



The Student Associate Magazine
SUMMER 2018 EDITION

Future Ψ



The Struggle Is Real

We take our *independence* for granted.

The young, in particular,

wear this cloak of invincibility until it's ripped to shreds before their very eyes, leaving no time to pick up the pieces and sew them back together.

Even young pride can't overcome adversity when it strikes and we are left ~~broken~~, unable to deny the help of even strangers.

It is in these moments that we learn to appreciate kindness in its various forms, from those we never expected, in ways we never imagined.

It is perhaps this lack of expectation from which stems the overwhelming **gratitude**, from which blossoms a previously unknown sense of awe at the human condition. The seed of *independence* is embedded within our minds with roots so deep they intertwine with our sense of self **worth**, entangle with our perceptions of human **value**, flower the foundations of our ideas on the purpose of existence.

They say the 'little things' matter, but if the smallest detail can impact so greatly is it then the most ironic of misnomers to call them little, to degrade them to an insignificance they have done nothing to deserve. Gestures that trigger **smiles**, the personal touch that hits like a bullet of **joy**: shoot away with your guns of consideration and fire holes into other's misery

Dr Famia Askari
Foundation Year 2, South Thames Foundation School

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Editorial

In May this year, the Royal College of Psychiatrists hosted its first conference designed exclusively for Foundation Doctors (including 'F3'). Entitled "Exploring Psychiatry: Medicine for the Curious", the two-day national event celebrated the variety of career options on offer to doctors who [#ChoosePsychiatry](#).

The inspiring array of speakers and widespread collection of delegates provided a melting pot of stories about people's individual journeys within Psychiatry. The only conclusion that could be drawn from such an event is that a career in Psychiatry is enormously diverse with something to suit everyone.

This edition of FuturePsych continues the theme of exploration. We travel back to one author's Gujarati roots while another paints us a picture of her relationship between Psychiatry and the Arts. We hear about one student's leap into the world of psychoanalysis before taking a step back with a foundation doctor who reflects on life lessons learned from her psychiatry rotation. A voyage into the world of medical education takes us from an innovative student selected component to a pioneering out-of-hours shadowing programme. We then conclude our current adventure by interviewing the first prize winner of the "Exploring Psychiatry" conference poster competition.

Thank you to everyone who contributed to this edition of FuturePsych. Happy reading!

Would you like to submit something to the next edition of FuturePsych magazine? We are always interested to hear from you! We welcome reflections, case studies, opinion pieces, reviews, elective reports and interviews with equal applaud. For more information, please email FuturePsych@RCPsych.ac.uk



Dr John Carroll

John studied Medicine at the University of Southampton and is currently completing Foundation Year 2 in South Thames Foundation School. He starts Psychiatry Core Training in North West London this summer.

John is the current Foundation Doctor Associate Representative on the RCPsych Psychiatric Trainees' Committee (PTC).

[!\[\]\(758ebdf4629c903da74c2e079717ae32_img.jpg\) @johnarancarroll](https://twitter.com/johnarancarroll)

Cover artwork by Dr Guy Undrill

Guy is a consultant psychiatrist working in acute psychiatry for 2gether NHS Foundation Trust. He is an Honorary Clinical Lecturer at the University of Bristol, RCPsych Education & Training Committee South West Division Representative, a member of the Motivational Interviewing Network of Trainers and Picture Editor for The Psychiatric Bulletin. Guy was RCPsych 'Trainer of the year' in 2013.

[!\[\]\(a8f9309f944226d1420f5fed22e2b6e6_img.jpg\) @GuyUndrill](https://twitter.com/GuyUndrill)

Lost in Translation

Rahul Mehta

I am trying to learn Gujarati, the tongue of my family and my community. It is spoken by the people of Gujarat, a state in northwest India. Perhaps it's the beautiful way it flows off the tongue, or a history boasting the birthplace of Mahatma Gandhi, or even my personal desire to find a belonging in my roots, but something draws me to it.

Nonetheless, my learning is piecemeal. As my grandmother reads newspapers on her iPad, I interrupt her with requests for translations of English words. Sometimes, it's situational ("what's the word for spoon?"). Other times, it's more profound ("what about death?"). Her response is slow and clear, enunciated for me to copy.

A few months ago, as I was studying for my Psychiatry rotation, I asked her what the Gujarati word was for depression. Not the romantic melancholy of Indian poetry, but the mental illness. Her eyes bulged, speechless. She turned to my parents, and echoed my request. They shrugged. Even a quick Google couldn't solve our conundrum.

'With the gap in our language is a vacuum filled with stigma, superstition, and obscurity.'

The mother tongue of those in the Gujarati diaspora is peppered with English words that defy translation. With the gap in our language is a vacuum filled with stigma, superstition, and obscurity. Further conversations with my grandmother over warm chai (tea) showed not only the extent to which a

community, known for its entrepreneurship and ambition, had neglected the suffering of its people through ignorance, but also that it seemed content in relegating these victims to the lowest rung of society.

'My late grandfather's struggle with mental illness made my family pariahs in the local community.'

