

### Message from the President

Welcome to the mid-year newsletter. As the days are getting chillier (perhaps not in the NT!) may you find something in this newsletter to kindle a spark and set the fire going!

For our society to thrive we need to become fired up and passionate, so please spread the word about ASPOG. I was amazed, having just come back from an international congress on pelvic pain in Amsterdam, that no one attending from Australia had heard of our Society. I would therefore encourage everyone to use any opportunity to mention the existence of ASPOG to friends and colleagues. Bianca, our admin secretary, has a good supply of ASPOG postcards that she would be happy to post out to you (Email: [admin@aspog.org.au](mailto:admin@aspog.org.au)).

Advertising the society has certainly been on the agenda of the committee this year as well as thinking about educational roles. Opening up a "blog site" may be possible in the future. I would be very interested in hearing your views on how we can "do things better".

Congratulations to Heather Rowe who was appointed to the position of Honorary Secretary of our international counterpart-ISPOG, in Berlin, in May of this year. We are very proud of our Past President in her achievements. Good to be flying the flag for Australia!

May I encourage you, if you have not already done so, to join us in Sydney on the first weekend in August (3rd/4th) for ASPOG's 39th Scientific Meeting which is being held at the Sydney Harbour Marriott. We recognised that it is not always easy to take time off for conferences so we decided to conduct this conference entirely over a weekend. This will hopefully make the meeting more accessible. Laughter, we are told, is the best medicine so we are hoping to pass out doses of this at the Conference Dinner!

Jackie Stacy

### The Great Wall of Vagina

Perhaps a misnomer (the great wall of vulva would be anatomically more correct!) however we won't split hairs to decimate what artist Jamie McCartney has set out to do. In his own words he stated that "for many women their genital appearance is a source of anxiety and I was in a unique position to do something about that".

It would seem he was inspired, as was our conference organisers in Melbourne 2012, when giving us the hypothetical "Trimming Tassie", to spark discussion and to demonstrate how women's external genitalia varies enormously. McCartney was motivated to inform women that the vulva comes in many shapes and sizes and that there is no norm. This has relieved and empowered many, as evidenced by the comments that can be found on his web page.

This maybe a useful recourse for our patients. [www.greatwallofvagina.co.uk/home](http://www.greatwallofvagina.co.uk/home)

Jackie Stacy

### ISPOG Conference Report



Dr Heather Rowe presenting at ISPOG

The **new office bearers** for the period 2013-2016 were elected at the Berlin conference in May 2013.

**President:** Carlos Damonte (Spain)

**President elect:** Sibil Tschudin (Switzerland)

**Secretary General:** Heather Rowe (Australia)

**Treasurer:** Barbara Maier (Austria)

**Immediate Past President:** Marieke Paarlberg (The Netherlands).

At the meeting the contributions of the immediate past president, Marieke who drove a program of active international promotion of ISPOG were recognised. She forged formal links with other societies, including the International Association for Women's Mental Health; ensured that assistance was provided for countries to form their own national societies; and organised ISPOG symposia to be programmed in several other congresses. In particular there was great interest amongst the South American countries, and the North American SPOG re-joined ISPOG.

### The new President outlined ISPOG's goals for the 2013-2016 term:

- ISPOG will continue to build the bridges between East and West, Europe and the Americas, between research and clinical settings, and connecting Ob Gyms, Perinatologists, Midwives and Nurses with the disciplines of social science, psychology, psychiatry and psychotherapy.
- Interdisciplinary work will be stimulated within national societies.
- The officers will have closer contact and collaboration with national delegates.
- The website and the Journal of Psychosomatic Obstetrics and Gynaecology will continue to be developed, and provide more resources.
- The opinions and activity of the Board of Fellows will be enhanced and shown on the website, in the Journal and at the Congress.
- The aim is for psychosomatic Ob/Gyn to be seen as a basic skill for obstetricians and gynaecologists, family physicians, midwives and nurses everywhere in everyday practice. This will be promoted through FIGO, and stimulating National POG Societies to influence more the Ob/Gyn Societies, making available more support and tools.
- Symposia will continue to be programmed at congresses and closer links will be forged between ISPOG and societies with similar interests and aims.
- The work of the Educational Committee will be supported and disseminated.

The **Educational Committee**, chaired by President Elect Sibil Tschudin.

