OP-029 https://doi.org/10.5080/61upk.ozt448

ASSOCIATION OF PSYCHIATRY CLERKSHIP COMPLETION WITH STIGMA AND ANTICIPATED STIGMA AMONG MEDICAL STUDENTS

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BACKGROUND AND AIM: Stigma toward mental illness reduces help-seeking and treatment engagement. Medical students' attitudes may shape future clinical practice. We examined the association between completion of a psychiatry clerkship and levels of general stigma and anticipated stigma, considering sex, smoking, and sociodemographic factors.

METHODS: (Ethics Committee Approval must be obtained and the number should be specified). This cross-sectional comparative study was conducted at Selcuk University Faculty of Medicine. Participants were students who had completed the psychiatry clerkship (Years 5–6) and those who had not (Years 1–4). Data were collected using a Sociodemographic Form, the Stigma Scale, and the Anticipated Stigma Scale. Analyses used t tests/ANOVA, Pearson correlation, and multivariable regression. Ethics approval was obtained (decision no: 2024/609).

RESULTS: A total of 354 students participated; 58.5% were female (n=207) and mean age was 21.05±2.71 years. Awareness of the stigma concept was higher in the clerkship group ($p<0.001$). Stigma Scale scores did not differ between groups (40.67±10.84 vs 40.45±8.26; $p>0.05$). Anticipated stigma scores were higher among students who completed the clerkship (36.64±8.73) than among those who had not (34.54±7.95; $p=0.033$). Stigma and anticipated stigma were positively correlated ($r=0.396$). General stigma scores were higher in male students than in female students ($p<0.001$) and higher among students who smoke ($p=0.003$). Anticipated stigma was higher in students with middle-to-high socioeconomic status. Clerkship completion remained associated with anticipated stigma in the multivariable model (model $R^2=0.05$).

CONCLUSIONS: Clerkship completion was linked to greater conceptual awareness but not to lower general stigma, and it was associated with higher anticipated stigma. The quality of clinical contact, role modeling, and the "hidden curriculum" may contribute to defensive distancing. Structured, contact-based and reflective anti-stigma modules should be integrated into the curriculum; longitudinal studies are needed to clarify causal pathways.

Keywords: Medical education, psychiatry clerkship, stigma, anticipated stigma, attitudes, hidden curriculum