

A Survey among Teachers of Psychiatry to Improve the Quality of Undergraduate Training: Outcomes from Karnataka

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ABSTRACT

Background: In India, there is a large gap between the mental health morbidity in society and the availability of psychiatrists. However, the latest Indian undergraduate medical curriculum does not require any competency in psychiatry to be fulfilled for certification of medical graduates as doctors. Thus, the role of Indian psychiatry teachers is quite challenging. Interestingly, there has been hardly any effort to understand the felt needs of psychiatry teachers that may further improve the quality of undergraduate training. **Methods:** We used a survey questionnaire that was both qualitative and quantitative, with questions on topics such as years of psychiatry training and experience as a psychiatry teacher. Do they feel the need for training in undergraduate psychiatry teaching? Do they require training in teaching psychiatry theory or clinics or both? What are the specific areas where they want training? What more should be planned for psychiatry teachers? Based on an online survey further steps in the direction of psychiatry teachers felt needs were initiated. **Results:** Around 55 responses with a response rate of 37% were received. More than 50% were working in medical colleges for the last 5 years. About 80% felt the need for further training to teach medical students while 97% felt that additional training is required for handling theory as well as bedside clinic. More than 60% were keen to attend a 1-day workshop to upgrade their teaching skills. A majority wanted to have a forum to share their experiences and to learn from others. Based on the felt needs of psychiatry teachers from the survey, a 1-day workshop was carried out and a forum for psychiatry teachers was inaugurated. **Conclusion:** Training of psychiatry teachers is an important felt need for the challenges that are unique to Indian medical education. The outcome from the Karnataka survey is a progressive step in addressing this challenge.

Key words: Indian teachers of psychiatry, teaching skills, undergraduate medical education

Key message: Training in teaching undergraduate theory and clinics is a felt need of teachers of psychiatry and a forum of teachers to foster more interactions is thereby needed to empower them to handle challenges that are unique to Indian medical education.

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The World Health Organization estimates that in India, the economic loss, due to mental health conditions, in the year 2012–2030, would be 1.03 Trillion US Dollars.^[1] With a 1.35 billion population, the burden of mental health problems is of the tune of 2,443 DALYs per 100,000 populations, and the age-adjusted suicide rate per 100,000 populations is 21. However, the number of psychiatrists per 100,000 populations is 0.3.^[1] Paradoxically, even with such a large gap between the mental health morbidity in the society and the availability of psychiatrists, the latest Indian undergraduate medical curriculum mentions that nothing in psychiatry is required for certification of medical graduates as doctors.^[2] This is a matter of concern as it impairs upcoming medical doctors in India to manage common mental health conditions. Efforts to incorporate psychiatry as a mandatory part of the evaluation in medical education have failed despite the repeated efforts of the Indian Psychiatric Society over the last several years.^[3]

India has 528 medical colleges, one of the largest in the world with more than 70,878 admissions annually.^[4] With a minimum of three psychiatry faculty per medical college, if the annual intake is 100 MBBS students and higher the number of faculty if the intake is higher, particularly so in 200 plus medical institutions which offer additional psychiatry postgraduate residency, it is estimated that there are 2500–3000 psychiatry teachers in Indian medical colleges. The challenges of Indian psychiatry teachers are many.^[5] The need to train psychiatry teachers were highlighted 30 years ago.^[6] However, there has been hardly any effort in India to understand the felt needs of psychiatry teachers concerning their skills in teaching theory and clinics that enhances their ability to engage medical students. Hence, an online survey for psychiatry teachers was planned. Based on an online survey, further steps in the direction of psychiatry teachers felt needs about training were considered.

METHODS

After obtaining the institutional ethical committee approval, wherever it is applicable a survey was carried out in the state of Karnataka in 2016. The questionnaire had both qualitative and quantitative information. The questions were as follows: how many years of psychiatry training (DPM, MD, DNB, or a combination)? How many years of experience as a psychiatry teacher? How many hours do they engage in undergraduate teaching? Do they feel the need for training in undergraduate psychiatry teaching? Do they require training in teaching psychiatry theory or clinics or both? Are they interested in a workshop for the same? Are they willing to pay for the training? What

are the specific areas in which they want training? What more should be planned for psychiatry teachers? The questionnaire was posted on many electronic platforms such as e-IPS groups (which are an online group of Indian Psychiatric Society), personal emails, and other means for communication to medical college psychiatry teachers in Karnataka and hard copies dispatched to, whoever preferred so. Those who consented to participate in the study were included. Confidentiality of personal and institute affiliation details was assured.

