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Training model for special competence in general hospital psychiatry in Finland

Pirkko M. Hiltunen[a,*], Antero Leppävuori[b], Timo Männikkö[c], Pentti Sorri[d], Erkki Äärelä[e], Johannes Lehtonen[f]

[a]*Department of Psychiatry, Oulu University Central Hospital, Oulu, Finland*
[b]*Psychiatric Outpatient Department, Helsinki University Central Hospital, Helsinki, Finland*
[c]*Central Finland Central Hospital, Jyväskylä, Finland*
[d]*Runkokatu 4 B 9, Tampere, Finland*
[e]*Turku Psychiatry, Turku, Finland*
[f]*Department of Psychiatry, University Hospital of Kuopio, Kuopio, Finland*

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In Finland (population: 5.2 million), psychiatric services in general hospitals began to emerge in the late 1960s, stimulated by the growth of general hospital psychiatry (GHP) in the United States [1–6]. Since 2003, consultation–liaison (C–L) psychiatry is a psychiatric subspecialty under the name psychosomatic medicine in the United States [7], whereas it is a distinct specialty (C–L psychiatry) in the UK [8]. In many other European countries, C–L psychiatry is an established discipline; its organization does, however, vary greatly at the national level [8–12].

Today, all five Finnish university central hospitals and 16 central hospitals, as well as some large general hospitals and primary health care centers, have C–L units. The C–L teams vary in size (between 3 and 20), and they usually include psychiatrists, psychiatric nurses, psychologists, and a secretary. All the units are expected to provide service in crisis psychotherapy. The C–L units often have special teams focusing on addiction, pain, ambustion, antenatal problems, pre- and postoperative psychiatry of transplantation and other major surgical interventions, cancer, diabetes, psychogeriatrics, or neuropsychiatry, for example. The units can also have acute inpatient wards.

In 1987, psychiatrists working in general hospitals were organized into a special section of the Finnish Psychiatric Association (FPA) [8]. GHP has been promoted as an official special competence, granted by the Finnish Medical Association (FMA) in 1999. A board of special competence in GHP was established, currently consisting of eight GHP expert members, including representatives of both the Finnish Child Psychiatry Association and the Finnish Adolescent Psychiatry Association. The certificate of special competence in GHP has, to date, been given to 60 psychiatrists.

Under the auspices of FMA, the FPA asked the board of special competence in GHP to formulate national guidelines for education and requirements for special competence in GHP. The ultimate aims were to guarantee harmonized high-quality general hospital services, to increase communication between C–L practitioners and the staff in somatic disciplines, and to stimulate and support research and teaching in GHP.

Following the commission, the board reviewed the current training format and formulated the guidelines for a model of training of general hospital psychiatrists in Finland. The new guidelines, which have been approved by the FMA, make the model for training of general hospital psychiatrists strictly structured [8]. The training is given at authorized training units and is offered to specialized psychiatrists, warranting that the trainees have a deep understanding in psychiatry in general, including communication skills in multidisciplinary working surroundings and psychopharmacology. Child and adolescent psychiatrists have a separate tailored training curriculum. During the 2-year training period (a minimum of 1 year at a

* Corresponding author. Department of Psychiatry, Oulu University, Hospital P.O.B. 26, Fin-90029 Oulu, Finland. Fax: +358 8 315 4648.
E-mail address: pirkko.hiltunen@ppshp.fi (P.M. Hiltunen).

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university central hospital), the psychiatrist works full-time as a C–L psychiatrist and acquires clinical expertise and theoretical knowledge in the following areas:

- Clinical praxis of C–L services in general hospital
- Psychiatric assessment of working capacity of patients with somatic symptoms or comorbidity
- The clinical assessment and treatment of patients in cases of self-induced harm or deliberation of self-destructive behavior, including suicidal attempts
- Psychiatric consultation for patients experiencing developmental or traumatic crisis situations
- Crisis psychotherapy: at least 10 cases with five or more sessions
- Collaborating with somatic colleagues and somatic units in the planning and implementing of GHP. Training in supervision for somatic units and/or for primary health care
- The theoretical basis of knowledge in GHP is acquired through participating in the educational program of the training unit and through attending national and international meetings and conferences in GHP and psychosomatics
- To achieve a sufficient scientific knowledge and an ability to evaluate critically scientific literature in the field of GHP

The trainee is required to pass a written examination, which is organized at the national level and which covers the central GHP literature.

In order to be authorized as a training unit, the C–L unit has to apply for authorization from the board of special competence in GHP. The application must include a description of the organization and clinical praxis of the unit and an explicit description of how C–L psychiatry is clinically implemented and how the training program is set up to fulfill the aims and requirements described above. The training program must have a nominated psychiatrist who has special competence in the field of GHP and who is responsible for the planning and implementation of the training in the hospital in question. To date, 10 C–L units have been certificated to practice training placements.

The fact that GHP has been organized into a section of the FMA and that special competence in GHP has been established has stimulated collaboration in the field and led to the development of a nationwide network of training centers. The organization of C–L psychiatry at the national level is also expected to facilitate contributions to international professional activities in the field. Consequently, C–L psychiatry is highly appreciated by psychiatrists in Finland.

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