



# Online learning environments and student wellbeing

Dr Declan Hyland

# Who am I?



- Consultant in General Adult Psychiatry at Clock View Hospital, Liverpool, Mersey Care NHS Foundation Trust.
- Undergraduate psychiatry lead at Liverpool Medical School.
- Deputy Director for Year 4 at Liverpool Medical School.
- Honorary Senior Clinical Lecturer with University of Liverpool.
- Member of the RCPsych Undergraduate Education Forum.
- Member of the AUTP.
- Throughout the academic year, I regularly supervise Year 4 Liverpool medical students for their mandatory placement and Year 5 students doing an optional placement in psychiatry.
- Most importantly, I have a longstanding interest in undergraduate medical education!

# Outline of my talk

- ▶ Student wellbeing and psychiatry placements
- ▶ Virtual undergraduate psychiatry placements: the “new normal?”
- ▶ The “hidden curriculum”
- ▶ Providing effective online placement supervision
- ▶ Recognising and responding to students in difficulty (including international students)
- ▶ Virtual Balint groups for medical students
- ▶ Online mentorship for medical students in psychiatry
- ▶ Providing effective online careers guidance and support



# Student wellbeing and psychiatry placements



- ▶ Wellbeing = “when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and / or physical challenge.”
- ▶ University is a time of significant change where student wellbeing may be affected.
- ▶ Medical schools have a duty of care towards their students, and the GMC has issued best practice guidelines for supporting those in difficulty.
- ▶ Educators involved in delivering psychiatric education may be particularly likely to experience students with health and welfare difficulties.



- ▶ What are the differences in the online learning environment from the student's perspective?
- ▶ What are the differences in online learning environment from tutor perspective?
- ▶ Key messages:
  - Be aware that students may have fears going into their psychiatry placement and encourage open discussion of these.
  - Students with complex needs should be identified early and be given additional support and opportunities to debrief.
  - Virtual psychiatry placements could lead to students feeling isolated if alternative forms of social interaction are not considered.

# Virtual undergraduate psychiatry placements: the “new normal?”



- ▶ When the national lockdown was implemented, undergraduate psychiatry placements were significantly affected, e.g. delivered using a virtual format rather than face-to-face.
- ▶ Virtual placements are placements in which teaching is delivered via virtual platforms, e.g. Zoom, MS Teams, Skype and Google Meet.
- ▶ Educational experiences delivered virtually:
  - Teaching sessions
  - Outpatient clinics
  - Mock OSCEs and role play
  - “Lived experience” educator sessions



- ▶ Need for changes in the way assessment was conducted during the virtual placement.
- ▶ Consider a central weekly teaching programme for the whole group of medical students across the medical school footprint.
- ▶ Pastoral support essential! More challenging to pick up medical students who are struggling because of lack of face-to-face contact.
- ▶ Blended placement approach? The new “normal?”
- ▶ Advantages - students from across the region able to get together to engage in teaching AND eliminates commuting time and travel expenses. Disadvantages - “clunkiness” and potential dampening of discussion.

# The “hidden curriculum”



- ▶ = a socialization process that occurs during medical school; describe anything that takes place outside of the “formal dimensions of learning.” Transmitted both during and outside of clinical interactions.
- ▶ Particular importance in psychiatry as negative attitudes towards the specialty and individuals with mental illness continue to exist.
- ▶ Can also engender positive attributes and foster an environment of respect and honesty where what is taught in the classroom is reinforced in patient interactions.
- ▶ Medical students may have anxieties about how a psychiatric ward differs from a medical or surgical ward.



- ▶ Use of “myth busting” sessions and promoting discussion about student preconceptions of psychiatry can help to challenge and, importantly, reduce the stigma associated with psychiatry.
- ▶ Remote learning brings both advantages and disadvantages with respect to the hidden curriculum.
- ▶ Efforts need to be made to ensure transparency in the expectations of U.K medical schools with respect to the hidden curriculum.
- ▶ Professionals may need to develop new means of role modelling positive attitudes and behaviours in the context of remote settings.

# Providing effective online placement supervision



- ▶ All medical student clinical placements require a named supervisor who ensure robust induction followed by the setting of learning objectives and provides supervision.
- ▶ Clinical supervision in psychiatry allows a space to refine interview skills, develop formulation skills, consider diagnosis and management and explore wider opportunities e.g. audit, QI and teaching.
- ▶ Also ensures provision of pastoral support and professional development with a reflective space.
- ▶ Being able to provide effective supervision to greater numbers will look to remote options to enable more supervisors despite geographic spread.



