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INTEGRATION OF TEACHING PSYCHIATRY TO
MEDICINE AT THE UNDERGRADUATE LEVEL
AT HACETTEPE UNIVERSITY MEDICAL FACULTY

by

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Trends and habits are very important factors both having a crucial role in any given training programme. It is rather difficult, in fact, to think of, and to talk about, trends without considering habits. It is habits that mostly determine the trends. Rarely a new and radically different idea may develop but it will encounter with the strong resistance of mores and established practices.

It may be interesting to observe that we encounter new ideas among professionals who are expert in the respective fields and who also have vast knowledge on the needs of the community they belong. Obviously this has considerable advantages, because they know both the shortcomings and also.

Rarely but surely emerging community may have good ideas and practices to offer to others. Unfortunately, however, such innovations are often ignored and not given a fair chance of trial. Instead, the measures and models developed elsewhere are adopted. The so called "developed nations" are well aware of the danger and emphasize the difference between adaptation

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and adoption. The problem that I like to present here is not the above mentioned difference but difference between adoption and creation.

Creation as an act has an anxiety producing effect both for the person who introduces it and those who are expected to use or apply it. Knowing and considering all problems and difficulties, I should like to repeat that innovation, whatever the origin place and individual should be given a fair chance of evaluation.

With this introductory remark let us enumerate the facts and problems which we face today in the scope of mental health and undergraduate training of medicine. Many are very well known by most of us, while some of them are closely connected to each other and overlapping.

1. The Changing Role of Psychiatry

The concept of mental health care is a relatively recent development, if we use the concept "mental health care" to denote a necessary part of the public health services. When we talked of public health or preventive medicine we used to think and do still think of somatic medicine. The fact is that this concept is emerging and we have to consider this trend when we define the objectives of undergraduate medical curricula.

2. Increasing Demands on Psychiatry

The multifactoral roots of increasing demands are out of discussion for this presentation but it is a fact for every country and community. This also includes more demands on trained personnel. It seems that needs are multiplied more rapidly than the training of qualified professionals and staff shortages have a negative impact for further progress. We have to consider the need for qualified personnel when we deal with undergraduate medical education.

At least the integration of psychiatric training in medicine at large may help considerably to ease the manpower shortage.

3. Community Orientation

To extend or rather to divert psychiatric services in the community has many logical bases. Prevention; early detection, part of treatments of seriously ill psychiatric patients and after care and rehabilitation can be easily and more effectively done in the community.

To obtain these objectives, students of medical faculties have experience opportunities to gain from the community. Students should be taught that health and disease are relative conditions, and of the products of a complex interaction between a person's adaptive potential and environmental influences. The patient is now considered as individual within his social context including his emotional reaction to his illness. When we talk about environmental influences in medicine the habitual thinking is the consideration of the sources of communicable diseases, the sewage systems, water supply water and air pollution, insects etc.

To understand the other environmental factors - eg. social, inter-personal relations, economical and ecological ones - medical doctors should be prepared for them.

These requirements are discussed among medical students, especially if they are citizens of developing countries.

4. The Need of Team-Work Approach

The multifactorial etiology of emotional and mental illnesses necessitates comprehensive approach to psychiatric disorders -

especially when the need should be met within the community. Each professional should take his or her own measure to tackle with the problems of patients. Social workers, public health nurses, psychiatric nurses, clinical psychologist, general practitioners and psychiatrists have their own means to cope with emotional difficulties. But it should be obvious that services which are disconnected are harmful rather than beneficial. They might overlap even contradict each other. To overcome this hazardous anarchy a team approach is necessary. The members of a team could communicate and consult with each other when and if necessary. This necessitates especially team work approach to community psychiatry. Teams have their own organizations according to their objectives. Teams also have their rules and leaders. The role prescriptions and boundaries should be considered in teams. But nothing would be more dangerous than for organizational forms to become rigid, and to have narrow role descriptions and jealously guarded boundaries. There should be an overwhelming need for adaptability on the part of the professions. The complexity of mental health services, especially their application into the community makes it necessary to aim for flexibility in the roles, responsibilities and relationships of mental health professions. To start for this objective we have to consider the team approach during undergraduate training of different but allied professionals. We have to create opportunities for having practices and field-services together to provide observations of each others' roles, functions and mutual acceptance during undergraduate years.

