

# Analysis on the Application of Students' Self-made Video in Psychiatry Teaching\*

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**Abstract**—In the process of psychiatry teaching, through students' self-made video of mental disorders, their learning interests and learning results can be stimulated as well as medical students' professional ethical awareness and humanistic quality can be improved. Compared with traditional teaching methods such as theoretical teaching and PBL, case discussions, etc., self-made video teaching methods are more novel, which makes students have a higher interest, and offer better teaching results.

**Keywords**—psychiatry; self-made video; medical education

## I. INTRODUCTION

Psychiatry is one of the important branches of clinical medicine. It is a discipline focusing on the etiology, pathogenesis, clinical manifestations as well as treatment, rehabilitation, and prevention of mental illness. It is a compulsory clinical course for clinical medicine, such as anesthesiology, clinical medicine and other medical specialties. With the development of the biologic - psycho - social medicine model and the change of our country's disease genealogy, the medical rate of mental disorders in the comprehensive hospital has increased year by year, and the importance of psychiatry in clinical medical treatment has been increasing. However, this course is very practical. For students who lack clinical practice experience and only rely on theoretical teaching and combining their own life experience, it is difficult to understand some psychiatric symptoms, such as relationship delusions, commentary auditions, sense of being monitored, feelings of indifference, lack of will, etc. And even

neurological disorders such as neurasthenia, generalized anxiety, and typical emotional disorders such as depressive episodes. Due to the long-term lack of public awareness of mental health and prejudice against mental disorders [2], students of clinical medicine are more reluctant to enroll in postgraduate studies in psychosis and mental health, or enter clinical psychiatric work in psychiatric specialist hospitals. And they tend to of learning initiative for this subject. In terms of examination methods, although psychiatry is one of the compulsory examination subjects for practicing doctors' examinations, most medical colleges set this course as a checking class. In the higher medical years, medical students are under greater academic pressure and with the impact of clinical core courses such as surgery, obstetrics and gynecology, and pediatrics, they will not focus on such exams. Although students are generally interested in all kinds of mental problems, they are also willing to understand the knowledge of mental disorders and clinical manifestations, but most of the teaching materials are mainly characterized by phenomenological description and few cases. It is difficult to improve students' interest by reading medical students on their own. In the case teaching method, though students' discussion and speaking can solve the above problems to a certain extent, but because of the lack of adequate clinical experience, students fail to have enough intuition just by reading the text. Although at that time they could have certain understanding of clinical manifestations of mental disorders, their impression is not deep and it is difficult to achieve the purpose of real mastery of future clinical application [3]. This suggests that how we can allow medical students to participate in psychiatric teaching in the teaching process is the key to improving the teaching effectiveness of this course. This article discusses and summarizes the application in the teaching process of teaching method of psychiatry, such as applied psychology and psychiatry according to the student-made mental disorder video in order to provide a reference for the teaching reform of psychiatry courses.

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## II. TEACHING PROCESS

### A. Curriculum Setting

For psychiatry, clinical psychiatry, abnormal psychology, and other psychiatry-related courses, it is necessary to set 10-20 credit hours for discussion class, inform students in advance about the teaching methods of class time, and ask students to organize group discussion and discuss in advance.

### B. Student Grouping

According to the student number or the student lottery in the first class, a group of 5-7 persons is appropriate. The group discusses and recommends the team leader, who is responsible for the assignment, discussion on the case collection, and information feedback.

