

Changes in attitudes toward psychiatry with introduction of a new curriculum: experiences of a Sri Lankan medical school

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Background

A Sri Lankan university recently changed its medical undergraduate curriculum by including a multifaceted psychiatry clerkship for final year students.

Aims

We investigated the effect of introducing an eight-week clinical rotation on career choice and attitudes of medical students towards psychiatry as a discipline.

Method

One hundred medical students completed the Attitudes Towards Psychiatry (ATP-30) questionnaire before and after the final year psychiatry clerkship.

Results

This study showed favourable improvements in the ATP-30 score following exposure to the professorial clerkship. Significant increase were noted in the desire to pursue a career in psychiatry.

Conclusion

Exposure to a psychiatry clerkship in the final year could improve the attitudes of medical students towards psychiatry.

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Introduction

Interest in psychiatry among medical undergraduates has remained low despite recent developments in the discipline (1-6). The declining interest in psychiatry among medical students and junior doctors has been of concern in both developed and developing countries (1-7). The percentage of medical students pursuing psychiatry as post-graduates has been gradually declining over the past 50 years and psychiatry remains one of the least favoured medical specialties (8). As a result there is a global shortage of psychiatrists; this is more acute in developing countries (1, 8, 9). A recent survey has revealed that only 1.8% of Sri Lankan doctors chose psychiatry as a career (10). Sri Lanka has an acute shortage of psychiatrists with an average of one psychiatrist for every 500,000 people (10).

It is also noteworthy that persons with mental illnesses have been stigmatised by society through the ages. Patients with psychiatric ailments being depicted as violent, unpredictable and dangerous have contributed to this stigma and negative attitude (11). These negative attitudes towards the mentally ill patients have been reported among medical students (1, 3-7). When these individuals become practicing medical professionals these attitudes not only influence future career options but could also affect the care and management of patients with mental illnesses as many who do not specialise in psychiatry are likely to have to deal with patients with psychiatric problems some time during their career (4, 12). Fernando et al reported a high level of stigma towards mental illness among medical students at a Sri Lankan university (13).

Attitudes towards psychiatry and a career choice in psychiatry appear to have a multifactorial determination including demographics, social variables, personality and concern for the mentally ill (1, 4, 8, 14, 15). A medical undergraduate's experience of psychiatry

remains the most frequently cited or highest ranked influence on career choice (14, 15). While many studies indicate that increased exposure to psychiatry at medical school has a favourable influence on attitudes towards psychiatry and a career choice of the discipline, others imply that such exposure could be counterproductive or have a minimal effect (1, 3, 6, 7, 14-17).

Psychiatry has gained an increasing importance in medical undergraduate curricula around the world in the last few decades (18). In keeping with this trend, a medical school in Sri Lanka revised its curriculum in 2008 allocating more time for the teaching of psychiatry through lectures, small group discussions and problem based learning. Psychiatry was also incorporated into the final year medical curriculum with an eight-week professorial clerkship that attempted to provide a multifaceted exposure in the subject to medical students. During the eight-week rotation they are exposed to acute in-patient psychiatry, child psychiatry, community psychiatry and addiction medicine. Students also have a two-week clinical attachment in psychiatry in their third year.

Methods

We investigated the effect of introducing an eight-week clinical rotation in the final year on career choice and attitudes of medical students towards psychiatry.

Final year medical students in the professorial rotation in psychiatry participated in the study. The Attitude Towards Psychiatry 30 (ATP 30) was offered to all students (n=100) on the first and last days of the professorial clerkship in psychiatry.

ATP 30 is a 5-point Likert-type scale designed and validated by Burra et al (19). The scale consists of

30 positively and negatively phrased items that measure the strength of the respondent's attitude to various aspects of psychiatry. The score of each positively phrased item is converted by subtracting it from 6. The ATP score is the sum of the total scores for positive and negative phrased items. A high score on the scale indicates a positive attitude towards psychiatry (maximum=150, minimum=30, logical neutral point=90).

Students were informed that they could choose not to participate in the study. The questionnaires did not include any identifying information and students were asked to drop the folded questionnaires into a designated box, whether completed, partially completed, or not filled out at all, ensuring the students' anonymity.

