

Application for The Denis O’Leary Medical Educator Award

Developing Psychiatric Communication skills in tomorrow’s Doctors: An exciting new multi-speciality initiative.

(Communication skills training for Oxford University Medical Students – an experiential simulation based teaching during the Fifth Year Psychiatry Attachment)

~~Janet Allison¹, Ramina Mitter^{2,6}, Anabella Norman-Moxt², Rachel Stone⁵, Ruth Wilson⁵ & Kate
xxxxxxxxxxxxxxxxxxxx
EA Saunders~~

1. Actor
2. Oxford Health NHS Foundation Trust, Warneford Hospital, Oxford OX3 7JX
3. Oxford University Medical School, Academic Centre, John Radcliffe Hospital Oxford OX3 9DU
5. Nuffield Department of Primary Care Health Sciences, University of Oxford, Old Road Campus, Boundary Brook House, Churchill Drive, Headington, Oxford, OX3 7LQ
6. Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford OX3 7JX

We are applying for this award together as a team and believe this is in the spirit of the award. Teamwork has been central to the success of this initiative and it would be unfair to apply on an individual basis. We could not have made the teaching such a success without each member of the team and stimulation actors, primary care physicians and psychiatrists have all brought their own skills and expertise to bear. We were also strongly influenced by the patient involvement workshop that was held at the start of this development. In lieu of one CV we will attach a brief synopsis of each of our backgrounds as medical educators. We hope that Denis would be proud of our development and in keeping with his inspiring role as a trainer and educator.

Background & Purpose

The literature shows a dearth of communication skills training for psychiatry and the need to develop and evaluate high quality teaching in this area (1).

Mental illness and disorder can lead to communication difficulties and behaviors that can challenge routine patient - staff interactions. Good communication skills are central to engaging patients in their care and to the delivery of high-quality, person-centered care.

The Oxford Medical School Psychiatric Communication Skills course aims to empower students to communicate effectively with patients often seen in a psychiatric setting, while recognizing that these skills are often transferable to other clinical contexts.

In psychiatry and medicine as a whole the focus of such education is often on content, or *what* is being asked, rather than the interaction itself, or *how* the conversation is undertaken and the subsequent impact on the 'patient'. In other areas of medical education such as primary care and palliative care, it is recognised that the application of good communication skills can both enable greater patient disclosure and increase compliance with management, in addition to enhancing the patient experience.

We therefore wanted to develop teaching communication skills in undergraduate psychiatry education could improve students' ability to communicate with patients in distress, with all resultant benefits.

Aim

To allow fifth year medical students to develop psychiatric interview skills using actors and facilitators. The aim was to pilot this teaching and then roll it out as an efficient experiential teaching tool to enable students to improve their communication and feel more confident when interacting with distressed and disturbed patients.

Preliminary Work:

Communications skills have formed a part of the year 4 medical curriculum in Oxford for decades. However, there has been no subsequent teaching in years 5 or 6 and psychiatry has not featured. In 2014 Dr Mitter worked with a multidisciplinary and multi-speciality team from primary care and geriatric medicine to introduce dementia communication skills into year 4. These sessions focus on person-centred approaches and dignity and respect of those experiencing dementia. This teaching has been very well received and evaluated (2) and provided a starting point when developing the present work.

Following a change in leadership in the Year 5 psychiatry course a decision was made to introduce an additional communication skills session. This was based in part on feedback from students that they felt anxious about communicating with patients when on placement, and from consultant tutors who had observed students struggling. An initial project team was established which brought together the communication skills tutors from year 4 (primary care) as well as psychiatry colleagues. We were deliberate in the creation of an interdisciplinary team as we wanted to ensure coherence with the year 4 teaching and to model the cross-disciplinary utility of the skills students were learning.

The project team had a number of initial brainstorming meetings. We wanted to create narrative that were as true to lived experience as possible while providing students a degree of safety to get things wrong and test out alternative approaches. For this reason it was decided that we would use simulated patients but base these on patient-derived priorities and narratives. A patient involvement group was held to consider patient perspectives from three ex-service users. The outcome of these meetings was a decision to focus on communication style rather than content.

