

Conference briefing

Northern Ireland Psychiatric Tutors

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The Hospital and Speciality Tutors of the Northern Ireland Regional Training Scheme held their first one-day conference in 1991. A number of issues, central to the development of an educational strategy for the 1990s, were considered. The following is a summary of our discussion on three issues of general interest, post-membership training, tutor role issues and tutor training.

Initially, consideration was given to the educational principles which should guide our discussions on curriculum development. First, the overall aims for each component of training need to be defined and from which the objectives for each programme of training can be specified. Within this framework methods of evaluation can then be formulated (Walton, 1986). Second, if postgraduate education is to develop then attention must be paid to the training and support of tutors as trainers, mentors, and co-ordinators of hospital based educational programmes. Third, centrally organised teaching, training and counselling complement hospital based educational programmes and supervision. Both are critically dependent on the continued commitment and skills of tutors.

Post Membership training

Background

Consideration was given to the continuum of medical education in which the brief for the Regional Psychiatric Tutors Committee embraces the general and higher professional training of trainee psychiatrists and psychiatric training for GP trainees. Within higher professional training the needs of both post-membership registrars and senior registrars were considered. There was general agreement that professional training, following acquisition of Membership, could best be addressed through partitioning into early and later training needs. In the early post-membership period further academic training, including research, should probably assume highest priority. In the later training period, the

focus should be on the specialist skills appropriate to trainees' specific career paths, and management training.

Global aims and educational priorities

The overall aims are to produce competent consultants capable of assuming autonomy in terms of responsibility, authority and accountability. They should have a repertoire of skills appropriate to their clinical and managerial roles. In addition, all consultants should be able to fulfil the requirements of educational supervisor and have a basic repertoire of teaching and research skills and experience.

Educational objectives

It was considered that a broad range and depth of clinical experience was central to the development of autonomy.

- (a) *Clinical skills.* Proficiency in the skills of assessment and therapy are the hallmarks of a competent psychiatrist.
- (b) *Management awareness and management skills.* These are increasingly recognised as essential components of higher professional training.
- (c) *Teaching skills.* Trainees should be provided with the opportunity to gain competency in small group and large group teaching. This should include the opportunity to give formal lectures to undergraduate students including the use of audio-visual aids. Opportunity should also be provided to become acquainted with modern methods of assessment of trainee and student competence, and of evaluation of teaching methods.
- (d) *Research.* All trainees, particularly in the post-membership phase of training, should have the opportunity for supervised research embracing the preparation of a research protocol, literature searching and review, an understanding of basic statistical procedures and report writing.

Methods of training and teaching

The apprenticeship model in postgraduate education provided a central platform for supervision, for facilitation and for role model. The apprenticeship is relevant not only for individual patient care but for team working and for organisational aspects of service delivery. The continuum of fully independent practice must be managed through a series of clinical placements throughout general and higher professional training. This should be augmented with skills training courses appropriate for the range of clinical duties within specific consultant posts. Experience in some areas is universal, for example prescribing and psychotherapy.

While knowledge can be disseminated efficiently in large groups, skills training requires a small group medium with appropriate use of feed-back procedures, for example video feed-back. Workshops provide useful fora for orientating trainees to new aspects of patient management and service organisation. Hospital based journal clubs and case conferences provide excellent fora for academic development.

Resources

The key resources are the staff who provide the educational infra-structure. The tutor has several roles. One is to encourage all consultants regarding their role as educational supervisors. Tutors are also central to the co-ordination of hospital based education and assessments. University staff and tutors together must continue to manage the core academic programmes. Non-medical staff can make a useful contribution at hospital and regional level, for example in multi-disciplinary teaching, in the teaching of particular topics (psychologists for psychology, sociologists and social workers for sociology). Administrative support from clerical staff is also essential for the organisation and management of training.

The underlying assumption for postgraduate education is a realistic allocation of time commensurate with the different teaching and training responsibilities. Tutors in particular require adequate time for preparation, organisation and supervision. In addition adequate financial resources are required for materials, travel costs and course fees.

Current role issues for the tutor

Two areas of concern were identified, time management and facilitation of the educational supervisor.

Resource time

It is widely accepted that tutors have difficulty in obtaining the necessary time to fulfil their

tutor duties. Solutions were considered under the following subheadings.

