

Editorial: The Many Faces of Psychiatric Education

This is the first issue of this journal dealing with resident education in psychiatry. How is it possible that such an important and central issue has not received a special issue until now? The answer is obviously very complex. We suggest that, by its very nature, dealing with education demands focusing on the future; our profession has been immersed and too busy dealing with the present (and to a lesser extent the past) to deal extensively with the future. Furthermore, dealing with education involves defining identity — an issue often discussed but rarely agreed upon. It seems that the time is ripe to face the difficult dilemmas involved.

Historically, systematic education in the psychiatric profession was dealt with mainly in psychoanalytic circles, which were based outside and apart from the formal residency programs themselves. Teaching in the psychiatric institution was based mainly on the apprenticeship tradition. Therefore, the outcome was a mixture of styles, beliefs and practices reflecting different backgrounds and visions of the varied leaders who came from a variety of schools of medicine and who each had their unique style of teaching.

So why now? The introduction of the specialty examinations led to a different view regarding the needs of graduates of psychiatric residency programs and encouraged a school-like view of education rather than an apprentice approach. This led to a need for a common basis of required teaching and a curriculum. In addition, rapid expansion of biological concepts and knowledge emphasized the role of the institution in education and decreased the role of external analytic teaching.

Another explanation for the current need to revise psychiatric educational agendas might lie in the philosophical change regarding psychiatric treatment: no longer is treatment reserved for the intelligent introspective individual but is available to the general public. This turning point requires changes in our approach to treatment and a reform of how to educate the future psychiatrist. Israel is on the verge of a reform in psychiatry which will only reinforce

this trend. All these “academic” issues will become more prominent and crucial. The transition of public psychiatry from one which is hospital-based to a community-based system creates new demands from psychiatric education and again exemplifies the need for constant adaptation to changes while educating.

Furthermore, we are close to a crisis in our profession: though dynamic psychotherapy is still regarded by most to be enriching to the psychiatrist (and many of our best residents have chosen psychiatry just for the special emphasis of psychiatry on the doctor-patient relationship), residents are required to deliver cost-effective, evidence based treatments. The price is an inner dilemma that needs to be addressed, acknowledged and managed to the best of our ability, knowing in advance that no ideal solution is possible. We need to educate ourselves to live with this inherent conflict. *Dealing with this conflict teaches us that education is not just a process of acquiring knowledge but dealing with internal conflicts.*

Prof. Shalev addresses this conflict in his paper. He points out that in the current state of affairs, psychotherapy, as a pillar of psychiatry, is severely threatened. Though provocative and challenging, Shalev sees the practice of psychotherapy as a necessary part of our profession and his critique comes from the standpoint of a believer in psychotherapy. Nevertheless, he contends that without enabling the needed mentorship, supervision and allocated time, this goal cannot be achieved. The more challenging part of his paper is the view that the doctor-patient relationship, and psychotherapy in general, can be taught and understood not only from the perspective of psychodynamic theory and practice but from other bodies of knowledge such as attachment theory and communication skills.

Another face to this identity crisis is exemplified in the papers of Schneidman and Shulkin and Lerner et al. that deal with the absorption of both the immigrant who needs to receive psychiatric treatment, and the immigrant who wishes to provide psychiatric treatment, both patient and physician having left

an environment that they understood and that understood them, and arrived in a new environment where neither is true. They point out that the issue of knowledge was not the main obstacle to their integration and absorption, but rather the change in mentality and adaptation to Israeli society.

In addition, society is changing: people in modern life find themselves lost, lonely and without control over their lives. Spirituality, religion, autonomy of the patient and patient activism are some of the means of dealing with these uncertainties and crises and all these need to be dealt with and incorporated into our educational process, if we want to stay relevant. Spirituality should be viewed as an aspect of “social” in the bio-psycho-social approach to medicine. A special article on religion and spirituality deals with the dangers of not being tuned in to these social issues.

We see it as our goal as educators to take some of the ideas seeded here and to develop a comprehensive approach to the teaching and practice of psychotherapy. By doing this we might escape the future of becoming psychopharmacologists or “prescribers” of medication, and save our profession from degradation.

In the future, we will no doubt be required to deal

with new educational tasks: the implementation of psychiatry in general hospitals, delivering treatment and knowledge using new technologies and many others. Knowledge in the biological sciences is increasing exponentially. Our educational system needs to keep future psychiatrists relevant to society and integrated in medicine on the one hand while maintaining a firm base in the social and psychological sciences on the other hand. But above all we need to get back to our core identity. If we will lose the spirit of our profession and its emphasis on the doctor-patient relationship, we will lose our way without a compass and do our practice without passion and love. Psychiatric education must continuously attempt to find the right balance between teaching skills and technology on the one hand and helping the resident build his vision and philosophy of our profession on the other — a difficult, but extremely worthy goal.

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