My frustration with the stigma in my community is perhaps best explained by events close to home. My late grandfather's struggle with mental illness made my family pariahs in the local community. My grandmother's traumatic memories of her married life remain suppressed, never addressed by friends or family. Our place of worship may be filled with a thousand conversations about everything from theology to gossip, but there never seems to be space for discussion about mental health.

Yet I see in many relatives the traits and traces of fragile mental states. Elderly masis (aunties) struggle with loneliness and listlessness as their children neglect their familial duty. Young men and women writhe under the burden of high academic expectations from parents still trapped in the "never good enough" immigrant work ethic. Despite the universal nature of mental health conditions, it seems that the only disease we're allowed to discuss is from the neck down.



A mujawar (sorcerer) near the grave of Muslim saint Hazrat Saiyed Ali Mira Datar.

‘The new generation of British Gujaratis, rejecting their parents’ conservatism and fear of gossip, take to social media to discuss mental health in frank terms.’

All hope is not lost. The new generation of British Gujaratis, rejecting their parents’ conservatism and fear of gossip, take to social media to discuss mental health in frank terms. As movements centring on self-love gain traction, their adherents include young brown men and women. Back in the motherlandⁱ, mysticism and science are unlikely bedfellows as psychiatrists train faith healers, such as the mujawar (sorcerers) in central Gujarati.

The difficulty, however, lies in selling the truth to the older generation of British Indians, the truth that their mental anguish is not laziness or something supernatural, but rather grounded in science and experiences shared by millions people to this day. That may start with finding the right words for the discussion, but the conversation must surely spread beyond terminology.

ⁱ Mehta, R., Shah, A., Vankar, G., Chauhan, A. and Bakre, R. (2018). Golden roots to golden fruits of mental health in Gujarat. *Indian Journal of Psychiatry*, [online] 60(6), p.227. Available at: <http://www.indianjpsychiatry.org/article.asp?issn=0019-5545;year=2018;volume=60;issue=6;spage=227;epage=235;aulast=Mehta> [Accessed 11 May 2018].

ⁱⁱ *Thealtruist.org*. (2018). Dava & Dua Program | Altruist. [online] Available at: <http://thealtruist.org/dava-dua-program/> [Accessed 11 May 2018].



Rahul Mehta

Rahul Mehta is a fourth year medical student at the University of East Anglia, where he is currently doing a secondary care attachment in Paediatrics.

Rahul is passionate about the intersection of culture and mental health, as well as tackling health inequality.

In his spare time, he enjoys writing poetry, discussing politics, and running the Diaspora Diaries magazine for BME students on campus.

Psychiatry & the Arts

Famia Askari

'The arts' is an umbrella term that encompasses various disciplines, including but not limited to: Art, Music, Theatre, Dance, Film and Literature. What these appear to have in common is the creative process involved in the production of such works, often associated with a sense of satisfaction and achievement.

Intrigued by the link between the two, I had the pleasure of attending the psychART Conference 2017. Featuring speakers from a variety of professions, the conference created a truly unique environment and allowed for open discussion between those from medical, artistic and other diverse backgrounds.

'I found it inspiring to meet many psychiatrists who were involved with the arts on both a personal and professional level and how they have continued to pursue this alongside, or as part of, their careers'

The high quality artwork submissions ranged from poetry and paintings to computer games. I found it inspiring to meet many psychiatrists who were involved with the arts on both a personal and professional level and how they have continued to pursue this alongside, or as part of, their careers: Femi Oyebode being a shining example of a successful clinician, academic and poet.

The interactive workshops highlighted some wonderful community organisations such as Arts Network South London

and Cool Tan Arts who provide opportunities including painting, photography and stitch embroidery. It was an excellent opportunity to experience first-hand the possible benefits of engaging with the arts and the even greater impact of doing so within a social environment.

'The positive influence the arts can have on mental and physical health is becoming increasingly evident'

The positive influence the arts can have on mental and physical health is becoming increasingly evident over time and the World Health Organization definition of health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' appears to be reflected in the changing attitudes towards health promotion and disease prevention.

'economic benefits through increased productivity, reduced sick leave and fewer hospital admissions'

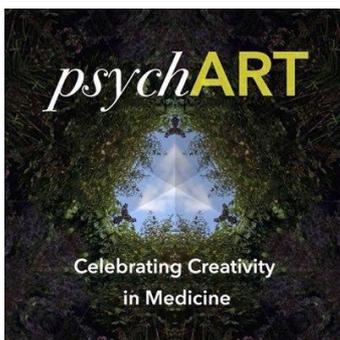
The All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry reported that 'the arts can make an invaluable contribution to a healthy and health-creating society' and recommended that government bodies, the NHS and local authorities work together to improve and expand opportunities for such services as well as promote these to the public. It emphasised the evidence for economic benefits through increased productivity, reduced sick leave and fewer hospital admissions. The report concluded that health care professionals should be educated on the importance of the arts in health and that interdisciplinary research should be promoted to add to the existing evidence base.

The way in which mental ill health presents and is categorised is significantly influenced by culture and language, the subtleties of which are more fully realised by exploring the ways in we communicate and interact with one another and the world around us. Therefore, engaging with the arts has potential benefits in helping mental health professionals understand such intricacies and empathise more with patients.

