

## 2<sup>nd</sup> EPA ACADEMIA SUMMER SCHOOL: A UNIQUE EXPERIENCE

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### WHY IT'S NEVER TOO EARLY TO JOIN EPA SUMMER SCHOOL

*The train was on its way to Strasbourg while my mind was filled with doubts: should I have waited another year before doing this? I was certainly going to be the most inexperienced; would I fall short or lag behind?*

*Just graduated from medical school, I would only be starting psychiatry training the next month. I never even expected to be selected for the Summer School in the first place. However, my passion for this field has been driving me onwards ever since I chose psychiatry over internal medicine 6 months ago, and I absolutely knew I had to be there.*

*Reality surpassed my expectations. I felt like a sponge, soaking in all impressions and every bit of knowledge. Because of the warm welcome I experienced from all the team members and the immediate acceptance of my fellow participants and soon-to-be colleagues, my doubts evaporated.*

*Attending the EPA Summer School early in your career means taking a head start; you get to build a network and meet some of the truly inspirational figures of our field. Following the School, you begin your psychiatry training feeling more confident, motivated and ready than ever. Looking back I feel a lot of gratitude to have been given this opportunity.*

Livia De Picker, a young psychiatry trainee who attended this Summer School before starting her training.

### INTRODUCTION

There is no health without mental health. Therefore, comorbidity between mental and physical disorders is receiving increasing attention, although not as much as required, rarely being taken into account when planning health services and when instructing health professionals.

For that reason, the theme of comorbidity between mental and physical disorders and disabilities was addressed by the 2<sup>nd</sup> EPA Academia Summer School organised by the European Psychiatric Association (EPA) Committee on Education between 5-8 July 2012. EPA has a long history of identifying and addressing pertinent issues for young psychiatrists. In 1999, the network of European Young Psychiatrists was launched under EPA guidance and over the last 13 years has

supported and organised several training programmes and the EPA Academia Summer School represents one of these initiatives.

The aim of this article is to give an overall picture of this course as on one of the most successful educational activities on the international level in the field of psychiatry.

### **STRASBOURG: SETTING**

Strasbourg, the capital city of the Alsace region, was the settled location for the 2<sup>nd</sup> EPA Summer School. Located in the eastern part of France, close to the border with Germany, Strasbourg was historically German-speaking, explaining the city's name and mixture of influences. The fusion of franco-german culture, architecture and language creates an undeniably distinct identity.

Strasbourg exhales a European vibe in every corner and street, being entitled the “capital of Europe”. Subsequently, it seems not a coincidence that the city is the seat of several European institutions, such as the Council of Europe (with its European Court of Human Rights and its European Directorate for the Quality of Medicines), as well as the European Parliament, the European Ombudsman of the European Union and the EPA headquarters.

### **VISITING THE COUNCIL OF EUROPE**

The course started on Thursday, 5 July with a guided tour and welcome reception at the Council of Europe. Presentations were given on the Council of Europe and Bioethics by Laurence Lwoff and a global overview of EPA and its activities was presented by Prof. Patrice Boyer.

Participants were inspired by the European context, with its message of collaboration and negotiation, and in the subsequent days through a process of enrichment through difference. Despite not being equally persuaded by the typical dish “choucroute,” it was unanimous that Strasbourg was the ideal location for this EPA Summer Course.

### **LECTURES**

The programme of the EPA Summer School consisted of three main topics, each spread over one day: ‘Mental disorders and cancer’, ‘Golden rules for liaison psychiatry in hospital settings’ and ‘Dealing with comorbidity between mental and physical disorders in general practice’. Each training day started out with a lecture on the topic by the main professor, followed by two clinical case studies.

Initially, a general introductory lecture on “Comorbidity between mental and physical disorders and disabilities” was given by Professor N. Sartorius who pointed out that, although frequent, comorbidity of mental and physical illness is a neglected area and a major challenge to health care in the 21<sup>st</sup> century.

Lectures continued with Professor C. Lauber on ‘Mental disorders and cancer’ who integrated several related topics on the symptomatology and on the pharmacological and non-pharmacological management of patients with cancer, emphasising the importance of working together in a multidisciplinary team when treating this group of patients.

On the second day, Professor Diefenbacher gave a lecture on ‘Golden rules for liaison psychiatry in hospital settings.’ A range of pathologies were discussed including delirium, dementia, mood disorders, self harm and misuse of alcohol and/or other substances. It was noticed that 10% of non-psychiatric general hospital patients need psychiatric care, while only 1 -2% of these are actually referred to a psychiatric service. This discrepancy highlights how the development of consultation psychiatry services is an essential component of patient care in a general hospital.

On the third day, Dr. Parmentier's lecture concerned 'Dealing with comorbidity between mental and physical disorders in general practice.' He highlighted that up to 60% of people attending primary care clinics have a diagnosable mental disorder. Anticipations are for joint efforts between primary care and psychiatry in education, research, prevention, diagnosis and treatment to improve the care and outcomes of patients with mental health problems.

In addition to the main lectures, Professor N. Sartorius gave an interactive lecture on 'How to make a presentation.' Subsequently, a role-play session on 'How to interview a patient who suffers from a mental as well as a physical illness' was given. Both interactive sessions were animated and provided the scholars with helpful suggestions for practice.

