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Overview: The Need for Improvements in Psychiatric Education

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Education includes more than the cognitive transmission of knowledge. Learning requires an affective and psychomotor component as well. Psychiatrists are uniquely qualified to appreciate, and apply, core tenets of the educational process.

This book developed out of recognition amongst the co-editors of a need for more attention within our profession to both the art and the science of teaching psychiatry. As past Chair (Gask) and present Chair (Coskun) and Co-Chairs (Gask and Baron) of the Section of Education of the World Psychiatric Association, we have debated the developments in teaching over the last decade, and have noted that our own speciality has sometimes seemed rather slow to adopt some of the newer educational technologies, using 'technology' in the broadest sense of the word to mean the methods and tools that can be brought to bear to solve a particular problem in society. In many parts of the world, psychiatric teaching is still delivered using a combination of the formal lecture programme, combined with the apprenticeship hands-on experience in the hospital and out-patient clinic often with limited supervision. As two young colleagues of one of the editors wrote in the *Psychiatric Bulletin* many years ago when reflecting on the experience of the trainee:

No-one except you and the patient really know what happens when you take him for an interview. You learn from your own mistakes behind the closed door.

—Adams and Cook [1]

A view that will still be familiar to many of those starting psychiatry today.

However, at the same time we recognized that our own decisions to enter the profession were not always so much governed by the now quite traditional methods that were used in our teaching, but the qualities of an individual and often charismatic teacher who inspired enthusiasm for finding out about what sometimes seems like a quite difficult and nebulous subject to many students. In the chapter which follows this brief introduction, Cyril Höschl and Jon van Niekerk explicitly address the important role that education has to play in addressing the 'recruitment crisis' in psychiatry and the negative attitudes that medical students have been found to possess towards our speciality. This is followed by a discussion by Driss Moussaoui of the need to specifically address ethical issues in the teaching of psychiatry. In Chapter 4, a comprehensive overview of the development of an undergraduate curricula is presented by Nisha Dogra, Cyril Höschl and Driss Moussaoui using a model developed by the Royal College of Psychiatrists in the United Kingdom (UK) as an example. In a companion chapter, Amanda Mackey and Allan Tasman specifically examine the design of the residency curriculum; an up-to-date overview of methods in assessment is provided in a later chapter by Brian Lunn, Maria Corral and Adriana Mihai.

How to teach 'behavioural sciences' in ways that seem to be relevant and interesting to undergraduate students (some of us remember this being addressed in a particularly uninspiring way in dusty lecture theatres) is covered by one of the co-editors, Bulent Coskun. Problem-Based Learning is one of the newer 'technologies' to arrive in medical education, and how this can be used in both undergraduate and postgraduate or residency education is addressed by an international group of authors: Badrakalimuthu, van Diest, Bak and de Waal. Those seeking a more literal use of the term 'technology' will find the chapter by Sheldon Benjamin and Maria Margariti extremely enlightening.

The art and skills of listening and talking with patients is central to our professional lives and we make no apologies for our emphasis on acquisition of both basic interviewing skills (Gask) and more complex skills in conducting psychotherapy (in chapters by both Glen Gabbard from the United States of America (USA) and Mark Evans from the United Kingdom), in addition to specific chapters dealing with innovative techniques, such as the Standardized Patients (Michael Curtis and Dave Baron), and with imaginative involvement of real users of our services (from Rex Haigh and Kathleen Lovell).

Looking beyond the teaching of psychiatrists, we have also addressed the other important roles that teachers of psychiatrists have to play, specifically in training in primary care (Gask, Coskun and Fahrer), where the vast majority of people with mental health problems receive care. Many psychiatrists will be involved in teaching in this setting, but we also need to consider how to teach psychiatrists to be educators within the community (Baron and Coskun) and, finally, how we can help our students to acquire the skills to carry out a research project of their own (addressed by David Goldberg).

We set out to try and get an international team of authors to work with us in producing this book and, through this collaboration, we believe new international alliances have been forged. From our correspondence with the writing teams this does indeed seem to be the case but it has not always been easy. As one of the authors commented in his e-mail correspondence with us, it was a little ironic that the vagaries of new technology (failure in e-mail) made it difficult for him to deliver to us as early as he had hoped a chapter which addressed use of new technologies in medicine.

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It is our hope that readers will find this compendium of knowledge about how, what, where and, above all, why to teach psychiatry. We need to inspire ourselves before we can inspire our students, whoever they may be. Quality education is our best recruiting tool, shaper of public health policy sensitive to the needs of our patients, the keystone of the research process and the most important component of clinical care. We must all teach wisely. Our profession depends on it.

Reference

1. Adams, G. and Cook, M. (1984) Beginning psychiatry. *Bulletin of the Royal College of Psychiatrists*, 8, 53–54.

