the public's capacity to intervene and so just-world rationalisations are employed much more.

The American dream is a contract between society and the individual: where society will provide a level playing field on which, by working productively, the individual can achieve success. Homeless people are evidence that this contract is broken and the world is unjust, which is terrifying to a society that prizes individualism above other attributes. Projecting those fears onto another individual, who will then internalise them, is an effective collective defence. Homeless people bear the cost for the rest of America to believe in the dream.

Perspective

The moral challenge that homelessness represents applies equally to politicians, religious leaders, voluntary sector workers and healthcare professionals on both sides of the Atlantic. After all, the conservative notion of self-sufficiency and self-improvement in the UK uses similar just-world arguments as the American dream to explain social exclusion. Psychiatrists have a unique role to play in reframing the discourse around these powerful societal processes. There is a clear clinical need to better manage mental illness in the homeless population, irrespective of whether its prevalence is comparable to an equivalent domiciled poor population or not. Mental illness in homeless people acts synergistically with other medical and social illnesses. Psychiatrists, who are conversant in these complex interactions, are well placed to coordinate care for homeless people across multiple agencies and within multiple disciplines. Beyond the clinical and organisational considerations, as a profession we have a powerful voice and platform with which to achieve a different settlement for homeless people: one in which not just the quality of life of individuals but also decisions of equity and the cohesion of society as a whole need to be renegotiated. Ultimately, all people are not born equal, but equity is conferred upon us throughout our lives by the actions of others.

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SPECIAL PAPER

Evaluation of undergraduate psychiatric teaching in Sudan

Mohamed El Tahir,[1] Abdelghani Elsheikh,[2] Abdelrahman Abodoum[3] and Mohamed Hassan Ahmed[4]

[1]Consultant Psychiatrist, Abertawe Bro Morgannwg University Health Board, Swansea, UK; email mohamed.el-tahir@wales.nhs.uk

[2]Consultant Psychiatrist, Medical Specialization Board, Khartoum, Sudan.

Development of an undergraduate psychiatric teaching programme and curriculum is a challenge in the current atmosphere of increasing knowledge and vast literature. However, the curriculum remains the cornerstone for future doctors' development and career. Doctors need to have the abilities to recognise, assess and manage common psychiatric conditions presenting at different levels of health services. This paper aims to

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[3]Consultant Psychiatrist, Faculty of Medicine, International University of Africa, Khartoum, Sudan.

[4]Senior Specialist, Armed Forces Hospital Taif, Kingdom of Saudi Arabia.

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look at the current status of psychiatric teaching and evaluate the curricula through interviews with teaching staff, to make appropriate recommendations for the future. Teaching staff and psychiatrists involved in undergraduate teaching were interviewed using a data collection format.

Psychiatry is a branch of medicine concerned with the biopsychosocial study, aetiology, assessment, diagnosis, intervention and prevention of mental, emotional and behavioural disorders, alone or coexisting with other medical or surgical disorders across the lifespan (Royal College of Physicians and Surgeons of Canada, 2009). The curriculum remains the cornerstone for shaping doctors' experience and covering principles of undergraduate teaching. Psychiatric teaching courses provide students with the necessary knowledge base and skills, and help develop an appropriate attitude towards mental health (Dogra, 2009; Royal College of Psychiatrists, 2011).

Tomorrow's Doctors, by the UK General Medical Council, outlined outcomes and standards for undergraduate medical education in the UK. The standards cover the domains of patient safety, quality assurance, review and evaluation, quality, diversity and opportunity, student selection, curriculum design and development, and assessment (General Medical Council, 2009). Doctors need to learn assessment, diagnosis and management of common psychiatric conditions presenting to all health settings. Undergraduate psychiatric teaching gives future doctors the knowledge, skills and attitudes to be able to manage common mental health problems (Walton & Gelder, 1999).

International morbidity and the burden of mental illness on people, communities and nations are fully recognised and shape service planning in all countries (World Health Organization & Ministry of Health, 2009). The World Psychiatric Association and the World Federation for Medical Education have published guidelines for curriculum development (Tasman *et al*, 2009).

Medical education in Sudan started at the beginning of the 19th century (Ahmed, 2012). However, there has been significant growth in the number of universities and medical schools currently providing undergraduate education (Ahmed, 2012). Mental health services in Sudan faces challenges from stigma and lack of resources, affecting provision of care, training and education (Ali *et al*, 2013). Psychiatric hospitals exist mainly in the capital Khartoum, where the majority of consultant psychiatrists work (O'Connor *et al*, 2012). Reports on recruitment in the psychiatric literature showed a need to focus on undergraduate psychiatric education, to improve knowledge and attitudes (Langley *et al*, 2015) and to destigmatise psychiatry by using innovative teaching techniques and regular visits to psychiatric units.

