

The Manchester advanced course in liaison psychiatry

Alison Puffett and Bill Williams

Liaison psychiatry is a relatively new and expanding speciality in the UK. A survey conducted in 1990 revealed widespread inadequacies in the training opportunities and resources in consultation liaison services (Mayou *et al.* 1990). In spite of a growing recognition of the need for more consultants with designated responsibility for general hospital patients, there is currently no formal training programme and many psychiatric schemes fail to provide satisfactory supervision and training opportunities in liaison psychiatry (House & Creed, 1993). The Manchester University liaison psychiatry course was developed in 1993 and is currently the only advanced liaison training course in the UK. Lasting five days, it provides an opportunity for senior psychiatric trainees to improve their specialist knowledge and to develop clinical, research and management skills in liaison psychiatry. The course does not give a comprehensive review of all aspects of liaison psychiatry but aims to generate ideas and discussion through skills based seminars, case discussion and workshop exercises.

The course is structured into a formal teaching session in the morning and a clinical case presentation and small group skill based workshop in the afternoon (see Table 1 for the 1995 timetable).

The teaching seminars were conducted by leading clinicians in liaison psychiatry and

provided an informative overview of the current thinking and research findings in broad clinical topics. Clinical case presentations provoked stimulating discussion and raised important ethical dilemmas. The skills based workshops were highly rated, particularly the opportunity to construct, present and receive feedback on a service business plan, research proposal and audit project.

A brainstorming exercise on the last afternoon raised some interesting responses to the following questions.

- (1) Why are you interested in liaison psychiatry?
- (2) What impressions have you gained from returning to a medical environment?
- (3) How could you best influence the psychological well-being of medical patients?

Participants appeared to be attracted to the diversity of clinical problems, the range of skills required and the challenge of working alongside medical and surgical teams within the general hospital setting. Question two revealed widespread concern over poor communication, the lack of patient privacy, the intimidating nature of medical ward round consultations and negative attitudes inherent in the medical profession. Training and education aimed at improving

Table 1. 1995 timetable of the Manchester University liaison psychiatry course

| Day | Teaching | Case presentation | Workshop |
|-----------|---|---|--|
| Monday | History/development of liaison psychiatry Deliberate self-harm | Repeated self-harm | Developing a service in a District General Hospital |
| Tuesday | Psychological reactions to physical illness | Treatment and management of physically ill patients | Service evaluation in liaison psychiatry |
| Wednesday | Eating disorders in liaison psychiatry | Diabetic patient with eating disorder | Sexual problems in the physically ill |
| Thursday | Experience with somatising patients | Chronic somatisation | Managing the "difficult" patient |
| Friday | Psychotherapy in liaison psychiatry | Presentations of service evaluation workshop | Future of liaison psychiatry Brainstorming exercise |

psychological awareness and communication skills were seen as important factors in improving services.

The future of liaison psychiatry is currently unclear but the Manchester course provides an excellent opportunity for interested senior registrars and consultant psychiatrists. Most of the 1995 participants found the chance to meet like-minded colleagues supportive and enjoyable and this was reflected in the enthusiasm of after curriculum activities! The presence of an interested GP was particularly welcome and we would suggest that the participation of other medical colleagues in the future would lead to further stimulating discussion.

References

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