



University
of Glasgow

Consultation Document

Review of the University of Glasgow Undergraduate
Psychiatry Curriculum: equipping tomorrow's doctors

| Contents | Page Number |
|---|------------------------|
| Why are we revising the undergraduate psychiatry curriculum? | 2 |
| Process Involved in the curriculum review | 3-5 |
| Findings of initial review and curriculum structure | 6-11 |
| Changes introduced to the curriculum as a direct effect of our review | 12-14 |
| Areas for future development | 15-16 |
| Contacting the review group | 16 |
| <i>Appendix 1- Feedback on Initial Consultation Document</i> | <i>17-20</i> |
| <i>Appendix 2 - detailed review of current psychiatry topics</i> | <i>21-23</i> |
| <i>Appendix 3- Proposed learning objectives</i> | <i>24-25</i> |
| <i>Appendix 4- Lecture Series2012/2013</i> | <i>26</i> |
| <i>Appendix 5-Lecture Series2015/2016</i> | <i>27</i> |
| <i>Appendix 6- Student Feedback</i> | <i>28</i> |

Why are we revising the Undergraduate Psychiatry Curriculum?

The University of Glasgow is in the process of reviewing the entire Undergraduate Medical Curriculum so that it is in line with the recommendations of Tomorrow's Doctors (http://www.gmc-uk.org/TomorrowsDoctors_2009.pdf 39260971.pdf). The General Medical Council visited the University recently and had no concerns regarding the Psychiatric component of the curriculum.

Although the GMC visit provided an impetus to move the review forward, there are plenty of other good reasons why now is a good time for this review. Although the Undergraduate Curriculum gets generally positive feedback, the publication of "Tomorrow's Doctors" is an impetus to delve further. It is crucial that our students are able to see and digest an explicit, clearly articulated curriculum in which learning objectives are mapped on to teaching and assessments: this is one of the requirements of Tomorrow's Doctors but is, anyway, the least our students should expect.

This kind of thinking is influencing medical schools across the UK and, as a result, the Royal College of Psychiatrists has developed a model Undergraduate Psychiatry Curriculum. This curriculum, along with Tomorrow's Doctors, has provided a useful spring-board for our curriculum review.

Students want more Psychiatry in the curriculum and, in a busy medical curriculum, it can be a challenge to find the time to adequately deliver all of the Psychiatry teaching that tomorrow's doctors will need. When we started the review, there had already been some major changes in the Undergraduate Medical Curriculum in previous years, some of which resulted in less of a focus on Psychiatry: for example five Problem Based Learning sessions on Psychiatry in the 3rd year were not replaced in the newer Case Based Learning Curriculum.

We want ALL medical students to have a good understanding of Psychiatry. We want to recruit and retain the best medical students to Psychiatry – and we want them to go on to be good Psychiatrists. The quality of Undergraduate Psychiatry teaching has an important part to play in this. This is not only crucial to ensure that there is good treatment and appropriate referral of patients with mental health problems right across medicine, but also to ensure that stigma is reduced and patients with mental health problems are treated with the respect and offered the high-quality treatment they deserve. This is fully in accord with "Tomorrow's Doctors" which emphasises whole person assessment, engagement and management.

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March 2016



Process Involved in the Curriculum Review:

Our overall strategy (Figure 1) was to develop Learning Objectives based on Tomorrow's Doctors and the Royal College of Psychiatrists Undergraduate Psychiatry Curriculum. We reviewed the extent to which the lecture course and clinical programme covered the requisite bases, scrutinised the existing assessment resources and, lastly, assessed the degree to which the assessment resources mapped on to the Learning Objectives. Along the way, we identified areas where new teaching or assessment resources required to be developed. The stages in our review were as follows:

Paper exercise: We conducted a review of useful documents and literature including Tomorrow's Doctors; The Royal College of Psychiatrists recommendations regarding Undergraduate Psychiatry teaching; the report on the University of Edinburgh Psychiatry Curriculum development exercise and the report on the University of Cardiff Psychiatry Curriculum development exercise. We also carefully scrutinised the existing University of Glasgow Psychiatry Lecture Content, log book and student feedback from lectures and clinical placements in order to identify their strengths and weaknesses in the context of these key documents. For each part of the existing curriculum, we identified what assessment resources were available and where the gaps were.

Initial scoping: We held meetings with local experts on medical student teaching – within both the University and NHS - to gather views about the current curriculum and to ask their advice about the mode of delivery and content of a revised curriculum. These experts included University of Glasgow academics with leading roles within the design and delivery of the Medical undergraduate curriculum and academics who have themselves conducted Psychiatry Curriculum reviews in the past. We also met with medical student representatives.

Development of Consultation Document: We drafted an initial consultation document based on findings from our paper exercise and initial scoping which we circulated widely- to academics within the Undergraduate Medical School, academics within the Postgraduate School, all NHS Consultant Educational Supervisors and the Higher Trainees within NHS Greater Glasgow and Clyde. We held a consultation day at the University of Glasgow Academic Series in Psychiatry (UGASP) Teaching Seminar on the 20th of June 2013 to discuss the document and any other issues raised from it. For those unable to attend we collated email feedback on the draft document. At our consultation day, which was well attended, (approximately 50 people) we presented our consultation document and held focus groups to obtain feedback on our process so far.

Instigating change: We then wrote to the Year 1-5 leads, along with the individual block leads, the Pharmacology lead and the head of Vocational Studies to inform them of our review and to discuss ways in which Psychiatry could be introduced earlier into the curriculum and taught in a more integrated way. We held meetings with the leads to plan changes to the curriculum. Many of the block leads were receptive to our work and embraced the need to better integrate Psychiatry into the spiral curriculum. Therefore a number of changes to the curriculum (such as more lectures, a new block and addition of psychiatric drugs to the pharmacology handbook) were planned and implemented.

Further consultation and development of the final Document: We held a further consultation day at the University of Glasgow Academic Series in Psychiatry (UGASP) Teaching Seminar on the 31st of March 2016 to discuss the changes made to the curriculum, highlight the remaining gaps in the curriculum and canvas opinions from: trainees, consultant supervisors and academics.

