

SUPERVISE A TRAINEE – MENTAL HEALTH ACT

MODULE: SUPERVISE A JUNIOR TRAINEE

TARGET: PSYCHIATRY TRAINEES ST4 - 6

BACKGROUND:

The transition to senior trainee brings with it a number of new expectations including the ability to supervise and support core trainees in their work. Out-of-hours this is usually over the phone, where the senior trainee often does not know the junior and it can often be difficult to know how much information to ask for. Junior psychiatry trainees receive little direct supervision by seniors out-of hours and it falls to the ST4-6 trainee to provide this. With all trainees having less exposure to on-calls following the EWTD changes, trainees cannot be expected to learn through simple volume of experience and utilisation of all opportunities for training is even more important.

This scenario allows trainees to experience a telephone conversation with a junior colleague as the basis for an educational session exploring supervision of junior trainees. Senior trainees can reflect on whether they might take a more directive or facilitative approach, offer to step in (by coming in or making phone-calls) or support the junior trainee to manage and whether to use the interaction as an opportunity for teaching and exploring understanding. They might also consider what advice will they give the core trainee on writing up the call and following it up. This scenario also allows trainees to revise principles and local policies for using the MHA.

RELEVANT AREAS OF THE CURRICULUM

Curriculum	Details
ILO 4 Assess and Manage 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	Competently manage a service, or a part of the service, alongside consultant trainer Show competence in supervised autonomous working Use effective negotiation skills Manage divergent opinions on patient treatment or intervention Manage complaints made about services
ILO 15 Teach and Supervise	Demonstrate the ability to teach, assess and appraise
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

- 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 patients using Section 5(2)
- 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

Actor playing core trainee
 (if observing scenario) Actor playing Trainee

PARTICIPANT BRIEFING

You are the on-call Registrar for Psychiatry for the whole weekend. It is Saturday night 0230 hours. You are a 30 minute drive away from the hospital and you are in your pyjamas. You are called by the CT1 for advice on managing a patient who wants to leave the hospital.

Instructions

Speak to the trainee and address their concerns

FACULTY BRIEFING

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.

Notes for facilitators

Allay anxiety

Make the environment one of mutual learning. No-one is perfect, we can all improve

IN-SCENARIO PERSONNEL BRIEFING – 'F2 TRAINEE'

You are the F2 doctor on-call for the weekend (i.e. Friday – Monday) You cover two busy adult inpatient hospitals including a PICU, as well as an OPMH hospital. This is your first job in psychiatry and you are not sure about policies or usual procedures.

You have been called to see a patient on the acute ward who is requesting to leave the hospital. The patient is a girl of 17 who was admitted informally earlier that day having taken an overdose of painkillers. She was not eligible for a CAMHS bed as she is not in education or training any more. She was known to the CAMHS team from the age of 15 with challenging behaviour which led to her being expelled from school. She has a history of self harming by cutting or overdosing and has a diagnosis of ADHD from age 9. She is prescribed Fluoxetine 20mg for depression and Concerta XL 18mg. There are no old notes on the ward yet.