5. The Description of Integrated Teaching at Hacettepe University

To provide such objectives, new approaches in medical education are needed, and one is to integrate the psychological medicine in undergraduate medical years from the first day on. A first year student of a medical faculty starts the first day in the medical school hearing a lecture about "The Status of the Physician in Community" and "The Patient - Physician Relations". Each student should be assigned to a family within two weeks. The department of community medicine and the department of pediatrics may provide this. Those families have to have either a child younger than two or a pregnant woman. In this way the interaction in the family is more pronounced and also those families are more likely to consult with physicians. First year medical students might have opportunities to meet people who are looking for their help. Those people ordinarily do not have serious problems, and hence students do not focus on a single symptom but learn how to observe the whole. Presently students have to follow up these families for only the first two years. However, there are proposals to extend this practice up to five years. Students are responsible for children, mother and father. If the family asks for the assigned student he or she should answer the medical need of the family at any hour of the day, even if she or he is in the classroom listening to lectures. The student starts having a sense of medical responsibility. Besides this students have their regular meeting with the families each week, either in the hospital or at the home of the family.

Following these meetings every ten students form a permanent group and discuss their experiences with their assigned preceptors. These preceptors are mostly from the department of psychiatry, the department of community medicine or pediatrics. The aims of these preceptorial meetings are as follows:

- 1) To alleviate the anxiety which will naturally be aroused among the students experiencing their early contacts with patients. Preceptors tend to show the elements of the inter-personal relations and the family and environmental factors. Students may also bring their observations about their early contacts, their hesitations, their negative and positive feelings.
- ii) The physical and emotional growth of the child and the effects of this growth on the family.
- iii) Preceptors might have considerable opportunities to show how physical and emotional factors may play a joint role on illnesses. Students then think about multiple aspects on illnesses, mainly physical, emotional and environmental.
- iv) Furthermore they observe that the patient's illness is not only affected by the family but that itself may seriously affect the family.

During their early week of medical education students have programmed home visits and courses on medical social work the importance of integration of preventive and curative medicine, the relations between men and their physical, biological sociological environment, health education on demography personal factors which affect health etc.

Within five months the department of psychiatry enters the programme more directly.

Students attend a total of eighteen to twenty-two hours of lectures on the psycho-sexual development of the child parallel to the physical development.

At the end of the first year students have a total of twenty hours of lectures and discussions on socio-psychological aspects of health education. Psychologists, for example on roles, social anthropologists, for example on cultural aspects of family, and educators, for example on human relations in public education have lectures and discussions with the students.

During the second year, students have lectures on clinical psychiatry. This consists of thirty-four to forty hours of theoretical lectures which are least integrated to the general programme. It is preparatory to the clerkship period. These lectures mainly deal with the common diagnostic category.

Clerkship in psychiatry is one-month groups consisting of eight to ten students. Each student may be assigned to two-three patients and they are responsible at least for two case records. These records consist of individual and family history, environmental and social - professional factors, complete somatic examinations, including laboratory tests, the present illness and its symptom, formulation of the case diagnosis. Discussions of psycho-dynamics are the centre of case presentations.

Students are first taught of the technique of interview. Then again the importance of interpersonal relations have been emphasized. Group dynamics are shown through open groups and therapeutic groups. The fundamentals of individual therapy, the biological and drug treatments are discussed. Then the student is free under supervision to select and apply these methods for his patients.

As part of the community medicine training programmes, students spend one month in a rural district where services of socialized medicine are available. During this field work students are expected to work not only in the general health problems but with mental health problems of the community. Departments of Psychiatry and community medicine cooperate in this programme.

The department of psychiatry is a part of the general hospital. It is located on the seventh floor of the main building. The out-patient department is on the second floor. Patients who are suffering either somatic or emotional illnesses use the same entrance and corridors. In this way there is neither the isolation of the patients nor that of the staff. It is integrated to the whole centre, both materially and functionally.

To sum up my topic I have to mention that Hacettepe Medical Faculty was founded in 1963. One of the objectives of the school has been to influence students towards becoming family and community physicians. Towards these objectives it occurs to the writer that medical education should be directed towards equipping the general practitioner to answer many of the emotional problems of patients, which are regarded in our day and age in the realms of psychiatrists.

Every physician should know and apply the basic principles of public health or hygiene. We should not forget that mental health is a part of public health, but is differentiated from public health just as psychiatry is from the internal medicine. In medicine the field of mental health is not only the preserve of the qualified psychiatrist. Physicians who acquire the basic principles of mental health during their undergraduate medical education could greatly help the medical manpower shortage in this field.