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Psychosomatic Primary Care in Gynecology –Assessment and Acceptance by Residents for Obstetrics and Gynecology in Germany

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Psychosomatic Primary Care in Germany –Assessment and Acceptance by Residents for Obstetrics and Gynecology

- Survey initiated by the Young Generation („Junges Forum“) of the German Society of Obstetrics and Gynecology.

Topics

1. The German teaching system of psychosomatic primary care
2. Critical discussion
3. Focus of our investigation: to evaluate trainee's experiences of the course „Psychosomatic Primary Care"
4. Method: 3-part questionnaire
5. Results
6. Discussion (whom should we train? and how?)

Psychosomatic Primary Care Since 2003

- German training in obstetrics and gynecology comprises a minimum of 5 years specialist training in O&G

- The course „Psychosomatic Primary Care“ has been part of the curriculum for thirteen years

Whom Do We Train?

- Physicians whose prior training primarily focused on somatic care
- All physicians, wanting to become gynecologists
- Mandatory for all of the above

Aims of Training

- To enable physicians to offer care, also taking into account biopsychosocial aspects
- To recognize the etiological links between psychological and somatic factors, which contribute to diseases
- To enable them to make a differential diagnosis of a complex clinical picture as early as possible
- To train up physicians beyond their skills on somatic medicine, so that they can offer their patients care which takes greater account of biopsychosocial aspects

The Course „Psychosomatic Primary Care“

- Consists of :

1. Theory seminars (20 hours)
2. Communication and practicing verbal intervention techniques (30 hours)
3. Work in Balint groups (30 hours)

Critical Discussion

- The necessity for a compulsory course as part of training in gynecology was recently critically discussed

- Major points discussed:
  - Are the current forms of teaching, consisting of courses, outdated?
  - Should we better abolish the courses?
  - Should the required skills be part of regular daily training?

Consquence: Develop a Survey

1. To evaluate trainees‘ experiences of the course „Psychosomatic Primary Care“
2. To draw attention to concerns voiced by residents
3. To improve psychosomatic primary care course for gynecologists and obstetricians

Method: 3-Part Online Questionnaire

1. 7 questions for the collection of demographical data

2. 14 questions which evaluated the respondent´s attitudes towards and experiences with psychosomatic primary care

3. Asked the respondent´s opinion of a new training concept for outpatient care, the last question left space for the respondents to add their own comments

Method: 3-Part Online Questionnaire

- Evaluation was done using a scale from 1 to 6, with 1 as the best score and 6 as the worst score
- 1 very satisfied- 6 entirely dissatisfied
- 1 very important- 6 entirely unimportant

3-part questionnaire: general Information

Are you male or female?

How old are you?

In which year of your specialist training in gynecology are you?

Whre do you work?

Is this the first facility for advanced training you have worked at?

If not, where did you work previously?

What is your career goal?Physician in private practice/own practice/hospital/teaching at a university/research/(pharmaceuticals)industry/do not now yet/goal which was not in this list: (free text)

Regularly attend the following courses: (free text)

3-part questionnaire: Questions on the course „psychosomatic primary care“.1

Have you already completed the full psychosomatic primary care course?

Do you consider the psychosomatic primary care course to be an important part of your specialist medical training?

What were the total costs of the psychosomatic primary care course?

Where did you attend the course on psychosomatic care?

In which year of your specialist training did you start your training in psychosomatic primary care? (1-5, not startet yet)

Are you familiar with the courses offered by the DGPFG? yes/no

Were you granted time off to attend the course? yes/no

Do you consider the contents of the psychosomatic care to be appropriate and useful?

Do you consider the extent of psychosmatic training to be appropriate?

3-part questionnaire: Questions on the course „psychosomatic primary care“.2

If you already attended a course on psychosomatic primary care, how satisfied were you with the course?

What do you think of having “in-house training”,i.e. the course is held in the facility where you receive your regular specialist training?

Should conferences in Germany include more psychosomatic topics?

Is psychosomatics an integral part of clinical routine in your hospital?

