Psychiatric Essentials in Assessment: Confidence through Experience (PEACE Course)

Dr C.E.Neil[1] Mrs J.Pretorius[1] Dr G.Lawrence-Smith[1]

1. Greenwich Mental Health Liaison Team; Oxleas NHS Foundation Trust

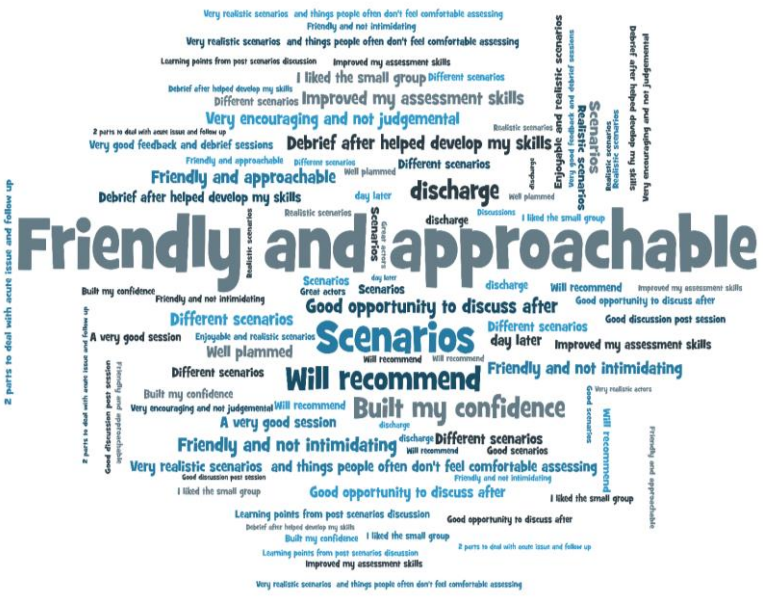
Our Idea

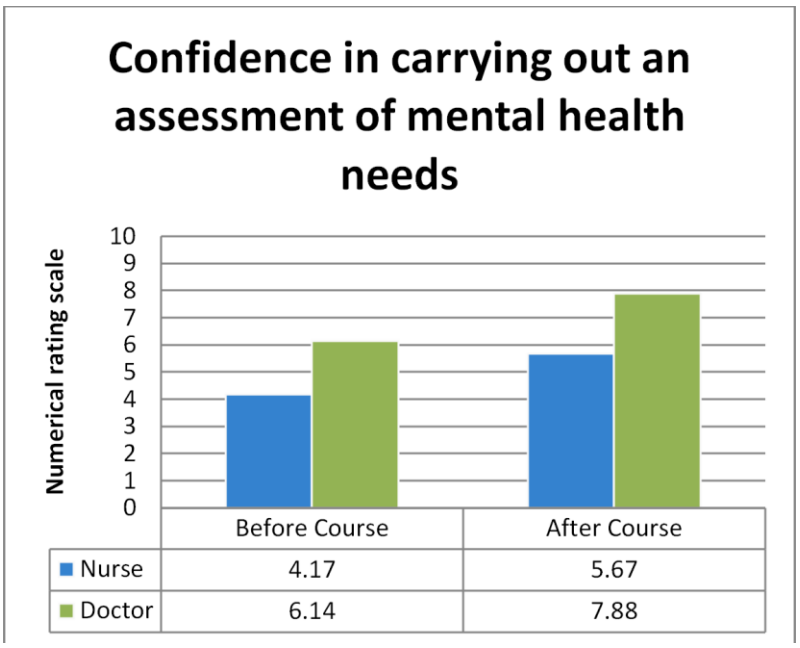
We developed PEACE course simulation training for junior doctors and nurses after we received feedback from staff working in A+E and the medical wards that they were not comfortable assessing and managing patients with acute psychiatric presentations.

We developed simulation training with the goal to make them more confident assessing psychiatric patients. This consisted of a half day course facilitated by the liaison team consultant and team manager. Liaison team staff wrote the cases based on real patients they had discussed in supervision. They subsequently acted out these roles in the simulation sessions.

There were three common challenging presentations each split into two parts:
1. Emotional crisis in personality disorder
2. Acute psychosis in a diabetic patient
3. Alcohol and PTSD

Consultations focused on taking a psychiatric history, good communication skills, understanding and managing risk and developing a management plan.





Feedback

Following completion of the course both medical and nursing staff felt more confident in assessing patients with acute mental disorders.

Staff who facilitated the sessions felt that it was a novel opportunity for reflection on challenging cases and were more mindful of the differing agenda's between acute and mental healthcare staff with regards to patient management issues.

Despite feeling anxious at the prospect of "performing" in front of peers, the majority of participants found the experience rewarding.

Utilising liaison team staff acting in the scenes led to a greater degree of fidelity within the scenarios.

Further Development

From the feedback we received we noted that nursing staff were less comfortable being asked to carry out a psychiatric assessment. They felt exposed at having to demonstrate a skill in an area where they felt they had limited knowledge and lacked confidence.

This is likely to be due in the part to the difference in training between doctors and general nurses. Therefore, we need to further adjust the simulation process to cater more specifically to the needs of different professional groups.

We are currently in the process of arranging a training day for senior accident and emergency nurses. They will be able to disseminate the skills they learn to more junior members of the team.