UNDERGRADUATE TRAINING IN PSYCHIATRY: AN EVALUATION

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With the recognition of the inadequacy of psychiatric services in India, maximising health care delivery has become a priority. There is therefore need to concentrate upon undergraduate psychiatric training as a means to increase the available numbers of professionals equipped to treat psychiatric disorders (Channabasavanna, 1986). Towards this end the present M.B.B.S. Psychiatric Training Programme of Unit I Department of Psychiatry Christian Medical College was evaluated, mainly with regard to gain in theoretical and clinical skills, but also with regard to change in attitude.

The current programme consists of a clinical posting of four week duration, two week at the end of clinical year and two week at the end of final year. 84 hours of teaching time is made available.

Prior to the clinical posting a set of introductory lectures are given on symptoms, classification, anxiety disorders and other neurotic illnesses, affective disorders, schizophrenia, drug addiction, alcoholism, organic psychiatric disorders, child psychiatry and psychosomatic disorders.

The first clinical posting was planned to create a general awareness about psychiatric disorders and develop basic clinical skills in the diagnosis and management of common psychiatric disorders.

The second posting was aimed at consolidating gains from the previous posting as well as imparting more theoretical detail and achieving independent functioning in clinical skills. During the first posting consultant lead discussions were held on history taking, mental state examination, interview skills, classification in psychiatry, organic psychiatry, drug and alcohol dependence, electroconvulsive therapy, psychotherapy, pseudoseizures, psychiatric emergencies including parasuicide and somatic symptoms of non-organic etiology. In addition, students were allotted to sit with individual consultants and postgraduate students during out patients interviews, to observe the process of history taking, examination, diagnosis and treatment. During the second half of the posting students were allotted in-patients to examine and one such case was to be recoded and submitted for evaluation.

One day was devoted to an introduction to mental retardation as managed at the school for the mentally retarded, attached to the psychiatry department.

During the second posting, students were allotted the following topics to be presented at seminars chaired by staff members. Psychopharmacology, Psychological tests, Psychotherapy, Child Psychiatry, Epilepsy and Psychiatry, Grief and Sexual dysfunction. Out-patients cases were individually allotted to the students, to be worked up and presented to a consultant. One consultant led round of the wards was devoted to the explanation of diag-

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nosis and management at a medical student level of comprehension.

Evaluation was done through multiple choice questions (MCQ), long questions and practical examination. The multiple choice paper consisted of twenty-two questions from the continuing Medical Education Programme of the Christian Medical College (Progressive General Practice CME Bulletin CMC, Vellore). Questions were on organic psychosis (3) schizophrenia (2) major affective disorder (2) neurosis (2) mental retardation (2) drug and alcohol abuse (2) suicide (1) pharmacology (3) ECT (1) etiology of mental illness (2) interview skills (1) attitude to psychiatry (1). The last question was used to determine whether the student was negatively disposed towards psychiatry e.g. feels that the subject is vague, scary, unscientific. The 'none of the above' choice to this question was taken to indicate a neutral or positive attitude towards psychiatry.

The MCQ paper was given as a pretest MCQ (1) before the first posting, as a post test MCQ (2) at the end of the first posting and yet again after 6 months, at the beginning of the second posting MCQ (3).

A written paper consisting of five long questions on the covered topics was also given at the end of the second posting.

Clinical skills were evaluated on the basis of out patient cases presented by the student during second posting. Three consultants marked randomly allotted student on the basis of ability to elicit and identify psychopathology, make a diagnosis and suggest appropriate treatment.

RESULTS

Twenty-nine students, thirteen boys and sixteen girls between the age of twenty-one and twenty-two were taught and assessed.

Gain in theoretical knowledge shifted from a group mean of 9.9 to 13.9 (p. <0.001) during the first posting and was 13.0 at the beginning of the second posting. Paired t-test for MCQ 2 and 3 showed a non-significant difference indicating the knowledge gained is more or less maintained over the subsequent six months.

There was a change in attitude to psychiatry after the posting. While 42% of students had a neutral or positive attitude at the beginning of the first posting, 72% were thus disposed at the end of the first posting and 62% at the beginning of the second posting.

10 students shifted from negative to neutral or positive while 4 remained negative, 9 were neutral or positive at onset and remained so. One student shifted from a positive to a negative attitude.

The 10 students who made a favourable change in attitude also had the greatest proportionate gain in knowledge.

Scores on the 3rd MCQ and that on the long questions (both administered within two weeks of each other) are close enough to justify the conclusion that both are equally good measures of students knowledge.

Practical skills on a short case work up of an out patient were surprisingly good. Only
two students were unable to elicit information make a diagnosis and suggest treatment.

Thus, evaluation of this training programme has shown that relatively limited input of 84 teaching hours has produced appreciable and sustained gain in knowledge, substantial change in attitude, and a working knowledge of clinical skills.

Limited evaluation through multiple choice questions appears to be a good method of measuring gains, identifying lacunae in knowledge and obtaining a feedback of training input.

Attempts to change the knowledge and attitude towards psychiatry at the under

...graduate level should be made with enthusiasm. Unlike training at the post graduate level, it can not only inspire more people to take up psychiatry but it will better equip members of the general medical community to treat or refer patients with psychiatric problems.

Improvement in under graduate education can only occur if present methods are scrutinized, monitored and evaluated.

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