

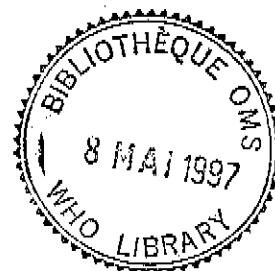


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POSTGRADUATE TRAINING IN PSYCHIATRY IN ROMANIA

Report on a WHO Working Group

Sinaia, Romania
19-20 June 1995

1996

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TARGET 12

REDUCING MENTAL DISORDERS AND SUICIDE

By the year 2000, there should be a sustained and continuing reduction in the prevalence of mental disorders, an improvement in the quality of life of all people with such disorders, and a reversal of the rising trends in suicide and attempted suicide.

ABSTRACT

The report reviews the curriculum of the recently established five-year training programme for specialization in psychiatry in Romania and puts forward recommendations for improving its implementation. Particular attention is given to the education strategies, content, integration, coordination and evaluation of the programme. The need to develop the mental health care system as a support for training activities was also considered.

Keywords

PSYCHIATRY – education
EDUCATION, MEDICAL, GRADUATE
PSYCHOLOGY, SOCIAL
ROMANIA

INTRODUCTION

At the request of the Romanian professors of psychiatry and in collaboration with the Institute for the Improvement and Continuing Education of Physicians and Pharmacists, Ministry of Health, Romania, and the World Health Organization Regional Office for Europe, a consultation on postgraduate training for specialists in psychiatry was held on 19–20 June 1995 in Sinaia, Romania. The consultation was attended by 16 experts (see Annex 1 for the list of participants).

The aim of the meeting was to review the curriculum of the five-year training programme for specialization in psychiatry adopted in 1994 and to suggest improvements in its content, implementation and evaluation.

Opening the meeting, Dr C. Oancea stressed the importance of the continuing efforts to improve training in mental health and psychiatry in Romania and of international collaboration in this area. The support of WHO was appreciated. This was the third international consultation organized with the support of the Regional Office. After the first two consultations (in 1992 and 1993) the training programme had been adjusted, the major change being an extension of the former three-year programme to five years.

DISCUSSION

Participants reviewed the situation of mental health in Romania and discussed the progress of the mental health care reforms initiated in 1989. The Romanian professors and representatives of the trainees made detailed presentations on the curriculum adopted in 1994 for adult psychiatry and child neuropsychiatry. Experts from France, Greece, Portugal, the United Kingdom and the United States gave introductory presentations on the principles, strategies and main components of training in their countries. The representatives of the European Forum of all Trainees in Psychiatry provided useful and detailed information on the several international initiatives taking place for promoting high standards of training and the harmonization of training in European Union and other European countries. The views of the World Association for Social Psychiatry were also conveyed to the meeting. These presentations were followed by discussions of the content of the new curriculum as well as of such issues as the standards proposed by the European Committee for Psychiatry, training in social psychiatry, the relevance of psychiatric research, the role of the psychiatrist in society and the importance of primary care for mental health.

The second part of the meeting was devoted to reviewing possible ways of improving the training programme and of developing an evaluation component.

The curriculum must reflect the main principles of Romanian mental health policy and the direction of the psychiatric reform. For this reason the discussions focused largely on improvements in Romanian psychiatry since 1989.

Romanian psychiatry is still largely dominated by hospitalization and acute care. Social psychiatry is underdeveloped, as is psychotherapy and rehabilitation of chronically ill patients. In recent years psychotherapeutic techniques have begun to be systematically taught in Romania. Improvements since 1989 had been largely brought about through international aid, but in the last

three years reductions in the health budget and a lack of financial support for research and other fields had slowed progress. However health reforms are being introduced and some developments in the paradigms for care of chronically ill people, rehabilitation, psychotherapy and children's mental health have been successfully attempted. These have contributed to a change in psychiatrists' traditional role and fostered their greater involvement in management and in training other categories of health, education and social work professionals in mental health. The recent decline in the status of psychiatry had been due to psychiatrists' lack of experience in dealing with political and economic factors. This trend could be reversed if attention were given to proper managerial and policy decision-making training.

