

Enhancing Psychiatry Risk Assessment Teaching for Medical Students using an online format - Clinical Skills Role Play



Dr Geo Edgerley Harris

**Clinical Teaching
Fellow Aug 2021 -
present**



Dr Charlotte Turner

**CAMHS ST4
Clinical teaching
fellow Aug 2020 -
2021**

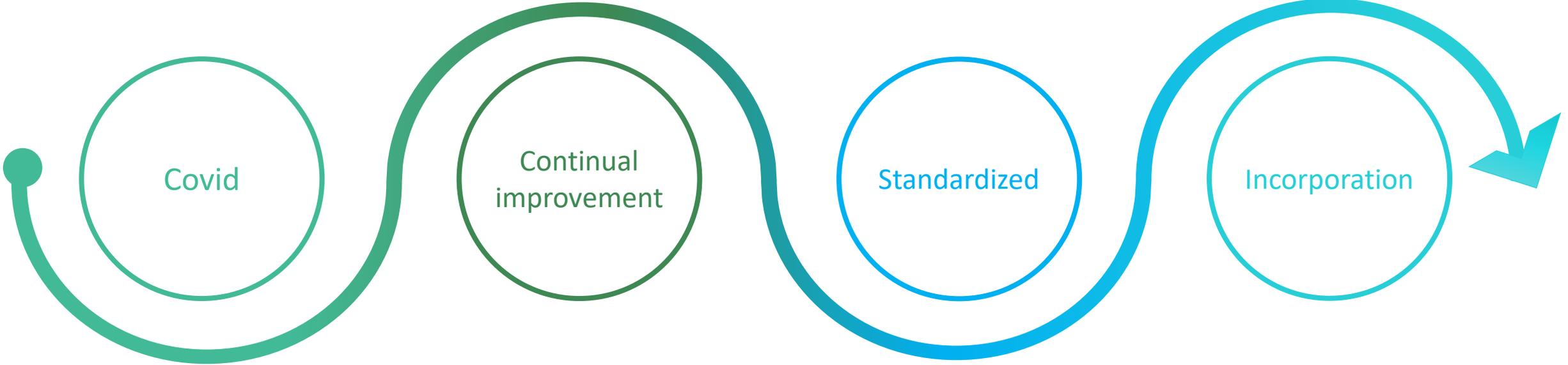
Workshop Plan

- Getting to know you poll
- Timeline of development
- Reflections from medical students
- Session design and how they can be reproduced
- Reflections from psychiatry doctors
- Closing thoughts & questions

Resources for delegates will be circulated that can be used for teaching within your own trust.

Poll!

Timeline of development



Covid

March 2020

Online placements
only

Continual
improvement

August 2020 -
June 2021

Hybrid placements
= chance for
innovation

Trial of online
clinical skills role
play sessions

Standardized

June 2021

CTF develops
guidelines for
facilitators with
same scenario
(male and female)

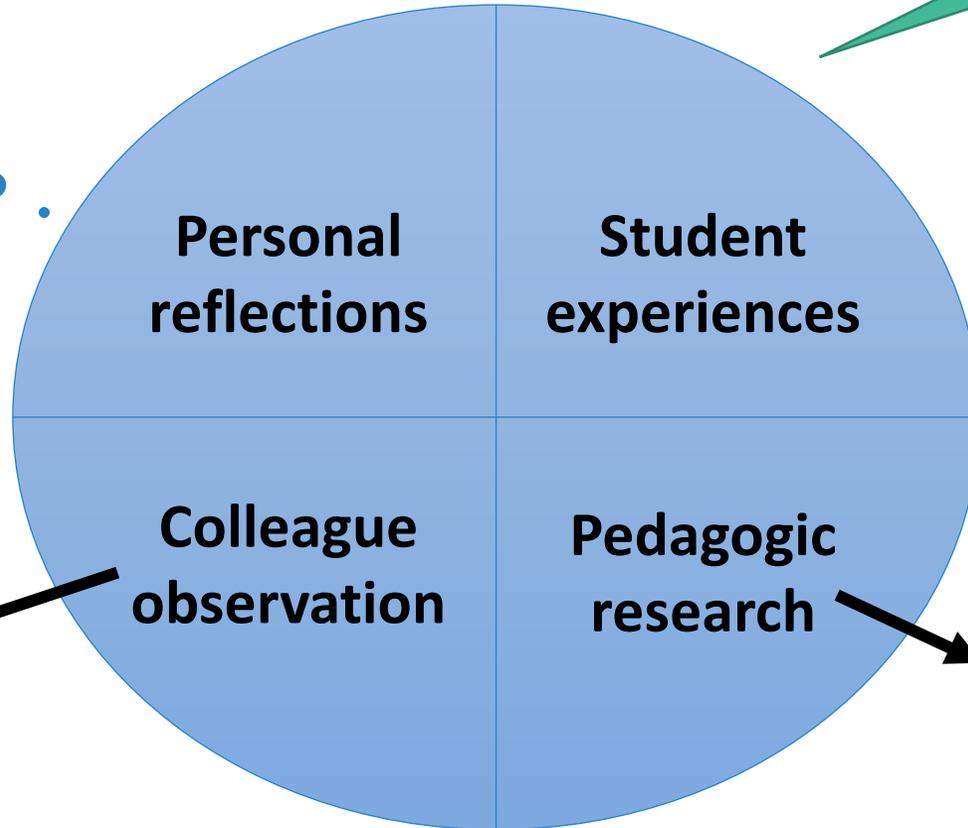
Incorporation

April 2022

Now made a
compulsory part of
the Psychiatry
placement
curriculum for all
medical students