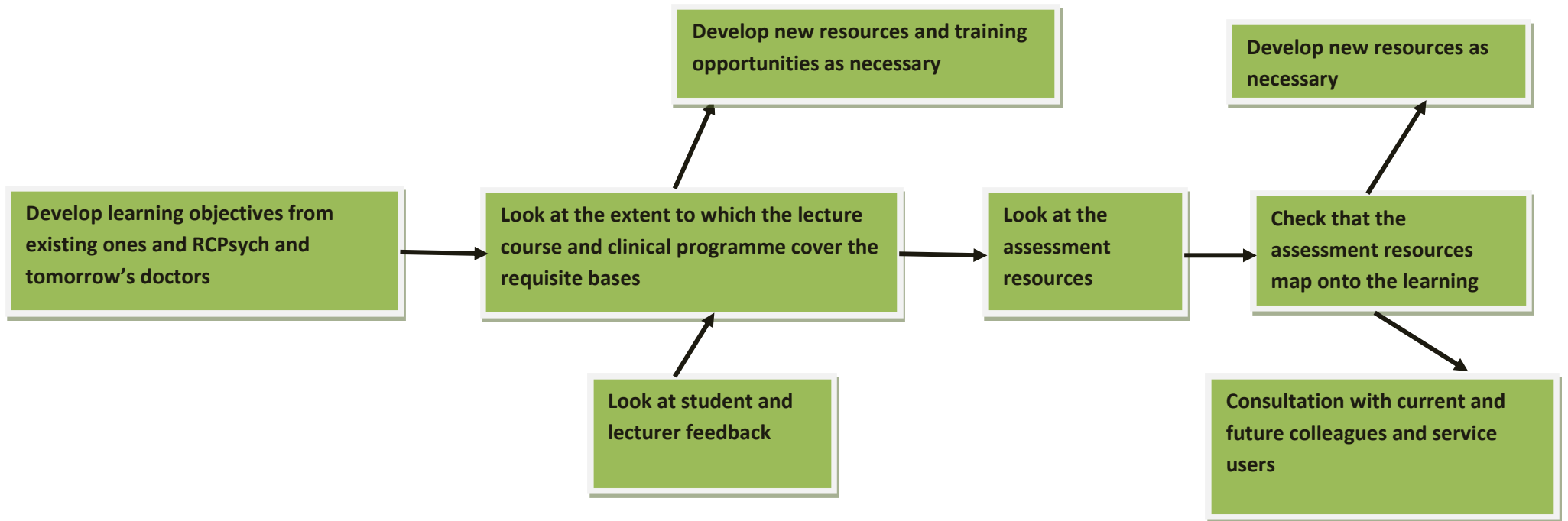
This document is a summary of our work to date.

Next steps:

Reporting: A final report on the curriculum review with key recommendations for development of the curriculum will be circulated to the: Head of the Undergraduate Medical School, Medical Education Committee, Year 1-5 Leads, Head of Vocational Studies, Consultant Psychiatrists who are Educational Supervisors, Associate Medical Director, The Staff/Student Liaison Committee and relevant University stakeholders. The final phases of the process will include:

- production of guidelines for those delivering teaching sessions and clinical placements about any required changes in topics to be covered,
- identification of additional gaps within the curriculum with strategies to address them,
- consultation with service users and
- a strategy to ensure the curriculum is reviewed regularly.

Figure 1 Plan for mapping exercise:



Findings of Initial Review:

Feedback about the lecture series and the clinical attachments was overwhelmingly positive.

Our scrutiny of the lecture series and clinical attachments, in the light of Tomorrow's Doctors and the Royal College of Psychiatrists curriculum, has shown that we are covering the large majority of the topics suggested by the Royal College of Psychiatrists Curriculum. There were however, some areas that required further development.

For more detail on what we discovered about our existing teaching and assessment resources, please see Appendix 2.

Design of the University of Glasgow Undergraduate Course:

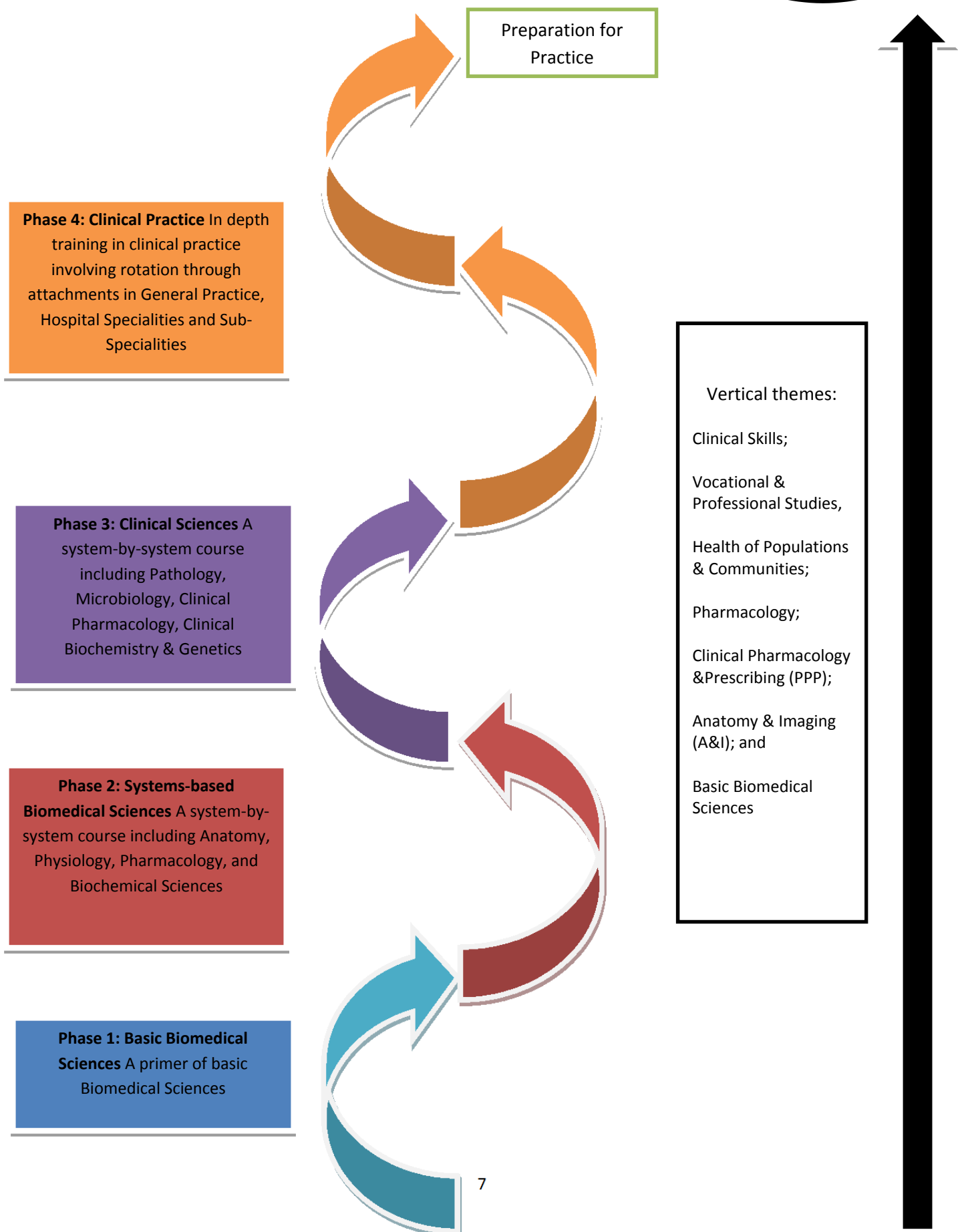
The University of Glasgow in line with the GMC's recommendations delivers an integrated curriculum over 5 years, whereby exposure to clinical material occurs at an early stage. The curriculum is "spiral" in nature in that subject matter is revisited at different stages of the curriculum with increasing depth and clinical focus over time. As such the "loops" of the spiral curriculum can be considered in four Phases which are delivered over the 5 year course (See Figure 2).