The data obtained before and after the clerkship were compared using the Wilcoxon test and SPSS version 11 software.

Results

One hundred students were invited to participate in the study. At the beginning of the clerkship 91 (91%) questionnaires were returned. The corresponding figure at the end of clerkship was 93%.

The responses in the ATP 30 questionnaire were simplified by combining 'strongly agree' and 'agree' to form the 'agree' category and similarly the 'strongly disagree' and 'disagree' responses were combined into the 'disagree' category. The average pre-clerkship ATP-30 score was 100 (SD=8.9) and 12 students (14.1%) scored below the neutral point (90). The average post-clerkship score was 110.8 (SD=8.6) and only one student (1.1%) scored below 90. The difference in mean score, before and after the clerkship was not statistically significant ($p=0.52$). However 5 out of 30 items showed a statistically significant favourable difference following the 8-week clerkship (table 1). None of the items showed a change in the negative direction.

Discussion

Students in this study showed a positive attitude towards psychiatry at the beginning of the professorial clerkship possibly due to the subject being introduced during the first four years with lectures, small group discussions, problem based learning and a short clinical attachment during the third year.

Although the ATP 30 scores recorded were comparable to previous studies conducted elsewhere, direct comparisons were difficult due to differences in the methodologies of the studies and the level of training of the participants.

This study showed a near three-fold increase in the likelihood of pursuing a career in psychiatry from 9.4% to 25.8%. Similar improvements have been recorded following eight-week clinical attachments in both developed and developing countries (3, 4, 6, 7)

Several previous studies have shown a dissonance between favourable attitudes and the intention to choose psychiatry as a future career (2, 14, 15). This study however indicated no such disparity.

A significant improvement of attitudes was seen in five items which addressed different aspects ranging from choice of post-graduate career to awareness of available effective treatment and an increase in the holistic understanding of a patient. The latter would be advantageous in a primary care setting in Sri Lanka where many psychiatric disorders may present in the form of physical complaints. The finding that awareness of effective treatment modalities increased following the clerkship was also encouraging. It suggests that these medical graduates could guide their patients to seek medical assistance for psychiatric ailments in a culture that tends resort to expensive and often ineffective traditional healing rituals (20).

It has been demonstrated that favourable attitudes gained soon after exposure to a clerkship in psychiatry decline with time (17, 21, 22). Therefore the increase in the ATP 30 scores needs to be interpreted with caution.

This study recorded a high response rate when compared to most other similar studies. Although students may

Table 1 – Individual items of the ATP 30 questionnaire which showed significant improvement following psychiatry clerkship

	Pre-clerkship Agree	Pre-clerkship Disagree	Post-clerkship Agree	Post-clerkship Disagree	Z-score	P value
I would like to be a psychiatrist	9.4%	41.1%	25.8%	27.9%	2.651	0.009
Psychiatric teaching increases our understanding of medical and surgical patients	23.5%	51.7%	41.9%	31.1%	2.447	0.014
If I were asked what I considered to be the three most exciting medical specialties psychiatry would be excluded	45.8%	18.8%	30.1%	50.5%	2.014	0.036
These days psychiatry is the most important part of the curriculum in medical school	18.8%	58.8%	35.4%	35.4%	2.318	0.016
In recent years psychiatric treatment has become quite effective	71.7%	15.3%	84.9%	8.6%	1.962	0.04

have felt obliged to participate, it is unlikely that this fact contributed greatly to the high response rate as anonymity was strictly maintained to the extent of not collecting any demographic data including gender. The students were also aware that the study data would not be analysed prior to their final year examination. The possible social desirability bias, in terms of obligation to participate, may be ascertained in future studies by the use of the social desirability scale.

The positive findings of this study would be encouraging for other Sri Lankan medical schools which have also recently introduced psychiatry clerkships in their final year of undergraduate training.

Replicating this study with improvements at the same medical school and conducting similar studies at other universities could yield more useful information and assist in improving the quality of undergraduate training in psychiatry in Sri Lanka.

Declaration of interest

Authors are academic staff members of the university where the study was conducted but received no financial assistance for conducting this study

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