Regular Articles

Learning Priorities of Staff, Residents, and Students for a Third-Year Psychiatric Clerkship

Peggy E. Chatham-Showalter, M.D.
Edward K. Silberman, M.D.
Robert E. Hales, M.D.

Psychiatric clerkships combine classroom instruction with patient care. The different learning experiences in those two settings prompted the authors to survey 86 third-year medical student clerks, 44 staff psychiatrists, and 15 PGY-2 psychiatric residents about the importance of 31 skill and knowledge areas as learning goals for clerks. All groups of respondents included the following five items (16.2%) among the most important: performing a mental status examination, becoming comfortable with psychiatric patients, evaluating suicidality, developing interview skills, and suspecting drug and alcohol problems. The importance placed by staff on aspects of the doctor-patient relationship was not apparent to students, who perceived psychiatric diagnosis as receiving higher priority than staff intended. The implications of these findings for curriculum planning are discussed.

Appropriate educational objectives for medical students in psychiatry clerkships have been the subject of debate, and opinions on this topic have evolved over the years. Goals may reflect both formal departmental objectives and each instructor's personal objectives. In 1961, Romano (1) published a widely quoted set of objectives for the psychiatric education of medical students. He moved psychiatric education away from classic psychiatric theories toward topics that would be most useful for a nonpsychiatric physician to learn. In 1977 Johnson et al. (2) compared the opinions of second-year medical students, staff psychiatrists, and nonpsychiatric physicians about what was important for medical students to learn. The highest rated items tended to be general and subjective doctoring skills rather than specialized psychiatric knowledge. These high-rated items included talking to patients about personal problems; appreciating the dynamics of the doctor-patient relationship. This study was done at the Departments of Psychiatry of Walter Reed Army Medical Center and the Uniformed Services University of the Health Sciences, Washington, DC. Dr. Chatham-Showalter is currently a consultation-liaison psychiatrist at Lehigh Valley Hospital, Allentown, Pennsylvania, Dr. Silberman is director of resident education at Jefferson Medical College, Philadelphia, Pennsylvania, and Dr. Hales is chairman, Department of Psychiatry, California Pacific Medical Center, San Francisco. Address reprint requests to Dr. Chatham-Showalter, Lehigh Valley Hospital Department of Psychiatry, 1243 South Cedar Crest Boulevard, Suite 2800, Allentown, PA 18103-6296.

The opinions or assertions contained herein are private views of the authors and are not to be construed as official or as reflecting the views of the Department of the Army, the Department of Defense, or the U.S. Government. This work was compiled as part of their official duties and is, therefore, in the public domain.
patient relationship; understanding emotional aspects of chronically ill or dying patients; knowing physiologic concomitants of emotional stress; being familiar with common psychopharmacologic medications; and knowing how and when to refer a patient to a psychiatrist.

Teaching toward such goals is achieved through both didactic and clinical/experiential formats: clerkships combine didactic sessions with patient care in a variety of settings. Classroom didactics include lectures, case conferences, and seminars. Good clinical experiential teaching emphasizes thinking out loud, showing students how problems are solved, modeling attitudes and outlooks, interacting with others, and giving and getting feedback and criticism. Teaching priorities and emphases can be expected to differ depending on the learning setting and the teacher. In our program, as in many academic hospitals, residents tend to do the bulk of clinical/experiential teaching of medical student clerks, whereas staff members tend to do the bulk of classroom didactics.

In this study we examined what staff, PGY-2 residents, and third-year medical student clerks reported as important for clerks to learn. We then attempted to determine whether staff's reports of what they considered important were reflected in what the clerks perceived about their teaching by the staff.

METHODS

The participants in this study were the 86 third-year medical student psychiatry clerks, 15 PGY-2 residents, and 44 staff psychiatrists at Walter Reed Army Medical Center (WRAMC) in the 1987-1988 academic year. The staff group was defined as WRAMC full-time or affiliated military and civilian psychiatrists as well as PGY-4 residents. Clerks spent their 6-week rotation on either the inpatient or the consultation-liaison service. Each week all clerks attended two 1-hour interviewing seminars and 3 hours of lectures with staff. They also spent 2 hours per week individually with a staff preceptor reviewing case write-ups and formulations.

The questionnaire contained 31 skill and knowledge areas identified from the literature (1,2) as important for medical students to learn during a psychiatry clerkship. Each item could be rated as 5—very important, 4—important, 3—neither important nor unimportant, 2—unimportant, or 1—very unimportant. This method is similar to that used in Johnson's survey (2).

An “Importance" form was given to each participant to rate each item as to the “importance it has for a medical student to learn regardless of future specialty during his/her third-year psychiatry clerkship.” The clerks were surveyed at the start and finish of their rotations because their opinions were expected to change based on their clerkship experience. Staff and PGY-2 residents were surveyed just once because their opinions were expected to be more fixed, although this presumption is open to question. A “Perception" form was given to each clerk at the end of the rotation to rate each item as to the “overall importance it was actually given by staff.”

Within each participant group, the items with a mean rating ≥ 4.5 were defined as the most important items for that participant group. Fisher's exact tests were used to compare five pairs of participant groups. The cells of the $2 \times 2$ tables contained the number of items ≥ 4.5 and those < 4.5, which divided the items into those considered most important and all other items. The clerk prerotation and postrotation groups were compared; each clerk group was compared with staff; the PGY-2 residents' group was compared with staff; and clerks' perception of staff was compared with the staff's own report. These multiple comparisons are a potentially confounding issue. If the respondents do have the same range of ratings, then our test, with an alpha level of 0.5, would be expected to