UEMS Section of Psychiatry
Guidelines on Psychotherapy Learning Experiences in Psychiatry Training

The UEMS Section of Psychiatry

The UEMS is a non-governmental organisation representing national associations of medical specialists at the European Level. With a current membership of 37 national associations and operating through 43 Specialist Sections and European Boards, the UEMS is committed to promote the free movement of medical specialists across Europe while ensuring the highest level of training which will pave the way to the improvement of quality of care for the benefit of all European citizens. The UEMS areas of expertise notably encompass Continuing Medical Education, Post Graduate Training and Quality Assurance.

The specialty of psychiatry is represented within the UEMS by the Section of Psychiatry which meets twice a year and is organised around its vision and mission: -

The purpose of the UEMS Section of psychiatry is to promote the highest standard of care for people who have mental health problems in Europe.
The Section will achieve this by encouraging excellence in psychiatric education and training, from the undergraduate phase through to continuing professional development.
The Section conducts its work by:

1. Contributing to the harmonisation of professional standards in Europe
2. Setting standards for education and learning across all stages of professional development in Europe
3. Producing evidence-based guidance on training and service related matters
4. Monitoring these standards when invited to do so

Psychotherapy Working Group of the Section of Psychiatry

In order to support the mission of the Section, particularly numbers 1-3 above, in October 2016, the Section of Psychiatry established a Psychotherapy Working Group with the following terms of reference: -
The objective of the Working Group is to produce an evidence-based report that describes:

- The learning outcomes that are relevant to each level of psychotherapy learning
- The methods of learning that best support the acquisition of appropriate skills, knowledge and attitudes
- The methods of assessment that demonstrate with greatest utility, the capability of the doctor at the three levels of learning

The work of the Group is very much aligned to the mission to develop outcome focused education and training. Traditionally much of the learning and training in psychiatry has been teacher and method focused and has been much less focused on learners and outcomes.

Level One Psychotherapy Training

The terms of reference of the Working Group refer to a three level model of psychotherapy training in which Level 1 psychotherapy training is focussed on enabling the psychiatrist in training to practice in a psychologically informed way. This will enable them to be a resilient practitioner, expert communicator and novice therapist who can not only elicit the signs and symptoms of mental disorder, but also is able to understand the person's 'inner world' and to build trust with patients and carers so enabling the development of healthy, recovery focussed therapeutic relationships in which patients and carers are partners as well as be able to refer patients for appropriate psychological interventions.

It was thought that this level could be described as 'learning in psychotherapy', while Level Two psychotherapy training could be termed 'learning for psychotherapy' and Level Three, being more transformational in nature, can be termed 'learning to become a psychotherapist'.

The Working Group has identified the following list of capabilities and supporting competencies that Level One training in psychotherapy should develop in the psychiatrist in training: -

As a resilient practitioner

- Is able to be psychologically resilient and self-aware
- Self-monitors, self-cares and seeks advice and support as appropriate to maintain their own mental health

As an expert communicator

- Is able to communicate effectively and empathically, both verbally and non-verbally
- Establishes empathic understanding of patients and carer
- Identifies the concerns and expectations of others including in situations that elicit strong unpleasant emotions.
- Is able to recognize and manage defence, coping, resistance, transference and countertransference mechanisms
- Discusses the inner experiences of the patient and reflects on this with the patient.

As a novice therapist

- Is able to build, maintain, and end a treatment relationship with the patient and their relatives.
- Establishes collaboration though common goal and agenda setting and whenever possible, shared decision making
- Gains the trust of other people, especially those that are frightened
- Is able to communicate diagnostic and prognostic information (especially for distressing conditions such as schizophrenia)
- Is able to apply motivational techniques appropriately to the motivational stage of the patient
- Is able to administer common, supportive interventions including: acknowledging, expressing empathy, stimulating, structuring, advising, and confronting.
- Is able to give accurate information regarding the effectiveness of and indications for different psychotherapies and is able to facilitate appropriate referrals to specialist psychotherapy providers

Developing this guideline

In order to address the issue of how the above level one psychotherapy outcomes may be effectively and efficiently delivered in psychotherapy training, the Working Group commissioned a health care consultancy to conduct a literature review which was to answer the following questions:

- Are there descriptions in the literature of educational interventions that seek to develop the above outcomes in psychiatrists?
- If there are no descriptions of such interventions that have been applied to psychiatrists, are there accounts of interventions applied to 'nearby' professional groups such as clinical psychologists, psychotherapists or psychiatric nurses?
- If there are accounts of educational interventions that have measured outcomes, what does the evidence indicate concerning the effectiveness and efficiency of educational interventions to develop the above capabilities in psychiatrists in training?
- What methods of assessment are there that demonstrate how effectively psychiatrists in training demonstrate the above capabilities?

The search strategy and approach employed in the review is described in detail in the full report. The team conducting the review maintained close contact with the Working Group during the

evidence gathering process to ensure that all possible sources were identified and to check that the evidence interpretation had validity for content experts.

Main findings of the review
The evidence base around teaching psychotherapy outcomes to psychiatrists is poor. The studies that are reported are almost exclusively based on research questions that are posed from the perspective of the learning technique and are not outcome-focused.

There are few well designed interventional studies; most studies are observational and include low numbers of participants. Outcomes are frequently poorly defined and not measured consistently or robustly. Furthermore, few studies incorporate significant periods of post-intervention follow-up, so only limited conclusions can be drawn regarding the long-term effects of interventions.

Having said that, there is evidence that some outcomes of being a resilient practitioner can be developed through learning programmes, especially resilience, self-awareness & self-caring. There is evidence in support of learning interventions to develop some outcomes of the expert communicator, especially empathic understanding and communication, and recognizing and managing psychological defence mechanisms. The only approaches that developed novice therapist outcomes for which there was evidence, were those that included some element of supervised therapeutic practice.

The evidence was strongest in support of personal therapy with a dose-dependent increase in some measures that are thought to relate to self-awareness, Balint-type reflective practice discussion groups and focused group learning in mindfulness, self-care and advanced communication skills training including an experiential component with feedback.

Recommendations
The recommendations that follow should be considered as supplementary advice to the UEMS Document, Essential Training Requirements for the Specialty of Psychiatry.

The evidence base is too weak to make any single learning technique a mandatory part of training, but a programme should offer a range of choices of technique for trainees to select according to personal preference and resource availability and programmes should ensure that these outcomes are consistently measured.

1. The learning experiences to support level one psychotherapy learning outcomes in a training programme for psychiatry should include some of the choices below, which should be undertaken by every trainee either singly or in combination and should be of sufficient amount and duration to produce measured improvements in resilience, advanced communication skills and novice therapist skills.

2. Personal therapy, preferably accompanied by repeated measures of self-awareness, so that the dose of therapy may be titrated against optimal response.

3. Balint groups of at least one and a half hours duration for at least 12 weeks duration.

4. Self-care training groups of 12 weekly sessions of 1.5 hours. Training sessions should include theoretical education, experiential exercises and home assignments.

5. Mindfulness training groups appear to be promising interventions to contribute to improving self-awareness, however, the evidence-base is not sufficiently substantial to allow recommendations to be made regarding the size of intervention.

6. Communications skills training can improve measured levels of empathy. The programme should include elements of theoretical teaching with an experiential component that should include video feedback. There is limited evidence regarding the amount and duration of the intervention, such as there is, indicates that a minimum of four weeks of one-hour sessions is needed to bring about measurable improvement in ten participants.