Health Education Thames Valley

# MANAGING AN URGENT SITUATION ON THE PHONE

**MODULE: CLINICAL MANAGEMENT OF EMERGENCIES**

**TARGET: PSYCHIATRY TRAINEES ST4 - 6**

## BACKGROUND:

Professionals are expected to communicate effectively with colleagues on the phone throughout their career and as seniors are increasingly on-call from home. Managing complex scenarios over the phone has become an essential skill yet trainees usually receive no training or feedback on their performance doing this important task. Often the trainee ends up liaising with the most junior member of the staff as the senior staff are managing the emergency. The telephone can be a particularly difficult medium as there is no opportunity to assess body language and all communication has to be conveyed through the voice. People may behave differently on the telephone due to the distancing effect.

This scenario allows trainees to experience a difficult telephone conversation with a stressed junior colleague as the basis for an educational session exploring management of crisis situations at a distance including gathering sufficient information and making a sensible management plan in a timely manner, supporting colleagues, managing our own emotions and professionalism. The session can also include linked concepts such as how to manage violence and aggression in patients including revision of local policy and protocols.

## RELEVANT AREAS OF THE CURRICULUM

| Curriculum | **Details** |
|---|---|
| ILO – 1<br>Assessment | Demonstrate the ability to undertake a thorough assessment including where possible obtaining all relevant information<br>Assess and manage patients with multiple and complex pathologies<br>Identify urgent psychopathology |
| ILO – 2<br>Formulation | Demonstrate the ability to construct formulations that include differential diagnosis, liaising with other agencies and specialists and making appropriate referrals |
| ILO – 3<br>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<br>Assess and Manage Risk | Demonstrate expertise in applying the principles of crisis intervention in emergency situations<br>Make care plans in urgent situations where information may be incomplete |
| ILO 9<br>Work effectively with colleagues | Competently manage part of a service<br>Show competence in supervised autonomous working<br>Use effective communication and negotiation skills<br>Manage divergent opinions on patient treatment or intervention<br>Manage complaints made about services |
| ILO 17<br>Act in a professional manner at all times | Maintain good professional attitudes and behaviour when responding to situations of ambiguity and uncertainty<br>Support and advise colleagues in dealing with complex professional interactions<br>Recognise own limitations |

# INFORMATION FOR FACULTY

## LEARNING OBJECTIVES

- Greater confidence dealing with challenging phone calls
- A framework for managing these situations
- An understanding of the concepts and issues underlying these situations
- Revision of local procedures for managing violent and agitated patients
- Awareness of own limitations

## SCENE SETTING

| | |
|---|---|
| Location: | Training room, simulation suite |
| Expected duration of scenario: | 5-10 mins |
| Expected duration of debriefing: | 10 mins per individual or 20 minutes group feedback |

## EQUIPMENT AND CONSUMABLES

Table, Telephone, Speakerphone (if applicable)
Video camera and TV monitor (if applicable)

## PERSONNEL-IN-SCENARIO

Ward Nurse
(if observing scenario) Trainee Doctor

## PARTICIPANT BRIEFING

You are the on-call Registrar for Psychiatry for the whole weekend. There is a junior doctor on call who provides clinical input to the ward and manages admissions.

It is Sunday night and the first call of the weekend comes at 2355 hours. It is from a junior nurse on the ward at the local adult hospital asking your advice. They have tried to reach the junior doctor but their phone seems to be off. You are a 30 minute drive away from the hospital and are in your pyjamas.

**Instructions:**

**Speak to the nurse and address their concerns**

## FACULTY BRIEFING

Ideally this session is run with at least two faculty, a senior psychiatry trainee or Consultant, and a senior nurse.

The role of the faculty depends on the method chosen for using the scenario. If trainees are taking part in the simulation the role of the facilitator is to co-ordinate the room changes, support the trainees who are overhearing the conversation, and facilitate the feedback, although this will predominantly be from the other trainees and the actor. The facilitator will also ensure that the actor or faculty playing the role knows their brief and parameters.

If the scenario is a forum theatre observed simulation the facilitator's role is to set the scene for the scenario, ensure the actors are adequately briefed, then interrupt at key points to allow the trainees to reflect on what they have seen/heard and offer their interpretations. The facilitator is not teaching as such, nor imposing specific learning objectives, but allowing time for trainees to learn from each other.

The trainee must elicit relevant information in order to offer a suitable management plan. The scenario can be made easier or more difficult by altering the regime of medications or intolerances of the patient, their age, or other factors such as physical problems, capacity, legal status, relatives wishes, staff numbers, police involvement, advance directive etc.

Notes for facilitators
Allay anxiety
Make the environment one of mutual learning. No-one is perfect, we can all improve

## 'VOICE OF THE MANIKIN' BRIEFING

No manikin

## IN-SCENARIO PERSONNEL BRIEFING – 'NURSE'

She are quite shaken and stressed. Volunteer the minimum amount of information, wait to be asked. Do not ask to the trainee to come in.
If the trainee says they are coming in, push them for advice on what to do before they arrive – this scenario is about testing their ability to manage emergencies over the phone!

