Figure 1: Programme Logo

Preparing and Supporting Core Trainees for their Psychotherapy Long Cases: A Multi-Site Quality Improvement Project

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Introduction

This quality improvement project (QIP) aimed to develop a structured teaching programme to increase Core Trainees' (CTs) confidence in key psychodynamic concepts and their experience of support with their long case by at least 20%.

We hypothesised that interactive, Specialty Trainee (ST)-led sessions would enhance confidence, improve support, and deliver high-quality, sustainable teaching across sites.

Background

The psychotherapy long case is a core component of psychiatry training but often evokes significant anxiety for CTs as they start to engage in a new way of thinking and working with patients psychodynamically and increase their awareness of their own feelings and unconscious processes[(1)] .

In West London NHS Trust, support and learning for the psychodynamic psychotherapy long case has relied mainly on consultant-led small supervision groups with some limited and inconsistent teaching across the three boroughs. This highlighted a need for additional structured preparation and a reflective space for trainees.

Aims

1. Improve confidence in psychotherapy topics by at least 20%
2. Improve experience of support in the long case by at least 20%
3. Provide high quality, engaging teaching (80% rating as engaging + interesting)
4. Create a teaching programme that is accessible and expandable across the deanery

Project Drivers

Primary drivers	Secondary drivers
Relevant, needs-based teaching content	Topics selected and clear objectives to match trainee learning needs and anxieties
	Content informed by CT, ST and Consultant input
Engaging, experiential delivery	Interactive, experiential formats (role play, paper discussion, reflection)
	Skilled, consistent facilitators
	Teaching quality monitored through feedback
Accessibility and awareness of the programme	Timing and location suited to CT working patterns and integrated in academic programme
	Cohesive programme identity and advertising
	Timely and informative communication and reminders
Supportive, reflective learning environment	Confidential space to recognise and explore anxieties with peers
	Regular access to STs as a point of contact
Facilitator capacity and sustainability	Recruitment and training of new facilitators
	Consistent delivery across sites, including use of shared resources

Methods

The programme was developed using a QIP framework, focus groups and surveys. Pre- and post-session 5-point Likert-scale feedback was collected at all stages and used to inform session development throughout the pilot phase (cycles 1-3) and subsequent cycles. Pre- and post-programme feedback was also collected in each cycle. The final teaching programme consisted of three teaching sessions: "The Frame," "Beginnings," and "Countertransference." The sessions were developed and expanded across sites from December 2024 to May 2026.

- **Cycle 1 - Scoping**: Focus groups, surveys and interviews with CTs, STs and Consultants carried out to identify important topic areas and teaching methods. Demand for teaching and preferences for accessibility were assessed. Pilot session on a single site (Hounslow) in December 2024.
- **Cycle 2 - Experience and Interactivity:** Introduced role-play experiential learning in response to feedback. Trial of circular seating layout to enhance reflection. Improved coherence of email communications and developed course logo and images. Second pilot session in Hounslow, March 2025.
- **Cycle 3 - Depth of concepts**: Introduced academic paper discussion and used peer-guided structure for learning. Recruited new co-facilitator. Third pilot session in Hounslow, May 2025.
- **Cycle 4 - Scale**: Full programme delivered at two sites (Ealing and Hounslow) in autumn 2025. Additional facilitators recruited and a shared repository of teaching resources created. Delivery and attendance challenges encountered with third sessions (exams, strikes).
- **Cycle 5 - Sustainability:** Single-facilitator model trialled with ST observers as future facilitators. Improvements made to third session including additional paper and example vignettes. Three session programme delivered at third site (Hammersmith) with cohort of CTs at an earlier stage of training.

Feedback "I wish I had this before I started my long case"

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The authors declare there are no competing interests.

