



SEMINAR ON THE PLACE OF PSYCHIATRY  
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PLANNING PSYCHIATRIC TEACHING

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Curriculum

Mr. Chairman, Ladies and Gentlemen, the place of psychiatry in the medical curriculum should be determined by the aims of teaching psychiatry to medical students. It is unnecessary to discuss again about the aims, but in order to refresh our memories we mention some of its principles:

1. To help the student to form the concept of seeing the patient as a "whole", unseparable into body and mind, an ill person situated in his own psycho-social setting.
2. To teach the student to recognize and treat the bulk of psychiatric patients who will attend any clinic at any time.
3. To help the student to know himself better, to have proper control over his emotions and become able to eliminate unnecessary reactions, and acquire in their stead reactions which will be useful to himself and his profession.
4. The aims of teaching psychiatry should follow the needs of the community, where the future doctor has to serve.

To attain these aims, the teaching of psychiatry should begin as early as possible, and continue all through the period of university years. To follow the logical sequence, the teaching of psychiatry should come after behavioural sciences, in the pre-clinical years. The teaching programme should proceed from the normal to the abnormal, from health to disease.

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Address of Professor Davidian to Plenary Session of 13 July 1970.

Psychology (general, social and medical) should begin in the pre-clinical years. The content of psychology should largely be based on principles of physiology and biochemistry. Experimental and parts of animal psychology should be included. Consequently, a large part of psychology should be coordinated with the programme of physiology. Social psychology and cultural anthropology could be taught one year earlier.

Thus, thirty-five to forty hours for teaching the principles of medical psychology, and five to seven hours for social psychology would be desirable.

It is more favourable if medical psychology is being taught by psychiatrists, psychologists, and especially clinical psychologists, if available, can give these lessons; however, it is preferable if those chapters that have direct contact with medicine and psychiatry be taught by psychiatrists.

#### Teaching psychiatry

For the purpose of teaching psychiatry, that has been discussed in this Seminar, it is a necessity that the student should be given the necessary instruction to perceive the patient as a whole, from his first contact with the patients. In the pre-clinical year he has learnt this concept regarding a healthy person, now he has to develop the same concept regarding the sick person. Therefore, apart from the clinical instruction which will be the main source to serve this purpose, some formal teaching on the psychology of a sick person and his family would be necessary. This course should start in the early days of the clinical period, should be taught by psychiatrists and at least five hours should be devoted to it.

Again, having the purposes of teaching psychiatry in mind, formal lectures on psychiatric aspects of diseases should follow the courses of general medicine and surgery, in a coordinated way.

However, the main teaching should be in the clinics and in the medical and surgical wards where he has to learn the significance and ways of careful history-taking, the value of accurate observation and examination, the importance of taking with consideration the psychological as well as the social aspects of diseases of the sick person. In medical and surgical wards he should learn the diagnosis, treatment and management of the minor psychiatric cases which a general practitioner is coping with. He should learn to recognize and treat the psychiatric complications of physical illnesses, he should learn to pay attention to the associations of physical and psychiatric illnesses, and he should see the effects of personality factors and stress in predisposition, causation and/or precipitation of physical illnesses, and lastly the principles of superficial psychotherapy. These teachings which constitute the backbone of the knowledge of psychiatry necessary for any doctor, are a continuous process which run through all the clinical years, but if we have to give the number of hours, the minimum required hours for clinical instruction by a psychiatrist would be fifteen to twenty hours' theory and forty-five to fifty hours' clinical instruction per year.

The same line should be followed in other wards if possible, but certainly in the wards of paediatrics and obstetrics and gynaecology, where he should learn the special psychological aspects of paediatrics, expectant women and psychological problems in gynaecology, as well as personality development, the effects of environmental factors on health, the psychological aspects of birth control, etc.

#### Teaching psychiatry in psychiatric wards

If a student accomplishes the above programme, four weeks' clerkship or internship in a psychiatric ward would be sufficient. In this ward he will get the opportunity to know the form of psychiatric illnesses and special treatments available for these patients. The value of seeing a psychiatric ward is the same as the value of seeing any other ward such as dermatology, ophthalmology, etc.

If we are going to add all the hours during which a student will see all the different fields of psychiatry and this during his four years clinical period, it will amount to 240 to 300 hours, plus four weeks' clerkship. This number will stand for minimum requirement.

#### Examination

If we are going to serve the aims of teaching psychiatry, there is no doubt that all courses in psychology and psychiatry, both theoretical and clinical, should be compulsory and require an examination. The examination of theories should be held either after each course or some other time in the same year of teaching, according to the rules of the different medical schools.

#### Staff requirements

In this respect, if we take a single ward as a teaching unit, the following minimum staff requirements should be multiplied according to the number of wards where students attend once in the whole clinical period.

One consultant psychiatrist for the medical ward, attending at least, once a week and giving the lessons of theory and the clinical instruction.

One consultant psychiatrist for the ward of paediatrics, and one consultant psychiatrist for the wards of obstetrics and gynaecology, attending the wards in the same way as in medical wards.

We have to add one psychiatrist or psychologist or one of each for teaching psychology.

Altogether, four psychiatrists and one psychologist.

Preferably, the staff should be chosen from the department of psychiatry, who will harmonize and supervise the teaching by keeping continuous contact with other departments.