

National Survey Into Trainee Experience Of Core Psychotherapy Training

Dr Lauren Evans, Core Trainee 2,
South West London And St. George's Mental Health Nhs Trust, Uk
Dr Georgia Belam, Consultant Psychiatrist,
Surrey And Borders Partnership Nhs Trust. Uk

Background

Psychotherapy is a necessary part of core psychiatry training, requiring one short and one long case to complete core training.



Aims

This project aims to assess the experience of psychiatry core trainees who have undertaken core psychotherapy training (CPT), to identify what is experienced positively and potential areas for improvement.

Methods

An anonymous online survey was drafted, containing both qualitative and quantitative questions, to assess trainees' experiences of CPT. It was circulated via respective Trusts' emails (locally) and Twitter (national comparison).

Results

A total of 35 responses were received: 21 core trainees, 12 higher trainees, 1 consultant, and 1 staff grade doctor. 6 respondents had completed a short case only; 2 a long case only; 25 both; and 2 neither.

Contact lauren.evans14@nhs.net

Confidence in psychotherapy knowledge was rated on a 1-5 scale (1: significantly below average to 5: significantly above average). Theoretical knowledge improved from a 2.57 average before CPT to 3.63 following, and clinical application improved from 2.43 before to 3.66 following.

Knowledge prior to delivering CPT was most commonly obtained from Balint group (71.4% of respondents) and MRCPsych courses (65.7%).

The main barriers to obtaining psychotherapy experience were: accessing supervision (60.0% of respondents); not enough patients (53.3%); and a lack of guidelines on accessing supervision and patients (43.3%). Additionally, getting time away from day jobs was identified as a concern, particularly among LTFT trainees.

Important learning points from CPT identified by trainees were: knowledge of psychoanalytic concepts, such as transference and counter-transference; differences between the theoretical models; an alternative approach to formulation; and how these skills can be useful in all clinical encounters, such as maintaining rapport, boundaries, and time-keeping. The useful role of supervision was also highlighted.

Conclusions

This project serves as an introductory look into how trainees view their experience of CPT, and potential areas for improvement. Themes for improvement, arising from qualitative responses, are: clear reading list, including introductory materials; clear guidelines at induction, including supervisor contact details; improved access to supervision; patients to be allocated; protected time for psychotherapy, with extra support for LFTs; shadowing; increased choice of modality; and more formal teaching on psychotherapy. These are key areas to be targeted to improve the trainee experience, particularly for those who risk delays in their training.