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DOI: https://doi.org/10.4038/sljpsyc.v15i1.8565

Undergraduate psychiatry education in Sri Lanka: the current situation and the way forward

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SL J Psychiatry 2024; 15(1): 1-4

Introduction

The field of psychiatry is an essential component of medical education, given the prevalence of mental health issues and their frequent co-existence with physical illnesses. Understanding psychiatric conditions, their diagnosis, and treatment is crucial for any medical practitioner. Historically, psychiatry has not always received the emphasis it deserves within medical curricula, often overshadowed by other medical disciplines. However, with increasing recognition of the importance of mental health in overall wellbeing, there is a growing impetus to strengthen psychiatry education at the undergraduate level.

In Sri Lanka, mental health issues have significant social and economic impacts. The country faces unique challenges, including the psychological aftermath of prolonged civil conflict, natural disasters, and a high prevalence of substance abuse. These factors underscore the need for well-trained medical professionals who are adept at addressing mental health concerns. Despite these pressing needs, undergraduate psychiatry education in Sri Lanka still faces several challenges, including limited resources, insufficient faculty training, and varying levels of student engagement. Addressing these challenges is essential for producing competent future doctors who can contribute effectively to the mental health sector.

Over the past two decades, undergraduate education in psychiatry in Sri Lanka has made significant advances. The Department of Psychiatry at the University of Colombo has been at the forefront of these changes. Initially, psychiatry training was limited to visits to the Angoda Mental Hospital. However, with the establishment of University Psychiatry Units in Peradeniya and Colombo, students began receiving clinical exposure to general hospital psychiatry appointments. Despite this progress, theory assessment was initially limited to a question in the clinical medicine paper and the presence of a psychiatrist on the clinical medicine viva panel. In 1995, the University of Colombo implemented a major curriculum change, introducing a separate Mental Health Module and two months of clinical attachments. This department was the first among medical schools in Sri Lanka to evaluate psychiatry as a separate subject in the final year, a practice soon adopted by other state medical schools. Furthermore, Colombo introduced basic psychology and behavioural sciences training, broadening the scope of undergraduate mental health training. A significant milestone was the approval of the core curriculum in psychiatry by the University Grants Commission (UGC) of Sri Lanka, which was adopted by all state universities, though each university retained its unique aspects of teaching and assessment.

Current situation

Undergraduate psychiatry education in Sri Lanka is typically integrated into the broader medical curriculum, often as part of a larger module on clinical medicine. The curriculum generally includes lectures on fundamental topics such as the classification of psychiatric disorders, psychopathology, pharmacology, and therapeutic interventions. Students gain hands-on experience through clinical rotations in psychiatric wards and outpatient clinics, where they observe and interact with patients under the supervision of experienced psychiatrists. Additionally, workshops and seminars focus on specific skills such as conducting psychiatric interviews, risk assessment, and the use of standardized diagnostic tools. Assessments include written exams, practical evaluations, and case presentations to test students' knowledge and clinical skills.

The current curriculum has several strengths. It covers a broad range of topics essential for understanding psychiatric conditions and their management, provides valuable clinical exposure, and integrates psychiatry with other medical disciplines, highlighting the importance of a holistic approach to patient care. Furthermore, a dedicated group of teachers provides mentorship and guidance, fostering an environment conducive to learning. However, the curriculum also has notable challenges. Despite its comprehensiveness, it lacks depth in certain areas, such as child and adolescent psychiatry, addiction psychiatry, and community mental health. Traditional lecture-based teaching methods may not be sufficient to engage students or foster critical thinking skills, necessitating more interactive and innovative approaches. Additionally, psychiatry often suffers from

a stigma, leading to lower levels of student interest and engagement compared to other medical specialties. Resource limitations, such as inadequate infrastructure and limited access to updated teaching materials and technology, further compound these issues. There is also a shortage of trained and experienced teachers in psychiatry, with existing faculty lacking opportunities for professional development to stay updated with the latest advancements in the field.

Student feedback reflects these challenges. While students appreciate the clinical exposure and the opportunity to apply theoretical knowledge in practice, they often express a desire for more interactive and engaging teaching methods. They highlight the need for more comprehensive coverage of certain psychiatric sub-specialties and better access to updated learning materials. Addressing these challenges is crucial for improving the quality and effectiveness of undergraduate psychiatry education in Sri Lanka.