### The educational goals of ISPOG are to:

1. Develop an e-learning academy that aims to
  - Serve as a platform for exchange of knowledge considering cultural differences and local characteristics;
  - Provide a theoretical basis as well as teaching materials and specific tools that may serve as a reference for all national

societies and that may be incorporated into

- o Teaching of residents;
  - o Continuous medical education for Ob/Gyn and other health professionals in Ob/Gyn;
  - o Clinical discussions within the activity of the National Societies.
2. Provide access to the talks of psychosomatic symposia / congresses by means of webcasts.
  3. Offer and encourage workshops to give members the opportunity to experience the psychosomatic approach personally.



Australians at ISPOG (from left); Elinor Atkinson, Ann Olsson, Liz Farrell, Heather Rowe, Jane Fisher and Jackie Stacy

### The Journal of Psychosomatic Obstetrics and Gynaecology

After more than a decade of jointly editing the Journal, Harry van de Wiel and Willibrord Weijmar Schultz (The Netherlands) have resigned to be replaced by another Psychology-ObGyn pair, new Joint Editors-in-Chief, Professor Pauline Slade (UK) and Dr Sandy Goldbeck-Wood (Norway).

Dr Heather Rowe

### First World Congress on Abdominal and Pelvic Pain Amsterdam 30 May – June 1st 2013

I had the great privilege of attending this congress the brain child of Bert Messelink, a urologist from the Netherlands, and John Hughes, a pain specialist from the United Kingdom. It was set up by three organizations who are active in the field of pelvic pain: Pain of UroGenital Origin (PUGO), the International Pelvic Pain Society (IPPS) and ConvergencesPP (ConPP).

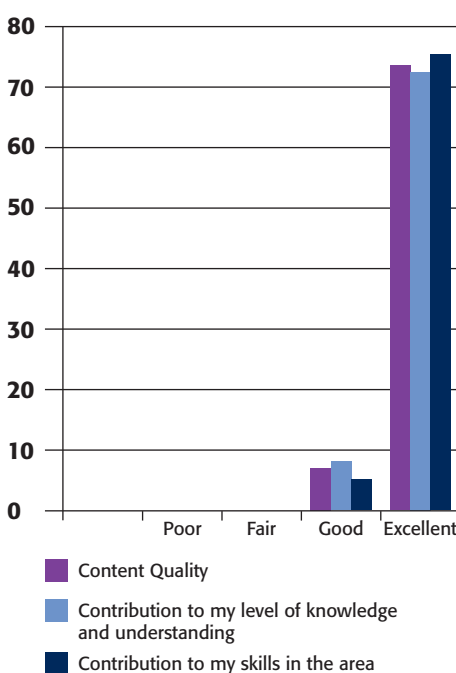
The meeting was attended by 500 international enthusiasts in the field. Sadly gynaecologists were in the minority with the delegates being mainly physiotherapists. Treatment of the “whole” person was stressed throughout the meeting, both in assessing symptom presentation as well as in management. Presenters discussed their research into pain mechanisms, including the issues of central sensitization,

referred pain, visceral hyperalgesia. This is a rapidly developing area of research that will hopefully shed light on this complex field. The primary care physician was identified as a vital player in the management of these patients. Multidisciplinary specialist care was encouraged for the chronic conditions. You can View the official congress photo gallery at [www.pelvicpain-meeting.com](http://www.pelvicpain-meeting.com)

Jackie Stacy

### Clinical teaching associates vaginal examination workshops to Notre Dame medical students, Sydney

Clinical teaching associates are women who are trained to provide teaching to students on pelvic examinations, by allowing students to practice speculum and vaginal examinations on them. This –program was introduced into the Notre Dame curriculum for 2nd year medical students in 2012 for the first time by Assoc Professor Amanda McBride (ASPOG member). Similar programs have been running for many years in other medical school, but this was the first year at Notre Dame. At the end of the year the students provided feedback on this session. This is presented below in the bar graph. As you can see, from 100 students surveyed, the vast majority found the session enormously rewarding.



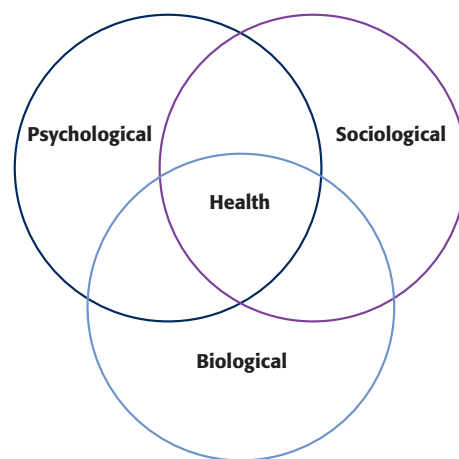
I remember a session run by Ray Hyslop (long time ASPOG member) at an ASPOG conference held at Cypress Lakes Resort NSW in 2003 where he championed the need for education in the conduct of vaginal examinations. We must have listened, Ray!

