NIMHANS’ objective structured clinical assessment and feedback model could be a boon for budding medical colleges in India

Sir,

Chaturvedi and Chandra[1] reported a novel method for postgraduate training in India using the NIMHANS’ Objective Structured Clinical Assessment and Feedback (OSCAF) model. They were able to conduct this training at NIMHANS, a tertiary care center, using the postgraduates as simulated patients and showed that it was acceptable by the trainees. This training model could influence future teaching and training methods in the upcoming medical colleges in the rest of the country.

The newly formed body of the Medical Council of India (MCI) recently proposed to increase the number of doctors being churned every year from our country. New medical colleges need to demonstrate to the MCI that they do cater to a fair number of clinical patients at their attached hospital in order to successfully run undergraduate or postgraduate courses. The NIMHANS OSCAF model of training could be considered for psychiatry postgraduates at these centers provided it has been subjected to rigorous testing, approval and sanctioning from concerned authorities. This move could sort out issues related to training as well as keeping the goal to increase the number of doctors (psychiatrists). Besides, NIMHANS has been granted the status of an ‘Institute of National Importance’[2] by the Center and it is in a position to ratify its own courses and maybe, in the future the OSCAF model could become a reality at some upcoming centers where patients are hard to find. A few other advantages of this model are that it takes care of confidentiality issues and language barriers. Patients who are concerned about confidentiality of their problems may not consent for interviews with an audience consisting of trainees; and often patients who can be interviewed don’t always speak English or a language that can be understood by all trainees at a training session. Considering the multi-linguistic nature of our society (both from the patient and the trainee perspective), this method could certainly address language barriers. The feedback given by consultants and peers are probably the most valuable part of what the trainee takes home, and this particular model describes an interdisciplinary model consisting of trainees and consultants of other specialties apart from psychiatry giving feedback to the postgraduate. The authors mention that this part of the training was the most useful part of the exercise, which is probably the same even when the interview is conducted using actual patients.

Having said this, this method does have disadvantages. An important aspect of the training is understanding the subjective experience of patients and learning the art of interviewing, both of which could be interrelated. During initial phases of postgraduate training, understanding the phenomenology and focusing on the subjective experiences of the patient are stressed upon to postgraduates, and this method unfortunately cannot imbibe this crucial aspect of learning. Though this is mentioned by the authors, however well a role player is trained beforehand, it may be impossible to match the unique subjective experiences that a patient can offer.

Future suggestion could include informed consent for the participants, especially if one wants to have a video recording of the role play for later analysis or self assessment by the trainee. A few colleges are unable to fulfill the requirements of having a reasonable patient influx at their hospital. This could be a disturbing fact especially to psychiatry departments where poor awareness about mental illness in the community,[3] and the stigma attached to having a psychiatric or a psychological illness are major barriers to care seeking.[4] These factors could reflect poor attendance to hospitals, though there could be several other factors for the low attendance. Subsequent introduction of this method of training to upcoming medical colleges could be taken up during the initial phases when the college/hospital is still being developed and it can be gradually phased out to be replaced by actual patients once the hospital attendance improves.
Santosh Loganathan
Department of Psychiatry, Vydehi Institute of Medical Sciences and Research Center #82, Nallurahalli, Whitefield, Bangalore, Karnataka, India
E-mail: santoshl_28@yahoo.co.in

REFERENCES

1. Chaturvedi SK, Chandra PS. Postgraduate patients as simulated patients in psychiatric training: Role players and interviewers perceptions. Indian J Psychiatry 2010;52:350-4.
2. Deccan Herald October 20, 2010. NIMHANS declared institute of national importance. New Delhi 2010. Available from: http://www.deccanherald.com/content/106055/nimhans-declared-institute-national-importance.html [Last cited on 2011 March 15].
3. Prabhu GG, Raguram A, Verma N, Maridass A. Public attitudes towards mental illness: A review. NIMHANS Journal 1984;2:1-14.
4. World Health Organization: World Health Report, 2001. Mental Health: New Understanding, New Hope.

ANNOUNCING MPIT – MRCPSYCH PREPARATION FOR INDIAN TRAINEES

MPIT is an unique opportunity to prepare for the MRC Psych paper1, paper2, paper3 and the CASC exams in India.

The courses will be taught by experienced psychiatrists and educators from the UK.

The courses will be held at SRM Medical College Hospital & Research Centre, Kattankulathur in 29th, 30th June & 1st July 2012.

PG psychiatry graduates of MBBS graduates with two years experience in Psychiatry or DNB Psychiatry, who are eligible to sit for the MRCpsych exams can apply to attend the courses. The courses will be run in a modular fashion.

The comprehensive MPIT programme uses a modular format, which will help candidates prepare in a stepwise manner towards the MRCpsych Papers 1, 2 and 3 and the clinical CASC exams.

Module 1- paper1 classroom course, online access to MCQs and EMIs, core skills classroom course. Candidates eligible to apply for MRCPsych paper1 exam can attend this module. Dates: June 29, 30 and 1st July 2012.

Module 2- Paper 2 classroom course, online access to MCQs and EMIs, core skills classroom course. Candidates eligible to apply for MRCPsych paper 2 exam can attend this module. Dates: June 29th, 30th and 1st July 2012.

Module 3- Paper 3 classroom course, online access to MCQs and EMIs, core skills classroom course. Candidates eligible to apply for MRCPsych paper 3 exam can attend this module. Dates: June 29th, 30th and 1st July 2012.

Module 4- CASC core skills and advanced skills course, online access to CASC style videos. Candidates eligible to apply for MRCPsych paper 3 exam can attend this module. Dates: June 29th, 30th and 1st July 2012.

Venue: SRM Medical College Hospital & Research Centre, Kattankulathur and on-line using an e-learning environment.

Accommodation: Provided on request on cost basis either in SRM Hotel or University Guest House.

For more information regarding the fees structure of different module etc contact:
The Dean, mail id: dean.medical@ktr.srmuni.ac.in, Contact No +91- 99400 36611
Dr. M.Thirumavalavan, mail id: hod.psych@ktr.srmuni.ac.in, Contact No +91-94440 34647, admin@oxfordpsychcourse.com
Book your places to attend the modules by visiting: www.srmamu.ac.in
Every year we planning to have two Batches