

Seclusion reviews: creation of a training video

by and for Resident Doctors

Dr Luke Robinson (CT3 Core Psychiatric Trainee), Nottinghamshire Healthcare NHS Foundation Trust
Dr Promita Saha (SAS Doctor), Derbyshire Healthcare NHS Foundation Trust
Dr Caroline Brewer (Clinical Teaching Fellow), Nottingham University Hospitals NHS Foundation Trust

Dr Awele Onwuli (Core Psychiatric Trainee), Nottinghamshire Healthcare NHS Foundation Trust
Dr Emma McPhail (Consultant Forensic Psychiatrist), Nottinghamshire Healthcare NHS Foundation Trust
Dr Abbas Ramji (Consultant Psychiatrist/DME), Derbyshire Healthcare NHS Foundation Trust

Aims and Hypothesis

To improve induction to medical seclusion reviews (MSRs) for Resident Doctors (RDs) rotating into psychiatry in Derbyshire Healthcare NHS Foundation Trust (DHCFT) through the introduction of a training video.

Background

Concerns were previously raised by rotating resident doctors in Derbyshire regarding induction to seclusion and feeling unprepared for completing medical seclusions reviews. Seclusion is a unique aspect of psychiatry which is closely audited through both local and national guidance as per the Mental Health Act Code of Practice¹. As part of the NHS Long Term Plan the use of seclusion is trying to be reduced and can lead to adverse incidents².

Many resident doctors are not psychiatric specialty trainees but still need to complete seclusion reviews. Nursing staff had also reported concerns regarding safety awareness of resident doctors during seclusion reviews particularly after recently rotating into the trust.

Method

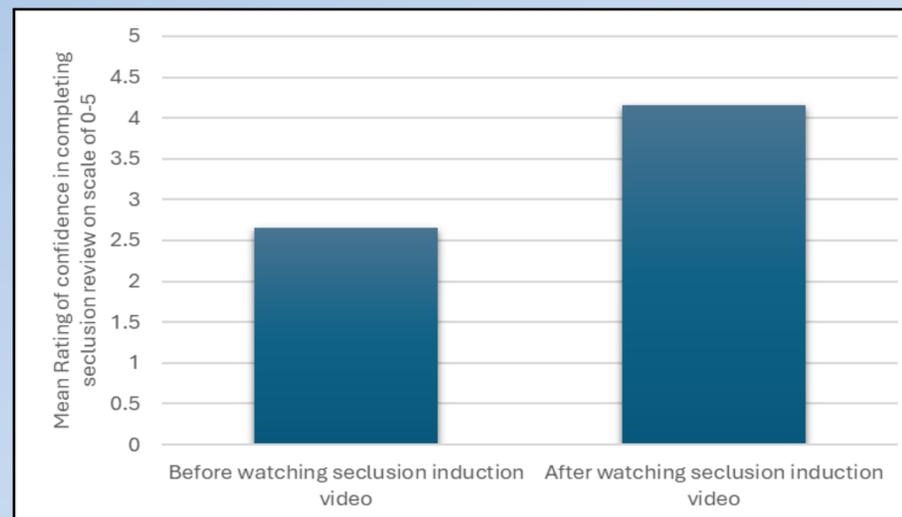
We developed a video of a mock scenario encompassing all aspects of a seclusion review including timing and structure of reviews based on both local and national guidelines. This was shown to current resident doctors 3 months into their rotation in psychiatry.

A survey was completed on previous experience of seclusion, confidence of completing seclusion reviews, whether had been previously inducted on seclusion and preparedness to complete seclusion reviews prior to viewing the video. Results were compared with a follow-up survey after viewing the video assessing if these scores had changed and if it would be helpful in induction.

The Video

The training video devised covered the following aspects of seclusion:

- The frequency of medical seclusion videos
- The contents of a seclusion review including both Mental state and physical health
- How to remain safe in seclusion and leaving seclusion
- Discussion both before and after seclusion review with staff
- Police reporting of incidents
- The video was filmed in one of the trust seclusion suites to show the layout of the suite.



Results

Of the 29 respondents to the initial survey; 79% (n=23) reported having no previous induction to seclusion. Respondents were a mixture of Foundation doctors, GP trainees, Core Psychiatric Trainees and Psychiatric Higher Specialty Trainees. In the initial survey 59% (n=17) had not previously worked in psychiatry. Mean confidence in completing seclusion reviews was 2.66/5 prior to watching the video. 93% (n=27) of respondents stated they were not prepared enough to complete a MSR after induction. 22 Responses were received to the follow-up survey. Mean confidence completing seclusion reviews increased to 4.23/5. 100% of respondents stated a video on seclusion in induction would be helpful.

Conclusion

This project has demonstrated a lack of adequate training for newly rotating resident doctors in completing medical seclusion reviews.

This video has demonstrated a novel, relevant and sustainable approach to delivering induction for RDs surrounding a unique aspect of psychiatry. This video is being further shared with East Midlands School of Psychiatry so that it can be contribute to shared learning

References

1. MHA Code of Practice (2015), pages 302-311
2. Mental Health Units (Use of Force) Act 2018: statutory guidance for NHS organisations in England, and police forces in England and Wales