

CALL OF DUTY

Simulating out of hours work to improve real-time decision making in resident doctors new to psychiatry.



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Introduction

Resident doctors often cite on-calls as being an anxiety provoking aspect of their rotations (1). This is perhaps particularly the case in psychiatry where they may have to undertake on-calls with little or no experience (2). Simulation can be used to recreate the complexity and intensity of psychiatric emergencies in a controlled environment and as such, is a useful training tool. This project aims to explore its utility in preparing doctors for their psychiatry on-calls.

Objectives

The authors sought to determine the impact of a simulation workshop centred around psychiatry on-calls on the confidence levels of resident doctors.

The Immersive Simulation Suite enables different environments to be projected into the room with ease (pictured right).



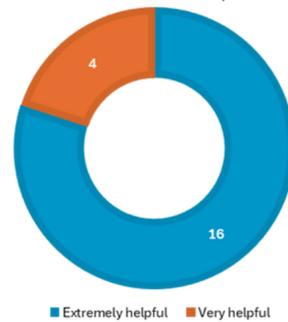
For physical health scenarios, the suite's high fidelity mannequin can mimic haemodynamic instability and vocalise symptoms (pictured left).

Methodology

- 01 >> An on-call workshop was run at the newly opened Immersive Simulation Suite at St George's hospital, Stafford, for four intakes of resident doctors new to psychiatry between September 2024 and August 2025.
- 02 >> The scenarios centred around the management of acutely agitated, physical unwell or suicidal patients.
- 03 >> Quantitative and qualitative feedback was obtained by anonymous survey before and after each session.

Analysis

Chart depicting Resident Doctors' opinion on how helpful the session has been in increasing their confidence on-call (between September 2024 and April 2025).



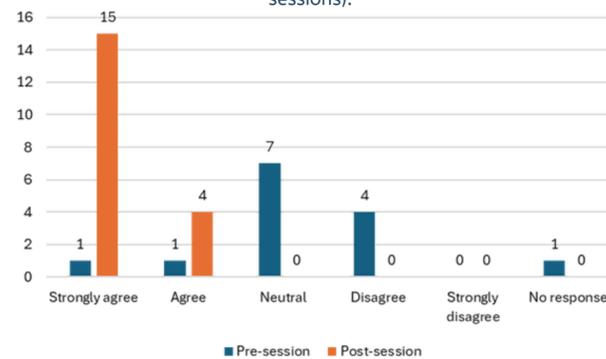
"Really useful...Liked the emphasis on how this was the place to make mistakes."

"The debrief sessions were very thorough, very good learning environment."

"I think it would be good to have some simulation that covered other on-call scenarios like seclusion reviews."

"It was really useful to discuss strategies for dealing with common issues in a supportive environment"

Chart depicting attendees' responses to the statement 'I feel confident in my knowledge of the teaching topic' pre and post training (August 2025 sessions).



Results

39 resident doctors completed this simulation based training between September 2024 and August 2025. The evaluation form changed from August 2025 and therefore the data has been interpreted separately for this group (comprising 19 resident doctors). Furthermore, in the August 2025 cohort, only 14 completed the pre-session survey as compared to the 19 who completed it at the end (explaining the disparity in results). The majority had found it either helpful or extremely helpful in increasing their confidence in their on-call duties.

Conclusion

It is clear that the experiential learning that simulation provides is particularly valuable in mental health, where there are nuanced interactions, critical decisions and a need to consider mental health legislation. The complex interplay of these skills is perhaps most crucial during psychiatry on-calls where resident doctors encounter high pressured and fast moving situations. The success of this initiative has paved the way for a shift away from on-call induction being taught to resident doctors by didactic lectures to a new way of enhancing their out of hours preparedness.



The Simulation Studio enables activity in the Simulation Suite to be streamed live to attendees and is a quiet, safe space for debriefs (pictured above).



SCAN QR CODE FOR MORE INFORMATION REGARDING THE SIMULATION SUITE.

1. Goldacre MJ, Lambert T, Evans J, Turner G. Preregistration house officers' views on whether their experience at medical school prepared them well for their jobs: national questionnaire survey. *BMJ* 2003; 326: 1011-22.
2. Blamey H, Harrison CH, Roddick A, Malhotra T, Saunders KE. Simulated virtual on-call training programme for improving non-specialised junior doctors' confidence in out-of-hours psychiatry: quantitative assessment. *BJPsych Bulletin*. 2023 Oct;47(5):287-95.

Key Sources & Acknowledgements

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