RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

The REGISTRAR

Magazine of the Psychiatric Trainees' Committee

June 2022

International Congress comes to Edinburgh

CONTENTS

The Psychiatric Trainees' Committee

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Dr Ahmed Hankir

Editor's Introduction

Dr Ahmed Hankir, Editor of *The Registrar*, Academic Clinical Fellow, South London and Maudsley NHS Foundation Trust.

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Greetings everyone and welcome to The Congress Issue of *The Registrar*!

I hope this Editor's Introduction finds you all well. So, this is the end of an era! The Congress Issue is the final issue of *The Registrar* of which I am Editor. It has been a huge honour for me to serve not one but two terms as Editor of your magazine. So much has happened to the world of psychiatry since the reins were handed over to me in February 2019 (not least a pandemic!) Being the nostalgic type, I look back and think about what we have collectively achieved. I am immensely grateful to everyone who has contributed to *The Registrar*, The PTC Officers, the authors and the College. Most importantly, I want to acknowledge you, my colleagues, for your continued readership and support. Thank you all from the bottom of my heart.

It has been challenging at times, I can't deny it, but anything that is rewarding and worthwhile in life usually is. I hope that we can remain in contact; please don't hesitate to connect with me on Twitter where you will find me shamelessly posting selfies and sharing content about the adventures and misadventures of a wandering Wounded Healer gallivanting the world!

As we progress with our training and careers, we must forever be mindful of the experiences of our patients and how fortunate and privileged we are to provide them with care. We must also be sure to show that same level of consideration and care to ourselves and colleagues.

It might be cliché, but it's true: in a world where we can be anything, be kind. I can only hope that *The Registrar* has equipped you with knowledge and insights that will better prepare you to meet some of the challenges ahead. Has being honest and open about my lived experience of a mental health condition positively shaped your approach to how you interact and treat the people who receive care from you? I certainly hope so.

I wish my successor the very best in their role as Editor. I wish you all the very best with your careers and lives.

As always, please protect your hearts and protect your minds.

Ahmed 'The Wounded Healer'

PTC Officers' Update

Dr Rosemary Gordon, PTC Chair,
Dr Sharon Holland, PTC Vice Chair,
Dr Oli Sparasci, PTC Secretary.

Hello and welcome to another beautiful issue of your trainees' publication, The Registrar! We are still on a high following the successes of our recent Trainees' Conference held in London on the 26th and 27th of May. We really enjoyed meeting many of you while we learned about ways to #MindTheGap.

Inside this issue of The Registrar, you'll find some slight changes to the usual format and a few new additions that will become regular features. These include helpful information and updates about the new curricula, membership exams, and our top recommendations for textbooks to unlock your full potential. We are also delighted to include some sample MCQs for those preparing to sit the written papers and those who have already passed them but still have a penchant for being right.

The Congress Issue of The Registrar is always special, and this year we have some copies in print as well as being available online. We hope that many of you will be joining us this week at the International Congress in Edinburgh. If you are, please come and find us in the student and trainees' lounge, where we will have daily lunchtime events. You can find out more about our events and social evening in our Trainee and Student Guide.

We want to thank the departing editor, Dr Ahmed Hankir, for all his work on the magazine during his tenure. This included many articles that Dr Hankir wrote himself, and we wish him all the best in his future endeavours.

We are also very excited to welcome the incoming editor to the role and look forward to the new directions that they and the editorial team will take The Registrar. This is your publication, and we want it to be a resource that informs and supports you and provides all psychiatry trainees with a platform to publish essays and articles that may be of interest to your peers.

As the PTC Exec, we are also preparing to exit from our positions after what has been another challenging but rewarding year for both trainees and the College. Rosemary has been a compassionate leader and a safe pair of hands for the committee, Oli has been a bundle of energy, enthusiasm, and secretarial prowess, and Sharon has been innovative and thoughtful, whilst also being a handful for the two of them.

It has been a great privilege to represent some of the country's brightest and most compassionate doctors. We look forward to hopefully re-encountering many of you in years to come as consultant colleagues and future friends. As ever, we wish those of you sitting exams the best of luck, we encourage you all to get involved with the College as much as possible, and we thank you for your hard work during training to be the best psychiatrists you can be and diligently caring for our patients while you do so.

#KeepChoosingPsychiatry

The Assessment Strategy Review

Sonia Walter, Director of Professional Standards, RCPsych.

With the exciting trainee curricula pilot underway, work is continuing on an indepth review of the College's wider strategy for assessing trainees.

The aim of the review is to develop a world class assessment system which is fair, robust and rigorous, and enables psychiatrists to demonstrate they have the professional knowledge, skills, values, and behaviours to meet the mental health care needs of their patients and become confident clinicians.

We are working to achieve this aim by:

- Improving learning outcomes by reviewing the educational methodology behind all assessments, including WPBAs and the MRCPsych examination.
- Considering alternative assessment methods like logbooks, consultation recordings, and others.
- Establishing the best delivery method for the CASC.
- Continuing to strive to reduce the differential attainment gap in training and in particular address any perceived bias/disadvantage of different assessment systems for particular cohorts of trainees.
- Standardising and improving WPBAs, engaging and training trainers, and ensuring these are robust and effective assessment tools.
- Demonstrating that assessment methods are fair, reliable, and valid.

The review, which began last summer, is led by the Dean, the Chief Examiner and the Associate Dean for Curricula - working in close collaboration with the PTC, Heads of School, the GMC, expert educationalists, and other stakeholders - and there will be plenty of opportunities for consultation along the way.

The review panel is due to issue its recommendations to the Board of Trustees and the GMC in January 2023.

The review, and the changes to the trainee curricula, are part of a suite of improvements to training and assessment, which also includes the recent introduction of digital exams.

The timeline for the review means we will not be in a position to implement any changes until September 2023 at the earliest, and the September 2022 and January 2023 CASC exams will remain online.

A Twitter Takeover:
Generating Interest in Psychiatry on Social Media

Dr Kris Roberts, CT3, Leicestershire Partnership Trust, Dr Rosemary Gordon, ST4, NHS Lothian.

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Background:

The Royal College of Psychiatrists' #Choosepsychiatry campaign has undoubtedly contributed to the rise in fill-rates of Psychiatry Core Training posts in recent years. Continued traction using a range of digital approaches remains a necessity in order to optimise recruitment and improve the retention of trainees. The Psychiatric Trainees Committee (PTC) hosted its inaugural #choosepsychiatry Twitter Takeover in November 2020, with great success. Thankfully, I was given the opportunity to contribute to organising the second event on the 3rd of November 2022 with Rosemary Gordon, the PTC chair, and the invaluable staff at the Royal College.

Motivation:

The opportunity to encourage others by highlighting the fulfilment gained by a career in psychiatry was too tempting to miss. Not only this, but one of the factors I believe that is central to psychiatry, and that I enjoy the most, is the ability to track an arc; to mine a narrative. I was therefore so excited to read insights derived from both the professional and personal experiences of my colleagues, too.

