Middle Articles

MEDICAL EDUCATION

A Programme of Undergraduate Education in Psychiatry

Sir DENIS HILL,* M.B., F.R.C.P., D.P.M. ; JOHN HINTON,† M.D., M.R.C.P., D.P.M.

Brit. med. J., 1966, 2, 460–461

An important function of the Academic Department of Psychiatry, set up at the Middlesex Hospital in 1961, has been to participate in teaching undergraduates. Our intention is that the students should, first, be able to gather knowledge from a variety of relevant fields of behaviour or disease and learn to evaluate such diverse information. Secondly, that those students should learn some of the more immediate skills necessary to doctors so that they will have sufficient knowledge and emotional preparedness to elicit the relevant information concerning psychiatric patients, formulate the aetiological and diagnostic problems raised, and consider some of the possible treatments. Thirdly, that the students' interest in human behaviour and mental illness should be sufficiently stimulated for them to seek further information, either from published work or from their own clinical inquiries and research.

Preclinical Teaching

During the first year of the preclinical course 28 lectures are given by psychologists and psychiatrists. The first two lectures introduce psychology by showing its application to behaviour in health and ill-health and by providing a general framework for the different aspects of the subject. The succeeding lectures aim to give an understanding of human behaviour, first, in the light of evolution and ethology, and, secondly, through the social development of the child. The remainder of the first term's lectures are concerned with aspects of learning and maturing, brain-functioning, psychosomatic relationships, and genetic-constitutional factors.

The majority of the lectures in the second term are given by psychologists on the subjects of perception, conditioning, learning, unlearning, motivation, intelligence, intelligence-testing, and personality. The last of these lectures provides a suitable moment to introduce psychoanalytic theory. The teaching of psychodynamic concepts, not necessarily psychoanalytic, concerning personality development, interpersonal relationships, and symptom-formation continues in the third term. In the last lecture several of the teachers discuss particular patients to show the overlapping and possible integration of the various psychological approaches. The course ends with an annual class examination in psychology. It appears to act as an additional incentive to learn ; the best student gets a prize, while the attention paid to any individual's gross failure depends on parallel evidence from other examinations and progress.

When some of these lectures were first given to students then nearing Second M.B., their answers to questionaries bewailed the introduction of another subject into what they felt was a full course of cramming for a rigorous examination. They also made favourable comments on the relevance of psychology to medicine, and their comments on the style and content of lectures have influenced our subsequent presentation. More recently some students have regularly expressed their views on the lectures to Dr. Miller Mair, lecturer in psychology. It seems unlikely that any course will suit all tastes, and some students will always react vigorously against certain of the psychological viewpoints presented—or even against the presenters. Many preferred to be told of established facts and then to develop ideas from this basis, rather than be served with predigested theories. They like the printed summaries of the lectures and any lists of recommended further reading. The use of films, slides, and diagrams has been approved, and, as usual, when the subject was directly linked to clinical problems or patients were presented students were enthusiastic.

Clinical Teaching

During the introductory course there are five sessions in psychiatry. First, there is a lecture describing an approach to the psychological disorders which explains the basis of the instruction in interviewing patients and examining their mental state. After the lecture the students, in groups of about six, accompany a member of the psychiatric staff to a patient, who is interviewed either by the doctor or by a student. The group then discuss what has emerged in the interview, its content, its significance, what other information would be necessary, what conclusions could legitimately be drawn, and so on. It is rewarding to see the quick involvement and developing confidence of those students who, during the introductory course, participate in interviewing a patient. Having managed to talk to a patient about troubled feelings when a teacher is present to give confidence or occasional assistance, the students are better prepared to take histories from ill people in the wards.

During the second clinical year there is a three-months clerkship in psychiatry. The 24 students form two groups, which in turn spend six weeks with the two hospital consultant psychiatrists at St. Luke's-Woodside Hospital, and six weeks with the Academic Department of Psychiatry, which has 15 patients in a psychiatric ward in the Middlesex Hospital. The students present their cases at teaching rounds ; sometimes they take the initial histories from outpatients, describe their findings to the consultant, and then witness his interview. All students participate in certain functions. There is weekly teaching on interviewing patients by a psychotherapist. Case demonstrations are held at the recently opened unit for acute cases at St. Luke's-Woodside, the child-psychiatrist also presents patients, and there are visits to a mental hospital and a hospital for the mentally subnormal. Eight lectures are given on topics that are suited to this presentation, especially where student reading does not readily cover the subject. In a seminar each week a psychologist, psychiatric social worker, psychiatrist, or general practitioner may present an aspect of his work for discussion. Perhaps more valuable are the seminars when the students themselves present and discuss some selected writing. Members of the staff act as tutors in psychiatry for one or two students

* Professor, Academic Department of Psychiatry, Middlesex Hospital Medical School, London.
† First Assistant, Academic Department of Psychiatry, Middlesex Hospital Medical School, London.

during the three months. The content of the tutorials is left to the individuals, who often meet weekly to discuss various aspects of psychiatry, particular patients, or the student's own reaction to patients. It is not intended that these sessions should evolve into psychotherapy for the student.

There are other opportunities for psychiatric teaching. Some students spend their two-months elective period in psychiatry. Some come into contact with the psychiatrists who have an attachment to each of the medical and surgical firms. We are far short of the widely known liaison service that exists at Rochester University (Kehoe, 1961), but there has been valuable joint discussion, teaching, and research to help integrate psychology and psychiatry with other medical disciplines (Hill, 1963). Finally, a psychiatrist may take part in the qualifying examinations.

