

BRIEF COMMUNICATION**Teaching Undergraduate Psychiatry During the COVID-19 Pandemic: Challenges and Learning Experiences**

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Abstract

The novel coronavirus [COVID-19] pandemic has adversely affect health, economy, and educational sectors globally. Medical universities and colleges are facing challenges to provide effective online education to their students during this prolonged period of lockdown. We describe our challenges while conducting online psychiatric medical education during the COVID-19 pandemic that include inadequate infrastructures, internet connectivity issues, students' engagement problems and online assessments. We adapted some initiatives to maintain students' exposure to psychiatric illnesses and provide them with learning opportunities by using interactive virtual problem-based discussion and role-plays.

Keywords: COVID-19 Pandemic, Psychiatry, Online Education, Medical Education, Role-Plays

Introduction

Beginning March 2020 until now, Malaysian government has been imposing various phases of movement control order [MCO] to curb the COVID-19 pandemic. The measures included prohibition of any non-essential activities including educational activities in universities; whereby teaching and learning now were mostly done through online platform.

The Medical and Defense Health course is a 5-year undergraduate program offered by the Medicine and Defense Health Faculty of National Defense University of Malaysia [NDUM]. It implements a hybrid curriculum

comprising of 3 phases: Phase 1 and 2 at the pre-clinical level for the first 2 years, and Phase 3 at the clinical level for the subsequent 3 years. The medical course in NDUM is unique as it also introduces the field of military medicine into the curriculum.

The psychiatry posting is taught during the phase 3 of the medical course for 10 weeks. Students are divided into smaller groups who will rotate through another four clinical postings over one academic year. The course aims to lay the foundations for the students to gain knowledge regarding psychiatric disorders and develop competent clinical skills to manage psychiatric problems at the

primary care level, hospital and also military setting.

Before the pandemic, the teaching and learning were already conducted via blended learning. The e-learning platform provided by the university serves to provide teaching and learning resources while the lessons were delivered via a series of face-to-face lectures, seminars, case presentations and bedside teachings. They underwent their clinical training primarily in Tuanku Mizan Military Hospital and Selayang Hospital. Students were required to perform clerkship and demonstrate their clinical skills on real patients from the outpatient clinics or ward. Meanwhile, the assessment of the knowledge and clinical competency were done via formative and summative assessments. The face-to-face summative assessments were done at the end of the posting that consist of theory paper and clinical long case examination.

However, following the MCO, they were prohibited or have been given limited access to many clinical areas. Therefore, online education became the new norm. Nevertheless, this transition brings its own challenges to majority of medical educators [1], including lecturers in NDUM. This paper intends to discuss our challenges, learning opportunities and experiences in teaching psychiatry during the COVID-19 pandemic.

Challenges and initiatives

Upon commencement of the MCO, all educational activities were done via online Microsoft Team platform provided by the university. We received formal basic training by the university on utilizing the Microsoft Team application. We aimed for synchronous online learning to enable real-time interaction between the students and

lecturers. The initial online education phase was done to the whole academic year that lasted for 10 weeks; which was also shared by the other postings for example internal medicine, surgery, orthopaedics and short postings.

Among the challenges that were identified during this phase include time constraint, inadequate infrastructures and unstable internet connection that were similar to the other barriers reported in previous papers [2, 3]. The students struggled to adapt to the online learning with majority of them have problems with internet connection either at the university's hostel or at home. Thus, many students resorted to use their own mobile data to participate in the online classes at their own expenses. Previous studies showed that a successful and engaging experiential learning through online classroom can be achieved via audio-visual interactions [4-6]. Unfortunately, when the students were asked to turn on their video, the mobile data consumption were much higher and some of them experienced delayed in the transmission. Therefore, they were permitted to use audio-only and chat box during online lessons. We allowed the recording of the online classes to enable students to use the materials for self-directed learning. It will benefit students who could not attend to the online classes due to technical issues too. To ensure a sustainable engagement during lessons, assessment questions were given using electronic forms either prior or after the online classes; followed with live discussion of the answers. The live discussions were led by the students themselves with the presence of lecturers as the tutors.

