



EPA GAINING EXPERIENCE PROGRAMME REPORT

On the observership visit at the Evangelisches Krankenhaus Königin Elizabeth Herzberge

Berlin, Germany

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REPORT:

Being very thankful as a selected participant for Gaining Experience Programme of the European Psychiatric Association, I spent a beneficial month at Evangelisches Krankenhaus Königin Elizabeth Herzberge in Berlin, Germany (KEH-Berlin) as a clinical observer. This report contains my experience and views regarding this visit.

KEH-Berlin is a modern, general hospital, which is located in eastern Berlin, that consists of several medical departments with inpatient and outpatient care units. KEH-Berlin has also been an affiliated teaching hospital of *Charité University Hospital*. Department of psychiatry, psychotherapy and psychosomatics has been serving with inpatient clinics, outpatient clinics, day clinics and emergency room with sections of general adult psychiatry, addiction psychiatry, geriatric psychiatry and psychosomatics. There have been also acute wards and open wards in the department. With this excellent organization, I can honestly tell that the department is a precious site for mental health care service users.

Dr. Martin Dinges did his best to provide me a productive visit which helped me in both to learn the mental health care system in Germany and to observe the patient-physician communication as well as daily routine. We made a visit plan together for my whole stay, so that I could express my interests and expectations, which made my visit more enriched. Also, trainee colleagues and other health care professionals were welcoming, open and very helpful.

I mainly worked in one of the acute wards in the hospital, where I was introduced to the routine of the clinic such as patient visits and team meetings. Every morning starts with the current day's team meeting at 8 a.m. in which the team members are informed about the previous night's shift and recently hospitalised patients. Then, a 'good morning meeting' is held with all patients in order to share a short daily plan and overview. Monday is the



supervisor's patient visit day in the ward. Supervisor, trainees, psychologists, nurses, social workers and medical students join this visit; all patients have been seen and discussed by the team until lunch time. During the day hours, patients are divided into different groups for ergotherapy, garden therapy, physiotherapy and group psychotherapy. The team meetings that are joined by supervisors, trainees, nurses, psychologists and social workers are occurred once-weekly and those are one of the most important meetings for the consensus of treatment staff. Trainee doctors gather in certain times weekly to check the documentation tools of the patient files and double check the treatments which the patients are given. This is another important duty in German health system because the insurance companies strictly check over any documents word by word. I also joined in individual patient interviews as an observer and talked with Turkish patients as a translator when there is a German language barrier.

Apart from the routine of the ward, there is another routine of the whole department on daily or weekly basis. At the first day, I joined a monthly meeting of the department where all colleagues from other units gather that provide an opportunity for me to be introduced and to meet other colleagues. Every day at 12:30, a meeting with trainees and consultants has been done by manager supervisor or other supervisors about recently hospitalised and discharged patients; or any problem existing in the wards. Once a week, a supervisor or a guest speaker from another site gives a talk as part of the core training curriculum of trainees; and Thursday afternoon is the *Journal Club* time for trainees, at which I learned some state-of-the art approaches and research themes.

Another opportunity I had during the observership was visiting other facilities of the department. Firstly, I spent a day in emergency room (ER). I could see the work order and understand the main approach to acutely ill patients in ER. The trainee in ER is also responsible for consulting, so that I could visit a few patients in non-psychiatric clinics. Secondly, I visited day clinic which was out of the hospital's main building in another neighbourhood of the city. Only registered patients could come and join the treatment programme in day clinics, who were directed from other psychiatrists, social psychiatry service or inpatient clinics. This group of patients diagnosed with depression, anxiety disorders, obsessive-compulsive disorders, phobias etc. are not acutely ill that need to be hospitalized but need more care than given in outpatient clinics or psychiatrists' offices. Relaxation exercises, psychoeducation, cognitive-behavioral therapy, psychodynamic therapies and physiotherapy/ergotherapy were applied in day clinics. According to my observation, this step of mental health care is one of the most important steps in patients'



treatment before hospitalization. However, acutely ill patients are also directed to day clinics after the end of their hospitalization in order to finalize and structure their treatment in their independent life at home. And thirdly, I spent a day in outpatient clinic. These sites are specialized ambulatory parts of psychiatry clinics. I could join in a patient interview and in a weekly team meeting.

Another point what I would like to emphasize the most is the organization of German mental health care system. From single offices and social psychiatry services to acute wards, the care is very well-structured and has a strict graded referral system which integrates all psychiatrists and all hospitals (whether they are financially run by public or private sector) in a single system. Likewise this structure, the content of the mental health care is multi-disciplinary at all stages and the care is stylishly community-based. In Turkey differentiating from Germany, these stages are operated independently from each other and not all institutions are integrated in a single system. Another influential point is the patient rights and ethics in mental health care practice that is considerably different from Turkey. From involuntarily hospitalization to treatments against patients' will, patients have several well-regulated rights under the law. Not only the health care professional but also judges, courts, non-governmental organizations and societies think meticulously on this issue and try to improve the better conditions for all parties.

In conclusion, the EPA Gaining Experience Programme was an astonishing chance to improve my views and skills in psychiatric health care. It also stimulated me to develop better systemic regulations. I feel thankful to all EPA board members and EPA ECPC members those who contributed for developing this programme. Last but not least, I would like to express my appreciation to all colleagues in the department I met during those four weeks, the supervisor of ward Dr. Martin Dinges, the executive supervisor of department Dr. Christoph Schade and the chief of department Prof. Dr. Albert Diefenbacher for welcoming me warmly, making me feel like at home, asking and valuing my personal views, and offering all possibilities honestly.