



# Recruitment Strategy 2011-2016

## **Aim**

The aim of the College recruitment strategy is to increase recruitment to the CT1 grade of Core Psychiatry Training, achieving a 50% increase in applications and a 95% fill rate by the end of the 5 year campaign. The primary focus of this strategy is the recruitment of UK medical graduates, recognising that they make an important contribution to the specialty because of their unique exposure and experience of the socio cultural context of the UK. Our aim is to attract high calibre medical graduates whose preferred career choice is psychiatry.

In recent years the number of doctors applying for CT1 posts in the UK has been low and the numbers of UK medical graduates particularly low. This year in England and Wales at the end of the second recruitment round in August only 83% of the 478 CT1 vacancies had been filled. The situation was better in Scotland and Northern Ireland but numbers of applicants were also low.

This means that the College's campaign aims to increase the number of unique applicants for CT1 posts from approximately 400 in 2011 to 600 in 2016 and achieve a 95% fill rate. The following objectives should facilitate achieving the aim of the campaign.

## **General**

It is clear that although the recruitment campaign will be coordinated centrally by the College, it is at a local level that the work will be done and change achieved. For this reason the College's Divisions will be the main vehicle through which the strategy will be delivered though they will be assisted in this task by the Faculties, especially the Academic Faculty.

## **Promoting Recruitment into Psychiatry Committee**

There will be a Promoting Recruitment into Psychiatry Committee chaired by the Associate Registrar (Recruitment) Dr Tom Brown. This will include representatives from each of the Divisions, the Academic Faculty, the Psychiatric Trainees' Committee (PTC), a Foundation Doctor representative, and a Medical Student representative. Others will be co-opted onto the Committee as appropriate. The Committee will oversee and co-ordinate all activities, forward budget proposals to the College's Finance Management Committee (FMC) and report regularly to Council. The College's National Psychiatry Recruitment Board, which is distinct from the Promoting Recruitment into Psychiatry Committee, is responsible for the actual process of recruitment.

## **Ambassadors for Psychiatry**

We will identify a cadre of dynamic ambassadors for psychiatry with an interest and passion for the recruitment strategy who are willing to engage and inspire students to consider psychiatry as a career. These ambassadors will be recruited at a Divisional level with the College maintaining a central database. The College will provide training inspiration and materials to assist in their task. The College aims to send a representative from the Promoting Recruitment into Psychiatry Committee to participate in the Divisional selection process.

The recruitment campaign will focus on three stages in the career of prospective psychiatrists:-

1. Pre medical school
2. Medical school
3. Foundation years

## **1. Pre Medical School**

- a) Increase access to work experience placements for senior school pupils. Each Division should collate and maintain a register of such placements and make this available to schools. Such placements have been operating successfully in a number of areas.
- b) Each Divisional ambassador(s) should consider organising a lecture(s) at least once a year for secondary school pupils on a psychiatric theme. In doing this they should liaise with local Academic Departments with regard to available speakers.
- c) The use of Student Selected Components (SSCs) using medical students to deliver Educational Workshops in schools, 'Heads Above the Rest', should be expanded (see Appendix I).
- d) Careers fairs particularly targeting students not only interested in medicine but psychology or neurosciences. The NHS Medical Careers website should be highlighted as an excellent source of information.

## **2. Medical School**

- a) Increase the number of Student Associates in each medical school but especially in those medical schools where numbers are low.
- b) Facilitate the organisation of Medical School Psychiatry Societies.
- c) Each medical school should have at least one named Member/Fellow with a role to support the local Medical School Psychiatry Society. This may include helping them with organising a programme and with finding financial support.
- d) Highlight good practice in undergraduate teaching and improve integration of psychiatry teaching with other subjects (Appendix II). We will look again at medical schools which produce a high number of psychiatric trainees and attempt to identify features in these schools which could be transferred to others.
- e) Improve the teaching skills of psychiatric trainees who are expected as part of the curriculum to demonstrate teaching skills aimed at medical students (Appendix III). This could be achieved through a number of courses including those organised by CALC and by the Scottish Division, with the involvement of the Academic Faculty.
- f) Develop more Student Selected Components (SSCs) in psychiatry (see Appendix IV).

- g) Develop a database of electives in Psychiatry (in the UK and overseas) and make this available to Deans of medical schools as well as on the College website (see Appendix V).
- h) Each Division, in collaboration with its Academic Faculty members, should establish a Summer School for medical students interested in psychiatry (see Appendix VI).
- i) Continue to support Medfest.
- j) Develop the content and maintenance of the Student Associate webpages.
- k) Improve publicity about College medical student prizes and bursaries (<http://www.rcpsych.ac.uk/training/studentassociates/prizesandbursaries1.aspx>). Those involved in local medical school teaching should be encouraged to take lead responsibility for actively promoting these awards. Despite financial constraints Divisions and Faculties should continue to promote medical student prizes and bursaries.
- l) The Royal College of Psychiatrists is seeking funds to establish a series of Pathfinder Fellowships for medical students (see Appendix VII).

#### Selection of Medical Students:

- a) The College at present has little information on how medical students are selected across the UK. The Promoting Recruitment into Psychiatry Committee will commission a piece of work to gather information on how students are selected in UK medical schools and to ascertain how involved psychiatrists are in this process. The Academic Faculty should have a key role in this work.
- b) Following the above piece of work we aim to increase psychiatric involvement in the selection of medical students. Psychiatrists should be actively encouraged to put themselves forward to participate in the selection process. Employers should be encouraged to release psychiatrists to participate in this important process.

### **3. Foundation Programme**

- a) Increase the number of "Taster" placements in psychiatry available to Foundation doctors including F1 doctors (Appendix VIII). Each Faculty and Section will produce a template providing guidance on how to do this. Taster placements should then be advertised through the Foundation Schools/Deaneries.
- b) Supporting the recommendations of the Collins Report and the plan to increase F1 and F2 placements in psychiatry, we need to ensure high quality posts and enthusiastic trainees in psychiatry at both F1 and F2 level.
- c) Develop learning tools for those doctors unable to do a psychiatric placement in the Foundation Programme, to evidence the achievement of psychiatric competencies whilst undertaking a placement in another speciality. Some preliminary work on e-

learning materials has taken place and will be further developed. The e-Learning for Healthcare website would be an appropriate locus for these modules.

- d) Increase the number of Foundation Training posts in psychiatry, to 7.5% in F1 (by August 2013) and 7.5% in F2 (by August 2014). This will partly be facilitated by a reduction in CT1 posts in psychiatry.
- e) Ensure psychiatrists are represented on Foundation School Boards.
- f) Ensure availability of psychiatry placements on Academic Foundation programmes. The Academic Faculty needs to take the lead in liaising with Foundation Schools about this.
- g) Provide high quality materials for careers fairs and facilitate attendance of psychiatrists at these events. The College has produced a new careers booklet and Divisions will have a key role in ensuring psychiatrists contribute to local careers events. The Ambassadors for Psychiatry and trainee volunteers should be involved in this.
- h) The Royal College of Psychiatrists supports the development of the 2 year Broad Based Curriculum (which will include psychiatry) and should take a lead role in ensuring the quality of psychiatric posts included in these programmes.

