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SYMPOSIUM ON THE TEACHING OF PSYCHIATRY

Scotland: Aberdeen University

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Structure of medical course

The Aberdeen medical course lasts five years, with approximately 120 students in each year. The structure of the curriculum is shown in the Table. The main teaching of medicine and surgery in the third year entails co-ordinated systems teaching with daily ward work for two hours each morning, and a joint approach to each system of the body by teachers from a variety of departments. In the fourth and fifth years students gain mainly practical experience of patient care.

Behavioural sciences

The Mental Health Department does not run a formal course in Behavioural Sciences, although other departments, as shown in the Table, do teach material which is commonly taught under the heading of "Behavioural Sciences".

The third year opens with a brief introductory course, which presents a history of psychiatry, and indicates the current status of psychiatry and its contribution within medicine. Students are introduced to issues relevant not only to clinical psychiatry but to other settings, such as general practice and the general hospital.

Throughout our teaching, basic psychological topics are taught in a clinical context, for instance, memory with dementia, and perception with schizophrenia. In the third year there is considerable emphasis on important aspects of human behaviour and experience relevant to medicine. In a course entitled "Anxiety and the Affective Disorders" a common theme is the association between psychological factors and illness: topics include "the psychology of pain" and "the psychological aspects of terminal care". Also in the third year there is a course on the clinical aspects of human psychological development, in which a clinical psychologist, a paediatrician, two psychiatrists and a social worker take part. Aspects of both normal and pathological development are taught by means of lectures, films, video recorded clinical demonstrations and televised live patient interviews.

After completion of at least two years of the medical course, students "of ability" may be given the opportunity of taking an intercalated year to study for the degree of Bachelor of Medical Biology. About one student every two years is accepted at the end of his/her 3rd Year to study in this Department for the degree.

During the fourth year there is a course on human sexuality. This is a Faculty course to which the Department of Mental Health contributes. The course contains lectures and films about the following: normal sexuality, sexual pathology and the relationship between sexuality and medical problems.

Following these lectures there are also seminars, the main aim of which is to develop the students' abilities to discuss sexual material with patients.

Psychiatric clerkship

Much of the systematic instruction in psychiatry is given in lectures, illustrated with video-recorded cases. These lectures take place in the latter part of the students' third year and at the beginning of the fourth year before the start of their Mental Health clinical attachment.

We emphasize the fundamental importance of good interview techniques in medicine, thus during the third year we organise a course on interview methods. The aim is to help students to understand some of the issues involved in the process of interviewing all patients, not just psychiatric ones. Different teaching methods are used: live patient interviews, simulation, video-recordings of student interviews, video-recordings of prepared interviews (using nodal points and forced choice), discussion and handouts. Approximately ten students and two tutors are in each group. Where possible, tutors represent different departments, namely Medicine, General Practice, Therapeutics, Mental Health and Clinical Psychology. The Professors of Medicine and Therapeutics are regular contributors.

As a continuation of this, in the latter part of the third year, there is a course on the Mental State Examination. This teaching, involving groups of about 60 students, gives them some first hand experience of major psychiatric syndromes, and allows them to observe a psychiatrist and fellow students interviewing patients. The method of instruction used is that of live interviews of psychiatric out-patients and in-patients using a one-way screen, followed by group discussion. Treatment and management issues are also explored.

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TABLE
Mental Health in the Aberdeen Curriculum

Year	Main Course	Mental health and behavioural sciences (and duration)	Supplementary Courses (and duration)
1	Basic	+Small behavioural sciences contribution	+Statistics and research methods (10 lectures)
2*	Medical Sciences		+Sociology in medicine (seven lectures and seminars and a project)
3	Co-ordinated systems Teaching	History of psychiatry (four hours of lectures and video presentations) Clinical aspects of psychological development (five sessions of two hours) Anxiety and Affective Disorders (32 hours of lectures and videos) Interview methods (six one hour sessions) Mental State Examinations (five one-and-a-quarter hour sessions)	+Epidemiology (four lectures) +Genetics (brief course)
4	Clinical Teaching	Mental Health block (eight weeks)	+Human sexuality (seven hours of films, lectures and seminars)
5	Clinical Teaching†	Mental Health block (four weeks)	

*After their 2nd Year, some students take the degree B.Med.Biol. in a discipline allied to medicine.
†Students do an eight week elective in any medical speciality; an integral part of this is to write a report on their clinical experiences or on research undertaken.
+These courses are not the responsibility of the Department of Mental Health.

