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The Function of a Liaison Service in Medical Education Psychotherapeutic Implications for the Non-Psychiatrist

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Abstract

The psychiatric liaison program at a medical center offers an integrated systematic approach to the teaching of psychiatry to the attending physicians, the house staff and medical students. This approach can be tailored to meet the specific needs of each of these groups and it provides a natural integration of psychiatry into other branches of medicine in the context of daily practice.

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The Psychiatric Liaison Service at the Mount Sinai Hospital evolved out of the necessity to bridge the gap between psychiatry and the rest of medicine. An ongoing clinical relationship can be established, but only when the psychiatrist ceases to be a peripatetic consultant and becomes a working member of the service to which he is assigned. A viable relationship, based on mutual respect and trust, can be built up, but only through the sustained reliable attendance of the psychiatrist. By means of sound diagnostic acumen, practical advice on patient management and the ability to communicate in terms agreeable to the non-psychiatrist, the effectiveness of a psychiatric liaison relationship is firmly established. The common goal is good patient care. Since service to patients and teaching are inextricably interwoven, in time, the non-psychiatrist will be enabled to know with confidence what types of emotional problems he deals with, those he can treat and those who require referral to the psychiatrist. The majority of these patients should be treated adequately by the non-psychiatrist.

The structure and function of the Psychiatric Liaison Service at this time is the outgrowth of evolutionary changes over a period of 25 years. All major and most minor services have a liaison psychiatrist. Each ward or unit of the medical service, for example, has its liaison psychiatrist.

This is a career appointment. The psychiatrist is not rotated

Kaufman/Roose

221

through other psychiatric divisions. He works in close co-operation with the unit social worker and, in special cases, with the liaison psychologist. The psychiatric team may be augmented by the third year psychiatric resident while on his liaison tour of duty and by the medical intern on his month of psychiatry. Depending on the circumstances, which vary greatly from one service to another, teaching may be directed to the attending staff, house staff or both. Aside from informal brief contacts, regularly stated formal conferences are held with these staffs. The patient to be discussed is chosen because he is a management problem. The intern begins with a brief medical history and a description of the management problem (behavior) which is followed by observations of the patient's behavior – and of the staff's behavior as well. An interview of the patient may be held and then a discussion of all the clinical data, including that obtained by the

psychiatrist before and during the conference. Finally, suggestions for treatment are made. The discussion is free, informal, and wide-ranging. The data determines what course the discussion will follow. It is the psychiatrist's job to see that theoretical psycho-dynamic formulations are based on the available data.

The psychiatric liaison program at a medical center offers an integrated systematic and flexible approach to the teaching of psychiatry to the attending staff, the house staff and medical students, which is tailored to meet the specific needs of each group.

Since such teaching is carried on within the context of daily practice of each group, there can be no artificial isolation of psychiatry and the rest of medicine. The liaison psychiatrist-teacher, as an integral worker of the service, (medicine, surgical, etc.), directs the attention to the entire patient, to the elucidation of the complexity of the physical and emotional factors in illness. The teaching material consists of those patients entrusted to the care of the attending, resident, intern, or medical student. A comprehensive history and work-up of each patient will variously reveal or emphasize the multiplicity of factors which affect the course of illness, such as the doctor-patient relationship, the patient's reaction to illness and hospitalization, socio-economic and cultural influences and individual psycho-pathology in the patient. From this stems the reconstruction of individual psychodynamics and indications for treatment.