

CHAIRING A MEETING

MODULE: CHAIRING A MEETING SCENARIO

TARGET: PSYCHIATRY TRAINEES ST4-6

BACKGROUND:

Trainees are often required to chair meetings such as CPA's, referrals meetings and admin meetings. This is a complex skill which is often given low priority for development. Trainees rate this as one of the areas they most want support and training around as it can be extremely anxiety-provoking for many. Trainees may find themselves refereeing a heated discussion about the best approach to managing a patient's care, responding to difficult questions from patients, relatives and legal representatives, reining in team members with their own agenda, and attempting to present a united front. They may have inadequate information and little or no preparation time. They have often been asked to chair the meeting at extremely short notice and have little idea who is coming. This scenario allows trainees to undertake a short role play where they are required to manage such a scenario in order to inform a discussion about approaches to use and techniques to try.

RELEVANT AREAS OF THE CURRICULUM

<p>ILO 9 Work effectively with colleagues</p>	<p>Demonstrate understanding of roles and responsibilities of team members Show respect for unique skills, contributions and opinions of others Recognise and value diversity within team Use effective negotiation skills Manage divergent opinions on patient treatment or intervention Manage complaints made about services</p>
<p>ILO 10 and 11 Leadership</p>	<p>Display skills in leadership, time management , prioritisation, decision making Communicate effectively with members of the multidisciplinary team</p>
<p>ILO 17 Professionalism</p>	<p>Maintain good professional attitudes and behaviour Support and advise colleagues in dealing with complex professional interactions Recognise own limitations</p>

INFORMATION FOR FACULTY

This scenario can form part of a workshop on chairing meetings or a broader session on leadership skills.

LEARNING OBJECTIVES

- Greater confidence chairing meetings
- A framework for approaching this task
- An understanding of the expectations of a good chair
- An opportunity to practice some of these skills
- An opportunity to share concerns and explore issues with other trainees

SCENE SETTING

Location:	Training room	Expected duration of debriefing:	30mins
Expected duration of scenario:	15 mins		

EQUIPMENT AND CONSUMABLES

Nil.

PERSONNEL-IN-SCENARIO

OT
Psychologist
Ward nurse
Social worker

PARTICIPANT BRIEFING

Chair

You are the registrar for a psychiatry inpatient team. Your boss is away and you have been asked to chair this team meeting in her absence at short notice. You have just been given the agenda. You have just started on the team and don't know anyone very well. You have never been to one of these meetings and have no idea how they usually run although you have been told they usually happen every fortnight. This week there was another meeting before this one which overran so you only have fifteen minutes to get through all the items on the agenda. Your boss has told you the most important issue is the decision about leave for patient DT.

Agenda

1. **Introductions and Apologies**
2. **Minutes of last meeting**
3. **Feedback from the team and any issues**
4. **Leave for inpatient DT**
5. **Next meeting**
6. **Any other business**

Information on DT:

Your boss told you DT is a 27 year old who has been on the ward for a week. He is on a Section 2 having been detained in the police cells acutely psychotic. It appears to have been a reaction to drugs as he uses large quantities of cocaine regularly. He has been in hospital before with a similar presentation and he usually improves down after a week or two then returns to his fairly chaotic lifestyle and drug taking.

He has convictions for violence offences including assaults and robberies, usually linked to using drugs and alcohol. Your boss thinks he probably has schizophrenia but he never stays in hospital long enough to really establish this. This time he was arrested by the police due to making serious threats against his landlord who he has an ongoing dispute with over some rent arrears. DT has been a bit agitated on the ward but he, and some of the nursing staff, think he would feel better if he could go outside and have some leave. He has a history of absconding from hospital wards. He is saying that without leave to go outside he might 'do something crazy.'

FACULTY BRIEFING

'VOICE OF THE MANIKIN' BRIEFING

No manikin

IN-SCENARIO PERSONNEL BRIEFING – 'OCCUPATIONAL THERAPIST'

You are really unhappy with the new protected mealtimes on the ward as it means you can't do any OT with patients for an hour at lunchtime. You think this is ridiculous as the whole reason they are in hospital is for rehabilitation. You think it is purely so the nurses get time to write their notes and has nothing to do with the patients. You raise this in the 'team issues' part of the agenda. You and the ward nurse do not agree. You think DT should probably have some escorted leave for short periods but don't have strong feelings on it.

