

RAMPPS faculty development

Recognising and Assessing Medical Problems in Psychiatric Settings



Developing people
for health and
healthcare

Minimum slide set

- These slides have been agreed by Health Education England working across Yorkshire and the Humber RAMPPS regional steering committee.

In preparation for attending the faculty training session you must:

- Complete the RAMPPS eLearning module – including video
- Read the RAMPPS eHandbook

Objectives for the session

- Understand importance of clinical simulation
- Understand what RAMMPS is
- Understand how a RAMMPS course is facilitated
- Gain the knowledge and skills to be a RAMPPS facilitator
- Recognise the key role of the debrief

RAMPPS



What is RAMPPS?

- A blended learning course for healthcare staff in psychiatric settings
- Its aim is prevention of physical harm through early recognition of deterioration in physical health
- The course is comprised of :
 - An initial pre-course eLearning module
 - A simulation-based facilitated learning course

Why this is important?

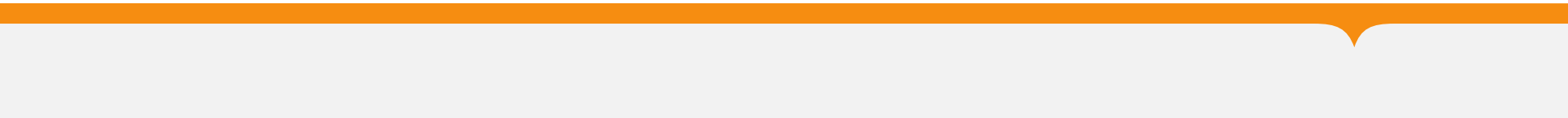


The screenshot shows the Mind website interface. At the top left is the Mind logo with the tagline "for better mental health". Below it is a navigation bar with a home icon and the text "Information & support". A breadcrumb trail reads "Home > News & campaigns > News". The main content area features a "New problem" section with a date "Posted on 23/0" and a snippet of text: "A research s Wellcome Tr expectancy l than that for The meta-analy between physio".



Drugs can lead to gain

, inquiry finds



Why multidisciplinary?



Why use simulation?

- Enhances supervised clinical practice
- Multidisciplinary
- Like game rehearsal before entering the field
- Practice 'less frequent' events
- Share lessons learned
- *“The use of simulated patients in medicine offers students a standardised learning experience and a reproducible way of exploring attitudes and teaching communication skills” (Dave 2012)*

Benefits of simulation

- Ability to practice scenarios in safe environments
- Focus on human factors, situational awareness and role appreciation
- Enhance team-working and leadership
- Improve communication with patients and professionals

Theory of learning through RAMPPS

- No competency assessment element
- Assessment can demotivate, block further learning and create a 'self fulfilling prophecy'
 - It does not measure application of knowledge
- RAMPPS is designed to motivate, build confidence and promote application of knowledge
- Debrief is a vital part of this and should not be underestimated

Tools used in RAMPPS

SBARD

AVPU

ABCDE

Pre course E learning module

RAMPPS eHandbook

Pre and post course evaluation Tools

Patient safety learning tools

S **Situation:**
I am (nurse X) on ward (X), I am calling about patient (X), I am calling because I am concerned that..... (e.g. patient's mood is very low and expressing suicidal ideation)

B **Background:**
Patient (X) was admitted on (X date) following (X) but has until today been well.
Patient has a diagnosis of (X condition) and their Mental Health Act status is (X) and he/she is receiving (medication/therapy)
The patient has deteriorated in the last (X) AND/ OR following (X)

A **Assessment:**
I think the problem is (X) and I have (e.g. Put the patient on higher level observation)
OR I am not sure what is wrong but patient (X)'s mental state has deteriorated and I am worried they are at higher risk of X
OR
I do not know what is wrong but I am worried and concerned

R **Recommendation:**
I need you to (eg. come and see the patient by X time) in order to (X)

D **Decision:**
So we have agreed you will visit the ward in the next (X mins), and in the meantime we will (X) (eg. Place the patient on enhanced observation and engagement)

Ask receiver to repeat key information to ensure understanding

A	Alert the patient is fully responsive, they can tell you their name, the month and year correctly	CALL FOR HELP AIRWAY SUPPORT MAY BE NEEDED
V	Verbal the patient responds to your voice, but may be drowsy, keep their eyes closed and may appear confused or agitated	
P	Pain when you apply pain to the shoulder muscle or eyebrow ridge of the patient, they try to move their hand/arm to the source of pain	
U	Unresponsive When the patient is unresponsive to any of the above they are unconscious	

Facilitation



The role of the RAMPPS facilitator

Before starting set ground rules

RAMPPS requires facilitation, NOT training

- Set the scene for the scenario - scenario brief
- Delegates will be expected to carry out their own roles
- Encourage teamwork and use team skills

