

ACETS Exemplar

02: Psychiatry Teaching Resource

ACETS Baseline Exemplar 02: Psychiatry Teaching Resource

1	Teacher/academics name	Brian Lunn
2	Teacher/academics position	Consultant Psychiatrist/Honorary Senior Lecturer
3	Teacher/academics institution	University of Newcastle
4	Range of subjects taught	communication skills
5	Contact information	b.s.lunn@ncl.ac.uk
6	Principal interest	communication skills
7	ACETS Officer	shardy
8	Date of survey	11/17/2003
9	Do you know how to make web pages?	a lot
10	Have you used the web in your teaching?	a lot
11	Do you use anything that you would consider a 'learning object' in your teaching?	a lot
12	How would you rate your own computing skills against those of your colleagues?	expert
13	How would you rate your own teaching skills against those of your colleagues?	good
14	How would you rate your own use of CAL against those of your colleagues?	expert
15	How much relevant staff development and training is available?	a little
16	How much relevant staff development have you actually made use of?	a lot
17	Do you have access to support in making electronic learning materials?	a lot
18	Is this available as a free service?	completely
19	Have you made use of this support service before?	none
20	Would you expect that you would need to use this service to use learning objects in your teaching?	none
21	Do you have a VLE (or equivalent) available to support your work?	yes
22	What is the system called (eg WebCT, or equivalent local system name)?	NLE, plus Blackboard which I have used with MRC Psych, though I am stopping using this soon
23	Does it allow you to put teaching/learning materials online for your students	a lot
24	If so, do you do this or is it done centrally for you?	both
25	How easy is it for you to get teaching materials online?	very easy
26	Do you have your own computer at work	yes
27	Do you use a computer at home for work	yes
28	What level of computer access do you think your students have in the institution and at home	not very good
29	How much of this is internet-enabled ?	a little
30	How much teaching and learning materials are provided online for the students	a lot
31	To what degree do you expect the use of learning objects to enhance your teaching	none
32	To what degree do you expect the use of learning objects to enhance your students learning	a lot
33	To what degree do you expect the use of learning objects to make your work easier	none
34	Extra notes	

