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Subject	Time	Present
Background to this initiative	1 min	МН
- 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 Check pair in Bradford		
- 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 		
Description of the programme	2 min	AM
- RAMMPS		
- Programme including scenario details		
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		
experience decreased trieff confidence		
Next steps	1 mins	МН
- Continue to replace de-escalation refresher with this		
experience		
- Develop the multi-professional element		
Liaison with LYPFT		
o 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

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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

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

Page 22 RAMPPS Course Handbook

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