## **WORK GROUPS**

A major component of the Summer School programme focussed on working in groups. The scholars were randomly divided into three groups and each group would discuss the same clinical case and then present it to the professors and the other groups. Sessions ended with constructive feedback from teachers and participants. This organisation served 7 goals:

**1) Teaching:** It helped address important issues relating to the area of comorbidities. The clinical cases discussed somatic and psychiatric comorbidity, end-stage somatic diseases, liaison psychiatry and especially confusional syndrome, the use of psychotropic drugs and the general practitioner's practice, regarding patients either presenting psychiatric comorbidity or needing a differential diagnosis for mental health problems.

**2) Communication:** At a social level the group provided a semi-structured framework that allowed participants to communicate without constraint. The ideas expressed were listened and valued without the risk of criticism despite intercultural differences.

**3) Professional skills:** The effort of chairing a group and presenting the results of the discussions greatly improved participants' abilities of planning, synthesizing and publicly communicating a clinical judgment. This aspect developed with every presentation proved that pupils learned from each other's experience, and used it for their accomplishment.

**4) Negotiation skills:** In every medical staff a well-received communication is planned and presented in a way that is accepted or negotiated with the group's leadership. These skills are cardinal in a developing discipline as psychiatry nowadays and their training was achieved by the team negotiation implying simple members, a responsible leader (for us the person chairing and presenting the clinical case), the effective leader (whose remarks were more likely to be followed and whose questions were the most likely to be answered) and the psychological leader (the teacher organising the session, who underwent a process of euhemerisation as he was seen as being omniscient, incorruptible, indefatigable and fearless).

**5) Self-improvement:** Anyone who wishes to become a member of any group has a set of expectations about the group's activity and his own importance. However, he may not be aware of their existence until he is confronted with the reality which almost always differs in some way from his imagination. From the resulting surprise, anxiety or disappointment he learns that he did have specific expectations which now must go through a process of adjustment. The consequent self-reflection was a major source of self-improvement.

**6) Multicultural approach:** The group discussion allowed for clinical questions to be approached from different perspectives. Each participant's approach was influenced by their training and cultural background. It enabled us to see a multitude of therapeutic attitudes all considered as appropriate, valuable and reasonable in their own context. All the ideas expressed would be listened to and valued without the risk of criticism as representing intercultural differences.

**7) Social networking:** Working in groups provided a good basis for social networking, with students finding similarities in their approaches and pleasure in seeing their ideas confirmed and repeated. This effect was strengthened by the emotional investment each would mobilise for

conveying their ideas and perspectives to the group.

## **PARTICIPANT’S FEEDBACK**

Young psychiatrists explore which aspects are important in the development of their career and they seek an inspiration or a role model. The 2<sup>nd</sup> EPA Academia Summer School not only offered practical knowledge and skills on a very important subject, but it was also extremely inspiring and motivating to be taught by leaders in the field and world renowned medical educators.

70 participants from different European countries applied for this 2<sup>nd</sup> EPA Summer School, 25 of whom were chosen. In their feedback, participants were particularly appreciative of the opportunity to work in small groups. The friendly and educational atmosphere encouraged each individual to participate actively, ask questions and discuss the issues. The work carried out in groups promoted elements such as open-mindedness and ethical consideration, which are imperative for a professional attitude.

Participants expressed gratitude for being offered this fantastic opportunity and a strong conviction that the school and the multicultural experience would significantly contribute to the development of their academic careers. All participants were keen to remain in touch, build a network and engage in future collaborations.

Overall, participants reflected that this school is distinguished with unique principles and tradition and we feel that it is an important landmark in our education. We would strongly encourage young psychiatrists to apply for it.

## **CONCLUSIONS**

The 2<sup>nd</sup> EPA Summer School in Strasbourg was an occasion to learn the most up-to-date knowledge and raise awareness amongst participants regarding the importance of comorbidities between mental and physical disorders. This Summer School will remain a valuable contribution to the development of the academic career of young psychiatrists, promoting skills to participants, appealing towards future initiatives and giving rise to opportunities in the coming years.

For successful progression in Psychiatry, it is essential for trainees to have an up-to-date understanding of current issues, supported by effective academic training and we are delighted to have had this opportunity in this 2<sup>nd</sup> EPA Summer School.

## **PARTICIPANTS**

Ainson, <b>Estonia</b>	Signe:	Bozgeyik, <b>Turkey</b>	Gamze:	Gawlik, <b>Poland</b>	Oliwia:	Mickeviciute, <b>Lithuania</b>	Dalia:	Sajin, Ana Maria: <b>France</b>
Alfimov, <b>Russia</b>	Pavel:	Can, <b>Turkey</b>	Ceyhun:	Hranov, <b>Bulgaria</b>	Georgi:	Nestsiarovich, Anastasiya: <b>Belarus</b>	Schoevaerts, Katrien: <b>Belgium</b>	
Bandati, <b>Moldova</b>	Alexei:	De Picker, <b>Belgium</b>	Livia:	Kilic, Ozge: <b>Turkey</b>	Peljto, Amir: <b>Serbia</b>	Stane, Laura: <b>Latvia</b>		
Banjac, <b>Bosnia Herzegovina</b>	Visnja: and	Defrancesco, Michaela: <b>Austria</b>		Kulla, <b>Albania</b>	Marinela:	Pinto da Costa, Mariana: <b>Portugal</b>	Vrublevska, Jelena: <b>Latvia</b>	
Belugina, <b>Belarus</b>	Olga:	Economou, <b>United Kingdom</b>	Alexis:	Leonardi, <b>Italy</b>	Valentina:	Popa, <b>Romania</b>	Teodora:	Zakharyichuk, Yuliya: <b>Russia</b>

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