

Expert Opinion

INNOVATION IN MEDICAL EDUCATION: MIND MAPPING IN PSYCHIATRIC PRACTICE

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ABSTRACT

Mind mapping is a technique and thinking tool that can be utilized in psychiatry to improve history-taking, documentation, and management of the case. The objective of this paper is to innovate history-taking and documentation format and help to improve productivity in teaching and learning of psychiatry. The 'why' and 'how' are described and illustrated to give the example of the practicality aspect of mind maps in psychiatric practice. Since the individual mind is working independently, freedom of choice is tolerated when drafting the mind maps.

INTRODUCTION

Mind Mapping is a technique and a thinking tool that can be used for comprehensive note-taking and documentation. It embraced visual and graphic thinking tools that can be harnessed for multiple thinking and memorizing activities. The process of creating a mind maps employ the entire range of cognitive skills which involve both right and left hemisphere of the brain simultaneously [1].

The advantages of using mind maps include

- (a) it defines the idea in a clearer picture.
- (b) help us to focus on the issue than its ramifications.
- (c) it helps one to see the holistic picture of the issues and their ramifications.
- (d) it shows association and hierarchy of importance between pieces of information and the rests.
- (e) chooses of keywords are made loose, flexible, and independent to allow association of ideas as well as
- (f) enhance memory as it uses total brain thinking.

This paper tries to innovate the history-taking format in psychiatry utilizing the brain mapping process to leverage the creativity aspect in improving memory of the case, improve documentation, and steadfast clerking and documenting process.

In the end, it will help to improve the productivity of teaching and learning relevant to the new era of

imparting neuroscience knowledge to education and all aspect of life.

THE NEED

Mind Map for psychiatric usage is modified based on the format of history-taking and mental status examination that generally has been accepted and needs to be adhered to, universally.

Psychiatrists who used to lend their ears after hearing the presentation of cases one after another are often overburdened with multiple stories in history-taking that often overwhelming their minds resulting in mental fatigue and exhaustion. Their mind needs to classify the information, register, restore and retrieve them so that whenever they are required, they can be readily available.

Psychiatric lecturers and examiners are trainers who teach and examine medical students in medical schools. They need to evaluate the completeness of history-taking, physical and mental status examination and evaluate the differential diagnosis before giving marks to students. They may need to examine several students each day and the process requires many hours of fair and square assessment followed by keeping the record for documentation purposes.

To manage cases, psychiatrists require a summary

of cases. A holistic summary in a single page gives a holistic look at the case and comprehensive management can be laid down.

Students can use this technique to steadfast history-taking, documenting it, and end up with a smooth presentation.

THE WRITING

The identification data should be written in the upper-middle center of the page. This image creates a downward branch to the center to denote the flow of information from identification data to the chief complaint.

From the chief complaint, the next stage is to draw the downward branches of the past psychiatric history followed by the past medical/surgical illness to the family history, personal history, social, drug and allergic and finally to the personality trait of the patient. Bear in mind, that by going downward, space will be occupied by too many topics and the flowery branches will not be seen.

To leverage the space on the right and the left, it is suggested that the history should be put to the right and the MSE is put on the left side. This will reflect the 'mirror image' of symptoms and signs so that the psychiatrist can judge the synchronicity between elicited symptoms and observable signs. The synchronicity between symptom and signs give added advantage for the formation of differential diagnoses and a provisional diagnosis.

The notes should be written as concisely as possible to leverage the space. Space austerity is the key element in mind maps. Modification is allowed according to the thought flow of the practitioner.

In some cases, to the contrary, the psychiatrist may want to start with a diagnosis first especially when his documentation comes after the case had been fully presented. The subsequent branches may include the chronology of the case or the elaboration of the first symptoms and the subsequent branches may follow similar trends of narrative pursuit.

THE CONTENT

In the usual brain mapping exercises, central to the picture is the principal idea or the principle themes of the presentation. From the central image, branches are created so as it flows out in a curve. On these branches, the key concept is placed and labeled according to keywords. The first-order branches divaricate into the second-order branches, radiate out to the third-order branches extending the idea organically and naturally [2].

