

PROGRAMME FOR SPECIAL COMPETENCE IN ADOLESCENT HEALTH

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Adolescence is a distinct and in many ways unique life stage characterized by a range of specific traits and features. Adolescence lasts roughly 10 years, ranging from the beginning of puberty to early adulthood (between approximately 12 and 22 years of age). The adolescent life stage also has a bearing on the patient–physician relationship.

The needs of adolescent patients are often overlooked in health services catering for children and adults. On the one hand, children's health care services often fail to appropriately address the adolescent patients' growing need of independence and their desire to participate in decision-making as well as their shifting needs regarding intimacy. On the other hand, health care services designed for adults lack the supportive and guiding features designed for adolescent patients. Furthermore, pubertal transition and the challenges posed by the related psychosocial development may in many cases compromise the therapeutic balance of the treatment given.

The authorized specialization programme for special competence in adolescent health is for licensed physicians who have received a Specialist Degree in Medicine in Finland and are members of the Finnish Medical Association. Special competence in adolescent health is needed within a wide range of medical specialties and suits physicians treating adolescents in many different areas from student health care to special health care. Special competence in adolescent health requires satisfactory completion of the authorized specialization programme coordinated by Suomen Nuorisolääkärit ry (Finnish Association for Adolescent Medicine).

Physicians who fulfill the above-mentioned requirements and have completed the specialization training programme may be called Adolescent Health Specialists. Adolescent Health Specialists manage the health care of adolescents and identify and treat medical conditions in collaboration with the adolescent patients, their families and broader social networks. The work encompasses a wide range of different areas of medicine and involves all levels of the health care system. The work of Adolescent Health Specialists aims at preventing marginalization, identifying risk behavior and supporting healthy life choices. The professional tasks of the specialists may include expert consultations, training and research. Through promoting adolescent health, these goal-oriented measures of adolescent well-being create a solid foundation for good health and high functional ability in adulthood and old age.

In their work, Adolescent Health Specialists apply their knowledge of the special characteristics of adolescence and take into consideration the surroundings, social network and cultural aspects of the adolescents' life setting. In their professional environment, Adolescent Health Specialists collaborate with the adolescent and his/her family, often working as a part of a wider network of professionals from different fields.

1. OBJECTIVES OF THE TRAINING PROGRAMME

An Adolescent Health Specialist

- is able to successfully collaborate with the adolescent patient, his/her family and social network
- is familiar with the developmental stages of puberty, the normal somatic, social and psychological development of adolescents and is able to identify deviations from this development requiring treatment
- is familiar with typical mental disorders in adolescents, is able identify them and has knowledge of the basics for their treatment
- has knowledge of the typical course of chronic somatic and neuropsychiatric disorders during adolescence and during the transition into adulthood
- is familiar with the local health services for adolescents as well as the special features in the services designed for the transitional phases from childhood to adolescence and from adolescence to adulthood and is able to guide youths with regard to these services in a manner adapted to their developmental stage
- is able to successfully collaborate in a multiprofessional and multidisciplinary environment
- has knowledge of the features of sexual health as well as the sexual culture of adolescents
- is familiar with youth culture and identifies the importance of the cultural background of the adolescent
- is familiar with the Finnish education system
- has knowledge of the concept of study ability and the range of factors that affect study ability
- is familiar with the characteristics of adolescent drug (including tobacco) experimentation and use, the risks of drug use as well as local detoxification and rehabilitation programmes
- is familiar with the legislation in the above-mentioned area
- is able to successfully support the transition into adulthood
- has expertise in promoting adolescent health
- is able to act as a trainer and expert
- is familiar with and keeps up to date with the latest research and developments in the field.

2. STRUCTURE AND CONTENT OF THE TRAINING PROGRAMME

The training leading to special competence shall form a meaningful whole with regard to the participants' field of specialty, professional expertise and needs. A list of the areas that participants should master at some level to complete the programme is provided below. The level of mastery required of each participant is determined by the participant's own field of expertise.

I. Healthy growth and development including deviations

1. Puberty and somatic development

2. Psychosocial development
3. Sexual development

II. Legislation, ethics, the Finnish society structure and service systems

1. Relevant and applicable legislation (www.finlex.fi)
2. The Finnish social welfare and health care system, with particular emphasis on the support forms and praxes within child welfare services, and the service systems within school and student health care
3. The Finnish schooling and higher education system, youth services and the third sector
4. The principles for organizing low-threshold services ("Youth-friendly services")
5. Health care ethics in treating adolescents, confidentiality
6. Medical statements (e.g. drivers' health, rehabilitation, conscription)

III. Communication skills

1. Communicating with adolescents
2. Motivational interview technique
3. Collaborating with the family
4. Multiprofessional collaboration
5. "Difficult" topics: sexuality, maltreatment, violence, drugs, bullying, family secrets
6. Training skills (youth groups, parent groups, professionals)