Change in Percentage of Trainees Confident in Topics Taught, by Session and Site

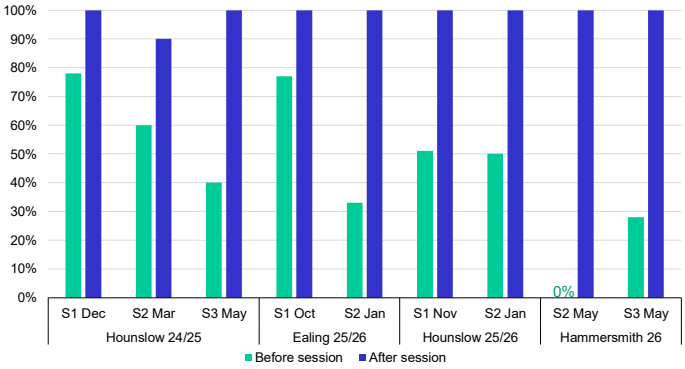

Figure 2: Trainee confidence in topics before and after teaching session, by site and session. Bars show percentage of CTs reporting they felt somewhat, very or extremely confident in the session topic in 5-point Likert-scale feedback. Confidence improved across all sessions and sites (mean improvement +53 percentage points). S2 Hammersmith pre-session trainee confidence was 0%. S3 did not run in Ealing and Hounslow 25/26 due to external pressures, and data not recorded for S1 in Hammersmith.

Change in Percentage of Core Trainees Feeling Supported in the Long Case by Programme Site

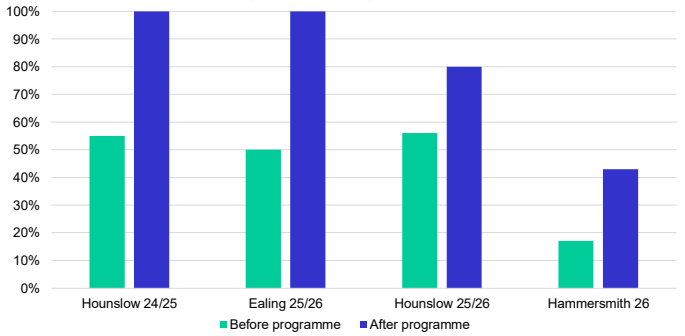

Figure 3: Trainee-reported experience of support with the long case before and after the teaching programme, by cohort. Bars show the percentage of core trainees who strongly agreed or agreed they felt supported with their long case. Support improved in all four cohorts (mean +36 percentage points).

Results

- Baseline surveys showed low CT satisfaction with teaching (57% dissatisfied/somewhat dissatisfied) and low levels of support (only 45% felt supported) in preparation for taking on a long case.
- **Post-session feedback demonstrated consistent confidence gains across all sites: mean +53 percentage points (range +22 to +100 percentage points).**
- **Trainee-reported support improved across all cohorts: mean +36 percentage points (range +24 to +50 percentage points).**
- Sessions were highly rated (68% excellent, 32% good), with >97% agreement on format being engaging, sessions stimulating their interest and being relevant to their needs.

Discussion

The combination of experiential and reflective elements, with peer and ST-led delivery, likely drove engagement and improvement in confidence.

Percentage of trainees feeling supported was lowest in Hammersmith where there were fewer trainees (currently or previously) in supervision groups, showing the programme complements rather than replaces learning in supervision, and is best timed as trainees begin their groups. We found it was still highly valued by trainees who had completed their long case.

Limitations include small cohort sizes (average eight CTs per session). The project did not assess retained learning or competence. Other factors impacting levels of support, such as consultant changes within psychotherapy departments, were not explored.

A key challenge was disruption to delivery from external pressures (exams, strikes). Long-term sustainability also remains dependent on local ST facilitator recruitment and engagement.

Conclusions and future direction

- **Targets for all aims were exceeded: a structured, interactive, ST-led programme markedly improved core trainee confidence and experience of support with the psychotherapy long case.**
- Findings were consistent when reproduced across different sites and cohorts of CTs, suggesting the model is transferable and reproducible.
- Sustainability is supported by a shared resource repository and ST observers progressing to teaching facilitators. Involvement of our new psychotherapy tutor as programme supervisor aims to improve long-term local sustainability.
- Future work: This programme may benefit other trusts. We could explore wider trainee demand for similar teaching and subsequent programme development.

References (1) Buracionok J, Do Y, Mark I. Psychotherapy Training: Educationally Beneficial or Simply Anxiety Inducing? BJPsych Open. 2025;11(S1):S83-S83. doi:10.1192/bjo.2025.10261