

Undergraduate and Postgraduate Mental Health Education in Poland

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Undergraduate Training

Mental health has become the subject of university education across many fields. Lectures, seminars and practical classes are now included as a part of pastoral medicine in the training of psychologists, social workers, nurses, educationists, lawyers and even priests. As my purpose is to discuss the role of mental health in the training of physicians I shall concentrate on undergraduate training of medical students.

Psychiatry was introduced as a separate subject at medical faculties in this country during the middle of 19th century. The first psychiatric textbook in Polish were published at the same time. In 1951 all university medical faculties were transformed into independent medical universities (Academies of Medicine). The exception was Kraków, which remained part of the Jagiellonian University where it has been since 1364. All Polish medical schools have status of State Higher Education Institutions and are financed from the state budget.

The National Curriculum for the training of physicians lasts six years and includes a minimum standard for the content and duration of mental health training. However, medical schools are relatively independent and have flexibility in tailoring their own undergraduate training programmes. Within these institutions Chairpersons of Psychiatry determine the content and manner of training in mental health care. Formal responsibility belongs to the Council of the Medical Faculty which includes all the professors and representatives of assistants and lecturers together with students. Consequently the position of psychiatry is dependent on the position of psychiatrists within these faculty councils [Bomba 1999, Bilikiewicz & Bomba 2002].

There is a consensus among university teachers of psychiatry in Poland that psychiatry should be:

- recognised as basic medical discipline
- integrated with pre-clinical subjects and other clinical disciplines
- taught at the beginning of clinical part of training

Chairpersons of Psychiatry have agreed that a basic knowledge of clinical psychiatry is indispensable for practice in every medical speciality. Training in mental health problems

is essential within undergraduate education of physicians. Their endorsements in a questionnaire distributed in 1998 with regard to the course in clinical psychiatry were:-

- Knowledge of mental disorders, identification, causal factors, prevention, treatment and rehabilitation
- Skills in psychiatric examination and mental status assessment
- Skills in providing a holistic approach to the treatment of ill people

Nevertheless the balance between theoretical lectures and seminars and practical training remained an open question for discussion. At the majority of medical schools efforts to integrate these forms of teaching met serious problems.

The 1998 review revealed that significant training in clinical psychiatry occurred at 11 Medical Schools. The course in clinical psychiatry – in spite of psychiatrists' best efforts – was provided during the last (6th) year of curriculum at six schools. However five of the eleven Medical Schools succeeded in teaching psychiatry at earlier years. The entire course in psychiatry takes 105 – 180 hours, a major part being practical rotations. As a rule independent examination conclude the course.

Particular topics covered in course of psychiatry included:

- Descriptive psychopathology
- Etio-pathogenesis of mental disorders
- Classification of mental disorders
- Diagnosis and treatment of mental disorders
- Child and adolescent psychiatry
- Geronto-psychiatry
- Family psychiatry
- Social psychiatry
- Expertise in psychiatry
- Human rights and psychiatry

The course aimed to train students in particular skills such as:

- Mental status assessment
- provisional psychiatric diagnosis
- referral for psychiatric treatment
- Assessment of need of hospitalisation
- Treatment with anxiolytics, anti-psychotics, antidepressants
- Basic psychotherapy

In the 1998 survey I asked teachers of psychiatry which subjects taught at medical school are most integrated with clinical psychiatry. It was interesting that medical psychology gathered the highest number of endorsements.

At the Jagiellonian University Collegium Medicum the course in medical-psychology is supervised by the Chair of Psychiatry. It starts during the 2nd year (Preclinical: 30 hours) and continues through the 3rd (First Clinical: 30 hours). The following fourth year includes the first phase of clinical psychiatry covering neurotic and personality disorders (30 hours), and a grounding in psychotherapy (30 hours). During the 5th year clinical psychiatry covers the remaining subjects(120 hours). Students are assessed at each stage and accumulate credits leading to a final examination.

Postgraduate Training

The Diploma in Medicine is followed by 18 month obligatory internship which includes 4 weeks rotation in Psychiatry. Internship is an indispensable part of training and is mandatory for registration as practitioner. At this stage the physician can choose to enter a postgraduate training programme within one of basic medical specialities.

