Digitalised remote-delivery of AVATr Simulation in Psychiatry: a unique success in COVID-19 pandemic

Vimal Mannali,1,2*, Paul Strickland,2 Craig laBuscagne1 and Joy Clift1
1Surrey and Borders Partnership NHS Foundation Trust and 2Xenodu Virtual Environments
*Corresponding author.

doi: 10.1192/bjo.2021.411

Aims. Surrey and Borders NHS Foundation Trust’s AVATr (Augmented Virtual-reality Avatar in Training) is a unique ground-breaking Virtual Patient Simulation System, which uses the Xenodu platform to train learners in essential clinical and complex communication skills. Over 30 patient scenarios have been developed after identifying learner-specific development needs, including exploration of overt psychosis, assessment of capacity, sharing bad news, and neglect in care home residents. Actors are filmed responding to several domains of clinical questions, further categorised into three narrative-modes of being ‘Engaged, Neutral or Disengaged’, to build a bank of scenarios. During the session, the trainee is projected on to a large screen, using a camera and video special effects, which results in a life-like interaction with the Virtual Patient. Trainees can view themselves interacting with the Virtual Patient in real-time, from a unique ‘out-of-body’ perspective, immersed in a custom-designed interactive virtual environment. The simulation facilitator engages with the learner and determines the appropriate choices of responses for the Virtual Patient and if needed, can prompt with explorative cues to continue the narrative-linked conversation. AVATr model pioneered in United Kingdom the use of an innovative ‘self-observational approach’ in Psychiatry training. This is different to a first-person perspective used in virtual or augmented-reality systems in several clinical specialities. The use of Facilitated-Debrief and Peer-Debrief in sessions, render another layer to the simulation experience.

Method. During the COVID-19 pandemic, we evolved the AVATr model to remote or hybrid sessions, where simulations were digitally enhanced, and have been run through Microsoft Teams. The simulation facilitator is connected to a multi-user video call, enabling the Virtual Patient to be project as an attendee using Microsoft Teams.

Result. The hybrid model of AVATr has received tremendous feedback, as it now simulates video-consultations that a vast majority of Psychiatry trainees, especially community-based, undertake due to COVID-19 restrictions. The format of AVATr simulation sessions has remained unchanged, and the remote delivery has been particularly successful as it allows trainees to log in from different remote locations to come together for an interactive training session, without any physical restrictions.

Conclusion. Since 2015, our simulation platform has been utilised for Post-Graduate Medical Education, to enhance essential professional skills and stimulate professional growth. Currently the hybrid model of AVATr is being expanded to Nursing, Psychology and Allied Health Professional (AHP) clinical training streams, along with Undergraduate Medical Education, to address identified gaps in face-to-face training amidst COVID-19 pandemic.
Aims. To increase staff confidence about identifying Domestic Abuse (DA), particularly regarding ‘how to ask’ to encourage disclosure and the pathways available for appropriately safeguarding survivors, in a Community Mental Health Team (CMHT) setting.

Background. DA is bi-directionally associated with mental health (MH) disorders; 1:4 women in contact with MH services are currently experiencing DA. MH professionals (MHPs) are in a privileged position to identify DA and support survivors. However, this is dependent on MHPs receiving adequate training about DA. For this, we collaborated with Pathfinder, a national pilot project run by a consortium of five expert partners that aims to establish comprehensive health practice in relation to DA and Violence Against Women & Girls in Acute Hospital Trusts, MH Trusts and Primary Care. In Southampton, Pathfinder has funded two domestic and sexual abuse (DSA) advocates to both train MH staff and take a small caseload of MH service users who are experiencing abuse.

Method. We conducted a baseline survey of staff confidence across the following domains:
- Knowing the legal definition of DA,
- The process used to escalate a DA concern,
- How to make a referral,
- How to complete DASH forms,
- How and when to refer to Pathfinder,
- What the following acronyms mean: PIPPA, MAPPA, MARAC, IDVA, DASH,
- What HRDA and MASH mean,
- How to ask about DA,
- Who to signpost service users to if they make a disclosure, and
- When to involve the police.

We presented the survey results at the regional Pathfinder strategic group, with Trust management representatives present. This project fits within the strategic group’s sustainability aims to increase DA awareness and safeguarding processes across the Trust.

The Pathfinder funded DSA Advisors delivered a four-hour training package targeting the surveyed questions and wider information on DA. We then re-surveyed to see if staff confidence had increased. We are currently analyzing the number of referrals to the Pathfinder service pre- and post-training.

Result. Staff confidence increased across all domains following the training (% mean increase): Qs1 (35%), Qs2 (9%), Qs3 (45%), Qs4 (81%), Qs5 (25%), Qs6 (49%), Qs7 (89%), Qs8 (62%) and Qs9 (48%).

We have now arranged a bi-monthly drop-in at the CMHT by the DSA advisor who provided the training, to embed the link between the services and maintain staff confidence. We will circulate these results to advocate that this training is provided across the Trust.

Responding to a pandemic with Simulation Based Education (SBE)? Sharing lessons learned from Sussex Partnership Foundation Trust (SPFT)

Craig McEwan*, Richard Kerslake and Michael Hobkirk
Sussex Partnership NHS Foundation Trust (SPFT)
*Corresponding author.

doi: 10.1192/bjo.2021.415

Aims. In March 2020 SPFT was preparing for the first wave of the COVID-19 pandemic. Senior medical leadership supported the rapid development and delivery of SBE workshop for assessment and management of physically unwell patients in a psychiatric setting in the context of COVID-19. The training was delivered to 102 psychiatrists across 10 sessions over 4 weeks. A learning review was completed to identify lessons learned from the delivery of this SBE workshop.

Method. The intervention was reviewed using open-space feedback from attendees, interviews with facilitators and medical leadership, and SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis.