Thinking Together

A collaboration between
Paediatricians & Psychiatrists

Resource Pack

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Contributors:

We would like to thank everyone who has been involved in setting up this pilot, particularly the members of the Paediatric-Psychiatry Collaboration Working Group: Holly Boyd, Chloe Bulwer, Rory Conn, Jo Cryer, Melanie Menden, Cristal Oxley, Guddi Singh, Emily Wilson.

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Abstract

Background
Mental health presentations are an increasing part of the paediatric caseload and there is growing evidence that paediatric trainees feel ill-equipped to manage these patients. Only 33% of trainees we surveyed felt that their current training programme enabled them to achieve their curriculum requirements in paediatrics or mental health respectively. CAMHS services are increasingly stretched, raising referral thresholds and making the need for closer working together across disciplines paramount.

Aim
A working group of paediatric and psychiatry trainees developed the concept of Thinking Together, to tackle this training gap. The scheme involves pairing paediatric and CAMHS trainees to share in each other's clinical encounters to foster a joint way of learning and working together, while fulfilling curriculum competencies that are otherwise difficult to achieve.

Method
A pilot was launched in March 2016 where trainees from both specialties were paired for a period of 6 months, attending at least two clinical encounters in each setting. Curriculum competencies for both specialties were outlined in a resource pack. Trainees were encouraged to explore a variety of learning possibilities, including clinics, referral meetings and signposting their partner to other relevant clinical opportunities.

Results
30 trainees were surveyed and 16 of these completed pre and post pilot evaluation. Prior to participating in Thinking Together, 70% stated they had no experience of working in a jointly delivered paediatric/mental health clinic. 93% of participants felt that their patients benefitted from access to the jointly delivered paediatric and mental health clinics. Confidence in achieving curriculum competencies in paediatrics and mental health respectively, increased to 93% following involvement in the project.

Conclusion
Our results highlighted that trainees felt they had achieved curriculum competencies in their linked specialty, while improving their capabilities in collaborative, patient-centred practice. Trainees felt the scheme benefitted both their patients and themselves, thinking together through cases and developing a greater appreciation of different professionals' roles and responsibilities. As the burden of mental health grows, with it's irrefutable link to physical well being, we feel schemes such as ours will improve understanding for future trainees between the cross over of mind and body.

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Thinking Together: A Paediatric-Psychiatry Collaboration

Thank you so much for signing up to be involved in this exciting pilot. This pack will provide you with more information about the project and some useful resources to optimise your learning experience.

Aim:

The aim of this pilot is to link a CAMHS and paediatric registrar to attend and participate in each other's clinical experiences to foster a joint way of learning and working together. This scheme will allow trainees to fulfil curriculum competencies, that are otherwise difficult to achieve.

Objectives:

The programme was designed to match a CAMHS Registrar and a paediatric core trainee (ST4/5), whilst undertaking their 6 month community placement. This has the advantage for the paediatric trainee of achieving mental health competencies, whilst working in the community setting, where mental health is a very relevant aspect of community paediatrics. However there are clearly learning opportunities for both sides to be gained from a general paediatric setting so we have opened the matching scheme to include general paediatric registrars.

Objectives for paediatric trainees:

During 3 joint clinics, paediatric trainees should aim to:

- Work on achieving mental health competencies from the general paediatric curriculum.
- Reflect on incorporating mental health aspects early on in diagnosis for common, potential 'functional presentations'.
- Reflect on and practice different communication skills.
- Build relationships with CAHMS colleagues.
- Understand local CAHMS structure and referral criteria.

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Objectives for the CAMHS trainee:

CAMHS trainee can participate in community clinics such as developmental assessments and clinics to assess social communication/ autism / ADHD, which are very applicable for psychiatry training. If a trainee is matched to a trainee in general paediatrics they can attend general paediatric clinics, join ward ward rounds or shadow the on call paediatric regsitrar in A&E.

During the 6 joint clinics, CAMHS registrars should aim to:

- Learn about the medical aspects of psychiatric diagnosis / differentials (e.g. epilepsy, developmental assessments, presentation of austism, ADHD).
- Understand paediatric structure of services in the community versus acute paediatrics.
- Build relationships with paediatric colleagues.

