Title: Development of an integrated mental health curriculum for undergraduate students using virtual learning environment

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What problem was addressed: Psychiatry has been taught to medical students at the Aga Khan University since 1987. The students spend a month in their 4th year of medical school, doing both outpatient and inpatient psychiatry with a formal didactic component. At the end, they have to pass the clerkship and the summative exam to graduate medical school. Over the years the rotation has undergone many changes, both in terms of time spent by the students, as well as content of teaching and learning. However, not enough emphasis has been paid to the formal curriculum development in terms of structure, integration, and pedagogical teaching and assessment methodology. Traditionally, during this 4-week rotation, medical students attended 20 lecture based didactic sessions taught mostly based on availability and teaching preference of faculty. Although the students have historically given positive feedback of the clerkship, the curriculum was neither competency nor outcome based. A working group was established to reassess the curriculum, now focusing on integrative, outcome and competency based structure using blended learning.

What was done: Literature search has showed that blended learning format has been used effectively to develop integrative, outcome and competency based curriculum inspiring student learning (1). We decided to re-design our current curriculum based on the principles of optimal student engagement. The aim was to address the learning needs of students from a multi-disciplinary perspective using a mix of Virtual Learning Environment (VLE) and other teaching/learning activities linking to identified learning outcomes. The new curriculum included both face-to-face contact sessions, self-directed and electronic (e-) learning. Our main objective was to train all medical students to be competent in recognizing and managing common psychosocial and mental health problems prevalent in our communities.

What was learned: Re-designing the UGME curriculum was successful in creating active engagement both during and in between classes. However, many lessons were learnt. Faculty members initially found it hard to change to active teaching methods. They were not comfortable using the technology platform, but later warmed up to its usage. Team found linking teaching to assessments difficult for which Department of Education support was sought. There were communication errors identified within the core team of curriculum development and the facilitators. Engagement of facilitators on VLE was minimal. Students have so far provided a positive feedback. Overall our experience shows that use of VLE was helpful in creating an integrated curriculum for fourth year medical student psychiatry clerkship. Further research is needed to address these challenges in low resource countries.

References:

1. Laster S. Model-driven design: Systematically building integrated blended learning experiences. Journal of Asynchronous Learning Networks. 2010 Mar;14(1):39-53.