

## WPA work plan for enhancing undergraduate psychiatric education around the Globe

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### Background

Every one in four of the population suffers from mental health problems in his or her lifetime. Most of them usually present to health sectors other than mental health services. As such, there is a need to ensure that medical undergraduates receive appropriate and adequate training in mental health work commensurate with the proportion of patient load with mental health problems that they will see in their future clinical practices. Besides, recruitment difficulty in psychiatry is partly related to lack of interest and stigma associated with psychiatry, both of which can be partly addressed by enhancing undergraduate psychiatric education. In a recent 2017 WPA survey of training needs in psychiatry of WPA member societies, 19% of respondent society members did not provide undergraduate psychiatric education. A joint WPA survey with International Federation of Medical Students' Associations found that most medical schools provide psychiatric education only in didactic teaching format without clinical practicum, the method being recognised as the most effective way to enhance medical students' interest and subsequent recruitment into psychiatry. Therefore, there is a dire need to introduce psychiatric education into basic medical curriculum and to ensure that clinical exposure to patients with mental health problems is integrated into such psychiatric education.

### Challenges and opportunities

WPA is a world organization with over 138 countries as member societies. Through WPA zonal representatives and WPA Sections, member societies with limited undergraduate psychiatric education can be approached and supported. As a prestigious world organization, WPA is in a good position to lobby medical schools with limited undergraduate psychiatric education to consider partnering with WPA to have pilot projects on such education. With the support of WPA Section of Education and WPA Section of Early Career Psychiatrists, as well as the expert volunteers identified in the WPA Volunteer Programme, there will be experts in delivering an updated, user-friendly WPA recommendation on undergraduate psychiatric education and in delivering training for psychiatric educators in those pilot medical schools, as well as evaluating the outcome of such education for the medical students and psychiatric educators in the pilot sites.

The major challenge is mainly related to the lack of funding to support administrative staff to coordinate and manage the project, as well as to support travel and daily expenses for volunteers interested to deliver on-site training and supervision to psychiatric educators in these pilot medical schools. Some medical schools might also find the idea of introducing psychiatric education in their medical curricula as taking up the precious hours of medical training from 'major' specialties. This myth would need to be addressed through presentation of current evidence through meetings of the curricula developers and the member society presidents with support from members of this workgroup. Identifying interested academia in medical schools to get involved in teaching psychiatry to undergraduate medical students might also need time and effort to motivate. Introducing changes to the medical school curricula might require tedious process of approval from the national medical councils or regulatory bodies, which might lead to delay in implementation of the pilot projects.

### Strategic plan

1. To identify those medical schools in different member societies in the 2017 WPA survey that do not have undergraduate psychiatric education being integrated into the basic medical curriculum
2. To work with the corresponding member societies to lobby the medical school curricula developers to adopt a basic minimum psychiatric education curriculum based on a revised WPA template on undergraduate psychiatric education
3. To identify the training needs of the psychiatric educators in the medical schools which have the intention of adopting the WPA recommended psychiatric education curriculum.
4. To provide and deliver training to these educators through online, phone or face-to-face training sessions by volunteers from the WPA members
5. To evaluate the impact of the incorporation of psychiatric education into the medical school curriculum in terms of students' interest in psychiatry and attitudes towards psychiatry as a medical career and towards psychiatrists as well as people with mental health problems
6. To innovate new ways of working with medical students to enhance their exposure to psychiatry and to role model from psychiatric leaders of WPA and her member societies

### Enablers

1. Support from the member societies to identify suitable and interested medical schools to collaborate with WPA
2. A WPA workgroup consisting of representatives from relevant WPA office bearers, psychiatric educators, early career psychiatrists, medical student representatives and WPA zonal representatives will be formed. The workgroup will have the following roles:
  - a. To provide the necessary support to the WPA member societies to lobby the medical schools to integrate psychiatric education into the medical school curriculum
  - b. to revise and update the current WPA recommendations on undergraduate psychiatric education curriculum
  - c. to conduct a survey on the training needs of the psychiatric educators of the interested medical schools in these WPA member societies
  - d. to conduct pre- and post-training assessments of the medical students' interest in psychiatry, their attitudes towards psychiatry as a future medical career and their discrimination towards psychiatrists and people with mental health problems
  - e. to evaluate the satisfaction of the volunteer trainers and trainee psychiatric educators about the effectiveness of the training on enhancing their confidence and skills in delivering psychiatric education in their respective medical schools
3. A pool of volunteer trainers will be shared with the new updated WPA recommended curriculum and provided training to the psychiatric educators through online or phone supervision. The process and outcome of the training will also be assessed.
4. Effective e-communication systems need to be in place in the trainers' and psychiatric educators' work sites to permit regular coaching and supervision.

### Implementation plan

1. A work group will be set up with the above terms of reference as listed in point 2 under the section 'enablers' (Jan 2019)
2. Drafting a new WPA guideline on undergraduate psychiatric education in basic medical curriculum (June 2019)
3. Identification of a pilot medical school site from member societies in four different parts of the world (Asia, Latin America, Africa and Eastern Europe) through contact with member societies identified through the dataset of the 2017 WPA Survey and corresponding zonal representatives (June 2019)
4. Identification of potential volunteer trainers through the volunteer programme of WPA (June 2019)
5. Identification of the training needs for the psychiatric educators of the four target medical schools after sharing with them the new WPA recommended guideline (Oct 2019)
6. Pre-training assessment of target medical school class on students interests and attitudes towards psychiatry and people with mental health problems (Oct 2019)
7. Matching of the trainers and the psychiatric educators and commencement of training for around 8-12 weeks (Oct 2019)
8. Training of the psychiatric educators while starting on psychiatric education for medical students (Jan 2020)
9. Training and collection of post-training data for around 50-100 medical students that have gone through psychiatric education in each school over a period of six months (Feb-Aug 2020)
10. Preliminary data analysis and presentation of pilot study results in General Assembly in Oct 2020.

#### Possible impact of the pilot work

1. Provide evidence on the effectiveness of the psychiatric education in medical schools to enhance students' interest in psychiatry and to reduce their stigma towards psychiatry and people with mental health problems
2. Provide evidence on the impact of training of psychiatric educators in enhancing capacity building in medical schools with no prior resources in providing psychiatric education to their medical students
3. Provide evidence to support further dissemination of the programmes to other member societies
4. Enhance the range of volunteering activities that can be delivered by the volunteers identified through the WPA Volunteer Programme.
5. Produce such evidence to obtain potential funding to promulgate this programme to member societies without undergraduate psychiatric education.