The Twitter Takeover Event Itself:

This event was achieved relatively simply: 4 questions, at 10-minute intervals or 'bursts', sent by the @rcpsychTrainees Twitter account, across an hour in the evening (Figure 1 & Figure 2). All individuals – psychiatrists across grades and career stages (see below) – who confirmed participation were tagged into each question Tweet.

Figure 1: Twitter Takeover - The Timetable

1900:	Introductions
1910:	Q1
1920:	Q2
1930:	Q3
1940:	Q4
1950:	Closing remarks

Figure 2: Twitter Takeover - The Questions

Q1	Which speciality do you work in and why did you choose it? What are your favourite things about being a psychiatrist?
Q2	Can you describe the journey to your current position?
Q3	If you could give one piece of advice to somebody thinking about or currently training in psychiatry what would it be?
Q4	How can the psychiatrists of the future improve the wellbeing of our population, and what challenges might they face?

In preparation, we had confirmed the participation of 65 colleagues from across the UK representing all the psychiatric sub-specialties and the Royal College of Psychiatrists itself. They were sent simple guidance prior to the event, including the questions that were to be included. The most important component was the inclusion of the relevant hashtag – in this case, #choosepsychiatry - on every Tweet sent. This would then allow the collection and collation of engagement data related to the event.

From an organisational perspective, KR had prepared his own answers to the questions in advance and saved them as 'Drafts'. That way, KR could post his own answer quickly and concentrate his time engaging with Tweets from the participants through likes, retweets, and discussions; all important facets of the metric algorithms used by Twitter.

Engagement:

Thanks to the fantastic answers from the participants the event was an enormous success which was hugely rewarding! This was evident in two main ways: the interesting and passionate discourse generated by those contributing; and the complicated world of Twitter metrics.

Early analysis showed that the "reach" – the number of individual Twitter users that had seen #choosepsychiatry on their timeline – had exceeded 2 million. There were several thousand mentions, interactions and shares (Figure 3).

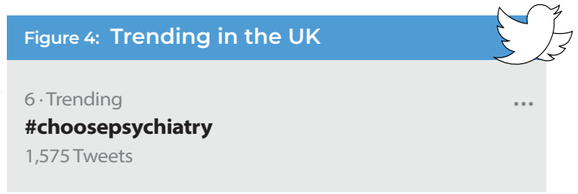
Figure 3: Early Metrics

#ChoosePsychiatry – Hashtag analysis

506	3.9K	2.1M	3.3K
Mentions	Interactions	Reach	Shares

Ultimately, this led to #choosepsychiatry trending in the United Kingdom (Figure 4):

Figure 4: Trending in the UK



The discussions continued and gained momentum. Over the course of November the 3rd and 4th, analysis of the #choosepsychiatry hashtag showed substantially higher engagement (Figure 5), with a reach of 13.4m; over 66,000 interactions; and over 40,000 likes:

Figure 5: Engagement over 3rd/4th

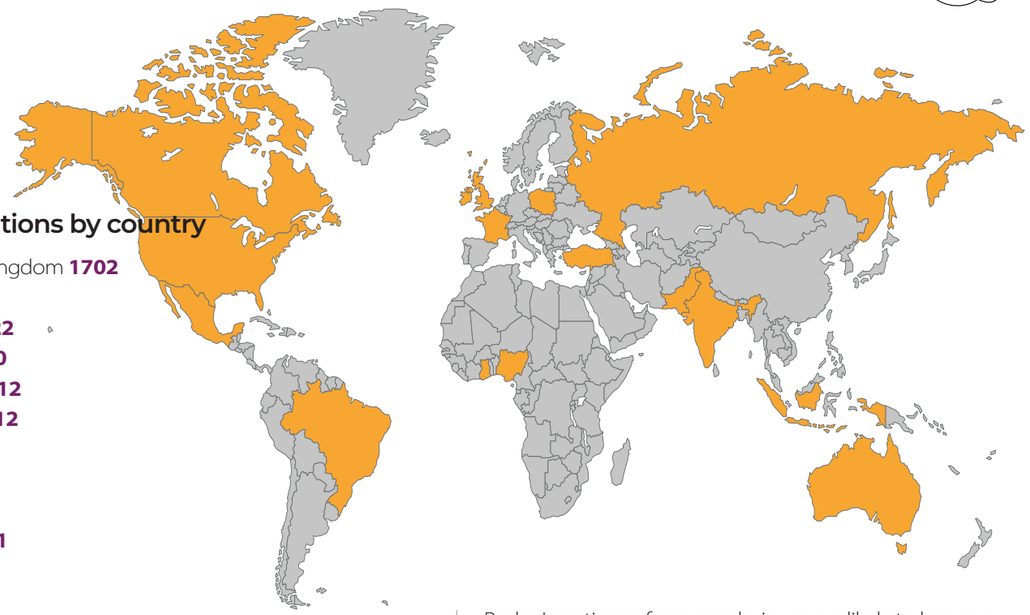
2.1K	66.9K	13.4M	23.3K	43.6K
+3521%	+37%	+1258%	+141%	+8%
Mentions	Interactions	Reach	Shares	Likes

In my excitement at the numbers, I frequently refreshed the metric analysis website! Figure 6 below, and Figure 7 (*page 8)*, show the impact of our Twitter event over the course of a week from the 3rd November 2021.

Figure 6: Final Twitter Metrics

2.5K	71.3K	15.1M	26.6K	44.7K
-80%	-93%	-87%	-86%	-97%
Mentions	Interactions	Reach	Shares	Likes

Figure 7: Countries contributing to the PTC Twitter Takeover



# of mentions by country

1. United Kingdom **1702**
2. USA **47**
3. Canada **22**
4. Ireland **20**
5. Australia **12**
6. Pakistan **12**
7. India **6**
8. Russia **6**
9. Nigeria **4**
10. Others **11**

Reflections:

It was personally refreshing to read the comments of senior colleagues, peers and those with lived experience to feel their passion for psychiatry and their desire for onward positive change undimmed.

Twitter provided an excellent platform for our event. There is a large psychiatry presence on the platform, with many prominent professionals regularly interacting with others using this variant of social media.

Twitter also offers a relatively low burden of engagement, which allowed the congregation of many different professionals at the same time and the generation of significant amounts of discourse around a range of issues.

The availability of a range of measurable metrics related to the event allows us to gauge the success of the #choosepsychiatry PTC Twitter Takeover. Having reached 20 countries globally, with a reach of 15.1m individual users and interactions above 70k, as well as trending nationally, I think we can be satisfied that our event was impactful.

The Future

The method described in this article of generating discourse and reaching people was effective. Future events might try to utilise some of the views offered during the takeover to enable discussion on a range of more specific topics important to all who interface with the psychiatric discipline.

Reducing stigma, for example, is very unlikely to happen without engaging with those with lived experience; perhaps this online space is a starting point for people from different groups to engage with each other meaningfully. We can only hope that this event plays a small part in helping people to #choosepsychiatry. I'm so pleased I did.

Acknowledgements:

All data was obtained through a trial subscription at BrandMentions.com.

MRCPsych Revision Box TrOn Trainees Online

Question 1: Which of the following statements is True about the classification of Adverse Drug Reactions (ADR)?

A) Akathisia on commencement of aripiprazole can be classed as a type B ADR.

B) Flu-like symptoms following discontinuation of paroxetine (SSRI antidepressant) can be classed as a type C ADR.

C) Osteoporosis secondary to risperidone-induced hyperprolactinaemia may be classed as a type A, C or D ADR.

D) Sedation during treatment with quetiapine can be classed as a type D ADR.

E) Urticarial rash on commencement of amitriptyline can be classed as a type A ADR.

Top 10 Things Every Trainee Needs to Know about the New Curriculum and Portfolio

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1. Most trainees will transition onto this new curricula from August 2022, but see here for variations
2. 19 Intended Learning Outcomes have become 9 High Level Outcomes (HLO)
3. 319 Competencies have become 66 Key Capabilities (KC) for core curriculum
4. The curricula are based on the GMCs Generic Professional Capabilities framework
5. The new placement-specific Personal Development Plans (PDP) connect the new curricula to the training opportunities you have in your placement
6. The curricula are helical, so you intentionally repeat themes through your training but at higher levels of complexity and difficulty
7. The end of placement report (also known as the Psychiatric Supervision Report) will be much, much shorter!
8. Start early with your supervisor and then continue to review your PDP regularly – this delineates your progress through training and the curricula
9. Work Place Based Assessments are assessed against how you should perform at the end of your year of training
10. You don't need to do every HLO or KC in every placement.

More information including training videos on a range of aspects of the curricula available here: **https://www.rcpsych.ac.uk/training/curricula-and-guidance/curricula-implementation**

Lockdown picture 1

Perspective: The Royal College of Psychiatrists Sustainability Scholarship

Dr Kathryn Speedy

Dr Kathryn Speedy, Higher Trainee, Wales Deanery.

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The year 2020 brought significant challenges and changes for us all. The COVID-19 pandemic meant for many of us a need to find new ways of working and living amongst many and ever-changing restrictions. We spent weeks and months living in lockdowns, away from our friends and family. These past two years have not been easy; we have all had our own unique journey through the pandemic and we have all found our own personal ways of surviving. Certainly myself, I started to notice the benefits of spending time outdoors and exploring nature (see Lockdown Pictures 1,2 and 3).

The year 2020 also brought with it a new opportunity for me – an advert for a Royal College of Psychiatrists Sustainability Scholarship. Growing up, I had always had an interest in the environment and climate change. Over the years I had made choices in my personal life in an effort to try to be "more environmentally friendly". I had also spent a number of years volunteering with a charity that aims to develop and maintain sustainable, community-based projects that improve the health, education and welfare of vulnerable children overseas, with sustainability at its centre.

Therefore, when I read the advert for the RCPsych Sustainability Scholarships, it felt that all of these things aligned. I applied and I was fortunate enough to be awarded a Sustainability Scholarship. I don't think that before receiving this award I had realised that I could combine so many things that I feel passionately about and call it "work". The sustainability scholarship allowed me to utilise my Special Interest time as a Higher Trainee to grow and develop my passion in planetary health and sustainable healthcare.

As a doctor, I look for an evidence base beneath every surface. And what has become increasingly apparent to me is the growing evidence base that tells us that firstly, climate change is a problem and secondly that we must do something to act now.

The scholarship comes with a bursary that I was able to spend attending courses at the Centre for Sustainable Healthcare, such as The Introduction to Sustainable Healthcare and the Green Space and Health. I have endeavoured to share this knowledge with my colleagues working within mental health services here in Wales by attending meetings, delivering teaching sessions, and simply just trying to start conversations.

This opportunity to gain knowledge is what has really empowered me and given me the confidence to start these conversations about planetary health with my friends, family and colleagues. Beyond the scholarship year, I was invited to speak at the RCPsych in Wales conference on Sustainability, Climate Change and Mental Health. This has led to membership of the Cross-Party Group for Climate, Nature and Wellbeing. My work with the College is ongoing: I am a member of the RCPsych Planetary Health and Sustainability Committee and the EcoCAMHS group.

Do I often feel that I am not doing enough? Of course I do! Part of this experience has also included managing my own "eco-distress". I have found that connecting with nature has been helpful to do this. Also, the reminder of the difference that one person can make cannot be overstated.

Lockdown picture 2

We can all do things that make a difference. Changes that start small can become bigger. Starting these conversations has a ripple effect and more people will start making their differences too…

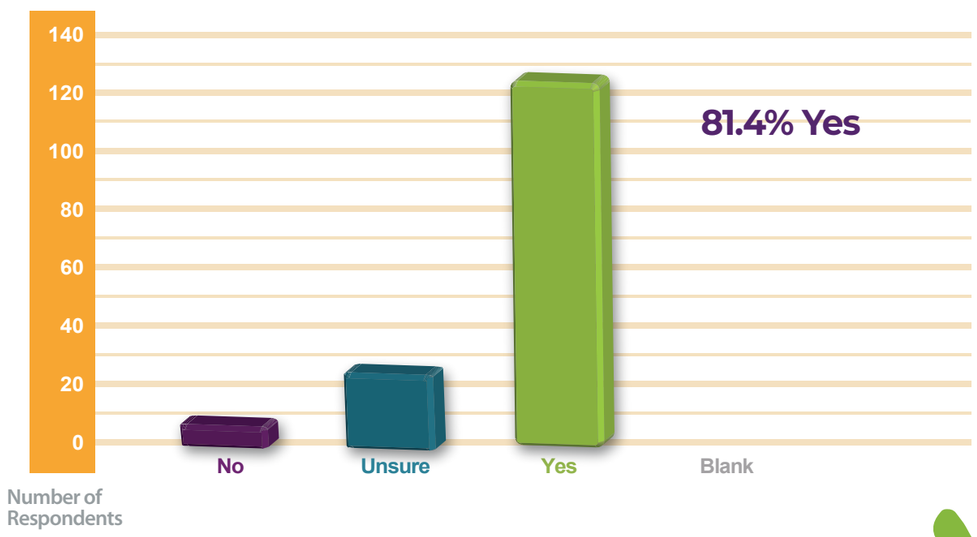
As part of my sustainability scholarship, I conducted a survey on behalf of EcoCAMHS in January 2021. All members of the child and adolescent faculty were invited to participate in the study. The results revealed that 90% of respondents were worried about the eco-crisis and had made changes in their personal lives to help reduce the impact of their lifestyle. However, what was apparent was that although child and adolescent psychiatrists felt that there is a problem, and many of them wanted to help address the problem, they were unsure exactly what they could do about it, particularly in the context of making changes at work.

This feeling resonated with me deeply, because it was exactly how I had felt prior to 2020 and receiving the RCPsych Sustainability Scholarship. Encouragingly, over 80% of the survey respondents agreed that as clinicians we have a role in assisting the NHS to reduce its impact, particularly as we often find ourselves in leadership roles that therefore give us opportunities to facilitate change (see Graph 1).