The purpose of this paper is to study the current state of psychiatric teaching and curriculum in all universities in Sudan.

Method

Medical colleges currently registered with the Ministry of Higher Education in Sudan were identified. Psychiatrists involved in teaching were named and contacted. A cross-sectional survey model was used to interview all teaching staff, and data were collected. Interviews were conducted by the research team. Data were analysed using Excel.

Results

Of the 32 medical colleges identified, 18 were in Khartoum and 14 were in different states. Twenty were governmental institutions, while 12 were private. Half of the medical colleges opened during the past 15 years, with 30% opening in the past 10 years. Psychiatric departments with permanent teaching staff were available in 9 out of the 32 colleges.

A psychiatry curriculum was available in 17 medical colleges, while 22 used a block teaching system. Teaching of psychiatry was focused around the 4th and 5th academic years in 93% of the colleges. Psychiatry was taught as a separate subject in 22 colleges, while in 10 colleges it was taught as part of medicine. All colleges used lectures as the main method of teaching, although tutorials and seminars were also used by 44% of schools. Clinical teaching was used in 81% of colleges, while the remainder had no access to clinical teaching.

Of the colleges that used clinical teaching, 66% had access to in-patient facilities, and 50% had access to out-patient clinics only. Emergency teaching in psychiatry was limited, and electroconvulsive therapy training was offered in only six colleges (18.7%).

There are four psychiatric in-patient facilities in Khartoum that are regularly utilised for teaching (Tigani Almahi, Alidressi, Taha Baashar and the military unit). All 18 medical colleges in Khartoum use the same in-patient facilities for clinical teaching to a variable degree, including the private colleges. Colleges outside Khartoum have difficulty accessing in-patient facilities for clinical teaching locally.

A separate psychiatry examination is used as an assessment by 78% of the colleges, while in the remainder, assessment is done as part of the medicine examination. Assessment methods used include best answer questions (84%), problem-solving (72%), objective structured clinical examination (44%), oral examination (41%) and long clinical case examination (34%). Clinical examination in psychiatry is mandatory for passing the final assessment in 17 medical colleges.

Discussion

The expansion in higher education and opening of new governmental and private universities

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and colleges during the past two decades has led to an increased number of medical graduates with varying degrees of exposure to psychiatric teaching. The result shows a difference between older and newly opened medical schools in the presence of a psychiatric department and permanent staff. This could be owing to the shortage in qualified psychiatrists. However, there is a requirement that these newly opened medical schools should have a psychiatric curriculum and that teaching is provided.

New medical colleges seem to face difficulties organising clinical teaching, as most theoretical teaching is provided through contractual arrangements, but this is not the case for clinical teaching. Only nine medical colleges have psychiatric departments with permanent staff (40 psychiatrists).

No psychiatric curriculum was available in the majority of private medical colleges; instead, these seem to rely on available psychiatrists. We argue that the availability of a psychiatric curriculum is paramount to delivery of undergraduate psychiatry, and that it should become a requirement for colleges applying for registration. The teaching and assessment processes need regular monitoring by the General Medical Council (Ring *et al*, 1999).

The expansion in undergraduate medical education has been welcomed, owing to a continuous out-of-country migration of doctors; however, the quality of undergraduate teaching may have been compromised.

We did not assess the influence of gained knowledge and skills on provision of mental health services.

Conclusion

Medical education in Sudan has grown vastly with the establishment of new governmental and private medical colleges. However, psychiatric undergraduate teaching and curricula need further development.

There is gap in the availability of curricula, psychiatric departments and resources, especially in the newly opened medical colleges. There is a need to raise the profile of psychiatric teaching and to reform undergraduate psychiatric teaching using a unified approach to psychiatric teaching and assessments.

Future psychiatric teaching and curriculum development should reflect the needs of future doctors.

Recommendations

- Development of psychiatry departments to lead and implement the changes in undergraduate psychiatric teaching
- A new undergraduate psychiatric curriculum that meets the knowledge, experience and attitude needs of contemporary psychiatry and future doctors
- Improved availability of resources, including teaching staff, for undergraduate psychiatric teaching
- A collaborative approach to medical undergraduate education in Sudan
- A model curriculum to be shared with all medical colleges

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