



LETTERS TO THE EDITOR

How COVID-19 pandemic affected the psychiatry training of medical students in Turkey? What have we done and what can be done?



The COVID-19 pandemic has significantly affected medical education in our country as well as all over the world. Many institutions around the world have tried to overcome this situation by making arrangements to continue online medical education.^{1,2} We would like to share our experiences in psychiatry training of medical students during pandemics.

Medical education in our country consists of a total of 5 years of preclinical and clinical education, followed by a 1-year internship. It is evident that the pandemic creates a great deficiency especially for the students in the clinical clerkship period. However, it is important to remember that medical students are not yet legally doctors and it would be unethical to introduce them into healthcare.³ A study examining the preferences of medical students to return to the clinical environment during the pandemic showed that 1 in 3 preferred not to return, and this choice was associated with many factors such as perceived risk of infection, harbouring risk to patients, and belief in severity of illness.⁴ Therefore, we had to revise the education program to protect the health of our students and reduce the risk of disease spreading.

What have we done?

First of all, we designed a system where the courses can be taught online. Asynchronous and synchronous lectures were delivered to students through this system. Asynchronous lectures were prepared as audio-recorded slide presentations. Synchronous lectures were designed as interactive meetings on main topics. At this point, we used psychiatric case training videos and cinema film sections, along with interview videos we prepared ourselves. We organized case meetings where we focused on differential diagnosis. In addition, we have planned discussion meetings that allow our students to review the literature and make presentations on the cases they have chosen. Distinguishing from the previous curriculum, we added lectures focusing on the relationship between the COVID-19 pandemic and psychiatric illnesses, the impact of the pandemic on healthcare professionals and self-care. We established an online communication group that includes

students and faculty members to maintain close communication and announcing lectures and meetings, as well as sharing announcements such as current articles, movies, book recommendations, events, which allowed us to talk on various topics. We received positive feedback from the students that the education period was generally motivating and instructive. Some of the highlights in the feedbacks were: Movie and book recommendations were helpful, it should be given more emphasis on psychotherapies, and the online communication group worked very well. One student stated that he gained a different perspective on the pandemic, another said the clerkship contributed to his personal development, while another noted that he decided to choose psychiatry as a specialty at the end of this clerkship.

What can be done?

Although this training program, which we have modified rapidly in the face of sudden and rapidly changing conditions, is far from ideal, we aimed to provide the basic psychiatric notion that our students will need in their professional life.

Standardizing and sharing the educational material within the framework of ethical rules will increase the quality and provide advantages in terms of time and workforce. In psychiatry training, more than other specialties, we see that cinema films can also be used.⁵ Although there are film-based studies on this subject, more research is required to determine the films that can be used for educational purposes specific to diseases. In our practice, we have experienced that online case discussions are very instructive and useful. Also, we noticed that students' presentation of the cases they have chosen, not only increased their interest but also contributed to their skills of reviewing the literature and making a differential diagnosis. In addition, different kind of simulations such as role-play, virtual reality, and simulated patients are known to be useful in psychiatry training.⁶ Assigning students more tasks in this way can help students internalize clinical knowledge.

One of the most important points is to get feedback from students before, during, and after the clerkship. In this period when we are trying to find new and creative ways, the ideas of our students are one of the most important guides.

In conclusion, medical education is a very difficult and comprehensive program applied by the most successful students all over the world. In addition to the global health

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crisis caused by the pandemic, the deficiencies in medical education may have negative consequences in the long term. We, as educators, think that it is critical to search for new and creative solutions and to share our experiences in this field to minimize the deficiencies in the name of psychiatry.

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Conflict of interest

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