PSYCHOLOGICAL MEDICINE IN THE UNDER-GRADUATE MEDICAL CURRICULUM

M. PARAMESHVARA DEVA

INTRODUCTION:

PSYCHOLOGICAL Medicine has been a late-comer into the undergraduate medical curriculum the world over. Indeed, there are still many medical schools in developing countries where there are no formal departments of psychiatry, and where the subject is covered in a series of a dozen or so lecture-demonstrations. This late and often cursory reference to psychiatry has it's origins in a wider attitude of fear, ignorance and even ridicule towards mental illness the world over. From such beginnings, it was not surprising that mental illness was confined to large asylums and the first psychiatrists referred to as 'alienists'.

It was a name that denoted the psychiatrist's tradition of being alienated in their 'asylums' outside the main stream of medical knowledge and practice. The earliest psychiatric entrants into the medical school were largely mental hospital doctors who gave lectures or demonstrations to medical students far removed from the realities of psychiatric hospital practice. The consequent attitude of the students themselves was one of psychiatry being alien to medicine as they knew it.

On the other hand, psychological medicine over the past four decades since the Second World War has become recognised as an essential skill of all practitioners engaged in health care. Psychological medicine has not only a great deal to contribute by way of understanding and management of the major syndromes of mental illness but a considerable amount in such major fields as psychosomatic medicine interview skills and in the shaping of attitudes of the future medical practitioners of the community at large.

M. Parameshvara Deva
Associate Professor
Department of Psychological Medicine
University Hospital
Kuala Lumpur.

Aims in the Teaching of Psychological Medicine

There has been in the teaching of undergraduate psychiatry over the years an erroneous concept that teachers of psychiatry must do their work with the aim of getting 'converts' for their 'religion'. Such a concept may be excused as being the result of centuries of oppression and suppression of psychiatry and mental illness. Woodmansey (1967) says: "It is a truism that the teaching of any branch of Medicine to undergraduates must be designed for those who will not become specialists in the subject." This cannot be more true in psychiatry. No country can hope to have the numbers of psychiatrists it needs to cater for all the emotional problems of it's people. This situation is compounded in developing countries where figures of psychiatrist: population ratios considered good in developed countries (e.g. 1 : 50,000 for UK) are meaningless in the face of even medical doctor shortages that are severe.

The aims, therefore, in the inclusion of psychological medicine in the medical curriculum are many. The generalist or young medical graduate will have to be at the forefront of psychiatric care no matter where he practices. In developing countries where psychiatrists may number from 1 per million to 1 per ¼ million, the psychiatrist is a luxury few people can see. The undergraduate should therefore be equipped to deal at the grass-roots level with psychological aspects of his medical practice and also be able to contribute positively in his own way to primary prevention in the community where he works.

These requirements make the teaching of psychological medicine vital in the medical curriculum. Among the aims of the teaching of psychiatry to undergraduates are:-

(1) Teaching of basic clinical psychology

(2) Creating awareness of emotional distress in patients

(3) Teaching of interview skills useful in the interviewing of and history-taking from patients in all disciplines

(4) Teaching of psychological problems in physically ill patients

(5) Teaching the features and management of major psychiatric syndromes

(6) Promoting the emotional growth of medical students through study of psychological medicine

(7) Teaching of basic psychotherapy skills useful in all branches of medicine

Teaching of Psychology

The teaching of psychology should aim at opening to the young medical students basic psychological concepts and their relationship to stress and distress in everyday life. For over a century now, advancement and emphasis in medical knowledge has been largely an atomical and physiological, so that medical students often go away with the idea that disorder can only occur in these areas. It is salutory for a budding medical practitioner to learn that a great proportion of human distress comes from stresses on the psyche. A basic course in clinical psychology with appropriate emphasis on clinical examples and application can help in no small way to the students' understanding. Done in the pre-clinical years, it prepares the student for his experience in the clinical years.