### C. Teaching Arrangement

After the completion of the key teaching chapters of psychiatry, such as schizophrenia, mood disorders, neurotic disorders, and stress related disorders, the class-hour discussion shall be arranged. After completing the theoretical teaching content, a group of students will be asked to complete the production of a video about 15 minutes after class in accordance with their understanding of the disease. The video content needs to involve the clinical manifestations, the psychiatric examination process, and the treatment plan of the disease. All the roles of the patient, the patient's family, and the medical staff in the video are played by the panelists. In the following discussion class, the video will be played in the class and the team leader will be asked to explain why it was taken in this way? What is the theoretical basis? Reasons why the script is designed? Why are some of the symptoms highlighted? Which symptoms are the key to the diagnosis? And Whether or not to demonstrate appropriate communication skills in the process that medical staff ask the patient about their conditions, and what the theoretical basis for the treatment plan used in the video is, etc., and then the other group students shall comment on the video taken, followed by indicating where the understanding of the disease is biased or commendable, which content in the diagnosis of the disease is more typical. In addition, they should discuss whether there are some symptoms are not showed in the video or underperformed in the video; whether the diagnostic criteria can be reached just depending on the symptoms in the video; whether there is something wrong with the diagnosis and treatment process; whether there are missing main clinical symptoms of the disease; whether there are omissions or errors in the treatment plan; whether there is a differential diagnosis; whether there is something wrong with the doctor-patient communication process, etc. After the discussion, each group leader or representative speaks. Finally, the teacher comments on the video content and summarizes the clinical manifestations, diagnosis, and treatment plan of the disease and they are responsible for explaining the shortcomings in the video and combining the patient's reality in the disease to further explain the focus of diagnosis and the key to treatment, and what should be noted during the communication process. At the same time, the usual results will be given based on the overall performance of the video production team.

## III. SIGNIFICANCE AND ROLE

### A. Transforming the Original Theoretical Teaching Model and Improving Teaching Effectiveness

Compared with traditional theoretical teaching, allowing students to self-produce videos, participate in performances in person, or discuss videos of other groups is more attractive to them and can enhance their enthusiasm for learning. In the classroom teaching process, the self-made mental disorder related videos of the group can improve the deficiencies of psychiatry theories from reality. Compared with the reading of written cases, this method can better help students understand the symptoms of mental illness. It can also enable students that participate in role-playing to experience the inner activities of patients with mental disorders and deepen the impression of mental symptoms through performances to enhance learning outcomes. At the same time, it can also enable other groups of students watching videos to actively participate in case discussions and analysis of psychiatric symptoms, strengthening the interaction between students and students, students and teachers, and making teaching methods vivid and interesting, which will help to increase students' enthusiasm for active participation. Compared with teaching methods such as "PBL Teaching Method" and "CBL Teaching Method", this way is more relaxed and lively with higher attraction and challenges to students. It can improve students' learning enthusiasm and teaching effect through students' willingness to participate. Before shooting the video, all members of the group must seriously study the clinical manifestations and treatment plans of the mental disorders that need to be shot to truly understand the core symptoms of the disease and the diagnosis and treatment methods, and be able to distinguish between similar symptoms of mental disorders, and enhance self-learning ability so that the goal of "student-centered, ability-based" can be realized.

### B. Improving Students' Teamwork Ability

The core part of this method in the teaching process is group cooperation. Before the video shooting, the team members shall discuss with each other, exchange the basic theory of this chapter and the basic characteristics of mental disorders, diagnosis and treatment process and treatment plan to determine the content of the video production and specific performance content, language and action, including clinical manifestations symptoms, speech and behavior of symptoms, diagnosis process, diagnosis and treatment ideas, related inspections and treatment programs, etc. Compared with traditional individual student' reflections on symptoms, the group's decision to jointly produce a video necessarily requires the participation of all members in the discussion, gradually reaching a consensus, summarizing and summing up the best shooting content, and even determining cons an pros of each and every word in the video through discussion. Such mutual cooperation and communication can not only enable students to recognize their own deficiencies and absorb other people's excellent ideas, but also develop the ability of medical students to communicate and team-mate, laying a solid foundation for future clinical internships and medical work.

### C. Training the Clinical Thinking Ability of Medical Students

The traditional psychiatry teaching model relies that the teacher carries out theory teaching, and the students memorize the symptoms. This not only fails to achieve the ideal teaching effect, but also does not help cultivate the students' clinical thinking. Students' self-made video teaching methods require students to actively explore and all students need to participate in discussions and speeches. In the video shooting process, students need to consider the diagnostic procedure of this mental disorder, focus on collecting data, be familiar with the diagnosis of the disease and seize the symptoms with diagnostic value as well as the textual case analysis contrast with the theoretical teaching. The videos taken by students themselves are more authentic. Moreover, through mutual debates, group discussions, and the formation of opinions from groups, the students repeatedly exchange ideas and do study so that the theory can be linked to reality, and the clinical thinking patterns can be gradually established, and the thinking ability to solve the actual clinical mental and psychological problems will be formed.

### D. Cultivate Medical Students' Professional Ethical Consciousness and Humanistic Spirit

Due to the characteristics of mental disorder itself, in our country, there are long-standing discriminations and misunderstandings about mental disorders in all walks of life and there is also a certain prejudice against mental disorders in socio-culture fields that lack of mental health knowledge promotion in the long-term. Although medical students have received systematic medical education, they still have discrimination and fear of mental disorders, for example, they demonize mental patients and believe that mental patients are more aggressive. According to relevant studies, there are not many medical students willing to engage in psychiatry. Even medical students in the psychiatry-related specialties regard the psychiatrist as their final choice [4]. Through the self-made video teaching method, students can participate in video production in person and play a mentally disabled patient, which is helpful for students' empathy. For example, they are more able to understand the pain of somatoform disorders than their families, who think that they are just "ask for trouble" and their illness is because of "idleness". Moreover, they can also understand the helplessness and inferiority of the schizophrenic patients in the recovery period, because the people around them tend to think they are aggressive. At the same time, these medical students, to a certain extent, can be aware that patients with severe mental disorders are difficult to distinguish between the environment and their own thinking, for example, the schizophrenic will have persecution delusion, and the severe depressive episodes can not improve their mood by improving their environment. By acting as typical symptoms of the patient or communicating with the person who plays the role of mental disorder, they can better understand the mental patients, experience the discrimination and distrust they have suffered in the society, and know about the influence of prejudice of the surrounding population on the symptoms of mental disorders and mental disorders relapse during rehabilitation. And then, they will realize that a good, relaxed, unbiased social atmosphere is important for the treatment and rehabilitation of mental disorders. After playing

the role followed by writing feelings and experiences, exchanging thoughts, students can get the important value of good medical professionalism in clinical medical work, and improve their professional ethics consciousness and medical humanistic spirit; at the same time, it helps to understand the shortage of mental disorders doctors in China and enhance their willingness to engage in clinical work in psychiatry.

## IV. PRECAUTIONS

Although students' self-made video teaching methods have certain advantages over traditional teaching methods, they also need to pay attention to some problems. First of all, the self-made video teaching method not only requires sufficient pre-class preparation and class discussion time, but also requires students to pay enough attention to this course, and meanwhile teachers need to give some guidance in the discussion process, so this teaching method does not apply to non-professional courses in non-psychiatric medicine, such as clinical medicine, etc. And it does not apply to class teaching of more than 80 students. They are only suitable for professional courses such as Applied Psychology, Psychiatry, and other small-class psychiatry courses; secondly, because of the large amount of knowledge involved in shooting video, the teaching subject must have a certain of theoretical basis, such as the psychiatric majors in third grade or above who have completed the courses of psychiatry basis; thirdly, because teachers need to comment on the videos taken by students to find out what are the typical symptoms in the video and what are the overall deficiencies in the video, what are the symptoms of the lack of shooting, which requires the self-made video teaching instructors need to have more Psychiatric clinical practice experience; finally, due to the cost of clothing, video equipment, video production, and props during the video shooting process, teachers need to provide a certain amount of teaching funds to each group, which can be spent on key disciplines, quality courses, and other expenses.

## V. CONCLUSION

In summary, the self-made video teaching method is based on students' independent learning and group cooperation. It is a new teaching model that can enable students to better understand the theoretical knowledge of psychiatry, better understand the performance of mental disorders in reality, and master clinical thinking ability as well as improve the understanding of mental disorders combined with digital teaching. Meanwhile, it has a certain application value in the knowledge teaching process of mental disorder symptoms, clinical manifestations of mental illness and other knowledge difficult to grasp through theoretical learning. This method can not only improve students' interest in learning and achieve better teaching results, but also improve the artistic quality of teaching. It is worthy of promotion and application in medical schools.

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