IN-SCENARIO PERSONNEL BRIEFING – 'PSYCHOLOGIST'

You think DT should have leave immediately. You acknowledge that he has a history of absconding but think the risks are vague and ill defined and leave would help promote the therapeutic relationship, improve his engagement and improve his symptoms. You think the chances of him doing anything serious are low. You haven't done any formal assessments on him yet although you have spoken to him for an hour. He seemed quite insightful into his problems with drugs and keen to try harder this time to remain abstinent.

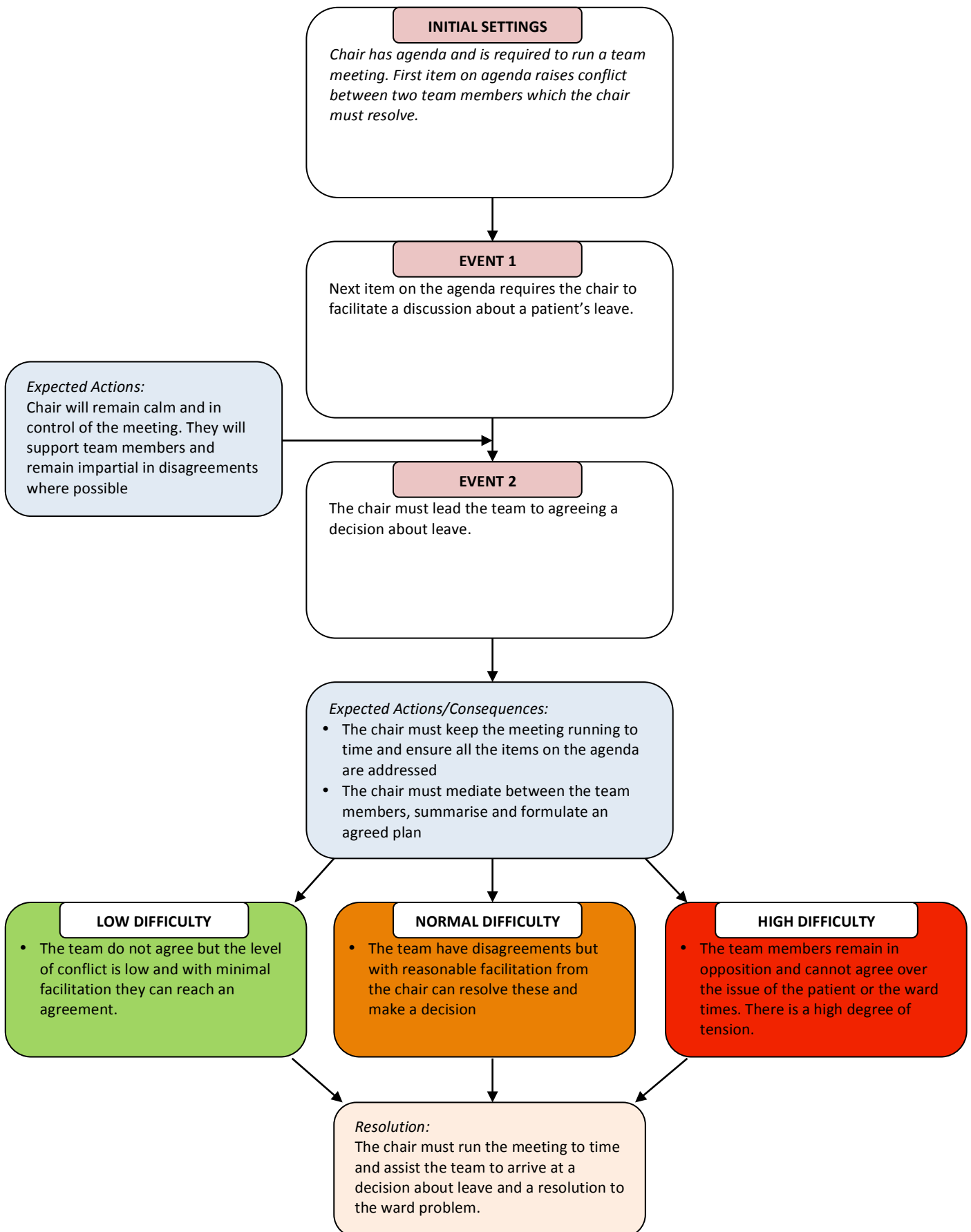
IN-SCENARIO PERSONNEL BRIEFING – 'SOCIAL WORKER'

You think DT should not have any leave until the team have much more information on him including speaking to the police about the threats to the landlord. You think he is making demands for leave which are unreasonable and we should not simply 'give in' for an easy life or to try and improve engagement. You think we should treat him first then worry about leave later. You think it is very likely on previous history that he will abscond and he could present a serious threat to his landlord.

