

FY TRAINEES IN CAMHS

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FYs-in-CAMHS - Southampton

- Aug 2012
- Serendipitous/ opportunistic start, regular placements since 2013
- Solent hosts **3/12 FY trainees in CAMHS in England – 25%; 3/15 FY trainees in UK – 20%**
- In Solent – 2 F1 trainees in Soton, 1 F2 trainee in Portsmouth
- Community CAMHS in Southampton: 0-14 service, 14-18 service
- 1 FY1 trainee each
- Other CAMHS experiences in Southampton/ vicinity:
 - ❑ Paeds Liaison SGH
 - ❑ Bursledon House – Paeds + CAMHS inpatient unit
 - ❑ Leigh House Hospital – Adolescent Psychiatric Unit

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The Placement

- Clear job description and Induction
- Priming the MDT – ‘baby docs’, The old-fashioned ‘Firm’
- Buddy system – with senior, experienced, non-medical clinicians
- Weekly clinical supervision – 1 hour, protected; SLEs, SH assessments
- Caseload, medical student teaching, audit/ patient safety
- Taster sessions in aspects of CAMHS/ AMH/ OPMH
- Focus on history taking, assessment, communication skills, follow-up care, MDT working
- Feedback

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FY Curriculum covered

- **Professionalism:** time + self management, team working
- **Relationship and communication with patients:** consent/ confidentiality/ communication re risk
- **Safety and Clinical Governance:** Audit, Quality Improvement Safeguarding
- **Ethical and Legal Issues:** Confidentiality/ legal frameworks
- **Maintaining GMP**
- **Good Clinical Care:** History + examination; diagnosis/ formulation + decision making; undertaking regular patient review; record keeping and correspondence
- **Recognition & Management of the Acutely Ill Patient:** acute mental disorder and self harm (risk assessment)
- **Education/ Training:** 3rd Year Med Students Teaching

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FY Curriculum covered

- Focus on delivering a good Clinical Experience in basic 'doctor' skills of working with patients
- MDT working
- Self management
- Communication
- Mental health - intrinsic to medicine, patient care + being a doctor
- Audit + Quality Improvement + education & training
- Not focussed on recruitment to psychiatry

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Feedback from Trainees:

Generally good feedback, and positive about the experience

Downsides of a CAMHS placement in FY1

- Disadvantage of being F1 in CAMHS as first placement – “a bit overwhelming” to start hospital shifts with other F1s who have got used to the acute hospital environment
- Worries re ‘de-skilling’ re procedures/ ‘clerking’ (very different from doing assessments in CAMHS), ‘falling behind others’
- Could it be combined with ‘1-2 weekends on call’ at the hospital?
- Unbanded post – financial worries

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Feedback from Trainees:

What worked well:

- Well supported, being part of the team
- Regular weekly 1 hour protected supervision – the only such experience in FY
- “learnt professionalism, being responsible” – time management, prioritising, managing a diary, arranging patient follow-up
- “Communication skills”, “viewing a patient holistically”, “assessments”, “thinking systemically”, “developing rapport with a patient”, consent and confidentiality – “all this may not be measured as easily as a procedure – but will be really important for entire career as doctor”

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Feedback from Trainees:

What worked well:

- Reflective practice, flexibility shown by supervisors to abilities and needs of trainees
- Multi-disciplinary working “the only experience throughout FYears of what is truly multi-disciplinary work”
- Communication skills – with patients and parents, discussing cases in team meetings, “drafting assessment letters is so different from just ‘clerking’”
- Lots of SLEs, reflections, “my eportfolio looked great”
- Taster sessions were very good

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Feedback from Trainees:

What worked well:

- “Unbanded post” – positive aspects
- Audit, research, service improvement
- Importance of the ‘firm’ approach
- Seeing other senior trainees – CTs, STRs liking the work (rather than seeing Consultants enjoying the specialty)
- Given opportunity to ‘shadow’ acute specialties in last month of CAMHS placement

Feedback from Team: - overwhelmingly positive re FYs

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Feedback from Trainees: (9 out of 10)

Influence on career choice

- Never considered Psychiatry as a career – now a serious option to previous choices – 3/9
- Wanted to stay away from Psychiatry – now in CT Psychiatry rotation - 2/9
- “Not for everyone” – “will never dismiss a patient as ‘psych’ – will remain important even when I become a surgeon/ cardiologist” – 4/9

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Challenges:

- Timing of CAMHS placement – what stage of FYs?
- Addressing concerns of ‘de-skilling’ – maybe arrange with UHS regular 1/week shadowing days for last 4-5 weeks
- Ensuring FY trainees have a good experience in Psychiatry generally, Balint Group attendance
- The issue regarding Training Tariffs – justifying FY placements “are they worth the money? They take up too much time”
- Balance between service provision, training, possibly long term gains of improving recruitment into Psychiatry