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**Nigerian Medical Students' Opinions About the Undergraduate Curriculum in Psychiatry**

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**Objective:** *The number of psychiatrists in Nigeria is inadequate to meet the treatment needs for neuropsychiatric disorders. Developing mental health competency in the future Nigerian physician workforce is one approach to filling the treatment gap. The authors aimed to assess medical students' attitudes to this training and its relevance to their future practice and to assess whether they are getting adequate or relevant training.*

**Method:** *A cross-sectional, questionnaire-based survey was undertaken among a sample (N=375) of 5th- and 6th-year students across four medical schools in Nigeria.*

**Results:** *Over one-tenth (12%) chose psychiatry as a future career choice. Most expressed positive attitudes toward psychiatry and its relevance to their future careers. A majority were enthusiastic about receiving training in psychiatry in primary-care settings and welcomed a curriculum that emphasized the learning and management of common psychiatric disorders seen in general practice.*

**Conclusion:** *Medical students surveyed would welcome an undergraduate curriculum that integrates the learning of psychiatry with other specialties and skills-training relevant for primary care. Efforts to modify the current curriculum in psychiatry in Nigerian medical schools should be encouraged.*

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Psychiatrists in Nigeria are few (1). Current numbers are inadequate to meet the needs from the growing disease burden of neuropsychiatric disorders (2). Interest in the specialty by medical students over the years (2, 3) has not translated into increasing numbers of psychiatrists in the country. Evidence suggests that “brain drain,” inadequate postgraduate training programs, and few job opportunities might be responsible (1, 4). Although mental health care is available at the primary health care level (5), the majority of individuals with mental health needs are unable to access care at this level either because of the lack of skilled professionals or poor case detection and management (5, 6).

Medical students' interest in pursuing psychiatry as a career is low (3). Stigma, perceived low prestige, and the presumed unscientific basis of the specialty have been cited as reasons (7–12). Clerkships have also had minimal impact on improving student interest (7, 12). In spite of this, efforts aimed at increasing just the number of psychiatrists in developing countries would be insufficient in meeting its mental health needs. Knowing that approximately 15% of patients presenting with physical complaints have a psychiatric comorbidity, physicians should be equipped with the knowledge and skills to detect and manage common mental illnesses in primary care (13, 14).

**The World Federation for Medical Education (WFME) and the World Psychiatric Association (WPA)**

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The WPA has proposed a new curriculum for implementation by medical schools worldwide (13, 15). It emphasizes the integration of the undergraduate psychiatry program with other specialties, and the training in skills necessary to improve the competencies of future doctors, most of whom would work in primary care. It also recommended that teachers, as well as students, provide their input, with a view to developing a relevant curriculum that meets the needs of future doctors working in varied geographical settings.

There are 29 medical schools in Nigeria. Students enter the 6-year (3 years preclinical sciences, 3 years clinical sciences) undergraduate program after finishing high school and passing an entrance examination. They usually rotate through psychiatry clerkship in their fifth or final year. Clerkships vary across schools in terms of duration (4–10 weeks), course content, and assessment methods. Clerkships may comprise lectures, seminars, tutorials, and bedside teaching, usually on psychiatry wards (16). Because of the

small number of teachers and facilities, and large class-size per set (approximately 150–250) in most schools, students rotate through clinical postings in groups. Upon graduation, doctors proceed on to a 1-year internship, followed by another mandatory year of youth service. Those interested in psychiatry can enter a postgraduate residency program in accredited institutions, which may span between 4 and 6 years, with the award of a fellowship.

This study explored the views of medical students concerning the relevance and adequacy of psychiatry training to their future careers. We also sought their views about an undergraduate curriculum that emphasizes learning in various specialty settings, including views on various methods of formative and summative assessments during or after a psychiatry clerkship.

### Method

After approval of the study by the Ethics and Research Committee of the Federal Psychiatric Hospital, Benin City, Nigeria, consenting medical students who had completed a psychiatry clerkship in four medical schools, Igbinedion University, Okada, Edo State (IUO), Ambrose Alli University, Ekpoma, Edo State (AAU), University of Ilorin, Ilorin, Kwara State (UNILORIN), and the University of Jos, (UNIJOS) Jos, Plateau State were recruited. At each study site, one or two groups were randomly selected and questionnaires were distributed, usually after a lecture. The nature and purpose of the study was explained, and students were assured of complete anonymity and confidentiality. The average response rate across the sites was 93%.

We administered a questionnaire used previously in a similar survey (17). This questionnaire is divided into eight subsections; bio data, preferred postgraduate career choice, and suggested duration for an undergraduate psychiatry clerkship. Questions in other subsections are answered on a 5-point Likert scale and include attitudes toward the psychiatry clerkship, views about psychiatry skills and competencies, the importance of psychiatric subspecialties to future careers, appropriate study setting to learn psychiatry, and the objectivity of various educational assessment methods. For this study, we included age as a variable and removed that on ethnicity. We also removed the last subsection, where students could provide remarks on how the curriculum and training could be improved. It was pilot tested among 20 medical students from a medical school not included in this survey and was well understood.

Data were analyzed with the Statistical Package for Social Sciences software (SPSS Version 17). Descriptive

statistics were used to summarize the data and are presented in tables.

The chi-square test was used to analyze categorical variables. For the purpose of analysis and to enable comparison across medical schools, the Likert statements Strongly Agree and Agree were grouped as “Agree;” Strongly Disagree and Disagree as “Disagree.” Statistical significance was set at  $p < 0.05$ .

### Results

A total of 412 students were recruited across the four medical schools; 37 questionnaires were incompletely filled out and were excluded from analysis. Students' ages ranged between 20 and 47 years. The overall mean age (standard deviation [SD]) was 25.59 (2.79) years. Over half of the students were men (63.2%).

Forty-five students (12.04%) considered psychiatry as a first-choice specialty. Among the individual schools, choice of psychiatry was highest at the IUO (18.98%) and least at the AAU (5.63%). Over half of the students (60%) suggested that the duration of the psychiatry clerkship be less than 4 weeks. The attitudes of students toward psychiatry and its relevance to their future career were nearly consistent across the schools (Table 1). Students considered the knowledge of psychiatry as essential for a career in general practice and also rated their psychiatric clerkship positively. Students from the IUO were more likely to endorse the statement that “psychiatry could only be learnt in a psychiatric hospital environment.” Overall, medical students reported that psychiatric skills learned during their clerkship would be relevant to their future careers (Table 2). Although most students disagreed with the statement that “knowledge gained from the psychiatric subspecialties is irrelevant,” fewer students agreed that the subspecialties of forensic (9.9%), child/adolescent (5.06%), addiction (7.2%), old age (7.2%), psychotherapy (7.7%), neuropsychiatry (10.4%), and consultation/liaison (6.4%) psychiatry were relevant.

Most students (95.7%) considered the psychiatric ward as appropriate for learning psychiatry. However, opinions varied about learning psychiatry in other settings. Students were least likely to find the surgical ward an appropriate setting, as compared with the medical, general ward, or primary care clinic. Students of the IUO were significantly less likely to find the surgical ( $p < 0.001$ ) and medical ( $p < 0.001$ ) wards appropriate, whereas UNILORIN students were significantly more likely to endorse the general-practice ( $p < 0.001$ ) and primary-care clinic settings ( $p < 0.001$ ) as appropriate. Participants positively endorsed