The curriculum for adult psychiatry covers a wide spectrum of relevant topics, but improvements can still be introduced. New chapters on aetiology, genetics, neurosciences, neuropathology, anthropological, social and transcultural psychiatry, comorbidity and primary prevention should be included. The existing chapters on psychology, mental handicap, alcoholism, forensic psychiatry, psycho-pharmacology, therapy, psychiatric care and rehabilitation need to be enlarged and completed. The content of the curriculum is too detailed, leaving little room for adjustment.

The curriculum for child neuropsychiatry is more comprehensive, offering a better view of the aetiological factors and of the strategies for therapy and therapeutic interventions. Insufficient attention is paid to some specific neurological disorders and the chapter on psychosocial development needs to be enlarged. This has been discussed elsewhere but no consensus has been reached regarding the division of neuropsychiatry into psychiatry and neurology.

The psychosocial module focuses almost exclusively on psychopathology, resulting in a duplication with psychiatry. The content would be more complete if information about general psychiatry and social psychology were to be added to the curriculum, especially in training centres where those subjects are less developed.

The other training modules in the curriculum are broadly appropriate for imparting sound knowledge and training to specialists in psychiatry or in child neuropsychiatry. However, too much emphasis is placed on some disorders compared with others. In this context it would be useful to collaborate closely with the Romanian Medical and Psychiatric Associations in reviewing the criteria for selecting those patients suffering from mental and behavioural disorders who could be treated by psychiatry and those who could with advantage be treated in conjunction with other medical specialties, including general practice.

The health management module includes general topics but seems insufficiently developed as regards descriptions of specialized health institutions in Romania and elsewhere, the organization of mental health care, information on the social insurance system, formulation of projects and programmes for new services, and data on the administration and evaluation of services (including psychiatric epidemiological data).

Participants considered that the sequence of the different training modules across the programme should be reordered to start with the module on general psychiatry (six months to one year), followed by the other training periods. Training institutions should establish a single supervisory system to cover the full five-year training period in place of the present discontinuity of responsibilities along the training process. A scheme of personalized guidance based on tutorials for each trainee was suggested as a possible solution.

The present training period for psychiatry does not take full account of the norms proposed by the European Psychiatric Association. Neither is there a statement on the rationale for its content, which was felt to be quite undifferentiated. The curriculum seems to be dominated by hospital practice, and training is provided in a single training institution by a single specialist. Trainees are not taught about ambulatory care and care in specialized facilities (e.g. for alcoholism, geronto-psychiatry, mental handicap and community care). Likewise, attendance at some of the training modules in specialized services is compulsory, but both these and the optional modules (which are mainly offered during the last part of the training programme) are often hindered by the lack of such services and of trained specialists. Universities and hospitals should agree on the participation of trainees in practice sessions. More balanced access to good training in different training centres could be achieved by contracting specialized teachers and enabling trainees to attend courses in other universities offering more potential for training in certain subjects. Better communication and regular meetings of trainees and faculty staff from different training centres could also contribute to the harmonization of the quality of the training.

The introduction of a minimum agreed set of training standards for interns in psychiatry and child neuropsychiatry will necessitate the reassessment of the present contribution to training of those units which do not have appropriate training and practice standards. Training should be developed in conjunction with paramedical staff. Current training in some areas falls below the desired standard of excellence, for example in social psychiatry and psychotherapy whose relevance was several times stressed by participants.

The involvement of trainees in research is essential to improve the training process. Research must be reoriented to include epidemiology, aetiology, outcome assessment, effectiveness and efficiency of mental health and psychiatric care and services.

Interdisciplinary research is important, especially research projects related to primary health care. The recent severe shortage of research funds is affecting the work of such specialized research centres as the Institute of Neurology and Psychiatry in Bucharest and has led to a significant decline in interest in careers in psychiatry and mental health research.