Distribution

- The anonymous online questionnaire was distributed 3 times over the period from September to December 2012 via the newsletter of the Young Forum of the „German Society of Gynecology and Obstetrics (DGGG)“

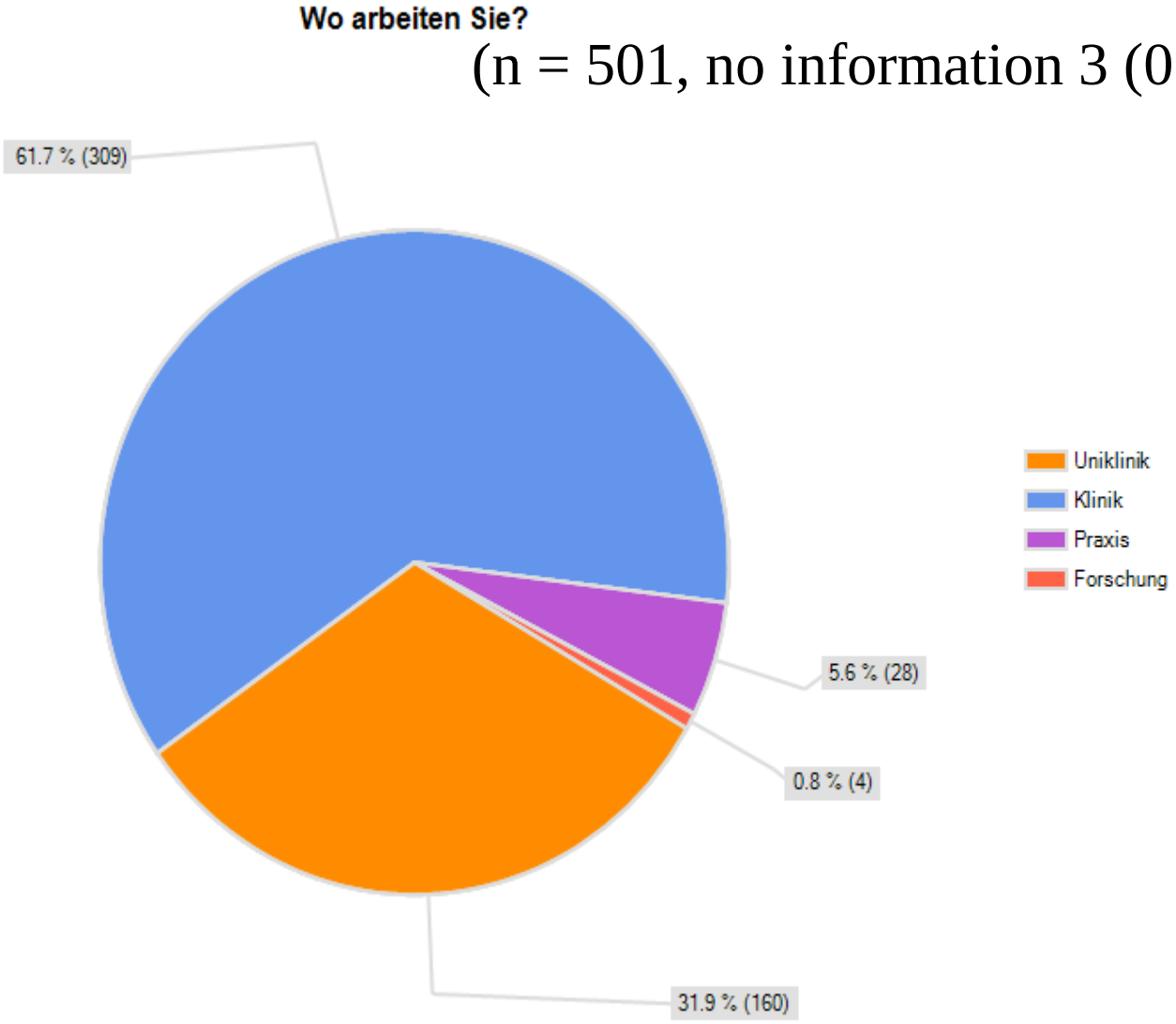
- The newsletter reached 2431 members in training

Results of the Demographical Data

- 504 (20,7%) residents responded to the questionnaire
- Predominantly female (83.3%)
- Average age 30 years (range 25-52)

Where Do You Work? Respondent`s Place of Employment

(n = 501, no information 3 (0.6%)



