

ACTING OUT ADDICTIONS: SIMULATION AND DISCUSSION IN CORE PSYCHIATRY TRAINING

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Aims

To enhance trainee confidence in managing addiction-related presentations, including alcohol and opioid misuse, through immersive simulation and case-based discussions.

Participants

Twelve trainees attended the first day and eleven attended the second. Some trainees may have attended both days, which may explain higher baseline confidence at the second session.

Methods

As part of the regional core psychiatry training programme, trainees rotated through simulated scenarios with trained actors, including alcohol and opioid history taking and discussing an alcohol detox plan with a senior clinician. Each simulation was followed by a facilitated debrief for reflective learning and feedback. Complementary CBD sessions involved peer-led discussions of real-life addiction cases. Based on feedback from Day 1, one scenario on Day 2 was modified to focus on discussing short- and long-term management directly with the patient.

Results

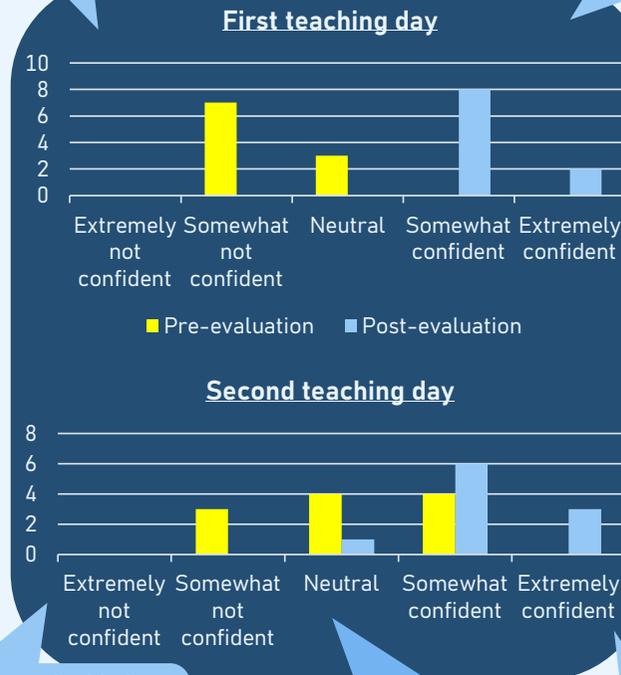
Across both teaching days confidence in addictions assessment and history taking increased following the session. Please see graphs (right).

Qualitative feedback highlighted the value of practising real-time decision-making in a safe environment, receiving structured feedback, observing peers, and gaining confidence in addiction-related consultations.

More of the same please! It was a fantastic event and I'd love to attend it again. Perhaps yearly?

Please organize more events like this.

It was fantastic. It should be done yearly going forward



Very valuable in trying the scenarios as well as feedback on history taking

Opportunity to engage in simulation and learn from the scenarios and discussion of points to cover and management plans after the simulation

Practicing real-time decision-making in a safe environment.

Conclusions

The addictions simulation and CBD day was well received and led to measurable improvements in trainee confidence. Simulation provided a unique opportunity to practise challenging conversations, while CBD sessions allowed engagement with complex cases in an informal yet structured setting.

Limitations

Limitations include the small sample size and reliance on self-reported data.

Future Directions

Future iterations will expand scenarios to reflect the diversity of addiction presentations and making these more reflective of real life by involving patients with lived experience. The next teaching day is scheduled for April 2026.

References

1. Health Education England. (2017). Improving mental health training through simulation. [online] Available at: <https://www.hee.nhs.uk/our-work/mental-health/improving-mental-health-training-through-simulation>.
2. Piot, M. A., Attoe, C., Billon, G., Cross, S., Rethans, J. J., & Falissard, B. (2021). Simulation Training in Psychiatry for Medical Education: A Review. *Frontiers in psychiatry*, 12, 658967. <https://doi.org/10.3389/fpsy.2021.658967>