### **Dealing with 'Push' Factors**

We know from the published literature that a number of factors influence medical students and junior doctors in a negative way in relation to psychiatry. These are sometimes referred to as "push" factors. There is consistency across a number of studies as to what these are:

- Psychiatry is perceived as being remote from the rest of medicine.
- Psychiatry is seen as "unscientific" and its treatments as non evidence based when compared to other specialities.
- Our patients are seen as "difficult" and untreatable.
- Psychiatrists are held in low esteem by other doctors and are frequently the subject of critical comments.

Any five year recruitment campaign needs to address these factors.

A number of initiatives aimed at tackling these factors are proposed and it is anticipated these and other initiatives will be developed throughout the campaign. These include:

1. Heightening the profile of psychiatrists at Medical Schools. This is part of the College's new Strategic Plan.
2. Articles on the Student Associate webpages to challenge perceptions on "untreatable" and "difficult" patients.

3. Identify and involve patient and carer role models to highlight benefits of psychiatric care and work with the SURF and Carers Forum on this.
4. Challenge and have a zero tolerance policy towards stigmatising attitudes from other doctors. Work with the Department of Health, Academy of Medical Royal Colleges and Employers to address this negative behaviour.
5. Presidents of other Medical Royal Colleges have been asked to produce sound-bites about the value of psychiatry to other specialities.

An annual report to Council on the progress of this strategy will be produced and following each report the strategy will be reviewed. This report will be informed by reports from each Division and Faculty on its achievements in relation to desired outcomes for each area of the strategy. Timelines for these will be produced annually and regularly reviewed by the Promoting Recruitment into Psychiatry Committee.

## **Timeline**

### **Year 1**

It is anticipated that the following will be progressed in year 1 of the strategy:

1. Promoting Recruitment into Psychiatry Committee to be convened. It should be chaired by the Associate Registrar (Recruitment) and meet at least three times by the end of 2012.
2. Divisions should identify a Recruitment Lead to oversee the strategy at local level. These leads will be on the Promoting Recruitment into Psychiatry Committee.
3. Divisions should collate and maintain a register of work experience placements for senior school students in their region.
4. Divisions, in conjunction with the Academic Faculty, should organise at least one lecture for secondary school pupils on a psychiatric theme.
5. The Promoting Recruitment into Psychiatry Committee will gather information on how students are selected into UK medical schools and to establish the level of involvement of psychiatrists in this process.
6. Ensure that each medical school has a psychiatry society. Furthermore, identify a named psychiatrist mentor (joint responsibility of Divisions and Academic Faculty) for each medical school psychiatry society. The involvement of Psychiatric Trainees' Committee (PTC) representatives is crucial in this as trainees are closer in age and recent experience to the medical students and foundation doctors. Senior psychiatrists however also need to be involved with medical school psychiatry societies to provide continuity over a period of years.
7. Identify which medical schools produce a high number of psychiatric trainees and attempt to identify the reasons for this.

8. Develop courses in each deanery to enhance the teaching skills of psychiatrists (particularly trainees).
9. Expand the database of psychiatric electives and make this available to deans of medical schools. The database will also be published on the college website.
10. Each Division, in collaboration with its Academic Faculty members, to establish a psychiatry summer school.
11. Using the templates provided by Faculties, increase the number of "Taster" placements in psychiatry available to foundation doctors. Disseminate these through the Foundation Schools/Deaneries.
12. Support the increase in F1 and F2 placements in psychiatry by providing guidance and training for psychiatrists providing educational supervision for these posts.
13. Provide a new careers booklet to facilitate attendance of psychiatrists at careers fairs. Divisions and the Academic Faculty should take responsibility for ensuring local events have an adequate psychiatric presence.
14. Publish a series of articles on the Student Associate webpages and, if possible, in the Student BMJ dealing with the perception that psychiatry is "unscientific" and its patients "untreatable".

Finally, although the strategy is not funded to a level that would permit research, we wish to foster a culture in which attempts are made to evaluate initiatives aimed at improving recruitment. The strategy itself is a multi-faceted intervention and building evaluation into new initiatives will help identify which particular parts of the strategy are most effective.

Dr Tom Brown

Associate Registrar (Recruitment)  
January 2012

Appendices (additional templates may be included in the future):

- I. SSC Module 'Heads Above the Rest'
- II. Undergraduate Teaching in Psychiatry
- III. Teaching Trainees to Teach
- IV. Student Selected Components (SSCs) in Psychiatry
- V. Medical Student Electives in Psychiatry
- VI. Psychiatry Summer Schools
- VII. Pathfinder Fellowships
- VIII. Foundation Programme Tasters in Psychiatry
- IX. Service User and Patient Involvement in Psychiatric Education
- X. Intercalated Degree in Psychological Medicine
- XI. Supporting a Medical School Psychiatry Society

## **Appendix I: SSC Module 'Heads Above the Rest'**

The SSC module, called Heads Above the Rest, was first introduced in Spring 2010, and developed a previous public education initiative, in which senior psychiatry trainees delivered multi-media mental health workshops in schools across Northern Ireland. The workshops aimed to promote good mental health among young people, including those with learning disabilities.

The SSC module trains medical students to develop and deliver this resource. This addressed key sustainability issues but was also considered to be an important recruitment opportunity in line with the College's 2004 action plan. The module offers precious clinical contact time to students in their largely pre-clinical training and enables a positive and dynamic experience of mental health to be presented at an early stage of training.

The module is currently delivered within Special Schools in Belfast due to strong links developed by the coordinators within this system, however the format is very transferable. Of note, a cohort of previous students have adapted their material and now deliver workshops within mainstream schools under supervision of psychiatrists.

### **The initial organisational steps are outlined below:**

- A meeting with the Director of Medical Education (Queen's University Belfast) was convened
- Further discussion with SSC management committee was organised and the module outline presented
- The module was accepted by the committee and a target student year was selected (commitment to a twelve week module programme was required by the university)
- Module content was developed by the four coordinators
- A module descriptor was developed to promote the module within the student year
- A study guide was developed

### **Learning outcomes for students were as follows:**

- To gain knowledge of common mental health problems, ways of optimising good mental health and to impart an awareness of stigma
- To give students an opportunity to acquire teaching skills and adapt them to communicate effectively with teenagers who have a learning disability

### **Development of knowledge base for medical students:**

As students had no prior knowledge of psychiatry, an intensive education programme formed the start of the module and included the following topics:

- Introduction contrasting physical health with mental health and good mental health with mental illness
- Focused teaching on named conditions, for example, Depression, Drug and Alcohol problems, Anxiety and Stress, Eating Disorders
- A small amount of time was devoted to Bipolar Affective Disorder and Schizophrenia; the weighting was certainly less towards these areas and we explained our reasoning to the students (relevance to and appropriateness of information for school pupil age group)



- Significant teaching time was devoted to the concept of stigma using media resources in particular
- Education about learning disability, its affects on a family and its associations with mental health

### **Development of student workshop:**

- Students were encouraged to focus their workshop on mental health information relevant to teenagers
- They were prompted to consider the appropriate, imaginative and inventive methods of delivery
- Each group of students created a short drama piece as an educational tool for the school pupils
- Small group work sessions were also developed by the students as an opportunity to consolidate the pupils' learning and answer any questions

### **Assessment Format:**

- Reflective Portfolio (50%)
- Workshop Delivery in the school (50%)

### **Essential elements that need to be in place:**

- A small committed group of module co-ordinators to oversee the project and delegate work, if necessary
- Excellent working relationships with local schools – in our experience, this is best developed through the Pastoral Care network

