

Career Choices: Consultation-liaison psychiatry

Cornel Stanciu, MD, and Peter Ganpat, MD

Editor's note: Career Choices features a psychiatry resident/fellow interviewing a psychiatrist about why he (she) has chosen a specific career path. The goal is to inform trainees about the various psychiatric career options, and to give them a feel for the pros and cons of the various paths.

In this Career Choices, Cornel Stanciu, MD, talked with Peter Ganpat, MD, a consultation-liaison (C-L) psychiatrist at Florida Hospital, where he provides guidance to various medical specialties on managing acute and chronic mental illness and substance use disorders. In addition, he also is the medical director for the repetitive transcranial magnetic stimulation service and staffs the inpatient unit.

Dr. Stanciu: What made you choose to become a C-L psychiatrist?

Dr. Ganpat: In my opinion, C-L is the most challenging area of psychiatry because not only are you thinking along the realms of a psychiatrist, but you're also considering the viewpoint of the other subspecialties at the same time. For me, it brings together my medical background with my passion for psychiatry, and the patients I see daily allow for this incorporation.

Dr. Stanciu: How did your career path prepare you to become a C-L psychiatrist?

Dr. Ganpat: My career path was unique in that I completed a family medicine residency, and then immediately pursued

training in psychiatry. Some may consider this as "overkill" for C-L, but as I've come to learn, this background grants me a level of understanding and confidence to step in when dealing with a complex case and lend a hand to the consulting physician beyond psychiatry. I do not feel a fellowship is required to practice C-L psychiatry. However, a psychosomatic fellowship will definitely provide the experience needed for this career path, and also will enable one to get a second American Board of Psychiatry and Neurology board certification.

Dr. Stanciu: What types of clinical conditions are you are asked to provide input on managing, and how do you find working alongside other specialties?

Dr. Ganpat: I have been managing the full breadth of psychiatry, and in some cases I also provide medical management. Practicing in a metropolitan area with a high influx of tourists also brings in unique cultural cases. The level of respect that the other specialties give is impressive, because they have now seen what a C-L psychiatrist can do. Their performance scores also have improved as a result of my involvement. They greatly appreciate my efforts to



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Clinical Point

It is imperative for the C-L psychiatrist to have sound teaching abilities and to be able to communicate his reasoning to the consulting team

shed light on cases or assist with the ever-challenging patient whose psychiatric complexity impedes care.

Dr. Stanciu: How would you describe a physician who is well-suited for such a setting?

Dr. Ganpat: The perfect candidate for this role should be capable of abstract as well as objective thinking. Having a good understanding of the other medical specialties and being able to solve problems is essential, because often it isn't a clear-cut picture. It is imperative for the C-L psychiatrist to have sound teaching abilities and to be able to educate and communicate his (her) reasoning to the consulting team. It also is important to be well-versed in the psychiatric manifestations of various medical disorders and the psychiatric iatrogenesis of widely used prescription medications.

Dr. Stanciu: What challenges and surprises did you encounter when you first began to practice in this setting?

Dr. Ganpat: I think the largest challenge that I have encountered is the lack of resources. Substance abuse is a major problem here, especially opioids, and there are limited community resources for these patients, so they wind up in the hospital.

Dr. Stanciu: What are the disadvantages of C-L compared with other branches of psychiatry?

Dr. Ganpat: There isn't much continuity of care with C-L psychiatry over the long run, but you do get to see patients improve

during the duration of their hospitalization, which is very rewarding.

Dr. Stanciu: What is the typical reimbursement model for a C-L psychiatrist, and have you run into difficulties with insurance providers in this setting?

Dr. Ganpat: The reimbursement model varies from one system to the next. The common model is to bill just as any other hospital service would, based on the time or level of complexity. Obviously, the more consults you have, the more billing is generated. Most insurance carriers recognize this and so I haven't had much of an issue with reimbursement, although some unexpected problems may arise.

Dr. Stanciu: What advice do you have for early career psychiatrists and trainees who are contemplating a C-L career?

Dr. Ganpat: If you enjoy working in the hospital and interfacing with other specialties, then consider C-L psychiatry. It is challenging but intellectually stimulating. Make sure you request a C-L rotation during your training, because the Accreditation Council for Graduate Medical Education requires it during a psychiatric residency.

Dr. Stanciu: What is the future outlook of C-L?

Dr. Ganpat: There is a shortage of C-L psychiatrists because >50% of practicing psychiatrists are in private practice in an outpatient setting. Because access to psychiatric care outside of a hospital setting is an issue, and much care is being driven to hospitals, there will be an increasing need for C-L psychiatrists.



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