Child Psychiatry Curricula in Undergraduate Medical Education

MICHAEL GIFFORD SAWYER, PH.D., M.B.B.S., FEMKE GIESEN, M.SC., AND GARRY WALTER, M.D., PH.D.

ABSTRACT

Objective: To review the literature describing the content and time allocated to undergraduate medical education curricula in child and adolescent psychiatry and make recommendations about child and adolescent psychiatry teaching goals and curricula content. **Method:** A literature search from 1970 to February 2007 using the key words *undergraduate*, *curriculum*, *teaching*, *education*, *psychiatry*, *child*, *adolescent*, and *medical school*, was conducted using PubMed, *PsycINFO*, and Web of Science. **Results:** There is limited agreement about curricula content for undergraduate child and adolescent psychiatry teaching programs in medical schools, with a wide range of objectives identified by different programs. On average, the time allowed for teaching child and adolescent psychiatry is small. There is also great variation in the time allocated by different medical schools. In many countries, the number of child and adolescent psychiatrists with academic appointments is limited, and child and adolescent psychiatry programs are developed and taught by a small number of teaching staff at each medical school. **Conclusions:** Medical schools should reconsider the relatively low priority given to teaching child and adolescent psychiatry to medical students. The child and adolescent psychiatry profession must identify clear learning goals for a longitudinal developmentally appropriate model of child and adolescent psychiatry education commencing at an undergraduate level in medical schools and continuing through residency and fellowships. There is a need to promote national and international standards for teaching in this area and to encourage stronger collaborations between teaching staff across different medical schools. *J. Am. Acad. Child Adolesc. Psychiatry,* 2008;47(2):139–147.
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Psychiatric disorders are among the most common medical conditions experienced by children and adolescents during their development. For example, Costello et al.[1] estimated that the median prevalence of functionally impairing child mental disorders is 12% (for brevity, the term *children* is used to refer to children and adolescents). The World Health Organization[2] estimated that 10% to 20% of children experience one or more mental disorders and identified mental disorders as a major contributor to the global burden of disease. During the past 2 decades, there has also been a large increase in the number of effective treatments available to medical practitioners that can be used to help children with psychiatric disorders.[3,4]

A consistent finding in several countries is that general practitioners and pediatricians are the medical professionals most commonly consulted to assist with childhood mental health problems.[5–7] In keeping with this, Garralda and colleagues reported that children cared for by general practitioners in Great Britain have a high prevalence of mental health problems.[8–10] For example, in one study, Kramer and Garralda[10] found that 38% of 136 adolescents ages 13 to 16 years treated by a general practice in London had experienced a psychiatric disorder in the previous year. Similarly, in the United States, where pediatricians more commonly provide primary health care, high rates of mental

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Dr. Sawyer is with the University of Adelaide and the Children, Youth and Women's Health Service, Adelaide, Australia; Ms. Giesen is with the Children, Youth and Women's Health Service; and Dr. Walter is with the University of Sydney and Northern Sydney Central Coast Health.

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Correspondence to Dr. Michael Sawyer, Research and Evaluation Unit, Children, Youth and Women's Health Service, 72 King William Road, North Adelaide, South Australia 5006, Australia; e-mail: michael.sawyer@adelaide.edu.au.

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disorders have been reported among children attending pediatricians.[5,11] For example, Lavigne et al.[11] reported that 21% of 3,860 children ages 2 to 5 years attending pediatric practices in Chicago had a mental disorder.

The high rate of mental disorders among children attending general practitioners and other primary health care services is an important issue for undergraduate medical education programs (the term *undergraduate medical education* is used here to refer to medical education programs and does not include premed or college programs). A substantial number of medical graduates choose a career in primary health care.[12–18] For example, in the United States, 44% of medical graduates in 2002 chose a residency in primary care specialties, including internal medicine, family medicine, and pediatrics.[14] In Australia, 42% of 386 medical students who graduated between 1980 and 1995 at Monash University in Victoria were working in general practice in 2003.[13] In the United Kingdom, 23% of 2,778 medical graduates in 2002 indicated a preference for a long-term career in general practice.[17] Finally, a survey of 256 final-year medical students and junior doctors in their first to fourth postgraduate years in New Zealand found that 30% planned a career in general practice.[18]

There is an international shortage of child and adolescent psychiatrists.[19–22] The combination of a high rate of child and adolescent mental disorders among those attending primary health care medical practitioners and the limited availability of child and adolescent psychiatrists to whom these young people can be referred means that primary health care medical practitioners require the skills to identify, assess, and treat common child and adolescent mental health problems. However, several studies have reported that general practitioners and pediatricians have difficulty recognizing and managing mental health problems.[23–27] For example, in the United States, Dulcan et al.[27] found that only 17% of 52 children who received an independent psychiatric diagnosis were identified as having a disorder by their pediatrician. Similarly, in a national audit of general practices in Australia, Hickie et al.[24] found that general practitioners did not recognize mental disorders in 56% of patients (ages 16–98 years) identified as having a mental disorder by means of a self-report questionnaire.

The aim of this article is to review the literature published in English that describes the content and time allocated for teaching child and adolescent psychiatry to undergraduate medical students and to make recommendations about curriculum content in this area.

METHOD

Electronic literature searches were conducted for publications from 1970 to February 2007, using the databases PubMed, *PsycINFO*, and Web of Science. The following key words were entered: *undergraduate, curriculum, teaching, education, psychiatry, child, adolescent,* and *medical school* (searches also included combinations of these key words using *or* and *and*). Ninety-five publications were identified with these key words. Of those, 18 were published in English and were relevant to teaching child and adolescent psychiatry at the undergraduate medical education level.[28–45] The remaining 77 publications addressed a range of issues including the teaching of general adult psychiatry and child development. Three of the 18 publications focused specifically on the use of videotapes in undergraduate medical child and adolescent psychiatry teaching programs.[43–45] Two additional publications[46,47] were identified from the reference lists in these publications and one[48] through direct contact with directors of child and adolescent psychiatry training programs and authors of previously identified publications.

RESULTS

What Are the Goals of Child and Adolescent Psychiatry Teaching?

MacLeod and Steinhauer[40] have suggested that it is important for a relatively new specialty such as child and adolescent psychiatry to define the fundamental principles and content of its curriculum carefully. However, a wide range of teaching objectives has been identified for child and adolescent psychiatry teaching provided to undergraduate medical students. These include the skills required to assess children and families,[36,40,47] the ability to recognize and assess common childhood mental health problems,[28,37,47] knowledge of normal child and adolescent development,[36,40] knowledge about factors that can influence the etiology, course, or compliance with treatment of childhood mental disorders,[28] knowledge about the interaction between psychosocial factors and physical factors in pediatric diseases,[28,40] and knowledge about the range of services available to help children with mental disorders and the skills to make referrals to specialists.[28,40,47]

Worrall-Davies[47] suggested that acquiring factual information at an undergraduate medical education level is less important than the acquisition of appropriate attitudes about the importance of psychological problems for children's development. She recommended that teaching relevant to the development of important attitudes (e.g., awareness of psychological problems