RESULTS

Around 55 responses were received. Considering that in 2016 there were 52 medical colleges in Karnataka and the minimum number of psychiatry faculty who were engaged in teaching is two or three per institution (approximately 104–156 faculty in total), the response rate was 37%. More than 50% of responders had done MD in psychiatry and have been working in medical colleges for less than 5 years [Figures 1 and 2]. More than 80% ($n = 47$) felt the need for further training to teach medical students [Figures 3 and 4]. Nearly all felt that additional training is required for handling theory as well as bedside clinic. More than 60% ($n = 35$) were keen to attend a 1-day workshop to upgrade their teaching skills [Figure 5]. Nearly 70% ($n = 38$) were willing to pay a fee of 500–1000 INR for a 1-day workshop. The majority wanted to have a forum to share their experience and learn from others. On the qualitative data concerning areas, the psychiatry teachers felt the need for discussion in the proposed workshop; the following are reproduced as it is: “Need to know what should be psychiatry syllabus for MBBS students,” “Psychiatry teaching that is appropriate for different phases of MBBS,” “Different models of teaching psychiatry,” “What should be teaching-learning engagement in Internship?” “What are innovative methods in teaching theory and clinics?” “How can we make psychiatry teaching more interesting?” “How can we incorporate the interest of students such as preparation of entrance examination/quiz preparation or research interest?” and “How to assess undergraduate learning?”. Based on the felt needs of psychiatry teachers

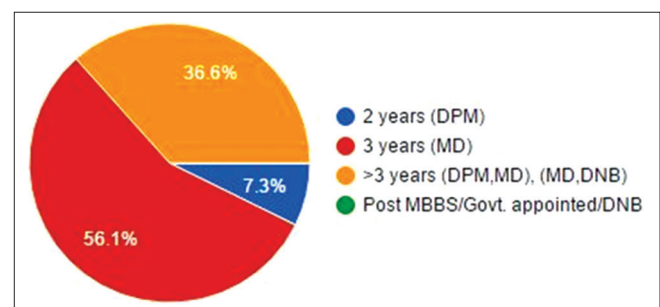


Figure 1: Psychiatry teacher's years of psychiatry training

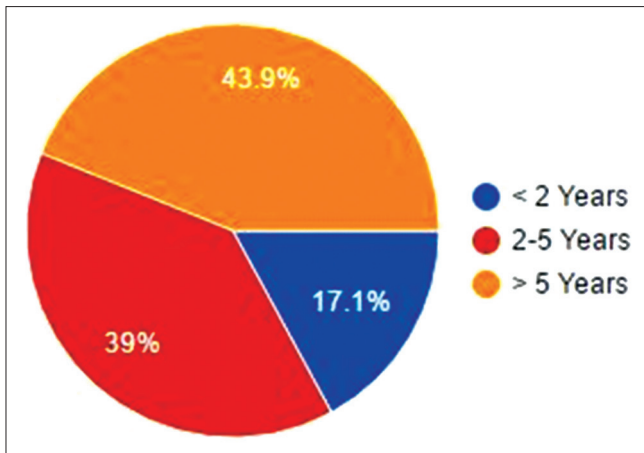


Figure 2: Psychiatry teacher's years of experience as a faculty

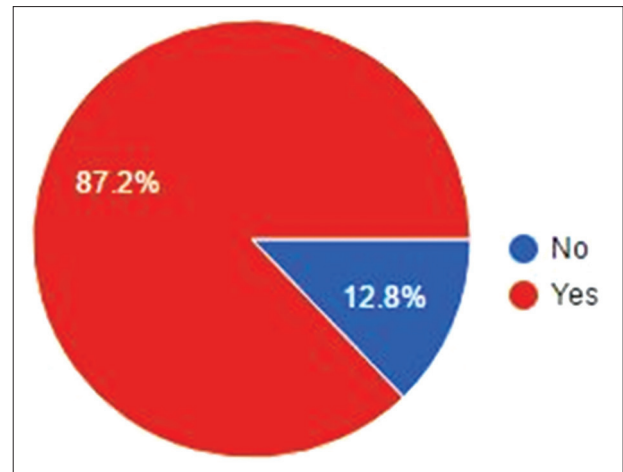


Figure 3: Felt need of psychiatry teachers for training in undergraduate teaching