The NHS is the UK's biggest public greenhouse gas emitter, responsible for approximately 5% of all UK environmental emissions – in Wales in 2018/19 NHS Wales had a carbon footprint of approximately one million carbon dioxide equivalents representing around 2.6% of Wales's total greenhouse gas emissions. We need to reduce NHS Wales' carbon footprint to net zero by 2030, whilst also protecting the organisation that we know and love, and that is vulnerable due to the increasing demands and constraints that have been placed upon it, the COVID-19 pandemic to name but one.

It sounds like a tall order, but this is where the principles of sustainable healthcare come in. There are four principles to sustainable healthcare, and we need to place these at the centre of everything that we do, including within quality improvement projects: [1] Prevention, [2] Patient Self-care, [3] Lean Service Delivery, and [4] Low Carbon Alternatives. These are reflected within the RCPsych Top Ten Tips for Practicing Psychiatry Sustainably, which are also available in Welsh. SusQI is designed to embed sustainability into the already existing QI frameworks, so considering not only the social and economic impacts of change, but also the environmental.

Graph 1:
Do you agree that CAMHS clinicians have a role to play in assisting the NHS (or the organization that you work for) in reducing the impact of the eco crisis?



If we can make these changes at work, within mental health services, then we can help to reduce that huge carbon footprint. We also make a much greater impact than all of the smaller changes that we can make at home in our personal lives. The inextricable relationship between climate, nature and well-being means that by promoting use of green spaces and time spent in nature, we are going to see benefits across all three.

There are so many ways that people can become more involved. You could reach out to networks within the College, such as the RCPsych Planetary Health and Sustainability Committee or EcoCAMHS, you could contact the Sustainability Champion within your Faculty or Division. You could find out what Green NHS initiatives are local to you – many hospitals have a "Green Group" – or you could write to your CEO to find out what their Green Plan is. The possibilities are endless, but please do not feel overwhelmed. Just start that conversation with someone, today. Start small and achievable.

If you are a Higher Psychiatry Trainee, then you might want to consider applying for a 2023 RCPsych Sustainability Scholarship. I would highly recommend that you do. For me, the RCPsych Sustainability Scholarship has been a springboard to so many further opportunities, including trying to make a difference, which is, after all, the reason why I became a doctor in the first place. I will be forever grateful for this opportunity that the College has afforded me and the inspirational people that I have met and continue to learn from.

Lockdown picture 3

How to find out more and get involved

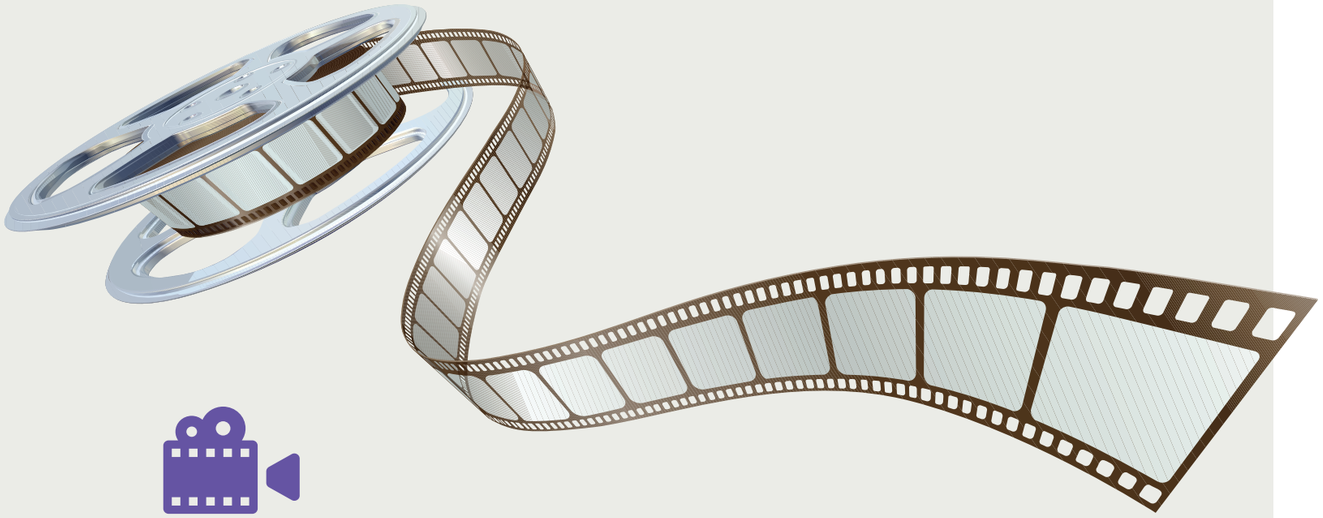
TrOn Trainees Online

Read RCPsych Position Statement on our planets climate and ecological emergency
Join Psych Susnet.

Keep up to date with the UK Health Alliance on Climate Change.

Look out for opportunities to become a Sustainability Scholar.

https://www.rcpsych.ac.uk/improving-care/working-sustainably/about-sustainability-in-mental-health-care



A Movie Analysis from a Psychiatric Perspective:
The Professor and the Madman

Dr Süreyya Melike Toparlak, Locum Appointment for Service (LAS) in Psychiatry at Oxford Health NHS Foundation Trust.

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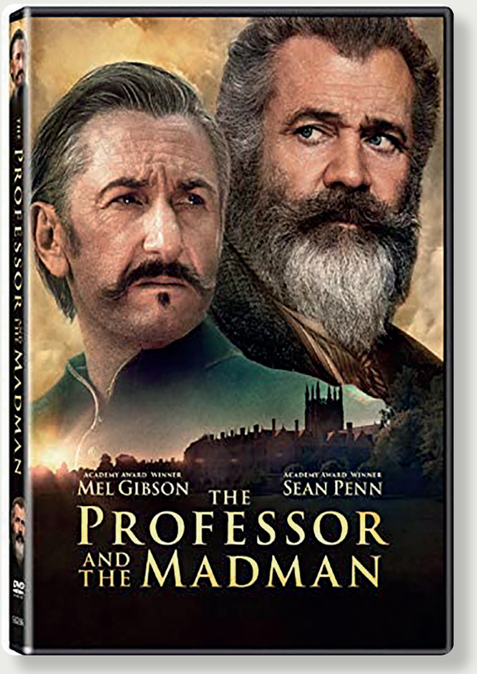

Dr Süreyya Melike Toparlak is an International Medical Graduate who is deeply passionate about Psychiatry. She has a keen interest in poetry and music. She aims to harness the healing power of art to reduce the stigma around mental health, as well as to treat mental illnesses. The Professor and the Madman film was released in 2019 and is based on the book of the same title by New York Times best-selling author Simon Winchester. It is a true story about the writing process behind the Oxford English Dictionary. The director Simon Winchester is a British geologist, who worked in different parts of the world; from the mountains of Africa to petrol platforms in the North Sea. He also worked as a journalist before he started to write books.

The first title of his book was, 'The Surgeon of Crowthorne', named after the character, who suffered from mental illness. However, following advice from his producers, the name of the book was changed to 'The Professor and the Madman'. This is misleading because, as the author himself states, the 'professor' in real life, to whom the book is refers, not even a university graduate.

