

A DIFFERENT STATE OF MIND: DEVELOPING A MENTAL HEALTH SIMULATION PROGRAMME FOR FOUNDATION DOCTORS IN SCOTLAND

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Background: The new Foundation Curriculum 2021 for Doctors in Training (DiT) in the United Kingdom calls for an increased focus on developing mental health-related skills [1], bringing them into parity with physical health. The importance of developing the core clinical skills needed to work with patients who have mental illness is now well-recognised within medical education [2,3].

Methods: In collaboration with NHS Education Scotland (NES), we piloted a half-day programme of immersive high-fidelity simulation in Psychiatry for foundation year one (FY1) doctors working in NHS Lothian. Scenario design was by a core group consisting of simulation faculty and Foundation programme directors who were consultant psychiatrists and acted as content experts. The intended learning outcomes (ILOs) for these sessions were constructively aligned with key presentations set out in the revised Foundation Curriculum. The scenarios considered the limitations of practice for an FY1, particularly in regard to mental health law. The three immersive scenarios developed included management of an aggressive patient with delirium, challenging communication with relatives, and management of a depressed patient. Scenarios were based in general wards to maximise fidelity with FY1 experience. 18 sessions were run for FY1 doctors at the three main acute hospital sites in NHS Lothian to ensure equitable access. Participants completed a pre-session evaluation to determine their perceived ability to perform key skills, including assessment of a patient who has self-harmed, a patient with depressive symptoms, assessment of capacity and use of mental health legislation, use of verbal de-escalation, safe sedation, and how to take a collateral history. Assessments were made on a Likert scale and were repeated immediately following the session. We plan to repeat this questionnaire three months following the session.

Results: A total of 68 FY1 doctors attended the pilot sessions. When considering the percentage of participants who felt prepared or very prepared, substantial improvements were seen in all assessed domains following the session (Table 1). The most marked improvements were in assessing capacity and the need for the mental health act (21% pre- and 90% post-session), and use verbal de-escalation to manage a patient (26% pre- and 88% post-session). 97% of candidates agreed that the scenarios seemed realistic while 92% had experienced similar clinical cases.

Conclusion: We have demonstrated that immersive simulation-based education can be used to improve knowledge and confidence in core aspects of psychiatry. With support from NES, we aim to offer this session to all FY1s in Scotland.

REFERENCES

1. UK Foundation Programme (2021) UK Foundation Programme. <https://foundationprogramme.nhs.uk/> [Accessed on 09/02/2022]
2. Piot MA, Dechartres A, Attoe C, Jollant F, Lemogne C, Layat Burn C, Rethans JJ, Michelet D, Cross S, Billon G, Guerrier G. Simulation in psychiatry for medical doctors: a systematic review and meta-analysis. *Medical Education*. 2020;54(8):696–708.

Table 1: Percentage of candidates who reported feeling either prepared or very prepared to carry out they key skills included in the pilot sessions

	Pre-session (%)	Post-session (%)
Assess a patient with suicidal thoughts	41	97
Assess a patient who has depressive symptoms	55	100
Assess capacity and need for the Mental Health Act	21	90
Use verbal de-escalation to manage a patient who is agitated or aggressive	26	88
Prescribe rapid tranquilisation to an aggressive patient	7	65
Take a collateral mental health history	50	100

3. Piot MA, Attoe C, Billon G, Cross S, Rethans JJ, Falissard B. Simulation training in psychiatry for medical education: a review. *Frontiers in Psychiatry*. 2021;12:658967.

A CROSS-PROGRAMME VERTICALLY INTEGRATED COMMUNICATION AND PROFESSIONALISATION CURRICULUM, ADAPTED FROM PHARMACY FOR NURSING

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Background: The Clinical Communication Team at the University of Birmingham are undertaking an ambitious project where students across all healthcare programmes will interact within a single virtual healthcare community – ‘Wood Brooke’ – via simulation activities. The vertical nature of the programme means students can ‘follow’ the illness/life journeys of a series of families that they meet early in the course over a 3–4 year timeframe. Additionally, they can meet and interact with simulated healthcare professionals working in Wood Brooke’s virtual primary, community, and secondary care facilities. Wood Brooke is already well-established throughout our 4-year Pharmacy degree, being integrated into teaching and testing not just for communication, but linked to other clinical aspects of the Programme. We will share our model, and experiences, successes, and challenges.

Methods: Recently Wood Brooke was adapted for Birmingham’s 3-year BNurs programme as a vertically integrated clinical communication/professionalisation strand. It is well documented that nursing students should be trained in patient-centred communication [1]. Students from Adult, Child, and Mental Health Nursing mix in the sessions for intra-professional learning and breadth of peer support and feedback. Sessions in Year 1 focus on cases relating to three families from Wood Brooke from patient and relative/carer perspectives. Year 2 builds on the simulation to consider intra and interprofessional colleague interactions in community-based and acute settings through telephone and face to face role play simulation. This builds on the 3 family cases introduced in the first year, introducing other members within the family. Year 3 is under development.