Explaining Psychological Therapies: Evaluation of a Communication Skills Simulation for Undergraduate Medical Students

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Introduction

Within undergraduate MBBS curricula, psychological therapies may receive less emphasis than pharmacological management [1], potentially limiting students' confidence in explaining these interventions in patient-centred ways and affecting shared decision-making in OSCEs and clinical practice.

This educational gap may have implications for future clinical practice, where doctors need the confidence and vocabulary to clearly communicate psychological treatment options alongside pharmacological approaches and support patient-centred decision-making. We therefore undertook a departmental quality improvement project to explore and address undergraduate students' confidence in discussing psychological therapies.

Aim:

- To design and deliver a simulation-based session on psychological therapies for 3rd-year MBBS students.
- Evaluate its impact on students' confidence in explaining, differentiating and referring for psychological therapies.
- Explore students' perceptions of the simulation-based roleplay experience.

Methods

Participants: 3rd-year MBBS students; *n* = 17 pre-intervention and *n* = 15 post-intervention.

Intervention: A didactic presentation, delivered by a 5th-year medical student and based on NICE (NG222) resources[2], was followed by a peer-to-peer triad simulation (Candidate, Patient and Examiner). The 7-minute OSCE-style scenario involved a 24-year-old postgraduate experiencing moderate depression and unemployment in a primary care setting.

Evaluation: Anonymous 5-point Likert questionnaires (1 = strongly disagree; 5 = strongly agree) were completed before and after the session to assess:

- Confidence in explaining Cognitive Behavioural Therapy (CBT)
- Confidence in explaining other psychological therapies (e.g. Interpersonal Therapy)
- Understanding how to structure the consultation
- Understanding how to safety-net and explain referral pathways
- Confidence in approaching this scenario as an OSCE station

Analysis: Anonymous pre- and post-intervention responses were analysed as unpaired datasets using Mann–Whitney *U* tests.

