

Section 1

Generic Issues

Chapter

1

Promoting and Implementing
the Biopsychosocial Perspective
in Obstetrics and Gynaecology
The Role of Specialist Societies

Sibil Tschudin

The Biopsychosocial Perspective
in Obstetrics and Gynaecology: Nice
to Have or Need to Have?

Many health problems cannot be solved and adequately treated when only the biomedical perspective, focusing on diagnostic tests and medical or surgical therapy, is taken into account. This can be assumed as well accepted in all domains of clinical medicine nowadays [1, 2]. It is particularly obvious when considering the situations and conditions of patients who turn to an obstetrician/gynaecologist: they might have experienced a pregnancy loss, be confronted with an unwanted pregnancy or with infertility, suffer from domestic violence or have to deal with a gynaecological cancer. Medically unexplained symptoms are frequent in general hospital outpatients. When comparing different specialties, Nimnuan et al. found that such symptoms were most prevalent in gynaecology and associated with being female, of younger age and of being unemployed [3]. Besides this, women also consult their obstetrician/gynaecologists for advice on

contraception, prenatal care and menopause, as well as prior to screening procedures. Nowadays, the role of the obstetrician/gynaecologist is not limited to cure but includes prevention and supportive care (see Figure 1.1). Their approach should therefore be holistic. Health professionals have to provide assistance with regard to preventive measures, decision-making and crisis intervention (see Figure 1.2).

Consequently, obstetrician/gynaecologists are confronted with many tasks requiring psychosocial competence, including patient education, counselling and management of psychosocial problems. They have also to take care of patients with pain syndromes and/or life-threatening diseases [4, 5]. If psychosocial aspects are not taken into account in these situations, the underlying cause of the problem and critical contributing factors often remain undetected and inadequately dealt with [6]. As a consequence symptoms may persist or worsen and patients' problems may develop into chronic conditions. It could be demonstrated that specific communication skills improve the ability to identify

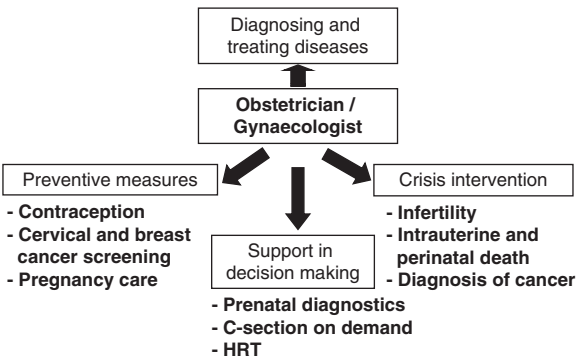


Figure 1.1 Obstetrician/gynaecologists' existing tasks

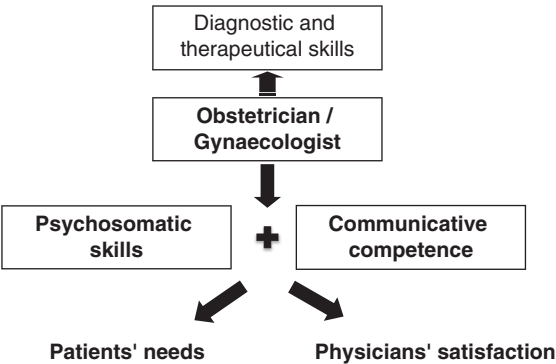


Figure 1.2 Obstetrician/gynaecologists' existing competencies profile

Section 1 Generic Issues

relevant medical and psychosocial information. Consequently, these skills have a significant impact on patient morbidity and on medical costs [2, 7–10]. Furthermore, patients’ satisfaction as well as their adherence to treatment is related to physicians’ communication style [5, 8, 11–16]. Lack of communication skills and psychosocial competence, however, increases physicians’ stress related to patient contact and their risk of developing professional burnout syndrome [17]. In the light of these considerations, it can be argued that the psychosocial perspective is not just ‘nice to have’ in obstetrics and gynaecology but a perspective that we ‘need to have’ in our specialty.

Are Obstetrician/Gynaecologists Prepared for Their Tasks in Psychosocial Care-Giving?

