

COMMUNICATING WITH PATIENTS

MODULE: _____ **EXPLAINING A MANAGEMENT PLAN TO A PATIENT AND RELATIVE**

TARGET: **PSYCHIATRY CT1/F2/GPVTS**

BACKGROUND:

Trainees new to Psychiatry often find themselves facing situations they have little experience of and it can take time for them to attain confidence in these scenarios. This is one of a number of scenarios developed to be used as part of the induction for trainees new to Psychiatry. The aim is to give trainees the opportunity to practice explaining a difficult decision to a patient, with specific feedback and a framework for managing these scenarios in future.

RELEVANT AREAS OF THE CORE PSYCHIATRY CURRICULUM

ILO 5	Conduct therapeutic interviews
ILO7	Demonstrate ability to manage complex cases involving chronic mental disorder
ILO8	Use effective communication with patients and relatives
ILO14	Demonstrate the ability to inform and educate patients effectively
ILO 17	Act in a professional manner at all times

INFORMATION FOR FACULTY

LEARNING OBJECTIVES

- Demonstrate effective communication with patients using verbal and non-verbal skills as appropriate.
- Demonstrate empathy, remaining respectful and non-judgmental in manner. Act with compassion at all times.
- Demonstrate competence in the supervision and management of challenging behaviour in relation to the psychiatric emergencies.
- Demonstrate good judgement in the choice of treatment settings and in referral decisions, including alternatives to hospital admission.
- Communicate an appropriate brief management plan with a difficult patient.
- Demonstrate an understanding of how professional and patient perspectives may differ and the impact this may have on assessment and treatment.
- Be able to explain to patients, families, carers and colleagues the process and outcome of assessment, investigation and treatment or therapeutic plan.

SCENE SETTING

Location: Emergency Department
 Expected duration of scenario: 12 mins Expected duration of debriefing: 8 mins

EQUIPMENT AND CONSUMABLES

PERSONNEL-IN-SCENARIO

Patient
 Relative

PARTICIPANT BRIEFING

You are the junior doctor on-call. You have been asked to see Alice Davies, a 30 year old woman who has a diagnosis of Borderline Personality Disorder. She is well known to local mental health services, having been admitted multiple times. She is accompanied by her brother, with whom she had been staying temporarily while her own flat is being renovated.

This is her second presentation to the Emergency Department this week. There is no discharge summary from any of her admissions the psychiatric ward available on RiO. You have tried to call the last ward to get a summary, but her notes were in transit to medical records and are not available. A nurse on the ward who remembers her said she was discharged home as an informal patient after 3 days on the ward, and that this is invariably the case in all of her admissions.

She has experienced several stressors in recent weeks, including relationship problems with her boyfriend, an increase in her drug use, and renovation of her flat. She has already been assessed and it has been decided that admission to hospital is not currently indicated.

She smokes heroin and crack cocaine. She is due to appear in court next week to answer charges of shoplifting. She is not currently prescribed any medication. She has no physical health problems.

Instructions

Negotiate a management plan with the patient and her relative, considering alternatives to admission. You do not need to take a full history or full mental state.

FACULTY BRIEFING

'Facilitator Guidelines:

1. Brief simulated patients (and relatives/others if applicable)
2. Discuss aims of scenario
3. Allow time for participants to read scenario
4. Run scenario
5. Self-appraise from participant
6. Descriptive feedback to participant by consultant facilitator
7. Descriptive feedback by service user representative
8. Descriptive verbal feedback by actor
9. Provide feedback form (both observers) to participant

VOICE OF THE MANIKIN' BRIEFING

No manikin

IN-SCENARIO PERSONNEL BRIEFING – 'PATIENT'

You are Alice Davies, a 30 year old woman. You are accompanied by your brother Alan.

You are annoyed about having to wait so long to be seen. You start the conversation by insisting you are admitted to hospital immediately, because you are finding it difficult to cope. You often look to your brother for support during the conversation, as he has told you he thinks you should be in hospital.

You have been admitted to hospital a few times in the past. When you are admitted, you initially enjoy being cared for by the nurses, but you rapidly get into arguments with nurses who are strict and tell you what to do.

You have been self-harming since a teenager when you lost your father at the age of 14. You cut your legs and arms by using razor blades. You never mix with people since being a teenager, as you were bullied at school. People often let you down so you don't have a wide social network, and usually don't trust strangers.

You have had difficulty maintaining relationships and constantly argue with your current boyfriend who recently has told you that you are unpredictable and he does not want you in his life. You consequently feel rejected and have thoughts of self-harming by cutting.

You are currently unemployed and find it difficult to hold onto a job. You have done a few temporary jobs in the past.

You have been using more crack and heroin recently because of your relationship problems. You got caught shoplifting some clothes from Marks and Spencers around a month ago and are due in court next week. You think that by being in hospital, this will help your case a little, but that the court case is also causing you some anxiety. You are open to help with your drug use, particularly methadone. Your need to address your drug misuse is also another reason you need to be admitted to hospital.

You have been threatening and abusive towards your brother while staying with him. You have angry outbursts and have in the past threatened your sister-in-law with a knife in arguments.

Your mood is generally up and down. You don't think you're depressed. You don't hear voices and don't feel paranoid.

You want to be admitted to hospital because you feel unsafe. You don't have any specific plans to end your life. When the doctor suggests you don't need to be admitted, you imply that if you harm yourself, it'll be they're fault and the hospital trust will be sued.

You're aware that people often refer to you having a 'PD' in a derogatory way.

As the interview progresses, if the doctor is empathetic and clear in their explanation why hospital admission isn't a good idea, you reluctantly and gradually accept their opinion and agree to the treatment plan.

If the doctor mentions the option of the 'Home Treatment Team', you refer to them as 'bastards' who 'only come round once a day to check you've taken your medication'. However you are open to discussing other alternatives, if offered.

You admit that you could stay with a friend who has been helpful in the past, and consent to the doctor contacting them.

IN-SCENARIO PERSONNEL BRIEFING – 'BROTHER'

You are Alan Ford, Alice's older brother.

You are well-meaning about helping Alice, shocked by her recent behaviour, but forgiving. You maintain a firm view of her condition is depression, but acknowledge that medical staff have other names for this and view the cause differently. You ask why somebody more senior is not assessing your sister. You ask for the doctor's full name and write it down in case you need to make a complaint.

