

Original Research Article**Views of future doctors on the current Mental Health
Clerkship programme of a Nigerian university.****ABSTRACT**

Background: Mental illnesses are a major public health problem around the world and the prevalence and burden of common mental disorders is growing, especially in Nigeria with a long-standing history of economic instability and security challenges. The psychiatry clerkship can play an important role in influencing students' attitudes towards psychiatry, either positively or negatively. The experienced gathered by students during the posting, from the psychiatric doctors (consultants and trainee psychiatrists), other mental health practitioners, and the patients themselves will all contribute to the level of benefits the students might gain from the posting.

Objective: The aim of this study was to assess the overall perception of a two week psychiatry clerkship a set of students in a Nigerian university.

Methods: One hundred and nineteen (119) fifth year medical students were assessed after a Mental Health posting using a structured survey questionnaire and an in-depth interview technique.

Results: Majority of the students found the posting interesting but only about a quarter admitted that psychiatry is one of the areas they might consider in future for specilizations Concurrent running of the programme with classroom lectures from various disciplines and

24 the programme coming when the students were faced with forthcoming examinations in 4th
25 MBBS courses were among the noted factors that affect students' participation and
26 concentration in the posting.

27 **Conclusion:** The undergraduate medical students' clerkship in Psychiatry is a *sine qua non* to
28 one becoming a successful medical practitioner. All Nigerian medical schools should
29 implement a programme that would give adequate exposure to the students so that they can
30 be better equipped to handle the increasingly overwhelming global burden of mental
31 disorders.

32 **Key words:** Psychiatry, Clinical posting, Curriculum, Duration, Nigeria.

33

34 INTRODUCTION

35 General duty doctors or primary care physicians in Nigeria, like most other countries of the
36 world, are the first point of contact in the orthodox healthcare to people with mental illness.
37 Indeed, many of such doctors practice in areas where mental health specialists are scarce.
38 Unfortunately, most physicians receive little training on how to interact with patients with
39 major mental illness and can feel uncomfortable or ineffective communicating with such
40 patients [1]. The extent of mental healthcare these patients would receive therefore depends
41 to a great deal on the exposure of these general duty doctors during the psychiatry clerkship
42 and it has been noted that the knowledge of psychiatric principles is important for non-
43 psychiatric physicians [2].

44 Psychiatry clerkship serves as the primary opportunity for medical students to gain exposure
45 to the clinical practice of psychiatry and this can play important roles in students' attitudes
46 towards psychiatry and care for the mentally-ill. The significance of the psychiatry clerkship

47 in medical student education is broadly and internationally recognized [3]. Medical schools in
48 the United States oblige their students to complete a clinical clerkship in psychiatry [4] and
49 the clerkship usually lasts for 4 to 6 weeks [5] [6]. Every medical school in Nigeria also
50 provides a period in the undergraduate curriculum when students are exposed to psychiatry
51 but the duration, content and quality of such exposure or experience vary from one institution
52 to the other [7]. The extent the clerkship training will influence a group of students depends
53 largely, on the duration, the quality of teaching and exposure, and the method of evaluation of
54 the students at the end of the programme.

55 Some studies have shown that greater exposure to and working with mentally ill persons
56 during the undergraduate medical training decreases fear and creates a positive attitude
57 towards caring for the mentally ill [8] [9] [10]. Moreover, it has been reported that
58 stigmatizing attitudes of medical students towards psychiatry and psychiatric disorders are
59 reduced by an educational programme in psychiatry, with a positive impact more marked
60 when the educational programme is concomitant to a clinical posting in psychiatry [11].

61 In a position paper by the American Association of Directors of Medical Student Education
62 in Psychiatry on the length of the psychiatry clerkship, the body stated that the psychiatry
63 clerkship must be at least 6 weeks or longer [12]. In some other medical schools outside
64 America, the duration of the psychiatry clerkship has been reported to be comparably as high
65 as 8 to 10 weeks [13] [14]. In our centre, just like in some other Nigerian universities, the
66 clerkship is for a period of two weeks only, running concurrently with a 16-week didactic
67 lecture period shared with seven other subspecialties. Some concerned researchers in Nigeria,
68 based on their earlier findings, had recommended that efforts to modify the current
69 curriculum in psychiatry in Nigerian medical schools should be encouraged [15]. The extent
70 the various institutions have adhered to this call for modification remains uncertain.

