Health Education Thames Valley

SUPERVISING A TRAINEE - SECLUSION

MODULE: **LEADERSHIP - SUPERVISING 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 junior 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 junior trainee on recording the call and following it up. This scenario also allows trainees to revise principles and local policies for seclusion.

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

Editor: Dr Andrew Darby Smith
Original Author: Dr L Tate
CC BY NC SA

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

Actor playing junior trainee
(if observing scenario) Senior 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 pyjamasl. You are called by the CT1 trainee for advice on managing a secluded patient.

<u>**Instructions:**</u>
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.

The trainee should 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.

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

CC BY NC SA

'VOICE OF THE MANIKIN' BRIEFING

No manikin

IN-SCENARIO PERSONNEL BRIEFING – 'CT1 TRAINEE'

You are the CT1 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.

Three police officers in riot gear have just brought a man into the seclusion room in your unit. The nursing staff told them they could leave before you had a chance to talk to them. You were already there when he arrived. He was seen in the police cells by the out-of-hours Section 12(2) doctors, neither of whom work for this hospital. One wrote a side of A4 which is mostly illegible. The other doctor only completed the section form. The only useful information is a typed sheet of paper written by the AMHP. No-one has written a drug card or advised on medication or management.

The history is that he is 26, works in a sports shop as a sales assistant. Has a girlfriend and parents are married and live nearby he sees them regularly. He has used cannabis regularly since he was a teenager. No significant problems with police before now and no previous mental health problems.

His parents thought he was behaving oddly when he came for lunch last Sunday. He was suspicious and asked several times if the food was safe. He pointed at a car in the street and said he knew for certain the people in it were keeping him under surveillance because he 'knew things he was not supposed to know'. Girlfriend said she would keep an eye on him. On Monday he seemed really happy and took her out for a very expensive dinner at the best restaurant in town. He also bought he a very expensive necklace and said he was going to put down a deposit on a new car. When she asked how he was going to pay for it he said he had had an idea for a new sports app for i-phones which was going to earn him lots.

Then today (Tuesday) the police were called because he was walking down the motorway with just his trousers on and bare feet, holding a bible and trying to stop the traffic. He said he had been given the special job by God because he was the only man in the world brave enough and he had to stop the lorries from getting to Liverpool otherwise his secret would be out.' He was detained on s136 and taken to the police cells where he was detained under section 2 MHA.

He is currently behaving very oddly in the seclusion room, staring intently at the walls, shouting odd things like 'I know they are the IRA!' and appearing perplexed and distracted. He has said that he does not think there is anything wrong with him and he does not want any medication as he knows it's 'poison'

You want to know

1. Do you have to go in there and talk to him?
2. What medication should you prescribe?
3. Does he need a T3 form completing tonight?
4. Do we restrain him to give medication?
5. The nursing staff have asked if you are going to prescribe Accuphase
6. Should we let him out of seclusion into the main ward?
7. What should the nursing staff do overnight?
8. What obs should you write?
9. What leave can he have?
10. Is he allowed to smoke?
11. Do you have to come back to review him every four hours if he remains in seclusion?

If the senior trainee asks, give the following information:
Has he eaten or drunk anything today?

He had some water in the cells and a sandwich

CC BY NC SA

Has he slept at all

No, and his family said he has not been sleeping well recently either

What are the risks?

To himself of neglect, lack of sleep, unpredictable behaviour. No know history of violence

