

LEARNER CENTRED LEARNING OR TEACHER LED TEACHING : A STUDY AT A PSYCHIATRIC CENTRE

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SUMMARY

This study attempted to identify the attitudes of psychiatric trainees and their trainers towards formalised teaching programmes, using a structured proforma. Both the trainers and trainees did see eye to eye on several aspects of training. A majority of the respondents felt that teaching programmes were indeed useful but opted for fewer programmes, with more variety, broader coverage, interdisciplinary involvement and small group discussions. However, there were some significant differences of opinion between the trainees and trainers, suggesting a reappraisal and suitable alterations in teaching systems so that it may mutually satisfy both the trainees and the trainers.

Key Words : Psychiatric training, trainees, trainers, attitudes, teaching programmes.

INTRODUCTION

Many people are trying to find solutions to the problems in medical education and the emphasis seems to have shifted from absorbing medical facts to acquiring the knowledge, skills, and attitudes thought to be desirable in a modern doctor. The need for training in manipulating information technology to assist continued learning and the importance of postgraduate learning is well acknowledged (Lowry 1992). Problems in psychiatric training are no different from those of medical education. In India, following the Medical Council guidelines that every medical college should have a department of psychiatry, issues of training in psychiatry have assumed greater importance. The number of post graduate psychiatric training centres has also increased significantly over the last few decades (Kulhara 1985). However, apart from the course curriculum and examination rules laid down by the council, scant attention has been paid to the training methodology and needs of post graduate psychiatric trainees.

Training of residents in psychiatry, which was the subject of much critical appraisal in the 1970's (Kardener 1970, Clare 1972), has rekindled much interest in the last few years (Grant 1988, Fahy et al 1990, Des Marchais 1991). In fact, trainees have been credited with being more

influential in bringing about improvements in general psychiatric training than their teachers (Creed and Murray 1981). However, training and especially teaching curricula have continued to be teacher oriented or discipline oriented (Des Marchais 1991), rather than consumer oriented. The consumers - the trainees - have an important role to play in formulating objectives for training by telling their educators what they want and by monitoring and reporting on the quality of training which they receive (Fahy et al 1990).

The system has not always been able to defend and uphold trainees' rights to adequate training because there has been no scrutiny of the delivery of training (Grant 1988). One method of clarifying trainees' opinions about the quality of their training is by surveying current and recently completed trainees (Creed and Murray 1981, Fahy et al 1990). The assessment of attitudes to curriculum may provide a basis for constructive changes in them. This issue is important since the quality of a training curriculum will affect the knowledge, skills and examination passing ability of the trainees.

The objective of our survey was to study the attitude of trainees towards formalised curriculum, and to compare their opinions with those of their trainers (the teachers).

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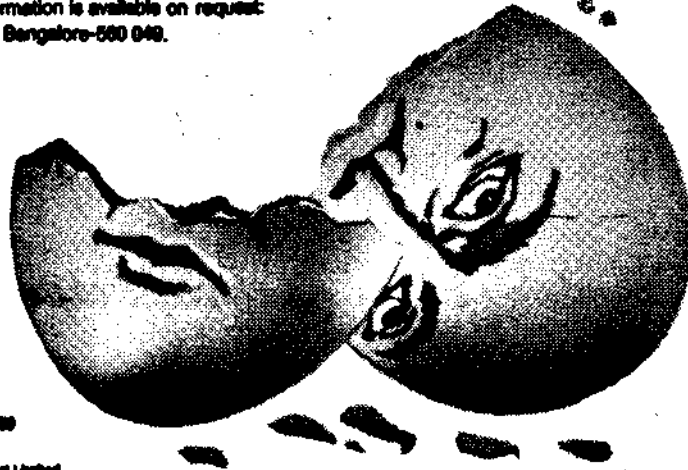
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METHODS

The Department of Psychiatry at the National Institute of Mental Health and Neurosciences, Bangalore, India has about 40 postgraduate trainees (junior residents), undergoing 2 or 3 years of rotational training for the diploma/MD courses in psychiatry. In addition to supervised clinical training and teaching at the small group level (which includes case presentations and topic discussions) by the teachers (consultants and post MD senior residents), there are didactic lectures and the large group departmental teaching programmes held thrice a week, and include a case conference, a seminar, and a journal club.