‘In essence, there is a symbiotic relationship between the arts and mental health’

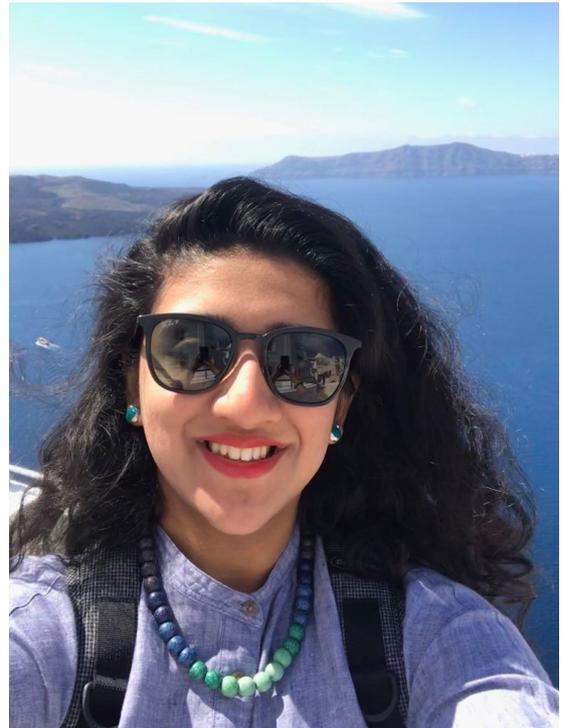
In essence, there is a symbiotic relationship between the arts and mental health and we should encourage all to be part of the creative process for the benefit of both individuals and society.

- www.artshealthandwellbeing.org.uk
- www.artsnetwork.org.uk
- www.cooltanarts.org.uk
- www.who.int/about/mission/en



psychART celebrates creativity, arts and psychiatry. psychART17 took place on 3.11.17, visit www.psyhart.co.uk and follow on Twitter for news about psychART18

 [@psychART18](https://twitter.com/psychART18)



Dr Famia Askari

Famia studied Medicine at the University of Leicester and is currently a Foundation Year 2 in Margate, Kent. She is planning an F3 year volunteering abroad in mental health.

Famia is particularly interested in the use of psychedelics in Psychiatry, Social Psychology and Transcultural Psychiatry.

In her spare time, Famia loves to travel, cook and play the drums.

 [@askfam](https://twitter.com/askfam)

In Defence of the Unconscious: Should we be so Dismissive of Psychoanalysis?

Jamie Sterritt

Having recently attended the annual Institute of Psychoanalysis Summer School 2017, I was led to ponder further the above question. Over the three days, I found it most engaging how psychoanalytic thinking was applied not only to treatment modalities, but also to questions of history, culture, and trauma. Amongst the speakers were Catalina Bronstein, current president of the British Psychoanalytical Society, and Stephen Grosz, author of the Sunday Times bestseller *The Examined Life*, who headed a truly excellent line-up.

‘with the Royal College of Psychiatrists incorporating the latest neuroscience into the national curriculum, does this reflect a greater understanding of the mind-body relationship...?’

A fellow medical student informed me this year that he “didn’t see psychiatry as medicine.” As many of my peers see medicine as the treatment of the body, psychiatry superficially fails to conform to this perceived standard. But with the Royal College of Psychiatrists incorporating the latest neuroscience into the national curriculum, does this reflect a greater

understanding of the mind-body relationship, and have attitudes from our colleagues towards psychiatry shifted from psychiatry to psychoanalysis? Has the mind-body dichotomy, which has firmly rooted psychiatry in medicine, further alienated psychoanalysis from psychiatry? Is it all just too metapsychological?

Childhood trauma is unequivocally a major aetiological factor in psychiatric disorders^[1], so the idea that our childhood experiences, including non-traumatic ones, have similar influences on our adult lives is not so difficult to accept. The developing brain of a child has high levels of plasticity^[2] so it is entirely plausible that our former experiences significantly mould our distinct personalities.

Psychoanalysis acts upon these notions by exploring childhood experiences to make sense of the analysand’s problems. The unconscious also takes a centre stage: we know what we do but not why, and the unseen unconscious exerts its influence on our rational ego to determine our actions and relationships subtly, but not necessarily advantageously. These are not alien concepts to the psychiatrist, so where lies the disconnect?

‘focus has shifted to more short-term interventions, such as cognitive behavioural therapy’

Perhaps the truth is simpler; after all, psychoanalysts are not always medically trained, suggesting there is no link with medicine and psychiatry, and it is no secret that the evidence base of psychoanalysis and psychoanalytic psychotherapy is contentious.^[3] Psychoanalysis is famously protractive, relying on the gradual transfer of unconscious thought into the conscious, but with today’s NHS struggling to cope with huge patient demand, focus has shifted

to more short-term interventions such as cognitive behavioural therapy. Additionally, the falsifiability of psychoanalysis is contested^[4,5], but with the tendency of unsuccessful treatment attempts being attributed to psychical defences, further doubt is shed on its place in modern evidence-based medicine.

'the psychoanalytic theory of mind is fascinating.'

