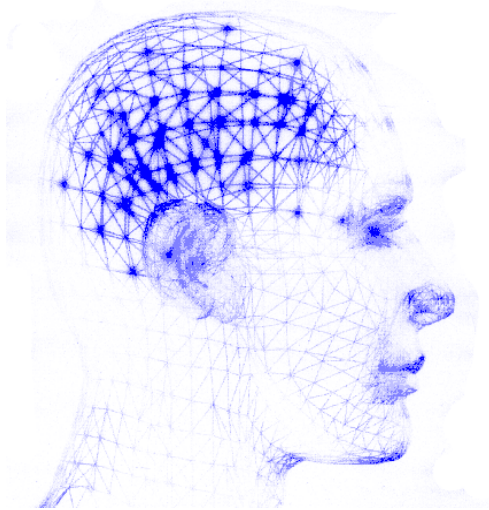


PSYCHIATRY AND ETHICS UNIT
(TEACHING)
ANNUAL REPORT



JULY 2011

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Introduction

2010-11 has been a very busy year with a lot of work going on as a result of a number of necessary changes. This is in the context of GMC requirements, external examiner and student feedback and will mean that a similar but re-vamped course will emerge for the 2011-12 season. Our main aim is to ensure that Bristol Medical students get a good grounding in Psychiatry that will enable them to function well as Foundation year doctors. We are also keen to inspire the most thoughtful and wise to consider Psychiatry as a career.

A national undergraduate curriculum has been developed by the Royal College of Psychiatrists and this has been taken forward by many Medical Schools, under the umbrella of the Academy Faculty led Undergraduate Leads Forum. We have adopted this and are now ensuring that all aspects will be covered within the 5 year course, with the majority obviously being within the 3rd year placement. We have also changed the format of our exam to make it more clinically focussed. The new Direct Observation of Clinical Skills (DOCS) exam will hopefully ensure that our students are developing and being assessed on the core clinical skills that they will need on qualification. We have also developed our marking schemes to ensure appropriate ANGOFF referencing and we are developing the SSC to ensure that students can still do a comprehensive full psychiatric evaluation of a patient, whilst ensuring that they can develop areas of interest as well.

Undergraduate recruitment is a big issue and we are very keen to encourage as many students as possible to consider psychiatry as a career. One aspect of this is the Bristol University Psychiatry Society which was formed in 2010. BUPS will be holding a programme of events that aim to delve deeper into the world of Psychiatry. Last year we heard about tales of Military Psychiatry and PTSD from Combat Stress and Dr David Stevens, Professor David Nutt discussed his take on legalisation relating to cannabis and other drugs and a very successful film night was held at the UHB Education Centre which resulted in much debate.

I would like to sincerely thank the new team in their "official" roles – Tim Amos (Exams Lead), Jonathan Evans (SSC Lead), Dheeraj Rai (Feedback/Quality Monitoring Lead), and Jan Melichar (Central Teaching Lead). In addition I would like to thank Drs Christmas and Bould as well as colleagues in the Trusts, especially Drs Sipos, Van der Linden and Rossiter as well as Kate Seddon and Dr Anulanandram who have all been instrumental in helping take these changes forward. I would like to thank Janet Hickling and Hazel Carrington for all their hard work in helping drive these initiatives forward often in difficult circumstances. Finally I would like to thank Dr Simon Davies for all his hard work in teaching and assessment locally over many years. I urge any NHS or Academic Clinicians who are not involved in teaching to consider ways that they might support

educational initiatives and especially to think of ways that they might inspire students with respect to our discipline – surely the most fascinating of all?

Dr John Potokar, Teaching/Unit Lead, August 2011

Third Year Viva Examination 2010/11

The viva has continued as last year. On the whole exam days have run smoothly, although there have been a number of occasions where examiners have cancelled near to the time of the exam, causing difficulties in recruiting stand-ins at short notice. The late submission penalty for the long case was supposed to have been enforced this year, having been piloted last year. It appeared in the workbook, but the internal year 3 examination committee ruled that it should not be applied as it was contradictory to the overall University policy on late submissions. Therefore, it was not applied to any cases this year. The few cases in which it would have been applicable to would not have had a major change to their overall outcome for the viva, such as gaining a pass which would have been a fail had the penalty been applied. It is possible the threat of a penalty for late submission has resulted in more timely submissions overall, but this has not been confirmed with objective evidence.

The viva results were similar to previous years and there was no geographical clustering. The mean mark was 64.5 (64.0 in 09/10, 63.7 in 08/09 and 61.7 in 07/08) and the standard deviation 8.5 (8.3 in 09/10, 8.4 in 08/09 and 8.0 in 07/08)

There were seven failed students (compared to 7 in 09/10, 8 in 08/09 and 11 in 07/08). The failed students were amongst the weakest performers in other examinations both in this unit and in others, excepting one candidate who did not attend the viva and received 0; it is believed this candidate proceeded with an extenuating circumstances claim regarding the viva exam.

DOSCE 2010

This is the second time the final OSCE was run as a data OSCE. There was one station which consisted of a short videos (3.5 minutes) of a hypomanic man having been brought in by police for a psychiatric assessment. The questions were in an MCQ format. The DOSCE itself went smoothly. Feedback from the marking team was that this was an easy format to mark.

The resit station consisted of a suicide risk assessment on a gentleman with antisocial personality disorder. The conduct of the resit DOSCE was reported as satisfactory.

The pass marks were set by the criterion setting committee for the 5th year (Final) exams. Due to this it has been hard to extract the exact number of passes and failures for the individual psychiatry

station. Discussion with Professor Levy, the head of 5th year exams, will hopefully result in more comprehensive feedback to the psychiatry team about the performance of the psychiatry stations in the forthcoming academic year (2011-12).

Dr David Christmas, August 2011

End of Year Exams Report 2011

Once again we have reached the first week in July and the annual cycle of End of Year Exams setting, marking, checking and collating has now been concluded. The working time required following the students completing the exam to having the finished database was around 25 hours of Clinical Lecturer time this year, slightly less than the 30 hours required last year due to a simplification of the marking system. This involves the longstanding practice of awarding distinctions and merits to the top-scoring students in the Unit, and scaling the marks for the distinction and merit groups in line with University mark thresholds, being discontinued. Instead of awarding merits and distinctions, the psychiatry marks will now be subject to ranking (performed centrally).

Two years ago I wrote that the exam marking system would change radically in 2010 with implementation of a form of the EBOL method allowing a “norm referencing” approach as opposed to the “criterion referencing” approach used previously. This did not occur as we were asked instead to alter the format of the Multiple Choice Questions. Thus from 2010 onwards the format of the MCQs changed from having 100 true/false questions to 60 “Best of five” questions where the right answer (or most appropriate answer) from a list of five (A-E) should be selected. This change involved considerable work as existing questions could no longer be used and a new question bank had to be created. This work is ongoing – we presently have a bank of only 120 of the new style questions and should remain committed to extending this in future years – I would expect that for the 2011-12 academic year at least 40 new questions should be created. Following this change, the written exam still consists of two separate written papers, the first now containing 60 “best of five” MCQs [Multiple Choice Questions] exam and the second the usual 10 stem (50 question) EMQ [Extended Matching Questions] exam (increased from 45 questions in 2007).

A further change implemented in the 2010-11 academic year was the piloting of the “ANGOFF METHOD” (rather than the above mentioned EBOL method) as a form of “criterion referencing for the written paper. This method involves inviting a number of academic and clinicians in the psychiatry field to rate each individual question as regards how many of borderline students SHOULD get the question correct. In our Angoff Pilot we had 8 academics/clinicians rate all 110 questions in the MCQ and EMQ papers and an eventual passmark of 49.7% was agreed. As the Angoff system was being used only as a pilot, it was interesting to note that both the Angoff

System and our usual norm-referencing method would have delivered the same result, with one student who scored around 43% receiving an unraisable fail and another who was just below the 49.7% mark a raisable fail (see figure at end). We therefore received some plaudits from the 3rd Year exam committee in that we had differentiated between pass, raisable fail and unraisable fail by two robust methods this year. However, doubts remain as to the true value of Angoff as despite the fact that every question is rated by multiple academics/clinicians, the criteria and therefore the passmark still depend on a subjective judgement.

As last year when we were using the “best of five” MCQs for the first time, I am pleased to be able to report that the questions performed well, all 60 yielding appropriate response profiles with the top quintile of students always performing as well or in most cases better than the bottom quintile – a useful index for spotting any “rogue” questions which reward the weaker students. The EMQ is now the more established of the two question formats having been first used in the psychiatry written examination in 2004. Again the 50 EMQ questions performed well.

The topics of the questions in both papers are weighted to cover the whole undergraduate psychiatry curriculum in approximately the same proportion as the time allocated for teaching. Hence areas like General Adult Psychiatry and Psychopathology are more heavily represented. The MCQ includes seven questions on Ethics of relevance to psychiatry.

As in 2006, 2007, 2008, 2009 and 2010 the mark spread for both papers was close to a normal distribution. We used the same scaling technique as the last five years to correct both papers to a z-score $[(\text{raw score} - \text{mean score})/\text{Std Deviation}]$. The individual papers were then combined and rescaled. Contrasting this year's performance where there was one unraisable fail (due to a particularly poor performance in the EMQ section), in 2009 one student also fared poorly on the EMQ paper and failed the written component overall, but in 2008 and 2010 no students received unraisable fails on the written paper. Last year there were two raisable fail marks (i.e. EMQ/MCQ scaled mark between 44.5 and 49.5) and this year there was one, however, all of these students compensated by passing other parts of the written component with good marks.

For the fifth consecutive year the correlation between the EMQ and MCQ paper marks were far in excess of the score of $r=0.28$ reported in 2006 by the outgoing lecturer. In 2007 it rose markedly to $r=0.51$ (r squared = 0.26) and in 2008 to $r=0.57$ (r squared = 0.32) before falling back in 2009 to $r=0.48$ (r squared = 0.23). In 2010, despite having the new MCQ question format the correlation improved to $r=0.55$ (r squared = 0.30). This year the r value was $r=0.62$, the best in recent years and the r squared 0.38. This sustained improvement compared to 2006 is likely to be due to quality measures implemented on the MCQ database from 2006-7 onwards and the expansion of the EMQ database (see appendix 1 and figure at end)

The marks for the whole unit of "Psychiatry & Ethics" were produced in the usual way, the rescaled MCQ and EMQ combined mark being added into the iSSC mark and the Ethics mark (which both this year and last required rescaling so that it did not have inordinate influence in the written component).. Finally the written component mark is combined with the clinical mark in the ratio 60:40. Unlike previous years we were instructed not to scale the combined mark but to present unscaled combined marks. This is a consequence of the abolition of distinctions and merits in favour of overall ranking referred to above,

This year we have failed 6 students on their clinical component (c/f 7 last year and 8 in 2009). The failure rate for the clinical components was slightly but not remarkably lower than the four previous years. Two students in total failed the psychiatry written component, one by failing the written paper unraisably, as noted above and one by failing the ethics component. Note that last year two students received unraisable fail marks in the Ethics component and it was thought that unfortunately one would have to repeat the year having failed one of the Medicine/Surgery components. We saw this as particularly unfortunate as they had in fact passed the psychiatry element of the Unit with flying colours, and engaged in some lobbying to request that she be allowed to retake Ethics, in the summer rather than repeating a whole year. Although the Medical School initially took a hard line on this they ultimately relented and the student was indeed allowed to retake both the ethics section of psychiatry and ethics and the medicine and surgery component. I would suggest this precedent be documented and actioned as an official change in policy to avoid this sequence of events happening again,

As regards the next year Dr David Christmas will take over the role I have performed in the last 5-6 years in co-ordinating exams as I am planning to move to a Faculty Position in another University. To support David I would again ask all members of the faculty to continue to devise and send over new Multiple Choice Questions for future examinations. Other new developments involve the creation of a new clinical examination using an OSCE design rather than our traditional and long-established Viva methods, and consolidation of our recent move to a DOSCE, rather than OSCE exam for fifth year finals.

Dr Simon Davies, Walport Clinical Lecturer, July 2011

Student Feedback 2010/2011

Written end of placement feedback was received from 245 of 255 registered students (96.1%). As has been the case in previous years, four endpoints were used to compare performance across units and sites.

1. Average Score for '**Supervision and Monitoring by Consultant**' (Rated as 1=Poor, 2=Satisfactory, 3=Good, 4=Very Good, 5=Excellent).

The average score for all 245 students completing the feedback was 3.80, which was higher than 2009-10 (3.75) and the highest ratings achieved in the 7 years of this process. The highest average scores at individual sites were achieved by Callington Road (4.18, 34 students), Southmead (3.97, 37 students) and Blackberry Hill/Fromeside (3.92, 37 students).

As in recent years all 8 sites achieved an overall average score of 3.0 or more, compared with seven out of eight in 2006-7 and four of eight in 2004-5. There were no instances of an average score for a unit at any site dropping below the minimum standard target of an average score of 2.0 (compared to no instances in 2007-8 & 2008-9, one in 2006-7, no instances in 2005-6 and 1 instance in 2004-5).

The scores for most sites were mostly consistent across the units, but scores in Devizes fell over the year, probably reflecting transitions the site is going through.

2. Average Score for '**Overall Quality of Clinical Attachment**' (Rated as 1=Poor, 2=Satisfactory, 3=Good, 4=Very Good, 5=Excellent).

The average score for 245 students in 2010-11 was 3.75, similar to the previous year's average of 3.72. This lies between ratings of good and very good. This is higher than the ratings in all previous years where data was collected. Callington Road led the scores, achieving an overall average for 34 students of 4.32 followed by Gloucester (3.89, 45 students) and Taunton (3.82, 28 students).

As in each of the last 4 years, all 8 sites achieved an overall average score greater than the predetermined 'standard' of 3.0. There were 3 occasions where sites dropped below this minimum standard target for an individual unit (in 2009-10 there were also 3 such instances, there were 4 instances in 2008-9, 3 instances in 2007-8, 1 instance in 2006-7, 3 in 2005-6 and 5 in 2004-5).

3. Percentage availability of twelve predetermined 'essential' activities /opportunities.

Twelve activities/opportunities have been judged as essential. The list of activities and style of questionnaires had been modified for the 2005-6 feedback to ensure that students reported on the 'opportunity' to participate rather than actual participation, in order that a site's feedback would not be adversely affected should students choose not to attend a particular activity offered. Overall in

2010-11 90.9% of these essential activities were offered. This is comparable/marginally higher than 2009-10 when, 90.6% and 2007-8 (90.8%), and higher than in 2008-9 (89.5%) and 2006-7(85.0%).

For the third time all 8 sites averaged above the 85% target (c.f. seven of eight in 2006-7 and 2007-8). The best overall score was again achieved by Weston (93.5%, 22 students). Taunton (93.4%, 28 students), Callington Road (92.4%, 34 students), Gloucester (91.5%, 45 students), Devizes (91.5, 16 students), and Southmead (90.7, 37 students) all achieved over 90% feedback scores on availability of these essential activities. There were two instances of failing to meet the 85% target in a Unit – compared with five last year.

A decline in ratings with each passing unit was observed for Bath, but for the majority this pattern was not evident.

Regarding specific activities, as in all previous years the opportunity to “present at least two cases to the consultant” was again the essential activity which fewest students reported as having the opportunity undertake. We are currently reviewing how to enhance the availability of case presentation opportunities to students (to all medical seniors in their placement), and the best way to ensure useful formative feedback to students is available in the process.

4. Percentage availability of all twenty-eight predetermined activities /opportunities.

This endpoint refers to a range of twenty-eight activities/opportunities, including the twelve ‘essential’ activities/opportunities listed above. To ease comparisons with the data from earlier years, responses to the three new questions were not included in this analysis although the responses can be inspected on the composite chart.

Overall, **84%** of these activities were offered (**c.f 82.6% in 2009-10, 80.0% in 2008-09, and 80.2% in 2007-8**), with all sites scoring over 80%, surpassing the pre determined target of 70% overall. There was only one specific unit where a site failed to meet the 70% target, the same as occurred in 2009-10, 2008-9 & 2007-8. The highest scores were at Taunton (88.3%, 28 students) and Southmead (86.2%, 37 students).

Final Site by Site Totals, Units 1-4

In total 245 of 255 students completed the feedback questionnaires.

Tables 1 & 2 are based on ratings of 1-5, where 1=poor, 2=satisfactory, 3=good, 4=very good and 5=excellent.

Table 1: Average score for “supervision and monitoring by consultant” (min standard 2.0)

Rank	Site	Unit 1	Unit 2	Unit 3	Unit 4	Average 2010-11	No of students	Average 2009-10	Average 2008-9
1	Callington	4.3	4.4	4	4.1	4.18	34	3.76	3.42
2	Southmead	4	3.6	4.3	4.1	3.97	37	3.67	3.42
3	BBH/Fromeside	4.3	3.9	4.1	3.3	3.92	37	3.22	3.16
4	Devizes	4.5	4.3	3.8	2.8	3.81	16	4.2	4.06
5	Bath	3.8	3.8	4	3.2	3.73	26	3.91	3.85
6	Taunton	3.5	3.8	3.5	4	3.68	28	4.11	3.73
7	Gloucester	3.7	3.8	3.9	3.2	3.64	45	3.56	4.08
8	Weston	3.2	2.2	4	3.8	3.24	22	4.09	3.85

Table 2: Average score for “overall quality of clinical attachment (min standard 3.0)

Rank	Site	Unit 1	Unit 2	Unit 3	Unit 4	Average 2010-11	No of students	Average 2009-10	Average 2008-9
1	Callington	4.4	4.1	4.1	4.7	4.32	34	3.53	3.14
2	Gloucester	4.1	3.4	4.5	3.6	3.89	45	3.58	3.71
3	Taunton	4.4	3.5	3.4	3.8	3.82	28	4.11	3.62
4	BBH/Fromeside	3.8	3.5	4.3	3.3	3.68	37	3.38	3.32
5	Bath	4.5	3.2	3.9	3	3.65	26	4.05	3.65
6	Devizes	4.8	4.5	2.8	2.5	3.63	16	3.35	3.65
7	Southmead	3	3	3.9	4	3.49	37	3.88	3.55
8	Weston	3.2	2.7	3.8	3.5	3.29	22	4.14	4.24

Table 3: Percentage saying yes as to whether each of 12 essential activities took place during their attachment. (Predetermined target 85%)

Rank	Site	Unit 1	Unit 2	Unit 3	Unit 4	Average 2010-11	No of students	Average 2009-10	Average 2008-9
1	Weston	93.3	91.4	95.7	93.3	93.46	22	96.1	89.2
2	Taunton	95.8	93.6	90.1	93.1	93.39	28	93.8	88.1
3	Callington	92.7	92.7	93.5	90.7	92.37	34	90.9	88.4
4	Gloucester	93.6	89.4	90.7	92.2	91.5	45	91.3	93.8
5	Devizes	100	89.4	85.1	91.5	91.49	16	90.3	89.2
6	Southmead	94	85.5	95.3	89.8	90.66	37	88.1	87.8
7	Bath	94.4	88.7	87.4	80.3	87.7	26	87.7	89.9
8	BBH/Fromeside	90.7	88.2	90.4	79.8	87.5	37	86.6	88.6

Table 4: Percentage saying yeas as to whether each of all specified activities took place during their attachment (Predetermined target 70%)

Rank	Site	Unit 1	Unit 2	Unit 3	Unit 4	Average 2010-11	No of students	Average 2009-10	Average 2008-9
1	Taunton	88.7	84.7	88.6	92.3	88.3	28	87	80.2
2	Southmead	90.7	79.1	91.5	86.3	86.26	37	83.9	81.5
3	Callington	92	86	78.5	87.3	85.74	34	82.5	77.2
4	Bath	88.1	85.6	84.6	77.8	84.09	26	79.3	80.3
5	BBH/Fromeside	82.9	82.7	88.4	75.5	82.45	37	78.4	77.3
6	Gloucester	84.4	83	82.1	78	81.94	45	81.5	83.5
7	Devizes	97.3	90.3	67.3	70.3	81.15	16	79	73.1
8	Weston	83.6	73.5	82.3	84.6	80.58	22	91.2	84.6

Dr Dheeraj Rai, Feedback/Quality Monitoring Lead, July 2011

Report on Central Teaching

This consists of one day of teaching in 2nd week of attachment. It is an opportunity for students to learn together, to hear about more specialised areas of psychiatry and to meet academic psychiatrists.

We collect both quantitative and qualitative feedback and this is summarised

Quantitative:

Students are asked to rate session as Excellent, Good, Satisfactory, Poor or V. Poor, with Excellent scoring = 5 and V. Poor =1. Mean mark was 4 which is similar to last year (range 2.7 – 4.9).

Individual mean session scores were as follows with previous years score in brackets.

Liaison Psychiatry*	4.0 (4.3, 4.1, 4.1)
Eating Disorders*	4.1, 3.9 (4.3, 4.0)
Forensic Psychiatry*	4.3, 3.8 (4.0, 4.2)
Sleep*	4.3, 4.3 (3.6, 3.6)
Child and Adolescent Psychiatry*	3.8, 3.8 (3.7, 3.7)
Psychotherapy	3.5, 3.9 (4.1, 3.4)
Revision Tutorials	4.0, 4.2 (4.1, 4.3)
Stigma session	4.1, 4.2 (4.1)

* each student attends 2 out of 5 of these “ask the expert” sessions

Mean for year:

2010/11	4.0
2009/10	4.1
2008/9	4.0
2007/8	3.9

Qualitative:

This was good to excellent on the whole with no specific themes. With a new curriculum, and a need to ensure that this is covered in a logical way, it was decided to change the format of the central teaching slightly so that it focused on treatments. In addition there has been feedback that pharmacology teaching has been too brief and not comprehensive enough. Therefore for 2011/12, psychotherapeutic and pharmacological treatments will be covered; in addition there

will be a mind/body talk that students have found inspirational in the past which it is hoped will encourage students to think holistically in whatever branch of medicine they are studying.

Dr John Potokar, Teaching/Unit Lead, July 2011

ETHICS

Owing to contract extension Dr Stuart Oultram has continued in the role of Ethics Element lead and will continue in this role until 31st of August 2011 (he was originally due to step down 28-02-2011). From the period beginning 01-09-2011 until 30-09-2011 responsibility for the Ethics Element will be shared collectively by staff at the Centre for Ethics in Medicine after which time Dr Ainsley Newson will formally take back the role (from the 1st of October onwards).

General Assessment: The Ethics Element continues to run smoothly with the changes made after the 2010 Annual Report having been implemented successfully (see later). The standard of ethics case reports by students continues to be very good and some were outstanding. Feedback on case reports continues to be made available to students on an 'opt-in' basis, drawn to students' attention in the handbook. Academy teaching has run smoothly and overall received positive feedback from students and I would like to take this opportunity to formally thank all the academy ethics element co-ordinators and tutors for making the 2010/11 iteration of the course a success.

Note on changes since last APR report:

Appointment of new external examiner: Dr Phil Bielby (University of Hull) has now been formally appointed as the ethics element external examiner.

Re-location of child protection tutorial to year 4: This planned change to the ethics element was formally agreed and the tutorial was relocated.

Partial Transfer to Hippocrates: This was carried out successfully.

Points of Note: Unfortunately it was not possible to hold the 2010 'Training the Trainer' Ethics Away Day due to time tabling/work constraints of both the ethics element lead and academy ethics element co-ordinators. The running of this event will be attempted again although it is envisaged that similar problems will be encountered (especially as the ethics element lead as moved to a 0.6ft contract). However, the ethics element lead remains available to offer advice and support for academy tutors.

Looking ahead to 2011/12

The 'Confidentiality' tutorial will now no longer be covered during the year 3 ethics element. This is because the topic will now be covered in enhanced detail in year 1.

Dr Stuart Oultram, Locum Ethics Lead, July 2011

Annual Report for Gloucester Academy

I would like to thank all my colleagues who are continuing to support this Unit with their contributions as teachers in the introductory lecture week or as Educational Supervisors for students during their clinical placement. I would also like to thank my Personal Assistant Karen Bennett for her administrative support.

This is a summary of important highlights from 2010/11:

Introductory Lecture Week and Weekly Tutorials

MSE practice role play session: My colleague Dr Tan developed a number of role-play scenarios, in which a professional actor takes on the role of a 'simulated patient'. Students are encouraged to take the "hot seat" of the interviewing doctor in turns while the rest of the group acts as observers. Students and observers can ask for "time out", if they want to discuss a particularly difficult moment in the interview and the actress in the role of the simulated patient will also provide feedback on how she experienced the interview. This gives students an opportunity to practice basic interviewing skills as well as more specific skills of eliciting relevant psychopathology (e.g. how do you explore suicidal ideation and intent?) in a safe and supportive environment. Students are encouraged to observe their peer's interviewing skills and provide valuable feedback throughout the process. We are now running these sessions routinely throughout the whole academic year.

Education Not Discrimination (END) role play sessions: We have continued to participate in this nationwide project which is part of the Time to Change campaign. During one of their weekly tutorial sessions students participate in a role play scenario with actors and receive feedback from a number of Rethink involvement workers, who are able to draw on their lived experience as users of mental health services.

Clinical Placements

The clinical placement system: We have continued to run a clinical placement system, which allocates students to individual Educational Supervisors across the three localities in our county while ensuring a balance of inpatient / community and old age psychiatry clinical experience by assigning students to different rotas.

Training of Educational Supervisors: We have held another training half-day for Student Educational Supervisors on the 2nd September 2010. Phil Davies, the new Vice-Dean of Gloucester Academy attended the afternoon to talk about the place of the Psychiatry Unit within the wider curriculum.

Junior Doctor Mentoring Scheme

We have continued this scheme, which assigns each medical student to a junior doctor in their locality, who is able to offer additional support during their placement.

Others:

Local iSSC examiners: Dr Ian Pennell, Dr Teodor Lerescu and Dr Kelwyn Williams have continued to act as local iSSC examiners this year.

Dr Attila Sipos, Unit Coordinator, Gloucester Academy

Annual Report for AWP NHS Partnership Trust

The academic year 2010/2011 has been one of significant development for undergraduate teaching provided by AWP.

New Post

A Teaching Clinical Fellow post was created and we appointed Dr Kate Seddon to the post of Teaching Clinical Fellow and she began work with AWP on 1 August 2010. (Liz Anderson, teaching fellow, left the university, but we continued to employ her as a consultant and provide educational supervision to Kate as part of her role.) We have extended Kate's appointment until July 2012 which will enable her to consolidate and continue her work.