In the preliminary phase, through informal discussions with some of the trainees and trainers, the commonly expressed views regarding teaching programmes was collated and incorporated into a proforma. This proforma comprised of 26 items relating to the utility of teaching programmes, their desired frequency, their content, etc. The content of the questionnaire is revealed in the results and the tables. Items were rated on a 3 point scale: no response; agree; disagree. Rate-rerate consistency was initially determined. This proforma was administered to all the psychiatric trainees and the trainers, available during the period of the study. The significance of differences between groups was analysed by using the Chi Square test and Fisher's exact probability test.

RESULTS

33 trainees in psychiatry and 30 trainers completed and returned the proforma (2 trainees and 1 trainer did not return the form). Rate rerate consistency of the proforma was 0.96. Teaching activities helped consolidate individual learning and were essential in addition to clinical teaching (89% of respondents). There was a general preference for small group discussions (86%). A majority of respondents felt that interaction with professionals from other disciplines would be useful (83%). Didactic lectures were considered

boring (62%). Individualised styles of presentation (93%) and use of audiovisual aids (95%) were generally preferred (Tables 1 and 2). 33% trainees felt that fear of supervisory reprimand prompted attendance to teaching programmes.

Psychiatric trainees differed from their trainers in that they felt that attendance to teaching programmes should not be compulsory ($p<0.05$). Unlike their trainers, the trainees felt that the option to choose which programmes to attend should rest with trainees ($p<0.01$) (Table 3). 30% of the trainees and 7% of the trainers attributed poor trainee attendance to being overburdened with clinical work ($p<0.05$.) 27% of psychiatric trainees and 40% of trainers admitted that they attended almost all the teaching programmes.

There were discordant views between trainers and trainees with regard to content of the teaching programmes. While the trainers felt that informal discussions would be useful (67%) the trainees preferred examination oriented topics (83%).

TABLE 1
ITEMS ON WHICH TRAINEES & TRAINERS RATED AGREED

ITEM	TRAINEES	% AGREED TRAINERS
Teaching programmes help consolidate individual learning	94	93
Didactic teaching programmes are boring	52	60
Programmes involving professionals from other disciplines will be useful	79	87
Active faculty participation is done		
Programmes is necessary for them to be useful	94	93
Individual's choice of topic and style of presentation should be encouraged	94	90
Programmes will be well attended if topics are interesting	94	97
Trainees prefer small group discussions	82	97
Variations in the conduct of the teaching programmes would make them more interesting	97	90

Differences between the 2 groups were not significant.

TABLE 2
ITEMS ON WHICH TRAINEES & TRAINERS RATED DISAGREED

ITEM	% DISAGREED	
	TRAINEES	TRAINERS
It is better to have discussions in a larger forum than in small groups	76	93
In a clinical setting, there is no need to have separate teaching programmes	88	90
Programmes are attended because of fear of, absence being noted by their superiors	67	53

(Difference between the 2 groups were not significant)

TABLE 3
ITEMS ON WHICH THERE WERE SIGNIFICANT DIFFERENCES OF OPINIONS BETWEEN THE TRAINEES & TRAINERS

ITEM	% AGREED		
	I	II	Significance
Trainees do not attend teaching programmes only because they are overburdened with clinical work	30	7	p<0.05
Attendance to teaching programmes must be compulsory	7	33	P<0.05
Teaching programmes are a waste of time	0	13	p=0.046p*
Trainees would rather have informal discussions	42	67	p<0.05
Trainees should be free to choose programmes they would like to attend	79	60	p<0.01

Chi Square test and Fishers exact probability were used for testing the significance of differences between the groups.

* Fisher's exact probability used for comparison - between groups I and II Fisher's p = 0.046

I : Psychiatric trainees.

II : Trainers

DISCUSSION

A medical curriculum that is centred on teachers and disciplines reacts to the continuing expansion of knowledge by increasing the number of lectures and their content; even more of the student's daytime hours are taken up by passive learning and rote memorisation (Des Marchais 1991). If there must occur a shift towards more autonomous, problem based learning, the centre of focus must shift to the consumer - the trainee. Further, it is important that the views of the trainees are carefully and systematically monitored so that teaching programmes can be critically assessed by the consumers and appropriate modification can be made. Any group which decides to revise training objectives should also represent the views of the trainees (Fahy et al 1990).

