Creating a Psychosocial Ob/Gyn - Curriculum: The Experience

Sibil Tschudin / Switzerland
Awareness of the psychosomatic perspective
Crucial issues within the national societies of ISPOG

- Infertility – reproductive medicine
- Sexual disorders
- Psychooncology
- Psychosomatic obstetrics
- Family planning
- Menopausal disorders
- Antenatal care
- Pregnancy loss, miscarriage
- Chronic pelvic pain
- Abortion, pregnancy conflicts
Liaison psychiatry / psychology vs. Psychosocial ObGyn
Integration of psychosocial / psychosomatic aspects

Psychotherapy

Integration of psychosocial/psychosomatic perspective into daily ObGyn practise
Clinical work of today’s obstetricians / gynaecologists
Clinical work of today’s obstetrician / gynaecologists

- Most curricula still focus predominantly on technical skills and somatic knowledge and do not or only marginally consider
  - Communication skills
  - Bio-psycho-social thinking
  - Emotional aspects of doctors

- High workload without (or with little) education in coping strategies

- Current diagnostic and therapeutic strategies do often not meet patients' needs especially in case of somatising patients
Psychosomatic approach and communication

- If psychosomatic aspects are not taken into account, underlying problems often remain undetected and not adequately treated.
  

- As specific communication skills improve the ability to identify relevant medical and psychosocial information, they have an important impact on patient morbidity, and on medical costs.

Psychosomatic approach and communication

- **Patients’ satisfaction** as well as their **adherence** to treatment is related to **physicians’ communication style**


- **Lack of communication skills** and **psychosocial competence** may also **increase stress related to patient contact** and
Psychosomatic approach and communication

the risk of burnout.

Whippen DA, Canellos GPJ Clin Oncol. 1991
To improve

➔ medical care for patients

➔ the way how physicians deal with their physical and mental resources

➔ cost-effectiveness?!
Integration of psychosomatics in obstetrics/gynaecology

Psychosomatics in obstetrics and gynecology – evaluation of a compulsory standardized teaching program

Sibyl Tschudin, Zuzana Kaplan, Judith Alder, Dorothy Huang, Johannes Bitzer and Brigitte Leeners

1Department of Obstetrics and Gynaecology, University Hospital Basel, Basel, Switzerland and 2Department of Obstetrics and Gynaecology, University Hospital Zurich, Clinic for Reproductive Endocrinology, Zurich, Switzerland

Abstract

Objective: This observational study was aimed at assessing the effect of case supervision in small groups over a two-year period as part of a standardized psychosomatic basic training for future obstetrician-gynaecologists from the physicians’ perspective.

Methods: The supervised groups were evaluated by questionnaires distributed to all 128 candidates at the beginning (T1), at half time (T2) and at the end of the course (T3). Aside from a validated battery of questions on self-efficacy, items included self-estimated psychosomatic competence, professional satisfaction as well as a validation of the training program.

Results: The training program was associated with a significant increase of self-reported psychosomatic competence (5.2 ± 0.8 vs. 4.2 ± 0.6, p = 0.0001) and self-efficacy (2.6 ± 0.8 vs. 1.6 ± 0.5, p = 0.001). While major changes occurred at the end of the first year of the supervised groups, no further enhancement could be demonstrated throughout the second year. A total of 44 (88%) study participants who answered at T3 considered the training program helpful.

Conclusions: The presented teaching program – more precisely the supervised groups – seemed to be effective in increasing self-rated psychosomatic competence and self-efficacy in future specialists for obstetrics and gynecology. It may serve as a model for the systematic integration of standardized psychosomatic basic training into the education of obstetrician-gynecologists.
How can ISPOG facilitate psychosomatic education in the field of Ob / Gyn?
How can ISPOG facilitate psychosomatic education in the field of Ob / Gyn?

Questions raised and discussed in Providence

1. Which is the **situation now in your country** regarding this topic, which **education in psychosomatics** is provided to your health professionals?

2. What are your ideas about implementing **psychosomatic education internationally** through ISPOG?

3. What are your ideas about using **the internet** for this purpose?

4. Which are **criteria** for the **selection of teachers and topics**?

5. What are the **topics** or **issues** you think should be taught by ISPOG?
1. Situation in the ISPOG member nations

Information about education:
- 10 countries (survey)
- 2 countries (NASPOG meeting 2012)
Curricula

Germany
For more than 10 years **compulsory** for all residents and recognized by the German Board of Physicians
**80 lessons** (including Balint groups, communication groups and theory) provided from 8 sites and resulting in a degree in psychosomatic basic care.
variable quality; costs: 1200 €

Switzerland
Since 2002 **compulsory** curriculum for residents
**40 lessons**: 2 1-day courses in theory, course in communication in ultrasound during pregnancy, supervision groups over 1 year)
Provided by 4 university hospitals
Costs: 700 CHF
Psychosomatics during medical school (students)

1. Which is the situation now in your country regarding this topic, education of psychosomatics received by your health professionals?