Studies to date have shown that psychosomatic competence, i.e. a holistic approach based on a biopsychosocial understanding of the diagnostic as well as the therapeutic process, is an important precondition for adequate patient care. Teaching the necessary diagnostic, therapeutic and communication skills, however, is far from being an integral component of the specialty training worldwide [18, 19]. The educational committee of the International Society of Psychosomatic Obstetrics and Gynaecology (ISPOG) conducted a survey in 2012. All national member societies were approached and invited to answer the following questions:

- Which is (if existing) your currently practiced curriculum for teaching of the primary psychosomatic care in Obs/Gyn?
- Are there any teaching programmes or educational courses that involve psychosomatic topics?
- Which topics does your society consider as most important for teaching psychosomatic care in obstetrics and gynaecology?

Of a total of 19 national societies invited to take part in the survey, ten provided some information on their educational offerings. Two additional countries had provided information during a meeting of the biannual congress of the North American Society of Psychosocial Obstetrics and Gynecology (NASPOG) in 2012.

In six countries psychosocial and psychosomatic issues are covered during medical school, and in eight countries this is the case in the course of specialization. Only Germany and Switzerland have standardized compulsory curricula in psychosomatic obstetrics and gynaecology (see Table 1.1). Seven national societies indicated that they organize regular congresses or symposia on psychosomatic topics, and four countries mentioned that they have guidelines available on specific psychosomatic problems, e.g. chronic pelvic pain. Existing teaching programmes focus on general psychosomatic aspects as well as on specific pathology. A list of topics, which are addressed by most or some of the programmes, is presented in Table 1.2. From the technical perspective, the programmes focus predominantly on communication training and the establishment of

Table 1.1 Content and structure of the German and Swiss compulsory curricula in psychosomatic and psychosocial obstetrics and gynaecology

Country	Germany	Switzerland
In operation	For more than ten years	Since 2002
Target group	Compulsory curriculum for all residents	Compulsory curriculum for all residents
Extent and content	80 lessons: <ul style="list-style-type: none">• Theory• Balint groups• Communication training• Resulting in a degree in psychosomatic basic care recognized by the German Board of Physicians	40 lessons: <ul style="list-style-type: none">• 2 one-day courses in theory• Course in communication in ultrasound during pregnancy• Supervision groups
Provider	Eight clinical sites	Four university hospitals
Current costs	€ 1200	CHF 800

Promoting and Implementing the Biopsychosocial Perspective in Obstetrics and Gynaecology

Table 1.2 Topics covered by the teaching offered by the various national societies of psychosomatic obstetrics and gynaecology

	AUS	CH	D	E	Jap	H	NL	S	UK	USA
Mood disorders	X		X			X				X
Specific psychosomatic disorders	X	X	X	X	X	X	X	X	X	X
Menopause		X	X		X	X		X	X	X
Psycho-oncology	X	X	X	X	X	X	X	X	X	X
Violence	X	X							X	X
Pregnancy	X	X	X	X	X	X	X	X		X
Childbirth and postpartum	X	X	X	X	X	X	X	X	X	
Sexuality and relationship aspects	X	X	X	X		X	X	X	X	X

AUS Austria
CH Switzerland
D Germany
E Spain
Jap Japan
H Hungary
NL Netherlands
S Sweden
UK United Kingdom
USA United States of America

a productive doctor-patient relationship, while the teaching of Balint groups, the application of role-plays, case supervision and ethics discussions were only mentioned occasionally. To conclude, there is a huge variation across countries with regard to available programmes. The array spans from established and compulsory training during medical school as well as residency to aspirational plans to install training programmes in the future.

It seems evident that not all current and future obstetricians and gynaecologists are well prepared and sufficiently trained to provide psychosomatic and psychosocial care for their patients. Even if teaching is available and provided, the question remains whether this training really improves psychosocial competence and increases communicative skills. Thus, the evaluation of educational programmes is important, even if not easy. According to Van de Wiel and Wouda the criteria used in evaluation are *effectiveness* and *efficiency* [20]. Studies investigating the effect of teaching programmes are scarce, however, especially in the domain of obstetrics and gynaecology, and generally don't go beyond the assessment of communication skills during the specialty training [21, 22]. The nationwide implementation of a compulsory psychosomatic training of all residents in

