INNOVATION, IMPLEMENTATION, IMPROVEMENT

Keeping it human: Pandemic era psychiatry teaching

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Abstract

Background: Mental health is an important global issue, and doctors in training need a grounding in the principles of psychiatry. Undergraduate clinical placements in psychiatry can develop core knowledge and skills as well as challenging stigma towards mental illness. The onset of the coronavirus pandemic saw disruption to undergraduate clinical placements. In a U.K. medical school, th e authors were tasked with transforming a 6-week clinical placement in psychiatry into a primarily online course.

Approach: A 4-week online course was developed in preparation for a condensed clinical placement. A range of resources were drawn upon to address key learning objectives and to engage students in broader thinking about mental health. These included videos and blogs describing personal experiences of mental illness, as well as interviews with prominent psychiatrists. Peer- and tutor-led sessions complemented these self-directed elements and reduced social isolation.

Evaluation: Sixty-seven students undertook the course, supported by eight consultant tutors. The content and structure of the course were highly rated; however, students indicated that peer group activities could benefit from further development. Students felt prepared for clinical placements and performed equally well in summative written examinations. Feedback indicated the development of positive attitudes towards mental health and illness.

Implications: This course demonstrates how, even when clinical contact is challenged, a strong focus can be maintained on social elements of learning and patients' experiences of mental illness. This approach provides opportunities to develop essential knowledge and skills alongside broader attitudinal learning that may have a de-stigmatising effect.

1 | BACKGROUND

The Covid-19 pandemic continues to highlight the increasing burden of global mental illness.[1] More than ever, medical students require a strong grounding in psychiatry when they graduate to support the delivery of effective, integrated health care.[2] The pandemic disrupted medical education, and early 'lockdown' restrictions saw the suspension of some clinical placements. We were tasked with transforming a 6-week undergraduate psychiatry placement into an online course in preparation for a condensed 2-week clinical placement later in the academic year.

The existing Year 4 placement immerses students in the clinical environment. There is a strong socio-cultural element to this learning, where knowledge about the diagnosis and management of mental disorders is contextualised and enriched by individual narratives of patients that students encounter. Learning is also shaped through the interactions students share with professionals and their peers.

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This is relevant to the issue of stigma towards both psychiatry as a profession and patients with mental illness, which has been shown to exist in U.K. medical schools.[3,4] Clinical placements within mental health settings have been shown to have a positive de-stigmatising effect on student attitudes, and direct personal encounters with patients and mental health practitioners are suggested to be an important factor in achieving this.[4,5] Developing the course before the widespread use of remote consultation, we were concerned at losing this vital element for attitudinal learning. Furthermore, recognising that exposure to mental illness may be distressing for some students,[6] a reduced amount of peer and tutor contact in an online course could be detrimental to student well-being.

Our online course therefore aspired not only to provide a solid grounding in the core knowledge and skills in psychiatry (based on pre-existing learning objectives) but also to replicate some of the social context of clinical learning. We endeavoured to emphasise patient narratives on their experience of mental illness ('lived experience'), as well as encouraging interactions between students, their peers and tutors. Overall, we aimed to provide a stimulating and inspiring experience of psychiatry that would foster positive attitudes towards mental health issues, where students would feel safe and supported.

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2 | APPROACH

2.1 | What informed the design of the proposed solution?

2.1.1 | Connectivism

A driving concept was connectivism; in a world linked through technology, learning is driven by connecting sources of specialist information, and learning occurs within and across online networks.[7] Rather than creating new content, we focused on directing students to existing, high-quality, diverse resources and supported them to construct their learning around this.

2.1.2 | Flipped classroom

Where the existing course required a high level of tutor contact during the introductory weeks, this was significantly limited due to unprecedented clinical demands. Drawing on concepts from the 'flipped classroom' approach,[8] we created a framework for primarily self-guided learning by students. This was followed by peer group meetings and tutor-led sessions, providing the opportunity for students to learn through practice consultations, guided discussions and tutor Q&A sessions.

2.1.3 | Situated learning and the role of the peer group

The original placement can be conceptualised as situated learning, recognising the importance of authentic experience, participation in clinical activities and the influence of dialogue with peers and professionals.[9] We wanted to retain this element of participation, seeking to provide this through regular online discussion groups with peers and tutor-led meetings. Furthermore, whilst the tutor still maintained a leading role in overseeing student progress and well-being, the strong online peer presence aimed to create a sense of community and reduce isolation.

