

Teaching on Remote Consulting for Black Country Trainees in Psychiatry

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Introduction

COVID-19 has changed the way mental health services are delivered. In order to keep both staff and patients safe, remote consulting can take place to help avoid unnecessary face to face contact. The royal college of psychiatrists encourages remote consulting where safe and appropriate, as the alternative of no consultation at all is not preferable.

The six Cs: competence, communication, contingencies, confidentiality, consent and confidence should all be applied in order for remote consulting to be successful. It is important that trainees are educated about this to ensure that they do not miss out on learning opportunities, as being exempt from outpatient clinics can narrow their repertoire.

Aims

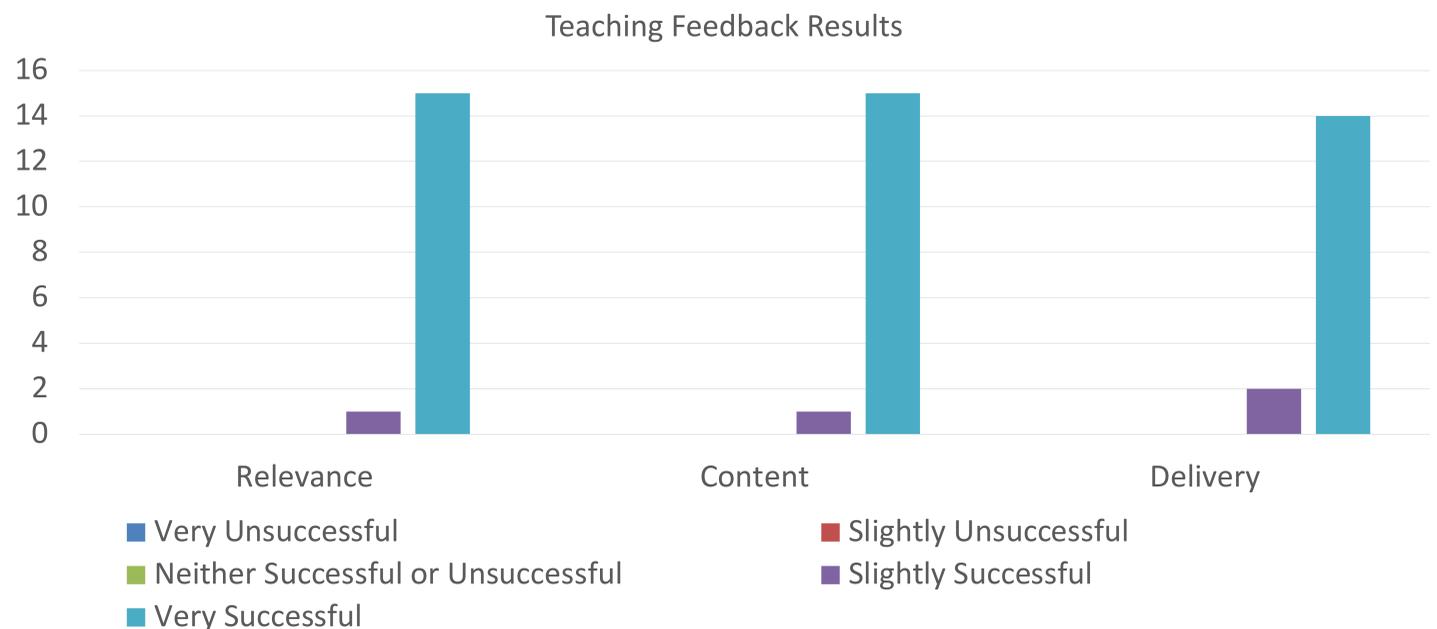
The aim of this teaching session was to explain to Black Country psychiatry trainees the importance of remote consulting and how it can be applied in practice using the six Cs that The Royal College of Psychiatrists recommend using.

Methodology

An online teaching session took place via Microsoft Teams. Attendees included Core Psychiatry trainees, as well as Foundation and GP trainees working in psychiatry within the Black Country region. Microsoft PowerPoint was used via the screen share function. Following the teaching session, a link was sent out via the chat function on Microsoft Teams for all those in attendance to complete a feedback form. The feedback form graded relevance, content and delivery. The ratings that could have been given were extremely unsuccessful, slightly unsuccessful, neither successful or unsuccessful, slightly successful and very successful.

Results

The results from the feedback forms were very positive. There were 15 responses in total and 14 out of 15 rated both relevance and content as very successful. There was only 1 slightly successful response for both categories. For delivery, 13 out of 15 responses rated it as very successful and only 2 responses rated it as slightly successful. There were 8 comments in total, which were all positive.



Conclusion

In conclusion, the trainees clearly seemed to have benefited from this teaching session. This was because of the vast majority of responses rated relevance, content and delivery as very successful. Moreover, all the comments were positive. The next step would be for trainees to apply what they have learned by engaging in remote consulting under supervision from a senior psychiatrist.

Recommendations

The trainers in the Black Country trust have been tasked with completing an assessment form that we created for their trainees by a certain date. The assessment form can be used as a work place based assessment. Feedback from both trainees and trainers will be taken following this. Please refer to the form below:

Doctor's Name: _____ Doctor's GMC Number: _____ Date: _____
 Assessor's Name: _____ Assessor's GMC Number: _____
 Assessor's Position: _____
 Outline of Case including Outcome: _____
 Please grade the trainee by ticking the appropriate competence level in the boxes below.

Context	Area	Rating			
		Not Observed	NFD(needs further development)	Competent	Excellent
Consultation introduction	Introduces self and establishes identity of the caller(s), ensuring confidentiality and consent				
	Establishes rapport				
Information gathering	If this is an urgent telephone review, identifies reason(s) for telephone call and excludes need for emergency response in a timely manner (when appropriate), demonstrating safe and effective prioritisation skills				
	Encourages the patient's contribution using appropriate open and closed questions, demonstrating active listening and responding to active cues				
	Places complaint in appropriate psycho-social contexts				
	Explore patient's health understanding/beliefs including identifying and addressing patient's ideas, concerns and expectations				
Defines the clinical problem	Takes an appropriately thorough history, if this is a new patient, or a more focused history, if this is a follow-up, to allow a safe assessment (includes/excludes relevant significant condition)				
	Makes an appropriate working diagnosis				
Management plan construction	Creates an appropriate, effective and mutually acceptable treatment (including medication guidance) and management outcome				
Closure of consultation	Seeks to confirm patient's understanding				
	Provides appropriate safety-netting and follow-up instructions				
Effective use of consultation	Manages and communicates risk and uncertainty appropriately				
	Appropriate consultation time to clinical context (effective use of time, taking into account the needs of other patient), with effective use of available resources				
	Accurate, relevant and concise record-keeping to ensure safe continuing care of patient				

Overall is this a safe consultation? Yes No