Filling the Gap: A Resident Doctor-Led Reading Group to Enhance Engagement with Psychotherapy Literature in Psychiatric Training

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INTRODUCTION

Psychotherapy knowledge and skills are core components of psychiatric training, but opportunities to engage regularly with psychotherapy literature during training may be inconsistent. This is set against a backdrop of pressure within NHS mental health services toward biomedical, diagnosis-led models of care, which can limit space for relational and formulation-based thinking to develop[1].

This quality improvement project aimed to evaluate the feasibility and perceived value of a local resident doctor-led psychotherapy literature reading group, supported by the local medical psychotherapy tutor. It also aimed to explore whether there is broader support among trainees for psychotherapeutically-informed clinical practice.

AIMS

- **To evaluate the feasibility and perceived value of a resident doctor-led psychotherapy reading group,**
- **To explore support for psychotherapeutically-informed clinical practice.**

METHODS

A fortnightly reading group was established for resident doctors across training grades within one locality, facilitated by a CT3 resident doctor and supported by the local medical psychotherapy tutor. The CT3 resident had completed the minimum core training psychotherapy competencies, had additional experience, and was working in a CT3 psychotherapy post.

Papers or book chapters were selected with the medical psychotherapy tutor, focusing on psychodynamic theory and its clinical application to complement resources used in long case supervision, and to support formulation and relational clinical practice. Reading material was circulated a week in advance of each session, and the resident doctor prepared discussion points to facilitate semi-structured discussion.

A baseline questionnaire assessed trainees' confidence and engagement with psychotherapy literature, combining Likert-scale and free-text questions. A focus group was subsequently conducted to explore participants' experience of the group and broader attitudes toward psychotherapeutically-informed practice. Qualitative data was reviewed thematically to identify recurrent patterns and inform an initial PDSA cycle.

READING GROUP MATERIAL

Attachment • Mentalisating & non-mentalising modes • Marked and contingent mirroring

Expressive-supportive continuum • Adapting technique to patient need

Transference and counter-transference • Timing and tailoring of interventions

Narrative therapy approaches to trauma • Safety in the therapeutic relationship

Engaging with suicidality • Impact of suicidal acts on significant others, clinicians and systems

Organisational defenses • The erosion of empathy in healthcare systems

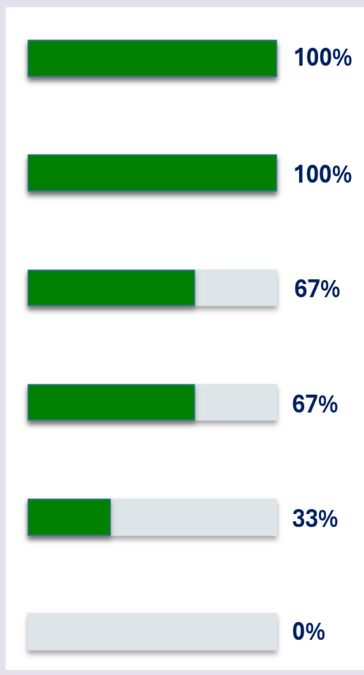
INITIAL PDSA CYCLE

PLAN	Create a regular, clinically relevant reading group
DO	Run fortnightly facilitated sessions
STUDY	Baseline survey & focus-group feedback
ACT	Retain fortnightly format; explore in-person sessions, more experiential discussion

RESULTS

6 fortnightly sessions have been delivered to 5 participating trainees (4 core trainees, 1 higher trainee), in addition to the facilitator and medical psychotherapy tutor. Session attendance has ranged from 2–4 (median 3). Three participants completed the baseline questionnaire; two attended the focus group.

BASELINE QUESTIONNAIRE



Percentage selecting Agree/Strongly agree; small denominator means each respondent = 33 percentage points.

Baseline free-text responses identified a wish for an additional learning space to address a difficulty locating dedicated time to link theory with practice and discuss with colleagues.

FOCUS GROUP THEMES

1 Enhancing recall and clinical application of theory

Participants described better recall and understanding of literature compared with reading alone, particularly when concepts were linked to clinical examples.

2 Formulation-based and relational thinking as central to professional identity

Participants widely valued formulation-based thinking as offering a more holistic understanding of patients than diagnosis alone, while describing tension with systemic pressures toward diagnosis-led, risk-focused practice, particularly in on-call and acute settings.

3 A valuable addition to existing teaching

Participants identified the group as a valuable addition to existing lecture-based teaching and supervision groups, offering space for regular discussion-based engagement with literature. Suggestions included in-person sessions, as the group was online, due to geographical and timetable constraints.

The fortnightly frequency and semi-structured discussion style were well received. A group size of 4-5 people was felt to support meaningful discussion. Directed and clinically relevant reading and linking concepts to participants' own clinical work were felt to support engagement.

"The reading group fills that hole very nicely... a regular format and smaller group creates the ability to share ideas"

"The community aspect, talking about papers together in a group, has been very helpful "

"I can remember the papers discussed... whereas papers I've read by myself I barely remember"

"Psychotherapeutic and formulation-based thinking gives you so much more than a diagnosis... focusing on diagnosis can feel deeply unsatisfying"

"The moments when people share their own experiences with patients have really stuck with me"

"It's come about at such a good time when I've started my long case... emphasising the importance of the therapeutic relationship"

"Systemic pressures affecting the perceived role of the psychiatrist then feed into patient expectations... the questions they ask you"

DISCUSSION

These findings suggest that a small, resident doctor-led reading group can provide a feasible structure for enhancing engagement with psychotherapy literature in psychiatric training, complementing existing local teaching structures. Participants described substantial benefits for clinical practice, particularly in supporting long case work and formulation-based thinking, emphasising that shared discussion, clinical examples and relational reflection were mechanisms that helped translate literature into practice.

There was also a shared sense that psychotherapeutic and relational thinking is integral to being a psychiatrist and yet remains difficult to sustain against systemic pressures toward diagnosis-led, risk-focused practice, highlighting a tension between professional identity and service contexts.

The small sample size and single-locality design limit generalisability, and it is possible that self-selection occurred among group of participants already interested in psychotherapy, which should be considered when evaluating the positive feedback. Further evaluation, including of sustainability of attendance and impact over a longer period, is planned as part of an ongoing PDSA cycle.

CONCLUSION

A resident doctor-led psychotherapy reading group is feasible as a means of enhancing engagement with psychotherapy literature and was valued by participants as a structured space to make literature more digestible, memorable and clinically applicable, supporting psychotherapeutically-informed practice among residents. It augments training provision, particularly around structured, discussion-based engagement with theory and relating this to clinical experience. An initial PDSA cycle has been completed, with further evaluation planned to test whether these perceived benefits are sustained.

REFERENCES

1. Royal College of Psychiatrists. Restoring the balance. RCPsych Insight. 2023;24:8-9.

ACKNOWLEDGEMENTS

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