Medical Education

A pragmatic approach to integrating mental health in undergraduate training: The AIIMS experience and work in progress

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INTRODUCTION

At the time of Independence, the Bhore Committee[1] emphasized the need for training in the social aspects of medicine to boost India's meagre mental health resources (19 hospitals with 10 181 beds and a few general hospital psychiatric units[2]). It also recommended setting up of psychiatry departments in every general hospital to review and enhance the existing curriculum and training in psychiatry for medical undergraduates.[1] The leaders in psychiatry and flag bearers of the Indian Psychiatric Society, the professional association of Indian psychiatrists, have highlighted this in various monographs, editorials, critiques and book reviews.[3–11] The importance of training in psychiatry for undergraduates (future doctors) has also been emphasized, as the skills learned in psychiatry, such as the ability to form good relationships with the patient in order to gather, evaluate and impart information can be used across complex clinical situations/ topics/events such as examination of uncooperative and mute patients and children, sexuality- and violence-related issues and to convey distressing information. The general approach to the patient's problems in psychiatry is holistic, stressing on the unity of body and mind. Moreover, psychiatric problems are common among patients seen in general practice (about 25%) and specialty clinics (about 15%).[12] The Medical Council of India (MCI), the regulatory body for medical education in India, introduced mandatory clinical postings and theory lectures in psychiatry during the medical undergraduate course.

The MCI recommends 2 weeks (1.41%) of clinical posting and 20 hours (1.44%) of theory lectures in psychiatry during the fifth semester, of the 142 weeks and 1390 hours, respectively, spent in practical training and theory lectures for clinical subjects. Assessment of the subject is recommended in the form of short notes in paper II—general medicine (including psychiatry), but the marks are not specified.[13] It has been argued in various papers and forums that the period of training and marks allotted for evaluation of psychiatry during the undergraduate course are inadequate to achieve the goals and objectives outlined by the MCI.[14–21]

We describe here the training programme in psychiatry for medical undergraduates at the All India Institute of Medical Sciences (AIIMS), New Delhi and highlight how it differs from the MCI guidelines. We also run a programme for medical undergraduates in which training in psychiatry has been integrated with training in community medicine during their residential posting in the rural setting. We present our experience with this programme and discuss further work envisaged in this area.

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THE AIIMS EXPERIENCE

Training programme in psychiatry for medical undergraduates

At AIIMS, medical undergraduates undergo about 9 weeks of clinical training in psychiatry: in the department of psychiatry at AIIMS and at the Comprehensive Rural Health Services Project (CRHSP), Ballabgarh (40 km from AIIMS), Haryana.[22] The latter programme was started by the department of psychiatry in 1964 in collaboration with the department of community medicine as an Indian Council of Medical Research-funded mental health project for developing rural mental health services.[22] In addition, the department awards the 'Dr Satyanand Gold Medal' to the best undergraduate in psychiatry, following an interview of candidates selected on the basis of their performance in formative and summative assessments.[22]

In the fourth to fifth semesters (second professional), medical undergraduates have a clinical posting for 25 days in the department of psychiatry. Further, they are posted for 40 days in the sixth to eighth semesters (final professional). Therefore, 8.6% (25 of 290 days) and 7.4% (40 of 538 days) of the total time in clinical postings is spent in psychiatry in the second and final professionals. During these postings, they have to attend the outpatient department and ward rounds. A series of 20 theory lectures (20 hours) are taken by the departmental faculty in the sixth semester. The students are provided with a compulsory logbook in which their attendance, details about their activities and types of cases discussed are noted and countersigned by the faculty. The evaluation is done by the departmental faculty and involves internal (formative) assessment at the end of each of the two clinical postings which carry 6 marks each. In the final professional, psychiatry is assessed (summative assessment) as part of the medicine paper-II and carries 12 marks in the theory examination (total marks 113), and 10 marks in the viva of the practical (total marks 112) examination. It constitutes 5.3% (12 of 226) of the internal assessment, 9.8% (22 of 225) of the final marks and 7.5% (34 of 451) of the total marks for assessment in medicine.

At CRHSP, undergraduates are exposed to the principles of community psychiatry during the residential posting (for a period of 6 weeks) in the seventh semester as part of their training in community medicine. The psychiatry faculty goes to CRHSP thrice in 6 weeks; twice to teach (average teaching time is about 8–10 hours) and once to evaluate. At the end of this posting, a viva is conducted for internal assessment. In the final professional examination in community medicine, psychiatry carries 15 marks in the theory paper (total marks 150) and 10 marks (viva) in the practicals (total marks 150). It constitutes about 1% (3 of 300) of the internal (formative) assessment, 8.3% (25 of 300) of the final marks (summative assessment) and 4.7% (28 of 600) of the total marks for the assessment in community medicine. In the final

professional examination, 2.2% (47 of 2150) of the total marks are allotted to psychiatry.

The training in psychiatry for medical undergraduates at AIIMS is quite different from that recommended by the MCI in terms of the time spent in clinical training (4.5 times more), keeping a compulsory logbook, involvement of the psychiatry faculty in teaching, internal assessment, setting and evaluating the paper at the time of the final examination, and integrating training in psychiatry with that in community medicine (Table I). The resources spent on training in psychiatry at AIIMS are similar to those in high-income countries.[23] However, the marks and weightage given to the subject at the time of assessment are less and are in line with the MCI guidelines.

In the past few years, two noticeable changes have occurred in the undergraduate training programme in the department of psychiatry at AIIMS —compulsory logbooks have been introduced and the number of faculty has increased. These have resulted in at least 50% improvement in the attendance of undergraduates. However, the few marks allotted to the subject of psychiatry and it not being an independent subject for examination remains a major hurdle, as the process of examination is known to influence learning by students. The impact of these changes on the performance of students (e.g. marks obtained in psychiatry) is as yet unknown as a separate record of marks in psychiatry (which are subsumed under those for medicine and community medicine) is not maintained.