IV. Promoting health and functional ability in adolescence

1. Nutrition, sleep and physical activity: recommendations and guidance
2. Sexual education and guidance
3. Drugs (alcohol, illegal substances, drug abuse, tobacco): preventing use, identifying use, basics of referral to treatment, abstinence from smoking
4. Identifying and preventing risk behavior
5. Promoting studying and working ability, choosing a vocation and preventing marginalization
6. Creating a safe and healthy study environment
7. Rehabilitation in promoting and maintaining health and functional ability
8. Supporting the parents of an adolescent
9. Peer groups as health promoters

V. Sexual health

1. Sexual development in puberty
2. Sexual identity
3. Common sexual problems
4. Menstruation and associated disorders
5. Contraception, abortion and teenage pregnancy

6. Sexually transmitted diseases: prevention, research and treatment
7. Sexual maltreatment: prevention, identification, research and treatment
8. Cultural and ethical issues related to sexual health

VI. Mental disorders

1. Affective disorders (e.g. depression and bipolar disorder)
2. Anxiety disorders
3. Behavioral disorders
4. Substance use disorders and other addictions
5. Psychoses (e.g. schizophrenia) and early symptoms
6. Eating disorders
7. Self-destructiveness and violence
8. Neuropsychiatric disorders (e.g. ADHD and autism spectrum disorders)
9. Personality disorders
10. Basics of psychotherapeutic treatment forms and their application
11. Psychological disorders, vocational choices and eligibility for service in the armed forces

VII. Chronic somatic disease and adolescence

1. Asthma and allergies
2. Diabetes
3. Developmental, sensory and motor disability
4. Birth defects
5. Other types of chronic disease, e.g. cancer, heart disease, post-transplant conditions, epilepsy, rheumatism and musculoskeletal, bowel and endocrine diseases
6. Chronic somatic diseases, vocational choices and eligibility for service in the armed forces

VIII. Other diseases in adolescence and psychosomatic symptoms: research and treatment

1. Headache, dizziness and other neurological symptoms
2. Abdominal discomfort
3. Musculoskeletal disorders
4. Acne and other skin conditions
5. Overweight and obesity
6. Sleep disorders
7. Learning disabilities
8. Other symptoms

3. PRACTICAL TRAINING

Becoming an Adolescent Health Specialist requires at least two years' working experience as a physician in different levels of the health services system in tasks that mainly involve treating adolescents. In case the applicant's current position has not involved treating the desired number of adolescent patients, s/he shall use his/her portfolio to demonstrate equal experience of treating adolescent patients from other tasks over a longer period of time.

Examples of practical training units:

- School and student health care (in Finland e.g. university student health care or school physician)
- Tertiary care outpatient and/or inpatient services within adolescent psychiatry
- Contraception guidance clinic/sexual health clinic, where at least half of the visitors are adolescents (over 11 yrs. and under 23 yrs.)

For physicians working in units where one fourth of all patients are adolescents, 4 years of work experience equals 2 years of work experience from units where ½ of all patients are adolescents. These units may be found, for example, within pediatrics, psychiatry and forensic psychiatry, internal medicine, etc.

However, particularly after the transitional phase (see below) is over, work experience from only one unit is not sufficient: if an applicant has experience from, for example, pediatrics or internal medicine, s/he should also gain experience within adolescent psychiatry. Likewise, those with experience from adolescent psychiatry must also demonstrate a minimum of 3 months' work experience involving somatic disease in adolescents, for example within school or student health care.

Applying physicians are required to have at least 3 months of work experience outside of their own field of specialty:

- Physicians specialized in somatic diseases must have worked at least 3 months within adolescent mental health services.
- Psychiatrists must have worked at least 3 months within a unit treating somatic diseases, where most of the patients are adolescents (e.g. school or student health services, The Family Federation of Finland).
- Physicians working within primary health care need to acquire experience in treating adolescent patients within tertiary care whereas physicians working at hospitals need to gain experience in working within primary health care.

In general, work experience from the last ten years is considered valid in this context.

After the transitional phase (explained below) is over, applicants are required to have been guided in their work by a tutor appointed by the committee overseeing the special competence. The tutor will provide the special competence committee with a statement of evaluation concerning the applicant.

4. THEORETICAL TRAINING

Acquiring the special competence requires at least 80 hours of theoretical training, with specific focus on acquiring advanced skills within the areas listed in section 2. The training may be carried out by a medical unit, association or corresponding authority. The training should be at least in part international (e.g. EUTEACH courses or IAAH).

