Overview of Work Shop

- Welcome and introduction
- Simulation – educational background
- Video exemplar
- Live Simulation
- Discussion
Origins of Simulation

“see one, do one, teach one…”
Context

- Patient Safety
- Extent of Apprenticeship Model
- Standardized opportunities – on demand
- Hone skills in controlled environment
Background

A Competency Based Curriculum for Specialist Training in Psychiatry

Specialists in Child and Adolescent Psychiatry

Royal College of Psychiatrists

### 1.1a Clinical history

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Assessment methods</th>
<th>GMP Domains</th>
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</thead>
<tbody>
<tr>
<td>Define signs and symptoms found in patients presenting with psychiatric and common medical disorders</td>
<td>ACE, mini-ACE, CBD, MCQ, CASG</td>
<td>1</td>
</tr>
<tr>
<td>Recognise the importance of historical data from multiple sources</td>
<td>Mini-ACE, CBD</td>
<td>1</td>
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</table>

<table>
<thead>
<tr>
<th>Skills</th>
<th>ACE, mini-ACE, CASG</th>
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<tbody>
<tr>
<td>Elicit a complete clinical history, including psychiatric history, that identifies the main or chief complaint, the history of the present illness, the past psychiatric history, medications, general medical history, review of systems, substance abuse history, forensic history, family history, personal, social and developmental psychological, social and spiritual factors in patients and their support network</td>
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</tbody>
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Limitations

- Clinical workload balanced against training needs
- Opportunity to experiment
- Relationship between supervisor and trainee
- “Safe” environment to reflect
- Lack of peer learning process
2 Main Educational Skills

- Opportunity for protagonist to practice and reflect on practice

- Skills of reflective group to learn by observation & give feedback
Simulation Training - Kolb

- Concrete Experience: Feeling
- Diverging: feel and watch
- Reflective Observation: Watching
- Assimilating: think and watch
- Converging: think and do
- Active Experimentation: Doing
- Accommodating: feel and do

- Abstract Conceptualisation: Thinking
- Perception: Concrete Experience
- Processing: Diverging
- Continuum: Reflective Observation
Feedback - Pendleton

- Check the learner wants and is ready for feedback.
- Let the learner give comments/background to the material that is being assessed.
- The learner states what was done well.
- The observer(s) state what was done well.
- The learner states what could be improved.
- The observer(s) state how it could be improved.
- An action plan for improvement is made.
Feedback

General Goodness

Simon Cowell

The Golden Moment
First Simulated Group

- Pilot Simulation for higher trainees in SLAM/St Georges
- Held in SLAM simulation training suite at Lambeth Hospital
- 10 participants (ST/CT/Psych/MDT)
- 2 clinical scenarios over 1 day each
- Professional actors playing role of patients and family
<table>
<thead>
<tr>
<th>Time:</th>
<th>Session:</th>
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<tbody>
<tr>
<td>09.30-10.00</td>
<td>Introduction to event and warm up - PH</td>
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<tr>
<td>10.00-11.00</td>
<td>Practise feedback techniques – PH and BB</td>
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<tr>
<td>11.00-11.15</td>
<td>Tea break</td>
</tr>
<tr>
<td>11.15-13.00</td>
<td>First part of CAMHS simulation assessment - PH</td>
</tr>
<tr>
<td>13.00-13.45</td>
<td>Lunch</td>
</tr>
<tr>
<td>13.45-15.00</td>
<td>Second part of CAMHS simulation assessment - SJ</td>
</tr>
<tr>
<td>15.00-15.15</td>
<td>Tea break</td>
</tr>
<tr>
<td>15.15-16.15</td>
<td>Final part of CAMHS simulation assessment - SN</td>
</tr>
<tr>
<td>16.15-16.20</td>
<td>Break</td>
</tr>
<tr>
<td>16.20-17.00</td>
<td>Feedback on day</td>
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</tbody>
</table>
Methodology 2

- Each participant to interview patient/family for 10 minutes in “clinical” room
- Participant to return to group room for feedback
- 2 other trainees to lead the feedback (+/-)
- Actors to feedback and participant to reflect on strengths and areas for development
Scenario