The Mental Health block in the fourth year lasts eight weeks. Four blocks, each containing about 30 students, attend on four afternoons a week. The goal is to continue the development of the students' clinical skills to assess and to deal with psychiatric problems. One half afternoon a week is devoted to lectures on treatment methods. There are clinical seminars on one afternoon each week, at which time there are live patient interviews either in front of the students or behind a one-way screen. We make sure that the students see a full range of psychiatric cases, because this may not happen with the opportunistic teaching that may occur on the wards.

Each week, two-and-a-half afternoons are devoted to clinical teaching in the ward or in out-patient clinics under the supervision of NHS staff (usually a consultant or senior registrar). The format of teaching varies but, generally, one half session is devoted to seeing out-patients, and the other two sessions are given over to students interviewing patients, followed by discussion of these cases with a psychiatrist. Usually four students are attached to each ward at a time.

During the block mental handicap is taught on two afternoons, during one of which there is a visit to a mental handicap hospital. An important part of this teaching is case presentations in which family members are also seen, allowing consideration of family aspects of problems.

In the fifth year the students are attached for a period of four weeks to a consultant's team (academic or NHS). In Aberdeen and Inverness, almost all adult psychiatrists are general psychiatrists dealing with cases ranging from adolescence to old age. However, there is some specialisation and also different emphases on methods of practice. Students have a choice of attachments, including to forensic psychiatry, mental handicap, child psychiatry, consultants with a special interest in psychotherapy, psychogeriatrics and psychiatry in general practice. At this stage the students have the opportunity to undertake quite extensive supervised work with patients. The range of experience from which they may benefit includes attendance at emergency consultations in accident and emergency departments and general hospital wards, seeing out-patients at local health centres, prison visits, domiciliary visits, and working with clinical psychologists. In addition they see and, if possible, share in the work of para-medical and non-medical colleagues.

An elective period forms one of 5 eight-week blocks in the fifth year. During this period students may carry out a modest piece of research or be attached to an

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approved clinical unit or team which permits more specific and intensive clinical experience. At the end of their elective period the students must submit a brief written report, which contributes to their final year assessment. Each year approximately twelve students do their elective through the Mental Health Department, some working locally and others outside the U.K.

Assessment

By the consultants supervising their work, students are rated, at the end of the fourth year block, as satisfactory or unsatisfactory. As part of this assessment students are expected to be able to write a concise and relevant letter to a general practitioner about a patient, and to write up thorough psychiatric assessment of a patient. Students rated as unsatisfactory discuss with the Head of the Department ways of rectifing this. Also, at the end of the fourth year block, students have a clinical and an oral examination. During the latter, students are examined on their knowledge of what they have been taught in their third and fourth year courses. Two examiners are present during the half hour oral: one is a full time member of the University Department and the other is a senior NHS psychiatrist. For the clinical examination, the students carry out a brief interview of a patient, lasting fifteen minutes, in front of one examiner from the Mental Health Department: this is followed by fifteen minutes discusssion with him. This is to assess the relationship the students can establish with patients. It is also an opportunity to test their ability to ascertain the salient features presented by patients; to make a preliminary formulation and to discuss the areas they would explore further if more time were available. Together the oral and clinical examinations carry 25 per cent of the marks towards the final degree mark in Mental Health. Students who are deemed unsatisfactory in the block, clinical or oral assessments will be strongly advised to attend a series of revision tutorials, organized by the Department, before sitting their final Degree Examination at the end of the fourth year. This examination lasts three hours during which the students have to do a "short notes" question, carrying 25 per cent of the final mark, and three essay questions, together carrying 50 per cent of the final mark.

Students, whose overall performance in these assessments is unsatisfactory, are required to attend a further thirty minute oral. Those who have performed particularly well are also invited to attend an oral to assess whether they merit a "Distinction" pass. Unsatisfactory students are required at the end of the summer to repeat the written paper and, depending on their performance in other subjects, they may have to repeat fourth year or even fail the medical course. Students rated unsatisfactory in their fifth year may also be failed. In practice, unsatisfactory students have all taken up the option of doing weekend and vacation work to improve their performance.

Further developments

The Department plans to increase its use of video as a teaching aid, particularly for the teaching of interviewing techniques and the Mental State Examination. This is also a useful medium to demonstrate change in clinical cases, something of which the students may not become aware in their relatively short attachments. The interview methods course may eventually become integrated into the teaching of basic clinical skills, rather than being identified mainly with the Department of Mental Health. On the clinical side, we plan to do more teaching in out-patient and general practice settings. To this end, several consultants have in the last few years started to hold psychiatric clinics in general practice health centres.

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