

BJPsych Bulletin

BJPsych Bulletin PRAXIS Clinical Scenario Template

Authors: 1-2 trainees to act as lead authors, 1-2 consultants or experts (ideally of different specialities or subspecialties) to act as advisers. Other members of the multidisciplinary team as appropriate and patients are encouraged to contribute or co-author.

The participation of people with lived experience is strongly encouraged. This can vary from co-production from the very beginning (concept, writing etc.) to review by patient or patient group.

NB: Any direct contribution must be with consent given and with consideration of appropriate credit (further details below). Authors are responsible for obtaining consent.

Recommended total article word length: no more than 3000 words.

Abstract: An unstructured summary of around 100 words is required (outlining the key issues in the case and learning points).

Clinical scenario:

Articles should begin with the clinical scenario – up to 250 words outlining the basics of the clinical situation. Case may be entirely fictional, or based on a real life scenario. Please see guidelines regarding consent below.

Example taken from Sheldon RJ, Agrawal N. Functional non-epileptic attacks: essential information for psychiatrists. BJPsych Bulletin. 2019 Aug;43(4):182-7.

Example:

You are a core trainee in a community mental health team, working in an out-patient clinic. You come out to call your next patient when you see a 40-year-old woman lying on her back on the ground with her eyes closed in the waiting room, with people crowding around her. The receptionist informs you that she arrived a few minutes late in a distressed state and was asked to take a seat. Within a minute she was seen slumping in her chair and then sliding down to the ground, jerking all four limbs while crying. When you approach her and try to talk, she responds to your questions and soon opens her eyes and her shaking stops, but she then slips back into jerking all four limbs again. You see on her wrist that she has a medical alert bracelet, which reads 'medical alert: non-epileptic attacks'.

Summary Box:

Summarising with bullet points the key questions or considerations you plan to explore in the paper.

Example:

- *What would be your immediate management of the situation?*
- *What are the principles of assessment and management in functional non-epileptic attacks (FNEA)?*
- *What are the differences between epileptic seizures and non-epileptic attacks?*

Discussion: (Total up to 2500 words with the below headings as a guide, but some flexibility see further examples below)

Review of available literature and identification of gap in available evidence (800 – 1000 words)

Evidence base in FNEA, including epidemiology, pathophysiology, comorbidities.

How to differentiate between FNEA and how common is epilepsy comorbid.

How to approach assessment of FNEA.

Management and available treatments including acute management, explanation of the diagnosis and psychoeducation.

Reflections and considerations (ideally from multiple perspectives and can explore ethical and legal aspects if appropriate, issues specific to trainees):

Patient perspective, see further below.

Challenges in terms of available services, what to do in areas where specialist neuropsychiatry services are not available.

Practical management: including what is common practice (given the realities of clinical practice, time limitations, managing risk), short, medium and long term management plans (500 words)

Example:

What to do in this situation, longer term management.

Specific issues in terms of advice about driving.

Conclusion (100-200 words):

Brief summary of the relevant issues, key learning points and what has been discussed. Highlight gaps in literature and areas which would benefit from empirical research, but also acknowledge areas which would not be amenable to research.

Required information – include at submission to avoid delays

Submissions must include the required information, statements, and documents – authors should read ‘Preparing your Submission - Checklist, What to Include’ section of the [contributor guidelines](#).

Patient participation consent guidelines:

We strongly encourage the participation and contributions of people with lived experience. We expect authors to consider how to achieve this in a way that is empowering and does not place patients at any risk. There are a variety of ways in which lived experience can form part of Praxis papers and the below examples are not exhaustive. Given in some situations identifiable and sensitive information may be disclosed there is a need for thoughtfulness and care.

Options for contributions of lived experience to Praxis papers include:

1. Co-produce a fictionalised case with a person or persons with lived experience, working together as a team with other professionals and where all participants are listed as authors. There remains an option for any authors to use pseudonyms, but please see further guidance about this below
2. Write a fictionalised case which includes no identifiable information whatsoever, with the comments and perspective of a person with a related lived experience included in the text (either anonymously, acknowledged by name or as a co-author, depending on the level of contribution).
3. Write a fictionalised case, and ask a person or group of people with lived experience to comment on the draft and then acknowledge their contributions at the end of the paper.
4. Use the specifics of a real life case but remove all details that could identify the person (the patient is not at all identifiable). The GMC and Information Commissioner’s Office provide guidance on anonymisation (1). The person is not listed as a co-author on the paper (but can, for example, be acknowledged anonymously in the Acknowledgements section of the article).

