Education and training in behavioral medicine - A survey on practice and needs in 16 countries

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AIM

To map behavioral medicine (BM) education and training (E&T) worldwide.

METHODS

1. E-mail survey (26 questions) to ISBM member societies, ISBM E&T Task Force, and institutes in non-member countries.
2. 18 responses from 16 countries were received: Albania (AL), Bulgaria (BG), Denmark DK), Finland (FI), Germany (GE), Hungary (HU), Italy (IT), Latvia (LT), Libya (LI), New-Zealand (NZ for Austral-Asian Society), Norway (NO), Poland (PL), Portugal (PT), Spain (SP), Sweden (SW), Thailand (TH), and USA.

RESULTS

Curricula in BM

1. All except FI, SW, and PO had a curriculum in BM at university or higher professional education level.
2. USA and NO had curricula in most or all universities.
3. The curriculum was most often in medicine (n=13) or psychology (n=12) faculty.
4. DK, GE, LI, NO, PT, TH called the curriculum BM curriculum.
5. Other hosting disciplines: psychotherapy, nursing, physiotherapy, dentistry, health psychology, sports and exercise science, neuroscience, public health, human development, epidemiology, health education, and behavioral genetics.

Curriculum contents

Adherence; aging; HIV/AIDS; cancer; cardiovascular disease; childhood / adolescence; chronic fatigue / somatoform disorders; diabetes / metabolism / nutrition / obesity; health behaviours; health education / promotion; quality of life; socioeconomic factors; stress/psychophysiology

Level of training

- mostly graduate
- also post-graduate, post-doctoral and professional specialization

In addition, single course or lectures on the undergraduate level and in the colleges, and professional specialization

Importance of further development in differents areas of BM E&T

- theory and models were valued high (1 or 2 on the 1- 5 scale) by all countries except AL, LB, PL, SW, TH, USA.
- research skills were valued high except AL, LB, PT, PL, HU, SW
- clinical skills were valued high except AL, DK, LB, NO, PL, PT, SP, USA.
- setting up and assessing prevention programs would also be of value (IT).

Satisfaction with skills in BM areas

-GE, TH, USA were satisfied with the level and contents of theories and models.
-FI, GE, NO, PT, USA were satisfied with the training in clinical skills.

Educational materials in use

Materials in use
- Varied from e-learning, videos, CDs to books and other more traditional material

English material needed
- English material would be useful except AL & PT,
- NO does not really need any (new) material

International / English training needed /useful
except AL, FI, NO, IT, GE, PT

Plans for curricula

-SP: master curriculum (psychotherapy) by a network of European universities & post-graduate
- BG: master curriculum (health psychology)
-GE: curriculum (BM) both at post-graduate and specialization levels
- IT: graduate curriculum (BM, health education and promotion), plus 17-day courses & lectures
TH: BM curricula, courses & single lectures, all levels,variety of themes
-NO & PL: curriculum (BM)
-USA: online training besides ongoing curricula and courses
-SW:graduate course of 5 weeks e.g. in gender and health, pain, stress etc
-FI: single lectures

Summary: FI, DK, HU, NZ, SW, USA had no plans to start new BM curriculum.

International co-operation needs

Help/collaboration needed in building curricula
-AL, PL, TH, IT, LT, BG

Other wishes
FI: BM specialization program, themes: doctor-patient communication, SES, health promotion
-SP: training psychotherapy models & techniques
-PL: int'l symposium (ISBM), books, articles also accessible via internet would be valuable
-USA: how to mainstream BM, opportunities for cross-disciplinary training at early & mid career
-PT: more inter-disciplinary goals in BM
-TH: training workshop, e-learning / conferences, evidence-based, alternative BM
-NO: address needs in developing countries
-SW: more single seminars & lectures dealing with BM to be labelled as BM

SUMMARY AND CONCLUSIONS

1. Most countries had currilum and various courses in the area of BM, although few called it BM curriculum
2. Content areas vary widely
3. Level of training was mostly graduate
4. Training in theory, research (and clinical skills) were valued high by most/many
5. Material and training in English would benefit most, but not all
6. There is a clear need and wish for international collaboration with ISBM in (national) curriculum development, course modules, material development as well as in many special questions

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