At AIIMS, the programme (psychiatry training integrated with community medicine) at CRHSP, Ballabgarh is based on a shared approach to healthcare and mental healthcare through the model of primary healthcare. From other parts of the world, there are reports of imparting community education in psychiatry to medical undergraduates, e.g. a teaching programme for medical undergraduates in the UK, integrated community-based sessions in primary care with a hospital-based psychiatry clerkship, with the aim of offering students an experience of a broader range of patients than in hospital settings.[24,25] Similarly, in Australia, a collaborative programme with general practitioners was started in an outer urban hospital for integration of community general practice-based psychiatry with a hospital-based clinical attachment and for improving educational capacity at the hospital. The project resulted in increased teaching capacity, and students in the project performed as well as their peers trained in the traditional way.[26] These projects from high income countries were implemented in selected populations, were resource intensive, and focused on the practice of community psychiatry as offered by mental health professionals. However, training in psychiatry as an integral part of training in community medicine for undergraduates (as practised at AIIMS), which is relevant for integrated primary (mental and physical) care, has not been reported in the literature. This programme at AIIMS has the potential to be very useful from a public health perspective. The country has 314 medical colleges (137 government medical colleges) with a total of 35 783 seats for MB,BS.[27] Training in community medicine is a mandatory part of the MB,BS curriculum. Therefore, by integrating psychiatry with training in community medicine, undergraduates (future medical practitioners) will be sensitized, familiarized and trained in the preventive, promotive (primary prevention), curative (secondary prevention) and rehabilitative (tertiary prevention) aspects of mental healthcare and mental disorders in the community. In addition, they will achieve a better understanding of factors such as stigma and disability. They will also become familiar with the delivery of mental healthcare through the primary healthcare system. If this approach is adopted at the national level it will help generate a pool of doctors, both generalists and specialists, trained to detect and manage persons with common mental disorders in the community at a minimum additional cost, as integration of training in psychiatry into community medicine can be executed through the already existing training programme and infrastructure (staff and resources) for community medicine for undergraduates. Training of general practitioners is envisaged as a major means of increasing resources for mental health in the National Mental Health Programme (NMHP).

TABLE I. Comparison of training in psychiatry for medical undergraduates at All India Institute of Medical Sciences (AIIMS) with the guidelines of the Medical Council of India (MCI)

Training	MCI (%)	AIIMS (%)
Time required to be spent		
Fourth and fifth semesters clinical skills	1.41	8.6
Theory lectures	1.44	1.44
Sixth to eighth semesters clinical skills	—	7.4
Seventh semester community medicine posting	—	8–10 hours
Logbook	No	Yes
Evaluation	Not specified	
Medicine		
Internal assessment	—	5.3
Marks in final examination	—	9.8
Total marks	—	7.5
Community medicine		
Internal assessment	—	1
Marks in final examination	—	8.3
Total marks	—	4.7
Final professional examination		
Total marks	Not specified	2.2
Training and evaluation conducted by faculty	Not specified	Yes

Work in Progress

At AIIMS, the core learning objectives of the training programme at CRHSP cover common mental disorders and the links between mental health issues and national initiatives such as the NMHP. There is a need to revise this programme in terms of goals, objectives, implementation and evaluation, as these were set decades ago. The department of psychiatry at AIIMS has started the process of modifying the training programme at CRHSP. For example, we plan to enhance the ability of students to apply the concepts and principles of community mental health to priority mental health conditions so that they can understand the problem, plan interventions for their alleviation and demonstrate appropriate clinical skills to manage these conditions at the primary/secondary care level in the family context. This training will be modelled on the lines of the Integrated Management of Childhood Illness (IMCI, WHO) and Integrated Management of Neonatal and Childhood Illness (IMNCI, India).[28] The WHO guidelines for IMCI offer simple and effective methods to prevent and manage leading causes of serious illness and mortality in young children at first-level health facilities by families caring for their children at home. The clinical guidelines promote evidence-based assessment and treatment, using a syndromic approach that supports rational, effective and affordable use of interventions in line with national treatment guidelines and policies. The IMNCI, adapted from the IMCI, is considered to be a superior approach to newborn and child survival and health by the Government of India. The department of paediatrics at AIIMS uses physician booklets

published by the Ministry of Health and Family Welfare[29] to impart training and evaluation of teaching in paediatrics integrated with community medicine for seventh semester students (personal communication, Dr Ramesh Aggarwal, Department of Paediatrics, AIIMS). Recently, WHO has published two important documents: *Pharmacological treatment of mental disorders in primary health care*[30] and *Mental health GAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings*.[31] These could be of tremendous help in preparing these training modules. We plan to carry out an exercise to assess the applicability, feasibility and evaluation of these instruction modules with successive batches of undergraduate students.

CONCLUSION

In India, psychiatry training of medical undergraduates should be conceptualized from a public health perspective. A medical undergraduate spends about 1.41% and 1.44% of the time in learning clinical skills and attending theory lectures in psychiatry, respectively, which are assessed by short notes in the general medicine paper as per the MCI guidelines. At AIIMS, training in psychiatry for medical undergraduates is quite different from that recommended by the MCI in terms of the time spent in clinical training (4.5 times more), use of logbooks, involvement of the psychiatry faculty in teaching and assessment of psychiatry as a part of medicine, and integration of training in mental health with community medicine. There is a plan to improve upon the integrated training in mental health (with community medicine) for undergraduate students at AIIMS. If implemented at the national level, such a programme could provide a low cost method for enhancing human resources to deal with mental health problems in primary and secondary care.

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