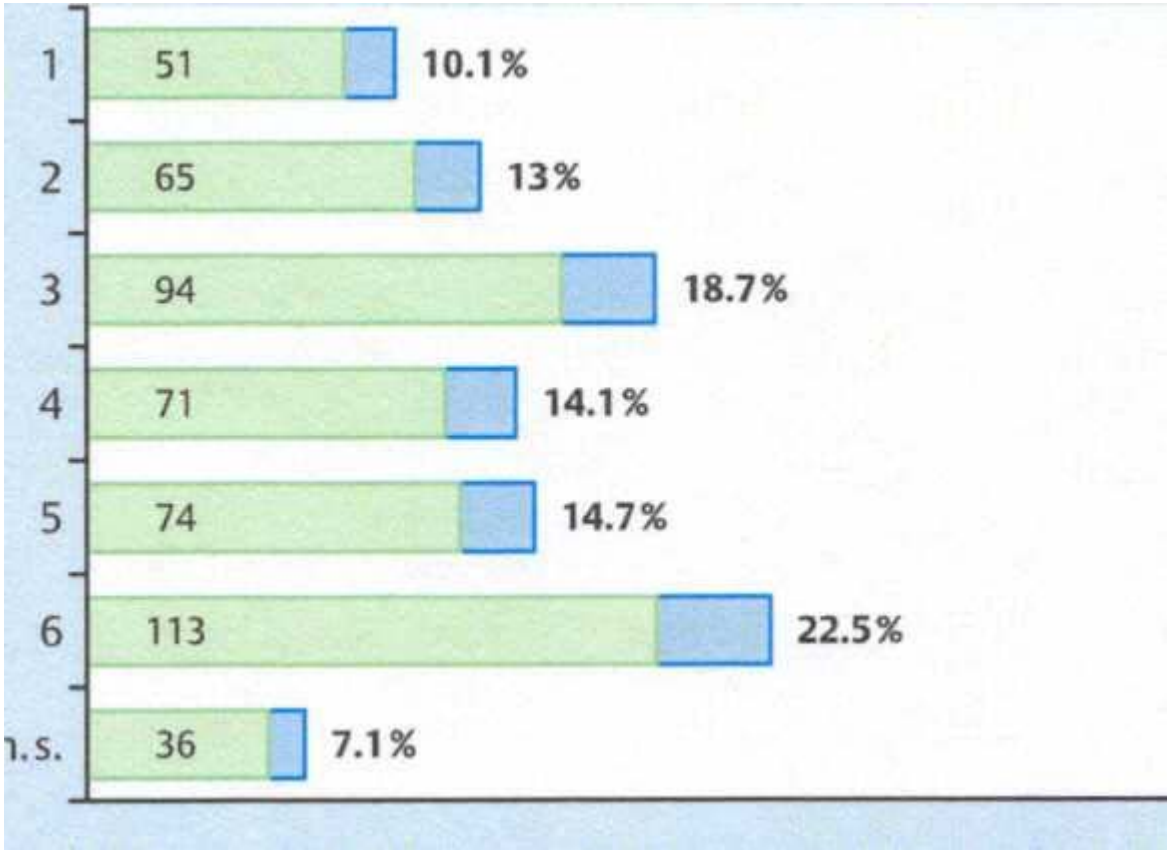
Career Goal

- Long term, the majority of respondents (56.1%) hoped to continue working in a hospital, and 15% of them stated that they like an university career
- 31,9 % stated that their career goal was to work in their own practice
- 9,2 % were still undecided about their future career path
- Only very few (2,8%) hoped to work in a research setting or pharmaceutical industry

Attending the Course

- Three quarter (77%) attended courses held in Germany
- Most of them (84.6%) attended teaching courses voluntarily
- The majority of respondents (70.9%) already had some experience with the course and more than half of them (58.8%) had completed the course
- In general, most began attending the course in their 3rd or 4th year of training (45,8%)

