Personalised Training

Dr Chris O’Loughlin
Head of School
Personalised Medicine
Personalised Medicine – Person-centre

- Goals
- Abilities
- Interests
- Values
- Personal style
- Circumstances
Personalised Medicine – Person-centre

Includes:
- Shared decision making
- Individual focus
- Empowerment
- Values
- Kindness
- Co-production
Personalised Medicine – Evidence Based

PERSONALISED MEDICINE

PREVENTION

Early detection of patients at risk, improve preventive measures (individual/collective)

DIAGNOSIS

Accurate disease diagnosis enabling individualized treatment strategy

TREATMENT

Improved outcomes through targeted treatments and reduced side effects
Training - Apprenticeship
Training - Apprenticeship

- Practical
- Relationship between trainer and trainee
- Can build confidence
- “Tried and Tested”
Training - Apprenticeship

• Passive

• Slow to change

• Some areas of development left unsupported

• Can fail to address needs of trainees
Personalised Training

Circumstances
Abilities
Values
Interests
Personal style

Individualised evidence-based approach
ARCP

All trainees should receive clear ARCP guidance at the start of each training year which is standardised across the UK.

Career autonomy

All trainees should be supported to have autonomy over their careers through consideration of their personal circumstances and career intentions.

Enhanced junior doctor forums

All trainees should have access to an enhanced junior doctor forum with senior management that expands beyond contractual issues and feeds into continual improvement of training, working life and patient care.
ARCPs

- Seen as
- Distant
- “Tick box exercise”
- Little individual feedback
- Poorly connected with training
Supplementary Documentation for ARCP Outcome Form

Detailed reasons for recommended outcome

Outcome 4 Released from training programme with or without specified competences
Exam failure

Discussion with trainee

Mitigating circumstances

Competences which need to be developed

Recommended actions

Recommended additional training time (if required)
Covid-19 arrangements:
The Royal College of Psychiatrists’ decision aid for the Annual Review of Competency Progression (ARCP)

April 2020
Career flexibility and opportunities

- General Adult
- Forensic
- Psychotherapy
- Core training
- Older Adults
- CAMH
- LD

Career autonomy
Career flexibility and opportunities

- General Adult
- Older Adults
- Psychotherapy
- LD

In-patient Community  Acute hospital
Career flexibility and opportunities

General Adult

In-patient

Biological

Psychological

L.D

Community

Supports

Social

Acute hospital

Psychotherapy
Career flexibility and opportunities

In-patient Com.
Biological Psychiatry
LD
Forensic Psych.
CAMH LD
Psycho-therapy
General Adult
Full time Or Part Time?
Career flexibility and opportunities

- Clinical management
- Education
- Research
- Full time
  Or
- Part Time?
- LD
- General
- Adult
- Older Adults
- CAMH
- LD
- Psychotherapy
- Forensic
Career flexibility and opportunities

And what’s next?
Substance Misuse training
Career flexibility and opportunities

- New posts and training available
- Needs more flexibility in how people acquire and demonstrate skills
Difficult case – combining neurology with psychiatry

- Core Psychiatry
- Internal medicine
- Higher training
- Neurology
Difficult case – combining neurology with psychiatry

Core Psychiatry

Internal medicine

Higher training

£?

Neurology
Difficult case – combining neurology with psychiatry

Options

1. Special interest
2. Neurology at CT level
3. OOP-Pause
4. Specialist neurology
5. Psychiatry curriculum
6. Psychiatrists in neurology settings
Draft Adult Psychiatry Curriculum

August 2021 (to be approved)
Draft date: 07.08.2020

Royal College of Psychiatrists 2021

John Russell, Assoc Dean for Curriculum
Career flexibility and opportunities

• New posts and training available

• Needs more flexibility in how people acquire and demonstrate skills

• More availability of LTFT training, Interdeanery Transfers, OOPs
Exams and differential attainment

Paper A

Paper B

CASC
Paper A

• Any fully registered doctor

• 150 questions, 3 hours
• 2/3rds MCQs
• 1/3 EMIs

Behavioural Science and Sociocultural Psychiatry
Human Development
Basic Neurosciences
Clinical Psychopharmacology
Classification and Assessment in Psychiatry
Paper B

• On an approved training programme (12 months)

• 150 questions, 3 hours
• 1/3 Critical Review
• 2/3 Clinical

<table>
<thead>
<tr>
<th>Organisation of Psych Services</th>
<th>Substance Misuse/Addictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Adult Psychiatry</td>
<td>Forensic Psychiatry</td>
</tr>
<tr>
<td>Old Age Psychiatry</td>
<td>Psychiatry of Learning Disability</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>Critical Review</td>
</tr>
<tr>
<td>Child and Adolescent Psychiatry</td>
<td></td>
</tr>
</tbody>
</table>
CASC

• 24 months and passed Paper A and B

• 2 Circuits of 8 stations each

• Circuit 1 – 4 minutes reading, 7 minute task
• Circuit 2 – 90 seconds reading, 7 minute task

(£1,004 for Jan 2021)
Psychiatry Core Trainee Exams – with optimum progress route
Exams - typically

• Pass rate 60%
• UK graduate 90%
• IMG in training scheme 50%
• Women > Men
• Trainees > Non-trainees (80% vs 40%)
Evidence-based learning

The use of highlighters seems universal... however highlighting has been shown to have failed to help students of all sorts.