( )

( )
Psychosomatics during spezialisation (residents) and for ObGyns
Congress and symposia on psychosomastics
## Content of educational offers

<table>
<thead>
<tr>
<th></th>
<th>AUS</th>
<th>CH</th>
<th>D</th>
<th>E</th>
<th>J</th>
<th>H</th>
<th>NL</th>
<th>S</th>
<th>UK</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General theory</strong></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Specific pathology</strong></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Intervention</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Self-experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Balint
## Covered topics and aspects

<table>
<thead>
<tr>
<th>Topic</th>
<th>AUS</th>
<th>CH</th>
<th>D</th>
<th>E</th>
<th>Jap</th>
<th>H</th>
<th>NL</th>
<th>S</th>
<th>UK</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood Disorders</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Specific psychosomatic disorders</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Menopause</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Psychooncology</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Violence</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Childbirth &amp; postpartum</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sexuality &amp; relational aspects</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
### Covered methods and types of education

<table>
<thead>
<tr>
<th>Method</th>
<th>AUS</th>
<th>CH</th>
<th>D</th>
<th>E</th>
<th>Jap</th>
<th>H</th>
<th>NL</th>
<th>S</th>
<th>UK</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor-Patient relationship</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Balint Groups</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role play</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication training</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive suggestion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Verbal intervention method</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Case supervision</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethics discussion</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Situation in the ISPOG member nations

- Awareness for and interest in psychosomatic aspects
- Different levels of educational offers for members
- Interest in educational offers from ISPOG
2. Implementation of psychosomatic education by ISPOG

- Embedding psychosomatic topics in international and national congresses
- Providing teaching modules and definitions of standard of care available for all members and interested health professionals
- Using the internet / ISPOG-website as a platform
3. Internet use for the purpose of education

- Create **internet-platform**
- **Video archives** of presentations (i.e. with youtube)
- Create **teaching films**?
- **ppt-lessons** (i.e. with http://www.screencast-o-matic.com)
Transforming psychosomatic knowledge into e-learning

A. Content

B: Know-how

C: Education

D: Presentation

D: Broadcasting

Academy

© Ahmas Foundation (H. Van deWiel & W.Weijmar Schultz)
4. Selections criteria for teachers and topics

- The aim should be to **share information** rather than to set standards.

- It is important to **differentiate** between **national** and **international perspectives** to give consideration to **cultural differences** and to avoid eurocentrism.

- Questions raised in the meeting:
  - A **better name** for the Society?
  - Is there a need of psychosomatic **education for all**?
  - Is there a need of **using the web** for this purpose?
5. Important topics and issues

- Topics: From basic to advanced
- Accreditation system
  - CME-credits
  - support by EBCOG, FIGO
- Installation of an “educational board”
As a first step and to proceed with the realisation of the intentions and ideas a “working group on education” was built.

Members:
- Beate Wimmer-Puchinger / AU
- **Harry van de Wiel** / NL
- Jonathan Schaffir / USA
- Maria Beckermann / **Vivian Pramataroff-Hamburger** / Carsten Braun / D
- **Carlos Damonte Khoury** / E
- Sibil Tschudin / CH
- Levente Lazar / H

➡ Educational committee
The principle goal of ISPOG with regard to education is “to promote the access to a psychosomatic approach for all Ob/Gyn health care providers in order to fulfil the needs of the patients they treat and/or care for”.
ISPOG educational goals

1. To develop an e-learning academy that aims at

- Serving as a **platform for exchange of knowledge** considering cultural differences and local characteristics

- Providing a **theoretical basis** as well as **teaching materials** and **specific tools** that may serve as a reference for all national societies and that may be incorporated into
  - **Teaching of residents**
  - **Continuous medical education** for all obstetricians / gynaecologists and other health professionals in Ob/Gyn
  - **Clinical discussions** within the activity of the National Societies
2. To provide access to the talks of psychosomatic symposia / congresses by means of webcasts
ISPOG educational goals

3. To offer and encourage workshops to give members the opportunity to experience the psychosomatic approach personally
Strategies to reach the educational goals

1. Installation and maintenance of a **server**.

2. Development and maintenance of a **knowledge database** on the ISPOG-website.

3. Formation of an **“Editorial Board”** that is responsible for the quality control of the files available for download from the ISPOG website.

4. Development of **quality criteria**, which will be discussed and installed by the ExCo, after which they will be published on the ISPOG website.

5. Development of the **theoretical frame-work for e-learning** as well as **e-learning teaching material** in a step by step-process.

