# DEMO 1 – OD/Self Harm Simulation

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| **Key Teaching Objectives**  To demonstrate an overdose/self-harm simulation and emphasise the following:   * The use of the combined ABCD/AEIO Unified assessment * Teamwork * Supportive critiquing * Non-technical skills feedback |

ENVIRONMENT FOR DEMONSTRATION

Equipment required

See generic equipment list

Environment

The room should be large enough to accommodate the instructors and equipment and ensure that the candidates have a good view. The instructors should not obstruct the view.

Personnel required

* Instructor 1 to lead demonstration and overall feedback
* Instructor 2 to lead simulation and feedback on simulation
* Instructor 3 - Team leader/candidate
* Instructor 4 - Team member/candidate
* Actor/patient

SET FOR DEMONSTRATION

1. **Instructor 1** introduces the format (including roles) and objectives of the demonstration.
2. **Instructor 2** describes the simulation to the instructor who is the team leader.

SIMULATION DEMONSTRATION

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| **Learning outcomes:**  By the end of this simulation the candidates will:   * Recognise the structured approach and how it will be applied in self harm simulations   Simulation focus: Overdose |

**Introduction [Environment and Set]**

Prior to the start of the simulation: one instructor to:

1. **[Environment] Brief candidate group to *check the Environment*:**

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| --- | --- | --- |
| Room | Candidates to set up the room appropriately |  |
| Equipment | Candidates to check required equipment present and accessible |  |

**Equipment list:**

In addition to generic equipment list: None

1. **[Set] /**[Dialogue] Simulation

Initial handover *{to tell candidate on your arrival as the initial SBAR to Team Leader}*

|  |  |  |
| --- | --- | --- |
| **S**ituation | A young patient has presented to the ED following an overdose of tablets and alcohol taken at home | |
| **B**ackground | S/he was previously well however has had low mood since the death of her/his parents 6 months ago | |
| **A**ssessment | A | Open, talking |
| B | RR 16 SpO2 97% on air |
| C | P 97 BP 100/65 |
| D | Alert PEARL |
| E | T 36.5 C  No sign of DSH wounds |
| **R**ecommendation | Please would you assess her/him in ED | |

**Further information if requested by the candidate**

Sam, a 25-year-old, has presented to the ED having taken 6 paracetamol tablets, 8 aspirin, and 4 diazepam plus a bottle of vodka. S/he is moderately intoxicated. Her/his speech is slurred but s/he is able to sit in a chair. S/he is unable to give a clear account of why s/he has taken the overdose. Her/his friend has brought her/him to the ED. Her/his friends found her/him in her/his room (s/he lives in a shared house). S/he had left a note which said that s/he wanted to die and s/he ‘wanted the pain to stop’. Her/his friend says that Sam is recently bereaved. Both her/his parents were killed by a hit and run driver 4 months ago, as they were crossing the road on a Pelican crossing. The driver has been caught and there will be a court case. Her/his friend says that s/he has not coped with this at all.

Clinical course *{to be given as the simulation progresses}*

The ED staff should have established that s/he is willing to stay and have investigations and treatment. S/he is quietly intoxicated and sitting with her/his friend. S/he is not suicidal. S/he is too intoxicated for a mental health assessment at this stage. The AEIO assessment would rate her/him as low risk.

|  | Physical health | | | **☑** | Mental health | | | **☑** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PRIMARY | Physical assessment looking for organic cause | A | Open, talking |  | Primary AEIO | **A**gitation/Arousal | In waiting room with friend |  |
| B | RR 16 SpO2 97% on air |  | **E**nvironment | No major risks |  |
| C | P 97 BP 100/65 |  | **I**ntent | Yes |  |
| D | Alert PEARL |  | **O**bjects | Not checked. Low risk of self harm. |  |
| E | T 36.5 C  No sign of DSH wounds |  | Risk to self?  Risk to others?  Flight risk? | No |  |
|  | | | | | | | |
| Unified Assessment: Immediate Treatment: Measures to minimise psychiatric or physical risk to patient or others | Does not require immediate psychiatric measures.  Will require physical investigations.  There will have to be on–going brief assessments to determine when s/he is capable of having a psychosocial assessment. The ED and liaison staff may differ about this.  S/he needs to be relatively sober before it is possible to accurately assess intent and complete a full assessment. But mental health staff should be prepared to routinely check on her/him so that as soon as s/he is capable of doing this s/he can have a psychosocial assessment.  When s/he is sober (4 hours later)…. S/he is assessed. | | | | | |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECONDARY | Focused physical history and secondary examination | **P**roblem | Overdose of multiple medications |  | Focused conversational psychosocial history and mental state examination | **SELF HARM** | **S**uicidal thoughts at the time of self-harm | Yes |  |
| **H**istory of presenting problem | Allegedly taken 6 paracetamol tablets, 8 aspirin, and 6 diazepam plus a bottle of vodka |  | **L**ethality of the episode | No-levels were low |  |
| **R**elevant medical history | Nil of note |  | **I**ntent now | No |  |
| **A**llergies | Nil |  | **P**rotective factors | Accommodation/good friend/ work |  |
| **S**ystems review | Unremarkable |  | **A**dverse factors | Severe recent bereavement/alcohol abuse |  |
| **E**ssential family and social history | No sig FH. Lives alone and drinks 21 units weekly. Smokes 15 a day since parents’ deaths |  | Demographic and historical factors | | None relevant |  |
| **D**rugs | NIL |  | Co-morbid mental illness | | No |  |
| Top to toe | Normal weight and no bruising. Vital signs normal |  | Overall risk profile | | Low |  |
|  | | | | | | | |  |
| Emergency physical treatment | Needs paracetamol levels, renal function and baseline clotting 4h after ingestion. Need respiratory observations  As per toxbase guidance can judge mg/kg and follow accordingly | |  | Emergency psychiatric management / consider MHA | NO | | |  |
|  | | | | | | | | | |
| INITIVE CARE AND DISPOSAL | Disposal | |  | | | | | |  |
| Reassess risk | | Risk remains low. S/he is remorseful and regretful. S/he will seek help from CRUISE and her/his friend will help her/his do this. | | | | | |  |
| Handover to:   |  | | --- | |  |   including on-going care plan | | **S**ituation | Implicit OD in context of alcohol | | | | |  |
| **B**ackground | Recent severe bereavement. And ongoing stress with court case | | | | |  |
| **A**ssessment | Bereavement reaction. No evidence of depression. No current suicidal ideas. Risk low | | | | |  |
| **R**ecommendation | Discharge to HP with advice for the person to contact CRUISE | | | | |  |