71 Our institution is at the point of implementing changes in the Mental Health training
72 curriculum with one of the key changes being an increase in the time allotted to psychiatry
73 during the six years of undergraduate medical training. It is not known how the students will
74 view these changes. Hence, the need to carry out this preliminary survey to find out their
75 perception of the curriculum that is currently in use.

76 **OBJECTIVE**

77 This study is aimed at determining the opinion of the students regarding the Psychiatry
78 clinical posting in general. It is hoped that in view of the proposed changes in curriculum, the
79 findings of this study would enable the authority identify the challenges, make amends early
80 enough, and prepare for a better training in Psychiatry for our future students and doctors.

81

82 **METHODOLOGY**

83 This was a sequential mixed method design using survey questionnaire and in-depth
84 interviews. The batch of the students had their 16-week rotation courses from 18 April, 2016
85 to 7 August, 2016 with each group spending two weeks in each sub-specialty, including
86 Psychiatry. During the posting each group was exposed to various aspects of the practice –
87 outpatient clinic/review, inpatient ward rounds, emergency psychiatry, and the weekly
88 academic programme of the department. The exposures of the students to procedures such as
89 the administration of electroconvulsive therapy to patients depended on if there was any
90 patient for such a procedure during the two weeks that a particular group did the posting.
91 Attendance was taken every day during the week working days.

92 At the end of the 16 weeks of the “short postings”, when each student had passed through the
93 department, an end-of-posting examination was organized for all the students. After the
94 examination, the entire students (120 in number) were asked to fill-in a questionnaire after

the study had been explained to them. It was made clear to the students that participation in the study was voluntary. Thereafter, a written informed consent, assuring confidentiality and anonymity, was obtained from every participant. The questionnaire was self-developed, pre-validated, and based on previous related studies. It had two parts – a brief sociodemographic part and a second aspect aimed at addressing the study objective. The second component comprised 8 items that pertain to the students' assessment of the psychiatry posting. The items of the second component were based on a 5-point Likert scale, assessed based on the level of agreement which ranged from strongly disagree to strongly agree. The participants completed the study before living the examination hall.

Later, ten students, selected by systematic sampling method, using their class serial numbers, were also interviewed through four predetermined questions. The questions (table 2) were used to explore in detail, potential areas identified during the survey to have needed further explanations. The in-depth discussion was tape-recorded for subsequent transcription. The statistical analysis was done using the Statistical Package for Social Sciences (SPSS), version 20. Likert responses to the 8 items and the sociodemographic items were analyzed by calculating frequencies of each response. Content analysis of the qualitative data obtained through interviewing was done to identify themes and patterns.

RESULTS

Sociodemographic characteristics

All the students of the class (120 in number) filled and returned the questionnaires but one was discarded because of incomplete response giving a response rate of 119 (99.2%). Figure 1 shows the sociodemographic profile of the participants. There were 77 (64.7%) males and 42 (35.3%) females. Their ages ranged from 21 to 40 with the majority (95.8%) falling in the 21 – 30 years range and the mean age being 25.66 ± 2.03 years. Only 8 (6.7%) of them were already married.