### **Potential pitfalls:**

- Participating schools must involve an optimum number of school pupils per workshop to avoid medical students feeling overwhelmed

### **Resources:**

Heads Above the Rest<sup>©</sup> resources are available to any interested parties. We are keen to support peers who may wish to replicate or use a modified version of this model in other parts of the UK and Ireland. Please contact the co-ordinators for information:

Dr Peter Sloan	<a href="mailto:ptr_sloan@yahoo.com">ptr_sloan@yahoo.com</a>
Dr Maggie McGurgan	<a href="mailto:maggiemcgurgan@gmail.com">maggiemcgurgan@gmail.com</a>
Dr Holly Greer	<a href="mailto:hollyegreer@googlemail.com">hollyegreer@googlemail.com</a>
Dr Roinin McNally	<a href="mailto:roinin_mcnally@hotmail.com">roinin_mcnally@hotmail.com</a>

Dr Peter Sloan

## **Appendix II: Undergraduate Teaching in Psychiatry**

Those who are involved in any way with medical student teaching are in a strong position to make a difference and there are many opportunities. Studies have shown that some of the reasons why students don't choose psychiatry are because they think it is not scientific enough, has low public standing, is stressful and depressing and psychiatric patients are perceived as being dangerous and untreatable. We can address all of these false perceptions through our teaching. On the other hand, students choose psychiatry because they encounter psychiatrists who are charismatic, inspiring, caring and enjoy their work and we need to provide these positive role models.

### **What to teach?**

- Provide and maintain a high standard of psychiatry teaching in the medical curriculum
- Psychiatry should be integrated as early as possible in the course – trying to recruit in the 4<sup>th</sup> or 5<sup>th</sup> year can be too late and attitudes are already set
- Include a strong scientific basis with teaching from senior academics and scientists – if you don't have these available in your institution use recorded videos
- If you do have excellent speakers record their presentations and share them
- Integrate psychiatry into the curriculum as widely and as early as possible, teaching jointly with basic science and other specialties: e.g. delirium with neuroscience, depression in endocrinology, child psychiatry with paediatrics etc
- Have a clear national curriculum in psychiatry that is constantly reviewed and updated
- Disseminate it from the College and support the work needed to update it

### **How to teach?**

- Early contact with clinical psychiatrists – don't leave it to others to teach psychiatry and psychiatry clinical skills. Get the students in contact with us to see that psychiatrists are not "all mad"
- Make sure that lectures are given by experts who know how to give lectures
- Support your clinical teachers and provide them with appropriate training
- Get the trainees involved in teaching and supervise and train them to teach
- Maintaining high standards with student evaluation, peer assessment, clearly defined outcomes and standards
- Skills workshops and small interactive group teaching preferred by students
- In clinical placements only have the best teachers and welcoming teams – if someone is disillusioned help them all you can but don't send the students there: being made to feel welcome is constantly cited by students as being extremely important
- Address the fear some students have about being on a psychiatry unit and the fact that some students will have problems with psychiatry because of personal or family experience of mental illness
- Seeing a variety of patients including patients who have responded to treatment and are doing well. Include patients and service users in teaching
- The importance of positive role modeling cannot be overstressed – some consultants are not happy with their jobs and freely express this to students. While we don't want to present a false picture of psychiatry, it is not a good idea to send students to placements with these people where this may not be their only exposure to psychiatry
- Include senior academics in teaching and provide cutting edge material

- SSCs are an excellent way of providing a wide variety of teaching for interested students
- Intercalated degrees with mental health projects
- Awarding certificates of merit and prizes at medical school and at the RCPsych level
- Involvement of students in conferences and meetings presenting posters and research

### **Improving the image of psychiatry and psychiatrists**

- Involve patients who are doing well to give hope of recovery and demonstrate good outcome. Examples: high functioning user with schizophrenia involved in small group discussions, focus on “whole patient journey” rather than just florid signs
- Liaison psychiatry is a particularly effective “shop window of psychiatry”
- Some medical schools have introduction to all clinical specialties, important to include psychiatry in this type of teaching
- Challenge the negative material on the Internet e.g. Scientologists, disgruntled patient groups and address the need to be discerning about what is valid source
- Create more positive material to put out on internet to redress balance
- Psychiatrists need to be seen leading on psychiatry teaching and having a prominent role in education at their medical school – support those teaching by appropriate job planning, honorary academic posts, promotion and excellence awards for teaching
- Positive role modelling at every opportunity
- Challenge those who “bad mouth” psychiatry

### **Maintaining the enthusiasm**

- Mentorship programmes – maintains continuity with role models and make this flexible – particularly useful if started early in course
- Buddy system with CT trainees making direct contact with students and supporting them in their interest in psychiatry throughout the course
- Special interest in psychiatry and medical student psychiatry societies – widen scope with topics to welcome students not necessarily interested in psychiatry
- Link psychiatry groups with other interest groups e.g. neuroscience and others for more exposure
- Summer Schools – excellent experience from those held (including Sheffield – recruited more trainees than ever, Liverpool, Cardiff, King’s)
- Represent psychiatry at every opportunity – Fresher’s Fairs, careers programmes etc
- Set up prizes, include students in conferences, award bursaries to students to attend conferences
- Student Associate programme at RCPsych
- Involvement in medical school and hospital grand rounds
- Film societies and festivals
- Schools programme in which students visit schools to raise awareness of mental health issues and in turn recruit interested students to medical school and psychiatry

## **Appendix III: Teaching Trainees to Teach**

### **Background**

Psychiatry trainees have a unique and important role in undergraduate education and on average spend more than 13% of their time teaching. Despite this as few as 30% of UK psychiatry trainees have received any training on how to teach.<sup>1</sup> Improving the teaching skills of trainees means future generations of medical students and FY doctors will have a more desirable experience of psychiatry with likely effects on recruitment.

### **Developing a Trainee Teaching Skills Course**

Such a course has been devised by psychiatrists in Scotland<sup>2</sup> and can be easily replicated elsewhere in the UK. Practicing psychiatrists with an interest in education would be well placed to deliver the course with the potential input of an educationalist from a local medical school. The course could run over one or two days. Potential topics could include learning theory, giving a lecture, small group teaching, practical clinical teaching, problem based learning, evaluating teaching and using simulated patients to teach. The specific content could be chosen based on the availability of expert speakers, descriptions of other courses<sup>3</sup> and the content of the RCPsych curriculum.<sup>4</sup>

Involving the delegates in experiential learning should be a priority. For example, delegates should be encouraged to attempt lecturing, small group teaching and possibly problem based learning. For the lecture exercise delegates could plan and deliver a lecture to the remaining delegates. Lecture topics could be clinical or non-clinical. Likewise, delegates could plan and deliver a small group teaching session to smaller groups of delegates so they have experience of small group techniques such as brainstorming, buzz groups and role play. Individual delegate feedback on teaching performance could be given via an Assessment of Teaching Workplace Based Assessment (WPBA). Written feedback from the audience could also be collated and given to the delegates.