In conjunction with the spiral curriculum a number of "vertical themes" exist, which run throughout the 5 year course (See Figure 2).

Assessment Process:

The Glasgow MBChB programme has regular assessments, some of which are formative and non-graded and others which are summative and therefore must be passed to allow progression to the next year of the course. Currently the summative examinations (the Professional MB examinations) occur at the end of Years 1, 2, 3 and 5. From 2013-2014 a new summative examination at the end of Year 4 was added. The written examinations take the form of multiple choice, short answer and modified essay questions. In addition to the written examinations, there are practical examinations in the form of Objective Structured Clinical Examinations or OSCEs in the 2nd, 3rd and 5th Year Summative examinations. These too require to be passed to allow progression.

Figure 2: The MB ChB programme structure

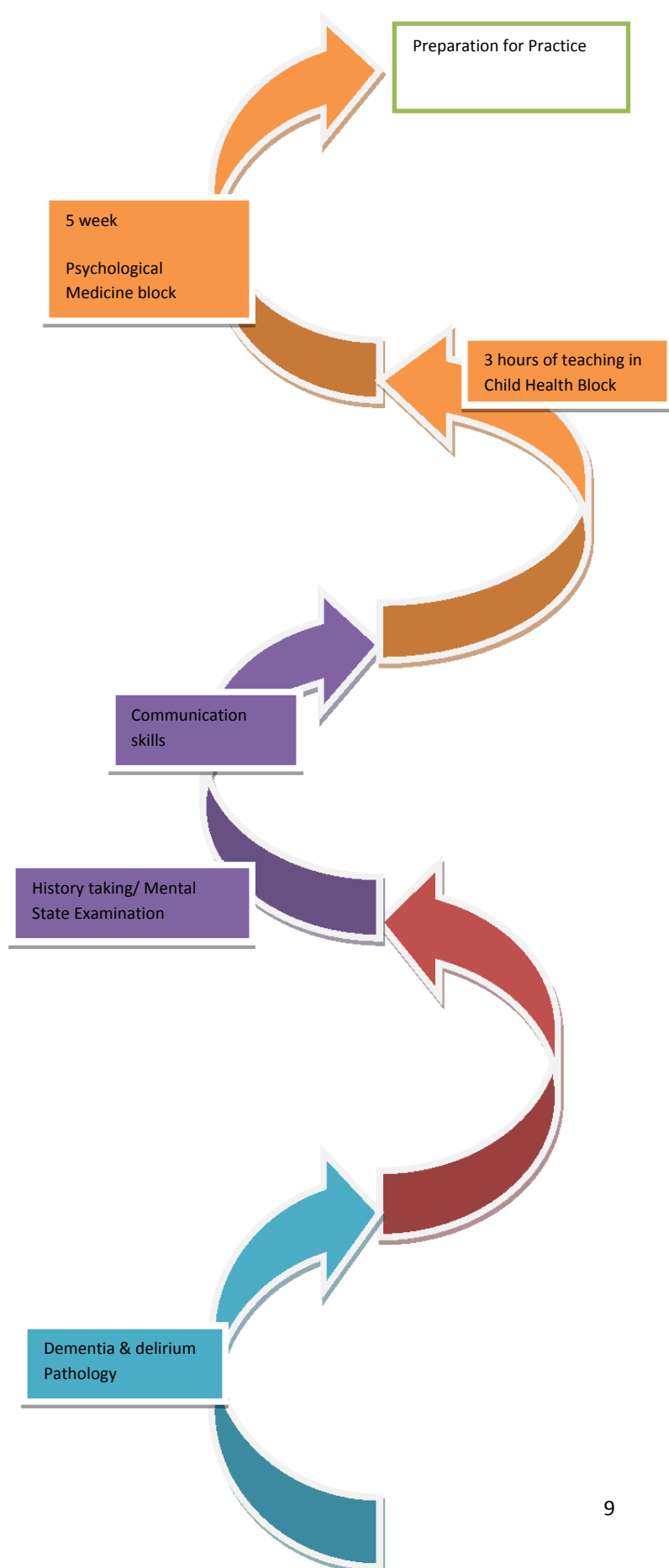


How the Psychiatric Curriculum fitted in before the review:

Prior to the review the majority of the Psychiatric Curriculum was taught in Phase 4 as a 5 week “Psychological Medicine” block. There was an additional Problem Based Learning (PBL) session on the pathology of dementia and delirium in Phase 1, a clinical skills session on mental state examination and a psychopharmacology lecture delivered during Phase 3 of the curriculum. During the 5 week Paediatric/Child Health Block in Phase 4, there was an additional 3 hours of formal teaching by Psychiatrists. The Psychiatric Curriculum as it was before our review is mapped below (Figure 3).

Year 1 Blue
Year 2 Red
Year 3 Purple
Years 4&5 Orange

Figure 3: Psychiatry Spiral Pre Consultation:



Psychological Medicine Block:

The 5 week Psychological Medicine block through which the majority of the Psychiatric Curriculum was delivered occurs in Phase 4. The block follows an apprenticeship model, whereby the student is attached to an Educational Supervisor for the duration of their placement. An educational log book is distributed at the commencement of the block detailing the learning aims and objectives and giving advice surrounding how best to make use of the opportunities which may arise during the placement. This was updated during our curriculum review. The Educational Supervisor to which the student is attached is usually a Consultant Psychiatrist and in the majority of cases works within General Adult Psychiatry. There is a weekly lecture series (Appendix 4) which runs in conjunction with the clinical placement. This was updated during our review (Appendix 5). This lecture series is popular with the medical students and consistently receives positive feedback (Appendix 6). As such this is being further developed in order to enhance the already existing curricula, including a new lecture on Learning Disability Psychiatry.

Local departmental teaching specifically for medical students run by Higher Specialist Trainees is also delivered during the placement and feedback from this is positive. Exposure to working within a multidisciplinary environment is gained through attendance at allocations meetings, team meetings and ward rounds. There is opportunity for domiciliary visits and experience of both inpatient and outpatient psychiatry. Exposure to acute and chronic illness is gained and Mental Health Act exposure often occurs. There is opportunity to experience the delivery of Electroconvulsive Therapy (ECT) and a number of specialist day placements with eating disorders, learning disability, early intervention/ESTEEM, perinatal mental health services, liaison and forensic Psychiatry may be gained. Shadowing of the on call or “duty doctor” is also encouraged. These opportunities have all received positive feedback.

