How useful have staff on two older adult inpatient units found psychological training and consultation?

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Background

- Clinical Psychologists are increasingly being expected to
- offer consultation to other healthcare professionals (BPS, 2007)
- Few studies explore consultation, especially within older adult inpatient settings.
- Even fewer studies explore impacts on staff's clinical practice

Service

Older people's service

Recently commissioned psychological input for 2 inpatient units:

- Functional and organic presentations respectively

Consultation sessions offered where a shared formulation was developed for each new patient

Other formal and informal input also offered

Aims

1. To what extent have staff found psychological input useful in their daily work?
2. What processes have enabled or prevented this?
3. How could psychological input be improved?

Focus was on 'formulation consultation sessions' and 'introduction to formulation' training, although other inputs were considered

Method

10 participants

Functional unit = 8

Dementia unit = 2

Qualified & unqualified staff members

Participants interviewed qualitatively , thematic analysis conducted

Results

Theme 1*: "It makes you understand the reasons why people are like they are"*

"You saw 'em in a different light really. You saw them as being people rather than patients"

Increased empathy and understanding enabled staff to tailor their individual interactions with clients

Theme 2: *"It depends on the patient"*

More useful for clients who were particularly complex or challenging

Less useful when a biological cause was perceived e.g. dementia

Theme 3*: "It's here now. You can touch it now:* the importance of visibility & accessibility

The transtheoretical model of change (Proschaska & DiClemente, 1980) is used to demonstrate how visibility of psychology enabled change:

Maintenance:
"If you've got any queries […] she's [psychologist] there to ask, you don't have to ring round and try to get hold of her, or not bother getting information. She's there, she's accessible"

Preparation:
"It was just them [psychologist] being there that "Yeah alright then I'll have a go"

Precontemplative:
"Initially we were a bit sceptical, because our patients are so cognitively impaired it's just […] maybe not any reason for any psychology input"

Action:
Using formulations to inform care plans and interactions with clients.

Contemplative:
"When somebody's there I think it makes you more aware that that's what they do"

Theme 4: Impact on team efficiency

"There's probably more information coming together than has ever happened before, in that [consultation] session. It's just like a nucleus"

"There was continuity all the time, before we didn't have continuity"

Improved working relationships with other teams

BUT…

"You don't get the time to talk about like, 'what were the outcome for that patient?' because you've moved onto somebody else"

Theme 5: Impact on feelings invoked by the workplace

"When you're with somebody […] it's very difficult to keep a lid on it. And that's what they actually taught me, it was ok to feel like that"

"I know I'm not a psychologist, but you know, I do talk to the patients and I do find out where they live, where they've worked"

Clinical Recommendations

When designing input, maximise visibility and accessibility for staff

Focus on clients with most complex presentations

Protect staff time so they can attend consultation sessions

Consider how to include clients' wider teams in the formulation process

Think critically and reflectively about how to maximise effectiveness of input in that team

When delivering training, maximise the potential for staff to relate concepts to themselves

Identify power dynamics within teams. Tailor input to minimise implication within them where possible

References

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