Dr William Chestor Minor is one of the main characters in the movie. He was an Army Surgeon who graduated from Yale Medical School with a medical degree and expertise in comparative anatomy. He served in the army during the Civil War and suffered from paranoid schizophrenia, which was diagnosed in 1910, 42 years after his symptoms first emerged.

After having shot a man under the influence of paranoid delusions, he was admitted to Broadmoor Hospital in London. Dr Minor suffered from delusions in which he was taken away to other places during the night and forced to commit sexual assaults on children. As a result of that, he performed an auto-amputation of his penis with a knife at the hospital. Earlier in his life, Dr Minor was commanded to mutilate an Irish soldier by branding the letter 'D', for deserter, on his face. His hallucinations later in life appear to stem from this traumatic incident. Peach et al. highlight the importance of past traumatic events on the genesis of hallucinatory delusions[1].

In the Victorian era - 'the era of national self-confidence' - an English dictionary was born. The editor of the Oxford English Dictionary, James Murray, led a fascinating life and wasn't, how shall we put it, 'born with a silver spoon in his mouth'. Indeed, James had to leave school at the age of fourteen due to economic challenges in his family. This, however, did not diminish his intellectual and linguistic prowess. James is an autodidact, who speaks many languages including old languages such as Aramaic and Coptic.

Dr Minor responded to an invitation to work on the dictionary project. James Murray acknowledged Dr Minor's vital contributions to the Oxford English Dictionary.

Dr Minor was a patient, a doctor, an army surgeon, a researcher, and a great contributor to the Oxford English Dictionary. He was all these things. Sometimes it seems easy to 'label people', especially if we do not have enough time or interest to get to know them more in the hospital environment. Thus, we need to be mindful of the words we use as healthcare professionals because they do not only reflect our thoughts and perceptions but also shape the public's way of thinking. Using pejorative words such as 'schizophrenic', 'mental', 'crazy' - especially in an undermining and derogatory way - makes us ignore other wonderful aspects of their identity. Our patients are much more than their illnesses. This needs to be kept in mind whenever we are in contact with people with mental health difficulties.

Despite successful anti-stigma campaigns in the last few decades, we need to work more on reducing the stigma around mental health. When we interact with people, the focus should be on a person's whole self rather than just on their mental illness. Revealing and valuing others' talents, skills and contributions will help to reduce the stigma towards people with mental disorders. The Professor and the Madman provides us with a precious insight into the heart and mind of a person who is 'more than just a mental disorder' and that is, in my opinion, a powerful way to combat negative stereotypes and caricatures.

References

*[1] Peach, N., Alvarez-Jimenez, M., Cropper, S. J., Sun, P., Halpin, E., O'Connell, J., & Bendall, S. (2021). Trauma and the content of hallucinations and post-traumatic intrusions in first-episode psychosis. Psychology and psychotherapy, 94 Suppl 2, 223–241. https://doi.org/10.1111/papt.12273

MRCPsych Revision Box TrOn Trainees Online

Question 2: Match the medication/treatment:

Camphor-induced seizures, ECT, Lithium, Iproniazid & Reserpine, Psychosurgery, Chlorpromazine (synthesis), Imipramine, Haloperidol, Clozapine, Insulin Coma Surgery, Malaria Treatment for Neurosyphilis, Chlorpromazine (treatment for psychosis).

Question 2: To the people associated with them:

John Cade, Nathan Kline, Ugo Cerletti and Lucio Bini, Paul Charpentier, Jean Delay and Pierre Deniker, Paul Janssen, John Kane, Nathan Kline, Roland Kuhn, Ladislas Meduna, Egas Moniz, Manfred Sakel, Julius Waner- Jauregg.

Dr Amer Siddiq

My #Choosepsychiatry Journey
from Malaysia with Love…

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"Show me a successful individual and I'll show you someone who had real positive influences in his or her life. I don't care what you do for a living – if you do it well, I'm sure there was someone cheering you on or showing the way. A mentor."

– Denzel Washington

I have always believed that whatever success you achieve is not entirely a result of your own effort but also the effort of a mentor who guided you at the start towards that moment where you are finally "standing on your own two feet", after which success is also shaped by the team that you belong to or eventually lead. 'No man is an island...'; so has my own personal journey in psychiatry ever been.

I don't know about you, but I never really intended at the very start of medical school to #choosepsychiatry. However, it was the psychiatrists in my medical school who inspired me to consider psychiatry as an option upon graduation. My eventual decision to sub-specialise in addiction psychiatry, too, was influenced heavily by my Head of Department at the time who is also, I believe, the 'Father of Modern Psychiatry in Malaysia' – Professor Dr Mohamad Hussain Habil. After taking the plunge and #choosingpsychiatry as my career, I have never, for a moment, regretted my decision.

My first exposure to psychiatry was through an interview of a patient by Dr David Menkes in Otago University, New Zealand in 1996. This was in my first year when the medical school had just adopted a new system – Problem Based Learning (PBL), which is mainstream now in most if not all medical schools globally. The session had a patient being interviewed by a psychiatrist and I can still recall the skill of our colleague, which to me, was completely mesmerising. Dr Menkes not only managed to elicit the psychopathologies for us to learn but he did this in a very humane and respectful manner. This positive moment stayed in my memory banks for a while.

In my 3rd year of medical school, there was a program where we spent a day with a doctor and I was attached to a psychiatrist, Dr James Lehman, whom I was reacquainted with in my 5th and 6th years of medical school. He was the epitome of cool and being an impressionable young

CHOOSE PSYCHIATRY

medical student from Southeast Asia, I had never met a doctor like him – ponytail, suit, Alfa Romeo convertible and a psychotherapist specialising in personality disorders! I recall him being extremely knowledgeable, supportive in my interest in psychiatry by providing me cases to see and more importantly including me in his rounds and case discussions. I remember poring over books and the latest articles of the cases I was seeing to impress him and his team.

After graduation, I returned home and started to serve the Malaysian Ministry of Health. By this time my interest in psychiatry had deepened. I presented cases on psychiatry in various House Officer rotations and eventually joined the Department of Psychiatry as a Registered Medical Officer. Here I developed the skills to become a Psychiatric Medical Officer but also felt a certain gap; I aspired to not only serve but was also keen to make a difference by teaching and/or conducting research. I was then introduced to Professor Hussain who took me into his department in Universiti Malaya (UM) where I started my career in academic psychiatry as a Trainee Lecturer and which is where I work today as a Professor. It was in UM that I honed my skills through our structured specialist program and eventually became a psychiatrist in 2009.

There were many fond memories of my time in training under the leadership of Professor Hussain but the one I recall the most was when I was on-call and he would come late into the night to see our patients and made sure that they were comfortable and dignified in the wards. By dignified, I remember seeing a patient without slippers and he made sure they had a pair on, for those that require acute intervention due to their illness, that they were placed comfortably in bed so as not to scare their family should they visit; above and beyond ensuring each and every patient admitted, no matter how unwell, would be treated with compassion.

