Leadership & Management Scheme 2025, 26 Module 4

Case Study 2 Group work

First consultant post in Forensic Psychiatry

You are a newly qualified consultant forensic psychiatrist. You have just accepted a substantive post on a 16-bed medium secure acute admissions ward. You took this job because it's in the right area for your family, the local schools are excellent, and it comes with an academic attachment to a nearby university.

This post has been unfilled for a while, and the ward has a bit of a reputation within the service. The clinical director has been covering the ward since the last consultant left a year ago.

The ward admits patients from prisons, court, police custody, and PICUs, with an average stay of about six months. Patients are then transferred to other treatment wards, returned to prison, or discharged to the community.

There is a full complement of staff on paper, including nurses, psychologists, pharmacists, OTs, and social workers, but you notice that some professionals are minimally involved in the day-to-day work of the team. Staff sickness is higher than expected, especially among more experienced nurses. Some psychology staff are present on the unit but seem to work independently and don't often attend ward rounds.

There is a forensic registrar assigned to your ward, but they also cover another ward and are involved in outreach and prison work. Two CT2s and two foundation doctors are also assigned to your ward but split their time with other areas.

As you begin, you get a sense that some staff are feeling wary or avoidant, and that team cohesion might be an issue. You're keen to make a positive start but sense that there are some unspoken dynamics at play.

You learn that the previous consultant, a professor of forensic psychiatry at the local university, was highly knowledgeable but rarely engaged with the wider team. He only attended ward rounds, often multitasking, and expected others to follow instructions without any discussion. He delegated most clinical tasks to his SpR and junior doctors, and was largely unavailable outside scheduled meetings. Several staff describe feeling undermined or dismissed when they raised concerns or asked for help.

Over time, the team became increasingly fragmented. Juniors stopped seeking supervision, preferring to manage things alone. The wider MDT including psychology, OT, pharmacy, and social work reduced their involvement with the

ward and focused their efforts elsewhere. A number of staff took sick leave, and turnover increased, particularly among senior nurses. Morale appears low, and you sense a degree of wariness and withdrawal from several team members.

A serious incident recently occurred on the ward and is currently under investigation. The circumstances remain unclear but a patient was found dead in his room during the morning checks.

In your small groups, answer the following questions:

1. From a psychodynamic perspective what are the main concerns in a team like this?

2. As a new consultant where would you prioritise your attention in your first few weeks?

3. How would you restore team functioning and trust?

4. How would you deal with the ongoing investigation?