


Education and Training

Learning together how to teach in the field of child and adolescent mental health

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There is a continuous need to share ideas on innovative and effective educational/training practices in the field of child and adolescent mental health. In this short communication, experienced educators in the field, supported by the perspective of early career professionals, cover a broad range of topics, reflecting different approaches and disciplines. In particular, this article addresses the following topics: teaching scholarship, teaching using films, teaching using systemic thinking, teaching through international training seminars, remote teaching, and the future of teaching in child and adolescent mental health.

EDUCATIONAL IMPROVEMENTS AND INNOVATIONS IN CHILD AND ADOLESCENT PSYCHIATRY: A KEY ISSUE FOR THE DEVELOPMENT OF THE DISCIPLINE

The quality of future care to children and young people struggling with mental health issues depends not only on the implementation of evidence-based approaches, but also on how we teach our discipline and train future professionals in the field.¹ Indeed, many of us have a teaching/training component in our job plans. However, whilst general academic journals in child and adolescent mental health tend to focus on primary (empirical) or secondary (evidence synthesis) research to strengthen evidence-based practices, they generally seem less keen on articles on education/teaching/training. There is certainly a continuous need to share ideas on innovative and effective educational/training practices in our field.

The 2021 annual conference of the Association for Child and Adolescent Mental Health (ACAMH) focused on “Learning how to teach” in the field of child and adolescent mental health. Experienced educators contributed to the conference, covering a broad range of topics and reflecting different approaches and disciplines. We summarize here the key points from each talk.

TEACHING SCHOLARSHIP IN CHILD AND YOUTH MENTAL HEALTH

Evidence-based health care (EBHC) skills are a key component of the foundation of many scholarship skills and abilities; yet, surprisingly, across many countries, little attention is paid to these competences. Successful ways to teach EBHC include didactic seminars and journal clubs; both are very common and successful in teaching attitudes and knowledge but not so much so in leading to consistent application of EBHC skills to patient care. A blended curriculum combining multiple methods of instruction can increase the use of Evidence Based Medicine (EBM) skills in practice. It is vitally important to practice EBHC skills within clinical supervision and as part of the clinical encounter between the trainee and the patient for this to become a career-long habit.

TEACHING USING FILMS

We add to the increasing literature on the use of films to teach (child and adolescent) psychiatry by discussing how to teach using Kolb's experiential cycle² to design and manage the practice of teaching with film. The work of David A. Kolb, published from the 1980s onwards, has highlighted both a four-stage learning cycle and four unique learning

styles. This holistic approach to the learning process aims to define what effective learning is, i.e., learning in which the learner progresses through the following four stages of the learning cycle: concrete learning, reflective observation, abstract conceptualisation and active experimentation. The first tasks of the teacher are the selection of the film, the preparation and setting up of the context for the viewing and the delivery of pre-viewing materials; these are critical for the management of the learning experience. A facilitated process of individual and group reflection on the experience follows. The focus of the group activity is to become aware of one's own emotional response and to contrast this with that of other people. This process of awareness and sharing then drives the curiosity and motivation to make sense of the experience by accessing curricular ideas that initiate the conceptualisation stage of learning. Lastly, the teacher needs to be able to direct the often-positive emotion that comes from the cycle of experiencing, reflecting and conceptualising to guide the learners towards other experiences (films) and concepts that the learner can access beyond the teaching session. "What to do next" closes the learning experience and completes Kolb's cycle of learning.

