

Psychiatry summer school in Satakunta in 2013: a novel way of introducing psychiatry to medical students

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Abstract

The idea to arrange a summer school in 2013 arose from earlier difficulties in recruiting medical students to work during the summer at the psychiatric units within the Satakunta Hospital District. There was a need to find new ways to elicit interest in psychiatry as a specialty and to attract medical students to work as substitutes during the holiday season. The long-term goal was to inspire and motivate students to specialize in psychiatry after their graduation.

The basic idea was simple; for the first summer school held in June-July 2013, we planned a programme that would provide the recruited medical students with an adequate introduction, individual tutoring and support from senior psychiatrists and a half-day educational session every week. The application period opened in autumn 2012, and the announcement presented the volume and contents of the summer school. The number of applicants exceeded the available positions. A total of 22 students were selected for the first summer school.

Background

Similar to many other countries, Finland is facing a shortage of psychiatrists (1, 2). Recruiting is a global challenge in the field of psychiatry. It has been discussed whether recruiting could be improved by enhancing the quality of teaching in psychiatry or by using more diversified teaching methods in medical studies (3). It seems that those who later choose to specialize in psychiatry already show interest in the field already at an early stage of their medical studies (4), but a considerably

higher proportion of students also consider psychiatry as a possible career (5). Psychiatry has an image problem that should be addressed and influenced (6). Psychiatry may wake negative ideas deriving from the uncertain nature of mental illness and perceived difference to physical illness. The personality changes linked with serious mental illness attribute to a qualitative difference in comparison with any other illness. Another major difference is that serious mental illness frequently forces mental health professionals into a medico-legally binding policing role to ensure the person does not self-harm, commit suicide, harm others and complies with treatment (6). As a special field of medicine, psychiatry still suffers from frightening misconceptions and a stigma (7). Psychiatry is experienced as mysterious, and the students may discuss, whether they can evaluate, who is normal and who is not.

In Denmark, individuals have successfully been recruited to specialist education in psychiatry by increasing contacts with medical students and by arranging high-quality summer schools (8). Moreover, the Danish Psychiatric Association maintains close contacts with medical students throughout their education. The Association even arranges special symposia for medical students during conferences. These interventions have alleviated recruitment problems in Denmark (8).

The aims of the summer school arranged in Satakunta in 2013 were to enhance the image of psychiatry as an interesting specialty and to provide students with positive experiences of working in the field of psychiatry. In the summer school, the students were tutored by experienced senior psychiatrists or physicians who were currently specializing in psychiatry. The tutors were all personally satisfied with their profession, enthusiastic about its further development and eager to guide and teach younger medical students. The idea was to ensure that the students would feel supported and encouraged, rather than being left to deal with their duties all alone.

At the start and at the end of the summer school, the students were asked to complete a structured learning evaluation questionnaire to assess their own skills and competencies. At the end of the summer school, the students also were asked to give feedback about the learning environment, including their own reflections on the success of the guidance and the attitudes of other professional groups. The learning experience was very positive and, according to their subjective assessments, the psychiatric knowledge of the students improved significantly. These results are presented elsewhere (9).

Introduction phase

On the first day of work, the entire summer school group took part in the introduction, during which they were initiated into the working environment and data systems. Since the summer school students worked in separate units in three different locations, the major part of the introduction phase was carried out by the relevant units. For most students, this was their first clinical work experience, and they needed hands-on instruction in many areas, for example, how to issue a prescription or write different certificates.

Educational sessions

The themes for the weekly educational sessions were selected so as to illustrate the varied nature of the special fields within psychiatry. The primary goal, however, was to provide the students with tools for managing their daily work. The teaching methods included lectures and patient case discussions, that is, a forum for students to present their own cases. In addition to providing practical tips, the forum facilitated discussion and reflection around specific themes. The weekly sessions covered different areas ranging from the examination of a psychiatric patient to the process of referring a patient to involuntary treatment. The training included a role play where a nurse acted as a patient and one of the medical students as the examining doctor. Students were taught the significance of psychological examinations and their added value in the examination and treatment of a psychiatric patient. Child and adolescent psychiatry, substance abuse psychiatry and geriatric psychiatry were presented as thematic entities. The titles of the lectures are listed in Table 1.