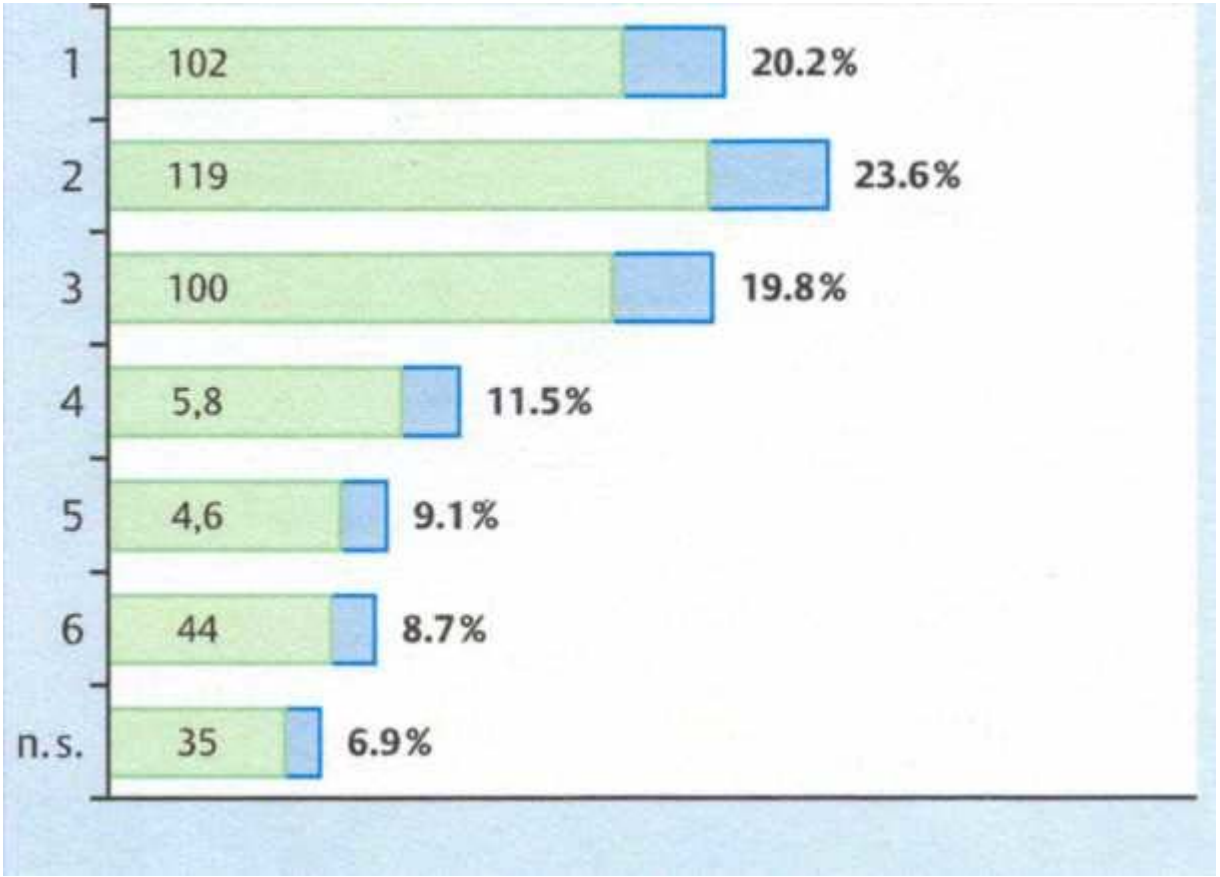
Extent of Training: Do You Consider the Extent of Training in Psychosomatic Care to be Adequate?