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2.1.4 | The centrality of 'lived experience' of mental illness

Perhaps most important was the challenge of how students could get 'the experience' of psychiatry outside the clinical environment. We addressed this by including diverse resources reflecting a balanced, holistic view of modern psychiatry. We emphasised patient narratives, with videos and patient blogs including high-quality online resources from mental health charities. We anticipated that students engaging with these lay resources could better observe and model effective communication with patients and carers. Finally, video interviews from the Royal College of Psychiatrists 'Choose Psychiatry' YouTube channel[10] were incorporated, to showcase the work of inspirational psychiatrists and the breadth of the specialty.

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2.2 | The intervention: 'The Covid Course'

Thus, a 4-week, entirely online course was developed, supplemented by four consultant-led online tutorials. Course days were themed around essential skills and clinical presentations. Each included a variety of learning activities, progressing from core knowledge to clinical and patient perspectives and culminating with group tasks and self-assessment (Table 1). Figure 1 shows an example learning activity.

During the development phase, a draft course programme was circulated to the consultant tutors, Psychiatry Lead and students recently completing their psychiatry placements. Feedback helped inform the final design, namely, regarding the balance of the biological elements of psychiatry with the broader psychosocial context, as well as student requests for more history taking practice.

3 | EVALUATION

Evaluation surveys were developed using an online survey system (www.onlinesurveys.ac.uk) and distributed by email to students and tutors. These consisted of multiple-choice, Likert-type and free-text questions (Table 2). The student survey evaluated the content and format of the course along with the perceived impact on knowledge and attitudinal learning. The tutor survey focused on the experience of online teaching and attitudes towards future use. Comments were collated and reviewed for emerging themes, with illustrative comments selected for inclusion here.

Prior to distribution, the survey had been piloted with five students and found to be clear, relevant and acceptable; hence, no additional changes were felt necessary. The tutor survey was peer reviewed by the Psychiatry Lead and an independent educational expert.

3.1 | Response rate

The survey response rate was 51% (34/67) for students and 75% (6/8) for tutors. The suboptimal response rate amongst students may be due to the distribution in the final week and that completion was

TABLE 1 Elements of the course

Element	Description	Example
Core resources	Narrated lectures and e-tutorials	Mental Health Act case presentation
Video resources	Example consultations, clinical topic summaries, 'Psychiatrist of the day'	RCPsych Meets Dr Femi Oyebode
Patient perspectives	Written and video resources sharing patient stories. Primarily from major mental health charities.	Interview with a person who had received electroconvulsive therapy (ECT)
Self-assessment	Self-assessment questions from core textbook	Extended matching question on theme of anxiety
Peer sessions	Tasks including clarifying knowledge and questions for tutor, group discussions on a video and practising an OSCE scenario	Discuss differing perspectives on psychiatry from two TED talks
Tutor-led sessions	Twice weekly online tutorials run by a consultant psychiatrist. Two sessions with an academic psychiatrist	Pastoral check in. Reviewing questions on previous weeks' topics

Abbreviation: OSCE, Objective Structured Clinical Examination.

Perspectives on psychosis (Day 9, 1045-1125)

Exploring the neurobiological basis of psychosis

Watch this video from Nature discussing some of the symptoms of Schizophrenia and how neuroimaging might help us understand more about what's happening in the brain.

Consider:

1. How might this inform your discussion with a person about the neurobiological basis of auditory hallucinations?

Watch: Schizophrenia – What's in my head? (8 mins)

https://tinyurl.com/SchizophreniaVid1

Hearing Voices TED Talk

Eleanor Longden describes her experiences of voice hearing and her journey from patient to clinician as psychologist and leading figure in the Hearing Voices Network.

Consider:

1. What are the main messages of this talk?

2. How might differing perspectives on the nature of voice hearing experiences be reconciled in medical practice?

Watch: Hearing Voices (14 mins)

https://tinyurl.com/HearingVoicesVid

FIGURE 1   Example learning activity exploring two contrasting perspectives on the nature of psychosis. Students are encouraged to reflect on the experiences shared by people with lived experienced of psychosis as well as professional working in psychiatric research. They had the opportunity to share their reflections in their online tutor meeting later in the day

voluntary. It is therefore possible that the evaluation may reflect more polarised views[11]; however, there was still representation from each tutor group.

3.2 | Experiences of video conferencing

Learning via videoconferencing platforms was novel, with 94% of students and 50% of tutors not having previous experience; 32% of students and 50% of tutors experienced minor technical difficulties, though this did not present a significant barrier to engagement.

