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# VIRTUAL SYMPOSIUM ON TEACHING & LEARNING (VSTL) 2020

Redefining the Practice of Teaching and Learning

# E-PROCEEDING

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VSTL 02

#### **Clinical Psychiatry Teaching and Learning Goes Virtual**

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#### Abstract

COVID-19 crisis has caused severe disruption to teaching and learning activities. One of the recommended steps to prevent further spread of the illness is by physical distancing practice. Therefore, the current model of teaching and learning in psychiatry posting for medical undergraduates in Year 4 and Year 5 need to be enhanced by integrating virtual learning with traditional face-to-face methods. The ordinary bedside teaching and interview techniques were mostly converted into role plays, simulated patients, and recorded interview sessions with real patients via video conferences. Only a few learning sessions with patients were carried in-person, and adherence to strict protocols is compulsory. Case presentations and seminars were conducted via online platforms such as Microsoft Teams, Zoom, Google Meet and Skype. Logbook assessments and end posting evaluations were done through Google Form and viva voce through video conferences. Feedback from students was collected using Google Forms. Overall, students' responses had been positive regarding this new approach in psychiatry teaching and learning. In conclusion, this COVID-19 crisis has unfolded the potential of collaborative pedagogical practice to a virtual teaching and learning environment in psychiatry.

#### Introduction

Clinical teaching and learning are fundamental to medical training, especially during the clinical years. Students act as learners who require supervision by lecturers in doing clerkship and role modelling in the real clinical setting (Rose, 2020). Students will undergo the same process in every clinical posting. In psychiatry posting, students are expected to interview psychiatric patients, do mental state examinations and case presentations. Traditionally, psychiatry teaching involves mostly face-to-face teaching, which was the most highly valued and preferred teaching activity (Lampe et al., 2010). The available evidence suggested that students favoured traditional face-to-face education (Fitzmaurice et al., 2007) even when offered an e-learning environment including video lectures (Guri-Rosenblit, 2006) and reported a greater preference for live psychiatry teaching rather than video lectures (Mullins et al., 2014). However, during the unprecedented times of COVID-19 pandemic, medical teaching has been challenged with new ways of teaching and learning (Rashid et al., 2020). Physical distancing has been viewed as a mandatory step in reducing cases of COVID-19 (Arandjelovic et al., 2020). Hence virtual learning has become the ultimate platform for clinical teaching. This article highlights the experience of converting traditional psychiatry training into virtual teaching.

#### Content

Psychiatry posting focuses on the diagnosis and treatment of psychiatric disorders that are seen across different age groups (child, adolescent, adult and geriatric). This 7-week posting in Year 5 and 2-week posting in Year 4 focus on applying the knowledge, skills, attitude and manage patients with psychiatric disorders and introduction in psychological interventions. Students are expected to be able to formulate a provisional diagnosis, differential diagnoses and basic management plan for patients with psychiatric disorders as how they are expected to function as house officers later. They also need to demonstrate effective empathic communication to patient and family members. The clinical clerkship is conducted in the Department of Psychiatry, Hospital Selayang and UiTM campuses. Twenty beds in Psychiatry ward, Hospital Selayang, in-patient liaison cases in CTC UiTM Sg Buloh and outpatient clinics and active community psychiatric service for the population residing in Selayang, Kepong and Rawang.

However, during COVID-19 pandemic, due to Movement Restriction Order, students were instructed to leave campus and stay at home. When they finally allowed to return to campus in July 2020, Hospital Sungai Buloh was still functioning as National COVID-19 Hospital, and medical students were not

allowed to enter the hospital. New rules were implemented in other clinical teaching settings to comply with the standard operating procedure during COVID-19 set by the Faculty of Medicine. Therefore, traditional face-to-face teaching was converted to virtual teaching.

The ordinary bedside teaching and interview techniques were mostly converted into role plays, simulated patients, and recorded interview sessions with real patients via video conferences. The course learning outcome, which is to explain the relationship between psychological, social and physical factors that contribute to emotional and behavioural symptoms and signs was achievable even on virtual teaching. Students can formulate the diagnosis and outline the basic management plan as expected. Only a few learning sessions with patients were carried in-person, and adherence to strict protocols is compulsory. Case presentations and seminars were conducted via online platforms such as Microsoft Teams, Zoom, Google Meet and Skype. Logbook assessments and end posting evaluations were done through Google Form and viva voce through video conferences.

Petrie et al. (2019) suggested that traditional teaching methods in Psychiatry are still of high value as medical students perceived Psychiatry lectures delivered in a face-to-face manner to be more useful than video recordings. However, new technologies are of multiple advantages to both students and universities in terms of cost-effectiveness and accessibility (Nash, 2015). Blended learning is a newly emerging area in medical education whereby both traditional and innovative teaching methods are used as a complementary fusion (Ruiz et al., 2006). Blended learning is defined as a mixed method of face to face teaching and learning mixed with technology-based teaching (Nongmeikapam et al., 2019). A 2013 review concluded a range of pedagogical methods would be most useful to include in psychiatry education, as both methods are valuable (Verduin et al., 2013). Our survey on the overall organisation of the online psychiatry posting was done among the fourth year UiTM medical students showed 97% (n= 65) agree that the open and distant learning were well-organised and 71% (n=48) respondents strongly agree that the time-table was well-organised. With regards to personal development, 91% of respondents agree they achieved the communication and skills required through online learning, while 94% agree to feel stimulated for their learning needs. Our survey was in line with previous studies which reported that medical students prefer both face-to-face learning onsite and video-assisted learning. Both complement one another and do not stand as a substitute (Nongmeikapam et al., 2019).

Feedbacks from the fourth year UiTM medical students undergoing virtual Psychiatry posting stated that if they had a choice, they would prefer blended method rather than entirely virtual classes. Mostly the students yearn for traditional psychiatry bedside teaching during clinical postings, where behavioural manifestations of patients are directly observed. However, in the COVID-19 pandemic where physical distancing is of utmost importance in preventing the spread of disease, the new revolution in medical curriculum is inevitable.

#### Conclusion

In conclusion, this COVID-19 crisis has unfolded the potential of collaborative pedagogical practice to a virtual teaching and learning environment in psychiatry. Virtual learning has been an eye-opening experience for all stakeholders but never a disappointing one. The way to move forward would be blended learning where medical students can get the best of both worlds, namely traditional psychiatry learning and synchronous or asynchronous virtual learning.

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