Switzerland in 2002 was an opportunity to simultaneously evaluate the teaching programme and measure the effect of its practical component consisting of supervised groups (see Figure 1.1). Participation in these groups was associated with a statistically significant increase in self-estimated psychosomatic competence [23]. Interestingly, after the completion of the teaching programme, all items assessing competence ranged on a higher level and not only those items rated lowest at the beginning of the supervised groups. Consequently, attendance at the supervision groups rather seemed to improve psychosomatic competence in general. Self-efficacy also increased significantly. Schildmann et al. present comparable results when measuring the effect of a training course on the ability to 'break bad news' at the Charité Berlin [24]. The improvement of self-rated ability to perform this task correlated with an increase in self-confidence with regard to communication skills [24]. As self-efficacy is an important protective factor against stress arising in clinical work [25], this increase may contribute to the well-being of physicians and as a non-negligible consequence to their efficiency. As perceived self-efficacy determines whether difficult topics are considered or avoided [26], the described changes are likely to result in improved patient care.

Section 1 Generic Issues

Thus, there seems to be growing evidence that well-shaped educational offerings may indeed improve the psychosocial competence of health professionals in the field of obstetrics and gynaecology.

The Role of ISPOG

Despite the evidence that psychosomatic competence is necessary in the practice of obstetrics and gynaecology, training in this field is, in the main, insufficient. Who else should engage in the remedy of this deficiency, and promote and implement the biopsychosocial perspective in obstetrics and gynaecology, if not the specialist society in this field, the International Society of Psychosomatic Obstetrics and Gynaecology?

Engagement of ISPOG over the Course of Time

During the 17th ISPOG Congress in Berlin in 2013, Manfred Stauber, former ISPOG president (1992–1995) and member of the ISPOG Board of Fellows, gave an overview on the history of ISPOG since its foundation in 1962. According to him the interplay between mental problems and female genital organs had already been postulated in ancient Greece, and Sigmund Freud practised psychosomatic obstetrics by treating a woman who suffered from ‘psychogenic agalactia’ at the end of the nineteenth century. To mention just some of the other pioneers in psychosomatics, Franz Alexander and George Groddeck conducted research into the interrelation of mind and body and the treatment of physical disorders through psychological processes. Further important milestones in the introduction of the biopsychosocial perspective in medicine were set by the US-American psychiatrist George L. Engel and the German internist Thure von Uexküll [27].

The first steps in promoting an understanding of psychosomatic and psychosocial aspects in obstetrics and gynaecology were taken by the founding members of ISPOG, i.e. Leon Chertok (France), Norman Morris (Great Britain), Niles and Michael Newton (USA), Hans J. Prill (Germany), Myriam de Senarclens (Switzerland), Pierre Vellay (France), Lucio Zichella (Italy), Alberto Cardenas Escovar (Spain), Elliot Philip (Great Britain), Murray Enkin (Canada), Hugo Husslein (Austria), Herrmann Hirsch (Israel) and Ferruccio Miraglia (Italy). The founding of the society took place at the first International ISPOG Congress

in 1962 in Paris. After a decade of rather informal exchange, the society became more organized and structured and from 1972 onwards ISPOG congresses were held regularly on a triennial basis. Over the subsequent years the spheres of interest were infertility/reproductive medicine, sexual disorders, family planning, abortion/pregnancy conflicts, pregnancy loss/miscarriage, antenatal care, psychosomatic obstetrics, menopausal disorders, chronic pelvic pain and psycho-oncology. Besides organizing congresses, ISPOG was visible in the media through regular ISPOG newsletters and the *Journal of Psychosomatic Obstetrics and Gynecology* (JPOG). The journal was founded in 1982 in order to provide a scientific forum for obstetricians, gynaecologists, psychiatrists and psychologists, academic health professionals and all others who share an interest in the psychosocial and psychosomatic aspects of women's health. All these efforts were, and still are, important in stimulating obstetricians and gynaecologists to pay more attention to this important facet of their profession. Even if the majority of ISPOG members are obstetrician-gynaecologists, the society always supported and propagated a multidisciplinary strategy by targeting and including other health professionals, such as psychiatrists, psychologists and midwives.