### **Other considerations**

- Publicity can be created by enlisting the help of Training Programme Directors, postgraduate administrators and local Psychiatric Trainees' Committee representatives
- Details of the course can be emailed and posted on the local RCPsych Division website
- Factors which will optimize uptake include low cost, relevance to the postgraduate curriculum and the opportunity for delegates to complete a WPBA
- If the course is oversubscribed then priority could be given to senior trainees who may have more teaching responsibilities and may not get another chance to go on the course before they finish training
- Administration for the course could be done by the local RCPsych Division
- The venue should be appropriate for lecture sessions and small group teaching. Ideally equipment such as laptops with internet access, projectors and flip charts should be available for delegates to prepare their teaching sessions
- The costs should be kept to a bare minimum due to constrictions on trainee study leave budgets
- The number of delegates would typically be from 12 to 30 but the size and frequency of the course will depend on current and projected local trainee numbers
- Detailed feedback from delegates should be received in written form and during a final plenary session so that the course can be refined

## Summary

When there is a body of psychiatrists enthusiastic about organising such a symposium, it is possible to construct a successful and cost-neutral event which will benefit trainees longer term and, most importantly, those who are educated by them.

## References

1. Bramble DJ. 'Teaching the teachers' – a survey of trainees' teaching experience. *Psychiatric Bulletin* 1991; **15**: 751-752.
2. Stephen SG. Psychiatry Teaching skills course. *BMJ Careers*. 8<sup>th</sup> July 2011. <http://careers.bmj.com/careers/advice/view-article.html?id=20003703>
3. Vassilas CA, Brown N, Wall D, Womersley H. 'Teaching the teachers' in psychiatry. *Advances in Psychiatric Treatment* 2003; **9**; 308–315.
4. Royal College of Psychiatrists. A Competency Based Curriculum for Specialist Training in Psychiatry: Core Module, 2009.

Dr Neil Masson

## **Appendix IV: Student Selected Components (SSCs) in Psychiatry**

Student selected components (SSCs) are optional modules within the undergraduate medical curriculum which were recommended by the GMC in *Tomorrows' Doctors* (2003). Students are given an allocated amount of time within the core curriculum, now recommended to be a minimum of 10% of total curriculum time in *Tomorrows' Doctors* (2009), to study a particular area of medicine at a greater level than is usually needed for pre-registration year.

Students are able to explore core topics at a greater depth, to build upon particular areas of interest from the core curriculum or to learn about specialist areas which are not included in the core curriculum. The Scottish Medical Schools SSC Liaison Group developed a consensus statement of the purpose of SSC programmes in Scottish Medical Schools stating:

'Student Selected Components (SSCs) are an integral part of the undergraduate medical curriculum contributing to the overall curricular learning outcomes and providing students' choice in studying, in depth, areas of particular interest. The principal learning outcome is the progressive development of skills in research, critical appraisal, and synthesis of evidence for maintaining good medical practice. The SSCs contribute to a broad range of personal and professional skills, such as team working, communication, time and resource management, teaching and education skills, the ability to reflect and self-directed learning. They also provide opportunities to explore career options.' (The Scottish Doctor, 2007)

SSCs may be based around work in the library, for example, to allow a student to undertake a literature review of a certain area, laboratory, clinical specialty or community. In their 'Guide for Supervisors' the University of Glasgow Medical School suggests that the method of organisation of an SSC falls within one of the following broad categories:

- Project-based – an area is investigated by the student and staff input is limited to regular meetings to discuss progress
- Course-based – usually highly structured with all student activities being pre-determined
- Clinical modules – usually a combination of project and clinical activities. In psychiatry this could involve interviewing and examining patients, attending ward rounds, out-patient clinics, or spending time with members of the multidisciplinary team

Particular issues are helpful to consider when setting up an SSC:

- University medical schools will generally have an SSC coordinator who may be contacted for guidelines for devising SSCs. Good administrative support for the organisation of SSCs is vital
- Riley et al (2008) emphasise the importance of the provision of choice. Psychiatry has a wide area of specialities which students might not have much access to within the core curriculum, for example, child and adolescent psychiatry and forensic psychiatry, and it might be advantageous to provide these as SSCs
- Students are likely to be far more motivated and enthusiastic if they are able to do their first choice of SSC and so it is good to be aware of take-up and provide more places in a particular area if it is proving especially popular. It is also important to avoid having too many students on an SSC if there are not the resources to support those numbers. Students may propose their own SSC and this may lead to increased motivation

- It is important to clearly define learning outcomes and review attainment of these regularly throughout the SSC. Riley et al (2008) stress the importance of appropriate timing and positioning of an SSC within the curriculum as this will have an impact on the attainment of final learning outcomes
- There are many teaching and learning methods that may be used in SSCs, for example, lectures, tutorials, seminars, problem-based learning scenarios, or autonomous learning activities from a wide variety of resources that require little direct teaching by the supervisor
- Other resources may be required such as access to the web-based resources, libraries and rooms in which to work
- Sustainability of the SSC should be taken into account both in terms of provision of staff and resources and also regular review of the SSC so that it may evolve in response to changes in healthcare and curriculum development (Riley et al, 2008)
- Assessment can present a challenge (Riley et al, 2008), for example, in terms of standardisation. Medical schools are likely to have generic assessment templates with descriptors of student performance based on learning outcomes
- Formative and summative feedback should be given to students using standard feedback sheets as well as feedback from students on the SSC (Riley et al, 2008)

Feedback from students on their psychiatry SSCs in Glasgow University Medical School where 8 separate SSCs are provided in a variety of sub-specialities has been very positive. There is the added potential benefit of encouraging good medical students into psychiatry when they may have had limited experience in their core curriculum. In Glasgow students and supervisors generally report rewarding experiences of the SSC programme for psychiatry.

## References

- Riley, S. C. et al (2008) Twelve tips for developing and sustaining a program of student selected components. *Medical Teacher*, 30, 370-376
- University of Glasgow Faculty of Medicine (2011) Student Selected Components Guide for Supervisors, [http://www.gla.ac.uk/media/media\\_168273\\_en.pdf](http://www.gla.ac.uk/media/media_168273_en.pdf)
- [http://www.medicalcareers.nhs.uk/medical\\_students/student-selected\\_components.aspx](http://www.medicalcareers.nhs.uk/medical_students/student-selected_components.aspx)
- Brown, T. and Eagles, J. (2011) *Teaching Psychiatry to Undergraduates*
- General Medical Council (2003) *Tomorrow's Doctors* (2<sup>nd</sup> edn) GMC
- General Medical Council (2009) *Tomorrow's Doctors* (3<sup>rd</sup> edn) GMC

Dr Angela Cogan

## **Appendix V: Medical Student Electives in Psychiatry**

A psychiatry elective can be a life-changing professional endeavour. It could constitute your whole elective or be combined with a contrasting placement in another specialty. It provides a unique opportunity to explore areas of psychiatry not covered at medical school.

Setting up your psychiatry elective can be particularly challenging where English is not widely spoken. There are 57 countries and 23 non-sovereign countries listed by the United Nations with English an official language.

When planning your elective, you should seek a welcoming institution which offers a sufficiently educational experience, supports you in addressing your accommodation and security needs and which is logistically feasible, from preparation to placement.

Key to any elective is preparation, with adequate time devoted to selecting your institution. Background information is available from your individual medical school. Medical School Psychiatry Societies can prove excellent contacts for further ideas. All universities have their own practical guides to elective planning.

### **Features of a Successful Psychiatry Elective**

#### 1. A welcoming Institution

Choose a placement that allows students to actively participate in assessment of patients and encourages them to clerk new admissions. This can be a problem in the US, for example, where students are often only permitted to observe doctors in practice.

#### 2. An active Supervisor

You need someone to meet with on arrival, and to contact regularly throughout, who can link you up with psychiatrists in different teams and make you aware of all relevant teaching activities.

