Online learning environments and student wellbeing

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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 sing 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 objections 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) 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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