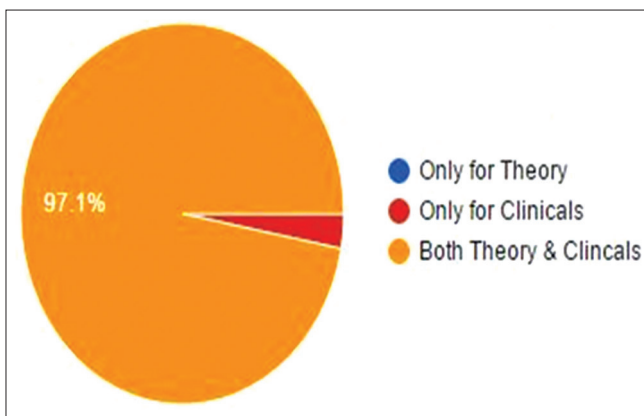


Figure 4: Felt need of psychiatry teachers for training in undergraduate theory and clinics

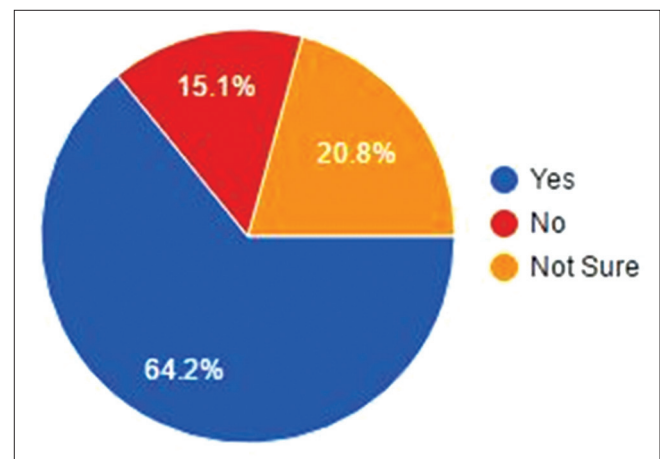


Figure 5: Psychiatry teacher's interest in attending a 1-day workshop for teaching skills

from the survey, a 1-day workshop was carried out and a forum for psychiatry teachers was inaugurated.

DISCUSSION

More than one-third of psychiatry teachers from Karnataka participated in the survey. It is difficult to precisely estimate the number of faculty in each medical college since the Medical Council of India specifies a different requirement for undergraduate institutions which varies with the number of intake of MBBS students. Moreover, those departments with postgraduate teaching faculty vary depending upon the annual postgraduate intake approved for that institution. Institutions may or may not have more faculty than required. With these limitations, considering that in 2016 there were 52 medical colleges in Karnataka and the minimum number of psychiatry faculty who were engaged in teaching is two or three per institution, the response rate was encouraging. Karnataka has a distinction of the maximum number of medical colleges in India and experience from this state may be useful to replicate in the other states.

Those teachers who did not participate may have other equally important engagements such as patient care services in the teaching hospitals where they work or in research activities or other academic activities (e.g., NAAC-National Assessment and Accreditation Council) expected. Our findings reiterate the fact that unlike nonteaching psychiatrists, those affiliated to medical colleges have multiple roles to carry out which may be affecting their role in teaching undergraduates.^[5] The majority of the responders had 3 years of training in psychiatry with less than 10% with 2 years of diploma. As the Medical Council of India is planning to phase out a postgraduate diploma, only the MD/DNB (Diploma in National Board) residency may remain. These 3 years of training can be utilized for incorporating teaching skills at the earliest especially in DNB, training awarded from nonteaching hospitals. Most of the faculties were young teachers; 56% with a teaching experience of fewer than 5 years. This is in line with the findings of the 2013 Indian Psychiatric

society task force on postgraduate education under Prof Mohan Isaac who noted that most faculties engaging in teaching were young. It can also be that senior faculty may have many responsibilities such as administrative works of department or less active online to respond to the survey.

Around 12% of the faculty did not feel the need for training in teaching psychiatry to MBBS students. As the survey did not collect the reasons for the same, it is presumed that these faculty may have received some training such as the Medical Council of India mandatory basic course in medical education technology that is carried out for 3 days in all medical colleges for teachers on a rotation basis.^[7] Although there is no data on how many psychiatry faculty in Karnataka have completed this training, our study did not collect data on this aspect.