1. Instructor 2 terminates demonstration and …

[Closure] Debrief (15 min)

Using the learning conversation, carry out the debrief of both the technical and non-technical elements of the simulation.

The debrief will be for the team as a whole and should focus on some or all of the following:

* Technical skills guided by the KTPs
* Non-technical skills, including qualities of team membership and leadership:

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| --- | --- |
| Team members | * Clear communication * Respect * Flexibility * Assertiveness * Ability to listen |
| Team leaders | All of the above, plus   * Full overview of all aspects associated with child, parents and team * Prioritises according to KTPs * Summarises and re-evaluates |

* Feedback on Environment, where required

Potential issues that may be raised for this specific simulation

At the end of the debrief give the opportunity for candidates to ask questions, answer these and then summarise the key points

CLOSURE OF DEMONSTRATION

1. Instructor 1 then invites the course participants to ask questions, answer these and then summarise key points.

ACTOR BRIEFING

What the candidate is being assessed on

Assessment of self harm

Background

***Location***

ED

***Background***

*You have taken an overdose of paracetamol, aspirin and diazepam. When asked you can’t remember how many as you are now quite drunk as you have also had a bottle of vodka. Your speech is slurred but you are quietly drunk and a bit sleepy. You told your friend when s/he found you but you are not sure now - maybe 5 or 10 tablets of each. Be vague. A few hours ago. You have been sick. Once. You are not sure if you sicked up the tablets. Agree to having blood tests and investigations. You are pleasantly drunk.*

*You feel lowsy.*

*You will be allowed to sleep for a few hours. When you are then assessed again, you are sober. You are embarrassed about what you have done. You cannot understand how you came to do it. You see it as a wake-up call. You have been drinking recently a lot in the evening. Your parents were knocked down by a driver a few months ago (six months) and he drove off. They were both killed instantly. The driver has been charged and there will be a court case. He is facing manslaughter charges. He is 17 and has no insurance. You have been devastated. You are an only child. You have had to sort out all your parents ‘ belongings, etc. You are working full time in a bank. It has been difficult to get time off. You have just coped by drinking. You don’t really know what came over you. You realize you need help and will contact CRUISE.*

*You have no prior history of mental health problems. You do not do drugs and normally do not drink a lot. It’s only since your parents’ death. There is no family history of mental illness. You live in a shared house with 2 others women and you all get on. You feel stupid. You will not do it again and you have no suicidal thoughts.*

***Medication***

*You are not on medication normally. The diazepam was some of your mothers. S/he had suffered from a bit of anxiety but nothing much. Never saw a psychiatrist. You had a happy childhood. You are not going out with anyone at the moment. Your last relationship was 18 months ago. You decided to end it. It just was boring and you have grown apart. You remain on friendly terms with your ex. You enjoy keep fit at the gym and going out with friends. You have not done this much since your parent’s death. You are not depressed but you are upset and think a lot about your parents and you never got to say goodbye. Say you don’t want to talk in detail about it but you will to a counsellor at CRUISE.*

Now

You are sober and pleasant.

ICE (Ideas, Concerns, Expectations)

***Thoughts and concerns***

No major concerns. You want to go home and sleep. You are regretful and sorry for wasting people’s time.

Opening statement

Say you realise you have been foolish and you regret what you have done.

Emotional behaviours/statements/questions

***If asked directly:***

Be tearful if talking about your parents otherwise be ok

***Possible statements:***

I am an idiot. I will definitely get help. I can’t believe I did that.

Dos and Don’ts

Nothing really. Appear fairly normal.