

Psychiatry in undergraduate medical education: the way forward

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Background: In medical practice the knowledge of psychiatry, mental health and behavioral science are essential. For this reason training on psychiatry for undergraduate students is very important.

Objectives: As subjects for undergraduate medical education, psychiatry needs to be interesting and create an impact for changing the misconceptions of undergraduate medical students and improve techniques to practice psychiatry at the primary care level after completion of their undergraduate course.

Methods: This narrative review was conducted with available literature in English after meticulous search in Medline, Psycinfo, Google, Google Scholar and PubMed with the searching keywords. No time limit was instituted. We also searched the PubMed for assessment of knowledge, skills and attitude about undergraduate medical education.

Results: Research showed medical students have a neutral or negative attitude about psychiatry. This review revealed that several factors are involved for negative attitudes towards psychiatry among the undergraduate medical students. Besides these, psychiatry as a career has been negatively regarded and not prioritized for post-graduation.

Conclusions: There is need to incorporate psychiatry in undergraduate medical curriculum with newer teaching approach. Newer teaching methods with simulated patients are useful and appropriate for teaching, assessment and training. Further situation analysis and research are needed regarding the implementation of different simulation technologies in psychiatry. There is need to convince the policy makers.

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Keywords: Medical undergraduate; psychiatry importance; teaching methods; syllabus.

Introduction

Without efficient knowledge, skill and attitude about psychiatry, a physician is incomplete. Undergraduate level is the appropriate time to learn and earn the basic knowledge about psychiatry. Undergraduate learning is also the image building period for a medical student and doctor.

Psychiatric problems are common among patients seen in general practice (about 25%) and speciality clinics (about 15%).¹

A UK study revealed only 3.6% medical graduates of UK

decide on a career in psychiatry whereas requirements are 6%.² It proves as a career psychiatry is not very popular among medical graduates. In UK the need for more consultant psychiatrists has been predicted based on projections of increasing workloads due to the increased population needs.³

Mental health is not concerned only as a medical issue, rather it is essential for individuals' functional abilities, maintain social relationships, and to experience a state of well-being. As World Health Organization stated, "Mental health is more than the absence of mental disorders and it is an integral part of health; indeed, there is no health without mental health".⁴ It has revealed that 14% of the global burden of disease attributed to neuropsychiatric disorders and among them, depression, substance use disorder, psychoses are mostly prevalent.⁵ Mental disorders, a highly prevalent group of non-communicable diseases, affect the lives of 1 out of 5 persons each year. They represent 20–40% of the burden of disability and factors related to mental illness can interfere with the treatment of other illnesses and frequently co-occur with CVS, diabetes, cancer, and other non-communicable diseases.⁶

Objectives

As subjects for undergraduate medical education, psychiatry needs to be interesting and create an impact for changing the misconceptions of undergraduate medical students and improve techniques to practice psychiatry at the primary care level after completion of their undergraduate course.

Methods

This narrative review was conducted with available literature in English after meticulous search in Medline, Psycinfo, Google, Google Scholar and PubMed with the searching keywords. No time limit was instituted. We also searched the PubMed for assessment of knowledge, skills and attitude about undergraduate medical education.

Results and Discussion

In this condition, mental health should be an integral part of undergraduate medical education but research revealed that, medical students from United States also have neutral

or negative attitude towards psychiatry as a discipline and career choice.⁷ Possible factors may be demographic or socio-cultural, influencing students before their entrance into medical school or during their medical school years.⁸ Other American studies showed undergraduate educational programs are found unresponsive for psychiatric teaching in most institutions.^{9,10} Few western researches showed that class lectures and clinical posting are the only experiences of mental health practice when starting as a general practitioner, and there is a burning issue about the poor rates of recruitment in psychiatry in post-graduation.¹¹⁻¹³ There is no doubt that experience of the students from medical school in psychiatry will play a great role in determining whether they choose a career in psychiatry.¹⁴ An Indian study showed psychiatrists are poor role models for medical students and psychiatry is the least preferred career choice by medical graduates.¹⁵ A WHO study also reported negative attitude towards mental illnesses among the medical students.³

In India, in most medical schools, behavioral sciences are the first step to psychiatry that include communication and observational skills, learning about mental behavior and stress management and then 20 lectures on clinical psychiatry throughout the undergraduate courses.¹⁶

