Abstract

Purpose: This project exposes pediatric/medicine-pediatric residents individually to a simulated actively suicidal patient in primary care clinic scheduled for a 16yo well child visit. It is crucial residents gain knowledge and experience in understanding nuances of caring for suicidal teenagers.

Methods: This research study is designed to evaluate a resident’s experience in handling a difficult patient diagnosis in the primary care setting. Each resident during their first year of training has an individualized simulated encounter with a standardized patient (SP). Sessions occur in the pediatric simulation center and video recorded allowing both real time observation and play back options. The resident in the course of their routine history taking will learn the patient is acutely suicidal. The resident will have to determine how to further investigate these symptoms and determine the appropriate management course. The scenario is scripted and was piloted to ensure standardization in educational intervention. Following the scenario each resident participates in a nonjudgmental debriefing with the attending physician. A post-simulation anonymous survey is completed at the end of training. The survey evaluated effectiveness of simulation on a 5 point Likert scale and open ended questions on learning themes and improvement suggestions.

Results: Simulations sessions started in July 2016. To date 25 residents have completed the educational intervention. Surveys to date show 23/25 (92%) learners strongly agreed the simulation was a helpful learning experience and were satisfied with content and quality of simulation. 22/25 (88%) strongly agreed they would be able to apply the concepts, knowledge and skills to other clinical experiences. 24/25 (96%) strongly agreed they wanted more simulation in primary care. Learning themes included: Value of learning from a SP and receiving direct feedback from them, practicing being in an uncomfortable situation, talking through the protocol of safely getting the child to the emergency department and learning more about mental health. Improvement suggestions including: Adding component of talking to child’s mother about the suicidal condition and more time to discuss ways to approach difficult conversations/patients.

Conclusion: A suicidal pediatric patient is a delicate encounter and especially fragile in the outpatient clinic setting as part of a routine well child visit. Quickly developing a rapport is crucial and a skill that comes with practice. This simulation is designed to give residents this exposure and practice feeling more comfortable in future similar encounters. Feedback has been positive and learners feel more prepared after the simulation exercise. In addition it allows supervisors to observe a difficult patient care scenario assessing each intern’s ability to communicate and think on their feet; both important ACGME competencies.

Introduction

• The suicide rate between the ages of 15-19yo in the U.S. is 10.5 per 100,000 with many more teenagers contemplating and attempting suicide.1
• This project exposes pediatric and medicine-pediatric intern to a simulated suicidal patient who presents to clinic for a routine 16 year old well child visit.
• The goal of this simulation is for interns to gain experience and familiarity so that when they encounter a suicidal patient in the future they will be able to diagnose and triage the patient appropriately.

Methods

• After the project was approved by the IRB, two pilot sessions were conducted with a SP to standardize the scenario.
• Interns are scheduled individually with the same SP.
• All sessions occur in the Pediatric Simulation Center on-site in the hospital) and are video-recorded.
• At the conclusion, an anonymous post-survey is completed assessing the simulation’s effectiveness on a 5 point Likert scale and open ended questions.
• Study Design:

Simulation Description

• 16yo female presents for her annual well child visit. Although the patient is known to the clinic, the intern is seeing for the first time.
• The attending, through video, observes the encounter while recording the time to key events.
• The intern checks out the patient to the primary care attending (lead investigator).
• Afterwards they enter the room together for a brief discussion with the patient.
• Debriefing with the attending and SP follows using a structured debriefing tool.

Results

Demographics:
• Enrollment is ongoing since July 2016, 2-3 individual cases per month, 1 hour per session
• 25/28 (89%) interns have been enrolled, last 3 in June
  • 20/24 pediatric residents
  • 4/4 internal medicine/pediatrics
• 10/ 15 (66%) females

Mean time to ask about Suicidal Ideation:
• 8:00 +/- 5:07 (Range: 2:15-24:48),
• Only of those who eventually learned of active suicidal ideation
• 3/25 never learned of suicidal ideation, only depression

Left the suicidal patient alone/unobserved in the room:
• 23/25 (93%)

Learning Themes:
• Value of learning with a standardized patient and receiving feedback directly from them (n=20)
• Practicing being in an uncomfortable situation (n=13)
• Talking through the protocol of safely getting the child emergent help (n=7)
• Focus on mental health (n=5)

Improvement Suggestions:
• Adding a component of talking to the mother about the suicidal condition (n=1)
• More time to discuss ways to approach difficult conversations (n=3)
• Getting to watch a recording of a physician handling the case perfectly (n=1)
• Education piece in clinic on this topic (n=2)
• More clear pre-brief about sim process (n=2)

Conclusions

1. Simulation challenging mental health scenarios is an effective methodology to systematically expose all pediatric interns to hands on learning of this topic.
2. Although effective, this learning is time consuming taking 28 hours of attending time to complete.
3. Standardized patients are important to the realism of this scenario.

References