Creating awareness of emotional distress

The dichotomy between physical medicine and psychological medicine is an unfortunate one. For true integration of the two, what is needed is an extended clinical method during the basic introductory course in the clinics for all medical students. Along with the examination of heart, lungs and abdomen, should be routinely included a short mental status examination. The basic introduction to the clinics should include psychological medicine not with the demonstration of a single case as is done often but a series of films or videotapes followed by lectures and seminars to small groups of students. In this context, the increasingly popular arrangement of psychiatric units within general hospitals (especially teaching hospitals) helps psychologically to integrate this important discipline into the medical curriculum. An introductory visit to the psychiatric ward and other services such as child psychiatry, rehabilitation unit or day centre would give the students a comprehensive view of the role of psychological medicine in the practice of patient care.

Where there are psychosomatic clinics, the integration would be further enhanced and awareness of psychological factors in disease made clearer to students. Working with a psychiatric team also gives the student awareness of social factors operative in psychological disease.

Interview Skills

While all medical students are taught the essential skills of physical examination and the correct way of doing it, few are given instructions on *how* to interview their patients. Perhaps one reason for this rather obvious hiatus in clinical methods is a lack of expertise on the vital area of human communication. Psychiatry seems most suited to fill the bill by bringing about not only awareness of fellings in medical students but also training in the art and science of interviewing of patients - a skill as necessary if not more than physical examination. Many do not realise that the rapidly dying art of taking a good history is dependent on good interview methods that pays attention to the psychological state of the patient. Many unnecessary investigations are excluded by correct interview techniques and the consequent correct history obtained.

While interview techniques form an integral part of psychiatric training at postgraduate level, they also have a valuable role in shaping the interview skills of doctors in their formative years by sharpening their observation of verbal and non-verbal response of their patients. The posting in psychological medicine should include a compulsory short course in interview methods. These can be done by both, by use of various audiovisual aids such as one-way screen arrangements, videotapes and by role playing. The essence is to give the student practical experience in correct methods of obtaining a history paying attention to psychological defences both in himself and his patient that can give rise to distortions in history.

Psychological Aspects of Physical Medicine

While traditional teaching of psychological medicine takes place in psychiatric wards or even in psychiatric hospitals, there is an urgent need to move psychiatry into the areas where it will be of use to more people who need it. By their very designation, psychiatric units usually serve the more seriously psychiatrically ill. Thus, the medical student sees in his posting mostly seriously ill mental patients of the type he will seldom see unless he decides on graduation to opt for psychiatry as a career. The vast majority of medical students are unlikely to become psychiatrists. However, most medically qualified doctors are likely to come across mild degrees of neuroses, reactive depressions, psychosomatic diseases or anxiety states wherever they work. These are usually not given the emphasis or practical attention they deserve in most psychiatric hospital case conferences.

A significant proportion of the undergraduate psychiatric teaching should therefore be carried out in medical, surgical and other non-psychiatric wards and outpatient clinics where patients with physical and psychological distress are presented and discussed. The aim is to make psychological orientation and management an integral part of the students' skills is clinical management. It should specifically emphasise the positive role of the physician or surgeon in psychological management without resort to the psychiatrists (Lin, 1961).

Psychiatric Syndromes

From the days of Charcot, there has been an excessive preoccupation with curious and severe psychiatric syndromes that most psychiatrists would readily agree are extremely refractory to any treatment. And yet, these very same patients were displayed year after year at demonstrations for medical students who went away awed but none the wiser. Though such practices are dying out, they tend to find favour in medical schools where psychiatry as a speciality is on insecure grounds. The major psychiatric syndromes such as the affective, and the functional psychoses are over-represented in psychiatric wards especially in developing countries. Medical students need to know in simple terms these various syndromes and modern methods of dealing with them. The state of psychiatry in most developing countries is such that most psychoses will invariably end up in one of the psychiatric hospitals or institutions for more regular treatment. The need for medical students to go into the intricacies of this chemotherapy or that theory of behaviour modification is therefore often superfluous at present. However, most students must have the ability to make a simple correct diagnosis of the major syndromes seen in psychiatry and be familiar with current psychopharmacological agents used in their management.

Psychological Medicine and the Student

Most teachers of psychiatry will notice the effect of psychiatry on their students over the years. Students become aware not only of their patient's emotions but also their own. This often helps the student mature in a way that is essential for the practice of medicine as it should be. Far too often are today's doctors accused of being heartless technicians who juggle with biochemistry and electronics without concern for the total human being on the bed or the operating table. Psychiatry should in it's teaching accept the responsibility for helping the medical student mature into a feeling doctor who treats his patient as a person.