#### 3. Language Proficiency

You should aim for a placement where most patients can be expected to speak some English, or to be essentially fluent in the local language yourself, if English is not spoken. This is because so many of the nuances of a psychiatric history are missed without a solid grasp of the patient's language.

#### 4. Consider the Locality

Electives can be challenging experiences and it is important to have somewhere safe and welcoming to stay (not necessarily luxurious!) It is also important to be able to spend your weekends away from medicine. A very rural placement may be excellent, if you stay with a family and immerse yourself in the local community and its culture. An urban placement can provide plenty of weekend tourism activities, to enhance your elective experience.

#### 5. Previous recommendations

Use your University's abstract system or friends in years above to seek out electives which previous students have recommended. Don't try to reinvent the wheel: if you



know a supervisor or placement is recommended, you are much more likely to have a fulfilling, valuable elective than if you have no knowledge of the place or staff before you go.

## **On your Psychiatry Elective**

Adapted from KCL Psychiatry Society Elective Handbook, by Stania Kamara, Georgie Fozard and Roxanne Keynejad

- Do introduce yourself to everyone and explain what you want to get out of the attachment right at the beginning
- Before you go, do some background reading on common conditions in your locality. For example, methamphetamine abuse in Cape Town or self harm in young women in rural India
- If a language other than English is widely spoken, do learn the basic greetings before you go (or on your first day). It makes a huge difference to your initial rapport with patients
- Do take a language course or SSC to improve your ability to converse with doctors and patients whilst on elective
- Once you've figured out the system, do get stuck in early on and don't be afraid to get actively involved: you'll get far more out of the placement
- Do try to spend some time with other members of the multi-disciplinary team e.g. psychiatric nurses, psychologists, occupational therapists. Likewise, if you have the chance to undertake home visits or community clinics, jump at the chance. It's an ideal way to explore the cultural and community context of your patients' mental health
- Do on-calls! They can be very interesting and exciting, giving you an insight into acute and emergency presentations
- Do consider carrying out a research project whilst on elective: it's a perfect opportunity to further explore areas of interest
- Do consider the time of year, e.g. the Southern hemisphere is pretty chilly during July but warms up in September/October
- Do plan and get everything confirmed early. Be tenacious about emailing and telephoning departments abroad – a lack of response doesn't mean they won't accept you! Have a back-up just in case plans fall through
- Do befriend local students – they can introduce you to local hang-outs as well as making you aware of teaching activities
- Do apply early for South Africa, New Zealand and Australia as these placements are very popular
- Do talk to your supervisors and colleagues about your experiences. Electives can be challenging and at times physically and emotionally draining. Sharing what you have seen and heard is an important part of debriefing. Likewise, enjoy your

weekends – get away from the hospital and explore the country. It gives you an important context for what you learn medically

- Do apply for elective bursaries. While they take time and are competitive, it really is possible to fund the bulk of your costs this way. The Royal College of Psychiatrists is one source of generous funding
- Do write up your experiences afterwards. What you have learned provides ample material for blogs, articles, posters, presentations and publications – which in turn will allow you to better reflect on your elective

Dr Peter Hughes  
Ms Roxanne Keynejad

## **Appendix VI: Psychiatry Summer Schools**

### **Preamble**

The College recognises that there is a recruitment crisis in psychiatry and decreasing numbers of UK graduates are choosing it as a career. In 2009 the College and the Institute of Psychiatry (IOP) ran its first Summer School for 30 medical students and has continued to do so on an annual basis. Other regions have also adopted the scheme and in 2011 five Summer Schools were run around the UK.

### **Concept**

A possible explanation for the lack of enthusiasm amongst medical students for psychiatry is because of their poor experiences in their clinical placements and exposure to the attitudes of other specialties regarding a career in mental health. It has been the view of the College and IOP that attendees on the Summer School would benefit from experiencing the full gamut psychiatry has to offer and meeting enthusiastic trainees and consultants. It is hoped that this will seed the idea of psychiatry as a possible career. The IOP is planning to follow up its attendees.

The programme should be as engaging as possible and contain a mixture of educational, interactive sessions coupled with some social events.

### **Method**

Appoint a chairperson for the organising committee. There will have to be a finished product for an agreed date so pick an 'enabler' who can get the best out of the other members.

Form a committee. Have a mixture of consultants, trainees and medical students - to solicit their views.

Pick a date. Decide on funding if available. Schedule regular committee meetings with agreed objectives.

Decide on a 'mission statement'. Important when it comes to selection, example: -

*'The aim of the aim of the Summer School is to encourage UK graduates to choose a career in psychiatry'.*

Possible example issues from this:-

- i. What about FY1/2's
- ii. What about those that have attended before?
- iii. What about those that have applied to all the Summer Schools that year - should multiple attendances be allowed if places are restricted?

Devise a programme. The Maudsley Method has been:-

- Late starts and early finishes for the students
- Free session for sightseeing in London
- Lots of 'big hitters' in the programme with an afternoon of 'media stars'
- Maximise patient contact, particularly with groups such as doctors as patients
- Two social events, one casual and one formal (College drinks party)

- Speed dating with the specialties

### **What if I throw a party and nobody came?**

Advertise. College has contact details of all student associates if planned to be a national event and consider producing flyers. If you only want local students then consider advertising through your Medical School Psychiatry Society who should be represented on your Summer School Committee.

The IOP has a subcommittee who select the students on the basis of 200 word anonymised entries answering the question '*Why should I have a place on the Summer school?*'

Decide how many you can accommodate and pick 5 reserves. Will you pick the 30 students already very keen on a career in psychiatry or will you take 30 on the cusp between psychiatry and another specialty? Probably best to mix but remember your mission statement.

### **Accommodation**

Often the most difficult factor if the Summer School is residential and the event is cost neutral. Many students report staying with a psychiatrist and their family to have been the most enjoyable part of the week and gave them the best insight into the profession. Likewise, many of the hosts have greatly enjoyed the company of their student guests.

### **Feedback**

Get oral and written feedback. Handout prizes. Take a video of notable events or happenings during the week and make it available to them.

Modify future Summer Schools according to comments.

Consider following up the students and see if you made a difference!

Dr Mark Tarn

## **Appendix VII: Pathfinder Fellowships**

As part of our intention to recruit and nurture the very best and brightest of medical students into psychiatry we want to establish a series of prestigious RCPsych Pathfinder Fellowships. These young Pathfinder Fellows will be nurtured by the College at a key stage in their training and we anticipate that in turn they will become ambassadors for psychiatry inspiring the next generation of young psychiatrists.

### **Who will be eligible**

UK Medical Students in their penultimate year of medical training (i.e. 4th year of a 5 year course, 3rd year of a 4 year course) with evidence of an interest in pursuing a career in psychiatry. The Fellowship will last three years until the completion of the second year of Foundation Training. It is anticipated that the College will remain in contact with former Pathfinder Fellows during their psychiatric training.

### **How will we identify Pathfinder Fellows**

We will advertise through our lively Student Associate network. There are currently 2600 Student Associates who are medical students who have already shown an interest in psychiatry through formal association with the College. We will also advertise through the Medical Schools and the Medical Schools' Psychiatry Society network in the UK.