The present pattern of psychiatric clerking is still evolving. Previously the clerkship was close to final examinations, in which psychiatry did not figure, so attendance suffered. Only after some experimentation did we arrive at the present arrangement of dividing the three-monthly group of students into two groups, which changed over firms at half-time. For about a year we tried two different methods and asked the students to complete unsigned questionaries concerning their attendances, preferences, and criticism of the teaching they had received. The majority of those who spent one month with each of three firms in turn, preferred this rotation because they felt that it gave all students equal teaching. Some regretted losing sight of the progress of their patients after only a month. The students who spent the whole three months on one firm had no clear preference for either this system or the rotation. Many favoured staying on one firm because it gave continuity to the teaching and the students and the staff came to know more of each other. Additional comments, incidentally, reminded us that regardless of the considered educational value of the programme, simple practical considerations are important. St. Luke's-Woodside Hospital is a few miles away from the Middlesex Hospital, and so the students are more reluctant to go there. If students attend for teaching and arrangements go awry, however excusable the failure, not so many attend next time. The present plan for the clinical clerkship seems to work well, with the students meeting more than one set of teachers but maintaining a continuity of instruction through their psychiatric tutors and through the three-month programme of seminars, demonstrations, and lectures which all attend.

Discussion

It seems almost impossible to assess the effect of an educational programme upon the students' future abilities as doctors. Some indication is given by examination results, but the traditional essay-type examinations are by themselves unreliable guides. One statistical study showed that only 25% of the total variance of the marks given in such a psychiatric examination was attributable to the students; the remaining variance was due to the examiners and the interaction between examiners and candidates (Ingram *et al.*, 1961). Nevertheless, answers that denote ineffective or confusing teaching have led to our making changes. Continuous evaluation of the students' achievements during their training would be more valuable. This method would be adequate, however, only if the teachers were familiar with each student's current level of performance. Where the ratio of qualified staff and students is high enough, ratings of the students' knowledge, perceptiveness, sense of responsibility, and so on have proved useful (Salzman and Romano, 1963). We have not attained this yet, but would like to. This goal seems far off in the preclinical course consisting of lectures. In the clinical teaching small groups of students debate their own psychiatric concepts and the viewpoints of others, thus testing out their own thinking against their fellows and their teachers. Perhaps following each preclinical lecture the students should be divided into groups of about ten. Each week one of them, under the eye of a teacher, could give to his fellow-students a brief presentation of a recommended relevant writing on the topic. A general discussion, guided by the teacher if necessary, could follow. Evidently, tutors do take groups during the preclinical teaching of psychology at Liverpool, but the groups are still quite sizable—four tutors to a hundred students (Hearnshaw, 1964).

Guidance from other medical schools over the content or method of psychiatric teaching is equivocal, especially in the behavioural sciences. In Britain some medical students still have no preclinical instruction in psychology, but others have considerable teaching in the behavioural sciences. A survey of the 93 four-year medical schools in the United States and Canada in 1962 showed there was an average of 78 hours' preclinical teaching related to psychiatry—considerably more than in Britain (Group for Advancement of Psychiatry, 1962). Apart from their greater unanimity over teaching psychodynamic principles, however, these schools had not reached any fuller agreement than British ones over what to teach. The course in psychology at the Middlesex Hospital is an imperfect compromise, influenced by theoretical and practical considerations. For instance, although the social aspects of psychology are considered, much more time is recommended for the social sciences in the World Health Organization report (1961), and in the more recent suggestions for a School of Medicine and Human Biology (Working Parties Report, 1963) and the proposed medical school at Nottingham University (1965).

The clinical curriculum is nearer current recommendations but still debatable. The students *could* be encouraged to learn many more useful facts, but would this be putting their energies to the best use? We have not arranged for them to take on patients for psychotherapy; should we? It has been done in University College Hospital, for example, where about 20% of the students gave this treatment under supervision (Ball and Wolff, 1963). At present in the Middlesex Hospital this experience has been limited to those who have held student locum appointments or chosen psychiatry for their two-months elective period. Have we sufficiently aroused the students' interest and scientific curiosity? Many have a natural interest in people and psychiatry. Some have studied keenly their chosen subjects to present at a seminar or to write about in an essay. There has been little opportunity for them to participate actively in research, however, and this defect will not be remedied easily while training in medicine has its present form. Opportunities will be there if the preclinical course becomes two years of general training and one year devoted to more intensive study of selected subjects. This choice should include the behavioural sciences; subjects overlapping two fields, such as psychophysiology or psychopharmacology, would have an additional value. It should be possible to devise a way whereby an honours year could be deferred, so that a clinical subject could be the focus of a student's close inquiry and investigation. Besides the immediate advantage which the young science of psychiatry would gain from the attention of fresh minds, the educational value of preparing any adequate dissertation would help the future doctor to evaluate the apparent advances in psychiatry or any other branch of medicine during his subsequent career.

References

Ball, D. H., and Wolff, H. H. (1963). *Lancet*, **1**, 214.

Group for the Advancement of Psychiatry (1962). *The Preclinical Teaching of Psychiatry, Report* No. 54. New York.

Hearnshaw, L. S. (1964). In *Psychiatric Education*, edited by D. L. Davies and M. Shepherd. Pitman, London.

Hill, D. (1963). *Brit. med. J.*, **2**, 581.

Ingram, I. M., Mowbray, R. M., and Drewery, J. (1961). *Lancet*, **2**, 358.

Kehoe, M. (1961). Ibid., **2**, 145.

Salzman, L. F., and Romano, J. (1963). *J. med. Educ.*, **38**, 746.

University of Nottingham, Medical School Advisory Committee (1965). *Report of the Committee* (Chairman, Sir G. Pickering). Nottingham.

Working Parties Report (1963). *School of Medicine and Human Biology*. London.

World Health Organization, 9th Report of Expert Committee on Mental Health (1961). *The Undergraduate Teaching of Psychiatry and Mental Health Promotion*. Geneva.