New academic day

In response to medical student requests for inclusion of new topics, we have developed a new academic day for the entire year which takes place in February of Fourth year. This includes lectures on personality disorders, eating disorders and suicide risk assessment in the general adult and older adult populations.

Exposure to psychiatry out-with the Psychological Medicine Block:

Exposure to Psychiatry will occur throughout many other clinical placements (for example in General Medicine and General Practice) and informal teaching may occur in these situations. Although the vast majority of the specialised teaching by Psychiatrists occurred in the Psychological Medicine block, the curriculum review group wrote to the leads of all the

other blocks looking at ways to promote inter-disciplinary teaching. Given the complex interaction between physical and mental health we hope new innovative ways of teaching will help improve the integration of Psychiatry into the spiral model and improve the integration between physical and mental health.

Student Selected Components (SSCs) and Electives:

As with other Universities there is opportunity for further exposure to Psychiatry in the form of Student Selected Components (SSCs) and Elective Placements. These are optional. There are now many SSCs in Psychiatry including: “The Hidden Depths of Old Age Psychiatry”, “Psychiatry in Schools” and SSCs on Forensic and Learning Disability Psychiatry.

Assessment Process for Psychiatry:

(a) End of block Assessment:

As with other clinical placements, there is an end of block assessment process specific to Psychiatry. This process includes a written Educational Supervisor’s Report, which is made up of both the student’s general professional attitudes, clinical competencies and a formal assessment. The student is required to submit 2 Portfolio Cases with a reflective commentary on a GMC theme, and undertake 1 Mini Clinical Examination Exercises (Mini CEXs) and Case Based Discussions (CBDs) in order to pass the block.

(b) End of Year Assessment:

The Psychiatric Curriculum is formally assessed in the Year 3 Final MB examination in the form of a single clinical Observed Structured Clinical Examination(OSCE) station (usually one of depression history or an alcohol dependency history). There are no written exam questions in Year 3. In Year 5 the Psychiatric Curriculum is assessed in the written examination in the form of Multiple Choice Questions (MCQs), Extended Matching Questions (EMQs) and Modified Essay Questions (MEQs) and also in the OSCE examination. There are a number of OSCE stations available for examination including stations on: chronic fatigue, anorexia nervosa, explaining schizophrenia, cognitive assessment, confusion and capacity and early dementia. Typically two OSCE stations in the final MB are from the Psychiatric OSCE bank.

Changes introduced to the Curriculum as a direct result of our review:

A number of changes to the Curriculum have occurred as a direct result of our consultation process.

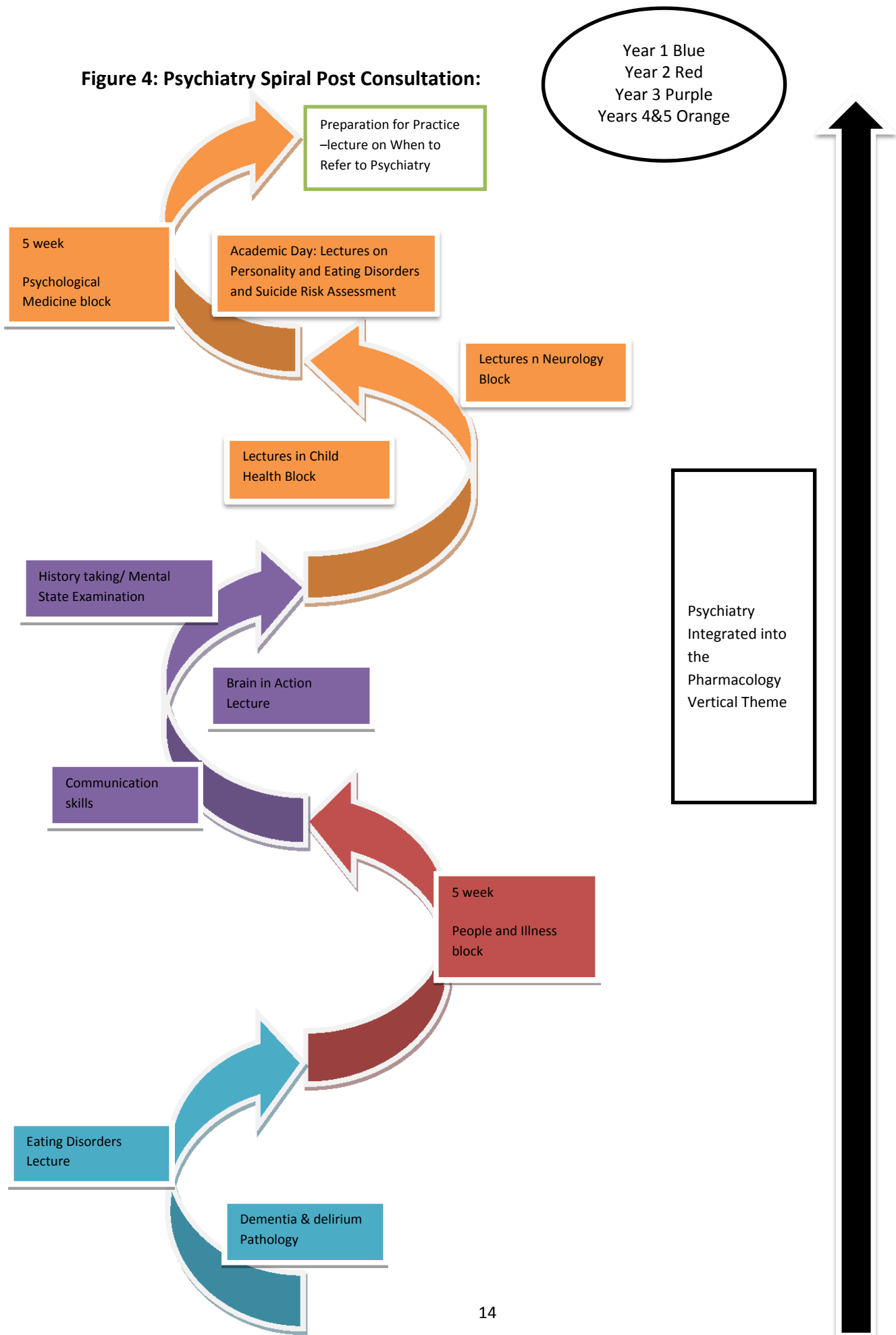
1. An explicit curriculum with Learning Objectives mapped onto teaching and assessment was created.
2. Remits regarding the Academic Department (Mental Health and Wellbeing) and NHS clinicians were clarified.
3. We developed a central resource where medical students and others were able to see what the Learning Objectives were and how they mapped onto the teaching (lectures and clinical) and the assessment process (see Appendix 3). We therefore were successful in creating an explicit curriculum with learning objectives mapped onto teaching and assessment.
4. We updated the student handbook which is distributed to all students when they start their Psychological Medicine Block in Phase 4.
5. As the curriculum has developed we have further refined and defined course management roles and responsibilities. Remits within the academic department (Mental Health and Wellbeing) at the University of Glasgow as regards the Undergraduate Psychiatry Curriculum were clarified and we have established better links between those overseeing the Curriculum and those within the University who have responsibility for the Medical Curriculum. We have also improved joint working between Clinicians and Academic staff.
6. Prior to our curriculum review there was a small bank of OSCE scenarios and written questions, some of which needed reviewed. These have all been updated and new assessment materials have also been created for a wider range of Psychiatry topics.
7. In the feedback about the clinical placements, students reported that at times there was a lack of homogeneity across the placements. While it would be impossible to provide a completely homogenous clinical experience for all students (because clinicians will have different specialisms and styles of working and teaching) we have looked at ways to ensure that core elements are provided for all students and that interested students could get specialist clinical experience where this is available. We therefore created a list of contacts within the induction booklet distributed at the start of the block to allow students to arrange “taster” days in different specialities. We also investigated the possibility of setting up a web based booking grid for clinical placements. Unfortunately due to IT constraints this was not possible.
8. We have introduced Wi-Fi into certain hospital sites so that students can access this during breaks in their clinical work.

