

**Psychiatric Education In Thailand:
A Focus On Undergraduate Curriculum**



อดิงานชาจารย์

Psychiatric Education In Thailand: A Focus On Undergraduate Curriculum



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Abstract

Although the practice of psychiatry in Thailand began back in November 1, 1889, it was only 45 years later, in 1934, when it was first taught to 4th year medical students for 15 hours. In 1953, child psychiatry was introduced. In 1970, the first Department of Psychiatry in a medical school was established at Siriraj Medical School. Currently, there are 12 medical schools in the country with about 300 total hours of psychiatry throughout the 6-year curriculum. The psychiatry curriculum in Thailand is now in the process of being revised in accordance to the World Psychiatric Association (WPA) and World Federation of Medical Education (WFME) recommendations. Most medical schools teach psychiatry as a separate discipline, and only at Prince of Songkla University is psychiatry integrated with other subjects. Further research is needed to study the differences between medical students who were taught using this new curriculum as compared to those who were taught under the traditional system.

Introduction

The first of November 1889 could be called "the dawn of psychiatry" in Thailand, as this was the date when 30 psychotic patients were brought to be cared for in an old building of a nobleman, Praya Bhakdibhattarakorn, in the vicinity of Klongsarn, Dhonburi. Thereafter, a long history of development has resulted and the original location is now known as Somdet Chaopraya Hospital, the first psychiatric hospital of the country.

An important turning point could be marked in 1942 when Dr. Phon Sangsingkeo assumed the position of director. The hospital commenced a period of remarkable reformation in many aspects, and became a modernized institute of psychiatry. Services were improved, iron bars on cells were eliminated and replaced by Moral treatment. The hospital also became the first training center for psychiatry in Thailand.

Words are inadequate to describe the tremendous contributions of the late Professor Dr. Phon Sangsingkeo to the development of psychiatry and mental health in Thailand. His goal-directed perseverance for over 15 years, convinced the medical school to accept psychiatry, until the first Department of Psychiatry in Thailand was established. The medical curriculum was restructured to include 204 hours of psychiatry throughout the 4 undergraduate years as compared to the previous 12 hours.¹

History of Psychiatry Education

The first Thai director of the Somdet Chaopraya Hospital in 1925 was Luang Vichienbadayakome, who was also the first psychiatrist ever trained in the USA. After returning to Thailand in 1931, he started to teach psychology and psychiatry to nurses of Chulalongkorn Hospital and mental health to teachers in 1932.

It was not until 1934 that psychiatry was first taught to 4th year medical students. Students learned psychiatry on Saturday for 2.5 hours for 6 weeks i.e. total of 15 hours. The topics were psychology, psychodynamics, psychoanalysis and psychiatry. There was a case demonstration in the last hour. In 1942, the hours were increased to 20 and then to 40 hours in 1949. In 1953, child psychiatry was first included as a topic.²

In 1956, the First National Conference on Medical Education was held at Bangsaen. It was recommended from the conference that psychiatry should remain in the curriculum for medical students and students should spend more time studying it.

In 1959, the curriculum was changed, and psychiatric teaching increased to 147 hours during the 4 - year period. (Table 1)

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Table 1. Curriculum of Psychiatry , 1959

Clinical Year	Subject	Hours
Lecture		
1	Psychology & Sociology	24
2	Clinical Psychiatry	36
4	Mental Health, Child Psychiatry	12
Clerkship		
3	Patient Interview & Conferences at Somdet Chaopraya Hospital Medical School	37.5
Year 1-4		147

In 1970, the first Department of Psychiatry in a medical school was established at Siriraj Medical School, Mahidol University.³ (Table 2)

Table 2 Curriculum of Psychiatry, 1970

Clinical Year	Subject	Hours
Lecture		
1	Medical Psychology & Sociology	24
2	Psychopathology, Diagnosis, Treatment	36
4	Case Discussion On Mental health, Child Psychiatry	24
Clerkship		
3	Patient Interview & Ward rounds at Siriraj & Somdet Cahopraya Hospitals	45
Year 1-4		129

Since 1970, psychiatry has been taught in every medical school through their own Department of psychiatry. Nowadays, there are 12 medical schools in Thailand. Eleven of these schools are currently being run by the government, and only one- Rangsit University- is privately owned. (Table 3)

Table 3 Medical Schools in Thailand

College of Medicine Institute	Medical School/ University	Province	Region
Siriraj	Mahidol University (MU)	Bangkok	Central
Ramatibodi	Mahidol University (MU)	Bangkok	Central
Chulalongkorn	Chulalongkorn University (CU)	Bangkok	Central
Phra Mongkutklao	Royal Thai Army	Bangkok	Central
Wachira	Bangkok Metropolitan	Bangkok	Central
Srinakarinmwirod	Srinakarinwirot University (SU)	Nakon Nayok	Central
Rangsit	Rangsit University (RU)	Pathum Thani	Central
Thammasat	Thammasat University (TU)	Pathum Thani	Central
Chiang Mai	Chiang Mai University (CMU)	Chiang Mai	North
Naresuan	Narsuan University (NSU)	Pitsanulok	North
Khon Kaen	Khon Kaen (KKU)	Khon Kaen	Northeastern
Prince of Songkla	Prince of Songkla (PSU)	Songkhla	South

Psychiatry is taught in all these medical schools. An example of a typical curriculum (from PSU) is given in Table 4, although their schedule of rotation in psychiatry may vary from school to school.