### **How will we select Pathfinder Fellows**

We will have a formal application process and applicants will also be asked to give detailed information about their record of academic achievement and about their proposed research project or elective. We will award up to five Fellowships a year. Shortlisted applicants will attend an interview at the College. The interview panel will consist of the Dean (or the Dean's representative), the Associate Registrar for Recruitment, the Chair of the Psychiatric Trainees' Committee and a patient or a carer selected by the Service Users and Carers Committees in the College.

### **What will we offer Pathfinder Fellows**

- We will identify a mentor carefully selected from our membership to give advice and support to the Pathfinder Fellow during the early years of their career.
- We will award a grant of £1500 as a contribution towards the cost of a research project or student elective either in the UK or overseas.
- Pathfinder Fellows will be asked to write a report on their elective or research project using innovative methods to publish it for example by writing a regular 'blog' on the College website. The Pathfinder Fellow who produces the best elective/research report may be invited to present a poster at the College's International Congress.
- We will enable each Pathfinder Fellow to attend our International Congress once during their three year Fellowship. We will provide free registration and a contribution towards accommodation (registration fee from £380 per annum). There will be a 'buddy system' so that each Pathfinder Fellow is paired with a psychiatric trainee to look after them during the Congress.
- We will give free access to the College's CPD online modules and free print copies of our three journals.

- We will establish a social network for the Pathfinder Fellows through their own Facebook page linked to the College's to give mutual support.
- The Pathfinder Fellows will be invited to the College for special events to help with career development and to meet senior College Officers and College members.

### **What will we ask Pathfinder Fellows to do for psychiatry**

In return we shall ask our Pathfinder Fellows to work with us to improve the recruitment into psychiatry. We may ask them, for example, to speak to schoolchildren and medical students promoting psychiatry as a creative, intellectually stimulating choice of specialty.

### **What will the Pathfinder Fellowships cost**

Each Fellowship will cost £3000 over three years. This includes 10% administrative charges to cover central costs including the selection process.

Mrs Vanessa Cameron

## **Appendix VIII: Foundation Programme Tasters in Psychiatry**

### **Introduction**

Taster sessions are an accepted component of the Foundation Programme to allow FY doctors to explore career options before making an application for speciality training. National Recruitment to all specialities opens several months prior to August before the completion of FY2.

The timing of CT1 recruitment in psychiatry combined with a relatively small number of psychiatry placements in the Foundation Programme means that some doctors who wish to explore psychiatry as a career option have been unable to complete a FY psychiatry placement to inform an application for speciality training.

It may be possible for 5 days to be carried forward by FY1 doctors for taster sessions in the course of the 2 year Foundation Programme.

### **Foundation School/Deanery**

A wide range of doctors will potentially be involved in PGME in psychiatry with psychiatry generally not having strong representation at TPD level within Foundation schools nationally. This presents a potential challenge in terms of the quality management and evaluation of any taster sessions in psychiatry. Ideally, there should be a single point of contact for taster sessions in psychiatry for each foundation school to ensure monitoring and evaluation of these placements occurs in a systematic way.

The named individual should have a well developed understanding of speciality training in psychiatry in addition to a good network of contacts within the foundation school and speciality school. This individual should be known to Foundation TPDs within a named deanery as well as the TPD faculty of the deanery speciality school of psychiatry. Information about the single point of contact needs to be widely disseminated throughout the trusts to all named clinical supervisors for FY doctors, and on the Foundation and Speciality school websites within each deanery.

### **Placement**

Many FY doctors who wish to complete a taster session may have a limited understanding of the speciality and be unclear about what exactly may be available locally. The taster is for a maximum of 5 days.

The placements are often bespoke as FY doctors may have to take isolated days to accommodate shift working in their core placement or may wish to work across more than one clinical area in the course of the taster experience.

A face to face meeting with the FY doctor is probably the most appropriate way to agree the content of the taster sessions. This allows the consultant to explore the FY doctors' previous experience as an undergraduate, trainee's level of commitment to enter speciality training, areas of personal interest and to appraise the FY doctor of local opportunities that may be available. As a speciality our capacity to take the education and training of doctors seriously should be showcased at every stage of contact with potential trainees so this meeting is important.

Undergraduate exposure to specialist areas of clinical psychiatry is variable across medical schools. Active consideration of experiences in a taster session that will compliment prior undergraduate exposure or may allow the FY doctor a more in depth opportunity to revisit

a highly valued placement from medical school. It is important that local training strengths are maximised. The consultant involved must be able to suggest and foster innovative placements that can be constructed locally.

Many FY doctors will be keen to get exposure to academic psychiatry; a meeting with local academic trainees to discuss the integrated clinical academic training pathway may be useful.

Established training FY placements can also be utilised if this is appropriate. Remember the time available for the taster is very limited so utilise it well! Undergraduate exposure is often dominated by inpatient psychiatry in GAP placements so encourage the FY doctors to consider career opportunities across the 6 CCTs in psychiatry and to appreciate the interface between the speciality and general hospital and primary care, psychiatry and the criminal justice system and newer services like early intervention, Autism/ADHD, specialist eating disorders to name a few. Many FY doctors may appreciate an opportunity to shadow a senior trainee out of hours and attend a Mental Health Act assessment.

A suggested list of contacts for the taster can be agreed at the face to face meeting with the consultant facilitating the introductions to the taster supervisor(s) and HR. The rest of the organisation should be left to the trainee. As the FY doctor is likely to have a different employer if in a FY placement in an acute trust, there will be a need to inform HR in the named mental health trust who may wish to provide an honorary contract for the duration of the taster session and inform the DME.

It is crucial that inspiring and enthusiastic supervisors are identified for these placements. The deanery speciality school should have objective information about the quality of clinical supervisors and should be closely involved in the identification of appropriate supervisors for taster sessions. Identification of a committed speciality trainee to act as a 'buddy' or mentor for the FY doctor during and after the placement should be considered to provide ongoing advice and support.

## **Evaluation**

The named consultant responsible for arranging the taster should make contact with the FY doctor and taster supervisor(s) afterwards to obtain feedback for the purpose of quality management and improvement of the taster placements.

FY doctors will require evidence of completion of the taster sessions. The following are appropriate. These are only suggestions:

- Reflective account of placement with support of supervisor
- Placement report from supervisor with a template developed for this feedback to include attendance, aptitude, commitment to speciality and areas of future development. As a speciality we must aspire to select the brightest and best suited so these tasters must be professional
- Feedback from multi-disciplinary team members about FY doctor
- WPBA carried out during placement – e.g. CBD, mini CEX

Appendix F of The UK Foundation Programme Reference Guide (2010), 'Embedded taster experiences template', also provides useful information on tasters. This can be downloaded at

<http://www.foundationprogramme.nhs.uk/index.asp?page=home/keydocs#c&rg>.