An adequate information system with an international bibliography, journals, access to university-based information and documentation centres, information from meetings, etc., is basic to the success of a training programme. The European Forum of all Trainees in Psychiatry described in detail the efforts being made to harmonize training in psychiatry and in child and adolescent psychiatry in European Union and other European countries. Regular contacts should be maintained with the Forum and meetings arranged between trainees with the aim of achieving high educational standards and international harmonization of training. The inclusion in the curriculum of a basic bibliography would help trainees and give a clear indication about the learning materials to use when they are preparing for examinations.

Participants discussed trainers' problems with remuneration, incentives and career promotion for teaching staff. At present there is no training system or professional in-service continuous training programme for teachers of psychiatry. Working hours allocated to teaching are often not considered part of the teaching specialists' working time and salaries are inadequate. As a result there are only a small number of teaching specialists and new specialists are not interested in teaching.

Because the curriculum assessment system is not developed, participants considered it would be useful to incorporate an additional chapter on programme evaluation. This should include the results of regular assessments, level of trainees' satisfaction and ad hoc assessments. A national examinations system could be established as well as a national examinations committee.

CONCLUSIONS AND RECOMMENDATIONS

1. Mental health in Romania is under severe pressure for change as a consequence of many factors:
 - the new health and social policies implemented since 1989;
 - a growing need for mental health care, especially among vulnerable groups in the population exposed to severe socioeconomic deterioration and to the rapid changes associated with the transition process;
 - the relative underdevelopment of some psychiatric and social institutions, particularly those providing long-term care.

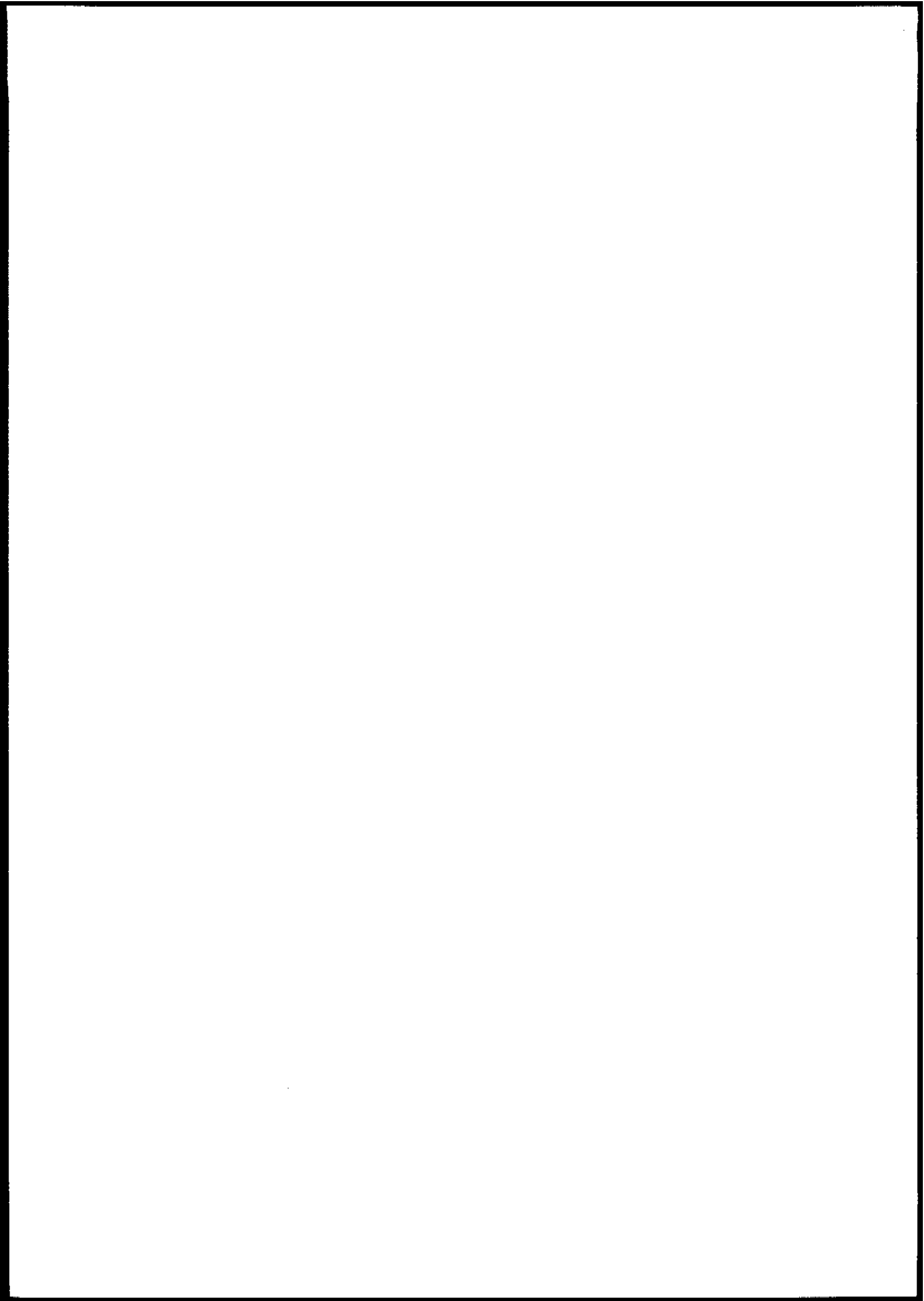
2. *A new curriculum for training in psychiatry and in child neuropsychiatry and the mental health needs of the population.* A new university post-basic curriculum for specialization in psychiatry was adopted in 1994. Two years have been added to the original three-year programme, including four six-month modules in internal medicine, paediatrics, neurology, and endocrinology and psychology. A one-month optional module for health management completes the five-year training period. The first three years are relatively undifferentiated except for forensic expertise.

