Medical Students Attitude & Knowledge of Psychiatry: an Impact of Psychiatry Posting

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Authors’ contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

ABSTRACT

India being a signatory to Alma-Ata declaration, envisaged ‘Health for all by the year 2000’ and hence should look into training undergraduates in psychiatry. Medical students’ attitude towards psychiatry are determined by complex interlacing variables. Low recruitment is a serious challenge for psychiatry worldwide. Moreover, psychiatry is poorly represented in medical education and undergraduate training in psychiatry and behavioral sciences in most medical colleges in India is unsatisfactory. Keeping these facts in mind, this study was carried out to assess the influence of psychiatry training, including direct patient contact on attitude of medical students towards mental illness. This study was conducted at Department of Psychiatry, Mahatma Gandhi Institute of Medical Science, Sevagram, Wardha, Maharashtra. Second year MBBS students were evaluated with a pre and posttest during their 2 weeks posting in the Psychiatry department. There was some improvement in attitude & knowledge of undergraduate medical students about mental health after
two weeks of psychiatry posting. The improvement in male medical students is more than three times of that seen in female medical students, after two weeks of training. The existing M.C.I. recommendations need serious considerations for implementation in each & every Medical College of India. As per the current curriculum, the introduction to psychiatry is in the 1st term during lectures on behavioral sciences following which they not exposed again until the 5th semester when the undergraduate students are required to attend 40 hours lectures parallel to 4 weeks clinical posting culminating with compulsory short note questions worth 20 marks included in paper II of the General Medicine exam. Finally, another two weeks of psychiatry posting is mandatory during internship. Female medical students have shown deterioration in their attitudes & knowledge over more questions than male counterparts. Hence it can be deduced that, males tend to learn better by experience.

Keywords: Attitude; undergraduate; psychiatry an impact.

1. INTRODUCTION

Health is a state of complete physical, mental and social wellbeing’ and not merely the absence of disease or infirmity’ [1]. India being a signatory to Alma-Ata declaration, which envisaged ‘Health for all by the year 2000” should look into training of undergraduates in psychiatry at this crucial juncture [2-3]. An attitude is relative during organization of emotionally linked, learn beliefs around an object or situation predisposing one to respond in preferential manner [4-5].

Medical students’ attitude towards psychiatry are determined by complex inter lacing variables [6-7]. A variety of factors, including opinions formed since childhood, personality, quality of psychiatric education at medical school, difficulty in working with emotionally disturbed patients, attitude of non-psychiatric faculty, perceived career, social rewards & peer pressure etc., can influence medical students attitude towards psychiatry [8-10]. These attitudes are important in determining their career choice in psychiatry [11].

Low recruitment is a serious challenge for psychiatry worldwide. However, this trend has shown some sign of reversal. This problem is much more serious in developing counties like India where current rates of psychiatric specialization are woefully short of community needs and have a very grim chance of fulfilling the community needs in near future.

Moreover, psychiatry is poorly represented in medical education and undergraduate training in psychiatry and behavioral sciences in most medical colleges in India is unsatisfactory [12–14]. Since ‘the dawn of psychiatry’, as a specialization distinct from medicine and neurology, teaching of psychiatry in our medical colleges has followed a pattern formulated originally by British with minor modification [15]. It is very important that, amount and content of training in psychiatry should be altered, in such a manner, that newly qualified doctors are able to discharge their responsibility for better health care as a whole, of the community [16].

Most reports on medical students’ attitude toward psychiatry have come from western countries [17–19]. There are very few Indian studies in this area [12,16,20,21].

In India, there has been reassessment of medical curriculum for undergraduate students, with medical council of India & various universities attempting to reorganize the whole structure and make it more relevant. With increasing importance being given to psychiatric education, it is surprising that very little attention is being paid towards attitude of medical students in India & the influence of posting in psychiatry.

Keeping these facts in mind, this study was carried out to assess the influence of psychiatry training, including direct patient contact on attitude of medical students towards mental illness.

In our study, we assessed the attitude and knowledge in medical students towards psychiatric problems, before and after psychiatry posting and whether same duration of exposure to the subject is sufficient to favorably influence their attitudes.

2. MATERIALS AND METHODS

This study was conducted at Department of Psychiatry, Mahatma Gandhi Institute of Medical Science, Sevagram, Wardha, Maharashtra.
Second year medical students were posted in department of psychiatry for 15 days. During their posting, students were allotted cases, both in-patients and out-patients, which were worked up by them & then discussed with the consultant. The focus during the clinics was on history-taking, mental status examination, diagnosis and treatment of common psychiatric conditions likely to be encountered by the students during their clinical practice.

On the first day of posting, students were given Attitudes Toward Psychiatry (ATP-30) Questionnaire [22]. This questionnaire was phrased to assess the attitude of medical students towards mental illnesses. The same questionnaire was again given to the students at the end of their psychiatric posting to assess the change over time, of the knowledge during 15 days of psychiatric posting.

It took around 30 minutes for average students to completely solve those questionnaires. It was arbitrarily decided that, students who missed two or more days of posting in psychiatry will be excluded for the study. The data collected, was then subjected to percentage & proportion statistical methods and analyze.