Table 4. Conventional Pre-clinical & Clinical Psychiatry Curriculum at Prince of Songkla University (PSU)

Year	Topic	Hours
Lecture		
3	Applied Behavioral Science	30
3	Psychiatry I - Introduction to Clinical Psychiatry, Psychopathology, Common Mental Disorders, Diagnosis, Treatment	30
Lecture & Clerkship		
4	Psychiatry II- Interviewing Techniques, Signs & Symptoms, Case Interview, Case Discussion, Psychiatric Emergencies, Child Psychiatry	160
6	Psychiatry III- Ward Rounds, OPD Case, Journal Club, Case Conference, Consultation Rounds	80

Changes in socio-economic conditions, health behavior, and health care policies have brought about a need for redirecting the aims and goals of medical education. The changes have been influenced by the National Conference on Medical Education and the Thai Medical Council. In response to these changes, the Faculty of Medicine, PSU, has begun to reform the medical education curriculum.

The new curriculum is student-centered, integrating pre-clinical and clinical subjects, using various methods of teaching and learning such as lectures, problem-based learning and small group discussion. This new curriculum is not organized according to traditional disciplines such as surgery or psychiatry anymore, but will be organized according to human life cycles or health related issues such as diseases of the adults and elderly, health promotion and prevention. Psychiatry will not be taught as a separate discipline but students will learn psychiatry integrated with other subjects in various blocks as shown in Table 5.

Table 5. New Integrated Psychiatry Curriculum at PSU

Year	Block	Topic
2	Respiratory & Cardiovascular	Impact of Chronic Psychosocial System Aspect
2	Urinary & Reproductive Systems	Sexual Disorders
2	Foundations of Clinical Practice & Medical Ethics II	Doctor-Patient Relationship Ethical aspects of Decision Making
3	Nervous System, Loco-motor & Behavior	Defense Mechanism
3	Human Life Cycle	Psychosocial aspects of Childhood & Adolescence Child Rearing Sociology & Psychiatry
3	Introduction to Clinical Medicine	Rational Use of Drugs Mental Status Exam Patient & Family Education
3	Foundations of Clinical Practice & Medical Ethics IV	Practice of Patient Interview

Year	Block	Topic
4	Health Promotion & Health Maintenance	Health Promotion of Mother & Child Health Behavior Theory & Modification Techniques Psychological Management Group Therapy & Self-Help Group Communication & Education for Sexual Problems in clinical Practice
4	Health & Diseases of Adults & Elderly I	Organic Mental Disorders Substance Use Disorders Psychotic Disorders Anxiety Disorders Mood Disorders Common Problems in Elderly Patients Holistic care Patient Interview Case Discussion
5	Health & Diseases of Adults & Elderly II	Rational drug use in Psychiatry Management of Geriatric Problems Psychiatric Case Discussion
5	Emergency Medicine & Accidents	Rape Psychiatric Approach in Emergency Setting Case Intervention & Psychiatric Emergency Management Psychiatric Case Discussion
5	Health & Diseases of Women	Sexual dysfunction
5	Family Medicine & Community Medicine	Psychological Reaction to Death & Dying Communication skills in Palliative Care Palliative Case Discussion
6	Clerkship in Clinical Psychiatry	Ward rounds OPD Cases Journal Club Case Conferences Consultation Rounds

Other medical schools have now rearranged their curricula to be more student- centered as suggested by the World Psychiatric Association (WPA) and the World Federation of Medical Education (WFME)⁴, but psychiatry is still taught as a separate subject.

Attitudes of Medical Students Toward Psychiatry

A study at PSU, using ATP - 30 questionnaire given to 6th year medical students who were the last batch of students under the conventional curriculum in 2002, observed that their attitudes toward psychiatry both before and after their psychiatric rotation were generally positive⁵. (Table 6)

Table 6. Comparison of ATP – 30 Scores Before and After Psychiatric Rotation

	Maximum Score *	Before		After		P
		Mean	SD	Mean	SD	
Total ATP- 30 Score	150	110.17	10.28	111.37	11.33	0.306
Attitude towards mental illness & patients	20	15.78	2.02	15.82	1.96	0.885
Attitude towards psychiatry & psychiatrists	55	39.87	4.46	40.25	4.04	0.445
Attitude towards psychiatric teaching & knowledge	35	24.37	3.06	25.06	3.50	0.138
Attitude towards psychiatric treatment & hospitals	40	29.60	3.44	29.82	3.56	0.626

** maximum score possible if all answers are in strong agreement*

Our study didn't see any significant change in attitude among the clerks before and after their clerkship rotation (6th year), which was similar to the results of a study from Adelaide.

Conclusion

The psychiatric curriculum in Thailand is now in the process of being revised according to the recommendations of the WPA and WFME. Most medical schools still teach psychiatry as a separate discipline, and it is only at PSU that psychiatry is taught separately as various blocks. Further research is needed to study the outcome of medical students who are taught Psychiatry under this new curriculum compared with those who studied under the traditional curriculum.

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