**TABLE 1. Attitudes Toward Psychiatry and Relevance to Medical Students' Future Career**

| Variables   | UNIJOS<br>(N=133) | IUO<br>(N=79) | UNILORIN<br>(N=92) | AAU<br>(N=71) | p      |
|---|-------------------|---------------|--------------------|---------------|--------|
| Psychiatry essential in general practice                                    | 127 (95.5)        | 75 (97.4)     | 71 (100)           | 90 (97.8)     | 0.001  |
| Liaison psychiatry unimportant in psychiatry clerkship                      | 18 (13.5)         | 10 (13.0)     | 1 (1.4)            | 8 (8.7)       | 0.01   |
| Psychiatry clerkship a valuable experience                                  | 108 (81.2)        | 73 (94.8)     | 66 (93.0)          | 89 (96.7)     | 0.001  |
| Psychiatry irrelevant in other specialties                                  | 18 (13.5)         | 12 (15.6)     | 12 (17.1)          | 8 (8.7)       | NS     |
| Psychiatric knowledge essential to future career                            | 119 (89.5)        | 71 (92.2)     | 66 (93.0)          | 87 (92.4)     | NS     |
| Psychiatry only learned in psychiatric hospitals                            | 38 (28.6)         | 41 (53.2)     | 11 (11.3)          | 23 (25.0)     | 0.0001 |
| Patients with psychiatric problems seen by all doctors                      | 95 (71.4)         | 57 (74.0)     | 52 (74.3)          | 77 (83.7)     | NS     |
| Psychiatry knowledge unimportant in my future career                        | 7 (5.3)           | 6 (7.8)       | 13 (18.3)          | 10 (10.9)     | 0.03   |
| Psychiatry knowledge unimportant in the surgical specialties                | 11 (10.5)         | 11 (17.1)     | 5 (7.0)            | 12 (13.0)     | NS     |
| Learning psychiatry in general practice, valuable in my psychiatry training | 122 (91.7)        | 72 (93.5)     | 64 (90.1)          | 65 (92.4)     | 0.0001 |

Values are number (%) of students who agreed with the statement.  
UNIJOS: University of Jos; IUO: Igbinedion University, Okada; UNILORIN: University of Ilorin; AAU: Ambrose Alli University.

**TABLE 2. Medical Students' Opinions About Psychiatric Skills Relevant to Their Future Career**

| Variables  | UNIJOS<br>(N=133) | IUO<br>(N=79) | AAU<br>(N=71) | UNILORIN<br>(N=92) | p    |
|--|-------------------|---------------|---------------|--------------------|------|
| Management of alcohol withdrawal                           | 117 (88.0)        | 72 (93.5)     | 66 (93.0)     | 88 (95.7)          | NS   |
| Treatment of bipolar disorder                              | 106 (79.7)        | 62 (80.5)     | 59 (83.1)     | 85 (92.4)          | 0.03 |
| Cognitive-behavior therapy for anxiety disorders           | 109 (82.0)        | 68 (88.3)     | 60 (84.5)     | 84 (91.3)          | NS   |
| Counseling for emotional problems                          | 126 (94.7)        | 73 (94.8)     | 70 (98.6)     | 88 (95.7)          | NS   |
| Diagnosis and management of depression                     | 119 (89.5)        | 71 (92.2)     | 65 (91.5)     | 84 (91.3)          | NS   |
| Assessment of personality disorder                         | 116 (87.2)        | 65 (84.4)     | 62 (87.3)     | 88 (95.7)          | NS   |
| Assessment of psychotic symptoms                           | 115 (86.5)        | 66 (85.7)     | 67 (94.4)     | 81 (88.0)          | NS   |
| Management of schizophrenia                                | 104 (78.2)        | 59 (76.6)     | 55 (77.5)     | 75 (81.5)          | NS   |
| Assessment of self-harm and suicide risk                   | 119 (89.5)        | 69 (89.6)     | 64 (90.1)     | 81 (88.0)          | NS   |
| Assessment of substance misuse                             | 119 (89.5)        | 70 (90.9)     | 65 (91.5)     | 83 (90.2)          | NS   |
| Recognition and management of delirium                     | 110 (82.7)        | 63 (81.8)     | 51 (71.8)     | 80 (87.0)          | NS   |
| Assessment and management of sexual dysfunction/ disorders | 111 (83.5)        | 67 (87.0)     | 62 (87.3)     | 81 (88.0)          | NS   |

Values are number (%) of students who agreed with the statement.  
UNIJOS: University of Jos; IUO: Igbinedion University, Okada; UNILORIN: University of Ilorin; AAU: Ambrose Alli University.

the various assessment methods. MCQs (87.7%), short oral examinations (82.4%), and in-course assessments (80.5%) were preferred to essays (73%), OSCE (62.9%), or long case presentations (62.4%).

### Discussion

The attitudes of medical students across the medical schools surveyed were consistent in spite of differences in the duration of their clerkship, teaching styles, and geography. Over one-tenth of students were interested in taking up psychiatry as a future specialty, and within the range obtained from previous surveys in Pakistan (7.6%) (10), the United States (7.7%) (3), Australia (15.9%) (18), Kenya (14.3%) (8), and Israel (32.8%) (9). However, when

compared with an earlier survey from Benin City, Nigeria, where over one-quarter (26.7%) of medical students indicated an interest in choosing psychiatry as a future specialty (19), it might appear that there is a decline. Research is needed to examine why interest in the specialty has not translated to an increasing number of psychiatrists in the country. Furthermore, psychiatrists need to tackle the stigma concerning mental illness, in general, as well as that from other health professionals, which influence students' decision in choosing the specialty (20).

### The World Health Organization's (WHO) Mental Health Gap Action Program

The mhGAP is designed to scale up services for mental health, neurological, and substance-use problems globally,

with emphasis on low- and middle-income countries (14). In order to reduce the treatment gap, one strategy aims at equipping non-specialized mental health care workers with skills to manage common mental health and neurological disorders, such as schizophrenia, depression, and epilepsy (21). In Ethiopia, plans are underway to incorporate the mhGAP program into the undergraduate psychiatry curriculum. In earlier reports from Ethiopia and Malawi, the undergraduate psychiatry curriculum was adapted to training students in requisite skills and competencies that would equip future doctors to detect and manage most mental disorders in primary care (22, 23). This survey shows that Nigerian medical students would welcome such changes to their curriculum.

Unlike findings in a similar survey in the U.K. (17), medical students in this study found the knowledge of common mental disorders relevant to their future careers. Most students did not consider psychiatric subspecialties relevant. Students who indicated psychiatry as a specialty of first choice were more likely to report that the subspecialties were relevant. Thornhill and Tong (24) propose that the undergraduate psychiatry curriculum be tailored according to students' future specialty choice.

Students mostly recommend that the duration of their clerkship be less than 4 weeks. This was far below the minimum duration of 8 weeks recommended by the WFME/WPA Committee on what would be required to satisfactorily teach the subject (15).

Students would generally request that the duration of any specialty clerkship be shorter, perhaps to reduce the time they spend in training. Medical educators have the responsibility to not only make sure that the time spent is appropriate, but rather, that efforts should be made to make this period stimulating in order to sustain the students interest. Students of the IUO undertook their clerkship in a psychiatric hospital, in contrast to the teaching hospital setting for other students. This might have biased their responses in endorsing the statement that psychiatry should only be learned in a psychiatric hospital environment.

Generalizing our findings may be difficult. Students sampled are not representative of all students, as only one-eighth of the medical schools in Nigeria were included in our survey.

### Conclusions

Nigerian medical students positively endorse the integration of psychiatry teaching with other specialties, especially in primary care. They see the knowledge gained in

their clerkships as essential to their future careers. Efforts should be geared toward increasing the number of training spaces and employment opportunities. The current curriculum needs to be adapted to equip future doctors to effectively manage neuropsychiatric disorders.

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# AUTHOR QUERIES

## **AUTHOR PLEASE ANSWER ALL QUERIES**

1—Please confirm academic degrees (M.D.) correct for all authors or correct these.

2—Cannot find a title to match the journal “Compr Psych” (in reference 6 “Abiodun, 1993”).

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