers.

The required core competencies also specify specific types of knowledge that PM trainees must develop (Table 1). These competencies must be applicable to a set of defined psychiatric diagnoses relevant to the general hospital setting. Further details can be found at http://www.apm.org/career/pm-core-competencies_20080603.pdf. There is also a range of interpersonal and communication skills that must be acquired during the training (Table 2). Trainees should demonstrate also an ongoing effort to expand their specialized knowledge and skills which should be developed further throughout their career (Table 3).

In addition to assessment at the end of training, trainees are continuously evaluated on a day-to-day basis by their supervisors during the program. Evaluations focus on the development of skills and core competencies, and ability to communicate and provide effective patient care. Trainees are also evaluated in their ability to interact with the medical literature, non-psychiatric professionals involved in the care of their patients, and in their ability to navigate the complex healthcare system. Evaluations include written formal evaluations of each trainee by supervisors and the training director, twice a year, as well as evaluation of the program and the teachers by the trainees. Upon conclusion of an accredited training program trainees are eligible to sit for the PM Board administered by the ABPN.

There are some clear advantages of PM as a subspecialty. It allows for individuals with like interests to come together as a group to discuss and improve patient care practices, collaborate on research, and train students to a high standard of care. The Academy of Psychosomatic Medicine provides such an opportunity. As the body of knowledge relevant to PM grows, the whole of medical practice benefits as psychiatrists bring their expertise to assist with patients with significant "somatic" illnesses to improve medical outcomes. An example of this are the improvements seen in HIV-related outcomes for patients receiving integrated psychiatric and HIV care [1].

Extending postgraduate training in the USA is problematic because of the large debts incurred during medical training. At the end of residency training individuals expect to start paying back their loans and many are reluctant to delay this by another year. The reasons for embarking on subspecialty training include the following. First, subspecialty training provides in-depth training and supervised practice in the area in question, allowing for a high standard of practice upon completion, which may translate into better outcomes and/or job satisfaction [2,3,4,5]. Second, Board Certification is possible and this forms a marketable commodity when applying for jobs in some areas, and may provide necessary demonstration of a focus of study for those pursuing academic careers. Finally, since many subspecialty training programs require some form of mentored project and allow for protected time, trainees may find the year a welcome "leg-up" in the pursuit of an academic career because of the ability to begin developing a research project that could lead to funding and publication.

The recognition of PM as a subspecialty of Psychiatry and the subsequent Board Certification can be seen as great development in terms of improving the practice of, and research pertinent to Psychosomatic Medicine. The Academy of Psychosomatic Medicine runs relevant courses for residents (http://www.apm.org/education/resident-curriculum.shtml) and physicians practicing in psychiatric consultation-liaison settings will benefit from attending APM annual meetings (http://www.apm.org/).

Appendix A. Supplementary data

Supplementary data to this article can be found online at doi:10.1016/j.jpsychores.2011.05.015.

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