

Information Pack for the Psychotherapy section of the core and general curriculum.

Who is this pack for?

This pack is aimed Trainees from ST1 to ST3 and all those involved in training them.

What is its use?

This pack gives guidance on delivering the revised curriculum

Aim of the Training

To train consultant psychiatrists in all branches of psychiatry who are psychotherapeutically informed, display advanced emotional literacy and can deliver some psychological treatments and interventions.

Key competencies to be acquired.

General

- Account for clinical phenomena in psychological terms
- Deploy advanced communication skills
- Display advanced emotional intelligence in dealings with patients and colleagues and yourself.

Specific.

- Refer appropriately for formal psychotherapies
- Jointly manage patients receiving psychotherapy
- Deliver basic psychotherapeutic treatments and strategies where appropriate

More specific guidance on Competencies can be found in the core and general curriculum and the subspecialty curricula.

Methods for acquiring competencies

In routine clinical practice

Trainees can develop considerable competence in psychotherapeutic approach to routine clinical practice by making a habit of thinking psychologically about the experiences they have and the work they are doing. This process can be enhanced by relevant discussions with educational supervisors; by keeping a reflective diary of psychological aspects of experiences this process can also be helpful for developing emotional intelligence. Some trainees may also wish to consider receiving personal psychotherapy to enhance their capacities for emotional intelligence including tolerance of distress and anger, acknowledgement and control of vengeful or amorous feelings towards patients' capacities for tolerating mixed emotions about clinical or professional interpersonal situations. Communication skills

can be obtained and enhanced by interviewing patients in a range of settings and patients who display a range of behaviours – for example unpredictable emotional arousal. Videotaping or audio taping interviews and soliciting feedback is a powerful method of improving skills as is soliciting (where appropriate) the views of patients and carers on performance.

A key method of acquiring all three kinds of skill is attending a case based discussion group lead by a mental health worker with specific psychotherapy expertise. Each training scheme should have one of these running as a priority. The attendance, experience and training of trainees who attend case based discussion groups can be evaluated and documented using the case based discussion group assessment form.

Through academic study.

Psychological approaches are well theorised and there is a large amount of potential reading trainees could undertake. A list of basic texts as well as recommendations for a considerable amount of potential further reading can be found at www.therapywiki.org

Trainees should aim to keep up with the research literature in psychotherapy by consulting relevant articles in the major journals.

Trainees can also attend relevant conferences including, for example the psychotherapy institute day of the Annual General Meeting and the conference of the psychotherapy faculty.

By undertaking specific training experiences.

Treating patients is the only reliable way to acquire skills in delivering psychotherapies. The long case also helps in learning how to deal with difficult or complicated emotional entanglements that grow up between patients and doctors over longer term relationships of the sort trainees can expect once they are appointed as consultants. Trainees should be encouraged to treat a number of psychotherapy cases during their training by the end of their ST 3 year trainees should be able to demonstrate experience of and competency in using at least two modalities of treatment and at least two durations of input. Undertaking psychotherapeutic treatments requires releasing trainees for a specific amount of time on a regular basis. Trainees should be helped to make their treatment hour free of interruptions and regular. Trainees should be asked to see appropriately selected and competently supervised training cases. Trainees should also be helped to attend appropriate supervision on a regular basis and the clinical governance implications of a failure to do this should be understood as a serious matter by all involved in the training enterprise.

Possible Methods for assessing competencies.

Log book

Competencies acquired and the evidence of their acquisition should be recorded in an appropriately structured and accurately maintained log book. Evidence of attainment of the competencies will be required in order to complete the ARCP process.

Workplace based assessments of psychotherapy experience

Trainees will be expected to submit some workplace based assessments in psychotherapy. As a bare minimum trainees will be expected by the end of their second year to present evidence of having attended a case based discussion group for at least a year. Evidence for satisfactory attendance and participation can be provided by using the case based discussion group assessment form and procedure included as an appendix to this document. By the end of their second year trainees will be expected to be able to present evidence of a completed case (satisfactory completion of a case can be validated by presentation of a completed SAPE form which is included in the appendix to this document). At the end of the third year trainees should present to their ARCP evidence of completion of a second case which should be in a different modality than the first case and be of a different duration to the first evidence for this can be provided by submission of a completed SAPE.

The exam.

The theoretical and the clinical sections of the examination will contain questions on psychotherapy. The psychotherapy syllabus for the exam has been modernised and revised and is reproduced below (appendix document 3) for information.

Suggested Minimum Requirements for demonstrating acquisition of the competencies at ST3 level.

- 1 Complete a psychotherapy WPBA.
- 2 Attend a minimum of 30 case based discussion groups over 2 years
- 3 Undertake two psychotherapy cases in two modalities and over two durations between years St1 and St3

Organising Case Based Discussion Groups.

