

CLINICAL MANAGEMENT

MODULE: MANAGING COMPLEX CASE IN EMERGENCY DEPARTMENT

TARGET: PSYCHIATRY TRAINEES ST4-6

BACKGROUND:

Many psychiatry trainees are required to assess patients in the Emergency Department. This is frequently out-of-hours and assessments are often done with minimal support from colleagues. Patients are often complex and management is not straightforward. Liaising with staff in the ED often presents particular challenges including time pressure and management of expectations. Self harm in young people is an increasingly common presentation and presents additional difficulties when services for such individuals are limited.

This scenario is designed to give trainees the opportunity to practice managing a typical ED situation, enabling them to reflect on the decision-making process and receive feedback. This scenario can be linked to the ED Consultant telephone scenario Tel 1.

RELEVANT AREAS OF THE CURRICULUM

Curriculum	Details
ILO – 1 Assessment	Demonstrate the ability to undertake a thorough assessment including where possible obtaining all relevant information Assess and manage patients with multiple and complex pathologies Identify urgent psychopathology
ILO – 2 Formulation	Demonstrate the ability to construct formulations that include differential diagnosis, liaising with other agencies and specialists and making appropriate referrals
ILO – 3 Management and Treatment	Demonstrate the ability to use information obtained to inform an appropriate management plan taking into account biological, social and psychological domains
ILO 4 Risk	Demonstrate expertise in applying the principles of crisis intervention in emergency situations Make care plans in urgent situations where information may be incomplete
ILO 9 Work effectively with colleagues	Show competence in supervised autonomous working Use effective negotiation skills Manage divergent opinions on patient treatment or intervention
ILO 17 Act in a professional manner at all times	Maintain good professional attitudes and behaviour when responding to situations of ambiguity and uncertainty Support and advise colleagues in dealing with complex professional interactions Recognise own limitations

INFORMATION FOR FACULTY

LEARNING OBJECTIVES

- Improved confidence in managing these situations
- Familiarity with local policy and procedures
- Awareness of own learning needs in this area
- A framework for managing these situations
- An understanding of the concepts and issues underlying these situations

SCENE SETTING

Location: Emergency Department (Training room/ simulation suite)

Expected duration of scenario: 15 mins Expected duration of debriefing: 30 mins

EQUIPMENT AND CONSUMABLES

Telephone
2 chairs
Table

PERSONNEL-IN-SCENARIO

Patient
Crisis team
Consultant
ED Nurse

PARTICIPANT BRIEFING

You are the Registrar on-call. You don't normally attend the ED, only when the Crisis team are unavailable and it is urgent.

You are called by the Crisis team at 2330 on Friday who tell you there is a 16 year old girl in ED who needs an assessment. They are all busy and it's urgent so you have to do it. She has taken a small overdose and is refusing treatment. The ED staff want you to admit her to the psychiatric hospital and put the Crisis team person under quite a lot of pressure earlier.

If you work for the CAMHS team imagine this is you! If you work for another team imagine there is no CAMHS support out-of-hours or that due to her not being in education or training she would come under GA anyway. ED clerking just says "refer to psych".

Instructions:

Assess Lexi and formulate a management plan
Speak to the ED nurse, Crisis team and your on-call Consultant

FACULTY BRIEFING**'VOICE OF THE MANIKIN' BRIEFING**

No manikin

IN-SCENARIO PERSONNEL BRIEFING – 'PATIENT'

You are Lexi, a 16 year old girl who lives in supported accommodation since her last foster placement broke down. Relationships with your family are extremely complex and difficult. You were physically abused by your Mum who has borderline personality disorder and alcohol problems. You were sexually abused between the age of 10 and 12 by an ex partner of your mother.

You did not attend school much in your last year and did not sit your GCSE's. You use lots of cannabis and have sex with lots of different boys. You have even let some of them pay you for sex. You spend your days hanging around with an antisocial group of much older people. You receive welfare but don't understand how to manage your money so you get into debt easily.

You have shoplifted to buy drugs. You were diagnosed with ADHD by a CAMHS team in Essex aged 7 and had Ritalin for two years until the family moved and you never saw another CAMHS team. Your mother said she felt judged by them as they told her it was down to her parenting and suggested she go on a parenting course. Having been on the At-Risk register for some time, you went into foster care aged 13 when your mother left you alone for a week and went on holiday to Benidorm. You also have quite severe psoriasis. You are not currently doing any education or work.

