

# Consultation – Liaison Joint Interventions in a university setting

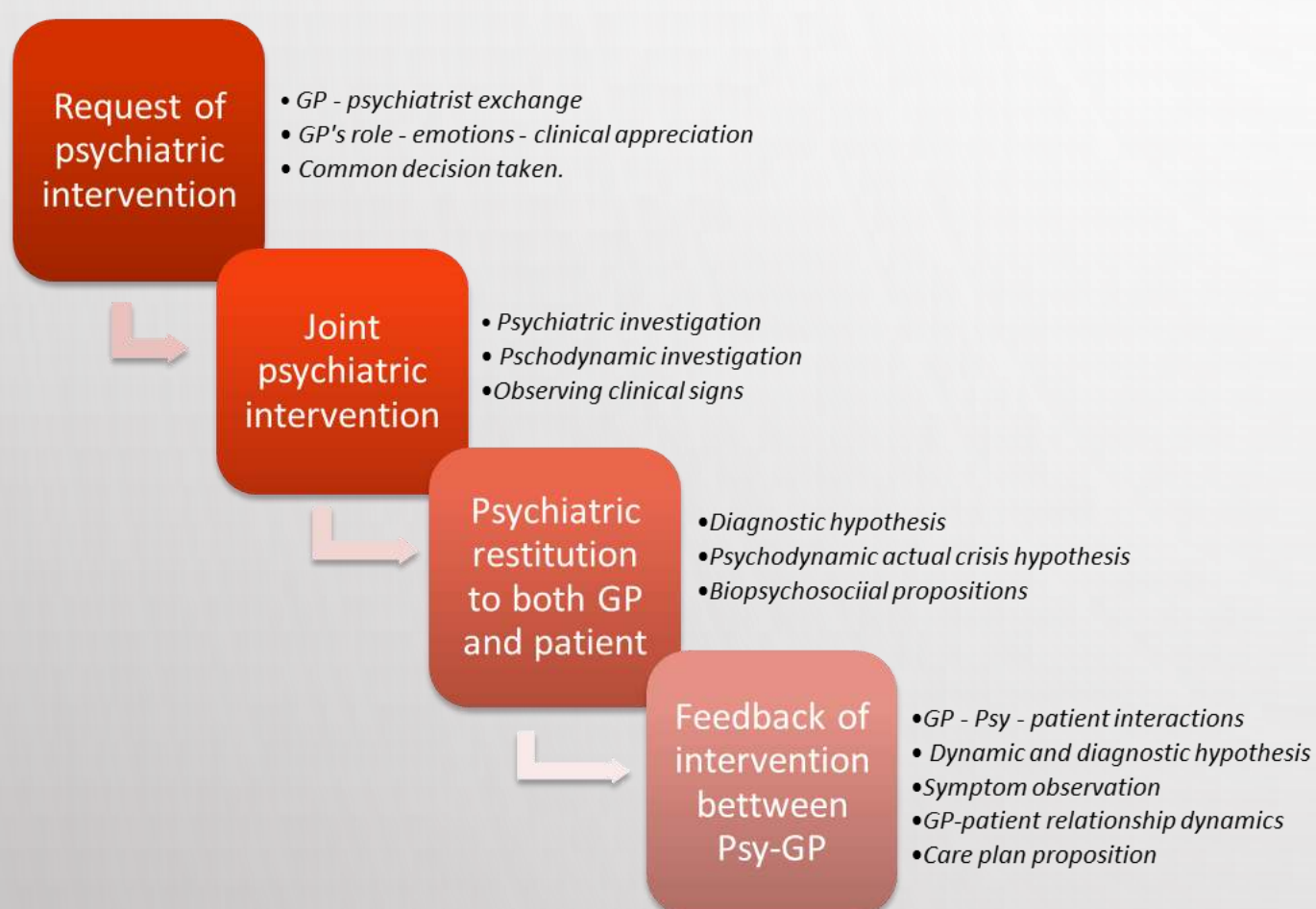
## An “in-vivo” training for residents in general internal medicine

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**Introduction:** More than half of patients consulting in **primary care settings** (PCS) suffer from a mental health disorder (MHD).<sup>1,2</sup> Nevertheless, **general practitioner’s** (GP’s) psychiatric **training** is **insufficient**.<sup>1,3,4,5</sup> Action is required to improve the diagnosis and treatment of MHDs.<sup>1,3,6</sup> In the Department of Ambulatory Care and Community Medicine at the University of Lausanne, **Consultation-Liaison** (CL) psychiatrists are **part** of the GPs’ team.<sup>2,7,8,9</sup> **Informal exchange** is brought forward for every psychiatric referral, focusing on **doctor – patient relationship** and proposing a first diagnosis hypothesis and psychotropic treatment consultation. When needed, a **joint psychiatric intervention** (JPI) is conducted (patient - doctor - psychiatrist).<sup>2,4,7</sup> The psychiatrist performs a psychopathology and psychodynamic investigation in the presence of the GP. In the last minutes of the session, he comes up with a first diagnosis and psychodynamic hypothesis, and proposes a treatment plan, introducing a **biopsychosocial** vision.<sup>4,10</sup> Discussion takes place after the session around psychiatric intervention.<sup>2,7</sup> We propose this intervention as an **“in-vivo” psychiatric training** in PCS for young GPs (Figure-1).



**Methods:** A **focus group** with residents was conducted in the end of their internship, investigating their lived experiences during interventions.

**Results:** Residents appreciated psychiatric **accessibility**, continuous **joint working** and the possibility to ask a **“quick question”**. A valuable psychiatric **training** was provided through this collaboration. They felt that JPIs increased **diagnostic skills**, helped **decision-making** and improved **doctor-patient relationship**. (Figure-2)

**Conclusions:** A close and continuous collaboration between CL psychiatrists and GPs creates a fertile ground in which pragmatic psychiatric training, adapted to PCS and to GPs’ needs can be proposed.

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