- (a) *Consultant colleagues.* Active support from the tutor's colleagues is essential if the tutor is to have sufficient time to fulfil his educational role. Colleagues should ensure a reasonable work-load and be emotionally supportive.
- (b) *Service planning.* The tutor's role is a function which is often considered after service planning has been done. It is a fundamental part of the service and should be included during the development stage.
- (c) *Personal time management.* This is a function which is learned by experience and training. It must be seen as the responsibility of the individual tutor. Management training programmes usually address this issue.
- (d) *Delegation.* The tutor will usually have access to registrars and/or senior registrars to whom some of the tutor's duties can be delegated. If such staff are not available, then clinical tasks should be delegated to other staff to allow time for the tutor to fulfil his/her teaching role.
- (e) *Support.* Closer liaison between the Regional Postgraduate Tutors Committee and Medical Staff Committees should help to increase the awareness of colleagues regarding the tutor briefing.

Facilitation of the educational supervisor

The educational supervisor (the consultant responsible for the trainee) must be regarded as central to ensuring that the educational needs of their trainees are met. While a tension exists between the service demand and training needs these two are not mutually exclusive and a proper balance should be sought.

Encouragement and positive reinforcement for the educational supervisor was stressed. However there is the occasional problem of the consultant who persistently fails to attend journal clubs and case conferences, who fails to allow trainees time to attend formal classes or who fails to provide adequate supervision. Possible solutions are peer pressure, trainee feedback (with or without tutor facilitation), re-allocation of trainees by the Psychiatry Committee. These local solutions are to be preferred although solutions can be sought through the Approval Visit Team of the College.

Tutor training

Given the breadth of the training agenda and the assumptions about tutor roles within postgraduate education, the training needs of tutors must be specified. The spectrum of trainee needs, ranging from research to psychotherapy, clearly exceeds the skills

of any one individual. A team approach is essential and favours larger schemes. The skill mix among tutors and academic staff should be the subject of regular review.

Some tutor competencies should be common to all tutors including trainer skills for the teaching of interviewing and mental state assessment, counselling and teaching. All tutors should be aware of their counselling role, and of the links between this role and the responsibilities and activities of the educational supervisor and career counsellor. The counselling brief at hospital level ranges from induction, through mid-term feed-back, exam preparation and feed-back, to career counselling. The content of counselling work, methods of counselling and the changing context of clinical practice all need to be understood and appreciated.

Deficiencies were recognised in tutor training particularly in relation to teaching and educational methods. The necessary local expertise for exam training, management training and research methods need to be kept under review and addressed as appropriate.

The following actions were agreed for the Northern Ireland Regional Training Scheme: further training should be provided for tutors on the teaching of interview skills and mental state assessments; steps must also be taken to provide access to teaching methods courses.

Reference

WALTON, H. (1986) *Education and Training in Psychiatry*. London: Kings Fund College.

Psychiatric Bulletin (1992), 16, 418–420

Training matters

The research option: educators' attitudes

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An understanding of research methodology and design including the appropriate use of statistics is considered by the Royal College of Psychiatrists to be an essential part of the education of psychiatrists. The report of the working party for the review of the MRCPsych examination emphasises this by mentioning statistics and research methods as one of the major areas that will be examined as part of the sciences basic to psychiatry (Royal College of Psychiatrists, 1985). They point out that over recent years there has been an increase in the number of questions devoted to this subject, and state that this trend should continue. Pre-membership psychiatric trainees are often encouraged to undertake or participate in research (Sims, 1988), but many commence projects which never come to fruition (Hollyman & Abou-Saleh, 1985); lack of adequate supervision seems to be the cause (Royal College of Psychiatrists, 1991). The Royal College of Psychiatrists is unique among the Royal Colleges in that it enables candidates for the membership examination to be exempted from the essay paper by submitting a dissertation in advance based on a piece

of original research. This is known as the research option.

Few psychiatric trainees seem to be aware of the research option, and even fewer avail themselves of it. One explanation for this may be a failure of their educators to inculcate or encourage an interest in research in general, and more specifically in the research option. In order to understand more about why this should be the case and consider possible ways to improve the situation, a study was undertaken to survey the attitudes to, and knowledge of research and the research option among psychiatric educators.

The study

A questionnaire was sent to all Royal College Regional Advisers (21), all Examination Course Organisers (24), and half of the 260 Psychiatric Tutors (130). An explanatory letter was included, together with a stamped addressed envelope. Non returned questionnaires were followed up with further mailshots. The design of the questionnaire