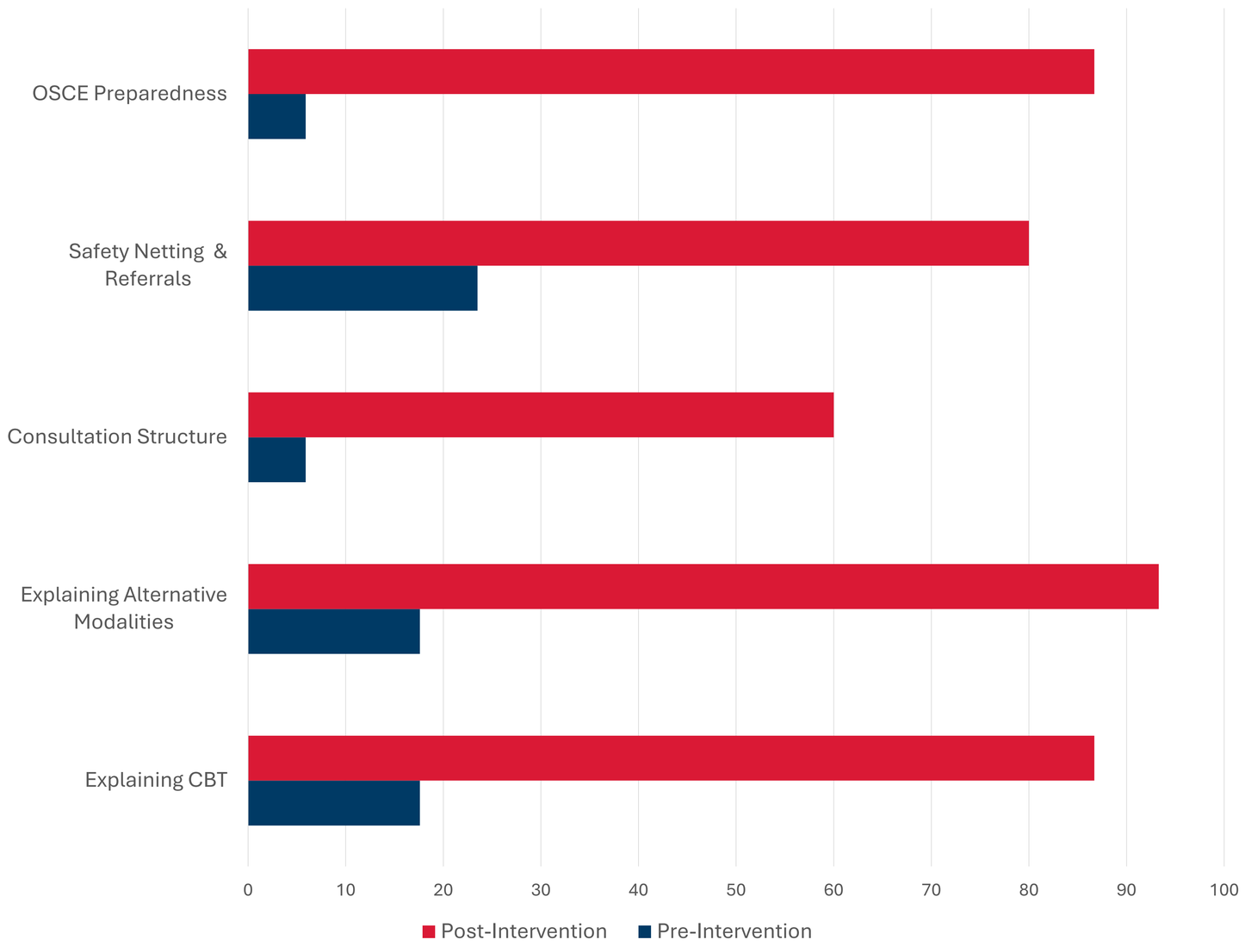
Results

Prior to the simulation, self-reported confidence was low across all domains, with only 17.6% of students reporting high confidence in explaining CBT or other psychological therapies, and 5.9% reporting high confidence in initiating and structuring a psychotherapy consultation. These findings indicated limited baseline confidence in both explaining psychological therapies and applying this knowledge within a structured clinical consultation.

Post-intervention analysis demonstrated a significant increase in self-reported confidence across all assessed domains (Mann–Whitney U, $p < 0.001$). The largest increases were seen in overall preparedness to navigate the psychotherapy OSCE station (5.9% → 86.7%; $U = 10.5$, $p < 0.001$), confidence in explaining CBT (17.6% → 86.7%; $U = 35.5$, $p < 0.001$), and confidence in explaining other psychological therapies (17.6% → 93.3%; $U = 31.0$, $p < 0.001$).

Confidence in applying the consultation skills practised during the session also increased substantially, with confidence in safety-netting patients and explaining referral pathways rising from 23.5% to 80.0% ($U = 40.5$, $p < 0.001$).

Percentage of Students Reporting High Confidence (Scores 4-5)



*N=17 pre-Intervention, and n=15 post intervention

The simulation-based roleplay was **well received** by the cohort.
87% (13/15) agreed or strongly agreed that the simulation-based roleplay increased their clinical confidence (Median = 4, Mode = 4).
No negative responses were recorded regarding the roleplay format.

Conclusions

- **Educational impact:** This peer-led pilot suggests that structured, scenario-based simulation is a feasible and low-cost approach to meaningfully improve students' confidence in explaining psychological therapies.
- **Clinical relevance:** Equipping medical students with the vocabulary and confidence to discuss psychological therapies, such as CBT and IPT, may help bridge the gap between classroom learning and real-world clinical conversations, supporting future patient-centred communication and shared decision-making.
- **Future directions:** This quality improvement project provides a foundation for expanding the intervention across the cohort and for future work exploring facilitator perspectives and objectively assessing students' communication skills, including long-term retention and performance in summative OSCEs.

References:

[1] Royal College of Psychiatrists (2019). *National undergraduate psychiatry curriculum*. London: RCPsych.

[2] National Institute for Health and Care Excellence (2022). *Depression in adults: treatment and management (NG222)*

Ethics: Formal ethical approval was not required as this was undertaken as a departmental educational quality improvement project.
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