

MEDICAL STUDENTS' ATTITUDES TOWARDS PSYCHIATRY: EFFECT OF A TWO WEEK POSTING

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The attitudes towards psychiatry of thirty, fourth year medical students were studied before and after a two week clinical posting, using an attitudes questionnaire. The results indicated that a two week posting in the specialty was not sufficient to significantly influence students' attitudes in a positive direction. The implications of these findings for undergraduate psychiatric education are discussed.

Key words: medical students, attitudes, psychiatry.

INTRODUCTION

An attitude may be defined as a relatively enduring organization of emotionally linked, learnt beliefs around an object or a situation predisposing one to respond in some preferential manner (Rezler, 1976). Medical students' attitudes towards psychiatry are determined by a number of factors (Buchanan & Bhugra, 1992). Personality (Walton, 1969), previous experiences (Alexander & Eagles, 1986), training in medicine and psychiatry (Ghadirian & Engelsmann, 1982), medical school experiences, including influence of faculty members (Eagle & Marcos, 1980) are some of the factors which have been studied. These attitudes are probably important in determining a career choice of psychiatry (Nielsen & Eaton, 1981). For students who take up other specialties, these attitudes may determine their interest and ability to identify, diagnose and treat / refer patients with psychological problems (with or without concurrent physical problems) in their respective fields of specialization (Eaton & Goldstein, 1977).

Low rates of recruitment to psychiatry have been a cause of concern world wide, though this trend has shown some signs of reversal in the recent past (Scully, 1983). On the average, between 2% to 4% of a graduating class take up psychiatry as a career (Nielsen, 1980; Pardes, 1982; Brook, 1983). This problem is much more serious in developing countries such as India, where current rates of psychiatric specialization are woefully short of the needs of the community; moreover, undergraduate training in psychiatry and behavioral sciences in most medical colleges in the country is unsatisfactory (Kumar 1988; Bhaskaran, 1990).

Due to this shortage as well as other social reasons, a large number of patients with psychiatric problems, especially those of a non-psychotic nature, are more likely to present to a general physician

rather than a psychiatrist (Reiger, et al, 1978). The attitude of the physician and sensitivity towards psychological issues will play a major role in determining the type of care such a patient receives. Hence, it has been suggested that educational programs for medical students should be aimed at those who will not choose psychiatry as a specialty (Nielsen, 1980; Scully, 1983).

Most reports on medical students' attitudes towards psychiatry have come from Western countries, notably the USA (Nielsen & Eaton, 1981; Yager et al, 1982), Canada (Lau & Offord, 1976; Burra et al, 1982; Ghadirian & Engelsmann, 1982; Das & Chandrasena, 1988), the UK (Walton, 1969; Wilkinson et al, 1983a & 1983b; Sivakumar et al, 1986; Alexander & Eagles, 1986 & 1990; Shelley & Webb, 1986; Creed & Goldberg, 1987) and France (Samuel-Lajeunesse & Ichou, 1985). Other reports have been published from Hong Kong (Pan et al, 1990) as well as developing countries such as Venezuela (Baptista et al, 1993), Chile (Araya et al, 1992) and Saudi Arabia (Soufi & Raof, 1992). There are relatively few Indian studies in this area, all of which have been carried out in the recent past (Rajagopalan & Kuruvilla, 1987; Rao et al, 1989; Prabhakaran et al, 1989; Lal et al, 1992; Alexander & Kumaraswamy, 1993).

Studies focussing on the way attitudes are influenced by a posting have used different attitude scales as well as different clinical structures, with varying durations of clerkship: six weeks (Alexander & Eagles, 1990); eight weeks (Ghadirian & Engelsmann, 1982; Wilkinson et al, 1983; Shelley & Webb, 1986; Creed & Goldberg, 1987; Araya et al, 1992) and one lecture and clinic a week for a semester (Soufi & Raof, 1992).

In India, there has been a significant reassessment of the undergraduate medical curriculum in the recent past, with the Medical Council of India and various universities attempting to reorganize the

whole structure and make it more relevant. With the increasing importance being given to undergraduate psychiatric education (Bhaskaran, 1988; Ponnudurai, 1988; Praveenlal, 1988; Bhaskaran, 1990), it is surprising that very little attention has been paid to the way attitudes of students in India are influenced by a clinical posting in psychiatry.