In the psychiatric mind-mapping exercise, the content would consist of the psychiatric history-taking format include the Mental Status Examination (MSE), investigation, and management. To complete the formulation of the case, the predisposing factors, precipitating factors, and the perpetuating factors

need to be identified and recorded accordingly (Figure 1).

The keywords chosen should be made loose, flexible, and independent (unbounded to one inflexible specific signs or symptoms) to generate a flexible association of probable diagnoses. This is especially true in the case of diagnosis generation in the cross-discipline area of specialization like neurology and psychiatry. For instance, an epileptic attack which begins with an olfactory aura or gustatory aura which lead to automatic movement of chewing and smacking of the lip is known as an uncinat epileptic attack (in neurology) [3] but similar automatic movement due to the adverse effect of antipsychotics in psychiatry are known as Tardive dyskinesia [4]. Therefore, before a definite cause is made known, it is better not to be too specific in choosing the keyword.

DISCUSSION

It is impracticable to debate whether this technique is a true mind map or a pseudo mind map. To my mind, it must have slightly deviated from Buzan's mind map because there is already a generally accepted psychiatric history-taking format to which one needs to adhere to.

Nevertheless, mind maps help to improve memory signify through the beautiful and colorful images, enhance thinking processes by finding the synchronicity between 'mirror image' of the sign and symptom that will help in making the differential, provisional, and the final diagnoses (Figure 2).

Notwithstanding, it is imperative to understand that the individual brain is working independently from person to person. Therefore, there shouldn't be any stringent rule on 'how and what' to draw and draft (Figure 3).

CONCLUSION

In the nutshell, mind mapping is usable, practical, and user-friendly to be used in the psychiatric setting.

REFERENCES

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3. Bannister R. Brain and Bannister's Clinical Neurology. 7th edition. Oxford University Press. 1992. pg 176.
4. Castle D, Basset D. A Primer of Clinical Psychiatry. Elsevier Australia. 2010. pg 172.

MIND MAPPING IN PSYCHIATRIC PRACTICE



Figure 1: Psychiatric mind-mapping exercise.

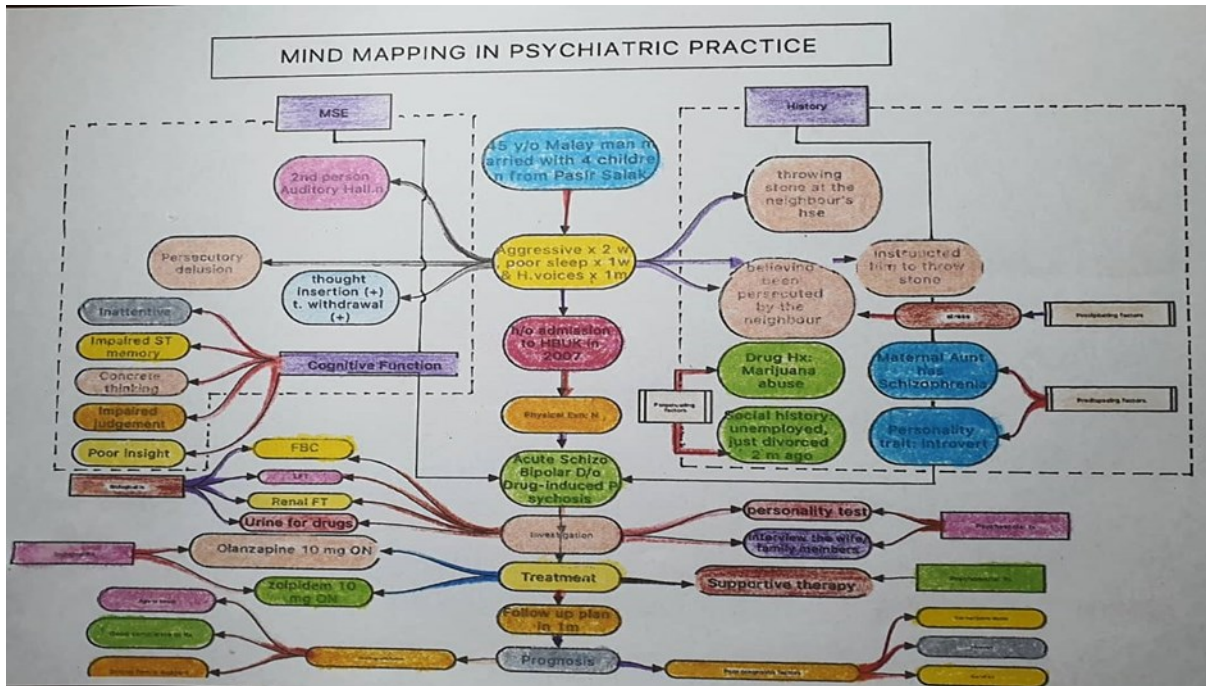


Figure 2: Mind mapping in Psychiatric practice.

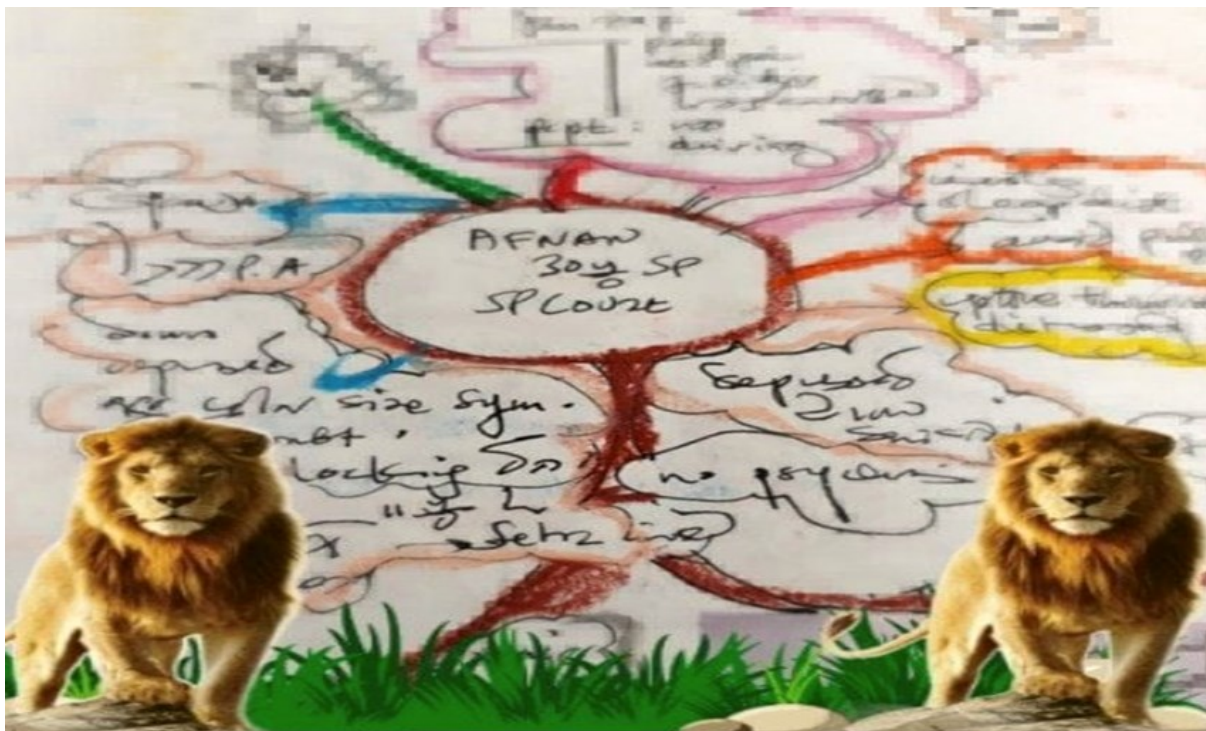


Figure 3: No rule on 'how and what' to draw and draft mind map.