9. Finally during our initial review it was apparent that students and current staff felt there was not enough Psychiatry delivered throughout the 5 Year Curriculum. After the consultation day we have successfully **doubled** the amount of Psychiatry in the Curriculum. We have introduced:

- An Eating Disorder Lecture in Phase 1
- A Brain in Action Lecture incorporated into the Neurology Block in Phase 2
- A whole new 4 week block entitled “People in illness” has been introduced into Phase 2. This includes a week on ADHD, a week on addictions, a week on dementia as well as lectures on Mental State Examination, Adjustment Disorder and Depression. Much of the teaching focuses on an extended family, in order to help students take a developmental perspective
- Psychiatry topics such as Medically Unexplained Symptoms have been integrated into lectures in the Neurology Block in Phase 4
- Psychiatric drugs have been integrated into the 50+ Pharmacology Handbook for the vertical pharmacology theme
- Finally, there is a Psychiatric lecture on “When to Refer to Psychiatry” in the Preparation for Practice module

Therefore our new Psychiatry Curriculum is more integrated within the Medical Curriculum and subsequently more “spiral” in nature (Figure 4).

Figure 4: Psychiatry Spiral Post Consultation:



Areas for future development:

Following on from the success we have had in increasing the amount of Psychiatry in the Undergraduate Curriculum we have identified other areas for future development. These include:

- The introduction of Psychology as a vertical theme.
- Further improvement in joint working with other specialties: we will contact leaders of other blocks to discuss the possibility of integrated teaching sessions between specialties for example perinatal psychiatry and obstetrics and gynaecology.
- We recognise a need to embed wider psychosocial understanding into routine clinical work outside the Psychiatry field and we aim to promote improved multidisciplinary work with clinicians in Psychiatry and other medical specialties. Initial work in this area has occurred with Psychiatrists being involved in the Medicine24 Symposium: Treating Medical Emergencies in the first 24 hours, which was run by the Royal College of Physicians and Surgeons of Glasgow. However it is clear that further work in this field is required.
- In the lecture series, we have begun to develop the following areas:
 - Neurodevelopmental disorders including ASD
 - Transcultural psychiatry and
 - Transgender issues.
- For the lecture series, we will suggest a framework for the lectures consistent with Tomorrow's Doctors and the Learning Objectives to ensure that there is consistency across lectures and clinical placements.
- We also plan to change the lecture day from 2017/2018 onwards to a Thursday as this will ensure optimal clinical exposure during the clinical placement and allow students to have Wednesday afternoons protected for sports.
- Online medical school resources will be developed in line with those available at Edinburgh and Dundee Universities.
- We have developed a multi-disciplinary curriculum review group made up of:
 - Psychology (Dr Ruchika Gajwani),
 - Academic University Staff/ Child and Adolescent Psychiatrist (Prof Helen Minnis),
 - Clinical Liaison Psychiatrist (Dr Angela Cogan) and
 - Higher Trainee in Psychiatry (Dr Julie Langan Martin)

Who meet regularly to: discuss the Psychiatric Curriculum, review Student Feedback, identify and develop new resources and enhance the Exam Question Bank. We also have access to input from other Specialities when required.

Contacting the review group:

- If you have comments on this document that you would like to share with us, please email us via:
 - Irene O'Neill on irene.oneill@glasgow.ac.uk
- We would particularly like face to face views about various aspects of the curriculum review and practical advice about how to fill some of the gaps we have identified. If you would like to attend one of our consultation events, please contact Irene O'Neill on:
 - **0141 201 9239**

Appendix 1 Feedback on Draft Consultation Report (2013)

Medical student feedback – collated from a Facebook discussion stimulated by Sukhmeet Singh(final year medical student)

- Most medical students have no exposure to psychiatry until phase 4.
- Block handbook needs updated
- Timetabling could do with being altered a little e.g. 2 day attachment to sub-specialities
- Would like access to 3rd year psychiatry lectures during clinical placements (e.g. as podcasts)
- When students start their psychiatry placements, staff were exasperated that students hadn't already covered MSE and history-taking, which they viewed as core clinical skills.
- A sense that psychiatry teaching in Glasgow is sub-standard and needs to be changed.
- Would be useful for the year club/psych society had copies of revision lectures and examples OSCE stations.
- Psychiatry clinical skills podcasts (although students would prefer earlier face-to-face teaching).

The medical students also produced a comparison between the 2013 Cardiovascular and the 2013 Psychiatry undergraduate teaching and the way they fit into the spiral curriculum. This demonstrated that students have very little exposure to psychiatry before Phase IV.