Regardless, the psychoanalytic theory of mind is fascinating and makes a lot of sense to me personally. We are formed by our experiences and relationships with others, and I think it would be foolish to take a too superficial viewpoint of the human psyche.

Dr Kate Pugh delivered an excellent lecture at the summer school where she discussed the application of psychodynamic theory to psychiatric disorders like paranoid schizophrenia using Hinshelwood's psychodynamic formulation.^[6] I identified with this way of thinking, and felt that it accurately represented dynamic theories of the illness without disregarding neurobiological aspects,^[7] thereby sustaining the mind-body link.

Perhaps psychoanalysis' role in treatment is not where its true value lies, but rather its use as a tool for a greater understanding of ourselves. Whilst I feel satisfied that my journey with psychoanalysis has probably come to an end, psychodynamics provides a convenient midground, and one which I am eager to explore further.

'I would recommend this very affordable summer school to anyone interested in psychoanalysis or psychodynamics'

I would recommend this very affordable summer school to anyone interested in

psychoanalysis or psychodynamics. For anyone interested in a future career in medical psychotherapy, as I am, I believe this is a good place to start.

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Jamie Sterritt

Jamie is a fourth year medical student at Exeter Medical School and was the chair of Exeter & Truro PsychSoc 2017-18. He is particularly interested in Medical Psychotherapy and is undertaking his elective in Intensive Short-Term Dynamic Psychotherapy in Montreal.

In his spare time, Jamie enjoys learning the piano and the theremin, and is a keen dressage rider.

Life Lessons from a FY2 Psychiatry Placement

Dr Mili Dhar

Psychiatry is the marmite of the medical world. There is a lot of stigma surrounding psychiatry even in this day and age. For a budding physician interested in treating physical illnesses, I thought I would struggle to find the appeal in managing conditions that are almost intangible (in my mind at least!). However, I surprised myself. This is a snapshot of what I will be taking away from my 4-month placement in Foundation Year 2...

‘having worked in very busy medical and surgical jobs over the course of my foundation training, it dawned on me that I was de-humanised’

Having worked in very busy medical and surgical jobs over the course of my foundation training, it dawned on me that I was de-humanised. We are all well aware of the time pressure and excess workloads. It is easy to stop seeing patients as individuals but rather as chores. Your working life becomes a “job list”.

‘In my psychiatry placement, I had the opportunity to hone my emotional intelligence’

In my psychiatry placement, I had the opportunity to hone my emotional intelligence. I realised how rewarding it could be to take your time to see a patient. I learned the importance of

developing a connection enriched with emotions and feelings in order to bring out the best from the consultation. I believe these processes provide a stepping stone to self-awareness and help build rewarding clinical relationships with your patients.

‘Emotional intelligence is a core transferable skill’

Remember, as cliché as it sounds, Medicine is an art as well as a science. Emotional intelligence is a core transferable skill and is something that is partly innate, but also something you can acquire through interpersonal interactions.

‘Severe mental health disorders have high mortality which is comparable to the world’s biggest killers’

We know 1 in 4 people in the general population experience a mental health problem every year, so you are bound to encounter mental health disorders in your professional and personal life. And severe mental health disorders have high mortality which is comparable to the world’s biggest killers like diabetes, so mental health should be taken seriously!

‘skills in psychiatry are undoubtedly helpful in any medical speciality’

Therefore, skills in psychiatry are undoubtedly helpful in any medical speciality. Each day when we meet our patients, if we have the ability to assess their mental state it will make our job both easier and more enjoyable.

Importantly, you can also use these skills to better understand your colleagues. Appreciating the different personality traits within your team will help to foster camaraderie

and empathy, enabling you to build a stronger team dynamic.

It is easy to have pre-set notions, in particular about patients with personality disorders that present to casualty departments repeatedly (I know I am guilty of this, having worked in an Accident & Emergency department previously). It is well known that personality disorder related admissions are a significant burden to our acute healthcare services; however, it is important to recognise the reasons behind this in order to equip you to manage these patients better.

‘Psychiatry is not alone in being subjective’

The brain is a conundrum, and I found psychiatry to be truly fascinating. However, psychiatry is not alone in being subjective. Admittedly Psychiatry is about recognising disorders of behaviours and/or thoughts that are usually on a spectrum and yes, no doubt there is ambiguity in the equation.

For example, diagnosing psychosis may not be as strikingly obvious as recognising a patient with biliary sepsis presenting with RUQ pain and CRP of 300. Saying that, even in Medicine and Surgery, there are plenty of shades of grey. Pain, one of the most commonly encountered symptoms, is a completely subjective evidence of disease. How can you measure perception of pain?

‘Many doctors are unaware of the concept of splitting’

Many doctors are unaware of the concept of splitting - when patients with personality disorders are unable to combine the positive and negatives characteristics of a person and see them as a whole. In their minds, you are either

“good” or “bad” but there is no in between. This obscurity of recognition leads to extreme emotions and anger. What one must realise when dealing with such challenging behaviours is that no, it is not just bad attitude but a genuine problem in mental processing.

