

The Psychiatry Information Card: a pocket resource to assist students' transition into psychiatry clerkship

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Published ahead of issue: Oct 4, 2024; CMEJ 2024 Available at <https://doi.org/10.36834/cmej.79374>

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Implication Statement

The Psychiatry Information Card (PIC) offers a practical, structured concise resource to enhance medical students' confidence, knowledge, and self-reflection during psychiatry rotations. Its utility lies in providing targeted support for students navigating the transition from classroom learning to clinical practice, and addressing specific challenges encountered during this critical phase of medical education. By offering accessible and relevant information aligned with rotation objectives, the PIC increased knowledge pre and post rotation, and enhanced the learning experience. The PIC's acceptability is demonstrated by the high recommendation rate (90%) among participants, who endorsed its integration into the rotations. Additionally, the low cost and ease of distribution make the PIC a cost-effective resource, further supporting its feasibility for widespread implementation. Therefore, we recommend formal integration into the curriculum.

Énoncé des implications de la recherche

Résumé français à venir.

Introduction

This innovation in medical education aims to impact the complex transition from pre-clinical to clerkship years, which is regarded as the most challenging period for medical students.¹ The transition is a drastic adjustment from classroom learning to work based learning (clinical rotations). According to literature, transition challenges include adjustments in roles, learning environments, teaching styles, and frequent rotation changes.^{2,3} In addition, communication with psychiatry patients is cited as a significant source of stress compared to other patient populations.⁴ Cognitive psychology and situated learning

theories indicate the necessity for targeted interventions to support students identify, and navigate critical transition points during training.^{5,6}

Description of the innovation

To alleviate the stresses encountered during psychiatry rotations and to support greater learning, we created the PIC specifically for third-year medical students starting their mandatory psychiatry rotation. The PIC aims to enhance students' confidence, knowledge, and self-reflection. It serves as a practical, structured, and concise information resource aligned with psychiatry rotation objectives of our medical institution. Ethical approval was

obtained from the University of Saskatchewan Behavioral Research Ethics Board, and informed consent was ensured from all participants. Perceived benefits of the PIC during rotations were assessed through questionnaires. These were administered to participants pre and post rotation, in both the PIC and no-PIC groups. The questionnaires included items specifically designed to gauge participants' perceptions of the PIC's utility, relevance, and effectiveness in enhancing their learning experience during psychiatry rotations. Participants were asked to rate their confidence and comfort levels in applying their knowledge and skills in clinical settings.

Outcomes

Descriptive statistics, including mean scores and standard deviations, were computed to summarize participants' responses to various questionnaire items. Comparative analyses, such as ANOVA, examined differences in outcomes between the PIC and no-PIC groups, allowing for statistical inference regarding the effectiveness of the intervention. The knowledge scores significantly increased at post-rotation compared to pre-rotation in both groups, PIC and no-PIC, ($p < 0.05$) (Figure 1). Despite relatively higher knowledge growth in the PIC group, there was no difference between groups when participants' sex and pre-rotation scores were considered in data analysis ($p > 0.05$). However, 76.7% of participants self-reported that the PIC enhanced their overall learning experience during the rotations and 90% recommended it should be formally integrated in the rotations. The small sample size ($n = 53$) and time constraints may have affected the statistical power of the study. While statistical significance might not have been attainable within this sample, calculations suggest that a larger sample size, approximately $n = 103$, could yield statistically significant outcomes with ANCOVA, especially when accounting for covariates like gender and pre-rotation scores.

Suggestions for next steps

Despite its effectiveness, limitations such as small cohort size and absence of objective assessment highlight areas for improvement. Future research could explore larger studies, other training sites and alternative formats, such as apps, to enhance accessibility and effectiveness. Nonetheless, the PIC remains a unique and valuable resource for supporting medical students during psychiatry

rotations, offering targeted support to enhance learning experiences.

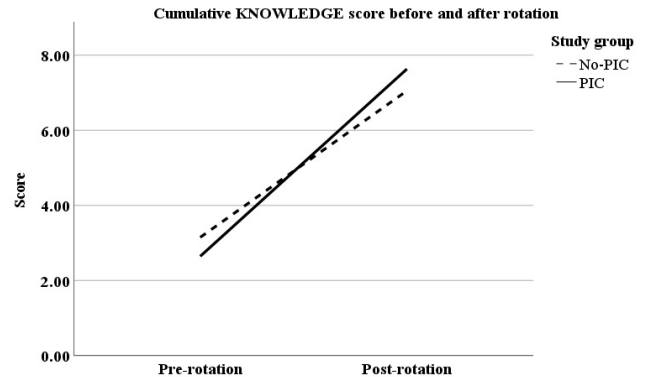


Figure 1. Self-reported KNOWLEDGE cumulative scores before and after 6-week psychiatry clerkship rotation.

KNOWLEDGE was rated across three questions from 0 = Not at all to 4 = Extremely. The cumulative scores ranged from 0 - 12. The KNOWLEDGE scores significantly increased at post-rotation compared to pre-rotation in both groups with and without PIC ($p < 0.05$). Despite relatively higher knowledge growth in the PIC group, there was no difference between groups when participants' sex and pre-rotation scores were considered in data analysis ($p > 0.05$).

Conflicts of Interest: The authors report no conflict of interest in this work.

Funding: This study received a grant from the Department of Psychiatry Intramural Research fund, University of Saskatchewan (including additional funds to print the cards).

Edited by: Anita Acai (senior section editor); Marcel D'Eon (editor-in-chief)

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