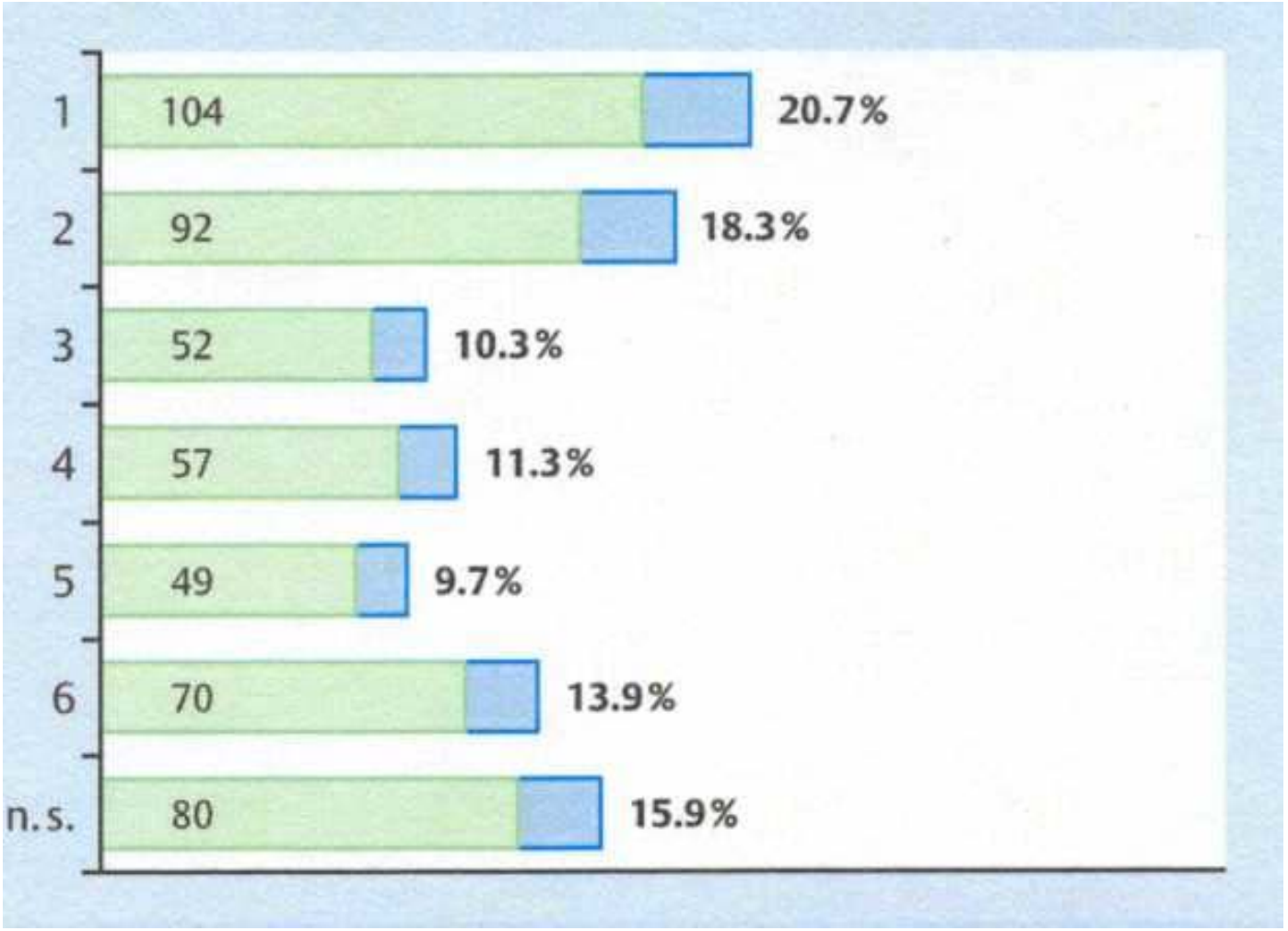
Extent of Training: Do You Consider the Extent of Training in Psychosomatic Care to be Adequate?

- The scope of the course was rated as 3,8 with 41,8% of the responses classified as positive, compared to 51,3% of the respones, which were sceptical
- The main criticism directed against the course was its scope, which was considered inadequate by nearly one out of four (22.5%)
- The most criticised aspect in the comment section, was the large amount of mandatory Balint group sessions