The majority of responders, (87%, $n = 48$) felt the need for training to teach psychiatry for MBBS students. Probable reasons could be, in India until the last few years most of the psychiatry residency was offered in psychiatry institutes such as the National Institute of Mental Health and Neurosciences (NIMHANS) or Central Institute of Psychiatry (CIP) which are not affiliated to medical colleges. It is important to note here, apart from NIMHANS which is situated in Karnataka, until the year 2006, only four medical colleges in the state offered a postgraduate residency in psychiatry. Hence, the exposure of psychiatry faculty to undergraduate training was absent or limited to a large extent. Even today a good number of psychiatry faculties from these centers may feel the need for training. The other reasons could also be the absence of any focused training in undergraduate psychiatry or constraints associated with limited period available and lack of enthusiasm among students as psychiatry is not among the mandatory subjects for examination. Interestingly, almost all psychiatry teachers felt that they needed training both to handle theory and bedside clinics. This is understandable as the skills and methods for theory and clinics are different, especially so in psychiatry. The allotted 20 h, in theory, is too little for teachers to incorporate many important topics in psychiatry. Even the clinical exposure is short and limited to one continuous posting of 20 days in the entire MBBS training period. Such constraints may be the reasons for the majority responder's need for training in both patterns. This emphasizes the need for psychiatry teachers to do their best to start from the basics of history taking to imparting limited skills in the mental status examination within the limited exposure the students get in psychiatry. However, the new competency-based curriculum has greatly enhanced the duration of exposure to psychiatry. The curriculum

is divided into 19 topics and 117 outcomes.^[2] Hence, it may be even more important to address the felt needs of psychiatry faculty to upgrade their skills.

As expected, 64% of the faculties were keen to attend a 1-day workshop to upgrade their psychiatry teaching skills. Around 20% were not sure of whether they should be attending the workshop. This may be because psychiatry faculties are less in number in each institution and they have to manage outpatient and inpatient services as well. Among those who wished to attend a 1-day workshop, 70% were willing to pay 500–1000 INR. Nearly 20% felt that no fee should be charged. Probably, psychiatry faculties felt that the institution or professional organizations should take responsibility. However, this study has not collected more information on financial resources.

Interestingly, the varied needs of psychiatry teachers for a workshop such as “Different models of teaching psychiatry,” “What should be the teaching-learning method,” “What innovative methods are in teaching theory and clinics?” and “How can we make psychiatry teaching more interesting?” This greatly enhances our understanding of a focused approach towards each need that is sometimes unique to India.^[8] It is for the first time we can consider and understand psychiatry training from the teachers' perspective. Moreover, solutions to the needs of psychiatry teachers can come from the teachers themselves if there is a platform for teachers in India to share their experiences; unfortunately, there are no such focused forums.^[9] The majority from the survey, on the question of what more should be done for psychiatry teachers, expressed the need for continued efforts to make psychiatry mandatory; they felt the formation of the forum for teachers to discuss the issues that are unique to psychiatry teachers, to have periodic workshops and seminars, etc.

Based on the survey, a 1-day workshop for undergraduate teachers of psychiatry was conducted on 27th November 2016 at Department of Psychiatry, St. John's Medical College, Bengaluru, Karnataka under the collaboration of Indian psychiatric society-Karnataka chapter; Medical Education Department, St John's Medical College (Medical Council of India Regional center for medical education); Rajiv Gandhi University of Health Sciences, Government of Karnataka. The program was also attended by the Director as well as Head of Psychiatry, National Institute of Mental Health and Neurosciences, Bengaluru. It is interesting to note the presence of all stakeholders involved in Indian psychiatry training that acknowledges the felt need of psychiatry faculty and encourages efforts to train them. More than 50 teachers of psychiatry participated in the workshop. About 22 female and 34 male psychiatry

faculties were present in the workshop. Among them 10 heads of department were present. Besides, four professors, six associate professors, 23 assistant professors, and 13 senior residents were present. In total, the participants represented 20 medical colleges and five universities of the state. A forum of Indian Teachers of Psychiatry was inaugurated.^[10] In the workshop on teaching theory and clinics, articles on innovative teaching methods and e-resources were also provided.^[11,12] Based on the skill enhancement workshop participants interest an online group was formed to share the experiences of interested psychiatry teachers.^[13] The psychiatry teachers' training experience from Karnataka was shared at the state psychiatry conference and in the national psychiatry conference, a joint symposium representing various southern states for similar initiatives that involved each state to gather the felt need of psychiatry teachers training through a survey was discussed.^[14,15]

Teaching the teachers in psychiatry is much emphasized in the west; in India, efforts such as this study are less.^[16] The result from the survey reiterates the much-needed training in teaching skills as felt by the psychiatry teachers in India.

To conclude, the teachers of psychiatry felt the need for training in teaching skills and they participated in a workshop when an opportunity was provided, despite the challenges that are unique to psychiatry in Indian medical education. Although the survey is restricted to the state of Karnataka and only 37% faculty responded which is a major limitation, larger systematic studies across India are needed. It is encouraging to note the felt needs of psychiatry teachers to upgrade their skills. The limited progress made from the Karnataka survey findings, subsequent workshop, and the formation of a forum of Indian teachers of psychiatry to improve the quality of mental health training is an important step in the Indian scenario.

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Conflicts of interest

There are no conflicts of interest.

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