Learning from psychiatry summer schools for school leavers

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ABSTRACT

Background: In the context of the ongoing recruitment crisis in psychiatry, we evaluated what aspects of a school leavers’ psychiatry summer school was beneficial, and what aspects could be improved. We also considered if the summer school influenced interest in a career in psychiatry. Method: Over a three-year period, we collected and analysed Likert-scale and free-text data from a questionnaire given to school leavers at the end of the summer school. Results: School leavers found listening to a patient's journey to recovery, interaction with doctors at different stages of training, and help with application to medical school most valuable. Feedback about the summer school was generally very positive and of the 38 school leavers involved, 61% stated they would consider going to medical school most valuable. Discussion: Providing a psychiatry summer school for school leavers is a worthwhile opportunity to expose aspiring doctors to psychiatry, potentially enhancing future recruitment. We offer guidance from our learning to those considering running a similar summer school in the future.

DECLARATION OF INTERESTS

None

BACKGROUND

Prior to 2013, our department was receiving an increasing number of requests for work experience from school students aged 16 and above (to distinguish this group from medical students we refer to them as ‘school leavers’ throughout this text). The demand at this point outstripped the resources to accommodate each request on an individual basis, and thus provided the inspiration to design and run a summer school. This led to an opportunity to reach out to more school leavers and perhaps influence their perceptions of psychiatry.

In the last 10 to 15 years there has been significant concern regarding a ‘recruitment crisis’ in psychiatry.1,2 In 2011 the Royal College of Psychiatrists issued a recruitment strategy with a primary aim to increase core trainee recruitment to a 95% fill rate by 2016.3 Although at least seven years away from entry into training, one of the three key groups identified in the recruitment of prospective psychiatrists was ‘pre-medical school students’ (school leavers).4

Psychiatry summer schools have recently been gaining popularity as a means of encouraging medical students and junior doctors to consider careers in psychiatry.5 This trend does not appear to have filtered down to school leavers. The only evidence of a psychiatry specific summer school for school leavers was ‘Bristol’s Psychiatry Summer School’.6 The week-long event had 18 places available for local students who took part in taught sessions, work experience with Consultant Psychiatrists and GPs, as well as an evening social event.4 Medical summer schools, which exist as a resource to help school leavers explore a career in medicine, and support their applications to medical school, seem to neglect psychiatry. Medlink, which reports itself as the world’s largest event for school leavers considering medical careers, did not include a lecture on psychiatry in its 2013, 2014 or 2015 programme.5,6,7 Preparation for application to medical school is the primary aim for most school leavers seeking work experience. Psychiatry appears to be missing out on this important phase of recruitment.8,9 Exposure to psychiatry can lead to school leavers having more positive opinions of the specialty and potentially enter recruitment at a later stage.2,10

With this in mind we ran and evaluated a summer school programme in psychiatry for school leavers, for three years (2013, 2014 and 2015). We aimed to learn through evaluation of the summer school what was beneficial and what worked less well, in order to help other organisations plan similar events in the future. We were also interested in whether the summer school influenced thoughts about a career in psychiatry.

METHODS

Guidance from the Royal College of Psychiatrists lists six key areas for attention when designing a work experience or summer school programme: application, induction, content, indemnity, patient/carer issues and feedback/evaluation.11 These are considered below.

Application

Summer school information was distributed to local schools and colleges inviting applicants to the event. Schools were sent a brochure outlining the course aims, programme, information about the host NHS Trust, information about mental illness and the eligibility criteria for the summer school.

The requirements were that school leavers must be over the age of 16 and have permission from both their school and a parent/guardian to attend. They were expected to have the potential to gain grades good enough for an application to medical school, and demonstrate interest through a brief personal statement. There was no cost for the event although school leavers had to make arrangements for their own travel. Funding for the summer schools came from the medical education department at the host NHS Trust.

Induction

The objectives of the summer school included developing a greater understanding of what it means to be a doctor, of working in psychiatry, of mental health and its impact on people, and of the medical school application process. We were mindful that some attendees may find the topics difficult, so school leavers were reassured that a mentor would be available should they find any content of the summer school distressing.
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Content
Teaching was facilitated by consultant psychiatrists, junior doctors, medical education staff and service users. Sessions were delivered via lecture, seminar or small group teaching. The sessions and topics included are summarised in Table 1. No specific training was provided for those delivering a session, although they were supported throughout by the medical education department. Refreshments and lunch were provided. The summer school consisted of a whole day (9:00 to 16:30) on a Friday, and a half day (9:00 to 13:00) on a Saturday.

Indemnity
A copy of the Trust Confidentiality Policy was sent to school leavers prior to attending the summer school. They were required to sign they had read and would abide by this policy.

Patient-carer Issues
Service user involvement was key to delivering a varied and engaging programme. Two sessions were primarily led by service users (see Table 1).