6. Constant **identification of congresses** (e.g. FIGO, EBCOG, WAS, IAWMH, WAIMH) that qualify as platform for psychosomatic contributions.
# Editorial board

## List of reviewers

<table>
<thead>
<tr>
<th>Topic</th>
<th>Reviewer</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosomatics in pregnancy</td>
<td>Jonathan Shaffir</td>
<td>USA</td>
</tr>
<tr>
<td>Delivery / child birth (traumatic birth experience / PTSD, C-section, pain during delivery)</td>
<td>Marieke Paarlberg</td>
<td>NL</td>
</tr>
<tr>
<td>Postpartum</td>
<td>Heather Rowe</td>
<td>AUS</td>
</tr>
<tr>
<td>Perinatal loss</td>
<td>Denise Desfey</td>
<td>U</td>
</tr>
<tr>
<td>Perinatal care</td>
<td>Barbara Maier</td>
<td>AU</td>
</tr>
<tr>
<td>Prenatal diagnosis and counselling</td>
<td>Levente Lazar</td>
<td>H</td>
</tr>
<tr>
<td>Sexuality and relational aspects</td>
<td>Vivian Pramataroff</td>
<td>D</td>
</tr>
<tr>
<td>Menstrual cycle / PMS</td>
<td>Fabio Facchinetti</td>
<td>I</td>
</tr>
<tr>
<td>Pain (CPP, vulvodynia, vestibulitis)</td>
<td>Friedericke Siedentopf</td>
<td>D</td>
</tr>
<tr>
<td>Psychooncology</td>
<td>Juan Manuel Marin Mesa</td>
<td>E</td>
</tr>
<tr>
<td>Violence / sexual abuse</td>
<td>Heather Rowe</td>
<td>AUS</td>
</tr>
<tr>
<td>Body image (cosmetic surgery / eating disorders / anti-aging)</td>
<td>Marieke Paarlberg</td>
<td>NL</td>
</tr>
<tr>
<td>Puberty and adolescence</td>
<td>Sibil Tschudin</td>
<td>CH</td>
</tr>
<tr>
<td>Menopause</td>
<td>Carlos Damonte</td>
<td>E</td>
</tr>
<tr>
<td>Birth control and abortion</td>
<td>Jonathan Shaffir</td>
<td>USA</td>
</tr>
<tr>
<td>Infertility</td>
<td>Heribert Kenetich</td>
<td>D</td>
</tr>
<tr>
<td>Intercultural and psychosocial issues</td>
<td>Sibil Tschudin</td>
<td>CH</td>
</tr>
<tr>
<td>Gender issues</td>
<td>Beate Wimmer-Puchinger</td>
<td>AU</td>
</tr>
<tr>
<td>Teaching psychosomatics</td>
<td>Harry van der Wiel</td>
<td>NL</td>
</tr>
<tr>
<td>Doctors’ wellbeing</td>
<td>Carlos Damonte</td>
<td>E</td>
</tr>
<tr>
<td>Doctor-patient relationship</td>
<td>Johannes Bitzer</td>
<td>CH</td>
</tr>
<tr>
<td>Legal and ethical issues</td>
<td>Barbara Maier</td>
<td>AU</td>
</tr>
<tr>
<td>Mental health</td>
<td>Heather Rowe</td>
<td>AUS</td>
</tr>
<tr>
<td>Reviewers: required profile and tasks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Profile:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profound <strong>knowledge</strong> and <strong>expertise</strong> in the field they are responsible for</td>
</tr>
<tr>
<td>Based on clinical engagement and experience or / and publications in the domain in question</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To “filter” all documents that are uploaded and get assigned by the webmaster to the keyword(s) they are responsible for.</td>
</tr>
<tr>
<td>To <strong>judge</strong> whether the content and form of the contribution is of satisfactory quality</td>
</tr>
<tr>
<td>To apply <strong>evidence-based standards</strong></td>
</tr>
<tr>
<td>To provide their evaluation within a <strong>timeframe</strong> of not more than four weeks.</td>
</tr>
<tr>
<td>To explain refusal by a brief <strong>argumentation</strong></td>
</tr>
</tbody>
</table>
ISPOG educational offers: current status – future perspectives
ISPOG educational offers: next steps

E-learning - Academy:

- theoretical framework
  - Books:
    - “Bio-psycho-social Obstetrics and Gynaecology”
      Editors: M. Paarlberg, H. van de Wiel / Springer
    - “Psychosocial, Psychosomatic and Sexual Health Care for Women”
      Editors: J. Bitzer, M. Birkhäuser, Ch. De Geyter / Springer
    - JPOG / Informa (2011 Impact Factor: 1.389)

- teaching material
  - first lessons are in preparation

- tutorial systems
  - multiple choice
    interactive modules
ISPOG educational offers: future perspectives

- Offering teaching modules
- Establishing accreditation
- Creating a complete curriculum
- Available for everybody interested in psychosomatics in Ob/Gyn via ISPOG-website
Creating a Psychosocial Ob/Gyn Curriculum: The ISPOG Experience

Thank you for your attention.