You have been self harming by cutting your wrists and legs since you were 13. You have also take several overdoses, mostly of paracetamol and ibuprofen. You have never been admitted to psychiatric hospital or detained under the MHA before.

You do not want to talk to anyone. You were found by the police on the Itchen Bridge and told them you had taken an overdose to end it all. You said you had also had some cannabis. You allowed the police to take you to ED and were not detained on a section 136. The police have left and you are here by yourself. You say there is no-one anyone can call for you. There are no staff at the supported placement after 9pm. You have refused to have your bloods taken as you are scared of needles and "what's the point anyway, just leave me alone."

The ED doctor had a two minute conversation with you about the overdose and when it became apparent that you were going to be difficult said they would ask psychiatry to see you and left you alone. They did not ask you anything about yourself.

Depending on how the doctor interacts with you, you might warm to them and start to open up or stay hostile and refuse to talk. You find it very difficult to trust anyone and don't like to talk about your family. You sit with your arms crossed and do not make much eye contact.

You do not want to go home as you hate where you live and feel lonely there. You want to be admitted to hospital as you think you will be safe and looked after here. You might threaten to self harm if you do not get admitted. You might be persuaded to have your bloods taken and to stay in hospital until the results come back. You might be persuaded to go home but only if there is support from the Crisis team or some other service available.

IN-SCENARIO PERSONNEL BRIEFING – ‘ED NURSE’

You are an experienced ED nurse who has been working in your current workplace for over 5 years. You are confident and assertive, and do not suffer fools gladly.

You are extremely conscious about the 4 hours wait limit enforced in ED. The referred patient has been in the department for 3 hours and 45 minutes. You are irritated that the junior doctor in psychiatry has taken so long to assess the patient.

You are generally unsympathetic towards patients with mental health problems presenting to A&E. You often question the length of time psychiatric assessments seem to take.

Around half way through the assessment (~5 minutes), enter the scenario and interact with the doctor. During your interaction with the doctor, you introduce yourself assertively and ask:

1. ‘How much longer are you going to be?’
2. ‘So what’s the plan, are you going to discharge her/him?’
3. ‘Why’s it taking so long? She/he’s already been here for nearly 4 hours...’

You express your dissatisfaction with the doctor’s responses by ‘huffing’ loudly and leaving promptly.

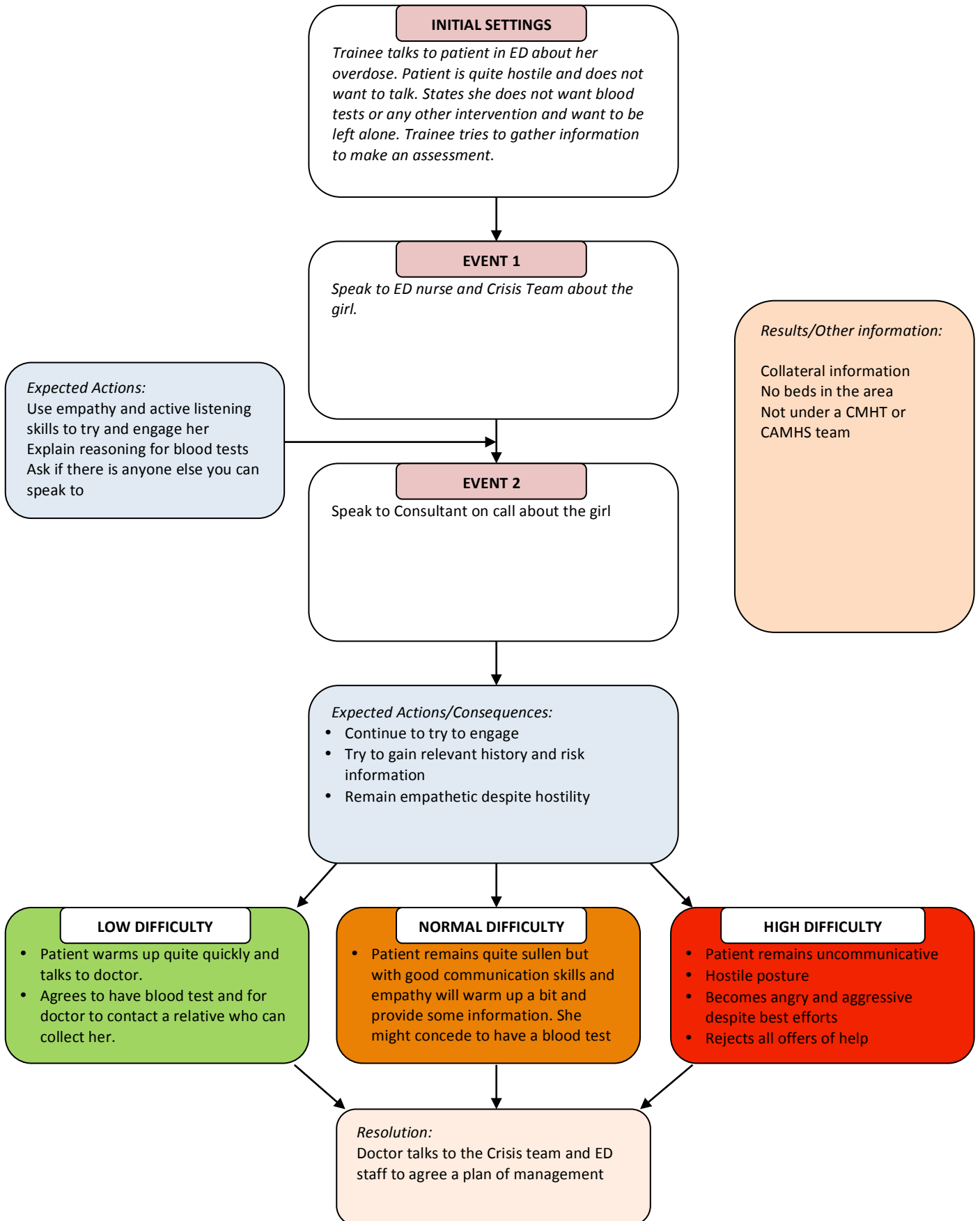
IN-SCENARIO PERSONNEL BRIEFING – ‘CRISIS TEAM’

