Crafting a dynamic learning environment during psychiatry clerkships

Victor Ajluni, MD

Editor's note: Readers' Forum is a department for correspondence from readers that is not in response to articles published in CURRENT PSYCHIATRY. All submissions to Readers' Forum undergo peer review and are subject to editing for length and style. For more information, contact letters@currentpsychiatry.com.

reating an optimal learning environment for medical students studying psychiatry is essential for their growth and development. Over the last 25 years, I have worked with hundreds of medical students in a busy urban emergency department (ED), and I have developed a style that has worked well for them and for me. A supportive, engaging atmosphere can significantly enhance students' understanding of psychiatric conditions, therapeutic approaches, and patient care. To ensure a productive and inspiring learning experience, educators should consider several key factors.

The educators

Faculty physicians should invest themselves in the students' individual growth and aspirations by providing personalized guidance that caters to each student's goals and challenges.¹ Educators must also embody a passion for psychiatry. I've found that integrating a lighthearted and humorous approach to my teaching style can relieve stress and enhance learning. I've also found it crucial to demonstrate empathy and effective communication skills that students can emulate in their professional development.² Encourage students to take an active role in their learning process by engaging in clinical

discussions and decision-making. Lastly, providing regular assessments and constructive feedback in a supportive manner allows students to better understand their strengths and weaknesses, and to continually improve their knowledge and skills.³

The students

Encourage students to fully express their unique personalities, perspectives, and learning styles. This diversity can fuel creativity and promote an atmosphere of inclusivity and enhanced learning. Teach students to recognize the value in each patient encounter, because each offers a unique opportunity to deepen their understanding of psychiatric conditions.⁴ Instead of being mere observers, students should actively participate in their education by involving themselves in clinical discussions, treatment planning, and decision-making.

The environment

A supportive, inclusive learning environment should foster diversity, inclusivity, and collaborative learning by creating an engaging atmosphere in which students can express themselves. In my experience, a sense of relaxed focus can help alleviate stress and enhance creativity. Emphasize a patient-centered approach to instill empathy and compassion in students and enrich their understanding of psychiatric conditions.⁴

The peers

Encourage students to engage in peer feedback, which will provide their fellow trainees additional perspective on their performance Dr. Ajluni is Assistant Professor of Psychiatry, Wayne State University, Detroit, Michigan.

Disclosures

The author reports no financial relationships with any companies whose products are mentioned in this article, or with manufacturers of competing products. The author used ChatGPT to prepare this article. The author attests that the work is

doi: 10.12788/cp.0394



Clinical Point

I've found that integrating a lighthearted and humorous approach to my teaching style can relieve stress and enhance learning

and offer an avenue for constructive criticism and improvement.3 Promoting collaborative learning will foster a sense of camaraderie, help students share their diverse perspectives, and enhance the learning experience. Peers also play a crucial role in reinforcing positive behaviors and attitudes.

My extensive experience educating medical students studying psychiatry in a busy ED has taught me that creating an exceptional learning environment requires understanding the role of educators, students, the environment, and peers. By implementing these principles, educators can contribute to their students' professional growth,

equipping them with the skills and mindset necessary to become a compassionate, competent, effective physician.

References

- 1. Sutkin G, Wager E, Harris I, et al. What makes a good clinical teacher in medicine? A review of the literature. Acad Med. 2008;83(5):452-466. doi:10.1097/ ACM.0b013e31816bee61
- 2. Passi V, Johnson S, Peile E, et al. Doctor role modelling in medical education: BEME Guide No. 27. Med Teach. 2013;35(9):e1422-e1436. doi:10.3109/0142159X.2013.806982
- 3. Lerchenfeldt S, Mi M, Eng M. The utilization of peer feedback during collaborative learning in undergraduate medical education: a systematic review. BMC Med Educ. 2019;19(1):321. doi:10.1186/s12909-019-1755-z
- 4. Bleakley A, Bligh J. Students learning from patients: let's get real in medical education. Adv Health Sci Educ Theory Pract. 2008;13(1):89-107. doi:10.1007/s10459-006-9028-0