

Title Page

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 **experience** gathered by students during the posting, **as a result of input from** psychiatric doctors (consultants and trainee psychiatrists), other mental health practitioners, and the patients themselves **contributes to the acquired benefits.**

Objective: The aim of this study was to assess the overall perception of a two-week psychiatry clerkship **by students at** a Nigerian university.

Methods: One hundred and nineteen fifth year medical students were interviewed after their Mental Health posting and administered a structured survey questionnaire.

Results: A majority of the students found the posting interesting but only 25% expressed an interest in psychiatry for future specialization. Two main problems with the psychiatry rotation were mentioned: concurrent classroom lectures and the timing – immediately prior to comprehensive examinations in 4th MBBS courses.

Conclusion: Because of the increasing global burden of mental disorders, an undergraduate medical students' clerkship of adequate length in psychiatry is a *sine qua non* for all medical practitioners.

Key words: Psychiatry, Clinical Posting, Medical Curriculum, Nigeria.

INTRODUCTION

General duty doctors or primary care physicians in Nigeria, as in most other countries of the world, are the first point of contact for people with mental illness because mental health specialists are scarce in many regions.

Unfortunately, most physicians receive little training on how to interact with patients with major mental illness and can feel uncomfortable or ineffective communicating with such patients [1]. A great deal depends on psychiatric exposure during the psychiatry clerkship [2].

The significance of the psychiatry clerkship in medical education is broadly and internationally recognized [3]. Medical schools in the United States oblige their students to complete a clinical clerkship of 4-6 weeks in psychiatry [4] [5] [6]. Every medical school in Nigeria also provides a period in the undergraduate curriculum when students are exposed to psychiatry but the duration, content and quality of such exposure or experience vary from one institution to the other [7]. The success of clerkship training depends largely on the duration, the quality of teaching, the exposure to patients, and the method of final evaluation.

Studies have shown that greater exposure to mentally ill persons during the undergraduate medical training decreases fear and creates a positive attitude towards mental illness [8] [9] [10] [11].

A position paper by the American Association of Directors of Medical Student Education in Psychiatry states that the psychiatry clerkship should be of at least 6 weeks' duration [12]. In some medical schools outside America, the duration of the psychiatry clerkship has been reported to be as long as 8 to 10 weeks [13] [14]. In our centre, as in some other Nigerian universities, the clerkship is of only two weeks, running concurrently with a 16-week didactic lecture series by other subspecialties. Some researchers have recommended modifications to the current curriculum in psychiatry in Nigerian medical schools [15].

Our institution is planning to implement changes in the Mental Health training curriculum with one of the key changes being an increase in the time allotted to psychiatry during the six years of undergraduate medical training. It is not known how students will view these changes. For this reason, we decided to carry out a preliminary survey of student perceptions of the current psychiatry posting.

METHOD

The study used a sequential mixed method design with a questionnaire and ten random in-depth interviews. Students spend 16-weeks doing rotations of two weeks in each sub-specialty. During the psychiatry posting, each group is exposed to outpatient clinic/reviews, inpatient ward rounds, emergency psychiatry, sometimes electroconvulsive therapy, and the weekly academic programme of the department. At the end of the 16 weeks of the “short postings”, there is an examination after which, all the students (N=120) signed consent, and were asked to fill-in a previously developed questionnaire. It had two parts – a brief sociodemographic part and a second component comprised of 8 items addressing the students’ assessment of the psychiatry posting. The answers to the second component were formatted on a 5-point Likert scale, from strongly disagree to strongly agree. The ten students randomly selected for interview, using their class serial numbers, were asked four predetermined questions. The questions (Table 2) were used to explore areas identified as important as a result of the survey. The interviews were 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 the frequencies of each response. Content analysis of the qualitative data obtained through interviewing [DONE HOW?] identified themes and patterns.

RESULTS

Sociodemographic characteristics

120 students returned the questionnaires but one was discarded because of incomplete response, giving a response rate of 99.2%. Figure 1 shows the sociodemographic profile of the participants.