ACETS Interview Exemplar 02: Psychiatry Teaching Resource

<i>Exemplifier</i>	Brian Lunn, Course Director of Undergraduate Psychiatry, University of Newcastle, UK
<i>Exemplar description</i>	<p>"The Psychiatry Teaching Resource": a CD-ROM which has arisen from a number of points about delivery of teaching both of pedagogy and resources and delivering teaching across what is a large geographical area. Its about working in NHS Trusts. If it were just in the University this might not have been developed but problems of firewalls and permissions set by the Trusts has led to things being developed this way.</p> <p>Initially we burned 700 CDs for 315 were given to the students and now only 10 left as many copies were also distributed to teachers, local libraries etc. Copies will need to made for subsequent years to give to each student in each cohort.</p>
<i>Interviewer</i>	Rachel Ellaway
<i>Date and location of interview</i>	Newcastle, 21 May 2004
<i>Context of use</i>	Year 3 undergraduate medicine, psychiatry
<i>How did you go about putting this together? Was it hard to design/conceptualise your exemplar?</i>	It actually goes back a number of years to when I first started looking at delivering teaching in a different way to the students. When I was still a lecturer in '97 I started developing a web-based teaching resource which got quite good feedback from the students. I developed it over time and I began to look to use video in it. However when I began to move to this it was obvious that that wasn't going to work. So at that point I remembered how I had sold the idea of multimedia teaching to my head of school. We had a joke then that his idea of using multimedia was using a pen and a pencil at the same time [laughs]. The only way I was able to explain it to him was that it would be like [Microsoft's e-Encyclopaedia] Encarta. What he said to me was I like Encarta because his kids had just got it. I thought why not make it more like Encarta rather than web based.
<i>How did you approach this? How quickly were you able to come up with the activity design?</i>	It had been a progression – I already had the ideas, it was just exporting it to a new medium the way in which we had delivered teaching before. We were reusing a lot of the text and materials from other people. What was new was the video and how I would develop the video and how I would get the video content from other people. There is a certain conflict between the [course] centre and the periphery at times. Without getting into the politics of it we get accused of imposing things on teachers away from the core – 'that's fine for academics but that's not real life'. So I turned that round by saying OK give me what you would use and then taking their materials to develop the video.
<i>What third-party materials did you use in your exemplar?</i>	What I used were their [clinicians] case studies because part of it is giving the students the opportunity to see disorders and being able, a bit like films where you want to tune in on one aspect of a slide, I can now focus in on one aspect of the history or their presentation using video clips. What I got was descriptions of exemplar cases they were already using. In some cases were in the form of patient videos and then remaking them, essentially so we could use them without breaking confidentiality.
<i>How did you find/identify your third-party materials?</i>	The source materials came from clinicians from across the region [NE England] from down Middlesborough up to Northumbria area, and around both Tyne and Wear. We have gone out to them and said ok what do you do, how would you want to get this message across, what are your objective in delivering the teaching.
<i>How did you go about recreating the videos?</i>	If it was a video with some teaching, I would give them their written material plus I would perhaps get script elements from the original video. I couldn't use the real video because they were real patients. I would take that and give them information I had derived from the video.
<i>Were there any issues about creating an authentic experience?</i>	Well it's interesting. In some cases the people who had written the scenarios were also to be the interviewers on the video. And there was one guy who had written a mania case who told the role player what he wanted and then lost control of the interview in a way that is fairly classic in an inexperienced psychiatrist. He just lost it, partially as a result of his own personality. He was rather uptight and sexually disinhibited so when she touched his knee and told him he had a lovely smile he just went to pieces; he was so caught up in the role that he actually reacted to her in the way that he might to a real patient. And there was another one which we actually had to edit out; they were playing a person with a borderline personality disorder and they drew the person in doing the interview to the extent that he did something that classically happens and we would classically somebody not to do. He did something he shouldn't have done, but it's a common error. Now we've got his permission to use that in more advanced teaching but certainly not for the [undergraduate] students. So the interviewers, even though the new it was role play, even though they were in front of the cameras, even though they told the role player what they wanted, they responded to them in the same way that they would to real patients.

<i>What kind of issues did you have in terms of getting clearance and permission to base your videos on real patient information?</i>	In terms of getting permission to use materials, the very fact they provided it was permission from the author. Where there were real patients there are BMA guidelines about how you use real patient material and I basically followed these. We were removing anything that could be even remotely identified from the patient and just using the skeleton of their story with a lot of the detail changed so that it was completely anonymised. It was safe; there was no hint of who the originator in terms of the patient was.
<i>Did you have to make that declaration explicit to the clinicians before they would let you use the material?</i>	When I discussed it with them I told them that was my intention. There was never any interest or request or concern [from them]. In fact several clinicians sent me their material saying they were happy for me to use the raw video. So they weren't applying the same standards that we were. One of the conflicts we came to later was that, although they can't easily tell the difference between a patient and a role-play scenario, they still want real patients. In terms of confidentiality and why we can't use them we made a decision to destroy, and have destroyed all of the patient tapes in the department.
<i>Could you point us at or provide copies of the BMA and GMC guidelines on using patient materials?</i>	Yes. I have recently looked on the BMA website and was unable to find it but I can send it to you.
<i>How did you put your exemplar together? What tools and approaches did you use?</i>	I used Macromedia Authorware as the key authoring software for the CD. To develop the videos I edited the raw video using Adobe Premiere. For some of the graphics I used a combination of Adobe Photoshop and Macromedia Fireworks and I used Sonic Foundry for some of the audio editing.
<i>Are these programs you're familiar with? Did you need or get any training?</i>	I taught myself essentially using online tutorials. I had to relearn Premiere as they had made significant changes since I last used it. Going back to the start of the web-based materials, I have been self-taught all the way through. I had a few problems with calling up external media in Authorware and documentation didn't tell me how to do that so I used online fora to do that. I got a lot of support both from Macromedia and from other users and once I had that it was easy. For the first one I got about 10 replies in the first 24 hours and people said oh can you post examples – it was very, very helpful.
<i>Did you use ACETS listed links and sources? Did you look at/use JISC sources?</i>	No, just Authorware fora.
<i>Did you get any help?</i>	There was no help within the organisation; I did ask around when I started using Authorware but I didn't find anyone else who was doing it.
<i>Did you use pre-existing services/tools?</i>	This work was autonomous of any organisational tools or services.
<i>Did you engage with colleagues in your own working context?</i>	We have a psychiatry implementation group which is about implementing the changed curriculum, and I gave them beta versions of the software and asked them in advance what sort of things they would want to see in it. I also tested it out on students to see what they thought and used all that feedback to generate the final copy. In the wider context we've had people within the medical school say we like this idea and want to do something similar. The big problem is that it's taken quite a bit of my time to learn this and it's not something that is easily done without the skill base but there are other ways of approaching these issues. What we need to do is take a step back and look at our work. Neurology are starting to develop their own CD.
<i>What were the costs associated with this project? Who picked this up?</i>	I got an unrestricted grant from Eli Lilly [drug company - check this name] as they thought this was something that was worthwhile – it was a donation of £9,000 to buy the hardware, record the interviews etc. Once this is finished I will be into negative figures on this grant. I probably couldn't have done this without the grant. I could have got monies elsewhere and the school was prepared to give me some support but I would have struggled to get to the point I'm at now. Each video clip would have cost around £200.
<i>Did you engage with the ACETS project or X4L programme? Did you engage with</i>	No