Training in adult psychiatry is still, however, not paying enough attention to the care needs and psychosocial rehabilitation of patients affected by severe chronic disorders or disability. It is important to develop training in social psychiatry, psychotherapy, and community care for chronically ill and mentally disabled people. An improved curriculum which takes into account the reforms necessary in mental health care and the suggestions put forward by this Consultation should be drafted soon and disseminated to all teachers of psychiatry. Its implementation could benefit from stronger collaboration between the Institute for the Improvement and Continuing Education of Physicians and Pharmacists, the Ministry of Education and WHO. Trainees' practical work should include the innovations being introduced in certain mental health services. The participation of private universities providing training in this field should be considered.

3. *Integration of the training programme in the reform of the psychiatric services.* New psychological and mental problems are arising from conditions such as unemployment or the scarcity of social and economic support for psychiatric patients. The lack of appropriate means to meet these needs together with overall budget constraints is placing pressure on the psychiatric services. At the same time ambulatory care is becoming more important. Training curricula should therefore include practice in community-based ambulatory services, psychotherapy and psychosocial problems. As these forms of care require an integrated psychological and social approach, training in practical team work with psychologists, nurses and social workers as well as in collaboration and liaison with other primary or secondary level health personnel also needs to be included. In this context it is essential to familiarize trainees with an integrated bio-psycho-social approach to care. The

introduction of a mental health module in the training of general practitioners should facilitate the development of joint training arrangements and future collaboration between psychiatry and general practice in daily work at community level. Psychiatrists should participate urgently in the formulation of new curricula for other health professionals, particularly for general practitioners.

4. *Development of the evaluation system.* Although the present evaluation system offers some relevant guidelines, it could be improved. Trainees' satisfaction and continuity of training supervision are two important dimensions which should be added. Regular personal supervision of a trainee by a trainer is a necessary part of training. The establishment of a Romanian Association of Trainees in Psychiatry and in Child Neuropsychiatry could help to formalize the participation of trainees in curriculum development and evaluation.



Annex 1

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