‘Psychiatry is a very rewarding speciality where you can make a huge difference to patients’ lives as well as their families’

Psychiatry is a very rewarding speciality where you can make a huge difference to patients’ lives as well as their families’. Psychiatry is the best speciality if you want to work closely with your patients.

‘Psychiatry is the best speciality if you want to work closely with your patients.’



Dr Mili Dhar

Mili studied Medicine at the University of Leicester and is currently a Foundation Year 2 working at William Harvey Hospital in Ashford, Kent.

She is commencing Core Medical Training this year and hopes to pursue a career in Dermatology. Outside of medicine she enjoys food, travel and salsa dancing.

An Innovative Student Selected Component

Ellisiv Clarke

Flexibility, variety and ample opportunity to learn; in the summer of 2017, I undertook my third student selected component (SSC) period in psychiatry. Although I didn't start at St Nicholas's Hospital in Gosforth until April, I met with the Medical Education team before Christmas to develop a structure for the 6-week placement (see figure 1).

Mon	Medical Education
Tue	Clinical Experience
Wed	Clinical Experience
Thu	Medical Education / Clinical Experience
Fri	Medical Education

Figure 1. A typical week during my SCC

After being on the receiving end for four years, I wanted a better understanding of how Medical Education worked. We decided to mix this with a variety of clinical experience to keep my skills in check; this included placements on Rehabilitation, CAMHS, Crisis Team, Forensic Psychiatry, Liaison Psychiatry and Community Mental Health.

'We designed a quality improvement study to assess how undergraduate attitudes to psychiatry and mental health change over the course of their third year'

I've always had an interest in recruitment in psychiatry and why we struggle to fill posts, especially in the North-East. With this in mind, we designed a quality improvement study to assess how undergraduate attitudes to psychiatry and mental health change over the course of their third year junior rotation.

'I thoroughly enjoyed the opportunity to develop my medical education skills'

After measuring student attitudes in the first half of the year group, we introduced an intervention. This came in the form of a short, interactive teaching session, which I planned and delivered. Although initially terrified, I thoroughly enjoyed the opportunity to develop my education skills. We then compared attitudes from students who had the session to those who did not. The final results were disseminated at the RCPsych International Congress in June 2017.

As part of our SSC, both myself and fellow SSC student Charlotte Whitton attended a conference regarding medical student mental health and pastoral support. On reflection, when we returned from the conference, we realised that although Newcastle has a relatively good level of student support and pastoral care, it is often bitty and incoherent in how it is presented to students.

'We made it our mission to produce a simple, easy-to-use resource, where all the available services were on a single page'

Some people we spoke to in our year group didn't know we had pastoral tutors at the university; others didn't know counselling was available. We therefore made it our mission to produce a simple, easy-to-use resource, where all the available services were on a single page. We

decided to display this in the form of a flow chart, and dubbed it the 'Mental Health Toolkit'.

'When it was finished, I realised I had the opportunity to influence the wellbeing of people around me'

We have presented this to the Northumberland, Tyne and Wear Foundation Trust Medical Education Committee, as well as to pastoral care at Newcastle Medical School and, with a bit of tweaking, it has been implemented and distributed throughout the university and at base units across the North-East. I found this a particularly exciting project, as when it was finished, I realised I had the opportunity to influence the wellbeing of people around me.

I'd like to thank everyone at the Medical Education office at St Nicholas's Hospital for the opportunity to undertake this SSC with them, with special mention to my supervisor and co-author of my SSC project Helen Hargreaves, and Director of Medical Education Bruce Owen. As well as the clinical experience, I loved the opportunity to crack on with some special

interests of my own – and having a lot to show for it at the end of the placement!

