The influence of psychiatry clerkship's setting and nature on students' attitudes and empathy towards patients with mental illness

Leana Frankul DO '26[1], MA, Chunfa Jie PhD[1], Julia R. Van Liew PhD[1]

[1]*College of Osteopathic Medicine, Des Moines University*, Des Moines, IA

Purpose: The National Alliance on Mental Illness Provider Education Program is a required curricular program at Des Moines University aimed at increasing health care professionals' delivery of patient-centered and collaborative care for patients with mental illness (MI). This study assesses how the nature of setting and location of psychiatry clerkship influences OMS-III students' attitudes and empathy towards patients with MI diagnoses from baseline to 6-month follow-up.

Methods: Participants completed surveys assessing their affect, beliefs and behavioral intentions regarding individuals with MI. The predictors were inpatient psychiatric unit training and training at more than 1 clinical setting during psychiatry clinical rotation. Outcomes included the medical condition regard scale (MCRS) and the 7-item Day's Anxiety Scale (DMISS). The MCRS measured "regard" for patients with auditory hallucinations and paranoid delusions and patients with comorbid hallucinations, delusions, and substance use disorder. The DMISS assessed anxiety about interacting with individuals with MI. We calculated change scores for outcomes of interest. Baseline vs 6-month change score association were performed using independent samples t-tests with a significance cutoff of $p<0.05$. Cohen's d effect sizes were calculated ($d \geq 0.20$=small, ≥ 0.50=medium, and ≥ 0.80=large).

Results: Overall, students who completed their psychiatry clerkship in more than one clinical site had lower levels of anxiety about interacting with someone with MI ($t(91)$=0.418, $p<0.042$, d=0.44). Students who completed their psychiatry clerkship in an inpatient psychiatric unit compared to all other settings of psychiatry clinical rotation displayed better regard towards patients with MI ($t(86)$=2.519, $p<0.005$, d=0.64) and towards patients with MI with comorbid substance use ($t(85)$=2.185, $p<0.02$, d=0.44).