Jackie Stacy

### ISPOG 2013 Congress Berlin May 2013

Teaching Psychosomatics in Obstetrics and Gynaecology Symposium

I attended this interesting symposium at the recent ISPOG Congress in Berlin, Germany. As you can see, the international society still uses the term psychosomatic rather than psychosocial! Despite this (out-dated) terminology, the session commenced with a reminder of the biopsychosocial model of health:



The first presentation from an O&G trainee, currently based in the UK, covered her experiences in psychosomatic training in The Netherlands, Belgium and the United Kingdom. In The Netherlands, communication techniques are taught to medical students prior to individual patient contact. She noted that, with the move to problem based learning, there was variable emphasis on the psychosomatic component of their training. Evaluation of the students was performed by recording and peer review, using simulation cases with other students and actors. During specialist training, exposure to psychosomatic education depended on the hospital in which the trainee was based. In Belgium, medical students are taught via lectures. O&G trainees’ education once again depended upon their university placement. There is no national established education program in Belgium. With regard to the UK, there are protocols and guidelines in place but their effectiveness was being diminished by constant changes to the curriculum in an effort to improve it. She concluded by stating that, although psychosomatic medicine is an accepted part of general training, there was still a great opportunity for improvement.

The second speaker reported on the program undertaken in Switzerland. A standardised nationwide teaching program to improve psychosomatic skills in O&G training has been implemented there. Topics included communication and counselling

between patients and doctors, breaking bad news, support of menopausal women, counselling termination of pregnancy requests, abuse experiences in women as well as many others. Evaluation occurred by questionnaires distributed to all candidates at the beginning, halfway through and at the end of the course. The questionnaire included items on self-efficacy, self-estimated psychosomatic competence, personal and professional satisfaction and validation of the training program. The results revealed a significant increase in self-reported psychosomatic competence and self-efficacy. The major changes occurred at the end of the first year of the program with no further improvement demonstrated throughout the second year. 90% of the trainees reported finding the program helpful.

The third presentation reported on a training carousel developed by the Dutch Working Party on Psychosomatics in Obstetrics and Gynaecology. From 2008 to 2012 teachers from the Working Party travelled throughout The Netherlands to teach Psychosomatics in Gynaecology and Reproductive Medicine at each academic hospital. Each session was comprised of a plenary lecture, interactive cases and presentations by patient organisations. Topics included chronic pelvic pain, the difficult patient, vulval disease, unwanted fertility, and moral dilemmas in fertility treatments. Most teaching sessions were evaluated positively by the participants.

The amount of teaching equated to 2 afternoons in 4 years per resident which was considered too little. A national course is now being developed.

Representatives of ISPOG presented the final talk which launched the concept of an e-learning academy for promoting education in biopsychosocial orientated O&G. This is based on the understanding that "psychosomatically oriented professionals always put medical knowledge ('doing things right') in a personal and political context ('doing the right things')". This competency based learning project will have didactic support including illustrations, video materials and interaction, discussion and feedback. An interactive internet platform has been developed to enable users to publish and share educational materials regarding psychosomatic competency ([www.ispogacademy.ahmas.nl](http://www.ispogacademy.ahmas.nl)). A methodology of 'building psychosomatic education' is also being developed.

This is the second ISPOG Congress that I have attended. Both have been extremely educational and interesting and have exceeded my expectations with respect to the diverse range of topics presented. I highly commend them and encourage our members to consider attending the next congress in Granada, Spain from 18-20 May 2016.

Ann Olsson

#### Recent publications by ASPOG member relevant to the field.

1. *Persistent pelvic pain: Rising to the challenge.* Stacy J, Frawley H, Powell G, Goucke R, Pavy T. Australian and New Zealand Journal of Obstetrics and Gynaecology 52 (6):502-507. 2012 Dec.
2. *The childbearing concerns and related information needs and preferences of women of reproductive age with a chronic, noncommunicable health condition: a systematic review.* Holton S, Kirkman M, Rowe H, Fisher J. Womens Health Issues. 22(6):e541-52, 2012 Nov-Dec.
3. *Prevalence and associations of domestic violence at an Australian colposcopy clinic.* Quinlivan JA, Collier RR, Petersen RW. Journal of Lower Genital Tract Disease. 16(4):372-6, 2012 Oct.

# ASPOG 2013

39th Annual Scientific Meeting

## FRIDAY 2 AUGUST – SUNDAY 4 AUGUST 2013

Sydney Harbour Marriott

# Women Reconnected & Revitalised