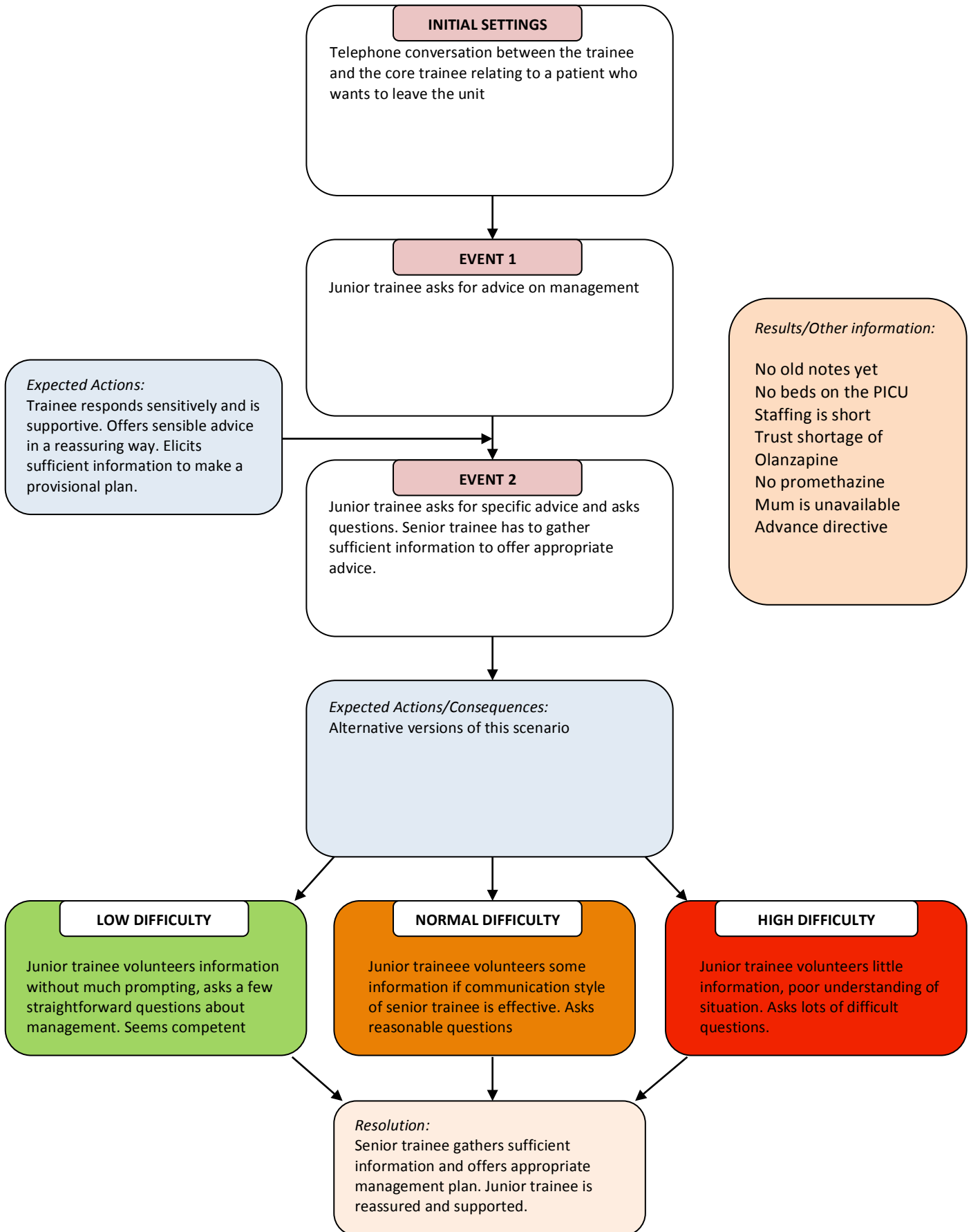
She took a significant overdose of 56 paracetamol tablets with half a bottle of vodka. She left a note for her parents saying she had 'had enough' and she was 'sorry for everything she had put them through'. Her parents came home earlier than expected and found her in the upstairs bathroom vomiting. She initially refused to co-operate with the ambulance but was then semi conscious and taken to ED. They gave her activated charcoal and her repeat paracetamol levels were normal so she was discharged. The crisis team assessed her in the department and agreed admission informally. She agreed reluctantly because her parents requested it. She had never been admitted to hospital before.

You have seen her and she is very distressed and tearful. She says she doesn't see the point in going on and wants to jump off a bridge. She got quite angry at you when you tried to persuade her to stay on the ward and shouted that she was free to leave if she wanted.

You want to know

1. Can you use section 5(2)?
If the senior trainee says yes, ask "Isn't that just for mentally ill people?"
2. What should you write on the form?
3. What medication should you prescribe?
4. Does she need a T3 form completing tonight?
5. Do we restrain her to give medication?
6. What should the nursing staff do overnight?
7. What obs should you write?
8. What leave can she have?
9. Do you need to search her or her room?
10. Is she allowed to smoke?

CONDUCT OF SCENARIO



DEBRIEFING

Debriefing:

When offering feedback to individuals 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 emphasize 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.

Dealing with difficult situations on the phone

Trainees may consider:

- Medication (rapid tranq, above BNF limits prescribing, Clopixol accuphase)
- Seclusion
- Restraint and forced administration of medication
- Mental Health Act
- Involvement of family
- Offer to come in
- Speak to senior colleague/ Consultant (in this scenario consider talking to the senior nurse to make sure they are happy with the plan)
- Obs
- Access to lighter/razor

POINTS FOR FURTHER DISCUSSION

Managing agitated patients

Group to revise protocol for managing seclusion
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 if possible
If you think a complaint or incident may result pre-empt this by discussing with your senior at the time or soon after.
Consider asking for feedback from your colleague afterwards to hear how helpful and approachable you were.

PSYCHIATRY – SCENARIO 16 - HANDOUT

INFORMATION FOR PARTICIPANTS

The transition to senior trainee brings with it a number of new expectations including the ability to supervise and support core trainees in their work. Out-of-hours this is usually over the phone, where the senior trainee often does not know the junior and it can often be difficult to know how much information to ask for. Junior psychiatry trainees receive little direct supervision by seniors out-of hours and it falls to the ST4-6 trainee to provide this.

KEY POINTS

- 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
- Consider your approach to training and supervising junior colleagues

RELEVANCE TO THE CURRICULUM

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WORKPLACE-BASED ASSESSMENTS

Curriculum	Details
ILO 1-4b Psychiatric emergencies	CBD, CP, Mini-PAT, supervisors report
ILO 15 Appraisal and teaching	DONC, AoT, Mini-PAT, supervisors report

FURTHER RESOURCES

Mental Health Act Code of Practice
Mental Health Act Manual
Local Trust Policies for Section 5(2)

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?