The ward had an admission earlier that day of a young man (age 23) with schizophrenia who has been off his medication for some time and was psychotic. He has become increasingly agitated over the last few hours and it has suddenly escalated to the point where he punched a patient without provocation. He is obviously responding to voices and is dishevelled and mumbling to himself something about 'the Golden Mean conspiracy' and how he can't trust anyone.

He is actually an informal patient as he agreed to voluntary admission earlier in the day when he was seen by the crisis team. He was seen by the ward Consultant in clinic yesterday with his Mum who does not think he should be on medication at all as she believes in natural remedies, but was concerned by his self neglect and dramatic weight loss so she supported a short admission.

When he has been unwell in the past he has become paranoid with complex delusions of conspiracy and special powers. When well he was studying for a psychology degree at Uni, had a group of supportive and quite pro-social friends (although they do all smoke cannabis and drink alcohol) and was living in a shared house away from home. He has returned home for the summer and was working in a local pub as a waiter. He recently started a relationship with a girl who also works at the pub which might have been the trigger for stopping his Risperidone 4mg daily (sexual problems?). He had a previous dystonic reaction to Haloperidol which required IM Procyclidine. His notes say he had a 'paradoxical reaction' to benzodiazepines when he first became ill age 17. He is written up for local rapid tranquilisation protocol including oral and IM Haloperidol

and Lorazepam. He refused to take anything orally and is currently pacing up and down the ward while they wait for more staff to come and do a restraint.

Other information:
You don't have the old notes yet
There are no beds on the PICU
Staff is short across the hospital
There is a Trust shortage of Olanzapine so you only have one dose on the ward
There is no promethazine available
Mum's phone is switched off
He wrote an advance directive during his last admission stating that he did not mind being restrained but did not want to receive medication against his will unless he had actually become violent to others.