A year later I decided to further my studies and took up a PhD in my alma mater under the supervision and mentorship of another eminent addiction psychiatrist – Professor Dr Doug Sellman. It was he who continued my education in academic psychiatry by training me in research leadership, advocacy and continuing the 'Grand Fight' (Professor Sellman was very active in advocacy on alcohol addiction in New Zealand at the time).

On my return to Malaysia, I have strived to continuously pay forward what I have learnt from these eminent psychiatrists who have since retired and supported other younger colleagues in the profession. Moreover, I have also decided to contribute my time and expertise in advocating for mental health practices and support in Malaysia, apart from lending my voice and energy to make changes in our field. These efforts have not gone unnoticed, and I was not only recognised as one of 8 mental health advocates to watch but awarded for my contribution in promoting mental health in the country by Tatler Magazine. This has encouraged me to push even harder to help improve care for people struggling with mental illness and eventually starting a Non-Governmental Organisation – Care Warriors Association – to increase awareness in mental health issues and suicide prevention as well as reducing stigma.

I continue to teach and conduct research in mental health and mental illness, particularly on addiction where I led one of the most active nicotine addiction research groups in the country before passing the leadership to my colleague, Associate Professor Dr Anne Yee. I find myself now more involved in mentoring likeminded colleagues in various aspects of academic psychiatry and hopefully inspiring even more junior colleagues to join our ranks.

Despite my heavy academic involvement, I still continue to provide care to people living with mental illness in both Universiti Malaya Medical Centre and Universiti Malaya Specialist Centre. I believe that, as psychiatrists, we must assist our patients and deliver high quality care informed by the latest research and evidence base. Most importantly, the care we provide must be humane.

I hope my story will encourage you to be the best version of yourself personally and professionally and to continuously strive to serve our patients with care and compassion. I also hope that senior colleagues will make it their life mission to help junior colleagues on their journeys towards becoming psychiatrists so that together we build strength within and across each other and facilitate all efforts in providing care to people living with mental illness.

Research indicates that one way to be happy is to find work that is meaningful. I cannot imagine anything else more rewarding than to be able to understand and help persons who often face neglect and stigma and assist them back to full functional health with the technology and knowledge at our disposal.

Life is a cycle. One day we will all grow old, and we might need the help and assistance of colleagues in the field. Let's be able to engage with each other across the barriers of age and time and no matter where in the world we are, in hopes that with training and mentoring done well, we would be able to reap our collective rewards later.

Dr Ahmed Hankir and Dr Jon Goldin FRCPsych

The Registrar's Profile Series:

Interview with Dr Jon Goldin FRCPsych, Consultant Child and Adolescent Psychiatrist at Great Ormond Street Hospital and Royal College of Psychiatrists Lead for Parliamentary Engagement

Dr Ahmed Hankir, Academic Clinical Fellow in Psychiatry, South London and Maudsley NHS Foundation Trust.

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Not too long ago I decided to embrace my vulnerability and share on social media that I was going through a tough time. I was humbled and touched by the outpouring of support I received. There was one person in particular, however, who made such a huge difference. That person reached out to me and suggested that we meet up for a meal and so we did at a Persian Restaurant in Central London. I feel that was the moment that transformed my approach to my situation. Since then, life has been beautiful and a factor contributing to that was the person who reached out to me. That inspirational person is Dr Jon Goldin. So, I met up with Dr Goldin in a café in Belsize Park in North London to learn more about the person behind the professional and how he became the caring and compassionate person he did.

AH: Thank you Dr Goldin for accepting my request to be interviewed for the Congress Issue of The Registrar at such short notice. Can you start off by telling us about your professional roles?

JG: Thanks for inviting me, Ahmed. I am a Consultant Child and Adolescent Psychiatrist. I work at Great Ormond Street Hospital. I have worked there for nearly 20 years as a Consultant. I work on the Mildred Creak Unit and that is an inpatient unit for children with severe and complex mental health difficulties. We take age 17- to 14-year-olds - we have a great team and I think we do really valuable and important work, helping to turn around the lives of the young people we work with.

AH: Wonderful. So that is your clinical role. One of the many reasons I wanted to interview you was about your role in supporting trainees. I understand you were also a Training Programme Director?

JG: I have just stepped down from being a Training Programme Director which I did for 10 years. So, I was the Joint TPD of the Great Ormond Street and Royal London Higher Training Scheme in Child and Adolescent Psychiatry. After 10 years it was time to pass on the baton! I really enjoyed that role and I really enjoy supporting trainees. They are the future of our profession. We have had some fantastic trainees over the years. I was also Joint Head of the Department of Child and Adolescent Mental Health and then we changed the name to Psychological and Mental Health Services.So, I did that for a few years, but I've recently stood down from that role so that I can focus more on clinical work. I also had a role at the Royal College of Psychiatrists. I was the Vice-Chair of the Child and Adolescent Psychiatry Faculty for four years. I am currently the College Lead for Parliamentary Engagement, which I have been doing for several years.

AH: This might seem unexpected but that might be a good thing! You've been a CAMHS Consultant for almost 20 years. Are there any moments in your clinical career that stand out from the rest?

JG: There are some unforgettable traumatic moments if I am honest. There are also plenty of happy memories. Let us talk about happy and not so happy memories. There is one memory related to what made me want to go into Child Psychiatry. I was doing Paediatrics. I was an SHO in Manchester, which is where we both went to medical school! I remember one of the first child psychiatrists I ever met was when I was an SHO in paediatrics. I loved the way she worked! She was engaging this boy who had this problem of leaving faeces around the house, behind the sofa, in the living room, in different places. On the face of it you may feel that is a rather disgusting symptom and I think the boy felt quite repulsive to other people in some ways. I really remember as a junior doctor the empathic way that she interviewed this boy and his family. The sensitive way she gained his trust and listened to him and how she tried her best to understand why he was doing this. I feel he was probably trying to draw attention to the stress and trauma he experienced in a way. This boy responded to her in a way as if he believed this is someone who wants to listen to me and understand me and I was really moved by that. I just remember feeling the way she managed this assessment was something that I wanted to emulate. I was so fascinated by the way she was working it made me feel like this is the kind of work that I wanted to do in the future. By the end of the interview, there was a feeling of hope and possibility of change in the boy and that life could improve for him and that was very moving to see that. In fact, I remember having tears in my eyes, that is how moving it was. It was one of the experiences that confirmed that I wanted to work in child mental health. I enjoyed paediatrics but I was more interested in speaking with the children for longer periods of time and getting to know them. I was really more interested in engaging with the young person. Getting their history, their background, their worries, things that were concerning them. So, Child and Adolescent Mental Health seemed like the right thing for me. If you can intervene early, you can make a big difference in a person's future lifespan by preventing adult mental health difficulties.

MRCPsych Revision Resources

TrOn Trainees Online

Did you know there are a number of resources, which are included with your membership, to help you revise for your MRCPsych?

TrOn is a fantastic resource focussed on Paper A, complete with notes and practice questions. TrOn has recently been updated onto a new platform which is easy to use. Please take a look.

As part of your membership you have access to the RCPsych library. Did you know you can borrow books for CASC such as the 'Maudsley Trainees' Guide to CASC',

Have you visited the exams page on the website? There is a lot of information about how to prepare for your exam. If you are preparing for CASC, don't forget to watch the sample videos.