Global Perspectives

Examining global best practices in undergraduate psychiatry education provides valuable insights. In the United Kingdom, for example, undergraduate psychiatry is embedded within a five-year medical program with early exposure to psychiatry, integration with other disciplines, and a strong emphasis on clinical placements. Innovative teaching methods such as problem-based learning (PBL), where students work in small groups to solve clinical cases, enhance critical thinking and collaborative skills. Continuous assessment through objective structured clinical examinations (OSCEs), written exams, and reflective portfolios helps ensure a comprehensive evaluation of students' competencies (1).

In the United States, medical education typically consists of a four-year program, with the first two years focused on basic sciences and the last two years on clinical rotations, including psychiatry. Psychiatry is integrated with neuroscience and behavioural sciences, providing a holistic understanding of mental health. The use of simulation labs and virtual patients provides realistic training scenarios without the ethical and logistical issues associated with real patients (2). Similarly, Australian medical schools often follow a problem-based learning approach from the onset, with significant clinical exposure starting early in the program. There is a strong focus on community psychiatry, with students spending considerable time in community mental health services, and understanding the broader social determinants of mental health (3). Special emphasis is placed on training students to work in rural and remote areas, addressing the unique mental health needs of Indigenous populations (4).

India's medical education system includes psychiatry as part of the broader clinical rotations in the later years of the MBBS program. Due to the high patient load and diversity, students gain extensive experience in a wide range of psychiatric conditions. Despite the richness in clinical material, challenges remain related to outdated curricula and limited use of modern teaching aids and technologies (5).

From these global examples, several lessons emerge. Early and continuous exposure to psychiatry helps destigmatize the field and encourages more students to consider it as a viable career option. Innovative teaching methods such as PBL, case-based learning (CBL), and simulation technology effectively engage students and enhance their learning experience. Integrating psychiatry with other disciplines such as neuroscience, pharmacology, and behavioural sciences provides a more comprehensive understanding of mental health. Emphasizing community-based training and addressing the mental health needs of rural and underserved populations ensures that future doctors are well-equipped to handle diverse patient demographics and settings. Continuous assessment through a combination of written exams, practical assessments, and reflective portfolios helps in better evaluation of student competencies. Finally, investing in faculty development programs ensures that teachers are well-versed in the latest teaching methodologies and advancements in psychiatry, thereby enhancing the quality of education provided to students (6).

Case studies and best practices

Implementing problem-based learning (PBL) has proven effective in many countries. The University of Manchester Medical School in the UK, for instance, uses PBL extensively in its curriculum. Each week, students are presented with a new clinical case related to psychiatry. They research the case, discuss possible diagnoses, and develop management plans, guided by a tutor. This approach improves students' problem-solving abilities, engagement with the material, and teamwork skills. Graduates report high levels of preparedness for clinical practice and a better understanding of the holistic nature of patient care (7). Sri Lanka could benefit from implementing PBL to make learning more interactive and student-centered, encouraging critical thinking and active participation.

Simulation training is another effective method. Harvard Medical School in the US uses advanced simulation labs to train students in psychiatry. These labs include virtual patients and high-fidelity mannequins that simulate real-life scenarios. Students practice psychiatric assessments, diagnostic interviews, and emergency interventions in a controlled, risk-free environment, with simulations recorded for detailed feedback. Simulation training has been highly effective in building students' confidence and competence. Investing in simulation technology can provide Sri Lankan students with valuable hands-on experience. Even if resources are limited, low-cost simulations or virtual patients can be an effective alternative (8).

Community-based training is also crucial. The University of Melbourne Medical School in Australia places significant emphasis on community psychiatry. Students spend part of their training in community mental health centres and rural clinics, participating in patient care, community outreach programs, and preventive mental health initiatives. They gain exposure to diverse populations and unique mental health challenges, preparing them to work in a variety of settings, including underserved and rural areas. Emphasizing community-based training in Sri Lanka can help students appreciate the broader context of mental health care and prepare them to address the unique challenges faced by different populations (9).

