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.

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

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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.

Results: Feedback from learners about the Programme has been positive. This is not a research project so we will not be presenting 'data'. A result in progress is rolling Wood Brooke out to other Programmes, including Medicine and Dentistry, as part of curriculum review. Discussion may focus on the potential benefits of healthcare students having shared visibility of patient narratives/experiences where that patient is accessing care under more than one service.
Conclusion: Inclusivity and designing a 'community' reflective of the population has been central. The vertical development of patient narratives over several years enables adaption of the programme to meet new priorities and needs (including, e.g., shift to remote working for COVID-19, and evolving patient demographics).

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DESIGNING LEARNING SIMULATIONS FOR COGNITIVE ABSORPTION

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Background: 'The future of learning is immersive. In the future, learning will take the shape of a story, a play, a game; involving multiple platforms and players; driven by dialogue and augmented with technology, an interplay of immersive experiences, data, and highly social virtual worlds' [1]. Our simulation was designed to raise aspirations as to what is 'possible' for our wider faculty as we expand our simulation-based education (SBE). The 'Godzilla' multi-casualty exercise offered a fun and engaging theme to the serious focus on student development and assessment. Facilitated at a music venue enabling creative visual and audio backdrops, to a dynamic and immersive learning space. This exploited sensory boundaries in the form of challenging environments, whilst focusing expectations for our student cohorts to demonstrate clinical praxis. The directing staff (DS) included academics, Critical Care Practitioners, Nurses, and Paramedics who ensured a multidisciplinary overview of students' safety and feedback discussions, appraising decision making, treatment, and management of multiple patient scenarios.
Methods: Drawing upon the multimedia and interdisciplinary expertise from the faculty, a holistic set of skills brought together the creation of an authentic educational experience, with the evaluation of the students against clinical expectations of a modern healthcare response. The main points of contact were at 'handover' post patient extraction and assessment, to senior clinicians. This exercise modelled inclusive approaches, reflected in the seminal Delphi study that identified requirements and opportunities in Immersive Learning namely: Facilitating Authentic Learning Experiences and Developing the Capabilities of the Future Workforce [1]. This approach aligns with the NHS Simulation Strategy [2] but also with the psychological concept of flow and deep absorption in learning proposed by the Open University Innovating Pedagogy report [3]. Premised on the innovation of best learning moments, our student tasks were designed to engender deep involvement through memorable learning activities.
Results: 36 level 4 Paramedic students and 24 level 6 Paramedic students undertook the simulated challenges. Facilitators and learners reported high levels of satisfaction and attainment of praxis. Comparisons were recognised between cohorts that informed future adaptations and design, evaluating tasks for future ambitions, fusing interdisciplinary endeavours.
Conclusion: This successful exercise met the key learning objectives and students identified this as a 'memorable' point in their learning. Inclusion of our allied health professions had handover scenarios filmed with 360° and conventional cameras, and videos were edited for future curricular inclusion. The learning from this inaugural event will inform the diversity and complexity of future tasks set for students. Further feedback capture methods will be used to quantify further investment into future simulation-based educational endeavours.

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THE AWARE PROJECT (FAMILIARITY WITH WORKPLACE AND RESUSCITATION EQUIPMENT)

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Background: Doctors joining Emergency Departments (ED) have individual training needs based on their experience and background of working in different countries or hospitals, and a large proportion of junior doctors work for less than a year in a single ED. We designed the AWARE project to analyse the challenges associated with familiarity with the physical workplace and resuscitation equipment for doctors new to an ED environment. The goals of the project were to assess the diverse learning needs [1], impact of unfamiliarity with environment and equipment on physician confidence, ability to participate in resuscitation scenarios, and to develop a simulation-based intervention to support new doctors in ED.
Methods: We developed a questionnaire for multidisciplinary staff to explore problems with workplace unfamiliarity and its impact on different aspects of performance during resuscitation. We included questions (tailored to professional background) about the management of resuscitation and the location of vital equipment under the broad headings of: preparation, airway, breathing, circulation, and other critical interventions.
Results: We collected 104 completed questionnaires (67 from doctors, 37 from nurses). Over 90% of staff felt that lack of workplace familiarity negatively affects performance and leads to delay in performing procedures. 92% of the nurses felt that it was easier and more efficient to work with doctors who were familiar with the workplace. Quantitative data revealed issues with locating equipment such as: