

ABILITY TO COLLABORATIVELY ENGAGE PATIENTS AND THEIR FAMILY AND CARERS IN INPATIENT CARE

This section applies to all healthcare professionals contributing to inpatient care delivery. The competences should be applied to the specific components of care that the professional is appropriately trained to deliver. It is not expected that a professional would be competent in engaging patients, their family, and carers in treatments outside the scope of their professional role.

An ability to convey information about treatment in a manner that is tailored to the patient's capacities, context, and circumstances (for example, when they are under the care of the Mental Health Act [MHA]) and that encourages them to raise and discuss queries and/or concerns

An ability to repeat and clarify information if there is evidence that the patient's capacity to retain information appears to be reduced

An ability to ensure the patient has a clear understanding of the treatments being offered to them (for example, their broad content and the way they usually progress)

While maintaining a positive stance, an ability to convey a realistic sense of:

the effectiveness and scope of each treatment and any risks associated with each treatment

An ability to keep in mind the inherent power imbalance present in staff service user relationships in the inpatient settings and to try to facilitate genuine collaboration in their treatment whenever possible

An ability to be transparent and honest with patients about their treatment and any role limitations (for example, not being able to discharge them when they are being treated under the MHA and do not consent to treatment), and:

make continued attempts to collaboratively engage them in their care

ensure the patient has every possible opportunity to make decisions about their care

be understanding and empathic to the frustration and anger which may arise from compulsory treatment under the MHA

An ability to engage all patients (including those under the care of the Mental Health Act [MHA]) in a collaborative discussion about the treatment options open to them, underpinned by:

the information gathered during the assessment sessions (including assessments undertaken during the admission process, for example, admission clerking assessment, psychiatric liaison assessment)

the perspectives of the patient's family and carers (if consent has been given)

the crisis-focused formulation emerging from the assessment

the patient's priorities and needs

An ability to provide the patient with sufficient information about the treatment options open to them, such that they are:

aware of the range of options available to them

in a position to make an informed choice from among the options available to them

are aware of any limitations to their treatment options as a result of being under the care of the MHA

ABILITY TO FOSTER AND MAINTAIN A THERAPEUTIC RELATIONSHIP WITH PATIENTS AND THEIR FAMILY AND CARERS

Generic therapeutic relationship competences can be found in other frameworks (<https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks>). This section will focus on developing relationships in inpatient settings with patients, their family, and carers.

Knowledge

An ability to draw on knowledge that a trusting therapeutic relationship is a fundamental component of inpatient care and essential for patients and their family and carers to feel safe during admission

Knowledge of factors associated with the development of a therapeutic relationship

An ability to draw on knowledge of practitioner factors that can foster a positive relationship with patients and their family and carers such as being flexible, open, transparent, respectful, warm, and honest

An ability to draw on knowledge of practitioner factors that reduce the probability of forming a positive relationship with patients, and their family and carers such as being rigid, dishonest, disrespectful, unresponsive, and dismissive

An ability to draw on knowledge of common factors which may make establishing a therapeutic relationship with patient's more challenging such as:

the patient being under section of the Mental Health Act (MHA)

the patient having past difficult relationships with staff or services

the patient being subject to restrictive practices

the patient using substances

the patient experiencing acute distress

cultural differences between the patient and practitioner

influence of the patient's family and carers (for example, families or carers who discourage the patient from maintaining contact with services)

Capacity to develop the relationship

An ability to develop a collaborative relationship and work alongside the patient and their family and carers and help them form and express their priorities for care

An ability to help the patient and their family and carers express any concerns or doubts about the inpatient care and/or team delivering it

An ability to actively address the inherent power imbalances in relationships with patients and their family and carers, which is worsened when the patient is under section of the MHA

An ability to ensure contact is validating and affirming, and so empowers the patient and their family and carers

Capacity to maintain the relationship

A capacity to recognise and to address threats to the therapeutic relationship, for example, being subject to restrictive practices and restraint

An ability to address disagreements about priorities of a treatment by ensuring that:

the rationale for the inpatient care is clearly explained

patient priorities are integrated into inpatient care

there is honesty about the degree to which inpatient care can address patient needs and priorities

An ability to address strains in the relationship with staff, for example, by:

gaining feedback from the patient and their family and carers on the relationship, particularly any concerns

acknowledging, accepting responsibility for, and addressing any strains in the relationship caused by members of the wider care team

An ability to maintain continuity in the relationship with patients and their family and carers after breaks (for example, when patients are discharged but then readmitted to the ward at a later period)

ABILITY TO SUPPORT PATIENTS EXPERIENCING EMOTIONAL DISTRESS

The competences relating to managing the emotional content of therapeutic input can be found in other frameworks (<https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks>). This section will focus on the skills required for supporting patient with their emotional distress in inpatient settings.

Knowledge

An ability to draw on knowledge that patients receiving inpatient care are likely to be experiencing high levels of emotional arousal and distress

An ability to draw on knowledge that receiving inpatient care can contribute to the emotional distress experienced by patients due to (re)traumatisation and iatrogenic harm

An ability to draw on knowledge that addressing the emotional distress that patients are experiencing should be a primary goal of any inpatient intervention or treatment

Management of strong emotions

An ability to support the patient by helping them recognise and identify their distressing emotions

An ability to help the patient identify the cause/triggers of their emotional distress

An ability to address any causes/triggers of emotional distress which relate to the inpatient environment and removing/reducing them where possible

An ability to help the patient process emotion, by collaboratively identifying and/or containing emotional levels that are too high (for example, anger, fear, despair) or too low (for example, apathy, depression)

An ability to deal effectively with emotional issues that put the patient or others at risk (for example, excessive levels of anxiety, anger or hostility, or avoidance of strong affect)

An ability to help the patient manage strong emotions (such as anger or extreme fear), for example, by:

working together to identify what is underlying the emotions and what they might be trying to communicate

collaboratively deciding what might be the best way to manage these emotions and identify appropriate strategies (this can include things that the patient and staff can do)

When the patient's family and carers are participants in a session/meeting, an ability to help them to express and communicate how they are feeling

Ability to reflect on the expression of behaviours and emotions

An ability to understand that the patient's emotional expression is a form of communication

An ability to reflect on the meaning of the emotional expression and its relationship to the patient's current and past experiences

An ability to describe the emotions being expressed by the patient, elicit their interpretations of its meaning, and discuss any such interpretations together

An ability to reflect upon one's own emotional reaction to the patient's emotional expression, notice and impacts on your professional relationship

an ability to make use of supervision to reflect (and if need be act) on these issues