Email responses to consultation report (2013)

- We should have a lecture on risk and report writing in forensic psychiatry.
- Worry expressed that people who currently lecture – and are happy to do so – might be phased out with changes to curriculum.
- There is no reference to Sexual Dysfunctions(F52) (these are some of the commonest conditions in medical practice affecting approximately 30% of the population at any time) and Gender Identity disorders(F64).
- A child psychiatrist commented with disappointment that the child psychiatry teaching offered within paediatrics was not mentioned explicitly in the report. This child psychiatrist is “Happy to contribute further”.
- From the paediatric teaching lead: “I wonder if it might be feasible to use existing excellent resources such as “The Child in Mind” which, in the early phases seems ideal for medical students. I also am acutely aware that there is a very limited number of child psychiatry questions in either the written questions or OSCE banks- I have been through them all looking for anything paediatric. Of course we also need new MCQs for next summer's exam. In designing the grid for the paediatric exam questions for 5th years each year I identify

themes where we need to develop new Q and child psychiatry has been one which remains a significant gap. My final concern is the age old one for paediatrics - that we only have 5 weeks in the curriculum, and these can be the final 5 weeks of the whole course for some students. We are not going to get a longer clinical attachment so perhaps a better approach is to try to embed paediatrics into all other relevant aspects of the curriculum which means students keep meeting children and come to consider children as just part of regular medicine- you perhaps also have a similar feeling about psychiatry, as well as creating that spiral of learning meeting children repeatedly throughout the course from year 1-5. That way meeting children in neurology, cardiology, ENT, etc you get quite a grounding in addition to the CH block. Is it possible to include paediatric psychiatry in the psychiatry block as well as some in the CH block thereby helping us both to revisit and reinforce CH and psychiatry at at least 2 points in the clinical years?"

- We should be thinking about ACT monies and teaching being an explicit part of job planning.
- Could assessing capacity be part of communication skills training?

Collated feedback from groupwork at UGASP consultation day, 20th June 2013

Four groups were asked to consider the following questions, having had a detailed presentation on the Draft Consultation Report:

- *Most students feel that they don't get psychiatry early enough in the curriculum: how can we adapt the curriculum in order to adopt a spiral theme as opposed to a block and ensure that we get psychiatry into the curriculum earlier and integrate psychiatric teaching with other medical specialties?*
- *How we get more about development/neurodevelopment into the curriculum?*
- *Psychiatry clinical attachments – should we be doing anything differently?*
- *How can we use the curriculum to inspire and excite medical students about psychiatry*

An experienced qualitative researcher, Dr. Fiona Turner, took notes on the day and collated these plus flipchart notes from each group and organised the feedback into the following themes:

Funding & resources

- No ring-fenced funding for ACT in Glasgow. Need a dedicated amount of money for the undergraduate curriculum.
- Broadband is needed in hospitals and the medical school has money for this.
- Edinburgh on-line interview resources – collaborate or make sure in review document there is description of what Edinburgh has developed.
- Could link students to existing resources e.g. royal college of psychiatry podcasts.

- Dundee medical education department – collaborate?

Placements

- Need to meet psychiatrists doing the job – watching the job captivates students. May link to liaison. This would be need to well integrated – danger of “sprinkling psychiatry here and there.” More shadowing of the duty doctor on-call, discussions with junior doctors re ‘what does a psychiatry trainee do?’
- Grid for placements where students can choose from a grid of options and tutors ensuring that their options meet learning outcomes. Could allow special interests to be covered. On-line sign-up? Contact Alma?
- Manchester – web-based clinic booking - students can book themselves into different clinics 2 weeks in advance.
- In ward placements, could have more time with non-psychiatry members of the team.
- More local group teaching – interactive groups with trainees to allow to ask questions.
- Current Fri afternoon tutorial group run by higher trainees at Stobhill works well
- There is a problem with missing Wednesdays that could be solved by involving SHO’s/SPR’s in training more.
- Pair students to see patients as less intimidating.

Course content

- Professor Alan Jardine has offered us some of the 5 week gap in 2nd year. Neurodevelopmental input? Journey from conception to death, including development of baby, genetics, epigenetics, attachment, adjustment, aging, death. Interactive ‘social journey.’ Could introduce other gaps such as personality disorders.
- Current curriculum overly biomedical. Need more social sciences – psychology, sociology, human development. Need a more holistic – whole person - approach in line with Tomorrow’s Doctors. At present, the curriculum enshrines a mind/body split :
 - Phase 1 – needs the ‘ology’s’ and a focus on basic human development.
 - Phase 2 – somewhere in the 5 week gap there should be mental state examination, capacity, adjustment to illness.
 - Psychology and development focus should be basic psychology/sociology rather than clinically focussed.
 - Psychology should focus on concepts like coping with illness, managing illness, depression and anxiety. Not just in mental health problems but the psychological aspects of coping with any illness and impacts on mental health.
 - Development – need normal development and not just pathology.

- Need an approach to development that looks right across the lifespan. Online video approach discussed that follows the same person from birth-death (LCP project).
- Psychiatry comes too late in the course:
 - In addition to the points above, core concepts like capacity and risk need to feature earlier as foundation topics that can be built on later in the course. Year 3 teaching would be easier if students were already familiar with core concepts.
 - There is a notable shift in focus between 4th and 5th year – students become too focussed on finals to think about psychiatry and the broader curriculum.
 - Family health project (2nd year?) – could there be a mental health aspect to that? Virtual attachment to baby?
 - Day on psychiatry in the preparation block?
 - History and MSE in systems approach early in curriculum
 - Have a block of psychiatry within neurology?
- Other:
 - In certain parts of the curriculum psychiatry is being taught by non-psychiatrists e.g. A&E

Course structure

- Online modules highlighting important clinical subjects – could do from early on, before clinical attachments, in parallel to the main curriculum (e.g. bipolar similar to learn pro)
- Should lectures come earlier in the course i.e. before clinical attachments?
- Liaison psychiatry could come earlier in the course e.g. during medical/surgical firms
- Psychology across the life cycle should be a vertical theme throughout the curriculum.
- Suggestion to change the lecture course day – to Thursday as trainees are not available to teach students on that day

How to inspire recruits to psychiatry

- During group teaching, include overview of other opportunities e.g. research and teaching
- Look at psychiatry in popular culture
- Guest speakers with undergraduates in evening with free refreshments (already happens in GUPIG)
- Allocate to interested supervisors and allow time to teach

Appendix 2 - detailed review of current psychiatry topics

| Topic | Where taught | Where assessed | Gaps |
|---|--|---|---|
| Lecture series | | | |
| Assessing capacity | 4 th /5 th year lecture series +/- clinical attachments | OSCEs 5 th year Written question | -Written question needs revised |
| Psychiatric history and mental state examination | 3 rd year and 4 th /5 th year lecture series +/- clinical attachments | -Mini-CEXs as part of psychological attachment -Case History | -Needs a 10 minute (5 mins to examine; 5 mins to assess) -Need to press for the promised 2.5 days of small group psychiatry teaching in 3 rd year ??adapt PBL material |
| Anxiety (including PTSD) | 4 th /5 th year lecture series +/- clinical attachments | OSCE on anxiety 5 th year MEQs available | -Need to develop PTSD and OCD OSCEs Need to revise some written material ?cover in a new 3 rd year block |
| Substance use | 4 th /5 th year lecture series Alcohol lecture by GI physicians in 3 rd year +/- clinical attachments | OSCE in 3 rd year Written questions | -Need to revise some written materials ?cover in a new 3 rd year block |
| Mood disorders | 1st year PBL and lectures led by GPs 4 th /5 th year lecture series +/- clinical attachments | OSCE on suicide risk assessment 3 rd and 5 th year Written questions EMQs available | -Need to revise some written materials More questions needed on bipolar ?cover in a new 3 rd year block |
| Psychotic disorders | 4 th /5 th year lecture series +/- clinical attachments | OSCE 5 th year EMQs available MEQ s available | Need to revise some written materials ?cover in a new 3 rd year block |
| Deliberate self-harm | 4 th /5 th year lecture series +/- clinical attachments | OSCE in 3 rd year and final year MEQs available | Need to revise some written materials ?cover in a new 3 rd year block |
| Medically unexplained symptoms | 3 rd year lecture 4 th /5 th year lecture series +/- clinical attachments | OSCE 5 th year (chronic fatigue) EMQ available | Need to check that included in lecture course |
| Learning disability | 4 th /5 th year lecture | | Need MEQs, EMQs |