The team was very fortunate to include Janet Allison who has led the creation of the simulated patients and provided training to all of the actors. Janet has a great depth of experience working creatively with students and actors and has a background in mental health practice as well as theatre.

The session were then co-developed with colleagues who teach communication skills in primary care undergraduate education and with clinical educators with expertise in psychiatric simulation. Specific learning objectives were described for the session. A pilot session was run with students and further refinements made to the structure and approaches employed.

Implementation

The team developed the proposal in November 2018. Funding for a one-year pilot was agreed between primary care and psychiatry and the sessions were introduced as a mandatory part of the year 5 psychiatry course for the 2019/20 academic year. To date we have run 4 sessions which have included 100 students. We have also embedded ongoing training of actors and facilitators in order to ensure sustainability of the course going forward.

Students are given the scenarios in advance along with some questions from the present state examination to use when asking about mood, suicide and psychotic symptoms; basic elements from the Calgary-Cambridge method (3) and the learning objectives in advance.

The teaching consists of a 4-hour communication skills session for fifth year medical students commencing their clinical attachments in psychiatry. Students are divided into groups of 6-7 and worked with a single facilitator. During the sessions students interacted with 4 different 'patients' with common psychiatric presentations. A variety of techniques were used including: *stop/start* which offers an opportunity to stop the scenario and reflect, take advice, switch students, understand the perceptions of the 'patient' in role; *rewind and replay* where the scenario is restarted at an earlier point to allow experimentation with alternative strategies; and *freeze-frame* where the 'patient' is asked to hold a pose while students observe and reflect on the meaning of body language.

The sessions are co-facilitated with primary care communication skills tutors and professional simulated patients trained to give feedback in role from the psychiatric 'patient' perspective

Anonymised feedback from all students is sought at the end of the sessions and again at the end of their 8-week attachment in psychiatry. Students are asked to indicate how useful they

found the session and how well it was taught using a Likert scale of 1-5 where 1 was not at all and 5 was very. Written qualitative feedback is also collected with specific reference to what they had found useful and suggested improvements.

In response to feedback from students and facilitators we have made a number of further changes to the process of delivering the sessions. Greater emphasis has been placed on the possibility of dealing with issues that resonate with student's personal experiences and students are given advance warning of this and clear guidance as to how to deal with this scenario should it arise.

Results of student feedback:

One hundred students have taken part in the sessions facilitated by 8 individual facilitators. Students rated the sessions as very useful (mean = 4.97*) and very well taught (mean = 4.92*). Thematic analysis of the qualitative data has highlighted three broad themes: 1. the benefits of communication skills, for example the use of silence, acknowledgement, validation; 2. the impact of patient-led consultations; 3. the importance of self-awareness and need for self-care. 'Patient' feedback in-role was cited by many students as helpful. Forty two percent of students made suggestions for improvement which focussed predominantly on the environmental setting and wanting more guidance as to how to navigate the scenarios in advance.

Outcomes:

- This initiative has been very well-received by students
- The skills are transferrable to other parts of professional and clinical practice
- We hope that this enhances the experience of service users in the longer term
- It has fostered creativity and an environment of mutual learning
- The initiative has fostered close working relationships between primary care and psychiatry and a further joint project on non-face-to-face communication is being planned.

Service pressures and the ethical nature of working with those who are acutely mentally unwell means communication skills training is very difficult to deliver in-situ in the context of a clinical placement. The use of adapted, experiential simulation provides a safe and workable environment for learning to occur and communication skills to improve.

References:

- 1) Cochrane database of Systematic reviews, 2017, June 13, Issue 6: CD010006
- 2) A collaborative strategy to improve geriatric medical education.
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- 3) Silverman J, Kurtz S, Draper J (2013) Skills for communicating with patients (3rd edition) CRC Press