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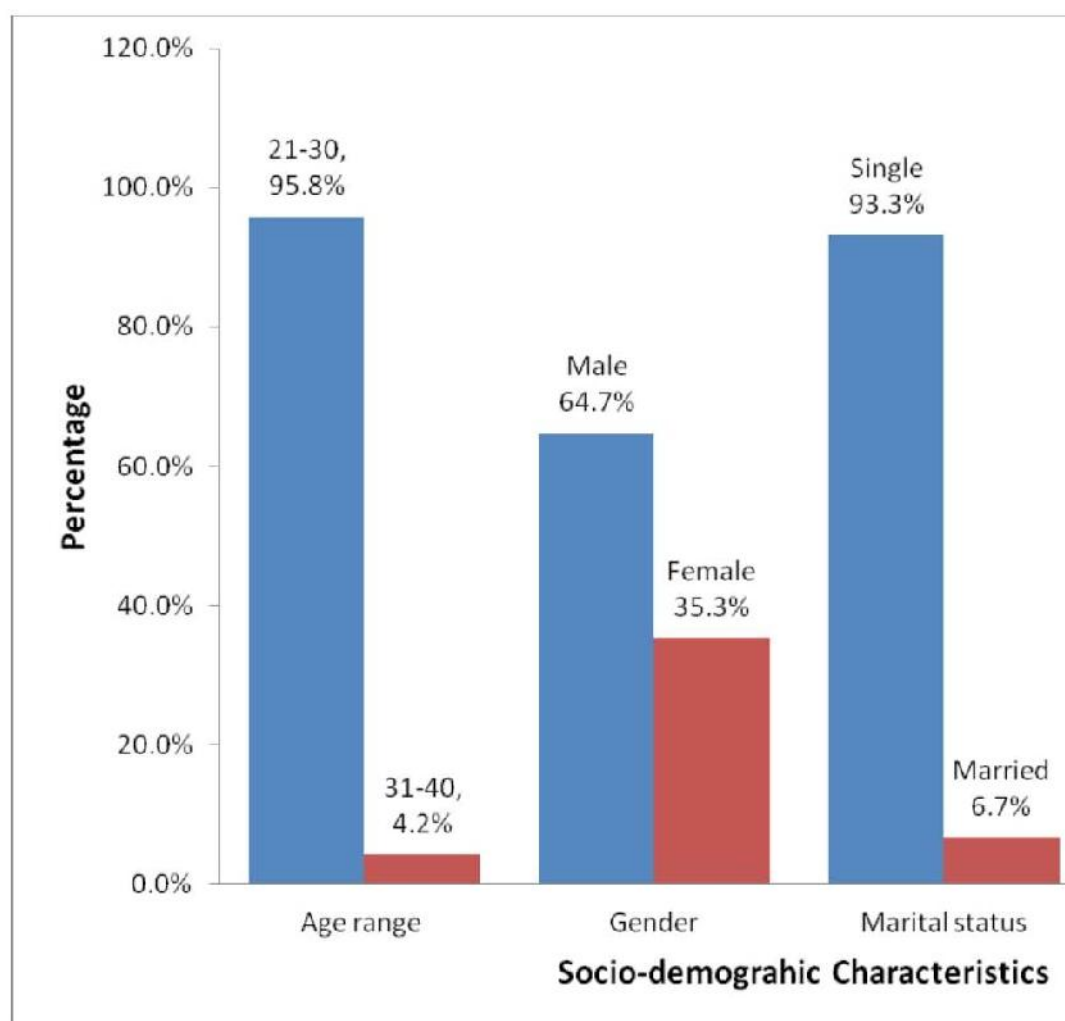


Figure 1: Sociodemographic characteristics of the participants

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123 **Participation in Psychiatry clerkship posting**

124 Figure 2 shows the attendance (Monday to Friday) of the participants to the psychiatry
 125 posting. As much as 95% had good or very good attendance to the 10-day clinical clerkship
 126 programme.