3.3 | Student perceptions of the content and structure of the course

The majority of students felt there was an appropriate amount of each type of resource (Figure 2). The core resources and videos (the majority of content) were highly rated in terms of usefulness (Figure 2). The overall structure and organisation was commented upon favourably.

> I personally enjoyed the format. I liked that it started off with the basics at the beginning of the day and progressed to MCQ questions at the end of the day.

Self-assessment activities were considered valuable with students preferring more. Conversely, peer group sessions were poorly rated and considered to have been excessive, with comments indicating more tutor contact would have been preferable.

> Daily peer group discussions seemed excessive and didn't turn out to be very useful for learning.

3.4 | Student perceptions following the course

A total of 88% of students agreed that they felt prepared to undertake the clinical component, with many reporting they were looking forward to it. Furthermore, 79% felt prepared to undertake written exams.

TABLE 2   Survey domains and content

Section	Item	Type
Tutor survey		
Basic information	Have you had any experience of remote learning using video conferencing platforms as either a learner or a teacher? Please can you describe this experience	Yes/no + free text
Technical aspects of tutorials	Which of the following video calling platforms did you use to run the tutorials with your group? (Select all that apply)	MCQ + 'Other' comment
	Did you have any technical difficulties in using any of the platforms you selected to run tutorials with students? Please describe these difficulties	Yes/no + free text
Tutor experience of video conferencing for tutorials	What was your experience of delivering these virtual tutorials using video calling platforms?	Free text
	Do you consider there to be any particular advantages to this format over traditional in-person tutorials? Was there anything you did that you couldn't do in an in-person tutorial?	Free text
	Do you consider there to be any particular disadvantages to this format over traditional in-person tutorials? Was there anything you didn't do that you could have done in an in-person tutorial?	
	Overall, how would you rate your experience of delivering virtual tutorials?	Likert-type scale—'Very satisfied–Very dissatisfied'
	Given the choice to run in-person or virtual tutorials in future, what would be your preference?	MCQ—in-person, virtual, both
	Do you see any role for virtual tutorials in future?	Free text
	What would guide your decision about which format to use?	Free text
	What are the main reasons for this?	Free text
	Do you have any additional comments on your experience of delivering virtual tutorials?	Free text
Student survey		
Basic information and technical issues	Which locality were you linked to?	MCQ
	Are you a postgraduate or undergraduate student?	MCQ
	Have you had any previous experience of remote learning using video conferencing platforms as a learner? Please can you describe this	Yes/no + free text
	Did you have any technical difficulties in accessing any elements of the course? i.e., content linked in the course document, joining video calls with peers and tutor. Please help us understand	Yes/no + free text

TABLE 2 (Continued)

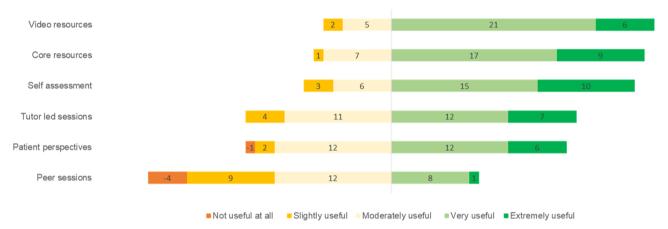| Section	Item	Type
	these difficulties by describing them below	
Format of the course	How would you rate the overall volume of work expected of you on the course?	Likert-type scale—'Far too low–Far too high'
	What is your impression of the relative amounts of each of the resources included in the course? (Each resource type listed)	Likert-type scale—'Far too little–Far too much'
	Do you have any additional comments and/or suggestions about how the format of the course could be improved?	Free text
Content of course	How useful did you find each of the types of resource or activity to your learning in psychiatry? (Each resource type listed)	Likert-type scale—'Not at all useful–Extremely useful'
	Were there any resources you found particularly helpful? If so, please describe below	Free text
	Were there any resources you think should not have been included? If so, please describe below	Free text
	What was your impression of the level of the resources used on the course?	Likert-type scale—'Far too advanced–Too basic'
	Did your tutor group organise any other learning activities? Please can you describe these and share your impressions of these additional activities	Yes/no + free text
	Do you have any additional comments about the mix of content or how it could be improved?	Free text
Impact of course	To what extent do you agree with the following statement: I feel prepared to undertake a clinical placement in psychiatry	Likert-type scale—'Strongly agree–Strongly disagree'
	Please could you help us understand your perspective further by describing in what way you did not feel prepared and/or any suggestions about what would have helped prepare you?	Free text
	To what extent do you agree with the following: I feel prepared to undertake a written examination in psychiatry	Likert-type scale—'Strongly agree–Strongly disagree'
	Please could you help us understand your perspective further by describing in what way you did not feel prepared and/or any suggestions about what would have helped prepare you?	Free text
	Having completed this course, what is your impression of psychiatry now?	Free text

Abbreviation: MCQ, multiple-choice question.

What is your impression of the relative amounts of each of the resources included in the course?

	Far too little	Too little	About right	Too much	Far too much
Self assessment	1	8	24	1	
Tutor led sessions		8	22	4	
Patient perspectives	3	2	27	2	
Core resources		3	28	3	
Video resources		1	30	3	
Peer sessions		1	19	12	2

How useful did you find each of the types of resource or activity to your learning in psychiatry?

	Not useful at all	Slightly useful	Moderately useful	Very useful	Extremely useful
Video resources		2	5	21	6
Core resources		1	7	17	9
Self assessment		3	6	15	10
Tutor led sessions		4	11	12	7
Patient perspectives	-1	2	12	12	6
Peer sessions	-4	9	12	8	1

FIGURE 2   Student ratings of learning resources

FIGURE 3   Word cloud visualising free text responses to the question: 'Having completed this course, what is your impression of psychiatry now?'

Comments indicated that students found the course interesting and enjoyable. An emergent theme was being more open-minded to both the practice of psychiatry and the experiences of those living with mental illness (Figure 3).

> It's much more than diagnostic entities. It has given me an understanding of how important it is to see people as complete human beings.

> Mental illness is just as important as physical illness. Psychiatry is a really interesting specialty and you can do so much good.

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3.5 | Tutor perceptions

Satisfaction with virtual tutorials was highly rated (100% satisfied or very satisfied). Tutors highlighted practical benefits including reduced travel, punctual attendance and having students' names visible allowing early familiarisation. However, one tutor commented that it was more difficult to judge the emotional impact of content. At course completion, 67% of tutors indicated they would consider either virtual or face-to-face tutorials equally in future; 17% of tutors preferred virtual tutorials.

4 | IMPLICATIONS

In converting a 6-week clinical psychiatry placement into an online course, we have considered how to develop existing learning materials into a more coherent and interactive programme. During the pandemic, this approach offered flexibility and accessibility, vital to overcome issues around staff sickness, self-isolation and student location. It incurred no additional costs and could be implemented for future cohorts.

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For knowledge acquisition in health professions, blended learning has been shown to be at least as, if not more, effective than traditional face-to-face or pure e-learning.[12] However, little is known about how well it replicates the richness of a face-to-face clinical experience in conveying the interpersonal nature of psychiatry.

Having completed this course, students did not appear to be disadvantaged in their knowledge acquisition; this cohort performed equally well in subsequent summative assessments compared with cohorts undertaking face-to-face placements. Furthermore, student comments indicate that an online course can also begin to challenge preconceptions, encourage self-reflection and bring consideration of ethical issues. Hence, a key success of this online course is that students described an attitudinal shift. The mixed-resource design was greatly valued by the students and may have contributed to this, with its focus on patient, carer and professional perspectives, and incorporating high-quality lay resources.

A key lesson learned is how to keep patient perspectives central to learning outside clinical settings, which is critical to understanding psychiatry. We identified a wealth of high-quality, co-produced materials that capture authentic patient narratives and will continue to employ these in our teaching. However, in future, we will seek a greater degree of co-production in the overall design of such courses through working collaboratively with our organisation's 'Expert by Experience' group.

Finally, although the benefits of online peer learning and peer feedback are well recognised,[13] and extend to reducing isolation during the pandemic,[14] students did not identify this as a strength of the course. There is evidence that students require support and structure to develop expertise in online learning, with key stages identified as including online peer socialisation, information exchange and knowledge construction.[15] Acknowledging that this element was poorly rated, we will in future consider starting with tutor moderation, including more structured tasks, and regularly checking in with students throughout the course about how peer sessions can be optimised.

ETHICS STATEMENT

Principles were followed as set out in the British Educational Research Association Ethical Guidelines for Educational Research, Fourth Edition (2018). All responses to both surveys were anonymous, and participants completed a consent page detailing how data would be analysed and presented. Regarding data storage, during analysis and write-up, all data were stored on password-protected devices and only sent via secure NHS email. Local medical education ethics approval was sought and granted via the Avon and Wiltshire Mental Health Partnership Trust Medical Education Department.

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