change required of students on arrival at medical school. Most came from traditional kampong backgrounds where the extended family culture being hierarchical and valuing obedience does not encourage questioning attitudes.

To get around this problem, careful thought had to go into the provision of courses introducing the new educational methods. Despite this, however, there was a constant force from students to return to the safety of the older methods and, of course, staff too, often feeling uncomfortable in their new roles, would collude by providing teaching programmes which left little room for student initiative.

When I left Penang in 1983 this delicate balance between student and staff centred learning was still finding its natural level for local needs. However, when I returned for a brief visit a year later it seemed that some sort of stable working compromise had been achieved, albeit not the rather extreme student centred learning model initially introduced. And this compromise did seem appropriate, including as it did an emphasis on subject integration and a problem-based approach, including a high degree of direction and supervision in the areas covered.

Lessons for traditional schools

What does this model of an integrated problem-based curriculum, together with all its attendant difficulties, offer to those of us working in more traditional schools?

Firstly, it is unrealistic and probably undesirable for traditional schools to adopt these new teaching approaches en masse. However, the methods developed in some of the more innovated and recently established medical schools do offer stimulating ideas, and with modification these can be incorporated into traditional curricula. This applies both to the integration of subject teaching, and to the use of clinical problems as the starting point in acquiring medical knowledge and skills.

Of course, the term 'integrated teaching' has recently become very fashionable, although I suspect that more is talked about integration than actually accomplished. This should be no surprise, since well established staff attitudes and habits, as well as organisational problems may all sabotage even the most enthusiastic integrated teaching programme. Certainly, one of the main lessons learnt in Penang was that careful planning between representatives of disciplines meeting together on a regular basis was an essential, albeit time-consuming, ingredient to even relatively small sections of integrated teaching.

In contrast, problem based teaching is easier to set up in traditional schools, since it depends more on the teachers' attitudes and techniques rather than the school's organisation. Again, in Penang it was found that staff needed regularly to review the teaching strategies they were using, from time to time attending workshops aimed at developing skills in small group teaching techniques, for example. This focus on teaching methods slowly resulted in the traditional ideas of the teacher as pure information giver being revised, and an increasing use of more student centred teaching techniques. The main lesson here seemed to be the importance of giving teachers, whatever their specialty, the necessary training, support, and supervision in the teaching methods used.

As for the student, I think western values may prepare him a little better for student centred learning than do eastern values, although I admit that current 'A' level science curricula in Britain remain excessively teacher centred, and are a poor preparation for future student centred learning at university. However, all students, be they from the West or the East, given adequate preparation and careful explanations of the learning methods in use, seem to adapt quickly in my experience, often more quickly and more flexibly than their teachers!

There are of course all sorts of forces which resist integrated teaching programmes, or resist the use of methods other than didactic teaching, and this is particularly true of the first two years of traditional medical courses. Psychiatry is no exception to this, taught as it often is as a subculture sealed off from the rest of medicine. Of course, this is at odds with clinical reality and it is interesting to reflect that Penang, after carefully weighing up the options when planning its new medical school, eventually decided that the traditional way of training doctors left a lot to be desired, and like many other schools initiated in the past two decades, opted for a rather different approach.

Dr Rose was Associate Professor of Psychiatry at University Sains Malaysia, Penang, Malaya, 1981–1983, and recently made a return visit sponsored by the British Council.

European College of Neuropsychopharmacology (ECNP)

The European College of Neuropsychopharmacology (ECNP) will hold its constituent meeting in Brussels on 7 and 8 May 1987.

The goals of the ECNP are to stimulate high quality experimental and clinical research in neuropsychopharmacology with a special emphasis on co-ordinating and promoting the scientific activities and standards between countries in Europe.

The topics of the meeting will include basic and clinical aspects of the pharmacological treatment of psychoses, affective illnesses, and sleep disorders. Applicants interested in participation should send their curriculum vitae (for consideration of future membership of the ECNP) and proposed titles of any scientific communication they may wish to present to: Dr P. Bech, Department of Psychiatry, Frederiksborg General Hospital, DK-3400 Hillerød, Denmark. (Deadline for applications: 1 April 1986).