



# education & training

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## Teaching psychiatrists to teach: qualifications in clinical education for psychiatrists

The education and training of medical students and trainees is a key role of senior clinicians, and the General Medical Council states we 'must develop the skills, attitudes and practices of a competent teacher' (General Medical Council, 2005). The Royal College of Psychiatrists places the role of educator as a core competency for psychiatrists (Bhugra, 2005) and believes we should understand 'the principles of education and use teaching methods appropriate to educational objectives' (Royal College of Psychiatrists, 2004).

Furthermore, one of the aspirations within Modernising Medical Careers (Department of Health, 2003) is to push consultants to become more involved in the education and formative assessment of trainees. These changes also involve a reduction in the length of training, requiring increasing emphasis be placed on quality (Mukherjee & Nimmagadda, 2005). Alongside this, recent psychiatric literature has pointed to the need for consultants to have skills that fulfil the educational needs of trainees as well as medical students (Bhugra & Holsgrove, 2005; Brown & Bhugra, 2005; Brown *et al*, 2005) and has called for foundation year 1 doctors to have 'experienced medical educators' to supervise their assessment, appraisal and educational programmes (Brown & Bhugra, 2005). Despite this, most consultants have no formal qualifications in teaching and have had little training as educators.

We have an interest in clinical education and are looking to develop lead roles in education as consultants. We used the special interest sessions of our specialist registrar training to complete a higher degree in education and are coming to the end of our masters degree in clinical education. We would like to share our experience of completing this degree, reflect on its strengths and weaknesses and discuss the value of formal qualifications in education for psychiatrists.

### What is the MSc in clinical education?

We completed our degrees through the Peninsula Postgraduate Health Institute (PPHI) which is the postgraduate education branch of the Peninsula Medical School and the Faculty of Health and Social Work and is affiliated with the Universities of Exeter and Plymouth. Similar

#### Box 1. A selection of postgraduate education courses available

The following offer postgraduate certificate, diploma and masters (either MSc or MA) in clinical/medical education:

- Bristol University <http://www.bris.ac.uk/education/programme/pgce>
- Cardiff University <http://www.cardiff.ac.uk/pgmde>
- Dundee University (also offers PhD) <http://www.dundee.ac.uk/meded>
- Keele University (Stoke on Trent) <http://www.keele.ac.uk/depts/pm/mmeded.doc>
- Queens University at Belfast (Certificate and Masters of Medical Science in Education) [http://www.qub.ac.uk/info/pgprospectus05/pg05\\_medicine.pdf](http://www.qub.ac.uk/info/pgprospectus05/pg05_medicine.pdf)
- Universities of Exeter and Plymouth (through PPHI) <http://www.pphi.ac.uk/taught/HSEduca.php>
- University of Newcastle Upon Tyne <http://www.ncl.ac.uk/medev/postgraduate/clined.htm>
- University of Nottingham [www.nottingham.ac.uk](http://www.nottingham.ac.uk)
- University of Sheffield <http://www.shef.ac.uk/aume/index.html>

courses are run elsewhere (Cohen *et al*, 2005; see Box 1.) with further organisations offering postgraduate MED courses (Burton, 2000). The MSc at PPHI is a 3-year course, aimed at developing the teaching expertise of health professionals and preparing them for lead educational roles within clinical settings. The key learning aims are given in Box 2.

The MSc is modular in structure with optional and compulsory modules worth 10–20 credits each. There is an option to exit after 1 year (60 credits) with a Postgraduate Certificate in Clinical Education (PGCE) or after 2 years (120 credits) with a Diploma in Clinical Education (see Box 3). Year 3 requires a dissertation involving a significant piece of research 'demonstrating a contribution to improvement in educational practice' (Peninsula Postgraduate Health Institute prospectus 2006) leading to the award of the MSc. At the time of writing, the cost is £3600 for the full degree or £220 per 10-credit module (£8450 and £422 respectively for overseas students).

The MSc itself would suit those with a well-developed interest in education and a desire to make this



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**Box 2. Key learning objectives for the MSc in Clinical Education at the Peninsula Postgraduate Health Institute**

- Apply teaching and learning methods appropriate to your discipline
- Critically review your educational practice
- Develop expert knowledge and practice in health and social care education
- Use research evidence to improve education and practice.