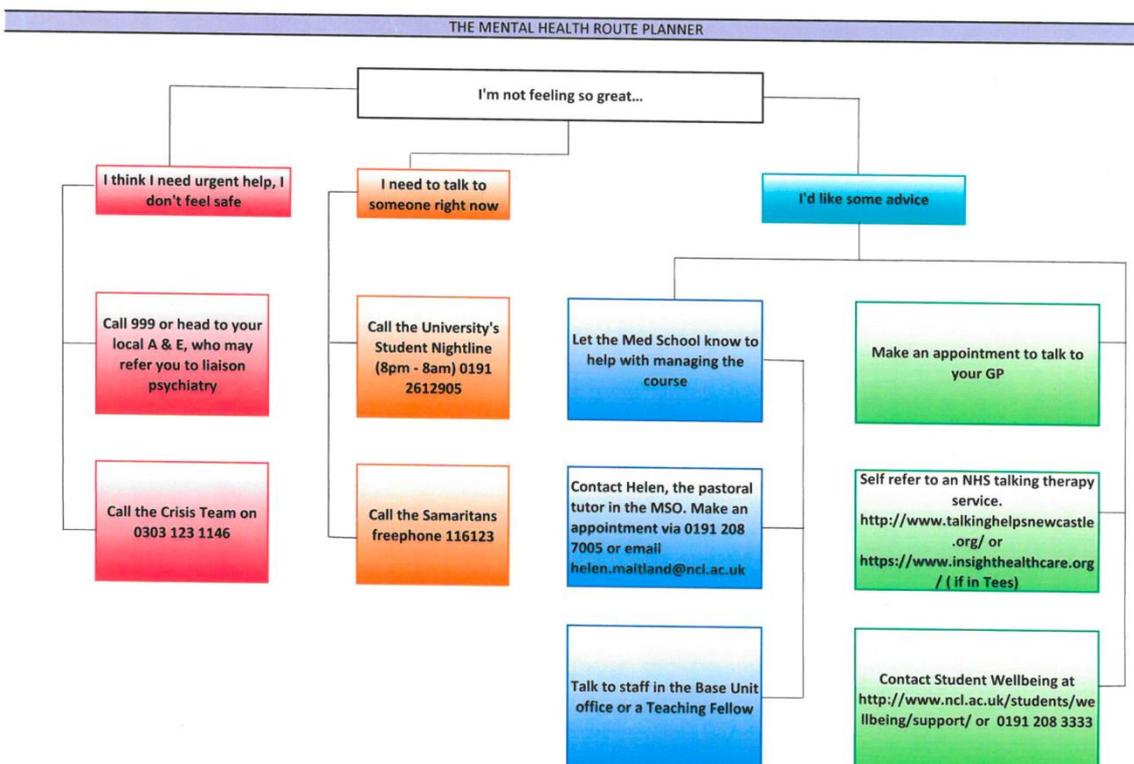


Ellisiv Clarke

Elle is currently in her fifth year at Newcastle University, where she is undertaking a Masters by Research in Epidemiology. Her research is on substance misuse in families and its effect on child health outcomes.

Elle is the current Medical Student Representative on the RCPsych Psychiatric Trainees' Committee.

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Out-of-Hours Shadowing: A Sheffield Pilot Scheme

Student Perspective

Fraser Mackenzie

Final Year Medical Student

Psychiatry and mental health were areas of medicine I had never previously considered when applying to medical school. Growing up, both of my parents had medical backgrounds so I already had a basic appreciation for the wide range of medical and surgical specialties. I made abundant use of their advice during my pre-clinical years.

'it became clear to me that mental health was just as (and in many cases more) important than physical health'

However, upon beginning my third year and starting clinical attachments filled with patient contact, it became clear to me that mental health was just as (and in many cases more) important than physical health.

I found myself fascinated during my basic psychiatry attachment. Although it was generally very good, I felt that a broader range of experience was needed to either solidify or refute my interest in the field. To test this, I designed a student-selected component which included time in the early intervention service (EIS) and out-of-hours night shift experience.

'I saw several patients presenting with their first ever psychotic episode'

I shadowed Dr Edward Fearnley, a CT1 psychiatry trainee, for most of my attachment. Under his supervision, I was exposed to a wide variety of out-of-hours aspects of clinical psychiatry which I was previously unaware of. I saw several patients who were presenting with their first ever psychotic episode. I found this particularly exciting as during my previous psychiatry attachments all patients had well established diagnoses.

Seeing people experience their first psychotic episode meant that they were only just becoming known to mental health services, unlike every other mental health patient I had seen beforehand. I was extremely impressed with the way that the out-of-hours community team used their clinical judgement and communication skills to handle these situations given their uncertainty.

As well as witnessing severe mental health issues in their most acute phase, I was also able to participate in inpatient seclusion reviews. It was very interesting to witness how a previously stable psychiatric inpatient could deteriorate so suddenly and how varied the recovery from each episode was.

Whilst acute episodes did occasionally happen during my previous attachments, they almost never occurred during office hours when I was present, so I feel this out-of-hours experience has been extremely beneficial.

'quieter moments during night shifts provided ideal opportunities for one-to-one teaching'

Furthermore, quieter moments during night shifts provided ideal opportunities for one-to-one teaching, a duty which Dr Fearnley was more than willing to fulfil.

‘out-of-hours shadowing has provided me with a wealth of experience and exposed me to areas of psychiatry which other medical students would benefit from enormously’

My three week attachment with the EIS and out-of-hours shadowing has provided me with a wealth of experience and exposed me to areas of psychiatry which other medical students would benefit from enormously. Overall the attachment has been extremely enjoyable and one of the best that I’ve had during my undergraduate years. I am certain that the lessons I’ve learned will prove invaluable throughout my medical career.



Fraser Mackenzie

Fraser has just finished his studies at Sheffield Medical School and is due to start FY1 at Queen’s Medical Centre, Nottingham in August.

Fraser had a very keen interest in Psychiatry since his medical school rotation. He subsequently designed several student selected components in mental health, including early intervention in acute psychosis, an area he finds particularly interesting.

Trainee Perspective
Dr Edward Fearnley
CT1 Psychiatry Trainee

It was a pleasure to have Fraser accompany me during out-of-hours shifts during his attachment in the EIS. The idea stemmed from the previous positive experience of a medical student shadowing me out-of-hours (Eleanor Shaw, Sheffield University) articulated in FuturePsych Winter 2018. It was therefore only natural to incorporate out-of-hours shadowing into Fraser’s learning objectives and it is excellent to read that he also had a very positive experience.