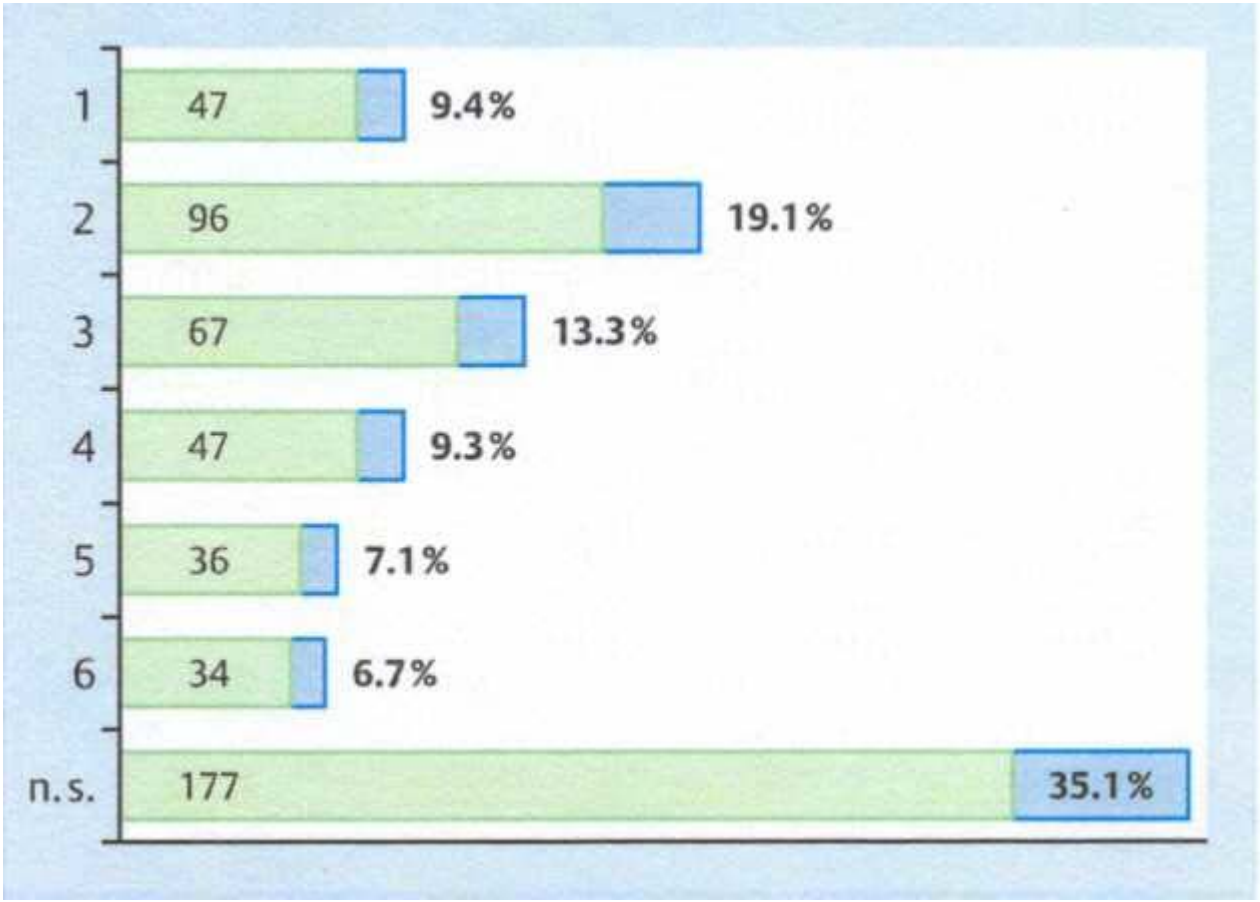
Do You Consider the Course Content of Psychosomatic Primary Care to be Useful?



Integral Part: „Do you Consider the Course of Psychosomatic Primary Care to be an Important Part of Your Specialist Medical Training?"



Satisfaction:"If You Completed the Course of Psychosomatic Primary Care, how Satisfied were You with the Course Offer?"



Psychosomatic at Conferences

- Respondents also attended lectures and seminars on psychosomatic topics, if they were offered at conferences

- The oppurtunities for and availibility of such lectures and seminars were considered sufficient

Psychosomatic in Clinical Practice

- Respondents reported that in practice psychosomatics only played a minor role in clinical routine (3,74)
- 41,5 % confirmed that psychosomatics played a role in daily practice
- Only 12,4% had the opinion that it played a significant role
- 18% reported that psychosomatic medicine plays no role in clinical practice at all

In-House Training Courses

- In-house training courses held at the facility, where they received their regular training, were attended only by few residents (13.8%)

- Most respondents (84.2%)
  - welcomed the concept of in-house training,
  - 42.4% describing this as an extremely good idea;
  - only 5.1% were sceptical about it