<i>other external bodies?</i>	
<i>Was the exemplar easy to deliver/use?</i>	<p>Very easy to deliver; it was just given to each student with their handouts when they started their year. We've had one or two students who have had difficulties with making it work. Most recently we had one bring in a very scratched CD saying its faulty and doesn't work; it was pointed out to them that it was scratched. Some of the Trusts have disabled CD-ROMs in their PCs and that has been an issue. But when I put it together I looked to use as backward compatible a format as possible so it will run on Windows 95 if necessary.</p> <p>Even my head of school is quite happy using it and he's the pen and paper guy. He admits that he wasn't particularly IT literate but he likes it and gives it to his kids to look at. Indeed I did some of my beta testing using my children. If my 5 year old can use it ...</p>
<i>Did it give pedagogical benefit</i>	<p>Yes. One of the problems in teaching psychiatry is that it's very easy just to give a textual definition of a disorder. You can say delusional perception is a primary delusion arising out of a normal perceptual experience; an example would be 'the traffic lights are green therefore I am king'. That's a classic one drawn straight from Simm, which is one of the psychiatry textbooks.</p> <p>But what does that mean? Medical students and indeed may SHOs get it wrong when faced with it in real life. So what we can do is generate a clip so that they can an example of that. We can also generate the relatively rare disorders, which, if they are only attached to us for a month, the chance of seeing them is very low. There are undoubted benefits in that they can attach more meaning to the textual descriptions and also we can expose them to material, which they won't have necessarily seen, that is ethically sound and is exactly what we want to show them.</p> <p>We're now getting to the point where we can fine tune it for specific levels and experiences.</p> <p>We used to say you can go to the [university] department of psychiatry and see some videos, but if you are in Middlesborough that's hard. They would have some videos down there but we didn't know if they were all seeing the same thing and we didn't know what they had been taught within these videos. Looking around, some of it was erroneous and some of it was bad practice. Some interviewing techniques that were being used were bad. Now, understanding that student learning of clinical skills was primarily driven by modelling, it doesn't matter how well they did in their clinical skills course, their performance inevitably drops off by finals. The modelling they get in their clinical period can undo much of the good teaching they received in the beginning. I was concerned that a lot of the videos we had were actually introducing bad practice and what we have now is good practice. Where we have bad practice, we can flag it up and use it as a teaching point. The person who draws back in their chair and looks extremely embarrassed can be used in a teaching context.</p>
<i>Did it give economies of scale and efficiency</i>	<p>When we just had the paper handout, depending on the size of font we used, it came out at about £5 to £7 per handout. It cost us £450 for 700 CDs. So financially, although there's an initial cost, that cost will very quickly be balanced in delivery. Most of the start up cost went on hardware.</p> <p>There's also the fact that we don't have to send out videos any more which were quite expensive – we can send out CDs. And that's shaped how we're going to do the next two developments which we are just now thinking out..</p>
<i>Did it give diversity of approach and experiment</i>	<p>Yes, because the old way of teaching was pen-based, basically 'chalk and talk', and the examples of clinical material were just serendipitous. Now we can make sure people are getting much morer visual and auditory examples of what we want, in other words it's closer to real life. And we can use these in a different way in teaching. For instance we're looking at whether we can tie questions in to videos.</p>
<i>Have you evaluated it? What was the result of the evaluation?What was the form of the evaluation?</i>	<p>Two elements to the evaluation. One is that we have been slightly hamstrung by colleagues being unwilling to hand out paper evaluations around the region. So what we've built in is a kind of semi-structured interview that takes place in the last week as a feedback session. Into that comes how the CD-ROM has been useful. There is a question in the standard feedback form as well that covers this. I don't have that yet. The feedback dfrom the semi-structured interview is on the whole posiotive. The negative comments aren't about the videos or the interactivity; they all like that and value it very highly. What they don't like is that essentially they used to get a 145 page textbook. If we were to give them printed material [now] I don't think we would give them anything like that. They still want paper and handouts and I have some concerns about that in terms of where it leads thejnm in terms of learning. What they want is a piece of paper they can just read and memorise.</p> <p>I would rather reduce the amount of text on it [CD] and shift the emphasis on to video and shift the finding of resources elsewhere rather than succumb to giving paper handouts [laughs]. If you give a handout they can just switch off.</p>
<i>Did it meet your expectations?</i>	<p>It met my expectations on several levels. The problem about paper I expected, so my negative expectations were met as well as my positive expectations.</p>
<i>How easy was it to</i>	<p>There were some problems, such as the issues about confidentiality that I have already raised.</p>