We also hope that in the long-term this scheme will offer benefits to patients too:

- Benefit of joint approach.
- Reduced referral time.
- Better collaboration/ CAMHS liaison.

Suggested logistics:

During a 6 month placement CAMHS trainee aims to join 3 community/ general paediatric clinics and vice versa. Children attending these clinics will remain the responsibility of the hosting specialty. If the trainee pairs would like to attend more shared clinics or other shared learning opportunities eg. referral meetings/ on calls etc. this should be encouraged.

Whilst 3 clinics in each setting is the aim we stipulate a minimum of 2 clinical encounters in each setting within a 6 month period. We expect this will be a realistic goal for all trainees, including those working less than full time.

Debrief at the end of clinic should be facilitated by hosting specialty Consultant, with overall responsibility for that particular clinic. From the discussion trainees should generate a summary of learning points and log these on their eportfolio, linking them to the relevant paediatric/ mental health competencies respectively.

During and after clinics, both trainees can fill in a learning log to reflect on their learning outcomes. Both trainees should write a reflective piece on their learning / change of practice for at least one clinic.

Trainees are expected to fill in a pre- and post evaluation questionnaire, and prompt patients seen in their clinics to fill in an evaluation form about their experience.

Trainee pairs will need to liaise with their Consultant to choose which clinics are best suited to this shared learning and which offer the greatest learning opportunity for their

peer. Consent from the Consultant and agreement to offer overall supervision will need to be obtained by the hosting trainee. From paediatric trainee's perspective it would be beneficial if the joint clinic could include patients who have been referred by the paediatric team to CAMHS wherever possible.

Once the clinic options have been agreed by the hosting trainee and Consultant they will need to offer a range of date options via email. We would expect trainees to appreciate this is a learning experience on both sides and professional courtesy with prompt replies to emails, will be vital for the scheme to be a success.

We hope to match as many trainees as possible at the launch event by taking a list of names and contact email addresses and matching people in pairs according to the same trust/ similar locality. After the launch evening we will match people who have signed up and contact them via email with their pair's contact details. It will then be up to the trainees to take responsibility to keep in touch via email about clinic arrangements.

Evaluation:

- Pre/post pilot evaluation.
- Capture of learning discussions via learning log.
- Anonymised reflective piece.

Outcomes:

We hope this scheme will provide a greater insight for trainees into a differing profession, but one which very much overlaps with their own. We would anticipate that their will be a great diversity of learning opportunities, depending on the types of clinics selected, the individual trainees and supervising Consultants, and the variety of children seen.

As this is a pilot we have not outlined specific goals that the pairs must achieve. We anticipate that this scheme may well generate learning outcomes that we had not imagined. It is really important for everyone involved to complete a questionnaire at the end of the pilot to highlight their learning gained. We will also invite all pairs to a regroup/ feedback session at the end of their 6 months.

Patient experience:

We also hope to gain an understanding from families as to whether having a visiting paediatric/ psychiatry trainee to their child's clinic was beneficial. Trainees will invite the parents to complete a short feedback questionnaire at the end of the clinic.

Future planning/ funding:

This proposal is primarily a learning experience and a tool to provide trainees with another way of achieving curriculum competencies. The scheme has not required any funding so far as it has been launched by a working group of trainees with support from willing consultants. However for the project to be taken up widely across London and other centres in the country it will be important to know if the scheme provides a useful training opportunity, hence the importance of completing feedback. Our hope is that in the longterm Thinking Together could help improve the patient experience and may help to prevent onward referrals.

Potential pitfalls:

For the paired learning to be successful there has to be space in the timetable for trainees to attend each others clinics - these days can be taken as study leave. There has to be commitment from both trainees to arrange the sessions - we hope that everyone who signs up for the pilot and chooses to attend the launch are a self-selecting group of enthusiasts!

Other outcomes:

As mentioned above we would encourage participants to explore other learning opportunities eg. attend each other's intake/ triage meetings/ MDTs/ teaching sessions.

Trainees can feedback their take home points in the weekly challenging case discussion meeting/ psycho-social MDT if this occurs at their local hospital, and if it doesn't they can consider setting this up in their own department.