Cost of a Course

- 4% attended the course entirely free of charge
- The average cost of a course, as reported by those who had already attended a fee-based training program, was 920 ± 524 € (range: from 0 to > 2000 €)
- Nearly half of the residents (45.8%) get no time off from their ordinary clinical duties

Discussion

- The results of the survey showed that trainees in Germany regularly attend advanced training courses in addition to their regular training
- We have an overall acceptance of additional training
- We have a general willingness to attend training courses of psychosomatic primary care

Discussion

- The results of the survey showed deficiencies in certain areas of training provided by specialist medical training facilities

- Therefore it seems to be necessary to search for alternative forms of training

Levels of Satisfaction

- Levels of satisfaction with the course varied widely among respondents
- This may be due to different experiences and varying standards
- The quality of the courses was not investigated in the survey (can be inferred based on the comments added in the Free Comments section)

Criticism (Comment Section)

- The limited value of psychosomatics in daily clinical practice was ascribed to the currently offered courses, which had only a limited reference to gynecology and obstetrics

- The course curriculum was not very relevant to clinical practice, making it difficult to apply what was learned in the course in daily practice

Criticism (Comment Section)

- This criticized inability to transfer the course curriculum into clinical practice shows, that the requirements for the curriculum have not yet been implemented properly

Limited Role of Psychosomatics in Clinical Practice

- The reported limited role of psychosomatics in clinical practice is in extreme contrast to studies, which have shown that disease has a psychosomatic component

- This was the case in 20–30% of female patients, who were treated on an outpatient basis

Psychological and Somatic Aspect

- Many studies have shown that every life-changing illness, whether it would be gynecological, obstetrical or cancer-related, has both a psychological and a somatic aspect
- Many clinical syndromes, *for example premature labor, chronic pain in the lower abdomen or bleeding disorders*, include a number of psychosocial and physical aspects during the emergence and further course of the illness
- Every physician will come into contact with psychosomatic problems during routine training

⇒ In consequence psychosomatic skills are mandatorily needed

Timing of the Course

- It would be useful if physicians would learn about the diagnosis and therapy of psychosomatic syndromes early on in their specialization

- Currently the majority of residents attend the course on psychosomatic care in their 3rd or 4th year of training

Quality of Courses

- The quality of courses on offer is very heterogeneous
- Some of them do not or only insufficiently take account of the specific requirements for psychosomatic care in gynecology
- Huge gap between what is currently offered and the experiences reported by the respondents

Joint Initiative

- This led to a joint initiative by the Young Forum of the DGGG and representatives from the DGPFG in cooperation with the Gynecological Universities

Joint initiative*: Young Forum of the DGGG and the DGPFG*

- Together we developed an improved common curriculum, which incorporates psychosomatic gynecological care in Gynecological University Hospitals
- The newly developed curriculum aims to teach practice-based state-of-the-art gynecological psychosomatics
- The costs for the full course (modules 1–3) have been kept low for all of the modules

New Courses are Implemented

- This new courses are already implemented at the University hospitals of Heidelberg, Erlangen, Berlin

- We plan to offer this developed practice-orientated curriculum to future gynecologists across Germany

Teach the Same Topics

- All facilities will teach the same topics, so it should be possible to attend different modules at different University Hospitals in the future

Formation of Communication Training Groups

- Physicians with poorer performance at the beginning showed greater improvements
- The competence levels were already relatively high at the beginning of the courses
- Formation of communication training groups should be based on specific skill levels, rather than being implemented randomly for the entire team of physicians

Conclusion

- It can be clearly stated, that psychosomatic primary care training in gynecology has an important role to play

- Yet the current range of courses on offer need to be fundamentally reformed, to take account for the specific demands of gynecology and obstetrics

Conclusion

- As a first step we developed a comprehensively reformed curriculum for psychosomatic primary care in gynecology, adapted to the varied demands and working conditions in our modern healthcare system

The Importance of Effective Communication

- Communication plays such a big part in our lives today
- It is hard to think of a single activity that we engage in that doesn't involve communications in some way
- In our busy world, we sometimes forget just how important communications are to our success, relationships, and, ultimately, happiness in life
- But, indeed, communications does play a major role in achieving all of our goals

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