5. RECOMMENDED LITERATURE

(examples from 2014, the special competence committee keeps an updated literature list)

a) Volumes

- Greydanus, Patel, Pratt: Essential Adolescent Medicine, 2006
- Aalberg, Siimes: Lapsesta aikuiseksi. Nuoren kypsyminen naiseksi tai mieheksi. Kustannus Oy Nemo, uusin painos.
- Cacciatore R. Aggression portaat. Opetushallitus 2007.
- Cacciatore R ym Kuinka tuen lapsen ja nuoren itsetuntoa...?
- Cacciatore R, Korteniemi-Poikela E. Seksuaalisuuden portaat. Opetushallitus. vuosi ...??
- Hermanson Elina: Oonks mä normaali? Nuoren oma kirja. Tammi, 2010.
- Duodecimin suomenkielisten oppikirjojen uusimmat painokset soveltuvin osin, esim:
- Apter D, Väisälä L ja Kaimola K (toim.). Seksuaalisuus.
- Haahtela T et al (toim.). Allergia.
- Kunttu K et al (toim.). Opiskeluterveydenhuolto.
- Larivaara P, Lindroos S, Heikkilä T. Potilas, perhe ja perusterveydenhuolto.
- Laukkanen E et al (toim.): Nuoren psyykkisten ongelmien kohtaaminen.
- Lönnqvist et al (toim.): Psykiatria.
- Moilanen I et al (toim.) Lasten- ja nuorisopsykiatria.
- Rajantie J, Mertsola J, Heikinheimo M (toim.) Lastentaudit.
- Salaspuro M et al (toim.). Päihdelääketiede.
- Sillanpää M et al H (toim.) Lastenneurologia.
- Söderholm A et al (toim.) Lapsen kaltoinkohtelu.
- Välimäki M, Sane T, Dunkel L (toim.) Endokrinologia.
- Ylikorkala O ja Tapanainen J (toim.). Naistentaudit ja synnytykset.

b) Guides/reports, latest edition:

Mäki P, Wikström K, Hakulinen-Viitanen T, Laatikainen T (toim.). Terveystarkastukset lastenneuvolassa & kouluterveydenhuollossa. Menetelmäkäsikirja. Helsinki 2011.

Nuorten hyvin- ja pahoinvointi. Konsensuskokous 2010. Suomalainen Lääkäriseura Duodecim ja Suomen Akatemia.

Neuvolatoiminta, koulu- ja opiskeluterveydenhuolto sekä ehkäisevä suun terveydenhuolto. Asetuksen (380/2009) perustelut ja soveltamisohjeet. Sosiaali- ja terveysministeriö Julkaisuja 2009:20.

Kouluterveydenhuollon laatusuositus. Sosiaali- ja terveysministeriö, Oppaita 2004:8, Helsinki 2004.

Taskinen S (toim.) (2003): Lapsen seksuaalisen hyväksikäytön ja pahoinpitelyn selvittäminen. Asiantuntijaryhmän suositukset sosiaali- ja terveydenhuollon henkilöstölle. Stakes, Oppaita 55. Helsinki.

Opiskeluterveydenhuollon opas, Sosiaali- ja terveysministeriö,...

Kouluterveydenhuolto 2002. Opas kouluterveydenhuollolle, peruskouluille ja kunnille. Stakes Oppaita 51, Helsinki 2002.

Valtakunnallisen kouluterveyskyselyn tulokset <http://www.thl.fi/>

Nuorten elinolot –vuosikirjat, THL ja nuorisotutkimusverkosto.

c) Journals from the last three years for applicable articles:

Suomen Lääkärilehti

Duodecim

An international medical journal, e.g. Journal of Adolescent Health

d) Finnish Current Care Guidelines where applicable

e) Relevant legislation ([www. finlex.fi](http://www.finlex.fi)) where applicable

6. DEMONSTRATING SPECIAL COMPETENCE WITH A PORTFOLIO

The applicant applying for the special competence contacts the special competence committee early on in the training. The committee then appoints a tutor who will draft a written competence training plan in collaboration with the applicant. The tutor will also guide and support the applicant during training.

Instead of completing an exam, the applicant will compose a portfolio where s/he demonstrates that s/he fulfills the criteria set for the training. In general, the objective is to demonstrate that the applicant has sufficiently versatile knowledge within the field of adolescent medicine. The portfolio should include 10 written case reports including analyses and appropriate references. In addition, the portfolio should include a description of the applicant's practical and theoretical training as well as a written motivation for why the applicant should be considered eligible for the special competence.

The committee appointed to oversee the special competence reviews the application and puts forth a proposal for granting the special competence to the Finnish Medical Association.

7. TRANSITIONAL PHASE

Initially, there will be a three-year transitional phase for granting special competence, starting [date]. During this period, applicants may ask for a statement from the committee appointed to oversee the special competence regarding the sufficiency of their practical and theoretical training.

During the transitional phase, applications with previous practical experience and theoretical training may be accepted. In this case, no advance registration for the special competence programme is needed. In other cases, the application procedure will be carried out as stated above. Applicants apply for the special competence by composing a portfolio. Special competence may only be granted to applicants who are members of the Finnish Medical Association.

8. COMMITTEE OF SPECIAL COMPETENCE

Suomen Nuorisolääkärit ry (Finnish Association for Adolescent Medicine) coordinates the special competence training and appoints a committee of special competence that represents a broad range of varying fields of specialty. The committee must have members both from the somatic and the psychiatric fields as well as from primary and special health care.