"Clear, practical, instructive, and cut through the mystery that often accompanies psychodynamic teaching..."

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(The authors have no conflicts of interest to declare, no external body provided any funding for this project, and ethics approval was not required)

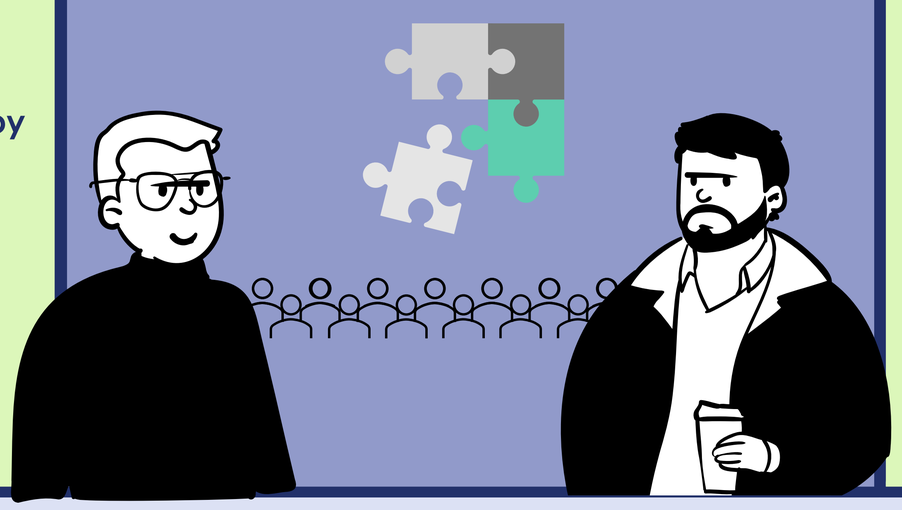
Introduction and Methods: Our local Psychodynamic teaching programme for Core Psychiatry Trainees, previously consisting solely of paper discussion, received repeated feedback requesting more applied learning. Trainees expressed feeling underprepared for the practical side of starting a long case. Based on their feedback, we designed and implemented six new seminars (monthly, open to CT1-CT3 trainees, 10 to 20 attendees each), involving a combination of interactive lectures, case discussions and simulated scenarios. These aimed to illustrate concepts within their clinical contexts, in order to begin to demystify the processes involved in delivering psychodynamic psychotherapy for the first time. Further details on the seminar topics covered, format for the sessions, teaching methods selected, and the pedagogical approaches employed can be found in the boxes below. We used a mixed methods approach to evaluate this teaching intervention, with post-session feedback questionnaires (n = 50 responses across the series), containing Likert scale and free text questions. These explored trainee perceptions of teaching efficacy and their changing confidence levels.

Seminar Topics Covered

- **Introduction to Psychodynamic Psychotherapy**
- **The Therapeutic Stance**
- **The Therapeutic Relationship**
- **Transference and Countertransference**
- **Formulation and Case Examples**
- **Types of Acting Out/Challenges to the Frame**
- **Breaks and Endings**

General Format for Seminars and Teaching Methods Used

- **Introductory didactic teaching of key concepts**
- **Video examples of realistic therapy interactions**
- **Group case-based discussions, with practice of psychodynamic formulation**
- **Clear ground rules to aid psychological safety**
- **Roleplays with Simulated Patients who have specialist experience/training in portraying mental health disorders**
- **Opportunities for pauses, group feedback, and "rewind to try again".**



Pedagogical Practices Employed During Course

- **Direct Instruction – didactic elements where needed for clarity**
- **Collaborative Learning – group discussions and feedback**
- **Experiential Learning – roleplays**
- **Modelling – demonstrating a psychodynamic approach in the teaching itself at times, rather than giving all the answers immediately**
- **Scaffolding – gradually building on knowledge**
- **Reflective Practice – encouraged reflection on their personal responses to videos and roleplays, as in therapy**

Results and Discussion: Uptake was superb, with all six seminars well-attended by resident doctors across all stages of core training. Trainees consistently described the new seminar format as enjoyable and engaging, with self-reported confidence increasing across all learning themes (which included the seminar topics listed above, as well as relevant sub-themes related to core psychodynamic concepts such as defence mechanisms, resistance, therapeutic alliance, indications for psychotherapy etc.). The combination of didactic, interactive and simulation elements was commended, with trainees recognising in their responses that whilst the roleplays were, for many, the most impactful and enjoyable part of the sessions, the introductory theoretical teaching for each seminar was essential for acquiring the concepts required to make the most of the practical elements. These were seen by trainees as a means to run through what delivery of aspects of the first long case (such as the first session and challenges to boundaries) might be like, within a safe environment, and they expressed valuing the pauses for reflection and to receive real-time performance feedback.

<u>Some key themes arising from the feedback were:</u>

- ❖ **The importance of combining didactic, case-based and simulated learning.** Many participants noted that the didactic and discussion elements enabled them to make the most of the roleplays and feel more confident in undertaking them.
- ❖ **The value of an experiential element to learning:**
  "It makes you experience the emotions and sensations of the therapy room".
- ❖ **A sense of frustration at their prior experiences of psychotherapy teaching that they felt left them confused or alienated them:**
  "I think this seminar series has been great… They are clear, practical, instructive and cut through some of the mystery that often accompanies psychodynamic teaching... In all honesty, it has made me more frustrated and perhaps even angry about the previous standard of psychodynamic teaching we've had... I honestly left wondering if I was being stupid for not understanding".

<u>Some challenges faced in implementing this intervention that need to be further considered for future rounds are:</u>

- ❖ **The difficulty in ensuring participation by all trainees in the roleplays without it feeling too pressured**. It was noted that, despite repeated encouragement, a couple of individuals never volunteered to participate in any roleplay across the six sessions, and although other elements of the seminars will have supported their learning, we want to help all trainees to get the most useful experience possible from this course. Perhaps this could be achieved by breaking up the room into smaller groups, so it feels less intimidating.
- ❖ **The venue was small and heat/crowdedness at times detracted from the learning, therefore we will choose a more open space in future.**

Conclusions: Overall, the mixed methods evaluation of our educational intervention has demonstrated that it seems to be acceptable to trainees, with interactive elements addressing the previously neglected practical side of preparation for the long case. Feedback has highlighted though that trainees still value combining this with more traditional didactic methods for familiarisation with key Psychodynamic concepts prior to practice.

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