<i>use third-party materials?</i>	They [the original patient videos] haven't all met the standard I asked when they were sent to me so I wasn't to happy with some of that and they [clinicians] haven't always sought permission where it was identifiable so that was the major problem for me. Clearly there is going to be no issue in that I am a clinician and I understand the confidentiality issues probably better than those sending stuff to me, but I was concerned about the lack of respect for patient confidentiality, or understanding rather than respect.
<i>Has this enhanced your teaching? In what way?</i>	Yes, it's actually highlighted some issues about how we teach. There are prejudices that I already had which have been strengthened and I've moved much more to using video material in all of my teaching than I did before and the textual part of what I deliver is deliberately more challenging now. I'm not just relying on my talking to get across facts. I can now challenge stigma, I can now make what is now a more political lecture (with a small 'p') talking about resources and other issues about managing chronic illness, particularly mental health. It some times gets negative feedback as it is seen as being overtly political because mental health currently presents the greatest burden of any disorder worldwide. I contrast the fact that so called middle-class diseases like diabetes and thyroid disease you get free medication whereas for a working class disease like schizophrenia you don't get free medication. In fact on your own decent benefits you still have to pay for your medication. Indeed I think one of the quotes was that's 'left wing claptrap' [laughs] – and of course that just makes me more left wing [laughs].
<i>Has this enhanced your students learning? In what way?</i>	Yes we've seen a difference in that they are better able to understand ... they no longer say that anybody who is talking fast has pressure of speech for example. They seem to understand that there is a qualitative difference – it's not defined by rate, it's the quality, and they are able to see the quality from the video. You can tell which ones have used it and which ones haven't. Those who have often refer to the video and talk about how their experience in the real world differs from what they see in the video. It's therefore clearly enhancing their learning because they're thinking about it. I have found it within my clinical experience and my colleagues have also said it's been useful.
<i>Has the use of learning objects made your work easier?</i>	Yes.
<i>Would you do it again?</i>	Yes, I've already got two more things planned including a CD-ROM, which isn't going to have any text on it. I am going to use video of a higher quality and using a different codec [video compression/decompression algorithm] we can show them more examples. There is going to be one specifically for teaching mental state examination. On this I'm reusing some of the videos I've already got so there's already reuse going on! I'm going to re-edit the videos to make something different. And then I'm going to develop some new ones. I have already spoken to some people about what we should be doing and I am getting people to go and get more examples, and for this I am now able to give better advice about how they might do this. We're also going to provide one for final year with very little text but a lot of video. The text will only be to accompany the video rather than factual stuff. There is no demand there for paper handouts.
<i>Has this changed your practice?</i>	Yes.
<i>Any other points or comments?</i>	It's been something that has changed the way I think we should be teaching psychiatry and I'm involved with the Royal College of Psychiatrists as well in a project looking at all the teaching materials that are being delivered throughout the UK. They are very interested in our curriculum; I went to speak to the person who's coordinating it and they are desperate to get their hands on our curriculum because they see it as being leading edge for mental health. I've also had a lot of requests, both nationally and internationally, for our CD-ROM. In one or two cases we have passed it on, but the University wouldn't be too keen on me just handing them out. Considering how much of my time, because that's the hidden cost.
<i>Would you be prepared to sell the CD-ROM?</i>	We've discussed this within the school. One of my colleagues went off with a copy and they're now using it in New Zealand, my ex-boss up in Aberdeen is using it in a very limited sense for their own teaching. I've also now got permission from the [Royal] College, a project that's looking at the experience of children with parents with mental health problems. They've already produced a video and I'm negotiating with them to use some of that. It's already a free resource for teaching, I just need permission to extract clips from it.

