

only marginal levels of training in skills. The appreciation of the importance of attitudes is mediated only by lectures and it is often insufficient. It lacks the elements of personal involvement in problems and solution seeking on the part of students. The improvement is especially needed in the area of liaison – consultation psychiatry, that can provide the experience of psychiatry as a medical discipline closely linked with problems of other branches of medicine.

Among the main problems associated with this rather entrenched structure and content of the programme are a lack of opportunity for activity of students, lack of involvement in problem-solving situations and also of an independent, in depth inquiry into a particular problem.

Among means to overcome these shortcomings are seminars in small groups conducted so as to afford maximum discussion and activity by students, discussion of essays, eventually elective courses in narrow specialized topics. The prejudice that the instruction of students in an ever growing body of knowledge is necessary and sufficient condition to meet the requirements of a good medical practice should be gradually replaced by the more problem oriented and integrative approach to the programme. The good point to start with would be rethinking the evaluation of students, putting stress on their practical skills and ability to solve problems and the use of knowledge in a less scholastic manner.

W03.02

UNDERGRADUATE STUDIES IN PSYCHIATRY IN THE PROBLEM-BASED LEARNING MEDICAL CURRICULUM AT UNIVERSITY OF TAMPERE

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Since 1994, the University of Tampere applies the problem-based learning method in basic medical education (PBL). In PBL, the emphasis is on the students' active gathering and processing of information and their ability to analyse problems and retrieve information. The curriculum is based on blocks with integration of various fields of medicine. Patient contacts are established from first weeks of basic medical education, and in addition to assessments as to knowledge, skills and ability to communicate are assessed. Mental health topics are accordingly integrated with the other fields of medicine. Of the blocks in the first 4 years, mental health topics are learned in "Man as individual and member of community", "Prevention", "Diagnosis and therapy", "Fatigue" and "Emergency situations", planned as a joint activity of teachers from various fields of medicine. During clinical courses, mental health and psychiatry are studied in General Practice, Psychiatry, Child Psychiatry, Psycho-geriatrics and Rehabilitation. A series of seminars during clinical terms integrates topics of psychiatry with for example neurology, dermatology, ophthalmology, anesthesiology, oncology and basic biomedical and social sciences. This helps to overcome the often seen tendency of separating unfruitfully between the mental and the physical in working for the health of ???

W03.03

EDUCATION IN LIAISON PSYCHIATRY

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In the last two decades an increasing interest in practical as well as scientific aspects of Liaison Psychiatry became observable. In

many European countries liaison models have been developed. In most of the Western European hospitals you will find Liaison units. Furthermore various autonomous medical subspecialties were created in this field as for example psychosomatic internal medicine, psycho-oncology, psychodermatology, etc.. Despite all these developments, there are no current standards or at least guidelines for liaison training within general educational programs in European psychiatry. Such training programs should be established according to the particular goals and needs in daily liaison practice. Following the North American guidelines the objectives of such programs should be the development of clinical knowledge about psychiatric care of the medical ill or physically disabled (including alternative models of crisis intervention, short time psychotherapy, consultee-oriented consultation, etc.) and the development of clinical expertise in the care and management of the various types of patients seen in the general medical practice. Furthermore a broad didactic knowledge in the field of Liaison Psychiatry is required through extensive exposure to the core literature in this field (e.g. psychosomatic medicine, behavioral medicine, bio-psycho-social approaches). Other main points should be an advanced understanding of the medically ill patients with emphasis on nonpsychiatric medication and the interactive effects of psychotropic medications and the development of knowledge and skills in psychotherapy and crisis intervention methods. Such training programs should also include an education in research methodology in Liaison Psychiatry and last not least the development of organizational and administrative skills needed to finance the staff and manage liaison services, and to build up a stable cooperation between the different medical disciplines involved in liaison work. These objectives can be reached by participation in special liaison training programs which may include rounds, supervision, didactics and seminars.

W03.04

EDUCATION & TRAINING IN PSYCHIATRY IN EUROPE: UNDERGRADUATE TEACHING AND TRAINING IN TURKEY

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The number of universities in Turkey have strongly increased in the last decade. Currently, there are more than 70 universities and many of them have medical schools. So, almost all cities in Anatolia have their own higher education facilities. The total number of new medical graduates is approx. 5000 every year. Although there is a standard curriculum for undergraduate training there are some differences in the content of lectures and clinical training between these medical schools depending their opportunities. The oldest medical schools with a large training staff are in Istanbul, Ankara and Izmir. However, the quality of education is in many new established medical schools as good as that of these older ones, despite their currently limited number of academic staff. One reason of this positive development is the smaller number of students and more education friendly and newly established facilities in these new schools. Medical students attend lectures in psychiatry first in their fifth year of medical education. Besides a total of 40 hours lectures, they have approx. 10 hours clinical training. 3 days of of this 20 day psychiatry rotation is used for child psychiatry. At the end of this training which they attend as groups of 20–30 students, they have to pass an exam. In the sixth year of medical School one month internship is obligatory for all students. Currently, this is the worst part of undergraduate training in psychiatry in Turkey, as the rather high number of medical students do an efficient internship program impossible. The curriculum of psychiatry in the fifth year includes propedeutics such as semiology,