While the above-mentioned efforts and activities helped to promote awareness of psychosomatic and psychosocial issues, it was necessary to develop other strategies for implementing the biopsychosocial perspective in everyday clinical practice. This became more and more obvious in the last decade and led to a sharper focus on educational activities.

ISPOG Educational Committee

All national societies were invited to an informal and exploratory meeting held during the NASPOG congress in Providence, USA, in 2012. A few months later, at the International Federation of Gynecology and Obstetrics (FIGO) congress in Rome, Italy, an educational committee was established within ISPOG.

Goals of the ISPOG Educational Committee

The committee, chaired by the author of this chapter, defined its goals and formulated strategies to achieve these goals as follows:

The principal goal of ISPOG with regard to education is ‘to promote access to a psychosomatic approach for all health care providers in the field of

Promoting and Implementing the Biopsychosocial Perspective in Obstetrics and Gynaecology

obstetrics and gynaecology in order to fulfil the needs of the patients they treat and/or care for’.

The educational goals of ISPOG are the following:

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
 - i. Teaching of residents
 - ii. Continuous medical education (CME) for all obstetricians/gynaecologists and other health professionals in obstetrics and gynaecology
 - iii. Clinical discussions within the activity of the national societies
2. To provide access to the talks of psychosomatic symposia/congresses by means of webcasts
3. To offer and encourage workshops to give members the opportunity to experience the psychosomatic approach personally.

To reach these goals the following strategies are envisaged:

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 ISPOG Executive Committee and afterwards published on the ISPOG website
5. Development of the theoretical framework for e-learning as well as e-learning teaching material in a step-by-step process
6. Constant identification of congresses – e.g. FIGO, European Board and College of Obstetrics and Gynaecology (EBCOG), International Association for Women’s Mental Health (IAWMH) and World Association for Infant Mental Health (WAIMH) – that qualify as platforms for psychosomatic contributions.

Current Achievements of the Educational Committee

With regard to the aims set in 2012, ISPOG has to date successfully achieved some, though certainly

not all of them. The server and the ISPOG website are well prepared to develop and expand the knowledge database. The editorial board has been constituted and quality criteria for educational resources will be discussed periodically by the ISPOG Executive Committee. A promising strategy for sensitizing young colleagues to psychosocial aspects and teaching communication skills on a practical level is to hold workshops during congresses organized by ISPOG or affiliated societies. ‘Hands-on’ training is in fact not limited to surgical and interventional skills training. The positive feedback of participants at workshops offered at the EBCOG congress in Glasgow in 2013 and the European Network of Trainees in Obstetrics and Gynaecology (ENTOG) scientific meeting in 2015 in Utrecht as well as the positive evaluation of partly interactive symposia with case discussions offered at the European Society of Contraception (ESC) congress in Lisbon in 2014 and the IAWMH congress in Tokyo in 2015 speak for an even more widespread offer of such training modules. Even if electronic media are very helpful in facilitating communication and exchange, personal contacts still carry great significance, especially in a field where communication is the basic and predominant skill.

The Role of Other Specialist Societies

ISPOG has a central role in promoting and implementing the biopsychosocial perspective in obstetrics and gynaecology. It is, however, of utmost importance to gain the support of other societies with similar and somehow overlapping interests. To profit not only from professional but also from economical synergies is crucial in a world of economic dependence and financial restriction. Thanks to the constant engagement of the former ISPOG presidents, Marieke Paarlberg and Carlos Damonte Khoury, contacts and collaboration with several societies have been initiated and established. Mutual invitations to hold symposia at the congresses of the mentioned associations are just one of the achievements. Even more important are joint declarations and the collaborative development of guidelines. EBCOG invited ISPOG to contribute to the EBCOG Standards of Care for Women’s Health in Europe released in 2014 in order to guarantee that psychosocial aspects are sufficiently considered in the document [28].

Section 1 Generic Issues

The national psychosomatic obstetric and gynaecology societies each relate differently to their respective national societies or colleges of obstetrics and gynaecology. Some are independent; others are so-called working or special interest groups of their 'mother' society/college. As the psychosocial perspective should be considered in any condition and every obstetrician/gynaecologist should possess basic knowledge and skills, a close collaboration is essential and should be pursued.

