Background  Child and Adolescent Mental Health Services, or CAMHS, are the NHS services involved in the assessment and treatment of children and young people with mental health concerns.

Data from the UK found that up to one in ten young people have a diagnosable mental health disorder. Those who present to hospital and are awaiting specialist input or for a tertiary bed to become available are often admitted to general paediatric wards.

The number of CAMHS admissions to general paediatric wards is increasing across the country and the vast majority occur out of hours, when trainees may be without on-site senior support. Medical and nursing personnel frequently report difficulties in this area, including with stigma around mental health and the difficulties of multi-agency working. Young people and their parents also commonly describe negative experiences with mental health services.

There is little formal CAMHS training for general paediatricians, and multiple surveys support the need for additional teaching. In order to try and improve available training in this high risk area we designed a novel course featuring simulated acute mental health scenarios for general paediatric teams.

Summary  We designed a one day course for general paediatric doctors and nurses to cover multiple aspects of acute mental health presentations. Faculty included Paediatric consultants, CAMHS consultants, simulation technicians and ‘planted’ staff, and trained actors as simulated patients.

Scenarios were a mix of high fidelity manikins and simulated patients, with some using a mixed modality approach. Small group workshops were interspersed after relevant sessions led by CAMHS Consultants. Topics included acute psychosis, legislation, verbal de-escalation and rapid tranquillisation.

Results  Two courses have run so far in the last four months, with 11 candidates, including medical and nursing staff. All participants highly rated the realism, the relevance of the course to their training and reported increased confidence managing acute mental health crises. Specifically regarding rapid tranquillisation, self-reported confidence improved from 3.1 out of 5 pre-course to 4.4 post-course.

Discussion, conclusion and recommendations  The course helps promote the ‘parity of esteem’ – the concept that mental health should be on equal standing with physical health – as promoted by the Royal College of Paediatrics and Child Health.

The course will continue to run approximately four times a year. Future courses may include dates for emergency department and mental health professionals.

Method  Two such projects that I have implemented are outlined below.

1. Healthcare related products can be quite costly; therefore, it is important to implement cost saving initiatives to ensure that your budget does not exceed or to free up funds to spend on other teaching materials. I carried out a surgical sutures exercise, which proved to be a tricky yet worthwhile task. It involved carrying out a price review analysis and convincing surgical delegates to switch brands.

2. Cost saving projects are only possible when practical; therefore, it is equally important to be efficient with time spent on tasks in order to enable technicians to support these initiatives. I significantly reduced the time spent on gathering, cleaning and sorting surgical instruments in the wet lab space, by introducing basic instrument sets. This put the onus on delegates to put their sets back together after each teaching session, and the characteristics of the basket sets allowed for efficient washing and drying thereafter.

Results

1. The surgical sutures exercise represented a saving of 27%.

2. The basket instrument set initiative reduced instrument arrangement time from 1 hour and 14 minutes to 16 minutes per teaching session.

Conclusion  A LEAN culture in your simulation centre entices employee engagement and subsequently motivates staff, thus adding value to operations and learning.

REFERENCES


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This short communication aims to present a microcontroller-powered feedback device for the paediatric CPR mannequins that do not have feedback features built-in.

A considerable amount of research was undertaken upon identifying that the paediatric mannequins were the only CPR trainers in the institution that did not have built-in feedback devices for compression rate and recoil. The latest CPR guidelines from the American Heart Association were studied, where it was found that by January 31, 2019, all adult AHA lines from the American Heart Association were studied, which do not have feedback features built-in.

Parts were sourced and individually tested before completing a basic prototype circuit (Appendix). The input parameters were tested and the software was programmed to reflect the input data on the visual outputs (LEDs, LCD). The CPR mannequin was taken apart and the sensors were placed inside suitable positions for collecting data. The device tested was tested extensively and was programmed to provide feedback.
for compression rate, chest recoil, hand placement, and for instances of applying too much pressure.

When the final prototype was complete, it was presented to the Simulation team and positive and constructive feedback was given. It was highlighted that the next BLS course in the centre would be taking place in September and that the device would be brought along to be trialled by a certified provider.

REFERENCES

Background:
Time out of training is common for paediatric trainees. When returning back to work, trainees often feel anxious and lack confidence. As well as feeling de-skilled, there is also the emotional aspects of dealing with sick children, particularly following maternity leave. Given the recent Bawa-Garba case, anxiety amongst paediatric trainees returning to work is even greater.

The Royal College of Paediatrics and Child Health (RCPCH) indicates that returning paediatricians should be supported with a formal return to work programme. Thus, a Paediatric Return to Work Simulation Course was developed within our region to facilitate this requirement.

Summary of Education Programme:
All out of programme trainees are invited to attend a one-day course of high fidelity simulation, at the simulation centre at The Royal Wolverhampton NHS Trust. The course runs four times a year and fully funded by Health Education England. The scenarios are mapped to the RCPCH Curriculum, covering key aspects and skills of paediatric training including safeguarding, emergency management of acutely unwell children, leadership, communication and human factors.

Summary of results:
To date a total of 68 candidates have attended our return to work simulation course. Some trainees have attended more than one course having had more than one break in training. The course was evaluated using a questionnaire, which includes a mixture of Likert scales and free text questions. The results of the feedback was as follows:

- 100% of trainees felt the course met their learning needs and the content was appropriate for their level of training
- 100% of participants evaluated the course would change their clinical practice with nearly 60% saying it would alter their practice a great deal.

The free text comments were overwhelmingly positive with participants liking the range of scenarios, particularly the stressful situations like resuscitation, cardiac arrest and sudden infant death syndrome (SIDS). Confidence and clinical knowledge of trainees improved.

Discussions, conclusions and recommendations:
Return to work is an anxious time for trainees. Organisations need to have a clear programme in place to facilitate the return to training. Our course highlights that simulation can be used successfully to aid trainees to return to work. The results show that the confidence and skills of trainees improved prior to returning to work. Returning candidates clearly have felt proven benefit, attending multiple courses.

Using our program, our recommendation is that simulation can be adapted to other specialities to ensure safe return to work nationally.

REFERENCES