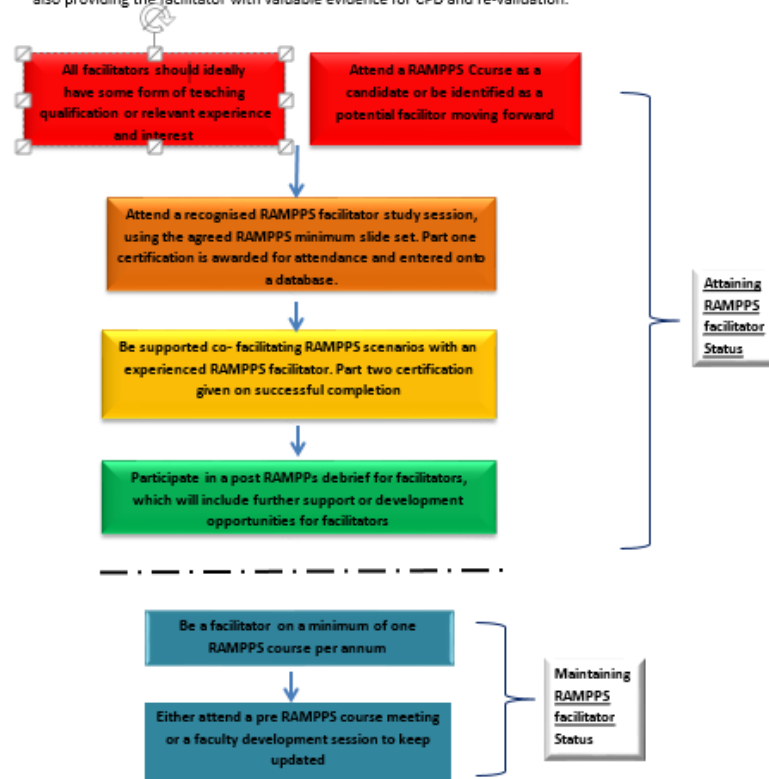
During the scenario

- Only prompt where necessary, redirection or stalling
- Do not give any information which is available by observation, or from notes etc.

The facilitator pathway

RAMPPS facilitator pathway

The RAMPPS programme requires a sustainable and competent faculty. Therefore the facilitator pathway identifies the need for facilitators to be fit for practice to support high quality simulation and debrief to attendees. A selection of facilitators are essential from different disciplines relevant to your RAMPPS delegates. This is a "gold standard" which provides a governance framework to ensure maintenance whilst also providing the facilitator with valuable evidence for CPD and re-validation.



Ground rules

- Delegates (and facilitators) are expected to:
 - Enjoy themselves, and learn from the experiences
 - Support each other
 - Make constructive comments
 - Avoid being overly critical of others, or themselves
 - Respect confidentiality
 - Be open and honest

Key points for facilitators

- Facilitators may slip into bad habits over time.
 - Using **killer phrases**
 - “you did great, I’ve nothing to add”
 - Being too friendly and avoiding difficult issues
- Debrief skills will become less effective over time when not used regularly
- Facilitators with different backgrounds or familiarity with RAMPPS can enhance the overall learning through incorporation of novel perspectives

Levels of facilitation

High level facilitation

- Uses silence/pauses to elicit responses
- Allows maximum delegate input

Intermediate level facilitation

- Reword questions rather than give answers
- Ask for comments/elaboration on what is said

Low level facilitation

- Answer for the group, but confirm understanding and accordance
- Reinforce what is said by group

Facilitation of scenarios

- Agree roles of facilitators
- Check equipment, props, notes and paperwork drug charts etc.
- Prepare the simulated patient or manikin operator
- Remember to reset everything after each scenario
- Check the simulated patient or manikin operator is debriefed after each scenario

Simulated patients

SPs are extremely valuable and integral to RAMPPS so ensure they are:

- Booked in advance and prepared for the scenarios
- <http://www.simulatedpatients.co.uk/pages/>
- Physically fit and mentally well. A set of baseline physical observations should be taken prior to first scenario
- Fully prepared and be aware of expectations
- Discuss with the simulated patient a “safe” word and share with the facilitators

Simulated patients

- Ensure their physical and mental well being after each scenario
- Consider offering the opportunity to contribute to debrief
- Facilities are available for changing and personal care as required
- Offer opportunity to join the faculty debrief at the end of the course
- Ensure they are “re-grounded” before they go home

Human factors

- Environmental, organisational and job factors, as well as human and individual characteristics which influence behaviour at work in a way which can affect health and safety.
- Resources

<https://www.youtube.com/watch?v=JzlvgtPl0f4>

<https://www.youtube.com/watch?v=IJfoLvLLoFo>

<https://www.youtube.com/watch?v=hwCzasHBXNc>

Human factors contributing to error

Situational

- Communication
- Authority gradients
- Situational awareness
- Fixation
- Distractions
- Overload
- Teamwork
- Leadership
- Knowledge/training/experience

Human factors contributing to error

Individual

- Fatigue
- Hunger
- Stress – life events
- Personality
- Beliefs
- Culture
- Language
- Knowledge/training/experience

‘Authority gradients’

- Beware the authority gradient; the importance of sharing and listening to pertinent information irrespective of an individuals status e.g. HCA to Consultant
- If you know something, do not be frightened to share your information
 - It may affect patient care
 - It may save a life!

Situational awareness

- ‘Knowing what is going on around you’
- Comprises - Perception, Comprehension and Projection
- If a delegate's behaviour is led by a loss of situational awareness, discovering where the breakdown is in the chain of understanding can bring valuable insights to both the group and to the individual involved.

Barriers to situational awareness

Internal

- Stress, fatigue, workload
- Mental models
- Confirmation bias
 - ‘seeing what you want to see’
 - when you see something different, you convince yourself you must be wrong!
- Fixation error
 - engrossed in task
 - make sure the leader can "stand back"

Barriers to situational awareness

External

- Authority gradients
- Not knowing your team
- Unfamiliar environment
- Distractions
- Communication
- Poor leadership

Debriefing



Why debrief?

- Debrief is the most important component of simulation
- It is important to strike the correct balance in debriefing between reviewing the learning objectives, and allowing a group to explore their emotions and thoughts about the scenario
- Allows interpretation, self-discovery, self-analysis and observation
- Explores **what** happened, **why** it happened, and provided opportunity for **change**

Debrief tips

- Simulation is anxiety-provoking for many
- Giving delegates a chance to “offload” allows them move to a more focussed state of mind and be ready to engage
- Facilitate discussion—talk the least
- Intersperse your own expertise
- Emotional fallouts can happen

Debrief structure

1. Feelings
2. Facts
3. Advocacy and enquiry
4. Questions
5. Summary

RAMPPS Learning Objectives Debrief Tool

Rapid Tranquilisation

Area	Focus	Notes
Early Warning Scores	Appropriate Use Accuracy	
ABCDE & AVPU	Use of Recognition of problems Appropriate response	
SBARD	Opportunities Use of Tool	
Scenario Focus: <i>De-escalation</i>	Use of de-escalation Approach to patient	
<i>Human Factors / Situational Awareness</i>	Care Post Intervention	
General Notes		

Debrief Structure

1. **Feelings**
2. **Facts**
3. **Advocacy / Inquiry**
4. **Questions**
5. **Summary**

Learning Points from Debrief:

1. Feelings

- Ask the delegates how they found it, what they feel.
- Acknowledge the feelings of the delegates
- Strong feelings could threaten to derail debrief, acknowledge them and let the delegate know that they will be revisited if not resolved by the end of debrief

2. Facts

What was happening:

- Medically?
- With the team as a whole?
- With each team member?
- Start with the “leader” in the scenario then encourage the team participating to join in, then the group.

3. Advocacy inquiry model

- Remove the emotional inclination in questions
- Facts followed by curious question.

“I saw that the sats dropped and oxygen wasn’t administered for 5 minutes. I was wondering why that was?”

- Good Judgement

“I was concerned that...” “I was pleased that...”

Advocacy inquiry model

- Listen and Check Back

“OK, oxygen wasn’t administered because the focus was on the blood pressure and everyone thought someone else was checking the sats.”

- Then Generalise to Group

“Can anyone think of strategies to overcome this?” “Has anyone else been in a similar situation?”

5. Questions

- This section allows the group to explore any areas they haven't visited but wished to do so with regards to the scenario, and allows a chance to revisit difficult areas
- What will empower you to do something differently next time

6. Summary

- Summarise key learning points
- “During this session we learned about...”
- Once the summary has started, this signifies the end of debrief.
- Do not revisit topics to discuss.

The difficult debrief

- Some behaviors are ‘normal’ response to the stresses of simulation – tearfulness, shyness, embarrassment or withdrawal.
- Others are negative and disruptive.
- Consider there may be some underlying psychological reasons

How to manage the difficult debrief

- It helps to clarify debriefing ground rules
- Have systems in place for dealing with the upset delegates e.g. one to one support
- Use the introduction and familiarization to take time to try to get a 'feel' for the delegates
- Keep calm and kind

Post-RAMPSS course

- Faculty debrief
 - To include Simulated Patient if they choose
- Feedback and data analysis from questionnaires
- Can the “lessons learned” be taken forward to future courses?
- Share lessons learned more widely
 - e.g. Regional Steering Committee

Practical session

Any questions ?

Further resources

- www.hee.nhs.uk/hee-your-area/yorkshire-humber/education-training/multi-professional-workforce/clinical-skills-simulation/recognising-assessing-medical-problems
- www.chfg.org - Clinical Human Factors Group
- Human Factors Concordat www.england.nhs.uk/wp-content/uploads/2013/11/nqb-hum-fact-concord.pdf
- Improving the physical health of people with SMI. A practical toolkit www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/05/serious-mental-hlth-toolkit-may16.pdf

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Improving The Physical Health of People With Serious Mental Illness (A Practical Toolkit) NHS England May 2016

Improving The Physical Health Of People With Mental Health Problems: Actions For Mental Health Nurses. NHS England, Department of Health, Public Health England May 2016

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