ACETS Reflective Exemplar 02: Psychiatry Teaching Resource

Exemplar Stage

Stage one: resource discovery

Looking for and selecting third-party materials for use in your teaching.

Where did you look, how did you look, what did you find, how useful is what you found, are there any restrictions on using it, do you have any other comments?

How did you find using the repository, what about metadata?

Stage two: preparation

Designing the learning activity and how the RLOs will fit within it.

How do you go about the design process, what other resources are you going to use, how does it all fit together?

Stage three: creation

Putting it all together.

How do you put your design into action, what help do you need/get, what are the steps you take, how is the activity to be delivered and used?

Previous entries

The main resources needed were videos of patient interviews and case studies. Online searches using google and a variety of resources found nothing that fitted our requirements. We were looking to teach basic psychopathology and raise awareness of various disorders including how to take a history/do a mental state examination. I wrote to teachers throughout the region to ask for cases they used and permission to use these in an anonymised format. It was explained that we would generate videos from the materials.

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Once cases donated by colleagues role player scripts were generated. We intended to use Macromedia Authorware as the authoring software but also neede access to a number of other software resources, role players and TV studio

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Step 1. Generation of videos. A variety of video styles to illustrate the 'patients' stories were used. Step 2. Video editing. Data converted from analogue to digital and edited using Adobe Premiere Step 3. Graphics created using Macromedia Fireworks. Step 4. Handout materials edited and updated in OpenOffice for import into the package. Step 5. Design of structure. Pen & paper! Step 6. Authoring of piece Step 7. Beta testing and packaging the application. Step 8. Burn 700 CDROMs

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ACETS Semi-structured Learning Design Statement

Metadata

Learning Design Name:	Psychiatry Teaching Resource
Learning Designer(s):	Dr Brian Lunn
Institution(s):	University of Newcastle upon Tyne
Course Context(s):	MBBS (undergraduate medicine)
ACETS exemplar ID:	02
LD period:	Year 3 of undergraduate degree onwards
LD duration:	Open ended

Learning Design

		LD Elements	
In order to attain the following learning objective(s): (includes minimal and optimum success scenarios)	<i>Specific learning objectives</i>	See attached document 'Specific LO.doc'	
	<i>General learning outcomes</i>	Students will possess an integrated core knowledge of biomedical, behavioural, population and clinical knowledge relevant to the understanding and management of problems and conditions encountered in the pre-registration house officer year;	
With prerequisite(s): (prior knowledge, skills, educational level etc)	Must have been able to progress to stage 3 of the Newcastle MB BS		
Trigger(s):	START: a) Entry to Stage 3 (when given CD-ROM) b) Electively as triggered by clinical exposure END: ongoing use i.e. no end-point		
The following persons/roles: (student and staff roles)	<i>Name</i>	<i>Type (staff, student)</i>	<i>Description</i>
	Subject Expert	Staff	Clinicians
	Learner	Student	
Perform:	<i>Which roles?</i>	<i>Do what?</i>	<i>How?</i>
Learning activity(s): (including implicit forms such as reflection and consolidation)	Student	Work through the CDROM; use it as a reference resource; reflect on clinical exposure	EXPAND – HOW IS RESOURCE USED?
	Staff	Use the material if required to teach about core subjects	It is up to the individual teacher. These are clinical teachers mainly but the author also uses the CD in earlier parts of the course.
Support activity(s):	Student	Clinical sessions; supervision sessions; seminars (NB varies by base unit)	
	Staff	Supervision sessions; seminars (NB varies by base unit)	
Using environment(s) or scenario(s):	Student	Wards; Primary Care; CMHT; Home ; Libraries; PC clusters	
	Staff	Wards; Primary Care; CMHT; Home ; Libraries; PC clusters	
Using:	<i>Which roles?</i>	<i>Use what?</i>	<i>To do what?</i>
Tool object(s): (able to act on other objects)	All	PCs	Access CD-ROM