Even worse, one study reported that students who highlighted while reading performed worse on tests...
## Effectiveness of Techniques Reviewed

<table>
<thead>
<tr>
<th>Technique</th>
<th>Extent and Conditions of Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice testing</td>
<td>Very effective under a wide array of situations</td>
</tr>
<tr>
<td>Distributed practice</td>
<td>Very effective under a wide array of situations</td>
</tr>
<tr>
<td>Interleaved practice</td>
<td>Promising for math and concept learning, but needs more research</td>
</tr>
<tr>
<td>Elaborative interrogation</td>
<td>Promising, but needs more research</td>
</tr>
<tr>
<td>Self-explanation</td>
<td>Promising, but needs more research</td>
</tr>
<tr>
<td>Rereading</td>
<td>Distributed rereading can be helpful, but time could be better spent using another strategy</td>
</tr>
<tr>
<td>Highlighting and underlining</td>
<td>Not particularly helpful, but can be used as a first step toward further study</td>
</tr>
<tr>
<td>Summarization</td>
<td>Helpful only with training on how to summarize</td>
</tr>
<tr>
<td>Keyword mnemonic</td>
<td>Somewhat helpful for learning languages, but benefits are short-lived</td>
</tr>
<tr>
<td>Imagery for text</td>
<td>Benefits limited to imagery-friendly text, and needs more research</td>
</tr>
</tbody>
</table>

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**Improving Students’ Learning With Effective Learning Techniques: Promising Directions From Cognitive and Educational Psychology**

John Dunlosky¹, Katherine A. Rawson¹, Elizabeth J. Marsh², Mitchell J. Nathan³, and Daniel T. Willingham⁴

¹Department of Psychology, Kent State University; ²Department of Psychology and Neuroscience, Duke University; ³Department of Educational Psychology, Department of Curriculum & Instruction, and Department of Psychology, University of Wisconsin–Madison; and ⁴Department of Psychology, University of Virginia
Typical Forgetting Curve for Newly Learned Information

Retention

Days

First learned

Reviewed
What about differential attainment?

What do we know about the causes?

- BME students less well qualified/able?
- Language issues?
- Examiners bias?

- Woolf et al., Brit J Ed Psych 2012
- McManus et al BMC Med Ed 2013
- Denney et al Brit J Gen Prac 2013
Relationships and belonging matter
I'm expecting to get a lower mark because I’m - I know it's a stupid way of thinking but actually it got to the point where I was thinking “What is it? Am I...?” I wasn't sure if it was my knowledge anymore, I wasn't sure if it was my confidence, I wasn't sure if it was my skin colour.
Workplace

• Micro-aggressions
• Less seeking of help
• Less help offered when sought
Starting

Social / Financial

Training

Exams
What can be done to tackle differential attainment?

1. Building positive trainee-trainer relationships.
2. Building trainee skills & confidence to deal with perceived bias.
3. Facilitating mixed support.
4. Improving trainee wellbeing by enabling trainees to gain support outside work & destigmatising support in work.
In the East of England

- High proportion of trainees in psychiatry are IMGs
- Successful programmes including MTI, WAST and CAPE observership
- Active PTC members

- Regionally available workshops for communication
- Mentoring / Buddying systems
- PSW workshops: exams, communication, NVC
- Exam workshops
- Supervisor training
Where to start with personalised training

Personalised training is led by the trainee, but facilitated by the supervisor
Personalised Development Plan

- Proactive approach to learning
- Planning experiences
- Longer term planning (exams / psychotherapy / other experiences)
- Prompts and guidance from supervisor
Value of relationship with supervisor

Clinical supervision

GMC - Psychiatry trainees reported higher than average quality of clinical supervision. In NETS, 90.6% of trainees rated their supervision levels as ‘Outstanding’ or ‘Good’
This doctor is on the Specialist Register

General psychiatry from 12 Feb 2007
Old age psychiatry from 12 Feb 2007

This doctor is a trainer recognised by the GMC. View details...

This doctor is recognised by the GMC in one or more of the following roles.

- Named clinical supervisors
- Named educational supervisors
- Lead coordinators of undergraduate training at each local provider
- Doctors responsible for overseeing students’ educational progress for each medical school
Educational appraisal

1. Ensuring safe and effective patient care through training
2. Establishing and maintaining an environment for learning
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational progress
6. Guiding personal and professional development
7. Continuing professional development as an educator

- Designing and planning learning
- Teaching and facilitating learning
- Educational management and leadership
- Assessment of learning
- Educational research and scholarship

Core values of medical educators
Min / Max – ing

Minimize unnecessary activities

Maximise desired attributes
Individualised feedback

ZONE OF PROXIMAL DEVELOPMENT

- Tasks that learner cannot do even with assistance
- Tasks that learner can do with assistance
- Tasks that learner can do without assistance
Where are you now?

How can I help you achieve your aims?

Where do you want to get to?

This is the post.

This is where other trainees end up.
Finally...
Questions?

@chrisol1