Bangladesh medical graduation (MBBS) curriculum updated in 2012,¹⁷ has 20 hours lectures in 4th phase and 3 weeks of clinical placement in 3rd phase. Though in the curriculum it was clearly mentioned that an MBBS student must diagnose, manage and refer to specific psychiatric disorders, but the objectives will not be accomplished when devoid of a proper assessment system. In the current curriculum, there is no clinical placement in 4th phase (5th Year). Furthermore, there is no specific marks distribution in written, no OSPE station, no short case and no specific examiner of Psychiatry in oral examination. Furthermore, there is only 5 days of placement in psychiatry during internship.¹⁷

Researches said that giving adequate priority to the undergraduate courses and improving teaching quality, interest in psychiatry can be grown to influence its choice as a career. Rather than the traditional lectures, it will be more effective to use role play, appropriate use of audio-visual aids, learning by doing, asking questions to interest the students.¹⁶ A review study showed that teaching through simulated patients and role play are effective in teaching.¹⁸ Another review stated that if live simulation is used in psychiatric teaching and training, will be useful, appropriate and well accepted in both

undergraduate and postgraduate courses in psychiatry.¹⁹

Some reviews have looked at another aspect, that is the effect of clinical experience of psychiatry on medical students' attitudes towards the specialty.²⁰ Others highlighted the impact of poor-quality teaching leading to negative attitude towards psychiatry and highlighted the need to address psychiatry curricula, introduce novel teaching strategies including the various methods which could be utilized to improve the student's experience and in turn help attract students towards psychiatry.²¹ The combination of poor teaching practices due to lack of resources or commitment and the stigma reinforce the poor image of psychiatry.²²

The prime obstacle in providing adequate importance to psychiatry as a subject is that it is not considered as a separate discipline by the policy makers. In the Bangladesh undergraduate medical curriculum, it is a part of "Medicine & Allied Subjects".¹⁷ To convince the policy makers that psychiatry is as important as other medical disciplines and should not be an allied subject, the evidence-based research data is important to show-case; a systematic review in 2014 revealed that the prevalence of mental health conditions in Bangladesh rose from 6.5% to 31 % among adults and from 13.4% to 22.9% among children.²³ There is also need to orient the policy makers that problems which are superficially considered as social problems like substance use, suicidal behaviour, school dropouts, etc are in fact mental health problems. A 2018 survey in Bangladesh reported that the prevalence of substance use is 3.3%, 1.5% and 0.2% among 18 years and above, 12–17 years and 7–11 years, respectively.²⁴

In Bangladesh, more than 10,000 people are estimated to commit suicide every year.²⁵ Suicide or self-harm itself, accounts for an estimated 6% of all deaths among the 15-29 year old population and is the second leading cause of death in this age group after road-traffic injuries. Among students aged 13-17 years, 4.4% boys and 5.8% girls consider attempting suicide.²⁶ To convince students that they need psychiatry for their professional and personal development, starting from the days of physiology and anatomy to link brain areas and circuits to emotions and behavior as firm footing in neuroscience is very helpful. Emphasizing on how higher functions of the brain are influenced by environmental influences, making clinical postings interesting by new teaching methods and giving more importance for common and daily encountered mental health conditions rather than psychoses will help them connect with psychiatry more. There is need to put

more emphasis on consultation and liaison psychiatry as physical comorbidities are more common in psychiatry. In Bangladesh, there are limited large scale studies on comorbidities. A survey conducted in 2018 by the National Institute of Mental Health (NIMH), revealed prevalence of 30% in at least one chronic physical comorbidity among mentally ill patients (95% CI=28%-32%); men 28% (95% CI=26%-31%) and women 33%.²⁷

Considering all the constraints in Bangladesh, psychiatry should be a compulsory subject with university examination for the MBBS students. At least two weeks of clinical placement in Psychiatry in 4th phase along with 3 weeks of ward placement in 3rd phase. At least 80 hours of lecture on mental health and behavioral sciences should be divided in the 4 phases. In written examination, a specific portion should contain 4 questions from Psychiatry and 1 OSPE station for psychiatry and one examiner from psychiatry must be compulsory in clinical and oral examination in any one of the four boards. There should be mandatory posting in psychiatry during internship for at least 28 days.

Conclusions

Including psychiatry with adequate priority in undergraduate medical curriculum is very important in the aspect of multimodalities of mental health. Epidemiological findings suggest that there is a huge magnitude of mental health conditions that has not been appropriately addressed in undergraduate curriculum. There is need to reevaluate psychiatry curricula and introduce novel teaching and training strategies in the undergraduate medical education. Simulated and standardized patients are useful and appropriate for teaching and assessment and are well accepted at undergraduate level. Further situation analysis and research are needed regarding the implementation of different simulation technologies in psychiatry. The policy makers need to be convinced that psychiatry has a separate entity in medical science with special importance in the public health perspective.

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