Subject	Time	Presenter
 Background to this initiative Evidence on MH services across UK Staff knowledge and confidence assessing and managing physical health problems is low – affecting the priority this receives in mental health services Feedback on previous use of simulation from MH nurses on pre-reg course locally: Focus on disease knowledge and treatment and Resuscitation Students feel incompetent and exposed Comments on limited relevance to MH practice Observation in Bradford: Length of sessions with extended time for reflection growing safety within group as day went on– deep learning Multi-professional learners Simulation of MH settings/presentations 	1 min	МН
Description of the programme - RAMMPS - Programme including scenario details	2 min	AM
Video clip	2 mins	
Findings		
Sarah – describe experience	1 min each	
Gareth – Handover skills		
Andy - Comment on contrast between 2 days – uni vs multi- disciplinary participants		
Ann – summarise evaluation ? discuss those who said the experience decreased their confidence		
 Next steps Continue to replace de-escalation refresher with this experience Develop the multi-professional element Liaison with LYPFT 	1 mins	MH
\circ $$ Plan in collaboration with OT, NA, and ? SW courses		
 Consider role of psychiatrist within training in event of single participant, who is new to the learning experience 		
Questions	5 minutes	

Using the 'Recognising and Assessing Medical Problems in a Psychiatric Setting' (RAMPPS) course within a

Pre-registration Mental Health Nursing Course

Martin Hird – Course Leader: BSc (Hons)Mental Health Nursing. Contact person: <u>m.hird@leedsbeckett.ac.uk</u>

Andy Martin – Senior Lecturer Ann Sunderland – Director of Clinical Skills and Simulation

Gareth Howell – Core Psychiatric Trainee

Sarah Burden – Co-director of Placement Learning / Senior Lecturer

Sarah Oliver - Student Mental Health Nurse



Background

Mental Health Nurses need enhanced capability, confidence and perceived priority to effectively engage with physical health assessment and care

However.....

Poor experience of simulation of physical health problems within curriculum

Precipitant for this pilot:

- Opportunity to observe colleagues in Bradford running a RAMPPS day for their staff.
- Saw the true potential of simulation
- THANK YOU!

	Schedule
08.30	Team pre-brief
09.00	Welcome Demonstration film and debrief
10.00	Scenario 1 Delirium, with intensely questioning carer
11.00	Scenario 2 Neuroleptic Malignancy syndrome, with staff member pushing students to administer further neuroleptic medication
11.45	Scenario 3 Loss of consciousness after restraint and rapid tranquillisation
12.30	Lunch
13.30	Scenario 4 Intoxicated person with respiratory depression
15.00	Scenario 5 DVT with Pulmonary embolus with loud, challenging carer in attendance
16.00	Evaluation discussion and questionnaires
16.30	Team debrief

Structure of Debrief

- 1. Feelings
- 2. Facts what was happening?
- 3. Enquiry why did you do the things you did?
- 4. Questions other issues raised by this scenario?
- 5. Summary of Learning

The RAMPPS Course Handbook

Developing people for health and healthcare



Version 2

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https://www.hee.nhs.uk/sites/default/files/doc uments/Final%20RAMPPS%20E%20Handbook. %20May%202016.pdf

Video – Excerpts from Scenario 5. Day 1



With kind permission of: Naomi Hart & Tom Fordham - Student nurses Martin Boucher - Simulated Patient Project.

Comments on the pilot



Sarah Oliver – Student experience

Gareth Howell – Skills in handover

Andy Martin – Uni- cf. Multi- disciplinary

Ann - Evaluation

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Next steps

- Ditch de-escalation as separate refresher training in final year replace with RAMPPS
- Collaborate with other pre-registration courses and nursing associate students in future delivery
- Build on collaboration with local Trust psychiatrists – ? blurred role between Faculty and full participant