AH: What role does trauma play? Adverse child experiences, neglect, things like that?

JG: They play a very big role. You work in adult psychiatry, and I am sure you are aware that most adult psychiatric patients or a very large percentage have a history of trauma in one form or another. I think it is important to try to understand that trauma and help the patient to try to understand that trauma and work through it rather than give them an immutable label that may well disturb them. I am quite optimistic, and I think Child Psychiatry is an area one can be optimistic. One of the things that I love about Child and Adolescent Psychiatry is that they have development on their side. Even if there is trauma or difficult challenges that they face, with the right help and support they can get better. They can improve and you can hopefully break the intergenerational cycle of trauma and abuse and things being transmitted down for generations, which can happen in families. If you can intervene you can really turn that around. So that is one of the reasons why I am passionate about child mental health.

AH: That is fascinating, and I am sure we can talk for a lot longer about this. But you also mentioned there was a not so positive experience. Can you tell us more about that?

JG: Yes. I did have a patient as a trainee who tragically died by suicide. This was when I was an SpR in CAMHS. We had a very robust care plan in place however despite this, the suicide occurred. It was extremely upsetting for everyone, especially the family members. It was a very intense experience for all involved, including mental healthcare providers. It was absolutely tragic. It was devastating for the family. It was very traumatic for the family but also very traumatic for me. I did everything I could to comfort and support the family. I remember saying to one of the teenage children that this is a nightmare, I am so sorry this happened. It resulted in a Coroner's Inquest. The coroner said we did everything we should have done and there was no blame attached to us but obviously it was a very anxiety provoking and difficult and challenging time for several weeks and months after that for me professionally. One always wonders, could I have done something differently? I think that is a very common feeling amongst psychiatrists. Fortunately, I had support from friends and colleagues and my supervisor at the time.

AH: That does sound extremely challenging and difficult. I am so sorry you experienced it. How did you cope?

JG: One of the things I think that is important to share about the experience is that it takes a long time for the process to unfold so that is a challenge. The Coroner's Hearing was a few months later. The uncertainty is difficult to deal with. I suppose I was worried that I might be criticised that I did something wrong. But I went over it many, many times in my head and I spoke about it with colleagues and the general feeling was that we did what we should have done. There is a saying that the 'retrospectoscope' is the most powerful diagnostic instrument in medicine. Looking back on things with the benefit of hindsight. I was in therapy at the time and my therapist helped me a lot. I had very good supervision and my supervisor helped me. I was working at the Tavistock Clinic. There was a senior clinician who specialised in suicide and psychiatrists who had patients who tragically killed themselves. I went and spoke to him, and he was very helpful and supportive and I also had a Balint Group with my peers and we talked about it together. I was not the only one who had this kind of experience and once you start talking about it, other people start talking about it a bit more. Traumas they faced in their clinical work at times. In a way it opened up the possibility for support, understanding, learning. These support networks are absolutely crucial in psychiatry. Things could have turned out a lot worse for me without one. We are not robots. We are not automatons. We are human beings. We get stressed. We get depressed. We get worried. We get anxious as psychiatrists. The defences can kick in and you can get very detached. Some people can seemingly be unaffected on the surface at least, they can get like that. They can get burnt out. They can be too detached. As a psychiatrist you don't want to get overly anxious or panic every time someone tells you they are suicidal. On the other hand, you don't want to be so detached that you are not affected by it. So, there is a kind of balance to be struck there. The best psychiatrists are able to find that balance between empathising and being affected by their patients' experiences but not being overly affected so that they can't do their job sufficiently or effectively. You have to have ways of coping. One of them is to have a support network that we have already talked about. For me other ways of coping are exercise and looking after yourself. Sleeping well and taking care of yourself. Having friends and family around you that can support you. People you can confide in. People you can trust. You don't need to talk about your most challenging moments with everyone but one or two key people in your life who you can talk to can make a huge difference and personal therapy can be very valuable in my experience for doctors across all grades from young trainees to experienced consultants. When you are training and working in psychiatry you yourself are the therapeutic instrument in a way. We prescribe medication, judiciously I would hope as psychiatrists, but we are also giving of ourselves and our therapeutic approach, our therapeutic attitude, how we interact with our patients and how we listen to them is so key to how we do our jobs. We need to understand ourselves well which can help us to understand our patients. When we understand our own weaknesses, our own challenges, things we find difficult, it helps us understand our patients better because we can see things in our patients that we see in ourselves. A lot of people think therapy is just for healing psychological wounds. That is not necessarily the case. We can develop a deeper and better understanding of ourselves through therapy.

AH: You really inspire me in your capacity as a mentor. I always feel dignified in your presence. I always feel valued and empowered. How do you do it?

JG: I am glad you feel that way Ahmed. I am interested in people. I enjoy getting to know people. I have enjoyed meeting you and getting to know you since we first met. I love listening to people and hearing their stories. I think you have a fascinating story. I first heard about it via social media and Twitter and then to meet you in person at the 2016 Royal College of Psychiatrists' Congress in London was even better. I remember hearing you give a talk, and I entered the room and listened and you nodded and waved at me. We had never really spoken but we had communicated via Twitter and that was really pleasant. It was quite a large audience, but you still noticed me and I think that reveals your capacity to connect with people Ahmed which hopefully all of us as psychiatrists should have.

AH: I must interject and thank you Dr Goldin for your kind words! You also said something very insightful I feel. You said you enjoy talking to people and hearing their stories. You didn't say trainees. You said people. With the term trainee there is almost the connotation of hierarchy. I don't feel or sense that with you in the slightest.

JG: I vividly remember being a trainee myself. The hierarchies can be a bit disconnecting. Of course, one should respect experience and knowledge and so on, which is what I do and hopefully what others do too, but I am always interested in people as people. I certainly try not to place myself on a pedestal and put myself above anyone else or indeed below anyone else. We are all human beings. Hopefully we can respect each other and get the best from each other. We've all got our challenges in our lives. I think a basic characteristic as a psychiatrist is to respect people. To listen and to try to understand people and empathise and making yourself emotionally available when providing pastoral support.

AH: That is one of the reasons I feel so inspired by you Dr Goldin! When I was experiencing some challenges, you reached out to me. You recognised that I needed someone to reach out to me and you made yourself available. I wanted to mention that.

JG: Thank you Ahmed. I have had challenges and traumas in my own life, so I know what it is like to go through. I know what it is like to go through difficult times, and I draw on that. When people have been supportive and helpful to me, I have appreciated it. It is kind of why we were put on this planet in a way. To make this place better, to do your little bit in this crazy world we live in!

AH: No pun intended! Is it fair to say that your lived experience of trauma has made you more empathetic?

JG: Yes, I would say so. I have been on a journey like everyone has and we remain on that journey. Another thing that happened to me is I made a big mistake when I was a junior doctor at one point with a patient. Up until that point, I didn't think I would be the type of person to make that kind of mistake. Making the mistake, fortunately not leading to any disastrous consequences, but knowing that I was very human and very fallible. I was very tired, and it was late on a Sunday night having been on-call for 48 hours. That stark example of my own fallibility reminded me to err is human. We all make mistakes. None of us is perfect. We may be under the

illusion that we are infallible and even invincible and that is a problem. I might have had some of that myself and maybe I still do. Hubris is something to be cautious and careful about as doctors. It can creep in. That can get in the way of relationships.

