



Mental Status Exam interactive simulation course for third-year medical students During Psychiatry C-L service: “MSE for MS-3”

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Introduction

The Mental Status Exam (MSE) is a key component of psychiatric encounters. The conventional methods of teaching MSE include lectures and readings. Medical students typically get a short exposure to Consultation-Liaison (C-L) clinical service during their clerkship year, limiting them of the opportunities to observe and practice a variety of MSE presentations. We observed that by the end of their clerkships, the medical students continue to have difficulty eliciting and describing MSE findings. Literature to date found that interactive learning has a greater educational value to learners in psychiatry (1-3).

Methods

We developed an interactive simulation MSE course for third-year medical students (MS-3s) aiming to help them elicit information by asking goal-directed questions, observing, and precisely describing MSE components in various psychiatric psychopathologies. The main objective of the course was to enable MS-3s to describe and apply the essential components of the MSE. The course comprised of simulated MSE sessions and was held during the MS-3s core psychiatry clerkship. Each session, 90-120 minutes long, was participated by 4 students at a time. All students were provided opportunity to interview the standardized patient/proctor at

least once during the session. Each interview lasted for 7 minutes followed by 8 minutes of discussion amongst the participant students, and eventually a 5-minute discussion with the proctor. The 4 simulated sessions include presentations depicting manic, psychotic, depressed and anxious, and cognitively-challenged episodes. The course was offered as optional for the medical students. We evaluated the MS-3s comfort level with MSE components before and after the course. Lastly, we also sent a video of a simulated patient to all the student group who volunteered to participate as well as those who opted out from participating in the interactive course. Both groups were asked to describe the MSE findings, entirely based on the observation of the video. The difference between the 2 group's MSE knowledge was assessed. The reference MSE that was used to score the participants responses for the evaluation video, was formulated by an attending psychiatrist.

Results

10 students participated in the course. The results are as shown in Table 1:

Discussion

Our preliminary data suggests that students find the interactive simulation course a helpful asset in learning components of MSE. All the participating students found the course enriching to their knowledge, skills, interactive,

A sample of the participants' feedback:

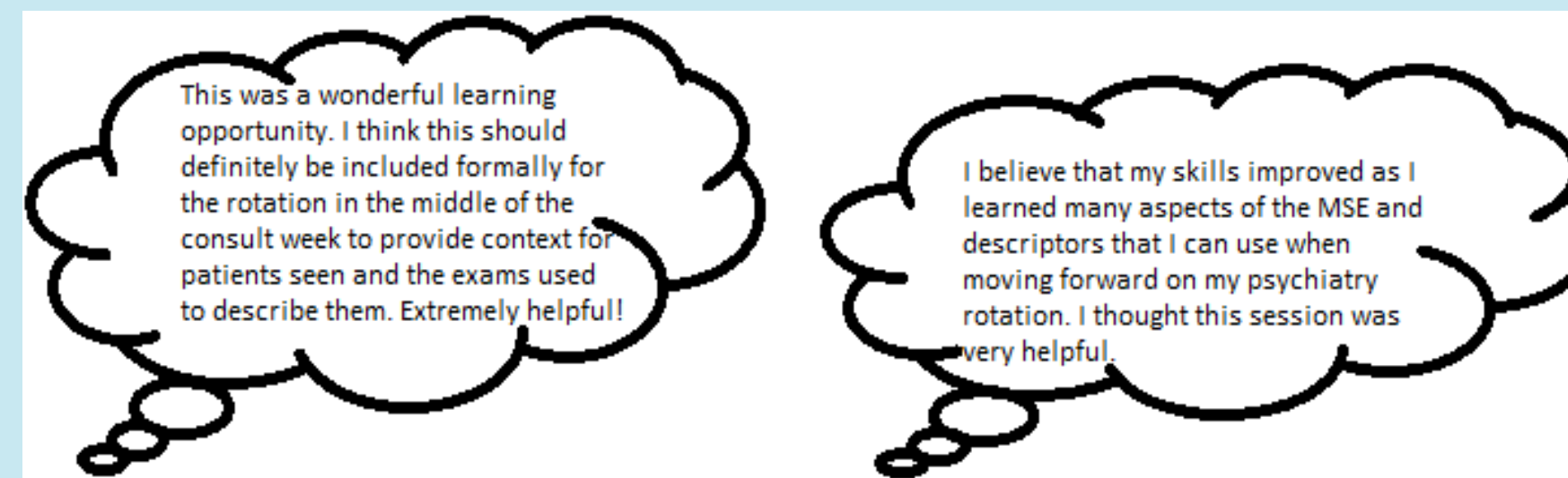


Table 1:

	Pre-course survey	Post-course survey
Appearance & Behavior	7.6	8.5
Psychomotor activity	5.3	8.4
Speech	6.2	7.8
Thought process & content	5.7	7.5
Perception	5.8	8
Mood	7.4	8.7
Affect	6.5	7.7
Cognition	5.7	7.6
Insight & Judgement	5.6	8
Overall	5.6	7.7

MS-3 mean comfort level with MSE components pre- and post-course.

and necessary for their educational experience. Some students found the course necessary to educate them about MSE terms that they were not familiar with. We received only 3 responses for the MSE assessment of video-based of the simulated patient presentation, insufficient to provide objective measurement of the difference between the 2 groups at this point. The course increased the students' ability to interact and learn by trial and error which cannot be obtained from lectures and watching video recordings of MSE of some psychopathologies (4).

Conclusions

A more interactive way of teaching MSE may provide an additional benefit to the conventional way of teaching the topic. Further objective data is necessary to confirm our preliminary findings.

References

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