The best way to guarantee the incorporation of psychosocial issues into professional training is to have a compulsory basic curriculum, as has been established in Germany and Switzerland. Although ISPOG encourages and supports the idea that more (if not all) countries should integrate a mandatory basic training in psychosocial issues into their programme for specialization in obstetrics and gynaecology, it also acknowledges that the prerequisite resources and underlying framework are currently not available in many nations. Pending the development of these prerequisites, we should concentrate on identifying options to at least partly fill this gap in professional training and education. To enhance the attractiveness of these options the national societies/colleges of obstetrics and gynaecology should develop Continuing Professional Development (CPD) accreditation of such offers.

Conclusions, Practical Implications and Future Strategies

Health professionals will be better positioned to promote and implement the biopsychosocial perspective in obstetrics and gynaecology if they are equipped with the pertinent skills and acquire psychosocial competence through formal training. Specialist societies in general and ISPOG in particular have an indispensable role not only in devising such training but also in promoting awareness through the mass media, through advocacy and through contacts with governmental and regulatory authorities. It is also their role to promote fruitful and sustainable developments with regard to clinical protocols and research into psychosocial issues in obstetrics and gynaecology. Professionals in countries where there is currently no national specialist society for psychosocial obstetrics and gynaecology are welcome to liaise with ISPOG with a view to setting up one in their country.

Key Points

- The psychosocial perspective is not just 'nice to have' in obstetrics and gynaecology but a perspective that we 'need to have' in the specialty.
- Not all current and future obstetricians and gynaecologists are well prepared and sufficiently trained to provide psychosomatic and psychosocial care for their patients.
- Worldwide, the teaching of diagnostic, therapeutic and communication skills necessary for psychosocial competence is far from being an integral component of specialty training in obstetrics and gynaecology.
- Well-shaped educational offerings may improve the psychosocial competence of health professionals.
- In the last decade, the International Society of Psychosomatic Obstetrics and Gynaecology (ISPOG) has focused more sharply on educational activities.
- A promising way to guarantee the incorporation of psychosocial issues into professional training is to have a compulsory basic curriculum, as has been established in Germany and Switzerland.

Acknowledgement

It would not have been possible to write this chapter without the support and contribution of a number of colleagues. Special thanks go to Vivian Pramataroff Hamburger, who conducted the survey about educational activities of the national member societies of ISPOG, and all other members of the educational committee; Brigitte Leeners, who co-authored the evaluation of the compulsory teaching programme in Switzerland; Manfred Stauber, who provided an excellent overview on the history of ISPOG; Levente Lázár, who initiated the development of a web-based knowledge database; all members of the current ISPOG board and especially the former ISPOG presidents, Marieke Paarlberg and Carlos Damonte Khoury, who untiringly and efficiently engage in ambassadorial activities.

Promoting and Implementing the Biopsychosocial Perspective in Obstetrics and Gynaecology