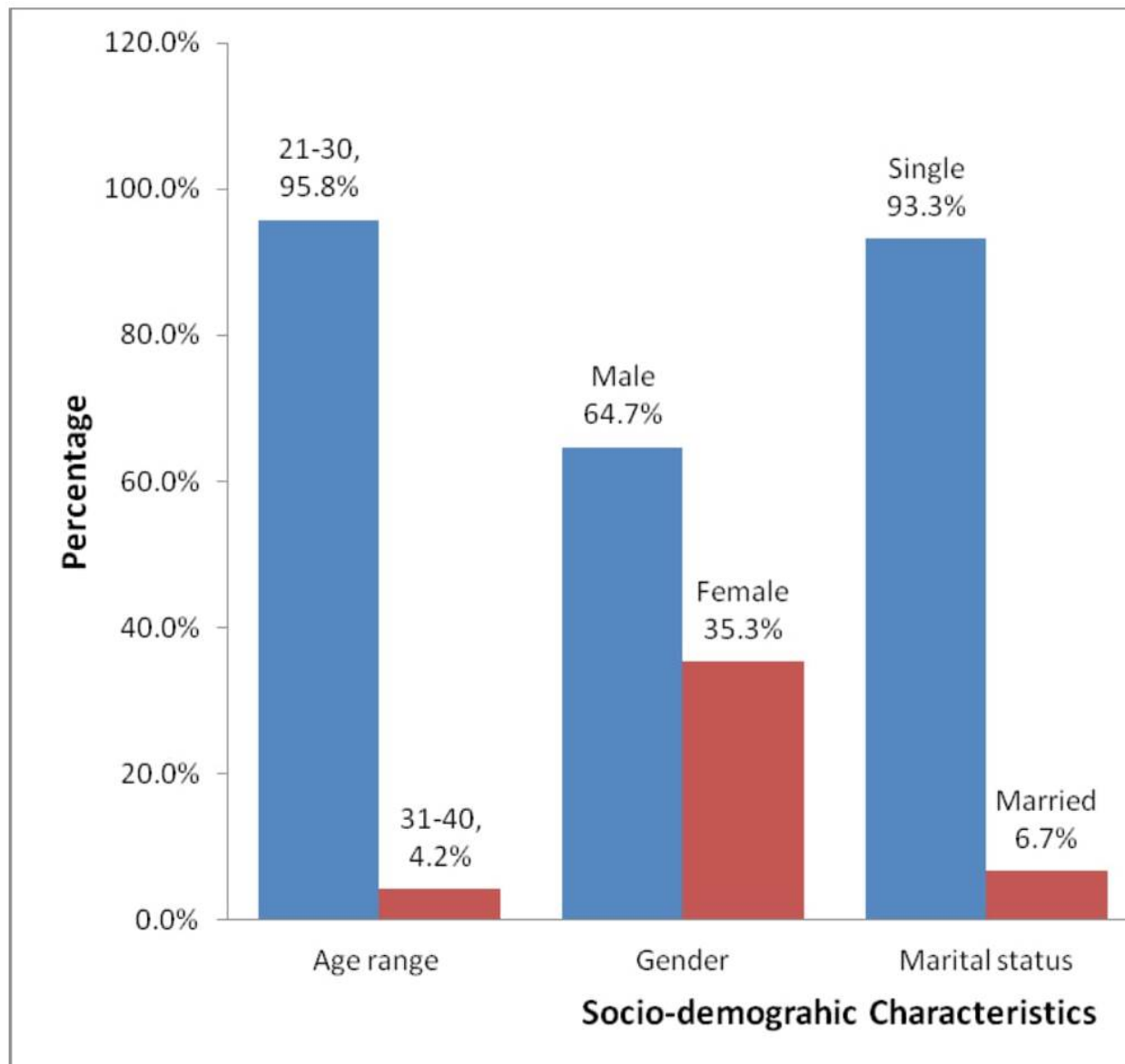


Figure 1: Sociodemographic characteristics of the participants

Participation in psychiatry clerkship posting

Figure 2 shows the attendance (Monday to Friday) of the participants to the psychiatry posting.