IN-SCENARIO PERSONNEL BRIEFING – 'WARD NURSE MANAGER'

You think the new protected mealtimes are good for patients and staff as it allows them to have a quiet hour when they can sit down together. It also allows the staff to catch up on their admin but you maintain this is not the primary reason. You think OT's are being too pushy by insisting they have a right to patients all day. You don't think they value the role of nurses at all. You think DT should definitely have leave as this is an important part of his rehabilitation in hospital and you are worried we are breaching his human rights if we keep him locked up without a good reason. You might say "We are not a prison."

CONDUCT OF SCENARIO



DEBRIEFING

Faculty:

When offering feedback to trainees or inviting feedback from their colleagues consider:

Clear objective observation ‘what they did’

Make concern clear to learner ‘why this is not ideal’

Active listening – show you are interested in the learner and their experience. Don’t be tempted to keep talking about them, imparting your wisdom. The real learning comes from the learner. Side with them, physically and metaphorically, to examine what they did and explore it together.

Be curious about why they did something

Quickly move to generalising the learning to others or they will switch off

Facilitator can hardly say anything, unless the learners miss something key

Application to practice

POINTS FOR FURTHER DISCUSSION

Chairing a Meeting Objectives

Firstly, consider whether a meeting is really necessary. Many decisions and outcomes can be achieved without a meeting which can be a slow, time-consuming and cumbersome mechanism for achieving a goal.

Time keeping is an essential role of the chair – starting on time, remaining focussed, keeping the discussion productive, ending on time. It is important to be flexible and ensure that sufficient time is given to achieve the required outcome.

Managing the agenda – moving things on, summarising, re-phrasing, checking agreement
The agenda is always best started with introductions unless everyone already knows each other.

Facilitation The chair is expected to actively manage the discussion. This might involve summarising, rephrasing, clarifying, inviting further opinion, coming back to certain points later, and ensuring that all the information pertinent to a particular agenda item has been aired.

Ensuring everyone is involved. One of the most effective ways to ensure everyone’s voice is heard, especially concerning a difficult decision, is to ask each person in turn to say or write their opinion BEFORE the discussion starts. This way they won’t be overruled by other more forceful members of the team.

Getting agreement. Silence does not mean people are agreed. It is up to the chair to ensure everyone has contributed and highlight outstanding areas of disagreement. They should then try to find ways to bring team members to agreement or decide whether a decision can be made and opposition recorded.

Remaining Impartial Ideally the chair would remain impartial in disagreements but this can be difficult if the chair is also a member of the clinical team or otherwise involved in making the decision. The chair must take care not to overly influence the others or use their vote as the deciding one.

Minutes of the meeting Minutes are the mechanism by which the meeting is recorded. Without a record it’s as if the meeting didn’t really happen. The chair must ensure that someone is delegated to this task and that there is a clear plan for processing and circulating the minutes. Everyone at the meeting should have the opportunity to review the minutes before they go into the record forever to ensure they are an accurate representation of what was discussed. Minute taking is a skilled task and should be allocated to someone with a reasonable understanding of what is being discussed.

Allocating tasks The chair assumes responsibility for allocation of tasks. This is not the same as agreeing to do everything themselves. Delegation is an important skill and an effective chair should aim to remain independent of issues raised in the meeting wherever possible.

Managing conflict The chair will sometimes encounter differences of opinion and often simply acknowledging these and facilitating a discussion around the issues is sufficient. Where more significant disagreements arise the chair may be required to use negotiation skills to achieve agreement or where this is not possible agree to disagree and move the meeting on. Time can be agreed to discuss a difficult issue further outside the meeting. Where a decision must be reached the chair must decide whether a majority is sufficient or whether there must be universal agreement.

PSYCHIATRY SCENARIO 3 - HANDOUT

INFORMATION FOR PARTICIPANTS

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KEY POINTS

- Greater confidence chairing meetings
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RELEVANCE TO THE CURRICULUM

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WORKPLACE-BASED ASSESSMENTS

Curriculum	Details
ILO10 and 11 Leadership	DONC, Mini-PAT, supervisors report
ILO 17 Professionalism	DONC, Mini-PAT, supervisors report

PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

PARTICIPANT FEEDBACK

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	<input type="checkbox"/>
Secondary Participant (e.g. 'Call for Help' responder)	<input type="checkbox"/>
Other health care professional (e.g. nurse/ODP)	<input type="checkbox"/>
Other role (please specify):	<input type="checkbox"/>
Observer	<input type="checkbox"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful					
I understand more about the scenario subject					
I have more confidence to deal with this scenario					
The material covered was relevant to me					

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.



FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?