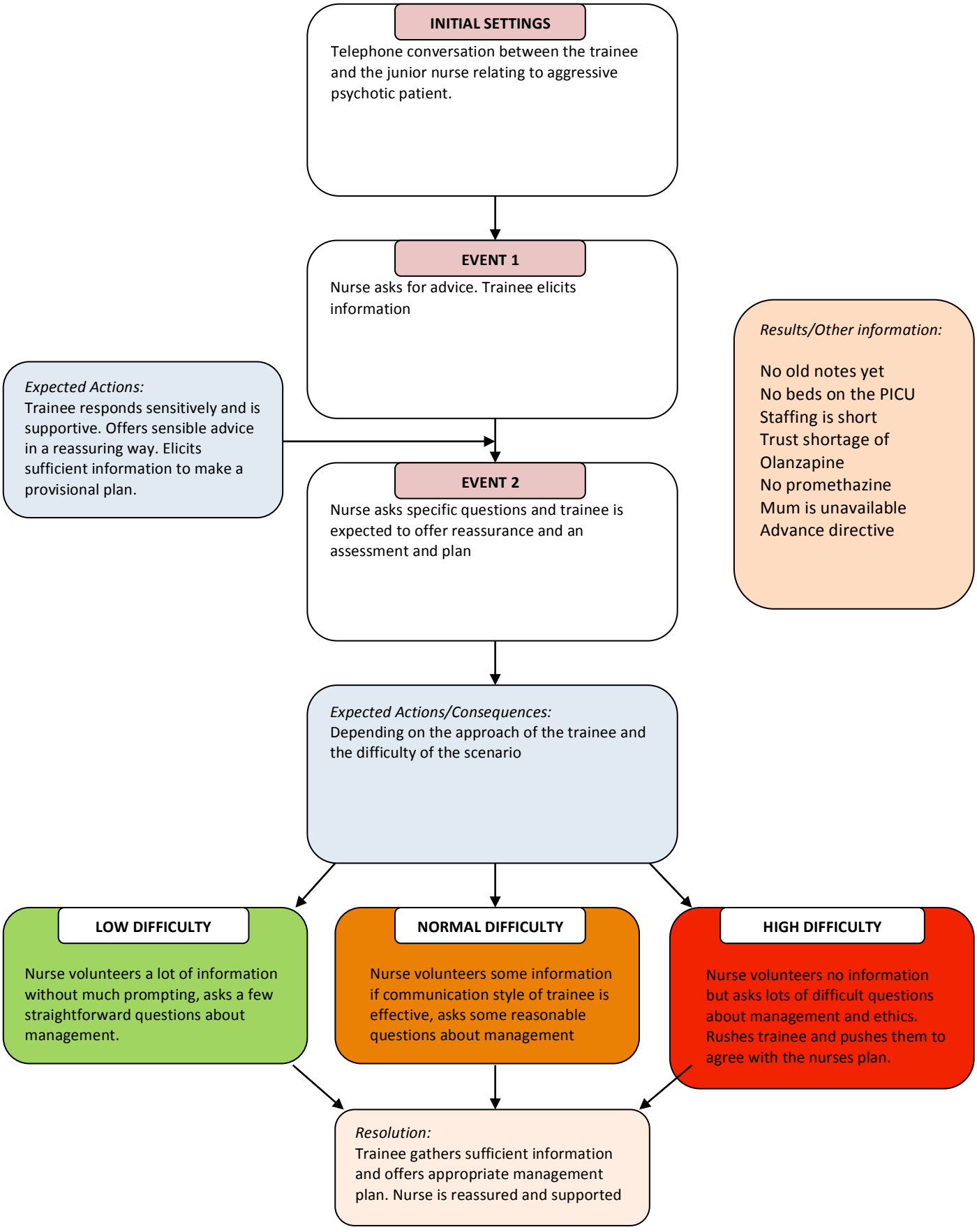
You want to know

1. What to do to stop him pacing up and down
2. What to do with the other patients
3. What to do if he asks to leave?
4. Can he have his lighter
5. Does he need 1:1 obs
6. Can you medicate him against his will as he is informal?
7. What medication should you give him?
8. What else can you do

You also seek reassurance and support from the doctor that you have done the right thing up to now and the action you take next is a shared decision.

You can prompt the trainee with the following questions:
"So do you need to come and section him?"
"Is it legal to restrain him and give him medication against his will?"
"Don't you need to call the consultant?"
"Does he need to go to a forensic unit?"
"Shall I complete an incident form?"

## CONDUCT OF SCENARIO



## DEBRIEFING

**Debrief:**
When offering feedback to individuals on their performance in the scenario 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

Facilitators must emphasise that this exercise is for training only and there is no perfect response to this scenario. The introduction and discussion should have set the scene for this scenario so trainees have had a chance to think about how they would deal with this before they attempt it. However, it is a difficult scenario (deliberately!) They may feel disappointed at how they dealt with the scenario or how it went so be supportive and stress the learning is the most important thing.

## POINTS FOR FURTHER DISCUSSION

**Managing an urgent situation on the phone:**

- Be diplomatic, appear to be interested in resolving the issue
- Be professional at all times, don't rise to the bait or become emotional.
- Don't get defensive or into an argument
- Listen carefully
- Use empathy – say you can see why there are upset/stressed/worried
- Try to offer useful solutions
- Be aware how you come across. Impressions matters. Most of usual impression is formed from body language which you don't have available here, Try to convey enthusiasm, competence, a genuine desire to help
- Summarise and check you have understood the information
- Make sure you get their name and contact details
- Finish off positively, ideally by summarising the action plan.
- Repeat the plan
- Stick to your guns. Try not to be swayed into agreeing to something you don't agree with
- Allow yourself time to think. Call back if necessary
- Make contingency plan
- Be aware of your own limitations and the role of the Consultant

**Dealing with emergencies or crises on the phone**

Trainees may want to consider:

Medication (rapid tranquilisation, above BNF limits prescribing, Clopixol accuphase)
Use of seclusion
Use of Mental Health Act
Involvement of family
Drug test
Involvement of police
Offer to come in
Involvement of senior colleague

Speak to Consultant
Observations
Patient access to lighter/razor

**Pitfalls**

- Trainees may be drawn into acceding to an unreasonable request such as to go and assess the patient right now when they do not think this is clinically indicated or part of their role.
- Trainees may be drawn into criticising their colleagues or the service they operate within
- Trainees may become overly defensive and refuse to compromise at all
- Trainees may feel rushed into making a decision
- Trainees may feel pushed into agreeing the plan made by the nurses
- Trainees may be drawn into a disagreement about management of the patient with ward staff

**Managing violent patients**

Revise protocol for managing violent and aggressive patients
Nurse facilitator can offer a useful perspective on their role in this (doctors are not usually involved in the restraint, administration or monitoring of rapid tranq)

**After a difficult phone call**

Make notes on what was said, what information you had and what you advised
As soon as possible afterwards make an entry in the patient notes i(f possible)
If you think a complaint or incident may result pre-empt this by discussing with your senior at the time or soon after.

# PSYCHIATRY – SCENARIO 14 - HANDOUT

## INFORMATION FOR PARTICIPANTS

Managing complex scenarios over the phone has become an essential skill yet trainees usually receive no training or feedback on their performance doing this important task. Often the trainee ends up liaising with the most junior member of the staff while the senior staff are managing the emergency.

## KEY POINTS

- Be reassured that everyone has difficult conversations like this in their careers
- Appreciate some of the basic advice for managing difficult phone conversations
- Consider your approach to this situation and what factors you might consider next time
- Have more confidence in dealing with these situations

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## WORKPLACE-BASED ASSESSMENTS

| **Curriculum** | Details |
|---|---|
| ILO 1-4b<br>Psychiatric emergencies | CBD, CP, Mini-PAT, supervisors report |

## FURTHER RESOURCES

Local Trust policies on seclusion, rapid tranquilisation, management of aggressio

## 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 | |
| Secondary Participant (e.g. 'Call for Help' responder) | |
| Other health care professional (e.g. nurse/ODP) | |
| Other role (please specify):<br>..... | |
| Observer | |

| | 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?