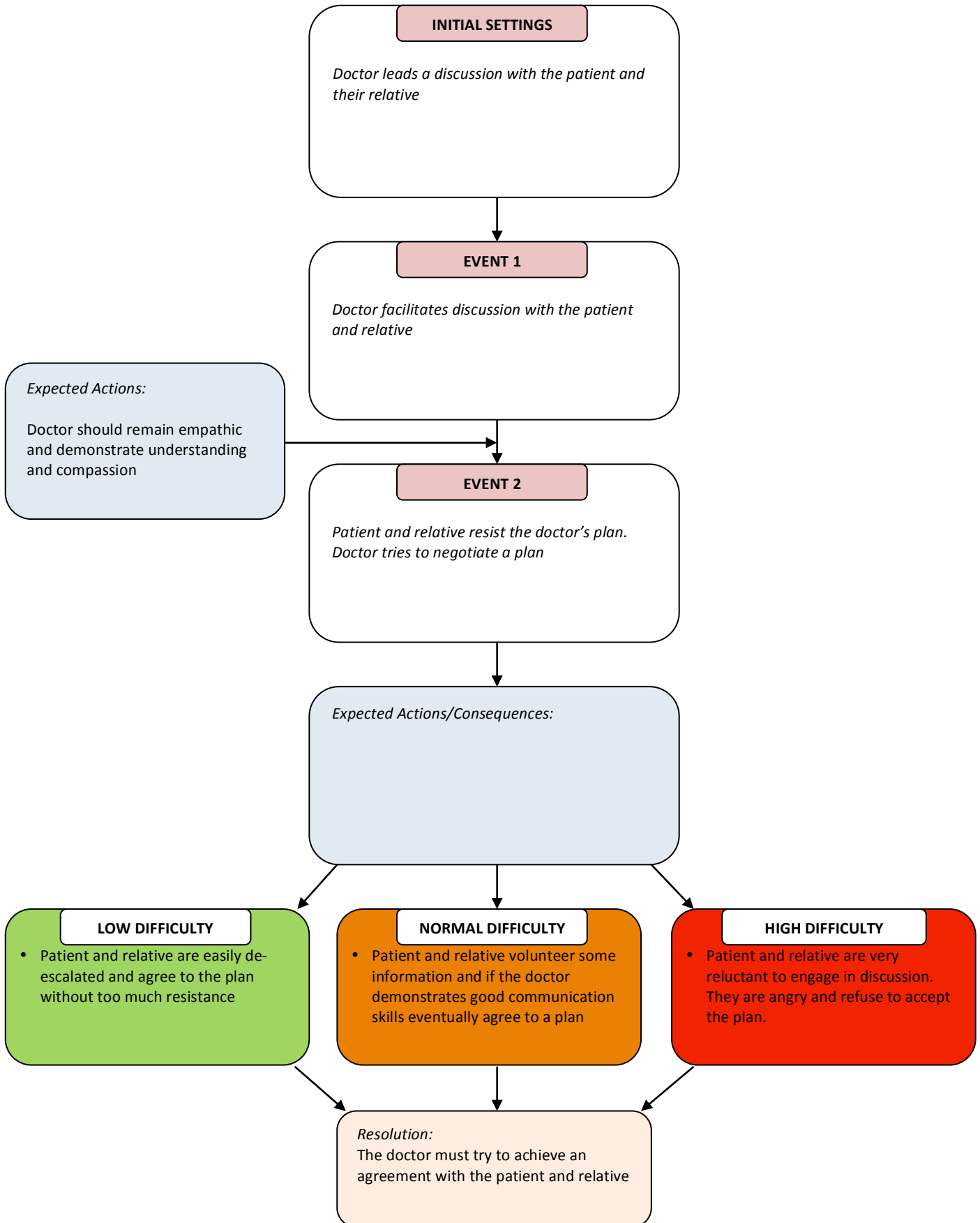
You want her to be admitted to hospital immediately as you cannot cope with her staying any longer at your home. You also believe that she would benefit from psychiatric follow-up after hospital. "The more support she has the better."

You emphasise your sister's drug use and that she needs to come into hospital for a 'detox'.

If the doctor adopts a rigid and unhelpful or rude approach, you will become more irritable and forceful about the risk of her cutting herself.

Like your sister, if the doctor clearly and empathically explains the reasoning behind alternatives to admission, you reluctantly accept their suggestion.

CONDUCT OF SCENARIO



DEBRIEFING

POINTS FOR FURTHER DISCUSSION

- The challenge of managing patients with personality disorder
- Managing risks in these patients
- Multidisciplinary approach
- Advance care plans
- The role of the collaborative approach
- The need to locally agreed frameworks for managing these patients
- The need for flexibility
- The role of medication in managing personality disorder

DEBRIEFING RESOURCES

PSYCHIATRY SCENARIO 1 - HANDOUT

INFORMATION FOR PARTICIPANTS

Communicating with patients and relatives, particularly when trying to negotiate a plan which they are likely to resist, can be a difficult skill. This scenario allows trainees to practice this skill.

KEY POINTS

- Demonstrate effective communication with patients using verbal and non-verbal skills as appropriate.
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RELEVANCE TO THE CURRICULUM

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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?