References

- Borrell-Carrio, F., A.L. Suchman, and R.M. Epstein, The biopsychosocial model 25 years later: principles, practice, and scientific inquiry. *Annals of Family Medicine*, 2004. **2**(6): pp. 576–82.
- Stewart, M.A., Effective physician-patient communication and health outcomes: a review. *CMAJ*, 1995. **152**(9): pp. 1423–33.
- Nimnuan, C., M. Hotopf, and S. Wessely, Medically unexplained symptoms: an epidemiological study in seven specialities. *Journal of Psychosomatic Research*, 2001. **51**(1): pp. 361–7.
- Bitzer, J. et al., [Psychosocial and psychosomatic basic competence of the gynecologist – from intrinsic conviction to a learnable curriculum]. *Gynakol Geburtshilfliche Rundsch*, 2001. **41**(3): pp. 158–65.
- Leeners, B. et al., Satisfaction with medical information in women with hypertensive disorders in pregnancy. *J Psychosom Res*, 2006. **60**(1): pp. 39–44.
- Barsky, A.J., E.J. Orav, and D.W. Bates, Somatization increases medical utilization and costs independent of psychiatric and medical comorbidity. *Arch Gen Psychiatry*, 2005. **62**(8): pp. 903–10.
- Jünger, J. and V. Köllner, Integration of a doctor/patient-communication-training into clinical teaching: examples from the reform-curricula of Heidelberg and Dresden Universities. *Psychother Psych Med*, 2003. **53**: pp. 56–64.
- Langewitz, W.A. et al., Improving communication skills – a randomized controlled behaviorally oriented intervention study for residents in internal medicine. *Psychosom Med*, 1998. **60**(3): pp. 268–76.
- Levinson, W., Doctor-patient communication and medical malpractice: implications for pediatricians. *Pediatr Ann*, 1997. **26**(3): pp. 186–93.
- Mead, N., P. Bower, and M. Hann, The impact of general practitioners' patient-centredness on patients' post-consultation satisfaction and enablement. *Soc Sci Med*, 2002. **55**(2): pp. 283–99.
- Bertakis, K.D. et al., The influence of gender on physician practice style. *Med Care*, 1995. **33**(4): pp. 407–16.
- Christen, R.N., J. Alder, and J. Bitzer, Gender differences in physicians' communicative skills and their influence on patient satisfaction in gynaecological outpatient consultations. *Soc Sci Med*, 2008. **66**(7): pp. 1474–83.
- Hall, J.A. and D.L. Roter, Do patients talk differently to male and female physicians? A meta-analytic review. *Patient Educ Couns*, 2002. **48**(3): pp. 217–24.
- Krupat, E. et al., The practice orientations of physicians and patients: the effect of doctor-patient congruence on satisfaction. *Patient Educ Couns*, 2000. **39**(1): pp. 49–59.
- Topacoglu, H. et al., Analysis of factors affecting satisfaction in the emergency department: a survey of 1019 patients. *Adv Ther*, 2004. **21**(6): pp. 380–8.
- Trummer, U.F. et al., Does physician-patient communication that aims at empowering patients improve clinical outcome? A case study. *Patient Educ Couns*, 2006. **61**(2): pp. 299–306.
- Whippen, D.A. and G.P. Canellos, Burnout syndrome in the practice of oncology: results of a random survey of 1,000 oncologists. *J Clin Oncol*, 1991. **9**(10): pp. 1916–20.
- Herzler, M. et al., Dealing with the issue 'care of the dying' in medical education – results of a survey of 592 European physicians. *Med Educ*, 2000. **34**(2): pp. 146–7.
- Whitehouse, C.R., The teaching of communication skills in United Kingdom medical schools. *Med Educ*, 1991. **25**(4): pp. 311–8.
- van de Wiel, H.B. and J.C. Wouda, Evaluative studies in (medical) education. *J Psychosom Obstet Gynecol*, 2008. **29**(1): pp. 1–2.
- Alder, J. et al., Communication skills training in obstetrics and gynaecology: whom should we train? A randomized controlled trial. *Arch Gynecol Obstet*, 2007. **276**(6): pp. 605–12.
- van Dulmen, A.M. and J.C. van Weert, Effects of gynaecological education on interpersonal communication skills. *BJOG*, 2001. **108**(5): pp. 485–91.
- Tschudin, S. et al., Psychosomatics in obstetrics and gynecology – evaluation of a compulsory standardized teaching program. *Journal of Psychosomatic Obstetrics and Gynecology*, 2013. **34**(3): pp. 108–15.
- Schildmann, J. et al., Evaluation of a 'breaking bad news' course at the Charite, Berlin. *Med Educ*, 2001. **35**(8): pp. 806–7.
- Buddeberg-Fischer, B. et al., Chronic stress experience in young physicians: impact of person- and workplace-related factors. *Int Arch Occup Environ Health*, 2010. **83**(4): pp. 373–9.
- Hulsman, R.L. et al., Teaching clinically experienced physicians communication skills. A review of evaluation studies. *Med Educ*, 1999. **33**(9): pp. 655–68.
- Edozien, L.C., Beyond biology: the biopsychosocial model and its application in obstetrics and gynaecology. *BJOG: An International Journal of Obstetrics and Gynaecology*, 2015. **122**(7): pp. 900–3.
- EBCOG. Standards of Care for Women's Health in Europe. 2014; Available from: www.ebcog.eu.