Case based discussion groups are a core feature of early training in psychotherapeutic approach to psychiatry. They involve regular weekly meetings of approximately 3-8 trainees and should last between one and one and a half hours. The meetings should be organised to ensure consistency of attendance and trainees should be asked to sign a register of attendance. The task of the meeting is to discuss the clinical work of the trainees from a psychotherapeutic perspective paying, therefore, particular attention to the emotional and cognitive aspects of assessment and management of psychiatric patients in whatever setting the trainee comes from. Trainees should be encouraged to share their feelings and thoughts openly and not to present their cases in a formal or stilted manner. Most trainees should attend the group for about one year. Towards the end of this time or, in a separate forum, trainees could be offered the chance to structure their case presentation and discussion around the format of a psychological formulation.

Case based discussion group leaders need high level skills in a range of areas which include knowledge of a range of psychotherapeutic and psychological approaches, experience of teaching in groups, an understanding of NHS working practices and of typical NHS patients.

Because they provide an opportunity to see most trainees within a scheme at an early stage in their development as psychiatrists scheme psychotherapy tutors within schemes may choose to run these groups personally.

Organising Formal therapy experience

Experience in formal therapies is essential for learning how to deliver basic treatments. Formal psychotherapies may be conducted in any of a range of different modalities that include CBT, Psychodynamic psychotherapy, Family and systemic therapy and supportive, motivational or psychoeducational interventions.

Patients allocated to trainees should be appropriate in terms of level of difficulty and should have been properly assessed. Trainees need appropriate supervision. Supervisors should have been selected by the psychotherapy tutor. They need not be medically qualified but they should possess appropriate skills and qualifications both in the modality of therapy supervised and in teaching and supervision. Supervisors who are not medical educators will need support and training in the use of structured feedback tools. Trainers and tutors will need to give thought to dealing with therapies which are not completed and appropriate arrangements should be in place to deal with unforeseen events such as illness on the part of the trainee.

Involvement of users and carers in education.

Users and carers can provide exceptionally valuable insights into the experience of mental illness and into helpful and harmful interventions. Tutors and scheme organisers should give careful thought to intelligent involvement of users and carers both in teaching and in evaluation. However particular care is needed in relation to psychotherapy where the nature of the relationship between therapist and patient can be important to successful treatment and sensitive to disruption.

Advice for trainees

Educational attainment remains the primary responsibility of the trainee. The task of obtaining and profiting from relevant experience in psychotherapy therefore must rest principally in the trainee's hands. It is, of course possible, to seek to avoid or minimise involvement with this area of training or, more commonly, by failing to make it a priority to neglect and ignore it. No good trainee who intends to become a competent psychiatrist would be wise to do this. Obtaining a good training in this area involves drawing on a wide range of resources in your organisation and finding out about them may not be entirely easy. Early discussion with the scheme psychotherapy tutor is advisable because they are most likely to be aware of the resources available.

Advice for Psychotherapy Tutors and Scheme organisers.

Psychotherapy tutors and scheme organisers should take joint responsibility for the provision of appropriate training experiences for trainees. This will include ensuring that educational supervisors are reminded about and supported in their task of developing the trainee's competencies in a psychotherapeutic approach to routine clinical practice. It should include advising and supporting trainees in their learning by meeting with them either individually or on a group basis to review progress. Ensuring that there are appropriate opportunities for supervised case work will normally not mean delivering all the supervision in person but is much more likely to involve the orchestration and assistance of a range of medical and non medical mental health professionals with expertise in this area. For many of these supervisors support, training and help with areas of medical practice, the medical curriculum, the use of new assessment tools or the giving of accurate and valid feedback on trainees' performance will be needed. A job description for the post of psychotherapy tutor is attached as an appendix to this document.

Advice for schools of psychiatry.

Schools of psychiatry will set down local criteria and guidelines for the schemes under their control. They should ensure that each scheme has an appropriately qualified psychotherapy tutor where these are in post the role will often fall to a local consultant psychotherapist or a consultant psychiatrist with a special interest in psychotherapy. Where there are many schemes administered by one school it may be helpful to support the formation of a subcommittee of psychotherapy tutors from the scheme and making the chair of this committee a member of the school's central decision making structure and someone appointed by the school. Schools should also give thought to the role of and their relationship to the regional representative for psychotherapy. In some situations it may be sensible that this person should chair the suggested subcommittee of scheme psychotherapy tutors in others it may be appropriate for the regional representative to be a separate individual.

Supporting documents -

- 1 SAPE (Supervisor's Assessment of Psychotherapy Expertise)
- 2 Instructions for presenting evidence of satisfactory attendance at a Case Based Discussion Group (CBD) and the relevant assessment form
- 3 Revised psychotherapy syllabus for the membership exam
- 4 Job description for the psychotherapy tutor role

