

PART B. REQUIRED COURSE FORM

Course title:	PSYCHIATRY & BEHAVIORAL SCIENCE
Sponsoring department or unit:	DEPARTMENT OF PSYCHIATRY
Name of course director:	Dean MacKinnon, MD

List all organizational units (e.g., physiology department, nursing school, library), including the lead department, with ongoing involvement in the course, and the number of instructional staff from each such unit:

Organizational Unit	Number of Teaching Staff Involved
School of Medicine, Department of Psychiatry	44
School of Medicine, Department of Medicine	1
School of Medicine, Department of Urology	1
School of Medicine, Molecular Biology & Genetics	1
School of Medicine, Neuroscience	1

Course Objectives

Are there written objectives for the course? (check)

Yes	X	No	
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Briefly summarize the objectives/content areas covered in the course.

COURSE OBJECTIVES: By the end of the course students will have the facts, cognitive tools, and experience to begin to approach psychiatric problems in medical practice. To help students achieve these objectives, the course will: 1) Through readings and lectures describe the nosology, clinical features, epidemiology, (and where known) etiology and pathology of mental disorders 2) Through readings, lectures, and tutorials, describe and illustrate the use of the cognitive tools in the psychiatric perspectives to dissect the salient features of mental disorders and to apply the appropriate scientific, evaluative, and therapeutic approaches to these disorders 3) Through practice at patient interviewing and the use of clinical scenarios gain practice in the application of these facts and cognitive tools.

Preparation for Teaching

If graduate students, postdoctoral fellows in the biomedical sciences, or residents teach in the course (as lecturers, small group facilitators, laboratory instructors), describe how they are informed about the course objectives and prepared for their teaching role.

RESIDENT INVOLVEMENT: residents supervise some students in patient interview sessions. All interview supervisors receive a set of handouts to describe the objectives and procedures for conducting these sessions.

If the entire course is taught at more than one site (e.g., at geographically separate campuses), describe how faculty members at all sites are oriented to the objectives and grading system.

➤ *Not applicable.*

Academic Year _____

Student Evaluation

If NBME subject (shelf) examinations are used, give the mean scores for the last three classes:

- *Not applicable.*

Year:			
Score:			

Check all the formats that are used in examinations or other evaluations that students must take in order to pass the course:

X	Multiple-choice, true/false, matching questions		Laboratory practical items
	Fill-in, short answer questions		Problem-solving exercises
X	Essay questions or papers		Presentations
	Oral exams		Other (describe)

Briefly describe any formative assessment activities (practice exams, quizzes, etc.)

- *Direct feedback from tutorial leaders and interviewing small group leader.*
- *Mid-term examination.*

Is there a narrative evaluation submitted in addition to the course grade? (check)

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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Course Outcomes/Evaluation

Comment on the adequacy of faculty and other resources to teach the course (e.g., educational space, computer hardware and software, support personnel).

We have consistently had no difficulty engaging many faculty members as lecturers and small group leaders. There is inadequate space to conduct all small group sessions in our home building (Meyer), but there is adequate space available in the Preclinical Teaching Building. Audio-visual and technical support in the lecture hall has been excellent; we have never had difficulty with the technical aspects of any format, from slides, to computer presentation, to video. We have enjoyed the support as well of several dean's offices, which have assisted us in recording and posting material on a website for student access, in setting up a web-based mechanism to obtain student feedback, and to score and analyze exams.

Provide a summary of student feedback on the course (and any other available evaluation data) for the past two years. If the course is new or significantly revised, provide evaluation data for the new version of the course only. If problems have been identified by student evaluations or other data, describe how they are being addressed.

Students have for the past two years had the opportunity to enter on a website evaluation and comments for each lecture, on the small group experiences, and on the course as a whole. The

lecture-specific results are passed along to lecturers to aid them in communicating more effectively. Overall, approximately 2/3 of lectures are rated as “good” to “very good”, and the rest as “very good” to “excellent”. Students consistently give the highest ratings to small group experiences. An overall “score” for the course is not collected, but comments are solicited from students individually, via the website, and later are solicited, organized and presented by a student curriculum committee to course directors after the end of the course. Students seem not to have major problems with the course, and tend to identify issues of style rather than substance.

Identify major successes in the course and problems to be overcome.

The major challenges of the Psychiatry and Behavioral Science course are:

- 1) It is not a separate course, but a component of the larger Neurosciences course. Lectures and other sessions are spread out as islands in the large sea of neuroscience lectures and labs. While there are logistical reasons to spread the course out over eight weeks (e.g., time is needed to read the material; small group leaders can more easily commit small blocks over weeks, but not a large block in a week; the patient interview component of the course requires time for sufficient patient turnover in order to supply sufficient numbers of patients) some students find the structure too disjointed. However, a major improvement begun last year was to cluster the lectures thematically, so that all lectures on a particular sub-topic (e.g., behavior disorders) are given in a 1-2 day period, rather than spread out over a week. This seems to have been a successful change.*
- 2) It is a course focused on clinical problems in a year when students are learning basic sciences. While the interweave of Psychiatry with Neuroscience allows for some cross-discussion of basic science principles, this is probably an unavoidable challenge in a clinical field in which the physical foundations of clinical phenomena are insufficiently understood. As more is understood about the basic science behind cognition, emotion and behavior, the curriculum will have to change to reflect that science. However, as more time is devoted to the basic sciences of mental life, there will be insufficient time to talk about the pathologies of mental life, so more time will be required in the curriculum to address these issues.*
- 3) Many students come to medical school with strong preconceptions about mental illness; whereas few (if any) of them have opinions about, say, glomerulonephritis, almost all of them have opinions, often highly charged, about suicide, depression, addiction, etc. To judge from the comments I have received over the years from students, we have been not only successful in addressing the curiosity of those willing to question their opinions, but we have always reached some students who came in with doubts about the validity of the field. Part of this success may be societal—mental illness is gradually becoming less stigmatized, hence more widely discussed by those who have it, and consequently better understood—but a large part of it as well is taking an approach that offers students not only information, but the tools to analyze the separate components of the phenomena of mental illness, from different perspectives*