Having Kate in post has enabled us to conduct a strategic review and to develop undergraduate teaching across the whole of AWP (to bring it in line with the GMC's "Tomorrow's Doctors"). This work is ongoing and includes having regular meetings with Unit Tutors to work towards developing the roles of Unit Tutors and Educational Supervisor and disseminating good practice across all sites.

Kate has been reviewing and developing quality assurance practices/ systems across AWP including the use of feedback forms. Collating this feedback onto spreadsheets has already been piloted in North Bristol Academy.

Educational innovations across AWP, including the following:

- development of mentorship/buddy scheme for students with junior doctors similar to that already in place in the 2Gether Trust. This appears to be running well in some sites and is receiving positive feedback from the students.

- development of educational resources - including creation of guides for teachers, database of teachers, development of intranet.

- development of AWP trainees as educators of medical students. This is ongoing work with Speciality tutors facilitated by Medical Education Committee.
- review of Undergraduate Educational Programme in North Bristol. This led to the development of a joined up, high quality programme based on sound educational principles (and in line with Tomorrow's Doctors). This included educational resources for all of the teachers and handouts for students. This has now run for 2 units and is currently being evaluated. Generally feedback from both the students and teachers has been positive. The plan is to roll this out across the Trust.
- development of an Educational Programme for teachers of medical students within AWP. Module 1 delivered 10th June and has had positive feedback; Module 2 is being run 8th July. We will then evaluate the pilot modules and consider ongoing provision and expansion. Kate Seddon and Liz Anderson have had a Poster about this programme accepted for Association for Medical Education Europe (AMEE) conference in August 2011.

Partnership and Research

There is ongoing work developing strong collaborative working relationships with the UoB (members of Psychiatry Academic department, Psychiatry Unit Lead and other Faculty Educational Leads), Academies, Severn Deanery and other NHS trusts including 2gether with the aim of raising the profile of Mental Health across the board and reducing stigma (amongst professionals, medical students and the general public). We continue to collaborate with the development of new curriculum (content and delivery) and assessment methods.

Site Tutors

AWP employs 6 site tutors: Eva Dietrich (North Somerset), Jochen Binder-Dietrich (South Bristol), Sian Hughes (South Gloucestershire) and Martin Marlowe (Bath). Shan Williams (North Bristol) left her post to work for Severn Deanery and Hugh Herzig was appointed to the post at the beginning of the academic year. David Stevens (Devizes) retired and Kumar Selvarajah was appointed to the post in January 2011.

I have visited most of the site tutors at their bases (I have yet to get to Devizes) and I have carried out annual educational appraisal for all the site tutors. All said they enjoyed their year and all plan to continue in their posts next year.

SIFT Budget

Our Trust has changed from a locality management structure to a strategic business unit (SBU) structure the SIFT budget has become outdated. I have met with the Medical Director (Arden Tomison) and the Director for Medical Education (Robin Arnold – now replaced by Hayley

Richards) and we have agreed to completely rewrite the SIFT budget. As part of this process, I am in the process of determining exactly how much time is spent delivering teaching to undergraduates by AWP staff in each SBU. Once this is set, we will be able to report exactly how our SIFT money is spent. This will be completed before the end of the financial year.

Conclusion

There has been considerable development in education provided by AWP and we look forward to consolidating and progressing this further next year. In particular we look forward to developing a system of feedback and quality assurance which we can standardise across the sites AWP.

The biggest challenge facing us is the redesign of clinical services in the next academic year. With educational supervisors working in specialist functional teams we will need to find new ways of providing diverse clinical teaching and experiences.

We are looking forward to implementing the new curriculum and assessment methods.

**Dr Geoff Van Der Linden, Associate Director of Medical Education (undergraduates), AWP
NHS Partnership Trust, July 2011**

Annual Report for Somerset Academy

This year we had 29 students in the Somerset Academy. There were no major problems experienced.

The major difficulty this year has been the temporary closure of the adult acute unit in Taunton with the need to redistribute students to other areas.

Dr David Marshall who has been a reliable and well appreciated educational supervisor for many years retired. New educational supervisors, consultants who have recently joined the Trust, have been recruited and are appreciated by the students.

Feedback from students has generally been good. Staff are perceived as being friendly and helpful. There is timetabled time to achieve this core objective. The ability of students to present cases to consultant supervisors has improved.