During the course of the summer school, the students were given additional study material on different themes for independent studies. The lectures and training were given by in-house specialists and doctors who were nearing the end of their specialist studies. Only one lecture was given by an external expert; the topic was old age and aging.

Table 1. The titles of the lectures in 2013.

Working in the field of psychiatry - the practices and environment
The psychiatric examination, the assessment of involuntary treatment
The treatment of acute psychosis and mania
The ABC of child psychiatry
The ABC of adolescent psychiatry
The ABC of geriatric psychiatry
The assessment and treatment of substance abuse patients
Psychological examinations: why and what do they mean?

Clinical work

When allocating the summer school students to different work units, their individual wishes were taken into consideration whenever possible. The students worked in three locations, either within outpatient services or at hospital wards. They worked in child psychiatry, adolescent psychiatry and different special areas of psychiatry, including geriatric psychiatry and general hospital psychiatry. Each student had a personal tutor who was in contact with the student on a daily basis and also available by phone at all times. The number of students per tutor varied; the maximum was six students, in which case the tutor focused solely on tutoring. Some tutors arranged additional mini-seminars for their students in order to present relevant special themes, such as psychopharmaca and the implementation of drug treatment. In the most demanding units, the workload was shared between a junior house officer and a doctor with a bachelor of medicine degree. This allowed them to keep the workload at a reasonable level. The students learned how to work in multi-professional teams. They also had the opportunity to serve on call, in which case they had a specialist available as a stand-by.

Leisure time

The majority of the summer school students lived in the hospital residence apartments. At the start of the summer school, a get-together evening with sauna and catering was arranged in the training facilities of the hospital district. The students also visited Pori Jazz Festival for a concert on a Saturday. During the course of the summer school, the students arranged their own leisure activities, such as movies, canoe excursions and a day on the beach in Yyteri. They also had free access to the gym of the hospital.

Figure. A photo of the participants of the first Psychiatry Summer School in Satakunta in 2013.



Conclusions

From the employer's viewpoint, the objective to recruit a sufficient number of medical students to work over the holiday season was achieved. The project succeeded, because the responsibilities were divided between numerous parties. The students who were selected for the summer school were highly motivated and committed, and there were no last-moment cancellations. Right after the selection, the students and tutors established a Facebook group, which already served as a communication channel already during the winter and spring. Within the relevant psychiatric units, the other staff members also welcomed the young students and were, for the most part, very kind and helpful. The students carried out their duties meticulously. In their feedback, many students explained that their image of psychiatry had changed for the better. The students evaluated that their skills had improved. One of the students stated that the summer school was an eye-opening experience that showed how little she actually knows or can do. The actual work provided more of an interesting view on psychiatry, as compared to the standard training periods included in medical studies. The need for support varied from one student to another. Some students found it particularly hard to assume responsibility, whereas others experienced the opportunity to consider cases independently as a rewarding challenge. Some students felt that it was strange and exciting to work as a team. Some doubted whether a psychiatric hospital could be a safe workplace.

It remains to be seen how many of the students of the first summer school will specialize in psychiatry in the future. Students for the second summer school, Satakunta Summer School 2014, were selected in autumn 2013. Again, the interest was high, and some applications came in already before the summer school was announced. There was interest among students across all medical faculties in Finland. As a lesson learned from the experiences and feedback of the first summer school, greater emphasis is placed on the introduction phase during the first days of the second summer school and feedback will be gathered and given more systematically. The titles of the lectures are listed in Table 2.

Medical students are apparently interested in psychiatry: the challenge is to answer to this interest in an appropriate way. The students in 2013 found the summer school programme interesting and appreciated the multifaceted learning possibilities and sufficient support. The particular significance of the summer school lies in its simple structure, which is easy to implement in practice.

Psychiatry needs a specific recruiting strategy with both short- and long-term goals (10, 11). In Finland, many of the currently practicing psychiatrists are approaching retirement age, and a new generation is needed in the field.

Table 2. The titles of the lectures in 2014.

<p>Working in the field of psychiatry - the practices and environment</p> <p>The psychiatric examination, the assessment of involuntary treatment</p> <p>On-call duty within psychiatry</p> <p>Psychoses</p> <p>Affective disorders</p> <p>Anxiety, sleeping disorders</p> <p>The assessment and treatment of substance abuse patients</p> <p>Psychological examinations: why and what do they mean?</p>
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