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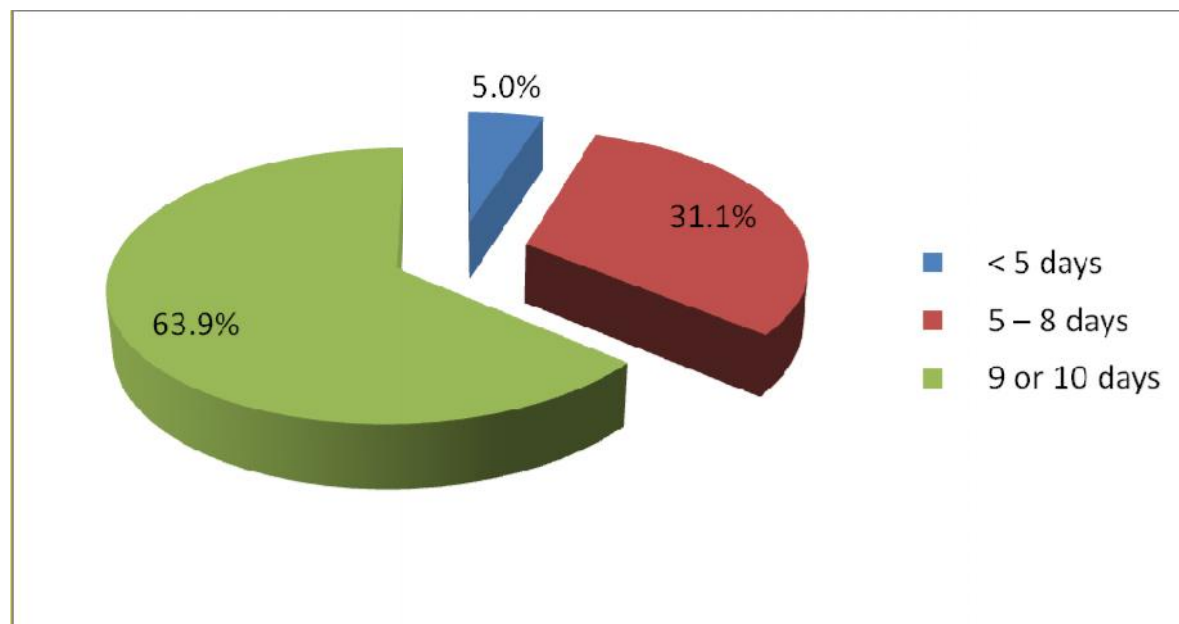


Figure 2: Days of participation in Psychiatry posting

Note: Less than 5 days = poor attendance; 5 – 8 = good attendance; 9/10 = very good attendance.

Students' evaluation of the psychiatry clerkship posting

Table 1 shows the evaluation of the two week psychiatry posting by the students. Almost equal number agreed or disagreed that the two weeks allotted to the posting were adequate - 48.7% agreed that the time was inadequate, while 42.0% had a different view. Majority 67 (56.3%) believed that combining the clerkship posting with classroom lectures did not allow for full participation in the clinic and ward activities. 97.5% and 32.8%, respectively agreed that consultant psychiatrists and clinical psychologists were available and willing to teach the students during the posting. A little less than one-third (28.6%) felt they might consider Psychiatry as an area of postgraduate specialization, one-third (33.6%) objected to that while 45 (37.8%) were neutral.

Table 1: Students' evaluation of the Psychiatry clerkship posting (n = 119)

Feedback item	Strongly disagree	Disagree	NDNA*		Agree	Strongly agree

	n	%	n	%	n	%	N	%	n	%
Two weeks allotted to the posting was inadequate	20	16.8	30	25.2	11	9.2	38	31.9	20	16.8
Found the posting interesting	2	1.7	3	2.5	6	5.0	63	52.9	45	37.8
Consultant psychiatrists were available & willing to teach	0	0.0	1	0.8	2	1.7	57	47.9	59	49.6
Clinical psychologists were available & willing to teach	25	21.0	28	23.5	27	22.7	27	22.7	12	10.1
There were enough patients to learn with	2	1.7	18	15.1	9	7.6	60	50.4	30	25.2
Combining the ward posting with lectures did not allow full participation in the ward/clinic activities	8	6.7	33	27.7	11	9.2	34	28.6	33	27.7
Found it difficult to understand how psychiatrists arrived at diagnoses	12	10.1	50	42.0	5	4.2	31	26.1	21	17.6
Psychiatry is one of the areas I might consider for specialization	23	19.3	17	14.3	45	37.8	25	21.0	9	7.6

145 *NDNA: Neither disagree nor agree

146 **Duration of participation and perception of the clerkship programme**

147 Table 2 shows the relationship between the duration the students' attendance to the
 148 programme and their perception of the posting. Students' attendance within the 10 working
 149 days of the posting was grouped under three categories: Less than 5 days = poor attendance; 5
 150 – 8 days = good attendance; 9 or 10 days = very good attendance. Of the 119 participants:
 151 108, 90, and 34 respectively found the posting interesting; were satisfied with the level of

152 exposure during the posting; and admitted that psychiatry might be one of the areas they
 153 would consider in future for specialization. The ‘frequency’ column in table 3 represents the
 154 number and percentage of the participants that gave positive responses to the each of the
 155 three parameters (first column) measured (i.e., 108, 90, and 34) with respect to their
 156 attendance. There was a significant relationship between the duration of attendance and how
 157 interesting the participants viewed the posting ($\chi^2 = 34.775$, $p = .002$) but there was no
 158 significant relationship with the number of days the participants attended the posting and
 159 their satisfaction with the level of exposure during the posting ($\chi^2 = 46.242$, $p = .19$) or their
 160 possibility of considering psychiatry for specialization in future ($\chi^2 = 78.112$, $p = .23$).