A study done by the authors (Rajagopalan & Kuruvilla, 1987) on two successive batches of medical students had shown that a four week clinical posting exerted a favorable influence on their attitudes to psychiatry. However, the fact that many medical colleges have only a one or two week posting in the subject (Bhaskaran, 1988; Kumar, 1988; Ponnudurai, 1988) prompted us to address the issue whether a shorter posting would be sufficient to favorably influence attitudes.

MATERIAL & METHODS

This study was conducted at the Department of Psychiatry, Christian Medical College, Vellore. This is essentially a general hospital psychiatric unit which handles all types of psychiatric problems and has an active consultation liaison service. Normally, medical students are posted for a period of four weeks in psychiatry in their pre-final year. However, for the year 1993, this continuous posting was split into two separate phases, lasting for two weeks each, due to administrative reasons. This made it feasible for us to devise a two week posting and study its efficacy.

Thirty fourth year medical students were posted in the unit in three groups of ten each, for a period of two weeks (about 42 hours). Prior to the posting, all students had received a series of ten lectures covering various aspects of psychiatry. During the posting, students were assigned in pairs to an individual tutor who was either a consultant psychiatrist or a post graduate registrar. Each student was allotted cases (both inpatient and outpatient) which were worked up under supervision and discussed with their individual tutors. In addition, ward clinics were held for the whole batch on various inpatients. The focus during the clinics was on aspects of history taking, mental state examination, investigations and treatment (including follow up and rehabilitation) of the common psychiatric conditions likely to be encountered. Students also prepared and presented a series of six seminars on various topics of practical relevance such as diagnosis and management of grief, suicide etc.

On the first day of their posting, students were administered an attitudes scale, derived from the senior medical students' questionnaire by Nielsen & Eaton (1981), and previously used by the authors (Rajagopalan & Kuruvilla, 1987). This consists of twenty statements to which there were five possible responses: Strongly agree [SA], Agree [A], Neutral [N], Disagree [D] and Strongly disagree [SD], which were scored on a continuum from 1 to 5 respectively. Depending on the way a statement was framed, a high score could be indicative of either a positive or a negative attitude. About half the statements were worded in terms favorable to psychiatry and half were stated in a negative form. On the average it took about ten to fifteen minutes to complete the questionnaire.

The same scale was again administered to the students on the last day of their posting. On both occasions anonymity of the responder was preserved. The mean pre-posting score for each question were computed and compared to mean post-posting score using the Student's 't' test. All students who missed more than two days of classes were excluded from the study.

RESULTS

All thirty students had adequate attendance and were included in the study. The mean pre and post clinical posting scores are given in the table. The attitudes towards psychiatry can be broadly grouped into attitudes about the overall merit of field of psychiatry, efficacy, role definition and functioning of psychiatrists, possible abuses and social criticism and career and personal rewards.

It was found that on the whole, the pre-posting attitudes were very positive on all except two statements: [a] students felt that psychiatrists tended to overanalyze human behavior and [b] that they made less money than other physicians.

On comparison with their attitudes after the posting, it was found that while there was a positive trend in several areas, it did not reach statistical significance. A marginal worsening of attitudes was noted in areas concerned with role definition and functioning of psychiatrists and career and personal rewards. These were mainly related to the way psychiatry was looked upon by non-psychiatric faculty and other medical students. Both the statements on which attitudes were initially negative (mentioned above) did not show any major positive change.

