



# Introduction

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Drawing on case studies, updated papers from *BJPsych Advances* and specially commissioned new chapters, this book takes a scholarly approach to the whole range of teaching and learning as applied to psychiatry. This covers direct teaching of the speciality of psychiatry through to educational management, coaching and mentoring. It provides essential information on topics not often covered, and it will provide guidance for busy clinicians who are acting as trainers, and for those who teach and train medical students in university departments

Many of the chapters are written by figures of significant educational status within clinical psychiatry. These include a new chapter on literature searching; chapters on technological aspects of teaching such as webinars and virtual placements (the importance of which has been brought into focus by the recent effects of the pandemic on how training is organized); and writing for learning and publication.

Teaching teachers how to teach is a neglected topic in medicine generally and this book aim to fill this vacuum with accessible and clearly written material on basics such as how to deliver a ‘good’ lecture, how to run a webinar, how to make ‘Powerpoint’ interesting and how to gain access to up-to-date information without feeling overwhelmed

## Before and after COVID-19

This book was conceived before the coronavirus (COVID-19) pandemic which has so dramatically transformed the clinical and training lives of so many doctors. Before this event there were already many concerns about the welfare of trainees (not just psychiatrists) in clinical environments. This theme is addressed in this book in a way that may be helpful: no longer should it be seen as stigmatizing to admit that you are struggling in your working environment. The new chapters on coaching and mentoring and how best to support trainees in difficulty remind us of the importance of the human connection between trainers and trainees.

Virtual clinics and virtual conferences and meetings are good examples of some of the developments that trainers and trainees were obliged to adopt when the pandemic struck in 2020. How reassuring it was at that time to watch the webinars rapidly produced by the Royal College of Psychiatrists. We are yet to see how many of the changes made to accommodate remote teaching and learning will remain (probably quite a few). Professor Subodh Dave, now Dean of the College, along with colleagues, was also instrumental in helping many of us come to terms with virtual teaching, very soon after the start of the pandemic, through informative webinars suggesting imaginative strategies broadcast from the Association of University Teachers of Psychiatry (AUTP). A new landscape of technical terms of engagement has emerged including being ‘on mute’; how to raise your virtual hand and remembering to lower it again; and those comments about ‘it’s in the chat’. And what to

do about ‘lurkers’ (i.e., those who seem to be at the meeting but make no contributions). Other ways of harnessing technology have been demonstrated by the use of smartphones and portfolio-based learning and e-learning.

However, for psychiatrists who are always attentive to the non-verbal cues in the consultation and mindful of what is going on off camera, the exclusive use of telephone calls and video clinics, common modes of consultation during the pandemic, are always going to limit the possibilities of human interaction in the here and now.

All of these developments highlight the importance of continuous professional development (CPD) for the trainer and many of the chapters in this book return us to sound principles on how to deliver a good lecture, involve patients in teaching, consider assessment, supervision, feedback, small- and large-group learning, critical reflection and the use of journal clubs and workshops. This was the staple of learning for many of us as we matured into competent clinicians, teachers, trainers and academics.

## Topical Developments in Medical Education and Psychiatry

Two immediate and two more remote topics deserve particular mention here. The two immediate ones are the expansion of the foundation programme in psychiatry and differential attainment.

The foundation programme in psychiatry has been a topic of much interest in the College and has also been the focus of national reviews. In Chapter 15 of this volume, Das and colleagues bring up us to date with the developments and inform us of the recommendations that have been made for foundation trainees and also for those trainers supervising them. The ambitious plans for the expansion of psychiatry posts in the foundation programme will have a large impact on the number of doctors who will have had some grounding in the specialty and, we hope, a more favourable attitude towards it. They also of course have an impact on supervisors: often keen to train but always struggling to find extra time to support trainees.

Whilst not the subject of a dedicated chapter, differential attainment is described in Chapter 2 by Greening et al. on the Membership of the Royal College of Psychiatrists (MRCPsych) courses and also Chapter 22 by Huline-Dickens on trainees in difficulty. It is still the case that some supervisors are unfamiliar with the term and literature on this important subject, in spite of the fact that so many of our trainees are international medical graduates who may miss out on opportunities and often need more support with some aspects of their training.

