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Psychiatry education for medical interns in community based clinics in Iran

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Abstract
This pilot describes an innovative experience in psychiatry education for undergraduate medical interns in Tehran's community-based clinics, conducted without residents' involvement. Through experiential learning, patient-centered care and direct faculty supervision, interns managed diverse patients distinct from hospital-based clinics, enhancing clinical competence and self-efficacy. This faculty-led approach offers a novel model for psychiatric training in urban primary care settings in Iran.

Keywords Medical education, Psychiatry training, Community based clinics, Undergraduate medical students, Primary health care

Medical education at the undergraduate level is a critical phase in training competent physicians, necessitating innovative approaches to prepare medical interns for the real-world challenges of medical practice. In Iran's medical education system, training at all levels—from general medicine to subspecialties and fellowships—is predominantly conducted in referral hospitals. These centers are often overwhelmed with complex and rare cases, and medical education is primarily focused on training specialty and sub-specialty residents. Consequently, faculty members may sometimes lack the necessary skills to effectively teach undergraduate medical interns. This environment results in educational content that is less aligned with the everyday needs of general practitioners [1]. Many general medical graduates may complete their training without encountering some common conditions. Additionally, the intermediation of residents in teaching often undermines direct student-faculty interaction, leading to diminished confidence and self-efficacy among interns [2].

In contrast, urban outpatient clinics are frequented by patients with common ailments who require straightforward consultations, prescriptions, follow-ups, and therapeutic recommendations rather than complex interventions. This is particularly significant given the 29.7% prevalence of psychiatric disorders in Iranian society [3]. Many of these patients avoid seeking care at specialized psychiatric centers due to stigma or lack of accessibility. Urban clinics thus serve as ideal settings for exposure to a wide range of

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common psychiatric disorders and their management at the primary care level. These settings facilitate direct practical experience, strengthen student-faculty interaction, enable deeper learning, and provide immediate feedback. Often, such clinics are the first point of contact for patients within the healthcare system [4, 5].

Between 2023 and 2024, a pilot psychiatry education program was implemented for general medical interns at West Tehran Health Center under the supervision of Iran University of Medical Sciences. This program was designed by two authors with expertise in medical education and psychiatry and implemented by the other authors in a clinical setting. The program spanned three six-month cycles, during which intern-level students completed their one-month psychiatry rotation in these clinics instead of specialized psychiatric hospitals. Under direct faculty supervision and without resident intermediation, interns conducted patient consultations, made diagnoses, prescribed medications, and provided necessary recommendations. Each group consisted of 3 to 6 interns, who also participated in two hours of daily training through methods such as role-playing and group discussions alongside didactic teaching. Additionally, a handbook on the assessment and management of mental health disorders, specifically designed for general practitioners at the primary care level, was provided to support this tailored educational approach. The primary objectives were to familiarize interns with common urban patient profiles, eliminate resident-focused training elements, and build confidence in independently managing patients. This allowed interns to hone their clinical skills in a realistic environment closely resembling their future workplace, thereby enhancing their self-efficacy. Moreover, by reducing the stress associated with high-workload hospital settings—often characterized by organizational complexities—this approach enabled interns to focus on developing clinical and decision-making skills [6] while fostering greater empathy toward patients [7]. Interestingly, some interns reported heightened interest in psychiatry after participating in the program, though this observation requires further research validation to be substantiated, aligning with expectations based on the program's experiential design.

Nevertheless, the program encountered several challenges that require strategic planning to improve educational quality. These include inadequate clinic infrastructure, unfamiliarity of clinic managers with educational environments and learner needs, lack of financial support for participating physicians, a prevailing culture among patients of seeking care directly at specialized and subspecialty centers, and the shortage of faculty members available for daily interaction with interns. Faculty involved in the program suggested that addressing these issues and rescheduling the four-month training period to the end of the internship—immediately before graduation—could enhance outcomes. This timing would equip general practitioners with relevant skills as they begin working in primary healthcare centers. Additionally, separate training for psychiatry residents in these clinics could be beneficial, enabling them to learn the management of non-hospitalized patients.

To the best of our knowledge, a review of the Persian-language literature indicates that no comparable educational interventions in general medical interns have been previously reported within the national context, underscoring the innovative and context-specific nature of this work. Nevertheless, this study has important limitations. No formal or structured assessments were conducted to evaluate educational outcomes,

learner performance, or long-term impact on clinical practice. As such, the findings should be interpreted as exploratory.

Conclusions

This educational initiative, implemented within urban outpatient clinics, represents a meaningful step toward addressing the training needs of future general practitioners in Iran. Future studies employing rigorous and outcome-based evaluation frameworks are warranted to determine the effectiveness and scalability of this intervention and to inform potential curriculum redesign in undergraduate medical education.

Acknowledgements
Not applicable.

Author contributions
Conceptualization and design: AAKA, EA, FM, MK, SMHM, MS; Initial draft preparation: AAKA, EA; Editing & review: AAKA, EA, FM, MK, SMHM, MS.

Funding
None.

Data availability
No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate
Not applicable.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

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Received: 14 August 2025 / Accepted: 13 April 2026
Published online: 25 April 2026

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