



Table 2

3.2. Course description

Basic description		
Course coordinator	Prof.dr.sc.Tanja Frančišković	
Course title	Liaison Psychiatry	
Study programme	Nursing – Mental health	
Course status	elective	
Year	II	
ECTS credits and teaching	ECTS koeficijent opterećenja studenata	1,5
	Broj sati (P+V+S)	25(20 +0+5)

1. COURSE DESCRIPTION

1.1. Course objectives

As liaison psychiatry represents the branch of psychiatry that embodies clinical activities, education and research at the interface of medicine and psychiatry, the aim is to introduce these growing needs for mutual collaboration and bridging between somatic medicine and psychiatry. Liaison psychiatry is the subspecialty of psychiatry, the integral part of psychosomatic medicine, discipline that is in obvious expansion. The aim of the course is to prepare students for better biopsychosocial approach to patients. Liaison psychiatry goes beyond this essential task to establish the psychiatrist or consultant as bona fide member of the medical-surgical team. Also, the alliance model of liaison psychiatry incorporates the proposition that care and responsibility for the psychiatric care of the medically ill belongs jointly to doctors, nurses, social workers, important family members and others who create the psychological climate of the ward.

1.2. Course enrolment requirements

None

1.3. Expected course learning outcomes

The planned outcome of this optional course is to promote the acquirement the notions and knowledge that effective liaison approach represents the application of biopsychosocial model in practice (general hospital, clinical hospital center, primary care, special institutions). Besides that focus on traditional psychiatric consultation on an individual patient, liaison psychiatry goes beyond this essential task to establish the psychiatrist or consultant as bona fide member of the medical-surgical team. Also, the alliance model of liaison psychiatry incorporates the proposition that care and responsibility for the psychiatric care of the medically ill belongs jointly to doctors, nurses, social workers, important family members and others who create the psychological climate of the ward.

1.4. Course content

Besides that focus on traditional psychiatric consultation on an individual patient, liaison psychiatry goes beyond this essential task to establish the psychiatrist or consultant as bona fide member of the medical-surgical team. Also, the alliance model of liaison psychiatry incorporates the proposition that care and responsibility for the psychiatric care of the medically ill belongs jointly to doctors, nurses, social workers, important family members and others who create the psychological climate of the ward. biopsychosocial model of understanding the diseases which take into consideration individual psychic reaction to the disease, psychological and social factors of the patient's environment, coping strategies and personality traits as well, and possible psychiatric disorders that exist ; conceptual framework of liaison psychiatry is in primary, secondary and tertiary prevention of psychic disorders; foster case detection and triage methodologies; provide continuing education to the nonpsychiatric staff; develop basic biopsychosocial knowledge and promote structural or



methodological changes in different medical settings. Specific fields of interest in liaison psychiatry are chronic patients, surgery units, hemo-dialysis units, transplantation medicine, psycho-oncology, psycho-dermatology, HIV positive and AIDS patients, genetic diseases, ethical and legal considerations

1.5. <i>Teaching methods</i>	X lectures	<input type="checkbox"/> individual assignment
	X seminars and workshops	<input type="checkbox"/> multimedia and network
	X exercises	<input type="checkbox"/> laboratories
	<input type="checkbox"/> long distance education	<input type="checkbox"/> mentorship
	<input type="checkbox"/> fieldwork	<input type="checkbox"/> other

1.6. *Comments*

1.7. *Student's obligations*

Students should regularly attend lectures, seminars and workshops and interactively participate in subjects discussed; students should prepare the individually chosen seminar assignment (paper).

1.8. *Evaluation of student's work*

Course attendance	10%	Activity/Participation	10%	Seminar paper	30%	Experimental work	
Written exam	15%	Oral exam	15%	Essay		Research	
Project		Sustained knowledge check	20%	Report		Practice	
Portfolio							

1.9. *Assessment and evaluation of student's work during classes and on final exam*

Evaluation will be performed according to the Legal act of evaluation of University of Rijeka and of School of medicine Students' performance will be evaluated through entire duration of the course (70% of the evaluation) as well as on the final exam (30% of the evaluation).

1.10. *Assigned reading (at the time of the submission of study programme proposal)*

Chapter "Suradna psihijatrija" J.Grković, G.Palčevski in the textbook "Psihijatrija" T.Frančičković, Lj.Moroet al., Medicinska naklada, Zagreb, 2009
Textbook: R. Gregurek "Suradna psihijatrija"

1.11. *Optional / additional reading (at the time of proposing study programme)*

Leigh H, Steltzer J. Handbook of Consultation – Liaison Psychiatry, Springer, 2008
Wyszinsky AA, Wyszinsky B. Manual of Psychiatric Care for Medically Ill, Washington DC, American Psychiatric Publishing, 2005

1.12. *Number of assigned reading copies with regard to the number of students currently attending the course*

Title	Number of copies	Number of students

1.13. *Quality monitoring methods which ensure acquirement of output knowledge, skills and competences*

Anonymous evaluation questionnaire is given to the students at the end of the course. The rate of the course completion and grading is evaluated.

Colaborator in the course: dr.sc. Jasna Grković