Observations:

Table 1. Percentage of correct responses generated on attitude & knowledge questionnaire

|       | Male  | Female | Total |
|-------|-------|--------|-------|
| Part-I| 74.62%| 71.5%  | 73.09%|
| Part-II| 87.50%| 79.79% | 83.64%|

Table 2. Comparison of Pre &Past - Training Assessment

| Percentage of correct Responses | Male         | Female        | Total |
|---------------------------------|--------------|---------------|-------|
| Pre-training                    | 71.18%       | 77.01%        | 74.09%|
| Post-training                   | 88.14%       | 82.02%        | 85.08%|

A - Percent increase in overall correct responses after training – 10.99%
B – Percent increase in correct responses of males after training – 16.96%
C - Percent increase in correct responses of females after training – 5.01%

Table 3. Percentage of correct responses for questions that showed decline after training

| Question Number | Percentage of correct responses generated | Female | Male |
|-----------------|-----------------------------------------|--------|------|
|                 | Pre-training | Post training | Pre training | Post training |
| Q.1             | 73.68%       | 52.6%         | ...           | ...            |
| Q.5             | 100%         | 89.47%        | ...           | ...            |
| Q.13            | 89.47%       | 78.4%         | ...           | ...            |
| Q.14            | 78.94%       | 68.42%        | 69.23%        | 61.53%         |
| Q.15            | 89.47%       | 78.4%         | ...           | ...            |
| Q.16            | ...          | ...           | 84.62%        | 61.52%         |
| Q.27            | 89.47%       | 78.9%         | ...           | ...            |

Table 4. Percentage of deterioration for certain variables

| Question Number | Male  | Female |
|-----------------|-------|--------|
| 1               | ...   | 21.08% |
| 5               | ...   | 10.06% |
| 13              | ...   | 11.04% |
| 14              | 7.7%  | 10.52% |
| 15              | ...   | 11.07% |
| 16              | 23.1% | ...    |
| 27              | ...   | 10.57% |
3. RESULTS

All the students had adequate attendance and were included in the study. Scores for correct responses generated on Attitude & Knowledge Questionnaire, percentage of correct responses in male female medical students, pre & post-clinical posting, deterioration and correct responses on certain variable are shown in observations.

It can be easily made out from the study that, there was some improvement in attitude & knowledge of undergraduate medical students about mental health after two weeks of psychiatry posting. The improvement in male medical students is more than three times of that seen in female medical students, after two weeks of training.

Female medical students have shown deterioration in their attitudes & knowledge over more questions than male counterparts. Hence it can be deduced that, males tend to learn better by experience.

It was also seen that, attitude & knowledge of male medical students was better than female medical students, even from the start of posting.

4. DISCUSSION

The pre-posting attitude and knowledge of students is much more positive than those reported from studies in Western literature, but because of small number of students in our study, no comparison could be done. The ability of a two-week posting to favorably influence the attitude & knowledge of psychiatry is a matter of consideration.

The overall influence of a 2-week posting in psychiatry with exposure to the practical aspects of the subject has proven to be positive in our study. This result has been replicated in various studies within India and other nations. Tharyan et al evaluated students during their undergraduate training and again during their internship, which showed that although theoretical psychiatry didn’t significantly influence the students’ attitude towards the subject, a positive change was seen after a 2 or more weeks of training in psychiatry [23–28] and also accepted the field as essential and respected [29], even if the students were not exposed to dedicated anti stigma programs [23]. Alternatively, study by Gulati et al revealed that although a change in the students’ outlook was observed, the overall attitude towards the specialty remained negative [30].

This study’s results show that the change in the mindset of the students towards this specialty showed greater improvement among the male compared to female students which is incongruous with other study which either revealed the female students to have an increased positive to psychiatric illnesses [25] or the resulted in equivocal positive attitude among both genders [20].

An interesting finding in several studies was that despite the overall attitude of students towards psychiatry being positive after exposure; most students’ perspective did not change to consider psychiatry as a future medical career [23,27,31]. While it is evident through this study and multiple others that the lack of exposure and experience with mental illnesses is an obvious and modifiable reason for this, there may be several other causes for this situation. An Indian study isolated a variety of reasons for not choosing psychiatry as a specialization including the stigma with creates a negative experience with the mentally ill patients and makes the specialty less attractive to the medical students [32].

The existing M.C.I. recommendations need serious considerations for implementation in each & every Medical College of India. As per the current curriculum, the introduction to psychiatry is in the 1st term during lectures on behavioral sciences following which they not exposed again until the 5th semester when the undergraduate students are required to attend 40 hours lectures parallel to 4 weeks clinical posting culminating with compulsory short note questions worth 20 marks included in paper II of the General Medicine exam. Finally, another two weeks of psychiatry posting is mandatory during internship [33,34].

Thus, in view of better scientific understanding of psychiatric illnesses, psychiatry needs to be placed in proper place of education of undergraduate and post graduate medical students [16,26,29,35]. As suggested by Behere et al, with respect to subject of pre and para clinical, psychiatry component should be taught like neuroanatomy in anatomy, neurophysiology in physiology, neuropathology in pathology, community psychiatry in community medicine and so on [36].

These findings need to be replicated using large number of students before major conclusions are
drawn. A small sample size is not necessarily a drawback as it provides greater staff-student interaction, supervision & learning [37-40].

5. CONCLUSION

Female medical students have shown deterioration in their attitudes & knowledge over more questions than male counterparts. Hence it can be deduced that, males tend to learn better by experience.

DECLARATION

Scientific Responsibility Statement The authors declare that they are responsible for the article’s scientific content including study design, data collection, analysis and interpretation, writing, some of the main line, or all of the preparation and scientific review of the contents and approval of the final version of the article.

ETHICAL APPROVAL

The study was approved by the Medical Ethics Committee of Institute of Medical Sciences, Sewagram, Wardha, Maharashtra, India. All procedures performed in this study were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. No animal or human studies were carried out by the authors for this article.

CONSENT

Informed consent was obtained from all individual participants included in the study. Additional informed consent was obtained from Key Relatives of patients.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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