Feedback/evaluation
Questionnaires were given to each attendee at the end of the programme. These consisted of ten items on a five-point Likert scale (from strongly disagree to strongly agree) and two open questions regarding the programme as a whole. The three years of feedback was amalgamated to reveal percentage of school leavers’ responses to each item, generating descriptive statistics, and to visualize common themes from the open questions. Positive and negative themes were grouped together, to give a numerical value illustrating how commonly a theme was expressed.

RESULTS
Thirty-eight school leavers attended our summer school: eleven in 2013, fifteen in 2014 and twelve in 2015. All attendees completed evaluation forms. Items scoring particularly strongly included developing an understanding of what it is to be a doctor, developing an understanding of mental health and its impact, finding the summer school enjoyable and helpful, and wanting to recommend it to others. 100% of attendees agreed or strongly agreed with these five Likert-items. A minority

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Content and Delivery</th>
</tr>
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<tbody>
<tr>
<td>An overview of mental illness</td>
<td>A presentation given by a senior psychiatry trainee, describing the national and individual impact of mental illness, the delivery of mental health services, and recovery in mental ill health.</td>
</tr>
<tr>
<td>Psychiatry as a career</td>
<td>A presentation given by a senior psychiatry trainee describing career track and experiences.</td>
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<tr>
<td>Personal experiences and career journeys</td>
<td>Short verbal presentations delivered by doctors at different stages of training, including consultant psychiatrists, psychiatry trainees and general practice trainees.</td>
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<tr>
<td>Opportunities to talk with doctors over lunch</td>
<td>Informal discussions with doctors at different stages of training.</td>
</tr>
<tr>
<td>Journey to recovery from severe mental illness</td>
<td>Verbal presentation, plus question and answer session, delivered by a service user from our patient experience team and facilitated by a senior psychiatry trainee.</td>
</tr>
<tr>
<td>Professionalism and situational judgement</td>
<td>Group work led by general practice and psychiatry trainees, whereby school leavers discussed challenging case studies to think about ways they might be addressed.</td>
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<tr>
<td>Applying to medical school, including advice on personal statements</td>
<td>Workshop led by a consultant psychiatrist and a medical student.</td>
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<tr>
<td>Mock interviews</td>
<td>Led by a consultant psychiatrist, an associate specialist psychiatrist, and a medical student.</td>
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<tr>
<td>Film club</td>
<td>Reflecting on the communication style of doctors as portrayed in film, led by an associate specialist psychiatrist.</td>
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<tr>
<td>Tour of the old hospital grounds</td>
<td>An historical context to the move from asylums to care in the community. Facilitated by a service user from our patient experience team.</td>
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Table 1: Provides details on the topics and sessions presented during the summer school
(3%) felt less interested in a career in psychiatry, with 36% giving a neutral response. Although comparatively this was the worst performing Likert-item, 61% of school leavers still agreed or strongly agreed that because of the summer school they were more interested in psychiatry as a specialty. 98% of attendees agreed or strongly agreed they had a greater understanding of what it means to work in psychiatry. More than 80% of school leavers felt the summer school made them more interested or better able to decide whether to apply to medical school. All other responses to these four Likert-items were neutral.

The greatest number of positive free text comments (22) regarded service user involvement. There were 11 positive comments about doctors’ involvement in the summer school, and 10 positive comments about help with medical school application. There were five negative comments demonstrating disappointment with the tour of the hospital site, with a common theme of wanting the tour to include more clinical areas.

**DISCUSSION**

The tour of the site was service user led and, with a tour of the old hospital site, aimed to give a historical context to the move from asylums to care in the community. The main barrier to including clinical areas in the tour was confidentiality, safety and patient autonomy. It is difficult to overcome this problem in a summer school setting, but it could potentially be supplemented by a ‘virtual tour’, where a service user led film of inpatient areas is shown after the walking tour. School leavers seemed to value clinical experience highly, and therefore in future more consideration should be given to this to enrich the experience and interest, such as through use of simulated patients or sessions with relatives and carers.

Along with the 10 positive comments about medical school application there were five negative comments with a general theme of wanting more help or input in this area. This feedback demonstrates how valuable students find specific and practical help for application, therefore the importance of adequate time for this must not be overlooked when devising a summer school programme.

Although 61% of attendees said they would consider a career in psychiatry, further feedback should be sought in future to ascertain what aspects of the summer school influence this decision.

In summary, a school leavers’ psychiatry summer school would benefit from three key ingredients; involvement of service users, exposure to doctors at all levels of training and specific, practical help for medical school application. Despite not being able to evaluate if the summer school has led to or aided successful applications to medicine, and in the future to training in psychiatry, we feel that the positive feedback about the summer schools demonstrates inherent value and benefit to those taking part. There is some evidence that exposing junior doctors to psychiatry early in training positively influences interest and uptake of psychiatry as a career. To evaluate whether a school leavers’ psychiatry summer school has a positive impact on recruitment, further research would be required.

**REFERENCES**


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