Students present their SSC's to the PGME before their exams. The students appreciate the feedback given and the other medical staffs, not directly involved in teaching, have the opportunity to be involved with medical education and enjoy the presentations.

The criticism always from students is about the distance they are forced to travel as psychiatry is community based placement. The students are based a distance from their base in Taunton and find this difficult.

Plans for Next Year

The rebuild of Taunton acute unit will be completed, making placement easier. The work force seems to be stabilising. I am hoping to arrange satellite training sessions for the new educational supervisors.

The Medical Director and Chief Executive of the Trust continue to be supportive of the Teaching programme.

Dr Jackie Rossiter, Unit Co-ordinator, Somerset Academy, October 2011

Site Teaching Timetables 2010-11

Topic	Bath	BBH	Callington Road	Devizes	Gloucester	Southmead	Taunton	Weston
Phen/Classification	Week 1	Week 1	11.11.2010	Week 1	Wk 1	Week 1	Week 1	WEEK 1
MSE/History Taking	Week 1	Week 1	10.11.2010	Week 2	Wk 1 and roleplay session wk 2	Week 1	Week 1	WEEK 1
Intro Substance Misuse	Week 5	Within 1 st 2 weeks	15.11.2010	Week 3	Wk 1	Within 1 st 2 weeks	Week 1	WEEK 2
Intro Affective Disorders	Week 2	Within 1 st 2 weeks	11.11.2010	Week 3	Wk 1	Within 1 st 2 weeks	Week 1	WEEK 1
Intro Anxiety Disorders	Week 2	Within 1 st 2 weeks	12.11.2010	Week 3	Wk 1	Within 1 st 2 weeks	Week 1	WEEK 3
Intro Old Age/Dementia	Week 2	Within 1 st 2 weeks	18.11.2010	Week 2	Wk 1	Within 1 st 2 weeks	Week 1	WEEK 1
Intro Schizophrenia	Week 7	Within 1 st 2 weeks	19.11.2010	Week 4	Wk 1	Within 1 st 2 weeks	Week 1	WEEK 1

(2) Substance Misuse	Weeks 4/5/6/7	Within 1 st 2 weeks	03.12.2010		Tutorial (Wk3)	Within 1 st 2 weeks	Variable	
(2) Affective Disorders	Weeks 4/5/6/7	Weeks 4/5/6/7	12.11.2010		Tutorial (variable)	Weeks 4/5/6/7	Week 2	
(2) Anxiety Disorders	Weeks 4/5/6/7	Weeks 4/5/6/7	11.11.2010		Tutorial (variable)	Weeks 4/5/6/7	Week 2	
(2) Old Age/Dementia	Weeks 4/5/6/7	Weeks 4/5/6/7	18.11.2010		Old Age Week (rota)	Weeks 4/5/6/7	Week 4	
(2) Schizophrenia	Weeks 4/5/6/7	Weeks 4/5/6/7	19.11.2010		Tutorial (variable)	Weeks 4/5/6/7	Week 3	
Risk Assessment	Week 1	Week 1	19.11.2010	Week 1	Wk 1	Week 1	Week 1	WEEK 2
Exam Prep/Revision	Week 7	On going	25.11.2010 13.01.2011	Covered with Clinical Tutor	Tutorial (Wk 6 or 7)	On going	Weeks 6 - 8	EVERY WEEK
Mental Health Act	Week 1	By the end of Week 3	Covered with Clinical Tutor	Week 4	Wk 1	By the end of Week 3	Week 1	WEEK 1
Pharmacology			Covered with Clinical Tutor.	Week 4 & 6	Tutorial (variable)		Weeks 4 - 8	
ECT		Tutorial within 1 st 4 weeks	18.11.2010	Week 1 & 3	ECT sessions and DVD /	Video within 1 st 4 weeks	Variable	VIDEO AND ENCOURAGE

					video		Weeks 1 - 4	VISITS
Specialist subjects		User perspective	Therapies 18.11.2010	Learning Disabilities	Carers perspective wk 1	User perspective	Variable Weeks 1 - 4	learning difficulties
		Rethink sessions		Child & Family	Personality dis wk 1	Rethink sessions		cbt and anxiety
		CAMHS		Clinical Psychologist	Syaying safe wk 1	CAMHS		gp sessions x 2
				Perinatal	Eating dis wk 1			early intervention and psychosis
					Violence risk assessment wk 1			
					LD day Wk 4 or 5			
					Exit Interviews Wk 8			skills session
								extra sessions offered by two experienced psychiatry shos for revision of any of the above subjects on a regular basis if required