Timescale

Aim for 3 clinics	
March	Following this meeting we will pair you together based ideally on geographical work location and send out details via email. Complete your pre-evaluation feedback. Please get your educational supervisors to support you and discuss pilot scheme at your induction meeting/ PDP.
March	Make contact with each other and organise to meet up.
April-May	Start planning dates of when and which clinical settings you will meet and learn together.
May-July	Aim to do your joint clinics. Following each clinic complete a reflective log and discuss together learning points. Use your supervisors to facilitate discussions.
August-October	Complete your post-evaluation feedback. Feedback meeting for all the group to discuss this pilot scheme.

Settings

Paediatric settings to consider	CAMHS settings to consider
A&E	General CAMHS clinics
Ward rounds	ADHD clinic
General paediatric clinics	MDT (generic, neurodevelopmental, other)
Community developmental clinics	School visit
Child protection medicals	Home visit
Looked After Medical clinics	Inpatient child and adolescent unit
Special Needs School medicals	Emergency rota (A&E, paediatric liaison)
ASD assessment, referrals meetings	Out of hours rota

Paediatric Curriculum

Level 2 training (ST 4-5)

		Achieved?	
	Suggested curriculum competencies / learning ideas	**Yes**	**No**
1	To be able to take responsibility for an effective consultation that routinely includes biological, psychological, educational and social factors in the child and family.		
2	The ability to conduct a consultation in such a way that a child or YP and their family feel able to talk about difficult or emotional issues.		
3	Have developed skills to help prevent disruptive or antisocial behaviour in children, families and adolescents in clinical settings and to respond to them if they occur.		
4	Have developed some strategies and skills to support and engage parents of children with emotional or mental health difficulties.		
5	Know about the MDT nature of CAMHS and be able to apply this knowledge in discussion of cases.		
6	Are able to undertake the initial assessment and mx of common causes of admission to hospital due to psychological distress such as self harm, somatic symptoms of distress and to refer when appropriate.		
7	Be able to recognise signs and symptoms that could indicate serious conditions such as ADHD, ASD, depression or psychosis.		
8	Be able to participate in the MDT approach to management.		
9	Show compassion and respect for children, YP and their families.		
10	Have developed active listening skills with children and YP and understood the need to respect the views in accordance with their age and maturity and to respond appropriately, where, for example, a child is felt to be vulnerable.		
11	Be aware to local services and how to access them.		

Paediatric Curriculum

Level 3 training (ST 6-8)

		Achieved?	
	Suggested curriculum competencies / learning ideas	**Yes**	**No**
1	Understand the impact of relations and mental health upon a child or young person's current and past emotions and behaviour.		
2	Initiate management and effectively engage and contribute to ongoing MDT care.		
3	Understand the ways in which childrens' or a young person's mental health difficulties may present in infancy, childhood and adolescence.		
4	Be able to undertake an assessment of the mental state of a child or young person and know when to seek help.		
5	Understand the emotional dimensions of eating disorders and recognise and initiate treatment.		
6	Recognise need for specialist input in case of serious emotional distress or mental illness.		
7	Know and understand the range of children's or young person's psychological and social development, including normal range and what is outside it.		
8	Have developed strategies to manage a child or young person's anxiety and personal anxieties.		
9	Be able to recognise indicators of stress or mental health problems in family members and communicate appropriately with relevant professionals.		
10	Be able to liaise with parent support and self help groups when necessary.		
11	Work in MDT effectively.		

Child and Adolescent Psychiatry ST4-6 Curriculum

		Achieved?	
	Suggested curriculum competencies / learning ideas	**Yes**	**No**
1	Basic physical examination of child/adolescent.		
2	Clinical contact with patients in the 0-5 years age range.		
3	Recognise major dysmorphism.		
4	Use of height, weight and growth centiles.		
5	Detailed neurological examination of children and adolescents and the meaning of abnormal findings.		
6	Can carry out ECG examination (but may seek specialist advice on interpretation).		
7	Request appropriate laboratory tests.		
8	Recognise a sick child / young person.		
9	Be able to manage the initial phase of a medical emergency and know when and to whom to refer.		
10	Know the limitations of your clinical skills especially with regard to physical examinations and investigations.		
11	Recognise the need for more expert paediatric opinion.		
12	Working knowledge of the basic management of paediatric conditions such as asthma, diabetes, thalassaemia, sickle cell disease etc.		
13	Understanding of common psychiatric sequelae of medications used to treat medical disorders.		
14	To be able to advise on the presentation of psychiatric disorder in the context of physical illness.		
15	Detects alterations in children's development that might suggest the child has been maltreated or neglected.		

