the objectives is also provided in the introduction para, before stating the aim and objectives.

Sharma and Andrade have commented regarding the dropping of the self-efficacy section of the original questionnaire. As mentioned in our paper, the participants were not comfortable answering self-efficacy and competence questions. Hence, it was not administered. Further, the study did not aim at measuring the self-efficacy the healthcare professionals had about assessment of children with ASD. The authors’ further comment regarding replacing the self-efficacy section with the section on knowledge of DSM-5 criteria for ASD. The section on knowledge regarding the DSM-5 criteria for ASD is not a new one; rather, it already exists in the original questionnaire. The reliability measure of the overall scale, as well as this particular section on knowledge of DSM-5 criteria for ASD, was moderately good in the original study and, hence, in accordance with the reliability reported in our study.

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The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Atika Jain¹, Shivani Tiwari¹, Sebastian Padickaparambil²
1Dept. of Speech and Hearing, Manipal College of Health Professions, Manipal Academy of Higher Education, Manipal, Karnataka, India. 2Dept. of Clinical Psychology, Manipal College of Health Professions, Manipal Academy of Higher Education, Manipal, Karnataka, India.

Address for correspondence:
Shivani Tiwari, Dept. of Speech and Hearing, Manipal College of Health Professions, Manipal Academy of Higher Education, Manipal, Karnataka 576104, India. E-mail: tiwarishivani.2009@gmail.com

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Comments on “A Survey Among Teachers of Psychiatry to Improve the Quality of Undergraduate Training: Outcomes from Karnataka”

As medical students, we read with great interest the article by Kishor et al. regarding the need to improve undergraduate teaching, through a survey identifying the requirements of psychiatry teachers in Karnataka. We were surprised to note that psychiatry teaching is not mandatory in order to graduate, considering an estimated one in seven individuals in India suffer from a mental health condition. Thus, we recognize the importance of such articles that highlight the limitations in psychiatric teaching and would like to offer our reflections on the article alongside our training.

The survey included qualitative and quantitative analysis to assess the prevalence and methods of psychiatry teaching as well as ascertaining teachers’ desires for teaching improvements. However, we note the relatively low response rate of 37%, which poses a risk of self-selection bias. Perhaps those who responded were more engaged with psychiatry teaching compared to their peers.

A desire for more instruction in teaching methods was clearly established with a proposal of a one-day teaching workshop. Although a significant portion saw the need for the workshop, 35% of respondents were either unsure or did not wish to attend. This is in direct contradiction with the desire for
more instructions. We question why the authors did not pursue this point further by incorporating subsequent questions to clarify teachers’ disinterest in attending. This leads us to query whether teachers believed their instruction was already adequate, workshops were not seen as a valuable teaching method, if the workshop was too short to be of consequence, or the inability of teachers to attend. The various reasons require distinctive actions and are all critical in the development of a standardized curriculum. Furthermore, a brief description of the creation of such a program was provided, with plans to implement similar workshops in other states, thus suggesting this had a positive impact. However, there was no formal assessment determining how useful this workshop was, and the authors also did not evaluate areas for further improvement of introducing this as a teaching strategy.

Comparatively, the psychiatry curriculum at our UK-based medical school incorporates a variety of teaching techniques that we found beneficial in understanding the specialty. It involves five weeks of dedicated placement and teaching. We note the limited teaching hours and placement availability described by Kishor et al.; therefore, the quality of teaching provided is crucial. We believe that seeing clinicians interacting with patients suffering from mental health conditions, including the use of extended histories and mental state examinations, is essential. What we have found particularly useful was the implementation of problem-based learning involving discussion of complex clinical scenarios. These allowed students to work through psychiatry cases and practice history-taking skills, consolidating learning. We found that reflecting on memorable psychiatric patients through essay-writing raised our engagement and improved self-directed learning. This allowed for further in-depth analysis of a psychiatric condition of student choice and simultaneously enabled the exploration of the biopsychosocial aspects of patients’ well-being, which is key to patient management. The range of teaching methods used allowed us to form a more complete and holistic understanding of mental illness and its management.

Kishor et al. are successful in that they explore teacher viewpoints in order to address concerns of useful teaching styles and enhancing student engagement. Nevertheless, students should also be involved in these discussions and surveyed in addition to teachers. A major challenge discussed was the difficulty in determining which teaching methods should be incorporated and the processes of ensuring student engagement with psychiatry teaching. The authors note that medical students had a low interest in psychiatry as it is not mandatory for assessment purposes. However, in a clinical environment, psychiatry does not exist in isolation, and so medical students will encounter psychiatry in all fields of medicine. Furthermore, within the field of family medicine, psychiatric conditions are becoming increasingly common; therefore, knowledge of prevalent mental health conditions is in the best interest of medical students in the long term. It is important to emphasize this to students to increase their interest.

We commend the authors for implementing an invaluable survey clearly demonstrating the unmet needs of psychiatry teaching and the viewpoints of teachers. This has enabled the formation of forums and workshops to aid the development of specific teaching skills. However, more intensive work is vital for the exploration of student disinterest in psychiatry. Furthermore, we suggest teacher–student discussions are required in order to ascertain a well-structured psychiatry curriculum, with enhanced psychiatry teaching and increased student engagement.

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Frida Margaretha Eriksson, Bihu Malhotra, Kinga Magda Forenc

St George’s Medical School, University of London, London, United Kingdom

Address for correspondence:
Frida Eriksson, St George’s Medical School, University of London, Cranmer Terrace, Tooting, London SW17 0RE, United Kingdom. E-mail: frida.margaretha.eriksson@gmail.com

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