Knowledge object(s): (content/information etc)	All	CDROM	View videos, read hypelinked text; use self assessment tool
Test object(s): (various forms of evaluation and assessment)	CREX (see attached)	During their attachment students are instructed to write up 3 cases they see. These should cover a spread of the exemplar cases as detailed in the CD and one should be an elderly case. I have attached the study guide where this is detailed. They are then examined on this in a semi- structured oral. The form is in a study guide appendix. They are examined on the final day of their 3rd year attachment.	Summative
	OSCE	1-2 stations of 15. Subject area related to CD content in that roles will tie into areas covered in CD	Summative
	EMI	Extended Matching Item a description in "Stage 3 Format document" Again areas covered tie in to CD content.	Summative
Search service(s):	n/a		
Communicate service(s):	n/a		Formal discussion is not part of the course but it does occur
Announce service(s):	F2F meeting and study guides	EJR introduction given CD and talk by course director about what will be in the course. Also in study guide and referred to in teaching.	
Other elements or notes:	Added values items e.g. launch of browser to access online resources inc. streaming media blocked by NHS trusts so not included in final Learning Object.		

Completion Survey

Recorder:	Rachel Ellaway
Date:	21 May 2004
Other meta-metadata:	Assisted by Suzanne Hardy. Interview took place in Newcastle, LTSN-01 premises.

Psychiatry Case Report Examination (CREX)

Evaluator..... Date.....
 Student.....
 Patient Problem.....
 Patient category Voluntary Formal Section

Patient Age..... Sex..... New Follow -up
 Complexity Low Moderate High

1. Oral Case Presentation

Concise, fluent, considered presentation highlighting the relevant clinical and psychosocial issues.

1	2	3	4	5	6	7	8
UNSATISFACTORY		BORDERLINE		SATISFACTORY		MERIT	

2. Application of Knowledge

Knowledge of clinical features of disease process discussed and ability to include basic sciences as introduced in this and earlier modules.

1	2	3	4	5	6	7	8
UNSATISFACTORY		BORDERLINE		SATISFACTORY		MERIT	

3. Aetiology

Awareness of the relevant aetiological factors involved and other factors that may be involved in such a case. Able to identify those that are of greatest importance in this case.

1	2	3	4	5	6	7	8
UNSATISFACTORY		BORDERLINE		SATISFACTORY		MERIT	

4. Psychosocial impact

Considered discussion of the psycho-social impact of the illness on the patient and those around them.

1	2	3	4	5	6	7	8
UNSATISFACTORY		BORDERLINE		SATISFACTORY		MERIT	

5. Ethics

An awareness and ability to discuss some of the ethical issues involved in the case (NB knowledge of the Mental Health Act is not required).

1	2	3	4	5	6	7	8
UNSATISFACTORY		BORDERLINE		SATISFACTORY		MERIT	

6. Quality of written case

Comprehensive and accurate account covering history, mental state examination, collateral history, differential diagnosis and aetiology

1	2	3	4	5	6	7	8
UNSATISFACTORY		BORDERLINE		SATISFACTORY		MERIT	

7. Overall Rating

Demonstrates judgment, knowledge and awareness

1	2	3	4	5	6	7	8
UNSATISFACTORY		BORDERLINE		SATISFACTORY		MERIT	

Evaluator satisfaction with CREX process

Low	1	2	3	4	5	6	7	8	9	High
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Student satisfaction with CREX process

Low	1	2	3	4	5	6	7	8	9	High
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Comments

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Student Signature

Evaluator signature