Psychotherapy Skills

An important skill in psychiatric treatment is psychotherapy. While traditional analytical psychotherapy may perhaps be on it's way out even among psychiatrists, supportive or brief psychotherapy lasting from two weeks to a few months is becoming the mainstay of psychological management. Medical students need to be exposed to the rudiments of brief or supportive psychotherapy and group techniques. These are proving increasingly useful even in hospital settings in non-psychiatric disciplines. Mothers of seriously ill paediatric patients, patients with chronic illness, dying patients in surgical wards and patients in intensive care all need some form of psychotherapy from time to time. And the young doctor in these or other disciplines should be able to offer 'psychological first aid' in the form of simple psychotherapy.

There are no easy way of spreading psychotherapy skills to undergraduates as supervision of psychotherapy cases is time-consuming and complex. However, group psychotherapy attendances and post-group discussions along with videotapes

of groups and individual therapy can convey a reasonable account of the process of psychotherapy and issues such as transference and counter-transference.

As traditional sources of psychological support for populations in developing countries diminish with urbanisation and modernisation, and trends towards nuclear families, increasing demands for psychological support will fall on medical doctors. Marital problems, children's emotional problems and family stresses often present with somatic complaints that do not respond to medical treatment. These call for psychotherapy in one form or another that is not always available from a psychiatrist in developing countries.

DISCUSSION

Psychological medicine has come a long way since the days of the alienist but has a long way to go before reaching it's goal of an accepted place in undergraduate medical curriculum. The problems at the present are largely due to a frustration over the direction psychiatry should take. Psychiatry should not be in the medical curriculum simply because it is fashionable in other centres.

The teaching of psychiatry must be viewed in the light of the environment or community that the doctor is being produced for. In developing countries, psychiatry and it's practice is severely handicapped by shortage of psychiatrists and para-psychiatric staff. Lin, (1969) says that most developing countries have psychiatrist: population ratios of less than 1 : 1 million while the more affluent countries have a ratio closer to 1 : 10,000 or 1 : 50,000. With priorities in developing countries primarily weighted towards saving lives and promoting material development, psychiatric strengths are unlikely to change dramatically for some time.

With such conditions, the aims of teaching psychiatry become clearer. The teacher in psychiatry has the unenviable but also exciting prospect of devising a curriculum that spreads basic knowledge and skill in psychiatry to medical students, so that they form his 'front line psychiatrist'. They must be trained to spot psychological diseases, treat the simpler ones themselves and recognise those for referral to the overworked psychiatrist if one is available.

The psychiatric undergraduate posting may also be the only opportunity to pick up some psychiatry for the future doctor. So, it has to play an educative role as well as in using psychological principles to his advantage in dealing with emotional problems of his non-psychiatric patients as well. He should refine his skills at interviewing all patients, so that he and his patients gain by his astuteness and sensitivity. Lastly, his exposure to psychiatry should make the medical student mature into a doctor who sees his patients as whole human beings like himself instead of disordered livers or regurgitating murmurs.

Conclusion:

The time has come for psychiatry to set out objectives in it's teaching programmes in the universities especially in developing countries. Once that is done, the next step is to formulate curricula that integrate psychiatry into the study of medicine, so that the student sees and learns to practice psychiatry as an integral part of every patient he sees.

ACKNOWLEDGEMENTS:

My sincere thanks to Miss Susheela Ponniah for typing this manuscript.

REFERENCES

Lin, T.Y. (1961), Perspectives in the Teaching of Psychiatry, *WHO Public Health Papers* (9) WHO Geneva, p. 32

Lin, T.Y (1969), The Demand for Psychiatrists, *in* The Training of Psychiatrists, edited by Russel & Walton, R.M.P.A. publication, 1969, p. 11, Headly Brothers, Kent.

Woodmansey, A.C. (1967), Neglected Fundamentals in Undergraduate Psychiatric Education, *Br. J. Med. Educ.* **1**, 183 - 187.