16	Works with the family and professional network to clarify and manage safeguarding.		
17	Understand the roles of other disciplines involved in the multi-agency network including paediatric colleagues.		
18	Develops the ability to respond appropriately to paediatric requests for CAMHS input.		
19	Liaise with professionals in associated agencies to provide advice about assessment, diagnosis and management of adolescents with mental health problems and/or dangerous behaviour.		
20	Knowledge of the presentation of organically based psychiatric disorders.		
21	Knowledge of the ways in which emotional, behavioural and developmental problems can be related to physical disorders and the physical presentation of the disorder.		
22	Assess and provide a psychiatric opinion on a child with brain injury. Develop a multidisciplinary management plan including role of psychopharmacology.		
23	The range of behavioural syndromes associated with epilepsy.		
24	Understand the role of the EEG in children presenting with suspected seizures.		
25	Knowledge of the range of antiepileptic medication in children.		
26	Contribute to the management of neuroepileptic conditions. Carry out comprehensive assessment of child presenting with seizure disorder/ non epileptic seizures and liaise with child health services.		
27	Understanding of the psychiatric aspects of acute and chronic illness, life-threatening disease, physical disability, trauma (eg. RTA).		
28	Assess and manage somatising disorders.		
29	Effects of eating disorders on disturbing physiology and of starvation.		

Thinking Together Reflection

We encourage you to reflect on your experience of Thinking Together. You should aim to use your learning log during patient encounters and subsequently have the ability to expand on different cases or aspects of care as part of a reflective practice exercise to support your learning.

We encourage you to think about important aspects of your experience and how they affect you in your professional practice. The events described can be positive or negative. We have provided two outlines for reflection below; the first is taken from the paediatric e-portfolio and the second is taken from the PICH (Paediatric Integrated Child Health) programme. Please feel free to use whichever works for you. It is important you anonymise any patient identifiable information.

1. The E-portfolio Current Reflection

Title

Describe your experience

What did I think and feel?

What were the context / factors which had an influence on the event?

What did I say that was effective in the situation?

What happened that exacerbated the problem?

What was the outcome for the patient / parent / myself / others

Looking back what could l have done differently?

What were the key learning point(s) from this event?

2. From PICH

You may consider or think about:

Your experience working clinically in an integrated way

How did you work differently

How did working in an integrated way add to your and your colleague's learning?

What might be the advantages / disadvantages to the patient? or what impact might this have on patient experience?

Will this experience change your practice and what might be the impact of this change?

Reflect on the effectiveness of the style of the assessment of the child

Any other thoughts / comments / reflections

Thinking Together Learning Log

This is a reflective diary intended to be used at each clinic for joint and individual learning. You can expand on cases you have logged and upload these onto your e-portfolio.

	Date	Setting E.g. Child Development Clinic, CAMHS Specify the type of clinic	New or F/up	Pt. Age	Presenting Complaint / Diagnosis / Symptom	What were the key learning points? What can you reflect on?	What was the patient outcome? E.g Discharge F/up CAMHS F/up Paediatrics Referral, to whom
1							
2							
3							
4							
5							
6							
7							
8							

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Family Feedback for Thinking Together Clinic

Thank you for allowing a visiting doctor from another specialty to be part of your child's clinic appointment today. How the body and mind link in a child's symptoms can be complex. We hope that this experience will provide doctors with an opportunity to share ideas and improve working together. As this is a new way of working, we would be very grateful to receive your feedback after the clinic.

Please fill in the questions below (circle as applicable):

1. How was your experience of the clinic?

Poor Okay Good Very good

Why?

2. Was it beneficial having a doctor from another specialty in your clinic today?

Yes/ No

3. On a scale of 1 -5 how beneficial was it?

(1 being not beneficial at all and 5 being extremely beneficial)

1 2 3 4 5

4. What do you think of this idea?

5. What would make it better?

5. Any other comments….

Thank you for your time

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