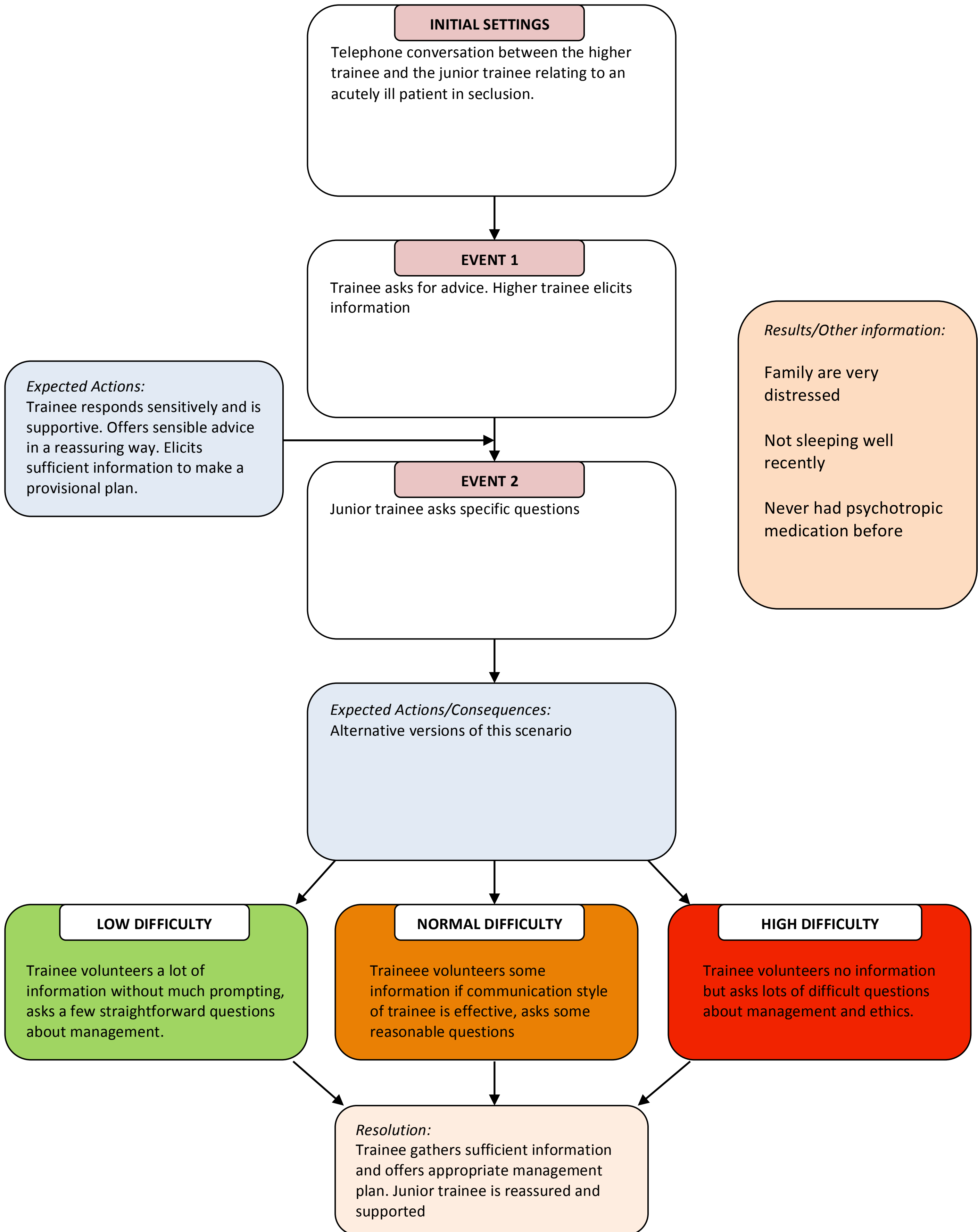
What do his family think?

They don’t understand what is happening and are very upset.

Editor: Dr Andrew Darby Smith
Original Author: Dr L Tate
cc BY NC SA

NHS
Health Education Thames Valley

CONDUCT OF SCENARIO



cc BY NC SA

DEBRIEFING

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 emphasis 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

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
Drug test
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)
Observations
Access to lighter/razor

Managing agitated patients

Group to revise protocol for seclusion
A 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.

Consider asking for feedback from your colleague afterwards to hear how helpful and approachable you were.

BY NC SA

PSYCHIATRY – SCENARIO 15 - HANDOUT

INFORMATION FOR PARTICIPANTS

Junior psychiatry trainees receive little direct supervision by seniors out-of hours and it falls to the ST4-6 trainee to provide this. 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.

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

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

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

Local policies on seclusion, rapid tranquilisation and medication use in antipsychotic-naïve patients

cc BY NC SA

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):	
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?