Interdisciplinary integration enhances understanding. The University of Toronto Faculty of Medicine in Canada integrates psychiatry education with other disciplines, such as neuroscience, behavioural sciences, and pharmacology, providing a comprehensive understanding of mental health. Courses and clinical rotations are designed to highlight the connections between different medical fields. For example, a module on neuropsychiatry combines lectures on brain function with clinical case discussions involving psychiatric conditions. This interdisciplinary approach enhances students' diagnostic and therapeutic skills. Integrating psychiatry with other disciplines in Sri Lanka can provide a more rounded education and help students understand the complex nature of mental health and the importance of a multidisciplinary approach to care (10).

The way forward

To enhance undergraduate psychiatry education in Sri Lanka, several strategies should be implemented. Firstly, updating and enhancing the curriculum is essential. Integrating the latest research findings and evidence-based practices into the curriculum will ensure coverage of emerging areas such as neuropsychiatry, psychopharmacology, and telepsychiatry. Comprehensive modules on child and adolescent psychiatry, addiction psychiatry, geriatric psychiatry, and community mental health should be included.

Incorporating technology is also crucial. Developing online learning modules using the Learning Management Systems (LMS) of universities can include recorded lectures, interactive quizzes, and virtual case studies. Simulation labs and virtual patients can provide students with realistic scenarios for practicing psychiatric assessments and interventions. Leveraging the expertise of Sri Lankan psychiatrists who have migrated abroad can significantly enhance education. These experts can deliver lectures, participate in case discussions, and provide mentorship via Zoom or other online platforms. Involving these experts in collaborative research and educational projects can bring global perspectives and innovations to local institutions.

Faculty development is another critical area. Organizing regular workshops and training sessions for faculty to stay updated with the latest advancements in psychiatry and innovative teaching methodologies is essential. Establishing exchange programs with international institutions can provide faculty with opportunities to gain exposure to different teaching and clinical practices. Additionally, implementing interactive and innovative teaching methods such as PBL and CBL, adopting a flipped classroom model, and establishing mentorship programs and extracurricular activities can significantly increase student engagement.

Optimizing existing resources and investing in infrastructure and technology are also necessary steps. Ensuring efficient utilization of existing resources, promoting resource sharing between universities, and investing in modern equipment, software, and other technological tools can enhance the learning experience. Building networks with local and international institutions and engaging in collaborative research projects can facilitate the exchange of knowledge, faculty, and students, contributing to the global body of knowledge in psychiatry.

By adopting these strategies, Sri Lanka can significantly enhance the quality and effectiveness of its undergraduate psychiatry education. Incorporating modern teaching methods, leveraging the expertise of Sri Lankan psychiatrists abroad, and fostering collaborative partnerships will prepare future doctors to meet the mental health needs of their communities with competence and compassion. The way forward requires a collective effort from all stakeholders to create a robust and dynamic educational framework that can adapt to the evolving landscape of mental health care.

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References

1. General Medical Council. Promoting excellence: standards for medical education and training. Available from: https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence
2. Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Psychiatry. Available from: https://

www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/13/Psychiatry

3. Australian Medical Council. Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012. Available from: https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-primary-medical-programs/
4. Larkins SL, Sen Gupta T, Evans R, Johnston K, McDermott R, Wade V, et al. Addressing the gaps in rural and remote medical education: Lessons from a comprehensive, evidence-based curriculum review. Rural and Remote Health. 2011; 11(2): 1867.
5. Medical Council of India. Competency Based Undergraduate Curriculum for the Indian Medical Graduate. Available from: https://www.nmc.org.in/information-desk/for-colleges/ug-curriculum/
6. World Federation for Medical Education. Basic Medical Education WFME Global Standards for Quality Improvement. Available from: https://wfme.org/standards/bme/
7. Schmidt HG, Rotgans JI, Yew EHJ. The process of problem-based learning: What works and why. Med Educ. 2011; 45(8): 792-806.
8. Cook DA, Hatala R, Brydges R, Zendejas B, Szostek JH, Wang AT, et al. Technology-enhanced simulation for health professions education: a systematic review and meta-analysis. JAMA. 2011; 306(9): 978-88.
9. Farmer J, Kenny A, McKinstry C, Huysmans RD. A scoping review of the association between rural medical education and rural practice location. Human Resources for Health. 2015; 13: 27.
10. Maudsley G, Strivens J. Promoting professional knowledge, experiential learning and critical thinking for medical students. Med Educ. 2000; 34(7): 535-44.