TEACHING INSPIRED BY PSYCHOTHERAPEUTIC APPROACHES: THE EXAMPLE OF SYSTEMIC THINKING

An example of this is represented by the inclusion of systemic ideas in teaching to medical students during their placement in child and adolescent psychiatry. Indeed, many professionals think that learning about systemic ideas is not part of their role as doctors, clinicians, educators. However, systemic ideas are relevant to all of us in the field of education because they explain what we do in *relationships*; it is the approach that focuses on what happens in the space in between us.³ The traditional way of considering communication is that we express our intentions, thoughts and ideas to a listener who decodes what we expressed. This is called *transmission communication*. From a systemic perspective, communication is only understandable in a particular context of a particular relationship, which gives meanings to what we say. If you hear: "Take your clothes off", you can give this phrase different meanings depending on the circumstances in which this phrase is offered but also in the relationship where this phrase is said. It is the context of the relationship which gives meanings to what we say. Once we are able to understand how context shapes meanings, it is easier to begin to think and understand other systemic concepts, such as curiosity, circularity, patterns of behaviours and the power embedded in relationships. Learning about a systemic perspective will enrich a learner's approach to their relationship with their patients and colleagues, and will help them draw a more holistic formulation for cases, regardless of the medical specialty they work in.

TEACHING THROUGH INTERNATIONAL TRAINING SEMINARS

International research, clinical and leadership training seminars provide unique opportunities for intensive, small group training with world leaders in the field of child and adolescent mental health who mentor young clinician-researchers. In addition to training, these workshops help to build strong professional collaboration networks, which sometimes lead to collaborative research (such as those conducted by the ESCAP Research Academy⁴⁻⁷) projects or international mobility exchanges. They play an important role as they include early career investigators from countries with different cultural and socio-economic backgrounds, which contributes to the richness of the exchanges.

REMOTE TEACHING

There are adaptations that lecturers might consider when designing online courses or switching from face-to-face to online delivery. The amount of material should be pared down to the absolutely essential information – in practice this might mean cutting the number of slides down by a half or even a third (but spending longer on core information). It can also be very helpful to split lectures into more manageable chunks lasting between 30 and 45 minutes to keep students engaged and account for shorter attention spans in an online context. Another key point is to make the sessions as interactive as possible by using polling or open-ended questions. Although some students may not be enthusiastic about breakout rooms (on platforms like Zoom), these "rooms" can be valuable in facilitating more intimate discussion and making the learners feel more connected.

THE FUTURE OF TRAINING IN CHILD AND ADOLESCENT PSYCHIATRY

Our discipline is arguably the most biopsychosocial branch in medicine. Current training often relies on an outdated knowledge base and similarly outdated learning methods while not providing integrated training in modern clinical and basic sciences. Educators in our discipline must recognise that comprehensive understanding of brain development and function is core to the discipline, as the brain creates the aforementioned "thinking, feeling and behaviour." Revolutionary changes are necessary to secure the future of our discipline. Trainees must learn the basics of the developmental biological (e.g., neuroscience, genetics, anatomy, physiology) and social (e.g., psychology, anthropology, sociology) sciences.

In this respect, federations such as the European Federation of Psychiatric Trainees (EFPT) have a key role to play, both in terms of harmonising curricula at European level and in terms of pedagogical innovations.⁸ For example, a study conducted by EFPT and published in 2010 identified the following five categories of challenges in post-

graduate psychiatric training in Europe: implementation of new postgraduate curricula, poor working conditions, low recruitment of psychiatric trainees, insufficient training opportunities and inadequate training in psychotherapy.⁹ Furthermore, a 2017 study by Gargot et al showed the need to improve psychotherapy training for European psychiatrists and highlighted the major role that European associations such as EFPT could play in improving such training and making it more easily accessible.¹⁰ Indeed, while the trainees' motivation for training in psychotherapy and their knowledge of European recommendations in this field were high, they felt that their training in psychotherapy and the respective implementation of international recommendations were insufficient.

While planning a curriculum to meet the everchanging needs of our profession, trainees should take an active role in influencing the content and delivery methods of training. We not only owe the best care to our patients. We also owe the best teaching/training to our students/trainees.

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SC had the original idea for this article and wrote the first draft, which was then reviewed, commented on, and edited by all co-authors. AR then thoroughly reworked the manuscript and partially rewrote it. All co-authors then reviewed and approved the final version of the article.

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