In 1999 the Ministry of Health issued a regulation which established thirty *Basic Medical Specialities*. Psychiatry is one of them. Child and adolescent psychiatry has been placed among 31 *Specific Medical Speciality* training programmes to be followed after completion of the basic one. Basic Medical Speciality training programmes lasts 5 years. Candidates apply for residency in training centres nominated by the Minister of Health upon the recommendation of Accreditation Committees. At present full accreditation has been granted to all university departments of psychiatry. Accreditation ranges from recognition for particular components of residency to combinations of training units.

The main goals of the training as stated in the 1999 regulation appendix are:-

- Gaining knowledge and experience needed to independently solve clinical problems
- Developing mental health promotion
- Gaining skills for working in partnership with N. G. O's and self-help groups
- Gaining skills to work with all non-psychiatric medical institutions and individual physicians
- Updating one's own psychiatric knowledge and evaluating one's own practical experience
- Gain adequate knowledge and skills for appointment as a specialist

The head of the university department of psychiatry (Chairperson of Psychiatry) is responsible for the whole course. Residents have their individual tutors and during each of the rotation placement they also have individual supervisors. The theoretical aspects to training cover general topics. Each component of training ends with colloquium. Training is finally assessed in a National Board examination.

Postgraduate Training in Psychiatry at the Jagiellonian University Collegium Medicum, Kraków

This particular programme was selected by the European Board of Psychiatry after a visit in 2000.

Training Rotation Programme		
1st year	<i>General psychiatric in-patient unit</i>	11 months (8 months at university hospital)
	Objectives:	General recognition of mental health problems within family and social contexts. Psychiatric examination and awareness of the relationship with patient Non compliance and resistance to treatment; working on patient's motivation Relationship with patients' family members Relationship with team members Relationship with other institutions
	Skills:	Skills in psychiatric examination Basic skills in family examination (family interview) Basic skills in formulation of diagnosis - individual and contextual Basic skills in therapy planning
2nd year	<i>General Psychiatric In-patient Unit</i>	4 months
	<i>Child and Adolescent Psychiatric Unit</i>	4 months
	<i>Neurology Unit</i>	3 months

	Objectives:	Ability to relate theoretical knowledge on psychopathology to clinical experience. To be able to understand and use ICD 10 and DSM IV Training in psychiatric examination and working relationship with child and adolescent patients Training in working with non-compliant patients Training in working with patients' family members and other people from patient's personal environment Individual training in psychotherapy should be started
	Skills:	Psychiatric examination Formulation of diagnosis individual and contextual Planning therapy
3rd year	<i>Neurotic Disorders Unit</i>	6 months
	<i>Consultation Psychiatry Service</i>	2 months
	<i>General Psychiatric In-patient Unit</i>	3 months
	Objectives:	Holistic understanding of patient. Formulate treatment plans. Training in psychotherapy in neurotic disorders Training in consulting and other specialist skills Further training in clinical skills Individual training in psychotherapy should be continued
	Skills:	Fully trained in psychiatric examination Fully trained in formulation of diagnosis - individual and contextual Fully trained in planning therapy

4th year	<i>General Psychiatric In-patient Unit</i>	4 months
	<i>General Psychiatric Outpatient Service</i>	5 months
	<i>Forensic Psychiatry Service</i>	2 months
	Objectives	Competency in more specific diagnostic and treatment procedures in psychiatry.

	Skills:	Responsibility in clinical practice Full skills in formulation of complex diagnosis Full skills in planning therapy and implementing it
5th year	<i>Alcohol and Substance related disorders Treatment Unit</i>	3 months
	<i>Specialised Psychiatric Services</i> (child and adolescent, geriatric, affective disorders etc.) chosen by trainee	5 months
	<i>General Medicine Services</i> chosen by trainee	3 months
	Objectives:	To support individual involvement and orientation of the trainees

Theoretical Component		
<i>Lectures and seminars</i>	twice a month	Through the whole 5 year period
<i>Balint seminar</i>	twice a month	Through the first 2 years
<i>Additional eg psychotherapy</i>	Welcomed	

It should be noted that training in psychotherapy is not integral to postgraduate training in psychiatry. Indeed many training centres do not support a psychotherapeutic orientation within their training [Piotrowski & Wciórka, 2002].

References

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