The response rate to the study was encouraging (97%). However, there was a general consensus that the existing number of programmes were far too many, and that a total 2 to 3 programmes per week would suffice. Half the trainees felt that there was no time to attend teaching programmes and many of the fresh trainees attributed this to being overburdened by clinical work. Such a finding has earlier been reported (Brook 1974, Fahy et al 1990). During their first year in psychiatry, trainees face a different and potentially stressful task of adjusting to new roles and responsibilities. It is not surprising that these new entrants felt overburdened by clinical work (Creed and Murray 1981). Besides clinical overload, curriculum overload has also been identified as a major problem (Lowry 1992). Medical facts go out of date so quickly and medical information expands so fast that the most important skill for medical students to acquire is probably the ability to identify gaps in their knowledge and go about finding for themselves the answers to the problems they face (Lowry 1992). Yet the first year trainees attended far more teaching programmes (80%), compared to their senior counterparts (20%) and their trainers (35%). This suggests a sense of

disinterest and apathy among the senior students and poor enthusiasm for participation among the teachers, as was documented in another study (Des Marchais 1991).

A distinct division of opinion emerged between the trainers and trainees over certain issues - with the former being dogmatic about not giving the choice of attending programmes to the trainees, and the latter urging for autonomy of choice. In addition, the trainers had reservations about allowing trainees to choose their own topics, and felt dubious about the choice of unconventional topics. This again highlights the earlier viewpoint that the planners (the trainers) are more preoccupied with their own views of what the trainees need rather than cater to the trainees' actual needs. This inability to view things from the consumer viewpoint and making suitable alterations has probably led to a general rigidity and resistance to progress - signs of a "premature ageing of the curriculum" (Des Marchais 1991). A strong need to cover all exam oriented topics was felt by the recently qualified trainers and senior trainees. This "coveritis" syndrome (Des Marchais 1991) probably stems from the recency of the examination and the intense preoccupation with "being prepared".

In summary, it appears that trainers and trainees do see eye to eye on many issues regarding teaching programmes. However, there are some points of significant difference, which highlights the need for rescrutiny and shift of focus of these teaching programmes, so that they may also satisfy the consumers - the trainees. This calls for suitable alterations and a readiness of the system to make changes, such that these programmes may be mutually satisfying and useful to both the trainees and their trainers. Thus, this study argues for the value of learner centred learning versus teacher led teaching within the training psychiatrists.

In India, where post graduate psychiatry teaching is still young, and methodology still not uniform or rigid, being sensitive to the needs of trainees will enable us to shift emphasis of training, and to shift the trainees' perspective from merely absorbing medical facts to acquiring the skills, knowledge and attitudes thought to be desirable in a modern doctor (Lowry 1992).

REFERENCES :

- Brook, P.** (1974). The post-graduate education and training of consultant psychiatrists. *British Journal of Psychiatry*, 124, 109 - 124.
- Clare, A.W.** (1972). Training of psychiatrists. *The Lancet* ii, 753 - 756.
- Creed F and Murray R.M.** (1981). The teaching of clinical skills at a post graduate hospital. *Psychological Medicine*, 11, 391 - 399.
- Des Marchais, J.E.** (1991). From traditional to problem based curriculum - how the switch was made at Sherbrooke, Canada. *The Lancet*, 388, 234 - 237.
- Fahy, T.A., Beats, B.** (1990). Psychiatric training at the Maudsley Hospital - a survey of junior psychiatrists' experiences, *Bulletin of the Royal college of psychiatrists*, 14, 289 - 292.
- Grant, D.A.** (1988). Training in psychiatry in Australia and New Zealand. *Australian and New Zealand Journal of Psychiatry*, 22, 423 - 431.
- Kardener, S.H., Fuller, M., Mesh, I.N., and Forgy, E.W.** (1970). The trainees' viewpoint of psychiatric residency. *American Journal of Psychiatry*, 126, 1132 - 1138.
- Kulhara, P.** (1985). post graduate psychiatric teaching centres: Findings of a Survey. *Indian Journal of psychiatry*, 27, 3, 221 - 226.
- Lowry, S.** (1992). What's wrong with medical education in Britain ? *British Medical Journal*, 305, 1277 - 1260.