Stacey is a 14 year old girl who took an overdose and was brought to A/E by friends. You are the psychiatrist who assesses her and her mother the following morning and discuss discharge planning with the Paediatric ST8
Response to training

I feel more clinically confident after attending the simulation training event

- Strongly disagree: 29%
- Disagree: 14%
- Neutral: 57%
- Agree: 14%
- Strongly Agree: 29%

I feel my skills in engaging with young people improved after attending the simulation training event

- Strongly disagree: 28%
- Disagree: 43%
- Neutral: 29%
- Agree: 14%
- Strongly Agree: 28%
I would recommend this course to other Specialist trainees

I feel my skills in feeding back to colleagues improved after attending the simulation training event
What people got out:

- Expressing professional obligations to families.
- Watch people balancing questions
- Learning from others skills
- Great atmosphere giving feedback
- **Learning about giving feedback**
  - Feedback giving types. Unable one to focus on the requested style/ type e.g. Simon Cowell?
- **Structure of feedback make the process of giving feedback productive**
  - Feedback method can help us improve our clinical practice.
- Simon Cowell bit needs to help bring out improvements in communication skills but **in a constructive, safe and controlled way- criticism.**
- Need for structure debriefing model – need for everyone to feel involved, less anxious and reassured at the onset.
- Simon Cowell “negative feedback” will require comments on how to also improve or do it differently.
- **Actor’s participation was very useful. Their feedback was more critical, very constructive and ‘real,’ perhaps unlike using ‘colleagues.’**
- Need to develop sensitivity to patients; be better able to pick up how patients want you to provide them information, and interact or communicate with them.
- **Using a separate room** for interviewing was a plus while others were observing via the video link.
- Keeping the group small..
- Applauding volunteer and actors at the end of every session when they return to the room.
- Helpful when experts disagree in a constructive manner.
- Asking the volunteer how he/ she felt during the session at the beginning of the feedback.
Feedback

What aspects of the simulation event do you think were good?
- Good teaching experience, feedback
- People had the opportunity to play different roles in feedback teams
- Safe space
- Inclusion of actors in the feedback
- Ability to practice clinical skills in a supportive and non-threatening environment

What aspects of the simulation event do you think were poor?
- Long duration
- Clinical cases should be more clear, Actors should have more clear instructions
- Different warm up exercise
- More coordination between participants over the plan for each session
- Timings of the days could be improved so each participant gets the same number of opportunities to take part in the scenario
Feedback

Do you think any aspects of the simulation event could be improved? Please leave suggestions if you have any.

- Consultants should give more feedback on how to interview
- Fewer participants so everyone could get the opportunity to have one scenario each day
- Include more free discussion opportunities (time to hear very useful comments from experienced consultants).

If you were organising next year’s simulation event which aspects of the event would you use again and which aspects would you axe from the programme schedule?

- shorter duration
- Use same course with new CAMHS trainees, Extend the event to include a range of professional groups

Do you think simulation could be used in other areas of training?

- A whole CAMHS team could participate
- Use for communication purposes
- Use for in case exam preparation
- For basic skills in psychological treatments i.e. CBT or even family therapy
- Use in developing strengths of multi-disciplinary work
- Use in clinical skills training of higher trainees and members of multi-disciplinary teams
How could Simulation be used in CAMHS?

- Simulation training into CAMHS higher specialist training
- Possible use of 4 simulation sessions each year
- Aim will be to develop interview skills but also feedback skills
Future Developments

Maudsley Centre for Mental Health Simulation

Simulation Workshop At the Mental-Physical Interface: Children and Young People (SWAMPI-CYP)

For more information contact: chris.kowalski@slam.nhs.uk

http://www.slam.nhs.uk/about-us/education-and-training/centre-for-mental-health-simulation
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- Natalia Wielgosz
- Chris Kowalski
Questions
Discussion

- How could simulation training be used in CAMHS?
- What scenarios would be useful?
- What practical help would be needed to initiate this?