

Exploring the hot sharp stab of outrage in behaviours that challenge: pilot of an educational response to support patients and staff in Neuro

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Background

Behaviour that challenges (BTC), including instances of verbal and physical aggression, occurs frequently in healthcare settings and can negatively affect staff performance and cause psychological and physical harm to patients and staff alike (Spencer et al., 2018).

Context

St George's University Hospital, Stroke and Neuro-rehabilitation wards request support from the education team in summer 2022

Aims

- To explore the type and nature of behaviours that challenge in the clinical contexts in the Trust
- To examine the evidence base for responding to behaviour that challenges
- To ensure staff and service user input into course design
- To design develop a package of reusable teaching and learning resources

Design

- Collaborative multidisciplinary working group

Intervention

Teaching and learning education package for BTC workshops with Stroke & Neurorehabilitation staff

Pilot Methodology

Iterative cycles of analysis, resource development and pedagogical design interweaved with 2 pilot workshops (See Fig 1.1)

Results

1. *Formation of MDT steering group* (n=8) – achieved through informal network communications. The working group included:

- one Nurse Practice Educator,
- two clinical psychologists,
- an educationalist,
- a simulation specialist /SLT,
- a consultant psychiatrist,
- representatives from staff counselling service,
- a patient representative with lived experience in Neuro rehab.

2. *Problem analysis of BTC through Datix reports*

We identified barriers to data collection including poor sensitivity and specificity in Datix for events. Our 5-year review of data produced only 3 'generic' categories of BTC (Fig 1.2)

3. *Literature findings*

- There are no robust evidence-based guidelines for managing challenging behaviours after acquired brain injury [Tolli, S et al., 2023]
- Some case study and single-subject experimental designs support the use of Positive Behaviour Support (PBS) (Gould et al 2021)
- Skills modelling is effective in learning sciences and there is support for non-violent communication (NVC) skills in conflict interactions but the evidence base for NVC is patchy.

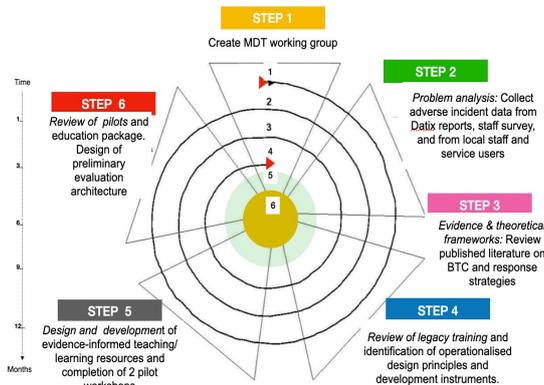


Fig 1.1 Representation of spiral character of MDT planning & development work around BTC interventions in Neuro.



Fig 1.2 Key themes relating to Staff experience of Behaviour that challenges

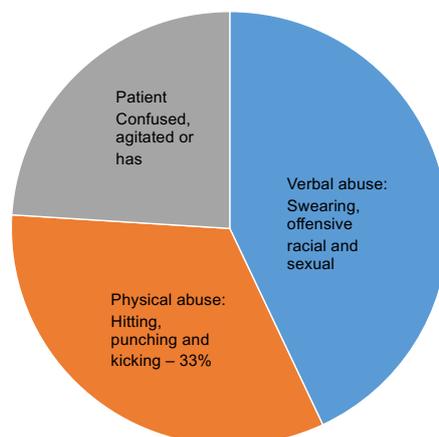


Fig 1.3 Proportions of the most frequent types of Behaviour in data from a review of adverse incidents at The Trust 2014-2019

Results – cont.

4a. Workshop design and pilot programme

A reusable education package was developed and piloted in 2 one-day workshops in April and July 2022.

The goals of the workshops were to build knowledge, skills, attitudes, ethical sensitivity and confidence in support of: preventing, responding to and managing challenging behaviours.

4b. Participation

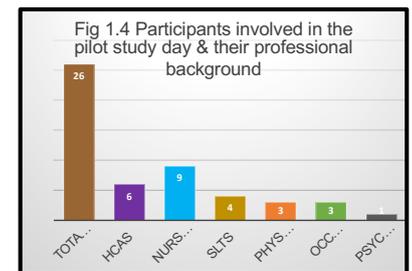
N=26 frontline clinicians working in stroke and neurorehabilitation participated in the pilots (see Fig 1.4).

4c. Learning Objectives of workshops

- Draw on theory and experience to identify potential triggers for challenging behaviours among patients to support prevention.
- Practise & demonstrate reporting behaviours using objective descriptors (e.g on ABC behavioural charts)
- Apply prevention and de-escalation strategies drawing on Positive Behavioural Support (Gould et al 2021) and principles of Non-Violent Communication (Rosenberg & Chopra, 2015).
- Practise breakaway techniques in reactive emergency scenarios.

4d. Pedagogical stance

A combination of theory & practice using simulation & role play provided an opportunity for dynamic interactivity, structured observations and individual feedback covering a range of scenarios featuring behaviours that challenge.



4e. Staff reaction & Feedback

Staff reactions to the pilot were positive including reports of increased confidence and appreciation of practical and theoretical constructs to manage BTC.

Next steps and evaluation architecture

Further study days are planned in autumn 2023. Next steps are to:

- Refine the evaluation of relevant adverse incident data, and reporting systems currently in place.
- Conduct baseline confidence measures managing BTC using validated instruments (e.g. Geoffrion, S et al., 2020) for *before after* analysis of future interventions
- Fix staff targets (in %) for extended exposure to educational support interventions over time including access to online support resources to guarantee equality of access to training

Conclusion

Our MDT is committed to continually improve our educational practice based on ongoing collection and analysis of evaluation evidence. Our work over 12 months has demonstrated a capability to reflect on limitations in our objectives and the evidence base for intervention strategies. In extending our workshops in 2023-24 we aim to work harder to search for the most effective ways to achieve humane and comprehensive management of challenging behaviour in our clinical units of most need.

References:

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