The two slightly more remote topics are the introduction of the new UK Medical Licensing Assessment and the increasing emphasis on patient safety. Although not a focus of this book it will be relevant to many trainers to know that, from 2024, there will be a requirement for international medical graduates who would have sat the Professional and Linguistic Assessments Board test (PLAB), as well as all UK medical students, to sit a licensing exam, the UK Medical Licensing Assessment (UKMLA). This will consist of an applied knowledge test (AKT) and clinical and professional skills assessment (CPSA).

Educating for patient safety is another topical area, and simulation is a good way to teach this. The World Health Organization (WHO) have produced a curriculum guide, *Patient Safety Curriculum Guide* (WHO 2011), and many other resources are available to support teaching and training with patient safety in mind such as the Institute for Healthcare Improvement or the National Collaborative For Improving the Clinical Learning Environment (NCICLE).

Psychiatrists are uniquely placed to understand systems, apply human factors approaches, engage patients and families and use knowledge of team dynamics to this end.

## The Teaching and Training Roles of the Psychiatrist

As psychiatrists we have many roles within training and in the arena of the scholarship of teaching and learning. Many colleagues will have been introduced to teaching or training when asked to supervise trainees or medical students early in their career, and have been confronted with the need to master the material they teach and also communicate it in a way that is engaging. Seeking feedback, reflecting on this and adapting resources and refining the goals for the session, and the methods of presenting these, are activities that quickly follow and form the basis of scholarly teaching.

Over the careers of the two editors of this book, the roles and activities of academically inclined psychiatrists have changed dramatically: where once we had clinicians who were doing teaching merely as an additional activity, some more expertly than others, academically minded doctors now have the possibility of pursuing teaching as a portfolio career available to them. Teaching has become professionalized and time needs to be included in job plans to do it.

## The Professionalization of Teaching and Training

Many colleagues will have been aware of the increasing trend towards professionalization of teaching, and this is mentioned in Chapter 17 by Ingrassia and Batham. In this context too it is interesting to reflect on the work of Boyer (1990) and his work *Scholarship Reconsidered: Priorities for the Professoriate*. In this, he distinguished four categories of scholarship: application, discovery, integration and teaching. Not everyone will wish to engage with all levels, but institutions would do well to support individuals who do. Scholarship thought of broadly is the ability to think, communicate and learn.

Colleagues interested in teaching should bear in mind the helpful distinction drawn by Cleland et al. (2021). These authors distinguish *scholarly teaching* from the *scholarship of teaching and learning*. Within this document, the guide produced by Association for Medical Education in Europe (AMEE), ‘Redefining scholarship for health professions education: AMEE Guide No. 142’, they describe the importance of the scope of influence one can have as an experienced clinician and educator spanning different institutions.

According to these authors, scholarly teaching uses the work produced by others (the literature) to inform and guide one’s practice. Scholarly teaching involves reflection and observation of one’s teaching, curriculum design, development and maintenance, and evaluation of practice and has a pragmatic focus. The scholarship of teaching and learning, on the other hand, is the systematic inquiry into student learning which advances the practice of teaching and is likely to involve research and dissemination, and to advance the profession of teaching itself. Cleland et al. believe that every teacher should work towards becoming a scholarly teacher, but every scholarly teacher need not engage in the scholarship of teaching and learning.

For those new to either category, learning on the job is available through courses and conferences offered, among others, by the Association for the Study of Medical Education (ASME) and Association for Medical Education in Europe (AMEE). These international organizations are communities of practice (a term coined by Lave and Wenger 1991) and

offer activities and resources for members supporting scholarship. Colleagues can also study education through Certificate, Diploma and Masters' programmes.

We believe this textbook will fill a vacuum for teachers of psychiatry, whether they are clinicians using their experience to enhance the knowledge of medical students, or trainees in psychiatry. Teaching and imparting knowledge is also an excellent way of learning and of continuing one's own personal and professional development. So here's to a long life of learning. In the words of Michelangelo (aged 87), 'I am still learning'.

## References

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