ATTITUDES TO PSYCHIATRY

Mean pre and post posting scores on the attitudes questionnaire

	Mean Scores	
	Pre-posting	Post-posting
Overall merits of the field of psychiatry:		
1. Psychiatry has advanced considerably in recent years in the biological treatment and understanding of schizophrenia and depression.	2.08 (0.58)	2.0 (0.72)
2. Psychiatry is a rapidly expanding frontier of medicine.	2.45 (0.78)	2.42 (0.93)
3. Psychiatry is unscientific and imprecise.	3.83 (0.64)	4.0 (0.66)
4. If someone in my family was very emotionally upset and the situation didn't seem to be improving I would recommend a psychiatric consultation.	1.96 (0.55)	1.96 (0.69)
5. Psychiatric consultations for medical and surgical patients are only rarely helpful.	3.75 (0.61)	3.88 (0.61)
Role definition and functioning of psychiatrists:		
6. Entering Psychiatry is a waste of medical education.	4.13 (0.61)	3.75 (0.94)
7. Today's physician does not have time to deal with patients emotional problems.	2.46 (0.93)	2.54 (1.02)
8. With few exceptions, clinical psychologists and social workers are just as qualified as psychiatrists to work with emotionally disturbed persons.	3.46 (0.93)	3.25 (1.23)
9. Psychiatrists understand and communicate with people better than the average physician.	2.46 (1.14)	2.38 (0.88)
10. Psychiatrists tend to overanalyze human behavior.	2.83 (1.01)	2.83 (1.13)
11. Psychiatrists are frequently apologetic when teaching psychiatry.	3.50 (0.59)	3.50 (1.02)
Possible abuses and social criticisms:		
12. Psychiatrists frequently abuse their legal power to hospitalize patients against their will.	3.75 (0.74)	3.92 (0.72)
13. Psychiatrists spend too much time seeing patients who don't need their care, while ignoring the problems of those most in need.	3.88 (0.61)	3.92 (0.58)
Career and personal rewards:		
14. On the average, psychiatrists make less money than other physicians.	2.96 (0.91)	2.92 (0.88)
15. Within medicine psychiatry has high status.	3.04 (0.69)	3.0 (0.78)
16. Most non-psychiatric faculty and staff at my medical college are critical of psychiatry.	3.42 (0.72)	3.17 (0.96)
17. If a student is interested in psychiatry as a career, other students or faculty will try to dissuade him or her.	3.33 (0.96)	3.08 (0.93)
18. If a student expresses interest in psychiatry, he or she risks being seen by others as odd, peculiar or neurotic.	3.38 (0.97)	3.04 (0.91)
19. Psychiatry is attractive as a discipline because it is more intellectually comprehensive than other medical careers.	2.38 (0.71)	2.58 (0.93)
20. Psychiatry courses are too easy. They should be made more demanding and on par with the difficulty of other courses.	3.17 (0.92)	3.13 (1.08)

None of the differences between pre and post posting scores were statistically significant.

Standard deviation given in brackets.

DISCUSSION

The pre-posting attitudes of students are more positive than those reported from other studies, but because of the small numbers in our study no comparisons can be made. The inability of a two week posting to favorably influence attitudes to psychiatry is a source of concern. This is at variance with the findings of Rao et al (1989), who reported a significant improvement in general attitudes after a two week posting, though, when specific attitudes were considered, only two out of eighteen areas showed a significant change. Lal et al (1992) reported a global improvement in attitudes at the end of a two week posting. Prabhakaran et al (1989) noted improvement in certain areas and significant worsening in several others when the attitudes of preclinical and final year medical students were compared; the final year students had a total of thirty days exposure to psychiatry: fifteen days in the third year and fifteen days in their final year.

A previous study done before and after a four week posting (Rajagopalan & Kuruvilla, 1987) showed a significant improvement in attitudes at the end of four weeks. In spite of differences in methodology between all these studies, this suggests that a two week clinical posting is insufficient to alter the way medical students perceive and react to psychiatry, and that a four week continuous posting would be more likely to achieve the same. All the other available studies which showed a significant improvement in attitudes at the end of a posting had a minimum duration of six weeks. (Alexander & Eagles, 1990; Ghadirian & Engelsmann, 1982; Wilkinson et al, 1983; Shelley & Webb, 1986; Creed & Goldberg, 1987; Araya et al, 1992).

The factors that lead to a positive attitudinal change during a clinical clerkship are not well defined, but may be associated with students taking direct patient responsibility (Lau & Offord, 1976; Maxmen, 1979), emphasis on the doctor patient relationship (Bakewell, 1971) and exposure to patients with psychiatric illness which responds rapidly to treatment (Eagle & Marcos, 1980). Greater emphasis on these areas may lead to the production of more favorable attitudes; two weeks may not be sufficient time enough to allow these factors to play a role.

These findings need to be replicated using a larger number of students before major conclusions are drawn. A small sample size in such a study is not

necessarily a drawback as it provides for a greater degree of student-staff interaction, supervision and possibly learning. If similar findings are replicated elsewhere, it would be apt to review the current status of psychiatry in the undergraduate curriculum, and rethinking would be necessary on the time allotted to this specialty. The existing recommendation of allotting fifteen days for a clinical posting in psychiatry (Appaya, 1988; Ponnudurai, 1988) needs serious reconsideration.

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ATTITUDES TO PSYCHIATRY

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