‘clerking new patients, reviewing patients in seclusion, managing acute agitation, use of rapid tranquilisation, and assessing acute medical problems’

Together we attended to various psychiatric emergencies and urgent medical health issues across the breadth of adult inpatient wards in Sheffield. Importantly, it allowed Fraser to intimately observe scenarios within psychiatry that he had not encountered in the community. This included clerking new patients, reviewing patients in seclusion, managing acute agitation, use of rapid tranquilisation, and assessing acute medical problems (such as chest pain and shortness of breath) within a psychiatric inpatient setting.

‘exposure to being “on call”, together with the problem-solving skills and workload management essential to this role’

In addition, the experience gave Fraser exposure to being “on call”, together with the problem-solving skills and workload management essential to this role.

The aim of this shadowing experience was not to be voyeuristic or make psychiatry appear 'sexier', but rather to broaden his exposure, cultivate interest and create discussion points which could then be brought back to more formal educational contact during office hours. Furthermore, it allowed Fraser to appreciate the interface between EIS community management of psychosis and the utility of inpatient admissions.

'The potential benefits of out-of-hours shadowing are wide-ranging'

The potential benefits of out-of-hours shadowing are wide-ranging, and we are not aware of another scheme that routinely incorporates this into the curriculum. As such, in conjunction with Dr Reem Abed (Consultant Psychiatrist) and volunteer Psychiatry Core Trainees within Sheffield, we are currently piloting an out-of-hours scheme. Initially, phase 3a students are 'opting in' to out-of-hours shadowing and being paired up with a Core Trainee.

Feedback so far is very encouraging and, if it continues to succeed, we will modify as required and permanently incorporate it into the six week blocks of psychiatry attachments that students receive. We intend to continue to collect verbal feedback and will write up our findings over the coming months to reach a wider audience.

If your locality also provides medical students with out-of-hours experience, we would be delighted to hear from you. Please feel free to email me at edwardfearnley@doctors.org.uk



Dr Edward Fearnley

Edward Fearnley is a CT1 psychiatry trainee in South Yorkshire. He has an interest in undergraduate medical education and currently works in the Sheffield area.

Inside the Foundation Conference: "Exploring Psychiatry: Medicine for the Curious"

On 14-15 May this year, the Royal College of Psychiatrists hosted its first conference designed exclusively for Foundation Doctors (including 'F3'). Entitled "Exploring Psychiatry: Medicine for the Curious", the two-day national event celebrated the variety of career options on offer to doctors who [#ChoosePsychiatry](#).

Packed full of inspiring speakers on topics ranging from Neuroscience to Working Internationally, delegates enjoyed an exciting programme. A choice of workshops on both days included "specialty speed dating" and "art and psychiatry". And a free evening networking event on 14 May included a performance of 'Dial Medicine for Murder', by Dr Harry Brünjes & Dr Andrew Johns. It was great to meet so many budding psychiatrists from around the country and I hope that many of you will be future colleagues in years to come.

Many thanks to all those people who helped to organise the event as well as to those who participated. Watch this space for future events.

 Some of our favourite tweets...

[Jennie @jenniedger](#)

So enthused about the diverse and flexible career prospects in psychiatry, following the [@rcpsych](#) foundation event, I've succumbed and rejoined twitter. [#choosepsychiatry](#) [#notreallyprocrastinating](#)

[Abs @abs psych sho](#)

Inspiring speech by [@Derektracy1](#) to conclude the [@rcpsych](#) foundation trainee conference. [#choosepsychiatry](#) [#lockupyourpuppies](#)



A particular highlight was a hugely entertaining key note lecture on the Evolution of the Brain, by Dr Derek Tracy.

Poster Competition

A poster competition held for projects undertaken during foundation training was won by Dr Samuel Saliu, a current Foundation Year 1 in Plymouth.

His original poster, "Improving the Physical Health Monitoring of Community Patients in Plymouth on Antipsychotics – a Quality Improvement Project" was awarded first prize, fending off some stiff competition from the runners up.

Following the conference, I caught up with Sam to ask him a few questions about his training and experience in Psychiatry to date...

Prize Winner Interview: Dr Samuel Saliu



Dr Samuel Saliu with his winning poster entitled “Improving the Physical Health Monitoring of Community Patients in Plymouth on Antipsychotics - a Quality Improvement Project”

J. Where did you study and what stage of your medical training are you at now?

S. I studied at Brighton and Sussex Medical School (BSMS) and lived in the lovely seaside town of Brighton. I really enjoyed my time there and would recommend it to all.

Currently I’m a Foundation Year 1 doctor working in Derriford hospital in Plymouth. My first job as a doctor was a Psychiatry rotation working within an Adult Community Mental Health Team.

J. How did you come across the opportunity to conduct a quality improvement project (QIP)?

S. I was very keen to get an audit or QIP underway as I understand the importance of continuously evaluating and improving NHS services. I asked my supervising registrar at the time (Dr Jason Hancock) if there were any projects we could undertake during my placement.

J. What problem did you identify that needed addressing?

S. Dr Hancock suggested reviewing how often our community patients with schizophrenia receive the recommended annual physical health investigations as we knew that in our area patients weren’t always having these performed at their GP surgeries.