Dr Ann Boyle



## **Appendix IX: Service User and Patient Involvement in Psychiatric Education**

### **Rationale for involving patients in medical education:**

- Can't teach clinical medicine without them
- College expectations
- Policy frameworks and changing societal expectations of patient and doctor roles

### **Teaching Psychiatry: Service Users' role, and the value of their contribution:**

- Contextualising individuals who have mental health problems i.e. keeping humanity within professionalism. This includes seeing the individual person (not just the illness) and looking beyond the case study towards a more holistic psycho-social model of care
- Service user involvement can emphasise positive aspects of mental health, counterbalancing negative media constructions and helping to dispel myths, fears and fantasies about mental ill-health
- Involving service users in teaching can help students to recognise diversity including the range of ways in which people experience mental ill-health, and the diversity that can exist within a single diagnostic category
- Service user involvement can reinforce students' sense of the expertise they bring through their own experience
- Others have identified that service users can provide support for interviewing skills and giving feedback

### **Implementation:**

- Formal presentations
- Demonstrations to small groups and acting as personal tutors
- Observers in assessing a student's interpersonal skills
- Involved with course planning and development

### **Potential pitfalls:**

- Patients are often the "experts of their own experience" and even their condition but many may be less familiar with other conditions
- May not be effective at imparting all the knowledge that students may need
- May over focus on their own bugbears

### **Potential attitudes and skills that can be the focus when involving service users are in teaching:**

#### Attitudes

- Interpersonal qualities such as caring, listening, spending time, being non-judgemental
- Valuing and respecting patients, seeing the patient as a whole person, demonstration of non-stigmatising behaviour and non-stereotypical views of patients with mental illness
- Empathy and sympathy
- Conveying hope and a positive outcome
- Respect for diverse perspectives such as spirituality and homeopathy
- Accepting their limitations and valuing teamwork

## Skills

- Effective at engaging patients and developing a partnership with them
- Good and effective communication skills
- Basic counselling skills; making an assessment and being able to diagnose and manage the problem in a way which is collaborative

### **Impact of service user involvement in teaching:**

The impact in psychiatry has not yet been explored, although it is often noted that the vulnerability of patients and the dynamic nature of this needs recognition. Informing patients that their participation is only beneficial to the student's learning if patients are seen and respected as part of the teaching team is crucial to true non-exploitative fully informed.

### **Potential difficulties:**

- Embarrassment and anxiety (Doshi et al, 2006; Benson et al, 2005)
- Involvement can be a negative experience if the old power differentials of the traditional patient/doctor relationship are upheld. If there is shared humanness and a sense of a level playing field, the experience can become a self affirming one that is beneficial to the journey of recovery and self discovery
- Reinforcement of feelings of ill health and continuation of a focus on their illness
- Extra time expended
- Consent and confidentiality (also noted by Spencer et al, 2000)
- Potential distress caused by participation (e.g. from inexperienced or insensitive students) as opposed to distress from the disorder itself (briefing and debriefing of service users by teachers should help to minimise adverse effects)
- Psychiatrists appropriately operate with clear boundaries between them and their patients. This is important in having a trusting relationship in a professional context. Having their patients as colleagues may blur some of these boundaries and present difficulties for both parties

### **Who to involve?**

Ensure that service user involvement involves all types of service users not just those that are not vocal or politically powerful. It is important that students do not use the experience of diverse groups in a stereotypical way; for example, the experience of one Indian patient with depression is not representative of other Indians with depression.

### **Where?**

The move away from hospitalised care has often led to a lack of access to patients who are no longer "captive" on wards where participation was often welcomed if only to relieve boredom. People with illness in the community may be less inclined to participate as they may have other priorities in their lives.

### **When?**

There is no reason why service user involvement cannot begin early on in medical student careers and continue throughout. Early contact may be helpful in understanding that illness should not be seen as a defining feature of an individual.

Professor Nisha Dogra

## Appendix X: Intercalated Degree in Psychological Medicine

Traditionally Intercalating was taken in between pre-clinical and clinical years, with basic science subjects of Anatomy, Biochemistry and Pathology being the norm. The History of Medicine was one of the few alternatives on offer. With the introduction of integrated teaching and the increase in student numbers, a wider range of subjects including those in clinical areas have developed. Lists of subjects on offer can range from aerospace physiology to human genetics and psychological medicine. One example is the Birmingham Intercalated Degree in Psychological Medicine. This was designed to offer students a unique opportunity to study in depth subjects with real relevance to clinical psychiatry, but in a way that enables students to explore areas of particular interest in a self-directed manner. Psychological Medicine sits alongside other BMedSc degrees in Public Health, History of Medicine, Ethics and Law and International Health within the intercalation option strand of "Medicine in Society". The course integrates the scientific disciplines of psychology and psychiatry and combines science and humanities by an exploration of how psychopathology is portrayed in the arts.

### Template for a BMedSc course

On completion of the programme students should have knowledge and understanding of:

- Commonly used research methods and data analysis techniques within health and medicine
- Legal and ethical frameworks of medical research
- The neurobiological basis of processes of the mind and behaviour
- The neurobiological basis of mental illnesses
- The portrayal of psychiatry and psychopathology in the arts
- The value of fictional narratives, poetry, biography, letters, and journals in medical education

### Module Content in Detail

#### Semester One

- **Quantitative and Qualitative Research Methods;** This module covers a range of research methods, teaching drawing also on a range of disciplines including epidemiology, psychology and the social sciences to provide students with a 'toolbox' of methods
- **Neurobiology of Psychological Processes Module;** Building upon their core knowledge of psychology and the neurosciences, students explore topics such as perception, emotion, aggression, sex, sleep, learning, memory, and language
- **Neurobiology of Mental Illness Module;** The structure of teaching covers areas purposely distinct from syndromal diagnosis and treatment such as will be covered by students in their clinical psychiatry placement. Topics include areas such as auditory hallucinations, language disorders, dementias, and delusions
- **Psychiatry and Psychopathology in the Arts Module;** This module introduces students to the field of Medical Humanities. Students explore topics such as the description of psychopathology in autobiographical narratives; the representation of madness in fictional narrative and feature films; and the value of poetry, biography, letters, and journals in medical education. Teaching is expert led and discussion based

The semester is designed and timetabled to include "themed weeks", thus the teaching delivered in the Neurobiology of Psychological Processes, Neurobiology of Mental Illness and Psychiatry and Psychopathology in the Arts come together as a cohesive whole, allowing the student to integrate understanding of the normal process, how our knowledge

of these process underpins advances in the understanding of mental illness and the portrayal of illness in the arts and media.

As an example, week three involves three two hour small group sessions:

- Neurobiology of Psychological Process: Auditory Perception
- Neurobiology of Mental Illness: Auditory Hallucinations
- Psychiatry and the Arts: Text from Daniel Schreber's Memoirs of My Nervous Illness

Assessment:

Students are assessed by a self-directed 2000-word essay in each module. Examples of topics include the neurocognitive basis of love, attachment and creativity, the biological mechanisms behind OCD or functional MRI scanning in auditory hallucinations and the portrayal of madness in Jayne Eyre or the portrayal of mental illness in film.

### Semester Two

A Research Project spans the full year, but with the main bulk occurring in semester two. It provides students with first-hand experience of undertaking research from conception to presentation of findings. All students have a nominated supervisor and individually tailored support through all aspects of their research. Projects undertaken can be quantitative or qualitative in nature and conducted within the UK or abroad. Students design their research and obtain necessary approvals in Semester One and conduct data collection and analysis in Semester Two. Examples of recent research projects:

- The influence of parental values and practices on the presence of coprolalia in Tourette syndrome
- The determinants and patterns of self-harm behaviours in individuals who belong to internet-based self-harm forums
- Screening for ADHD in children with learning disabilities using Conners' rating scales

Assessment:

Assessment of the research project includes an oral presentation of the research plan, written protocol, poster presentation of findings and a dissertation or journal paper style submission.

