Mental Health Services

NHS
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Evaluating Virtual Role Play based learning to improve confidence and perceived competence of Junior Doctors undertaking on call shifts in inpatient Psychiatry

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Aims

- To enable junior doctors to practice their clinical skills in managing psychiatric emergencies via virtual role plays, and to gain confidence and competence in their skills
- To assess if role play can be effectively delivered virtually and if it is an acceptable means of teaching skills in acute psychiatry for the participants.

Background

In psychiatry placements, unlike other hospital placements, the junior doctor on call is frequently the only doctor on the hospital site outside of normal working hours. Previous research in this field has identified a specific need to help combat junior doctors perceived lack of confidence in psychiatry, particularly in the out of hours environment. Lecture based learning about psychiatric emergencies is a part of the induction programme for all junior doctors starting their placements however opportunities for practical learning and practice of skills have historically been less focused upon.

The current Covid 19 pandemic has further exacerbated this issue by providing an additional challenge to the delivery of face to face teaching in both clinical and educational settings.

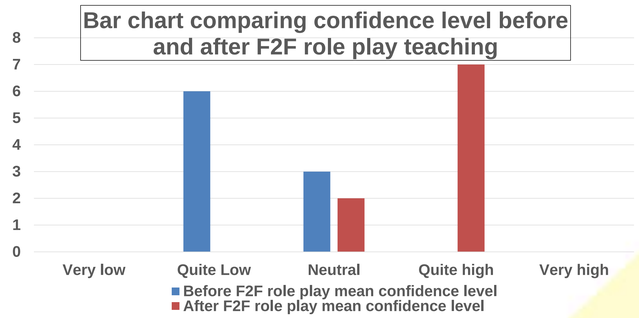
Methods

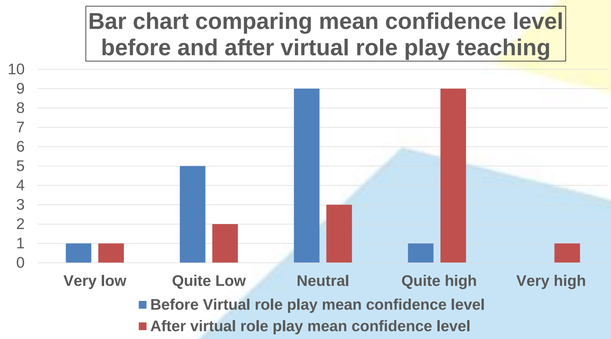
The author offered two virtual role play based teaching session to two cohorts of Junior Doctors who were starting their psychiatric hospital placements. This teaching session was performed virtually via Microsoft teams as part of the weekly education programme at two hospital sites within SABP. This same session had been run once before as face to face teaching (F2F) in January 2019 (N=9) prior to the Covid -19 pandemic. Data from this session was compared to data obtained from the virtual sessions in November 2020 and January 2021 (N = 16).

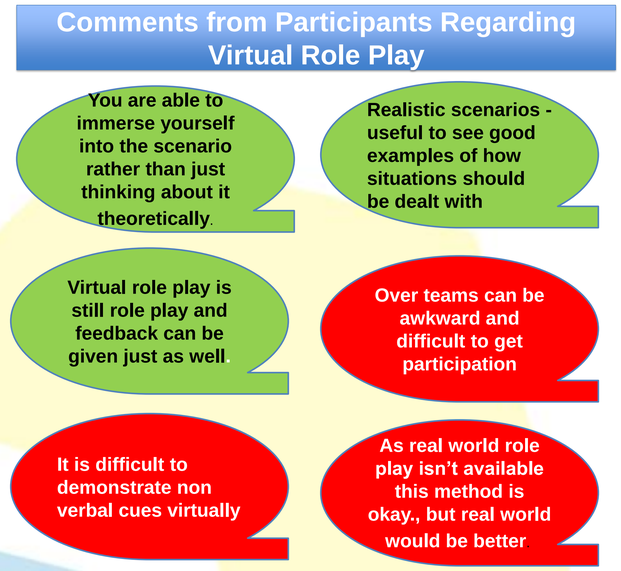
Pre and post session questionnaires were administered via Microsoft Forms. The sessions each lasted 1 hour and consisted of 3 different role play scenarios based around acute psychiatric emergencies. One junior doctor volunteer acted as the 'patient'/'consultant' in each scenario and another volunteer as the 'doctor'. Case synopses were provided for each role and scenario plus marksheets once each scenario had ended.. Each scenario lasted 10 minutes with ten minutes for feedback afterwards. The researcher gave feedback to the participants using the ALOBA framework,

Categorical, ordinal data was collected using a Likert scale and general qualitative feedback was also gathered for both the face to face and virtual sessions.

Results







- The questionnaire return rate was 100% for F2F teaching and 57% for virtual teaching
- 100% of participants felt that F2F role play was an acceptable way to practice skills in acute psychiatry vs 75% of participants who felt this about virtual role play
- 100% of participants found that F2F role play 'quite' or 'very' effective in learning these skills vs 88% of participants felt that Virtual role play was 'quite' or 'very' effective in learning these skills.
- The mean perceived competence level using a likert scale before the virtual role play session was 2.8, increasing to 3.45 after the session, compared to 2.44 before the F2F session, and 3.78 after.

Conclusions

Virtual role play based learning is a generally acceptable and effective method in improving the confidence and perceived competence of junior doctors undertaking on call shifts in inpatient psychiatry.

Positive feedback regarding the virtual session was received however overall not as many participants found the session as effective or acceptable in teaching skills in acute psychiatry compared to the F2F session.

Further development utilising the feedback given is required to improve this session so it is as efficacious as face to face teaching, including a possible hybrid approach when Covid 19 restrictions allow.

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