

WPA template for undergraduate and graduate psychiatric education

IV. Psychiatric teaching approaches to medical students

Information in medicine, including psychiatry, is rapidly changing. It is estimated that medical knowledge doubles every five years. What is being taught in medical school loses its relevance substantially during the practice years (1). The student- or learner-centered approach is, at least in part, a response to this explosion of knowledge. Strategies for this kind of learning include problem-based learning, case-based learning, project-based learning, peer teaching or peer-assisted learning, and group work (2). Learner-centered learning is a form of active and reflective learning that is initiated and maintained by the learners' intrinsic motivation to learn. However, this kind of learning requires many faculty members or medical teachers working as facilitators; it is, therefore, time consuming as students would have to be divided into many small groups to enhance discussion and effective interactions.

Interactive lectures can be effective and appropriate provided their limitations are recognized. Advantages of lectures as a teaching method for medical students include the efficient and organized delivery of a large body of information, solid and coherent structure, and minimal time and resource utilization. Lectures can be interactive and participatory with simple innovations such as questioning and periodic pauses and reviews (1).

With the advancement of technology and computers, students in high resource institutions can now learn through websites, the so-called tele-learning. The use of these resources allows clinical teaching to continue without medical students examining actual patients (3).

At the present time, the use of computer-based instruction (CBI) in education is growing in developed countries, but a comparison between CBI and traditional lectures has just been recently performed (4). It was found that students did not prefer one method significantly to the other. Students who learned by CBI spent less time studying, but lecture-based instruction was much less expensive than CBI. The authors concluded that a lecture was more cost effective than CBI, but CBI was more time efficient in terms of actual student learning.

It is generally accepted that, in psychiatry, there is no substitute for experience when dealing with the living patients' real problems. Every patient is unique and different, and the experience gained by talking to patients and relatives, and examining and directly observing patients under treatment has no ready substitute (5). Therefore, clinical teaching continues to be the mainstay of didactics in medicine, including psychiatry, particularly in countries with limited resources. This didactic approach should include at least inpatient, outpatient, and community work. Every student must be involved in clerking patients, both in outpatient and inpatient settings. Students should observe teachers and peers interviewing patients, and also observe other mental health professionals such as psychologists, social workers, and occupational therapists at work. Whenever possible, students should accompany community teams or social workers during home visits to patients under their care.

For the nurturing of an acceptable and correct professional clinical attitude, apprenticeship is still a good method. This is of crucial importance in the acquisition and development of doctor-patient relationship skills, as observation and structured feedback should be provided (6). Students should then realize that correct and acceptable attitudes in the learning of psychiatric care do not come from books or the internet alone. Role modeling by and feedback from teachers are important. In several studies, it has been found that some medical students in pre-clinical

years were afraid of psychiatric patients and, consequently, their attitudes toward psychiatry were rather negative. However, after rotating through the psychiatric ward and working with many psychiatric patients, their attitudes changed into a more favorable and positive outlook (7).

As mental disorders, particularly depression, are commonly found co-existing with other medical and mental illnesses, students should learn to recognize and treat each condition appropriately. Therefore, the integration of psychiatry with other disciplines such as internal medicine, obstetrics–gynecology, pediatrics and many other specialties should be implemented (8).

Teaching methods vary in their reliance on the number, types and sophistication of instructors, the amount of available financial support, and the access to educational materials. Those methods currently in use include lecturing written materials, interactive computer or web based learning, supervised clinical care with actual or simulated patients, and problem focused group learning. Equally important is the number of students across all years of the curriculum that must be educated simultaneously.

References

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