We need to be meeting people on an equal level. If you come from a top-down position, people you work with, colleagues, they can feel disempowered. You can't do your job properly. Get rid of the pedestal. Talk to people as equals. That is one of the reasons why I love talking to children. They are so used to people talking down to them. I think they like it when someone is interested in what they have to say and doesn't do that to them. When you are talking to a child literally and physically get on to their level as well as emotionally and in the way you talk – this will help them to feel understood. For many children that is a feeling that they are not used to, having their voice listened to, respected and heard. So that might be a new experience for them to an extent and that is hugely rewarding for me. The work is challenging but it is also incredibly rewarding. If at the end of the day you feel that you have done something good in someone's life and helped them in some way that is a great way of spending your day.

AH: Absolutely. So going back to training, it is like treating trainees like people.

JG: 100 per cent. By the way, I had very good supervision myself. That makes a huge difference. You in a sense internalise your supervisor. I can think of supervisors I've had when I was a trainee who remain internal figures in my mind and models of exemplary leaders and clinicians. I had an excellent TPD and in a way you want to be like the people who you respect and admire. So good practice can be transmitted down the generations. Equally, bad practice can also be passed down. I was reading something this morning about sexism and abuse of power in surgery and that must change. Someone was talking about bad supervision they experienced. So good supervision can have profoundly positive effects on the person receiving it. That is why personal therapy can be so important. You might not necessarily be fully aware of how you are treating someone. The value of therapy is that you can step back from your situation and have a space to really reflect and to think about what is going on and so much goes on in our day-to-day careers never mind our personal lives. So, to have that space is a real gift to yourself in a way and helps you personally and professionally.

AH: I agree with you entirely Dr Goldin. Now to our final item. Public engagement! This is where we really connect, I feel. What drives you about public engagement? Clearly this is something that you are very passionate about. Twice you have been a Finalist for the RCPsych Communicator of the Year Award.

JG: I do feel passionate about it. Things that I feel are important I want to share with other people. We live in a society where mental health difficulties are not given the respect and resources and value that they should. We still don't have parity of esteem with physical health. I and colleagues have been told as medical students you are too clever to want to be a psychiatrist. 'All psychiatrists are crazy'. People coming out with these flippant remarks that are not helpful. Similarly, I remember many years ago the headlines in the tabloids 'bonkers Bruno'. Frank Bruno, a very famous boxer and lovely man as far as I can tell from his media presence, was detained under the Mental Health Act and that was the headline in a major newspaper. It was dreadful. It perpetuates negative stereotypes and caricatures. So, I want to do my little bit to promote mental health and mental health difficulties in a more positive way so that people suffering with schizophrenia or bipolar disorder or struggling with drug and alcohol difficulties, whatever difficulties they may be facing, receive the respect, treatment, care and compassion they deserve. They don't deserve to be stigmatized or looked down on or vilified. So, I want to do my bit to contribute to that process happening. For example, with parity of esteem, I also talk about the importance of integration between physical health services and mental health services rather than separation between the two. Without integration, mental healthcare can seem like a secondary service or a less important one. I want to do my bit to promote the importance of supporting mental healthcare services. So obviously my focus is on CAMHS, but I talk about other services as well in my work with the College. I feel very passionately about investing more in the future of society by supporting young people with mental health difficulties and I have spoken to a lot of politicians about that over the years and I have debated with them about that.

AH: Can you give examples of some of the public engagement work that you did with the media?

JG: Certainly. The first thing I did was back in 2016. I was asked to go on the Today Programme and John Humphries interviewed me. A report had come out from the NSPCC that children who were survivors of abuse of one form or another were not getting the help they needed to deal with this abuse. I was asked to talk about whether the College agreed with that and what should be done about it. I was kind of thrown in at the deep end! I had done very little media work and I found myself on the Today Programme live in front of 7 million people being interviewed about this. I heard about it only the day before and the following morning I was there. It was almost like an out of body experience! Whilst I was doing this, part of me was thinking I can't believe I am doing this right now…I knew about how to manage trauma in children, but I refreshed my memory about certain things to prepare myself for the interview. I spoke with a colleague who is a specialist in the area. You need to prepare as best as you can. I spoke about trauma-focused CBT and the importance of the young child having space to work through their trauma. John Humphries asked me whether there is a case that the memories should be buried and shouldn't be talked about. I wasn't expecting that question. I had to think on my feet. I took a deep breath inwardly and I answered the question explaining why trying to bury these memories is not usually the best approach and that they will continue to influence you in your life and having a space to talk about them and work through them is preferable to trying to pretend that they didn't happen, and I talked a bit about the evidence for that. So, I was able to get through it. I was told afterwards by a senior colleague that the interview was a bit like a Grand Slam Tennis Match! It felt like that kind of pressure. An interview can be a bit like a tennis match, you pass things backwards and forwards in a way and the fact there were 7 million people listening made you feel you are at risk of making a mistake. It was a bit like a Tennis Match in the sense that if you make a mistake, everyone can see it. You feel a bit exposed and vulnerable. But I got through it unscathed, and I felt I did a reasonable job and I received some positive feedback. I feel I managed to explain why children who have a history of abuse should receive the support they need. I was able to do that to quite a large number of people in a way that felt very worthwhile and rewarding. It was an interesting experience. I like challenging myself and that was a challenge. Since then, I have gained a lot more experience in working with the media and it feels a lot easier now.

AH: Thank you so much Dr Goldin for answering that question and for accepting our invitation to be interviewed for The Registrar.

JG: Thank you Ahmed, it has been my pleasure.

MRCPsych Revision **Answers**

TrOn Trainees Online

Answer to Question 1 – C

Osteoporosis secondary to risperidone-induced hyperprolactinaemia results from the known pharmacology of the drug and thus can be classed as a type A ADR. It occurs with chronic administration, leading to chronic prolonged hyperprolactinaemia (type C) and usually presents later in life when physiological reductions in bone density are seen (type D).

You can find out more about adverse drug reactions on the TrOn:
https://mylearning.rcpsych.ac.uk/d2l/home/7535

Answers to Question 2:

Camphor-induced seizures – Ladislas Meduna
ECT – Ugo Cerletti and Lucio Bini
Lithium – John Cade
Iproniazid & reserpine – Nathan Kline
Psychosurgery – Egas Moniz
Chlorpromazine (synthesis) – Paul Charpentier
Imipramine – Roland Kuhn
Haloperidol – Paul Janssen
Clozapine – John Kane
Insulin coma surgery – Manfred Sakel
Malaria treatment for neurosyphilis – Julius Waner-Jauregg
Chlorpromazine (treatment for psychosis) – Jean Delay and Pierre Deniker

You can find out more about the history of psychiatry
https://mylearning.rcpsych.ac.uk/d2l/home/7627