### **Challenges faced within the course delivery**

Running any degree course has within it inherent difficulties. A few points should be regularly provide challenges including:

- **Timetabling**; Whilst this challenge is readily identifiable by all, our unique aspect of delivering themed weeks makes early organisation of timetabling extremely important
- **Identifying and securing the commitment of experts** able to lead didactic and small group teaching on a regular basis, with the fixed time commitments mentioned above. Subject matters such as the Neurobiology of Paraphillias or Human Sexuality require real commitment in time and preparation from University and NHS staff with other competing interests.
- **The availability of research supervisors** able and willing to commit to the time needed for adequate supervision. In addition difficulties obtaining Ethical Approval for student projects is an ongoing challenge requiring a degree of forward planning. This does however provide students with "real world" experience of research.

Dr Rachel Upthegrove

## **Appendix XI: Supporting a Medical School Psychiatry Society**

The initiative to encourage medical school psychiatry societies, led by the PTC, has been very successful, with most UK universities now having such a society. While the emphasis is on the medical students to set up and run these societies, input from junior doctors and consultants in psychiatry has been much valued by students in terms of signposting and general support. The following guide aims to inform psychiatrists about how they can support a new society being set up in their area, or how they can support one that already exists.

### **Starting a society**

As a first step this will require a motivated medical student or group of students to lead the project. This could be encouraged by emailing the students with a request for anyone who is interested, or it could be something to mention during the teaching programme on a psychiatry attachment – for example by talking about it at the start to raise some interest, and then offering some more specific information at the end of the attachment. Some universities such as Southampton have a system of appointing psychiatry 'Fellows' from the medical student body, who are then the obvious choice to lead the society. The students starting the society will need to have regular meetings. In general it has been helpful for them to have one junior doctor who is closely involved in supporting the society, who attends these meetings and helps with signposting and contacting consultants. Often the junior doctor has been one of the local PTC reps, but any interested trainee with enough spare time to attend the society meetings and events could do this. It is helpful for the students to establish what they feel should be the aims of their society at the start.

### **Practicalities**

There are usually some specific requirements to starting a student society, relating to finance and University regulations. If students need specific advice on any of these, it can be found via their Student Union. Some funding for societies is usually available from Universities, and in some areas University psychiatry departments have offered funding. One particular factor for supporting psychiatrists to bear in mind is the handover from one year's society committee to the next year, as this is an area where there can be continuity problems. It is helpful to suggest that the new committee is elected well in advance of when they will be taking over, so that electives and finals do not mean that the momentum of the society is lost.

### **Events**

One of the main activities for psychiatry societies has been to organise events. These can vary from academic lectures from local experts, to more informal careers 'speed dating' events, to social occasions such as a meal out. For all of these events the participation and attendance of local psychiatrists is something that the students really appreciate.

### **Social Media**

The current generation of medical students is obviously very familiar with social networking sites such as Facebook, and this is the primary source of communication for many societies. Psychiatrists may need to consider their own involvement in this area carefully, as sites such as Facebook will require users to sign up before they can look at pages or send messages. The BMA has recently produced a helpful guide called 'Using social media: practical and ethical guidance for doctors and medical students', which may be helpful in giving further information.

## **Sources of support**

There are many external sources of support if local societies need more advice. The local PTC representatives would be a good option, and can be contacted via the PTC pages on the College website. There are medical student representatives on the PTC, who coordinate a list of medical school psychiatry societies contact details, and use these to share information on successful events and other initiatives. They also organise a yearly conference for medical school societies. The summer schools in psychiatry offered by some areas have been very successful, and have offered a useful setting for students and psychiatrists to network and share ideas. Looking at the websites of other psychiatry societies may offer some guidance and ideas.

## **Finally...**

Those of us who have been involved with medical school psychiatry societies have found it an enjoyable and worthwhile experience, which has widened student interest in psychiatry. We hope in the longer term it will benefit recruitment, and would thoroughly recommend this strategy to anyone interested in this area.

Dr Larissa Ryan

## **Appendix XII: Psychotherapy Experience for Medical Students**

In order to learn about the doctor patient relationship and to improve their empathic skills( Yakeley et al 2011), at University College London first year clinical medical students are offered the possibility of either seeing a carefully selected outpatient for once weekly psychodynamic psychotherapy for a year or of participating in a once weekly 10-12 session Student Balint Discussion Group in the Camden Psychodynamic Psychotherapy Service(Camden and Islington NHS Foundation Trust) ,as part of a Final year SSC(Student Selected Component) .Both schemes are very popular with the students and are financed by the medical school SIFT money generated by this teaching.

### **UCL Student Psychotherapy Scheme. (SPS)**

This has now been running for over 50 years and the 10-15 students per year who see a patient, are carefully selected after an interview to assess their motivation and sensitivity (following an introductory lecture given at the beginning of the autumn term). They receive weekly supervision and tutorials in small groups from a senior medical psychotherapist and initially learn about psychotherapy by hearing the case reports of senior students in the group who already have patients. The patients are carefully selected and have mild emotional disorders or psychological reactions to physical illness or mild somatizations and have agreed to see a medical student as an introduction to psychodynamic psychotherapy( with the possibility of receiving further long term therapy in our department at the end of their treatment). At the end of treatment the student is expected to write a full summary of his or her work.

This experience allows students to learn how to listen to their patients, to develop professional boundaries, to appreciate the value of continuity of care and the importance of understanding patients' dependency needs. Students report that participating in the scheme, made it easier for them to discuss embarrassing topics with their patients and to deal with death and dying . Our own retrospective study of students with matched controls, suggests that participation in our scheme influenced

students, who had not planned on doing psychiatry before joining our scheme, to choose psychiatry as a career (Yakeley et al 2004) The scheme has been copied at Kings College Imperial College, London, Bristol and in Heidelberg, Germany, Lausanne, Switzerland and in a modified form at St Georges Hospital, London and Toronto, Canada.

### UCL Student Balint Discussion Groups

These were originally started in our department by Michael Balint in the 1960s and were then reintroduced in a modified form in 2004(Shoenberg and Suckling 2004) as a 10-12 session discussion group for first year clinical students to talk about emotional aspects of their work with patients. The groups last for one and a half hours and are led by a senior medical psychotherapist together with a qualified Balint leader from General Practice. Students are told about the groups at the same lecture when the Student Psychotherapy Scheme is introduced and are also interviewed prior to joining so as to prepare them for this experience in which they are invited to speak without notes about a patient they have got to know who has in some way stayed in their mind. These groups allow many more students to participate in psychotherapy teaching than the SPS, with up to 80 students participating in 8 separate groups each year in the Spring or Summer terms. The groups are followed by a seminar on Attachment and the Doctor Patient Relationship and students are expected to write a 3000 word essay on their discussion of a particular patient in the group. These groups are very supportive to the students who are seeing very sick and dying people regularly for the first time and who find they help them to reflect on their emotional experiences with patients. This scheme has also been developed in Italy Germany Austria, Switzerland, Finland, the USA, South America, Australia and South Africa.

### References:

Shoenberg P, Suckling H. A Balint Group for Medical Students at the Royal Free and University College School of Medicine .*Journal of the Balint Society* 2004;**32**:20-23.



Yakeley JW, Shoenberg P, Heady A. Who wants to do psychiatry? The influence of a student psychotherapy scheme-a 10 year retrospective study. *Psychiatric Bulletin* 2004; **28**:208-212.

Yakeley J, Shoenberg P, Morris R, Sturgeon D, Majid S. Psychodynamic approaches to teaching medical students about the doctor-patient relationship: a randomised controlled trial .*The Psychiatrist*,**35**:308-313.