- ▶ In providing virtual clinical supervision, some guiding principles should be considered:
  - Online platform
  - Timing
  - Setting
  - Student-supervisor relationship
  - Agenda
  - Wider experience
  - Reflective space
  - Documentation
  
- ▶ Robust evaluation will provide insights about the value of online supervision and specific improvements to be made.

# Recognising and responding to students in difficulty (including international students)



- ▶ Refers to any student who requires additional support to manage academic, clinical or personal stressors and challenges.
- ▶ There are several signs of a “student in difficulty” which may be noticed by educators, clinicians, peers and / or family.
- ▶ Remote learning is likely to have a mixed impact upon student wellbeing.
- ▶ Students have been affected by the wider context of societal (and indeed global) disruption caused by the COVID-19 pandemic.



- ▶ Many students do not have access to an office or similar “study space” and the work-home boundary becomes increasingly blurred. Students may not recognise the implications this can have on their wellbeing.
- ▶ Absence of face-to-face teaching means interactions with peers are greatly reduced, as are opportunities for invaluable peer-to-peer learning and support.
- ▶ From an educator’s perspective, it is much more difficult to judge student engagement, respond to audience cues, or facilitate interactive discussion or asking of questions with remote delivery.
- ▶ For international students, the challenge is even more significant.
- ▶ To improve engagement and identification of students in difficulty, there should be better integration of reflective groups.

# Virtual Balint groups for medical students



- ▶ Balint groups are confidential reflective practice groups, initially set up for general practitioners to better understand the doctor-patient relationship.
- ▶ Usually consist of 6 - 8 students, facilitated by 2 qualified clinician co-leaders. Last for an hour and are typically held on a weekly basis.
- ▶ Balint groups may help with the transition from medical student to doctor.
- ▶ GMC stipulates reflective practice as being an important component of medical education and has cited Balint groups as one format within its guidance.



- ▶ Balint is widely practised in medical education and has become established in several medical schools, e.g. Sheffield, Bristol and Nottingham.
- ▶ Balint groups can be run remotely, e.g. using MS Teams, with minor modifications.
- ▶ Participants should be advised to have their cameras switched on and ensure they are in a quiet space, free from interruptions.
- ▶ There should be a “check-in” at the beginning of each group. The members, including leaders, share with the group a small part of their week, either good or bad.

# Online mentorship for medical students in psychiatry



- ▶ Given the multi-faceted nature of a mentor's role, it is occasionally conflated and overlaps with other positions, such as teacher, coach and advisor.
- ▶ Within the context of psychiatric medical education, there should be a distinction made between “mentor” and “supervisor.”
- ▶ Mentoring relationship itself can be structured or loose. It should be longitudinal. The relationship should be dynamic. Both mentor and mentee should work together to continually define and re-define their relationship.
- ▶ Mentorship can easily be provided through online platforms and technology systems (“e-mentoring”).



- ▶ Providing mentorship online, rather than face-to-face, offers several benefits.
- ▶ There are also several challenges associated with virtual mentoring methods.
- ▶ In the specific context of virtual psychiatry placements, mentoring may facilitate further exploration of the specialty may also mitigate some of the difficulties associated with online learning.
- ▶ There may be opportunities to expand mentoring models and / or merge different mentorship schemes to create “mentoring families.”

# Providing effective online careers guidance and support



- ▶ Whilst school students, medical students and postgraduate trainees may be interested in psychiatry as a career choice, it is important they can readily access the required information and advice to ensure they can make a considered and informed decision.
- ▶ It is important that career guidance and support is able to be provided and easily accessible.
- ▶ Interest in psychiatry is vulnerable to waxing and waning as medical students progress through training, so it is essential those interested in a career in psychiatry have access to appropriate support and mentorship.
- ▶ Royal College of Psychiatrists has worked extensively to promote psychiatry as a career choice. The College website ([www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)) provides lots of information about a career in psychiatry.



- ▶ Information provided on the College's website focuses on different educational levels - school students and sixth formers, medical students and Foundation Doctors. Useful web links are also provided.
- ▶ In addition to information provided on websites, there are a number of ways careers guidance can be delivered online in a more active manner.
- ▶ Building on the success of online careers fairs and careers events, it is important to develop these further to ensure students and trainees have a high quality interactive experience that equates (wherever possible) to what would be achieved face-to-face.
- ▶ There needs to be development of online work experience activities that also have the advantage of being easily accessible to students.

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# Any questions?

[declan.hyland@nhs.net](mailto:declan.hyland@nhs.net)