J. What did you learn from the experience?

S. I learned the importance of organisation and planning. This was an extra project on top of my normal commitments. I had to find time to review patient notes looking back 1 year prior to collate all the NICE recommended data points. This took longer than I had expected.

J. What did you enjoy most about the experience?

S. Setting up and running the physical health clinic was fun. After writing and sending out my first letters, I found the first clinic an exciting one. I wasn’t sure how many patients were going to turn up. I assumed a lot of patients wouldn’t attend. To my amazement they all arrived, some even early which was a pleasant surprise!

J. What did the service users think?

S. The feedback from some was great. In particular they really liked the idea of just one doctor being keen to review both their mental health and their physical wellbeing. All were interested in their results and seemed willing to engage in lifestyle changes to improve their health. I used this opportunity to provide leaflets signposting them to services which could offer ongoing help.

J. Would you recommend the experience to others?

S. I would recommend taking part in a QIP to all colleagues. Identifying an area in need of improvement and trying to implement positive change increased my enjoyment of my job. I look forward to future projects all of which I hope will create positive changes and improvements to NHS services, whatever specialty I'm in - over my foundation training and beyond.

J. What were your highlights from the RCPsych Foundation Conference?

S. I really enjoyed hearing about the wide variety of careers within psychiatry. The stories told by the psychiatrists and the therapies discussed were very interesting. It was great to see so many foundation doctors with an interest in mental health. I believe mental health plays a huge part in most patients' lives and it will become increasingly integrated in medical practice, whether you're a psychiatrist, GP, hospital medic or even a surgeon.

J. What do you think are the best three things about Psychiatry?

S. 1 – The wide variety of patients, with so many different stories! As a psychiatrist you have plenty of time to unravel and truly understand the lives of your patients.

S. 2 – The huge range of sub-specialties within psychiatry, from general adult community psychiatry to high-secure forensic psychiatry.

S. 3 – There is still so much to learn!

With improvements in technology and scanning we are now getting a better understanding of how different areas of the brain communicate with each other, and activate differently in people who suffer from a wide range of conditions such as post-traumatic stress disorder, depression and psychosis.

I foresee this paving the way for new screening tools and treatments - I think it's an exciting time right now!



Dr Samuel Saliu

Despite wanting to pursue surgical training, Sam has a keen interest in psychiatry and the interaction between physical and mental health.

His interests outside of medicine include sports, gym and travel. He is currently exploring the seaside beaches in and around Plymouth and Cornwall.

Key Dates for the Diary

When	What	Who	Where
June			
24/06/18 - 27/06/18	International Congress	RCPsych	Birmingham
July			
11/07/18	Faculty of Eating Disorders Spring Conference	RCPsych	Cardiff
26/07/18	European Federation Psychiatry Trainees: Annual Forum / Neuroscience Day / Psychotherapy Training Day	EFPT	Bristol
24/07/18			
26/07/18			
September			
07/09/18	Quality Improvement for Psychiatrists	RCPsych	London
10/09/18 - 12/09/18	Oxford Academic Psychiatry Autumn School	University of Oxford	Queen's College, Oxford
13/09/18- 14/09/18	Faculty of Neuropsychiatry Annual Conference	RCPsych	RCPsych, London
20/09/18 - 21/09/18	Faculty of Child and Adolescent Psychiatry Annual Conference	RCPsych	Hilton Hotel, Glasgow
27/09/18 - 28/09/18	Annual Medical Education Conference #PsychMedEd	RCPsych	RCPsych, London
28/09/18	History of Psychiatry in Scotland	University of Strathclyde	Scottish Universities Insight Institute
October			
TBC	2019 Pathfinders fellowship applications open	RCPsych	Nationwide
05/10/18	Perinatal Psychiatry Conference for Trainees	RCPsych	RCPsych, London
04/10/18 - 05/10/18	Faculty of Psychiatry & Intellectual Disability Annual Conference	RCPsych	Liverpool
08/10/18	Faculty of Old Age Psychiatry Winter Meeting	RCPsych	RCPsych, London
11/10/18- 12/10/18	Faculty of General Adult Psychiatry Annual Conference	RCPsych	Millennium Gloucester Hotel, London
19/10/18 - 20/10/18	BMJ Careers Fair	BMJ	Business Design Centre, Islington, London
29/10/18	Quality Improvement in Practice Annual Conference	RCPsych	RCPsych, London
November			
02/11/18	Faculty of Eating Disorders Psychiatry Annual Conference	RCPsych	RCPsych, London
13/11/18	Faculty of Perinatal Psychiatry Conference	RCPsych	RCPsych, London
15/11/18 - 16/11/18	Faculty of Rehabilitation and Social Psychiatry Conference	RCPsych	RCPsych, London
19/11/18	Adolescent Forensic Psychiatry Special Interest Group	RCPsych	RCPsych, London
January			
TBC	National Student Psychiatry Conference	Cardiff & Swansea PsychSocs	Cardiff
March			
06/03/19 - 08/03/19	Faculty of Forensic Psychiatry Annual Conference	RCPsych	Hilton Hotel, Vienna