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TEACHING OF PSYCHIATRY IN A DEVELOPING MEDICAL SCHOOL

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Teaching of psychiatry in the medical schools for the undergraduate student has gone through numerous changes for the better within the last twenty years. At one time the teaching of psychiatry was only the study and/or observation of the god-forsaken patients confined to places called lunatic asylums.

At that time, emphasis was only on the organic basis of the few known psychiatric conditions. So one can see readily that there was complete negligence of the patient's mind.

In setting up the programme of psychiatric teaching in a developing university we have tried to help the medical student to gain adequate insight into the dynamic development of human personality. It is the general feeling that the physician should be aware of the continuity of the "Psychie and Soma" and that any deviation from such a concept will hamper the therapeutic efficacy of the healer.

No doubt that in order to understand any deviation, one must know about normality and with this predicament, it seems there is tremendous need to have a course covering the evolution of the normal growth and development of man.

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Learning about such a continuity, i.e. from birth to death, is of an utmost importance for any student of medicine. The relationship of psychiatry to the other fields of medicine can be only well understood when the student grasps the concept of integration of "Body and Mind."

Since environmental factors play an important role in formation of human personality, the study of the family as the first social unit and its extension to larger societies will provide the firm foundation for the future physician, as to how to interpret the possible effect of such forces in the inception of mental diseases.

The study of dynamic psychiatry and depth psychology provides the necessary means of teaching the differences, as well as similarities in each individual. For this purpose, a course entitled "The contribution of psycho-analytical theory to psychiatry" will be most appreciated by both the student and the teacher.

The next point which should be taken into consideration in setting up such a programme is the social and cultural conditions of the country. There are two factors of paramount importance in Iran:

- 1. The cultural background of physicians and patients.
- 2. The local needs as far as the provision for the mental health of the nation is concerned.

In elaborating the first point, we can discuss the way the patient presents himself to the clinician and physician's concept of the illness. As has been demonstrated time and again, in developing countries the majority of patients present somatic symptoms, while suffering from emotional difficulties. It would be of practical value to assign such patients to medical students during their clerkship, to make them able to recognize the psychological origin of these symptoms, and gain enough knowledge to deal in future cases.

The second item related to the local needs is the provision of psychiatric services for a larger population. Here we are concerned with the shortage of psychiatrists and it is obvious that for many years to come there will be no remedy. For this particular reason, the essentials of community mental health, with due modifications, could be taught to the students and use this manpower to provide a form of comprehensive health care.

Bearing the previous paragraph in mind and knowing the need of students about psychology and their misconcertion about this very young field of medicine, which was demonstrated in a short survey among the students of Pahlavi University last year, we started having a course of twenty-six condensed lectures on human behaviour, in the second year of medical school. The course comprised normal psychology, sociology and anthropology. The emphasis was on the cognative development of human personality and theories about conditioning, perception, learning and memory. There was also room for teaching on "The development of emotion." No doubt there was a big gap about anthropology and sociology and adding such subjects was quite enlightening to the students.

No one can ignore the importance of genetics in psychiatry and with this in mind a course of genetics is incorporated in our premedical year and students would get a lecture series including laboratory genetics in the second semester of the premedical year.

In the third year of medicine there is a course called "Introduction to medicine" and in this block three hours are devoted to psychiatry. In these lectures the taking of a psychiatric history, as well as doctor-patient relationship, is taught, and every student is supervised in at least one such a history,

The main bulk of teaching of undergraduate students is in the fourth year and it consists of two parts:

- 1. A series of forty-six lectures containing the following subjects: personality development, mental defences, symptomatology, neurotic reactions, psychotic reactions, psycho-physiological reactions, personality disorders, mental deficiencies, organic brain syndromes, child psychiatry, forensic psychiatry and lastly, treatment in psychiatry.
- 2, The practical part of training is two months of rotation in psychiatry.

During this time, the student is assigned to the psychiatric services of a general hospital under the constant supervision of a full-time psychiatrist. Daily activity consists of patients work-up, case presentation, seminars and active participation of students in the therapeutic process under supervision.

In order for students to learn about the psychotic diseases which cannot be handled in a general hospital set-up, the students are sent to nearby mental hospitals where under the guilance of a member of the department of psychiatry some psycho-pathology is taught.

We at Pahlavi University feel this programme is tailored to the needs of students in Iran, but readily admit that there is always room for improvement.