161 **Table 2: Duration of attendance versus perception of the posting.**
 162

Participants’ view	Attendance (days)	No of Yes (n)	Frequency		χ^2	p-value
			n	%		
Found the posting interesting	< 5	108/119	5	4.6	34.775	.002
	5 – 8		34	31.5		
	> 8		69	63.9		
Satisfied with the level of exposure during the posting	< 5	90/119	4	4.4	46.242	.19
	5 – 8		28	31.1		
	> 8		58	64.4		
Might consider Psychiatry for specialization	< 5	34/119	1	2.9	78.112	.23
	5 – 8		10	29.4		
	> 8		23	67.6		

In-depth interview

Ten students selected by probability systematic sampling method were also interviewed after the questionnaire-based survey through four pre-determined questions (Table 3).

Table 3: Pre-determined questions for in-depth interview.

Questions
1. What were the major causes of stress in the Psychiatry posting?
2. What behaviour of the patients disturbed you the most?
3. What behaviour of the mental health personnel (doctors, nurses, and clinical psychologists) bothered you the most?
4. What improvements, in your opinion, would help make the Clinical posting in Psychiatry better?

Content analysis of transcribed interviews resulted in emergence of the following four main themes (i – iv below) with supportive evidence of results obtained through survey questionnaire. Though as much as 90% of the interviewees found the posting interesting, 60% considered it stressful. Some of the common reasons for stress identified by the participants were:

i. Timing of some classroom lectures: Four students (40%) complained that some lecturers were not adhering to the scheduled period for lectures. Hence, encroaching into the time they ought to be in the clinic or wards.

ii. Combination with other lectures: Five students (50%) noted that because the programme was done during their 500 level when students were preparing for 4th MBBS exams comprising Paediatrics, Community Medicine, and Obstetrics & Gynaecology, emphasis on the forthcoming 4th MBBS exam made them not to pay adequate attention to the entire short

postings whose exams would come in their final year and only after they had passed the 4th MBBS exams.

iii. Complex and long history: Up to seven of the students (70%) found the pattern of history-taking in Psychiatry very complex, long, and different from that of other branches of Medicine.

iv. Experience with violent or disruptive patients: One of the four females among the 10 interviewees reported that throughout the period of the ward/clinic experiences, she was in fear each time she entered the clinic or ward. She attributed this to her experience the first day that her group reported to the department. She said that on entering the ward (the department is a single building that houses the clinics, wards, doctors' call rooms, and offices), she saw some ward security men battling with a violent patient and immediately the patient sighted her, he screamed "I have seen her, my wife; come and kiss me" and the patient attempted embracing her if not for the security men who prevented him.

Overall, 90% of the students interviewed (and 97.9% of those that filled the survey questionnaire) found the Psychiatry posting interesting. Students suggested that increasing the posting period from 2 weeks to at least 4 weeks and doing the programme after their 4th MBBS examination would help improve the students' participation and interest.

DISCUSSION

Medical students' clerkship in Mental Health is a *sine qua non* to one becoming a successful medical practitioner. The mean age of our participants is close to that found from a related study in Kano, north-west Nigeria [16] [17].

209 Up to a quarter of the students considered psychiatry as a possible future career, a finding
210 similar to that of Andlauer and colleagues in France [18] though far higher than that reported
211 by Aghukwa from another Nigerian university. The variation in the findings depends on some
212 factors such as the level of study of the sampled students, the exposure of the students to
213 psychiatry, and the performance of the students in Psychiatry exams. It is possible that many
214 who choose psychiatry by the final years of their undergraduate training may likely go into
215 the discipline but the sustenance of their enthusiasm post-clerkship remains a challenge [10].
216 The provision of an exemplary psychiatry clerkship [19], scoring high in the subject [17]
217 [18], and charismatic teaching, mentorship and stigma reduction [10], have all been reported
218 to be effective in increasing students' interest in choosing the discipline.