Continual improvement

'Role play is scary'



'pacing - the people at the end had far less time for feedback'

'more individualised feedback'

'split the history more evenly between students'

- Core trainee and CTF discussion after first few sessions
- CTF observing other registrars for AOT's
- Registrars requested to reflect on how the session went

- Learning design → collaboration, discussion and practise
- Questioning and counter-question
 - Feedback
 - 'Activated demonstration'

Brookfield's Four Lenses
(1995)

Standardization

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 Very important to create <u>comfortable environment</u> 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: <ul style="list-style-type: none"> - 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 <ul style="list-style-type: none"> - 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
10 minutes	Management discussion	Ask students what discharge options there are for <i>any</i> patient presenting to ED with suicide attempt.

Standardization



		<p>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.</p> <ol style="list-style-type: none"> 1) Home <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> a) Informal b) Detained 3) Lotus assessment suite (not available everywhere) <p>You can then discuss this scenario, how risky they feel the patient is. Speaking about least restrictive options, support network e.g. family</p> <ul style="list-style-type: none"> ▪ 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

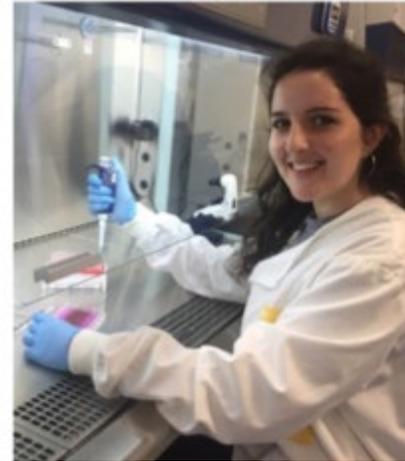
n.b this is difficult to fit into the 1 hour session, if you have the time you may wish to give the students the option of running over by 10 minutes

Feedback

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.

Reflections from Medical Students



Viv Guillof

Penultimate year at SGUL



James Banks

Penultimate year at SGUL

Aims of the Role Play Sessions

Opportunity to practice performing a Psychiatry Risk Assessment surrounding a suicide attempt

Obtain feedback from a Psychiatry SpR and Peers

Practise skills in a timed, simulated environment

Discuss immediate management plan following a suicide attempt

Structure of the Sessions

- 1 hour session
- Run online via MS Teams
- 1 Psychiatry SpR facilitating the session, 1 Psychiatry core trainee acting (GP trainees/Foundation trainees also welcomes)
- Max 3 students per session – sign up sheet
- Intro with icebreaker (understand prior knowledge)

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.

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 and focus on risk. You will also be asked to offer thoughts on how this case might be managed.

Structure of the Sessions

- 1 hour session
- Run online via MS Teams
- 1 Psychiatry SpR facilitating the session, 1 Psychiatry core trainee acting (GP trainees/Foundation trainees also welcomes)
- Max 3 students per session – sign up sheet
- Intro with icebreaker
- Divide the task into different sections (7 mins for each student + feedback):
 1. Suicide attempt – before, during and after
 2. Rest of history
 3. MSE or more of history depending on how much previous students have completed
- 5 mins at end – Discuss short term risk management

What works well....	What doesn't work well....
Easy to recruit tutors/actors	Time limitations
Easy for students to access	CTF on hand for last minute cancellations
Small group sizes	When MS teams goes wrong on NHS internet
Individualised feedback	Administrator/CTF time in organising sessions
Opportunities for trainees to complete AOT's	

Support



Feedback

'Offer more role play sessions like this throughout the placement'

'It was very structured and good feedback'

'Scenario was very challenging - but it was good to think about how to handle it. Very supportive in Feedback. Friendly'

'really useful to have individual feedback. The scenario felt very real but felt comfortable to make mistakes and have them corrected'

'Really useful to practise history taking and get good constructive feedback'

'The doctors were knowledgeable and enthusiastic. They were helpful in that they gave us ways to ask specific questions that we might find difficult. They were both friendly and open to any questions throughout the session. The session didn't feel too intimidating or formal'

Reflections from Psychiatry Doctor Facilitators



Dr Samuel Johnson

ST5 in Forensic Psychiatry
on the South London
Programme



Dr Greeshma Girish

CT3 at SWLSTG



Why should these continue online now that teaching is back face to face?

- Positive feedback
- Improved availability of doctors (due to removing travel time and ease of attendance) → can be small number of students at a time
- Students on 'out placements' can be included (Novack et al recognised this in 2002!)
- COVID-19 has accelerated the already identified need for telemedicine (*Tolpol report, 2019*)
- Hybrid working here to stay?
- Perhaps medical students will be examined on their telemedicine skills in the future?

Questions

Thank you for listening!



References

- Brookfield, S. (2017). The Four Lenses of Critical Reflection In: *Becoming a Critically Reflective Teacher*. San Francisco: Jossey-Bass 2nd ed pp 61-77.
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