5. Use some specific case details but remove all details that could identify the person (as above), listing the person as a co-author. Bear in mind the risk that by virtue of their contribution as a co-author, the person could be identified.

Where people with lived experience are sharing sensitive information about events from their actual life and treatment it is vital that this is done only if they are aware of the potential consequences of this and that it is without coercion. It is important to recognise that if you are the clinician currently caring for a patient that a power dynamic is already present which could be coercive, even if not intentionally so. It is important that if a person is willing to share identifiable experience that they are aware that the paper is open access and will be permanently online, and therefore retrieved with a relatively simple search. Guidance from the RCPsych on use of identifiable information in education and publication is also available (2).

Compensation and payment:

Praxis is unable to pay contributors but encourages authors to consider how to adequately compensate those who are not receiving NHS or university salaries for their time. This may include via your local People Participation department.

General Tips:

Further Praxis specific co-produced advice will be forthcoming however in the meantime we suggest authors look at previous papers for examples (below). Authors should also ask themselves the following questions (adapted from the BMJ Co-Production Guidance for Education Articles (3)):

- How will the people with lived experience I involve benefit from engaging with me on this paper?
- What will the paper gain from a patient or person with lived experience being involved?
- What is the best model of working with a person with lived experience on this particular issue? (NB: this will be a discussion with you and the person, about what they feel most comfortable with, risks vs benefits of different approaches)
- How will I describe the opportunity for involvement to prospective people with lived experience to give reasonable guidance on timelines, uncertainty about acceptance, the need for peer review)
- What models of people participation or patient engagement already exist where I work? Would these offer more structure and support than approaching an individual? (Suggest discussing with your consultant and your local people participation department early on in the planning process)
- What will the impact of the paper be on other people affected by this topic?
- How will I create psychological safety so we can work together?
- Have I developed a plan for engagement from start to finish?
- How will I be compensating any people with lived experience for their time (if appropriate)?
- How will I credit the various contributions to the paper?
- How will I ensure that all authors are able to comment on the final draft of the paper?

Authorship and consent:

Patients listed as co-authors can use a pseudonym if they wish (for publication purposes) but will be required to give their legal name in the publication agreement (licence to publish) form. To restrict access, the form is marked confidential and is not uploaded on to the online system. It is only viewable by RCPsych and Cambridge University Press internal staff.

In all cases the author needs to obtain informed written consent from the individual involved (or their family) via the journal consent form (link below). The author retains the signed consent form, and handles any future queries forwarded by the journal.

Download the [journal consent form](#)

Consent statement – If there is patient involvement, consent is required, and a consent statement must be included in the manuscript. For example: “Informed consent was obtained from the patient for publication of their case details.”

Graphics:

Use of graphics encouraged where appropriate (maximum 2 graphics, with permission to reproduce to be obtained by authors).

Good examples of Praxis clinical scenario articles published in BJPsych Bulletin: These include varying degrees of patient participation and contribution of people with lived experience.

<https://www.cambridge.org/core/journals/bjpsych-bulletin/article/when-selfharm-is-about-preventing-harm-emergency-management-of-obsessive-compulsive-disorder-and-associated-selfharm/AB29394E48CDCB659B642D71B5D69462>

<https://www.cambridge.org/core/journals/bjpsych-bulletin/article/functional-nonepileptic-attacks-essential-information-for-psychiatrists/79AB6242EC353AD39C3C0D6480A7C7E0>

<https://www.cambridge.org/core/journals/bjpsych-bulletin/article/assessing-asylum-seekers-refugees-and-undocumented-migrants/3F4CBDE7F8EA91DC98CF7E6BFDDA5C58>

1. General Medical Council. Confidentiality: disclosing information for education and training purposes [Internet]. General Medical Council. 2017. Available from: http://www.gmc-uk.org/Confidentiality_disclosing_info_for_education.pdf_58821264.pdf
2. RCPsych. College Report CR209 Good Psychiatric Practice: Confidentiality and Information Sharing [Internet]. College Report CR209. 2017. Available from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr209.pdf?sfvrsn=23858153_2
3. Patient Editorial Team. Co-Production Guidance for Education Articles [Internet]. Bmj. 2018 [cited 2020 Jul 20]. p. 5. Available from: <https://www.bmj.com/sites/default/files/attachments/resources/2018/09/EducationCoProGuidance.pdf>