219 Nearly equal numbers considered the two weeks allotted to the clerkship posting as adequate
220 or inadequate. Observations from the in-depth interview showed that some of the students
221 who considered the two weeks as adequate believed that the problem is not the duration but
222 the classroom lectures that encroached into the time for the clerkship programme.
223 Nevertheless, a survey in India many years ago found that two weeks were inadequate [20],
224 and many other authors later reported that giving more time to the posting contributes to
225 better understanding of the subject and likelihood of choosing the discipline in future [18]
226 [21].

227 Majority of the students were of the view that attending classroom lectures, especially in
228 disciplines not related to the ones done during the short postings distract the students from
229 participating fully in the specialist clerkship programmes. The challenges posed by
230 interference of classroom lectures to clinical postings, an experience that occurs in virtually
231 all other medical schools in south-east Nigeria, is partly due to the use of, and poor adherence
232 to, an outdated curriculum that is no longer in tandem with the current international best

practices. In a study to investigate the level of adherence of Nigerian medical schools to the requirements of the regulatory bodies with regard to the teaching of Psychiatry at the undergraduate level, it was found that: ten of the thirteen medical schools represented in the sample (79.6%) reported having a separate department of psychiatry, majority (84.6%) did not conduct an independent examination in psychiatry, some schools had no didactic teaching while close to half had no clinical experience as part of the clinical psychiatry programme, and the contribution of psychiatry to the final exit MBBS examination ranged from 0% to 15%, all implying that Psychiatry curriculum was being selectively implemented in Nigerian medical schools. The authors noted that the most recent curriculum review for Nigerian medical schools rightly gives psychiatry its deserved priority and advised that every medical school in the country should strive to attain the set goals [7]. Our medical school has already set the ball rolling to achieve these goals that would lead to international best practices by initiating the curriculum review that is almost completed.

Psychiatrists were assessed to have been far more available and willing to teach the students compared to clinical psychologists. This could likely be as a result of the setting in which the students usually join in the psychiatric clinic where patients are first seen before some are referred to psychologists, and no official specific schedule was made for the students to join the psychologists during the latter's evaluation of patients.

Overall, the psychiatry clerkship was found to be interesting by majority of the students but the duration of attendance of the posting did not positively influence the students' interest in psychiatry as a career option. Similar results have been reported by many authors [22] [23].

257 CONCLUSION:

258 Psychiatry clerkship training may improve medical students' attitudes towards psychiatry and
259 mental illness. In a country with a large population, it is clear that most patients would not
260 have access to psychiatrists when there is a need. It becomes pertinent that the average
261 doctor should have the basic skills to give a first aid to persons suffering from mental illness
262 in the populace.

263 In order to encourage students to get such basic knowledge and skill in psychiatry, attention
264 needs to focus more closely on the psychiatry curriculum and the development of innovative
265 teaching strategies. Every university in Nigeria should embrace the current psychiatry
266 curriculum and improve on it instead.

267 That may help to put psychiatry on a more positive foundation for the future in such a
268 country with large population and recurrent political instability, unending security challenges,
269 and other factors that on daily basis increase new cases of individuals with mental illness.

270 RECOMMENDATIONS

- 271 1. Every institution should reasonably adopt the latest National University Commission
272 (NUC)
273 curriculum for undergraduate Psychiatry training.
- 274 2. The clerkship curriculum in each institution should be such that will give students the
275 opportunity to attend Psychology clinics where clinical psychologists should expose the
276 students to what they should know according to the curriculum.
- 277 3. Psychiatry should be an independent department in every Nigerian university to ensure
278 adequate coverage of the basic training requirements so that the average doctor, who
279 undoubtedly must encounter patients with psychiatric disorders in whichever location or

specialty area he/she practices, will be able to give a basic or preliminary care.

4. Clinical clerkship programmes should not be combined with any other activity to give students

the time to participate fully in the exercise.

5. Further studies in this field is required for better training and better future mental health service delivery in our country with daily growth of burden of mental disorders.

Limitations

This study was conducted with a single class of a single institution. Caution must be taken in generalizing the findings from the study. The students' perception of the psychiatry clerkship was assessed but factors associated with the perception were not considered.

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