| | | | |
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| psychiatry | series +/- clinical attachments | | and OSCEs ?cover in a new 3 rd year block |
| Assessing and managing risk | 3 rd year and 4 th /5 th year lecture series +/- clinical attachments | OSCE in 3 rd year and final year MEQs available | ?revise forensic lecture Need to revise some written materials?cover in a new 3 rd year block |
| Perinatal psychiatry | 4 th /5 th year lecture series +/- clinical attachments | | Need OSCEs, MEQs and EMQs – Julie and Roch to provide (?include ECT). ?cover in a new 3 rd year block |
| Physical treatments (psychosurgery and ECT) | 4 th /5 th year lecture series +/- clinical attachments | EMQ available | Could include something in another OSCE Could slot into another MEQ ?cover in a new 3 rd year block |
| Dementia | 1 st year PBL (?GPs) 4 th /5 th year lecture series +/- clinical attachments | OSCE on cognitive assessment | Need to cover the MOCA |
| Delirium | 3 rd year lecture by Tom Brown 4 th /5 th year lecture series May see in other medical specialty blocks and liaison | An EMQ includes this | Need a 3 rd year OSCE Need OSCEs in 5 th year (can adapt old ones) Need MEQs and EMQs |
| Mental Health Act | 4 th /5 th year lecture series +/- clinical attachments | MEQ available | Need to revise MEQ Need OSCEs and more MEQs and EMQs |
| Depression and self- harm in children and adolescents | CAMHS 4/5 th year lecture | | Need to check paediatric learning objectives Need to develop OSCEs, MEQs and EMQs ?cover in a new 3 rd year block |
| ADHD | CAMHS lecture in paediatric block | | Need to develop OSCEs, MEQs and EMQs – Need to check not already examined |

| | | | |
|--|--|--|---|
| Aetiology, formulation and management | 4 th /5 th year lecture series +/- clinical attachments | Case based discussion as part of end of block assessment Inherent in lots of MEQs | in paediatric lectures Include this aspect when writing new questions |
| Psychotherapies | 4 th /5 th year lecture series +/- clinical attachments | MEQ available | Need to revise some written materials Need to develop OSCEs, MEQs and EMQs |
| Eating Disorders | 4 th /5 th year lecture series +/- clinical attachments | OSCE available EMQ available MEQs available | Need another OSCE on history and more MEQs and EMQs |
| Forensic psychiatry | 4 th /5 th year lecture series +/- clinical attachments | | Need to develop content |
| Psychopharmacology | 3 rd year lecture 4 th /5 th year lecture series +/- clinical attachments | | ?need to revise 3 rd year lecture content – could integrate with vertical pharmacology theme |

Appendix 3: PROPOSED Psychiatry Undergraduates Learning objectives

Aims of the attachment:

By the end of this block you will have attained knowledge regarding the scientific principles underlying modern psychiatry theory and practice, skills in order to apply this knowledge to clinical situations and attitudes necessary to identify and respond appropriately to psychological distress and disorder, not only in psychiatric settings but also throughout all areas of medicine.

Objectives and Intended Learning Outcomes for the attachment:

Attitudes: By the end of your attachment in psychiatry you should be able to:

- Respond empathically to mental illness and psychological distress in all medical and broader settings.
- Understand that psychiatric illness creates problems with stigma, how this affects patients and their families, and recognize your role in combating this stigma.
- Be aware of the ethical dilemmas and controversies involved in the diagnosis and management of mental disorder
- Treat patients and their carers with professionalism and confidentiality.
- Understand when the patient's wish for confidentiality should be over-ridden.
- Appreciate the inter-relationship between physical and psychological symptoms and the need to be aware of psychological factors in all medical conditions
- Understand that your emotional responses to patients and patients' corresponding emotional responses to clinicians may influence the presentation and management of illness.
- Appreciate the function of the multidisciplinary team and the role of each of its members.
- Recognise when it is appropriate to refer a patient to psychiatry.

Skills: By the end of your psychiatry attachment you should be able to:

- Conduct a full psychiatric history.
- Carry out a mental state examination, including cognitive assessment.
- Carry out an assessment of capacity.
- Assessment of suicide risk.
- Assessment of risk of harm to others.
- Explain how different biological, psychological and social factors may combine to precipitate psychiatric disorder.
- Provide a differential diagnosis for each patient seen with evidence for and against each diagnosis.
- Devise an appropriate investigation list.
- Describe an appropriate management plan.
- Present clinical findings in a clear verbal or written form.
- Use an interviewing style that is empathic and adaptable to specific situations, including interviewing distressed, disturbed or aggressive patients
- Explain to patients and their relatives the nature of their condition, its management and prognosis.

Knowledge: During your psychiatry attachment you should gain the knowledge to address the following topics confidently:

Clinical Features and Management

- Schizophrenia and other psychotic disorders, both acute and chronic presentations
- Mood disorders – depression and bipolar affective disorder
- Anxiety – including generalized anxiety disorder, panic disorder, phobias, obsessive compulsive disorder and PTSD
- Dementia
- Delirium
- Personality disorders – especially emotionally unstable personality disorder and antisocial personality disorder
- Adjustment disorders
- Deliberate self harm
- Risk of harm to others
- Drug misuse and dependence
- Alcohol harmful use and dependence
- Medically unexplained symptoms
- Learning disability psychiatry -
- Perinatal psychiatry
- Depression and self harm in children and adolescents
- ADHD
- ASD –(we need to discuss/decide what topics come in here, and what in paediatrics)
- Eating disorders
- Forensic psychiatry – common associations between crime and mental illness
- Be able to discuss the prognosis of common psychiatric conditions