You are contactable by telephone. You are extremely busy with very demanding patients tonight. You are also working on your own as your colleague has had to go home sick. You are feeling harassed and not particularly sympathetic. You do not think adult services should be managing 16 year olds, regardless of whether they are in education or not as you don’t think you have the right skills or support to offer. You think she should be discharged with advice to see the drugs team and a letter to the CAMHS team to follow her up. You might be persuaded to see her tomorrow for support if the doctor is sufficiently understanding and reasonable.

IN-SCENARIO PERSONNEL BRIEFING – ‘CONSULTANT’

You are a General Adult Consultant for a large region. You are near retirement and your style appears quite old-fashioned to some. You do not particularly expect your trainees to call you at night unless there is some serious problem. You are not particularly interested in being kept informed about the routine management of patients. You might initially be quite irritated to be called about this situation, telling the trainee they ought to be able to manage this themselves. If the trainee seems sensible and just wants to run their management plan by you, you support their decisions. If they are calling to ask your advice or to be told what to do you might get annoyed. You do not get involved in making decisions but keep asking the trainee what they are going to do.

CONDUCT OF SCENARIO



DEBRIEFING

POINTS FOR FURTHER DISCUSSION

What is your diagnosis?

What are the risks?

What are the management options?

Consider ability to consent in 16-year-olds (Young people over 16 are presumed to have the capacity to consent to and refuse treatment unless there is evidence to the contrary, although it is good practice to involve their parental guardian.)

If she agrees to blood test you can wait for blood results first.

If she refuses consider:

- Admit her to hospital, voluntarily or under section
- Tell her to see her GP
- Discharge her home with no follow up
- Discharge her home with follow up from CMHT/drugs team
- Discharge her home with follow up from Crisis team
- Request admission to general hospital medical or paediatric ward
- Request further assessment or advice (consider speaking to CAMHS consultant)
- Speak to Crisis team and/or Consultant on-call
- Try to contact relative or other to collect and support

What will you do afterwards?

How and where will you record this assessment?

Do you need to contact other agencies such as CMHT/drugs service/social services. How will you do this? Can this wait?

PSYCHIATRY SCENARIO 4 - HANDOUT

INFORMATION FOR PARTICIPANTS

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KEY POINTS

- Improved confidence in managing these situations
- Familiarity with local policy and procedures
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RELEVANCE TO THE CURRICULUM

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FURTHER RESOURCES

- *Children and Young People toolkit*, BMA, 2012
- www.youngminds.org.uk
- Royal College of Paediatrics and Child health
- www.cahms.org.uk

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand more about the scenario subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have more confidence to deal with this scenario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The material covered was relevant to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?