**Box 3. Format of the MSc in Clinical Education at the Peninsula Postgraduate Health Institute**

Postgraduate Certificate in Clinical Education

- 40 credits compulsory modules
- 20 credits, choosing from 4 options according to need (e.g. primary care, social care etc.)

Postgraduate Diploma in Clinical Education

- 10 credit module in either quantitative or qualitative research
- 20 credit compulsory module
- 30 credits of optional modules (to include a project planning module if doing dissertation)

Master of Science in Clinical Education

- Dissertation for 60 credits

a significant part of their ongoing career. However, for those who simply have training and education as a component of their job, completing the PGCE or even one or two core modules on teaching would be sufficient to ensure that they provide accurate and expert teaching to students, trainees and other members of staff.

### How much work is it?

The workload, as well as the ratio of in-house teaching to self-directed learning, varies between courses. At PPHI, each 10- to 20-credit module requires attendance at 4–5 days of in-house teaching. There is a further expectation of 68 hours of self-directed learning for each 10 credits. However, it is possible to meet the learning objectives with less time committed to self-directed learning. Assessment for some modules included an end of module examination but more often involved the completion of a written assignment of 2000–5000 words; these were usually in the form of essays or portfolios and represent the greatest challenges to time and require commitment and motivation to complete.

The final dissertation also requires a significant amount of time and energy. It is a suitable project for completion within the specialist registrar research day, but would be a challenge to complete without this privilege.

### Strengths of an MSc in clinical education

The MSc course undoubtedly has improved our teaching skills and knowledge of educational theory, promoting a

more reflective and empathic approach to teaching. Learning non-lecture-based teaching methods and gaining understanding of the assessment and implications of learning styles have been practical skills invaluable when teaching small groups and individuals. Curriculum and course planning skills have also been utilised in the local development of educational and training courses. These have included skills in the assessment and examination of students, which are increasingly relevant with the advent of foundation training programmes.

Completing a significant research project under supervision has developed our research skills, which were also enhanced through formal modules in quantitative and qualitative research. Completing research within an academic rather than a clinical setting is a further valuable experience.

### Weaknesses and obstacles

This MSc course is aimed at a wide audience including social care workers. This leads to a diverse range of objectives and aims, and some modules are therefore only marginally relevant to doctors. These diverse aims reduce the opportunities for active teaching, with few formally observed teaching sessions.

Assignments usually consisted of lengthy essays, which seemed out of place in a course teaching modern methods of assessment. Furthermore, the process of developing a dissertation proposal, finding a supervisor, gaining ethical approval and proceeding with the research is time-consuming and at times frustrating. The financial cost is a significant consideration but may be an appropriate use of money gained from staff teaching activities by trusts, for example Service Increment for Teaching (SIFT) money in England. Furthermore, there is funding available for such training through organisations such as the Workforce Development Confederation.

### Tips for those considering a postgraduate degree in education

Decide what you want to achieve from a course. If you intend to take lead educational roles or pursue academic teaching posts it may be necessary and useful to complete a masters degree (or even a PhD for academic posts). For those who teach as part of their job and wish to update their skills, gaining some knowledge of educational theory as they do so, a postgraduate certificate in education or a single module may be sufficient.

Having established what level you wish to reach, it is worthwhile appraising the variety of courses available, as they vary significantly and some are available nationwide through distance learning (for example, Dundee University). Find out about the course's content and assess its relevance to you. Establish how much in-house teaching and self-directed learning is expected.

If looking to complete a masters degree, consider how long you wish take. Most courses have a maximum



possible period of 5 years to complete the degree but this may be negotiable. If completing the degree within a specialist registrar training scheme, start early in order to finish within the 3 years of training. Begin the dissertation process early in the second year, because gaining ethical approval can be time-consuming. You have 1 year to complete the dissertation from the point of approval so this can be gained before your third year.

### The bottom line: is it worth it?

We have had mixed experiences in completing this degree and have some reservations in recommending it to everyone. Some modules have only marginal relevance and therefore did not fully meet our expectations of gaining skills in teaching and learning. This might indicate a need to develop specific modules or courses to meet the demands of medical educators and possibly even the needs of individual sub-specialties. However, on balance it has been a valuable and stimulating experience that has provided us with both skills and knowledge in teaching and a well-recognised and formal degree in education. We feel the MSc is a worthwhile qualification for consultant psychiatrists looking to take lead roles in the increasingly demanding and evolving environment of medical education.

### Declaration of interest

None.

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