Treatment

- Physical treatments – psychosurgery and ECT
- Psychopharmacology – main indications, contraindications and side effects of:
 - a. Typical and atypical antipsychotics
 - b. Selective serotonin reuptake inhibitors
 - c. Nor adrenaline reuptake inhibitors
 - d. Combined reuptake inhibitors
 - e. Tricyclic antidepressants
 - f. MAOIs
 - g. Benzodiazepines
 - h. Mood stabilizers
- Cognitive behavioural therapy – main principles and applications
- Main principles and indications for counselling and psychotherapy
- Main agencies in the community for care and rehabilitation of patients with mental illness

Other

- Describe the doctor's duties and patient's rights under emergency provisions of the Mental Health Act

Appendix 4: Lecture series 2012/2013

| Lecture times - | 9.00 – 10.00 | 10.00 -11.00 | 11.00 – 12.00 | 1.00– 2:00 | 2:00– 3:00 |
|---|--|--|---|--|---|
| Wednesday 29th August 2012 | Assessing Capacity Dr Angela Cogan | Mental State Examination Dr Ricky Caplan | Specific Syndromes 1: Anxiety-based disorders Dr Susan Rooney Dr GraciaMwimba | Specific Syndromes 2: Substance use disorders Dr Angela Haselgrove Dr QudratUllah Dr Lovely Rajan | Specific Syndromes 3: Mood disorders Dr Saduf Riaz Dr Sarah Holmes |
| Wednesday 5th September 2012 | Specific Syndromes 4: Psychotic disorders Dr Alison Blair Dr PavanSrireddy | Psychiatry & Medicine 1: Psychiatry in the general hospital Dr Tom Brown Dr Dallas Brodie | Psychiatric Specialties 1: Learning Disability psychiatry Dr TemiAdemola | Psychiatry & Medicine 3: Assessing & managing risk Dr Kalpana Sankey Dr Kathleen Travers | Perinatal Dr Roch Cantwell |
| Wednesday 12th September 2012 | Psychiatric Treatments 1: Physical treatments Dr Rajeev Krishnadas | Psychiatric Treatments 2: Organic Disorders Dr Matt Sheridan Dr Martin Carlin Dr NasimRasul | Mental Health Act Dr Iain Mitchell Dr Everett Julyan | Psychiatric Specialties 2: Child & Adolescent psychiatry LaxmiKathuria | Understanding Psychiatry 2: Aetiology & management Dr Shalini Reddy Dr Eugene Wong Dr Godwin Udo |
| Wednesday 19th September 2012 | Psychotherapy Dr Andy Williams Dr Lucie Colvin | Eating Disorders Dr Helen Anderson Dr Jason Mannix | Forensic Dr Gavin Reid | Psychopharmacology Dr James Ewing | Feedback and examination technique Dr Angela Cogan |

Appendix 5: Lecture series2015/2016

| Lecture Times | 9.30 – 10:00 | 10:00 – 11:00 | 11:00 – 12:00 | 1:00 – 2:00 | 2:00 – 3:00 |
|---|--|---|---|--|---|
| Wednesday, 30 th March 2016 9 am to 12 noon Boyd Orr Building Room 709 A/B 1 pm to 3 pm James Watt South Room 361 | Assessing Capacity <u>Dr Angela Cogan</u> <u>Dr NasimRasul</u> | Mental State Examination <u>Dr Ricky Caplan</u> | Specific Syndromes 1: Anxiety based disorders <u>Dr Jonathan Macklin</u> Dr Kim Newlands | Specific Syndromes 2: Substance use disorders <u>Dr Caroline Woolston</u> | Specific Syndromes 3: Mood disorders <u>Dr Sarah Holmes</u> |
| Wednesday, 6 th April 2016 James Watt South Room 361 | <u>9.00 am to 10.00 am</u> Specific Syndromes 4: Psychotic Disorders <u>Dr David McCarthy</u> | Psychiatry & Medicine 1: Psychiatry in the general hospital <u>Dr Jason Mannix</u> Dr M Cameron | Perinatal <u>Dr R Cantwell</u> Dr AmanDurani Dr Malcolm Cameron | Psychiatry & Medicine 3: Assessing & managing risk <u>Dr Kalpana Sankey</u> Dr Kathleen Travers | Psychiatric Specialties 1 Learning Disability Psychiatry <u>Dr John Fox</u> |
| Wednesday, 13 th April 2016 James Watt South Room 361 | <u>9.00am to 10 am</u> Psychiatric Treatments 1 Physical Treatments <u>Dr Neil Masson</u> Dr R Krishnadas | Psychiatric Treatments 2 Organic Disorders <u>Dr Philip Andrew</u> | Mental Health Act <u>Dr Matthew Cordiner</u> Dr E Julyan Dr J Burley | Psychiatric Treatments Specialties 2 Child & Adolescent Psychiatry <u>Dr Jennifer Roxburgh</u> | Understanding psychiatry 2 Aetiology & management <u>Dr S Reddy</u> Dr L Rajan |
| Wednesday, 20 th April 2016 James Watt South Room 361 | <u>9.00 am to 10.00 am</u> Psychotherapy <u>Dr Andrea Williams</u> | Eating Disorders <u>Dr Helen Anderson</u> Dr C Leeming | Forensic <u>Dr Gavin Reid</u> | Psychopharmacology <u>Dr James Ewing</u> | Feedback and examination technique <u>Dr Angela Cogan</u> |

Appendix 6: Example of Collated Student Feedback on teaching 2013

| Board | Glasgow | Hospital | ALL | Specialty | PSYCH | Period | 1/9 |
|------------------------|---------|----------|-----|-----------|-------|--------|-----|
| Red Flag Issues | | | | | | | |
| None | | | | | | | |

| | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|
| One-Off or Minor Issues | | | | | | | |
| None | | | | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| Summary of Narrative Responses | | | | | | | |
| <p>2 Student Responses</p> <p>DB – PM Praise – variety of learning opportunities and the friendly staff Request for – more tutorials and feedback sessions</p> <p>LEV – PM Praise – Organisation (particularly the Wed/Thurs lectures) and opportunities to learn both in hospital and in the community Requests – more experience of sub-specialties if possible</p> <p>SH – PM Praise – wide variety of presentations and ability to practice histories, MSE doctors all willing teachers Request – arrangements for home visits made in advance. Consideration of travel needs for those without cars.</p> <p>3 Student responses</p> <p>GRH –PM Praise – well-organised hospital teaching, good exposure to patients Request – look at timing clashes (e.g. lectures/clinics) to ensure students can experience the full range of teaching and perhaps look at opportunities in more sub-specialties.</p> <p>5 or More Student Responses</p> <p>SGH – PM Praise – balance of hospital/clinical work, visits with the CMHT team, specialist day in Forensic Psychiatry, interesting to follow same few patients through their experience during the attachment. Requests – the corollary to the above is that some students felt they would like more exposure to other specialist units and other presentations. This seems to have led to a split in the feedback received from students who had valuable experiences on wards and those who valued their time in specialist units but noted the lack of crossover.</p> | | | | | | | |

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