Online clinical skills role play teaching

This is a relatively new addition to the psychiatry placement with registrars facilitating a 1-hour role play scenario with a core trainee acting, this takes place over MS teams usually with 3 students.

The scenario covers establishing details surrounding the suicide attempt, depression screening, mental state examination and risk assessment.

This is a teaching session where the students are able to try different communication techniques and receive individual feedback on these. It is also an opportunity for teaching on the management options following an attempted suicide attempt.

It is not a mock OSCE scenario and this needs to be reiterated to the students with emphasis on the learning from the session.

Suggested outline

Timings		
5 minutes	Introduction/icebreaker	e.g. asking if they've had their ward week yet, what specialities they're interested in – this will help understand their prior knowledge Very important to create comfortable environment especially as may be anxious about role play in front of peers, additionally you will be giving individual feedback to the whole group
5 minutes	Scenario	Post scenario into chat and allow time for students to gather their thoughts and questions
		Divide the task into different sections: - Suicide attempt – before, during and after - Rest of history - MSE or more of history depending on how much previous students have completed (If doing MSE allow student to repeat previous questions) Ask students to take notes including feedback for their peers such as non-verbal communication, history taking
25 minutes	Role play	Time each student for 5-7 minutes Option of pausing after first or second student and recapping scenario so far Decision for what third student to focus on
15 minutes	Feedback	Feedback - Ask each student how they felt the role play went, what was good, what they could improve on - Ask peer and actor for brief feedback - Give individual **specific** feedback

Dr Charlotte Turner (Clinical Teaching Fellow Aug 2020 – July 2021)
Dr Geo Edgerley Harris (Clinical Teaching Fellow Aug 2021 – present)
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10 minutes	Management discussion	**<u>Ask students</u>** what discharge options there are for *any* patient presenting to ED with suicide attempt. Using questioning can assist students in reaching some answers themselves which will lead to more deep learning. Additionally, students will have different knowledge allowing further peer learning. 1) Home a) GP follow up b) CMHT follow up c) HTT follow up – ask if any of the students can explain HTT and then fill in gaps 2) Hospital a) Informal b) Detained 3) Lotus assessment suite (not available everywhere) You can then discuss this scenario, how risky they feel the patient is. Speaking about least restrictive options, support network e.g. family ▪ female scenario potentially she might let her mother become involved, and she could go down to Cornwall and be supported by HTT down there etc. ▪ male scenario – talking with his wife, could be supported at home
	Finish	Students may have questions

n.b this if difficult to fit into the 1 hour session, if you have the time you may wish to give the students the option of running over by 10 minutes

<u>Feedback</u>

This session has been developed following student feedback about wanting individual feedback. It can be apprehensive about giving what is thought of as 'negative feedback' however this can be termed more as constructive feedback in order to elevate student's capabilities further.

If there are students who you have serious concerns about, consider meeting with them privately or informing the CTF.

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Female Scenario:

You are an FY1 working with the liaison psychiatry service. You are asked to see Miss Smith, a 28 year old female in the clinical decisions unit/medical assessment unit who has been brought in by ambulance yesterday after an intentional overdose of paracetamol. She has been seen by the ED team, received NAC and is now medically fit for discharge. Please take a history with a focus on risk. You will also be asked to offer thoughts on how this case might be managed.

Miss Smith, 28 year old female

Acting notes

- Depressed – e.g. minimal eye contact, withdrawn, short answers, lack of spontaneous speech
- Respond to individual student – if develops good rapport then can open up further
- High risk of further attempt especially at the beginning – avoid answering,
- Phrases to use at the beginning
    - I just want to go home, I want to go to sleep in my own bed etc.
- If students ask about delusions or hallucination, if they haven't normalised or explained this well could say 'I'm not crazy', 'what do you mean' etc
- If really good consultation then would agree to considering help

Overdose:

Before	• Considering for several weeks, been picking up paracetamol when went shopping • Had researched on internet – expected to die • Hadn't looked into finances
During	• Not planned this specific time/event • Another bad day at work • Wrote note for parents • Drunk bottle of wine for 'dutch courage' • Took around 4 packs of paracetamol • Had expected to fall unconscious in room but made her sick and found by housemate in bathroom • When asked if was okay, broke down in tears and told her of the overdose • Housemate called ambulance
After	• Ambivalent about survival – can see has upset family but ongoing hopelessness and thinks family might be better off without her • Has considered that "if things get bad" may try to hang herself but no specific planning around this. • Feels guilty and embarrassed about distress caused to housemate and what her parents will say when they find out • Wouldn't want to go into hospital – finds it stigmatising

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Further history:

- Feeling very low in mood last 6-8 weeks
- Irritable, poor sleep, lack of concentration and appetite.
- Struggling to enjoy life and feeling anxious. Still trying to work but minimal motivation and concentration
- No psychotic symptoms

PMHx:

- Treated with antidepressants (sertraline – can say this wrong) and counselling during 2nd year of university, stayed on medication for just under a year. No problems since
- No other medical issues

Family:

- Mother had post-natal depression

SHx:

- Living in shared housing with 5 other young professionals.
- Works as an accountant.
- Been working from home since beginning of lockdown – difficult as everyone else is working from home.
- Broke up with boyfriend of 1 year about 5 weeks ago, mutual break up but still finding it tough.
- Before lockdown played netball once a week, enjoyed this a lot – not played since
- No debt
- Family are supportive but live in Cornwall
- Has friends but not been seeing them that much, now not really wanting to go out.

Drug and alcohol history:

- Drinks socially. No smoking. No other drugs
- Non-smoker

Rest of history up to actor's discretion

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Male Scenario:

You are an FY1 working with the liaison psychiatry service. You are asked to see Mr Smith, a 48 year old male in the emergency department who has been brought in by ambulance after an intentional overdose of paracetamol. He has been seen by the ED team and medically cleared and fit for discharge. Please take a history with a focus on risk. You will also be asked to offer thoughts on how this case might be managed.

Mr Smith, 48 year old male

Acting notes

- Depressed – e.g. minimal eye contact, withdrawn, short answers, lack of spontaneous speech
- Respond to individual student – if develops good rapport then can open up further
- High risk of further attempt especially at the beginning – avoid answering,
- Phrases to use at the beginning
    - I want to go home, I want to go to sleep in my own bed etc.
- If students ask about delusions or hallucination, if they haven't normalised or explained this well could say 'I'm not crazy', 'what do you mean' etc
- If really good consultation then would agree to considering help

Overdose:

Before	• Considering for several weeks, been picking up paracetamol when went shopping • Has life insurance that would cover this, had looked at will
During	• Not planned this specific time/event • Wife was out with his sons for football practise • Wrote a note to her explaining how to access the life insurance • Took 16 tablets of paracetamol and had expected to die • Found by wife when she come as he was feeling very sick • Wife very upset and called ambulance
After	• Ambivalent about survival – can see has upset family but ongoing hopelessness and thinks family might be better off without her • Has considered that "if things get bad" may try to hang herself but no specific planning around this. • Feels guilty and embarrassed about distress caused to family and friends. • Wouldn't want to go into hospital – finds it stigmatising

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Further history:

- Feeling very low in mood last few weeks, irritable, poor sleep, lack of concentration and appetite. Struggling to enjoy life and feeling anxious.
- No psychotic symptoms

Past psych history:

- Treated with antidepressants and counselling when in 20's, stayed on medication for just under a year.
- No problems since

PMH:

- Gout
- Raised cholesterol

Family history:

- Father struggled with depression, he died of a heart attack

SHx:

- Lives with wife and 2 sons age 11 and 15.
- Owns a café, had to furlough staff due to COVID-19 pandemic.
- Re-opened however footfall is down, very worried about finances.
- This is causing stress between him and his wife. Unsure how the café is going to cope with further restrictions.
- Never had financial issues in the past.

Drug and alcohol history:

- Been drinking more alcohol in the evenings to cope - aware this is an unhealthy coping mechanism

Rest of history up to actor's discretion