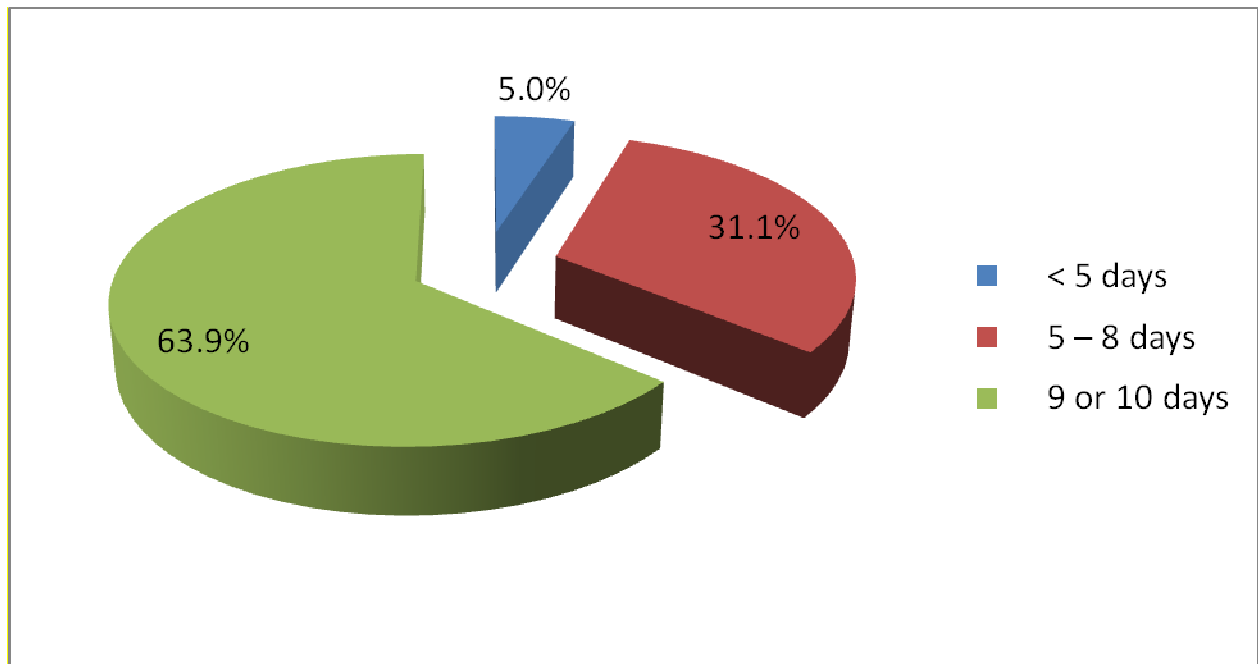


Figure 2: Days of participation in Psychiatry posting

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.

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
The posting was interesting	2	1.7	3	2.5	6	5.0	63	52.9	45	37.8
Consultant psychiatrists were available and willing to teach	0	0.0	1	0.8	2	1.7	57	47.9	59	49.6
Clinical psychologists were available and willing to teach	25	21.0	28	23.5	27	22.7	27	22.7	12	10.1
There were enough patients	2	1.7	18	15.1	9	7.6	60	50.4	30	25.2
The lectures did not allow full participation in the ward/clinic	8	6.7	33	27.7	11	9.2	34	28.6	33	27.7

Difficult to understand how psychiatrists arrive at diagnoses	12	10.1	50	42.0	5	4.2	31	26.1	21	17.6
I might consider psychiatry for specialization	23	19.3	17	14.3	45	37.8	25	21.0	9	7.6

*NDNA: Neither disagree nor agree

Duration of participation and perception of the clerkship programme

Table 2 shows the relationship between the students' attendance record and their perception of the posting.

Table 2: Influence of attendance

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	0.002
	5 – 8		34	31.5		
	> 8		69	63.9		

Satisfied with	< 5	90/119	4	4.4	46.242	0.19
the level of	5 – 8		28	31.1		
exposure	> 8		58	64.4		
during the						
posting						
Might	< 5	34/119	1	2.9	78.112	0.23
consider	5 – 8		10	29.4		
psychiatry for	> 8		23	67.6		
specialization						

Interview

Table 3 shows the 4 questions asked in the interview.

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 the emergence of the following four main themes (i – iv below).

90% of the ten interviewees found the posting interesting; 60% considered it stressful. Some of the common reasons for stress identified by the participants were:

i. Timing of classroom lectures: Four students (40%) complained that some lecturers did not adhere to the scheduled period for lectures thus encroaching into their clinical time.

ii. Timing of postings: Five students (50%) noted that the two-week postings came immediately prior to their 4th MBBS comprehensive exam when they were concentrating on their theoretical studies.

iii. Complex history taking in psychiatry: 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 when she saw ward security guards attempting to calm a violent patient. When the patient saw her, he screamed “I have seen her, my wife; come and kiss me” and attempted to embrace her.

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 it after their 4th MBBS examination would help to improve participation and interest.

DISCUSSION

Up to a quarter of our study participants, whose mean age was similar to that of another Nigerian study [16] [17], considered psychiatry as a possible future career, a finding similar to that of Andlauer and colleagues in France [18] though far higher than that reported by Aghukwa in Nigeria [16]. The determining variables include provision of an exemplary psychiatry clerkship [19], the student’s grade in the subject [17] [18], and charismatic teaching, mentorship and stigma reduction [10].

Roughly half the students considered the two weeks allotted to the clerkship as adequate. A survey from India found that two weeks were inadequate [20], and other studies agree that more time contributes to better understanding of the subject and also to the likelihood of choosing a specialty [18] [21].

On-going classroom lectures were identified as encroaching on clinical time. This scheduling problem occurs in virtually all medical schools in south-east Nigeria, and is partly due to an outdated curriculum that no longer corresponds to 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, the majority (84.6%) did not conduct an independent examination in psychiatry, some schools had no didactic teaching in psychiatry and close to one half offered no clinical experience in psychiatry. The contribution of psychiatry to the final exit MBBS examination ranged from 0% to 15%. All of these facts show that the psychiatry curriculum is being inadequately implemented in Nigerian medical schools. The authors noted that the most recent curriculum review

for Nigerian medical schools gives psychiatry prominence and advises that every medical school in the country strive to attain the set goals [7]. As a result, our medical school has initiated a curriculum review.

Our results show that psychiatrists were assessed by students to have been more available and willing to teach than were clinical psychologists. This reflects the fact that these were medical students attending a psychiatric clinic where only selected patients were referred to psychology, where there was no set schedule for psychology appointments and where psychologists were not going to be evaluating the students.

The overall findings were that a) a majority of students found the psychiatry clerkship to be interesting and b) attendance did not predict the students' interest in psychiatry as a career option. Similar results have been reported by in other studies [22] [23].

Limitations

This study was conducted with a single class of a single institution. Caution must be taken in generalizing the findings. Many variables that could have impinged on the results were not considered.

CONCLUSION:

Because most mentally ill patients do have access to psychiatrists, it is important to impart basic psychiatric skills to all medical students.

Medical schools in Nigeria need to focus more closely on the psychiatry curriculum and on the development of innovative teaching strategies. This is particularly important in a large country with recurrent political instability and almost continuous security challenges, all of which lead to high rates of mental illness.

RECOMMENDATIONS

1. Every institution should reasonably adopt the latest National University Commission (NUC) curriculum for undergraduate Psychiatry training.
2. The clerkship curriculum in each institution should give students the opportunity to attend psychology clinics where students are exposed to the work of clinical psychologists.
3. Psychiatry should be an independent department in every Nigerian university to ensure adequate coverage of the basic training requirements.
4. Clinical clerkship programmes should allow students total immersion in one discipline; they should not be combined with extraneous activities.
5. Research in medical education, especially psychiatric education [24] should be encouraged

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Competing interests

There are no competing interests.

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AUTHORS' CONTRIBUTIONS

OO designed the study, wrote the protocol and the first draft of the manuscript; MS and CN collected the data and performed the statistical analysis; CA, and AA managed the analyses of the study; AOd and AOk managed the literature searches. All authors read and approved the final manuscript.

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