During the temporary recovery phase of MCO, the clinical students were gradually allowed to enter the teaching hospitals' clinical zones while observing strict

standard operating procedure [SOP]. Throughout this phase, we were still implementing a hybrid learning as the number of students per clinical session were limited. This clinical exposure is important as some clinical approaches such as developing therapeutic alliances, empathetic responses and identifying non-verbal cues are the components that are lacking in virtual classes. We also realized that students who have never being engaged with any psychiatric patient had difficulties to identify the psychopathology, perform a sound psychiatric history taking and mental state examination on real psychiatric patients.

These situations were made worst when Malaysia was hit with the second and third waves of pandemic where students were barred from entering the clinical zones again. As it is not plausible to record clinical sessions with real patients for online teaching due to security and confidentiality issues, we decided to convert most bedside teaching slots into online video sessions and problem-based discussion [PBD] with student role-plays [RP]. The faculty also decided to extend the academic calendar to accommodate for face-to-face bedside teaching later.

The online video sessions used psychiatric teaching videos which can be publicly accessed via online platform such as Youtube. These videos showed interview sessions in between psychiatrists and simulated patients, demonstrating various symptoms of psychiatric illnesses. This method is used to enhance students' understanding on the psychopathology and presentation of a specific mental disorder.

Meanwhile, the PBD sessions include identifying clinical features, formulating diagnosis and constructing management plan based on the case scenarios. It was designed

according to the theme of the week i.e. psychotic disorders, mood disorders and others. Prior to the PBD sessions, the case scenarios prepared by the students were discussed with the respective lecturers, and modifications were made accordingly to meet the required outcome of the PBD. During the session, RP was instructed to act according to the scenario, while other students were randomly selected to perform clinical tasks within a given time frame. The interviewers remained blinded to the scenarios to mimic the real clinical situations. Feedbacks on the students' performance were given and the correct techniques of clinical skills were demonstrated by the lecturers at the end of the sessions. However, the limitation of PBD include that online mental state examinations tasks were less reliable as the students were unable to fully observe the non-verbal cues of the RPs due to the following reasons such as: the video only captured the upper body part and delayed video transmissions.

Even though the PBD session has its own drawback, it was found to be interesting as the RPs were allowed to be creative to make their scenarios more realistic. Students were more interested and actively participating in the discussion. These findings were similar to the previous study which found that technology-enhanced sessions did increase the student's engagement during online learning [4]. We received encouraging informal feedbacks from the students who stated that PBD was valuable to enhance their understanding of psychiatric illnesses, improved their interviewing skills and techniques to deal with psychiatric patients.

Learning opportunities and new experiences

Teaching a clinical course during COVID-

19 pandemic has bring out our hidden creativities and enhances our technical skills. We need to be flexible and prompt to adapt to the new challenges in online medical education. We also learnt to acclimatize our continuous assessment methods by giving tasks that are feasible to be done by the students during the MCO. Due to the unpredictability of the pandemic situation itself, the clinical assessment method was modified from the conventional long case examination to the Objective Structured Clinical Examination [OSCE] using simulated patients which was agreed upon by the medical education department of our faculty.

Nevertheless, there are many other areas that we could do to enhance the learning experience of medical students during this pandemic. For example, we are planning to record more video materials for various psychiatric cases in both English and Malay language using simulated patients. With appropriate online platform, it can be made readily accessible for the students. This could help them to revise about the psychiatric cases and to encourage self-directed learning.

Another area of concern is to design a reliable and impeccable online assessment method to replace the existing examination system which were based on face-to-face structure. Online examination, on the other hand, need a thorough and careful planning as opportunity for students to misuse the technology for their own benefits may outweigh the purpose of the assessment itself.

Conclusion

With the threats of deadlier COVID-19 infection and subsequent prolonged MCO, due attention must be given to the

difficulties and challenges faced by the medical educators and students. It may also be the time to invest into advanced technologies that support the current educational needs of students by involving university's stake holders, educational experts and relevant authorities.

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