How Do We Keep Our Residents Safe? An Educational Intervention

Tobias Wasser, M.D.
Department of Psychiatry, Yale University School of Medicine, New Haven, CT

INTRODUCTION

- While psychiatric training programs devote a great deal of focus to teaching residents how to assess a patient's risk of suicide, often there is significantly less attention paid to training how to assess for a patient's risk of violence.

- In a 1999 national survey, one third of psychiatry residents reported receiving no training in this area, and another third described their training as inadequate. This is particularly concerning given that 25-64% of psychiatry residents reporting having been physically assaulted by patients, despite the fact that most mentally ill individuals are not violent.

- From a resident health and well-being perspective, one area for concern is the significant psychological impact patient assaults have on trainees, which include anger, fear, anxiety, post-traumatic stress symptoms, guilt, and a change in career interest.

- To address these concerns, we designed, implemented and assessed the effectiveness of a brief (2 hour) educational intervention focused on improving residents' ability to recognize violence risk and increase their attention to safety in the psychiatric interview.

METHODS

- N = 13 PGY-2 psychiatry residents.

- Two sessions—Didactic and the Assessment.

- Didactic Session:
  - Residents were presented with a case vignette of a potentially violent patient.
  - Then asked to write down what their first intervention would be (the “pre-test”).
  - Remainder of the session was spent engaging in the interactive workshop portion of the course.

- Assessment Session
  - 1 month later.
  - Residents again presented with a case vignette of a potentially violent patient and asked what they would do (the “post-test”).

- Effectiveness was assessed by analyzing the residents' written responses for safety concerns, e.g. the words “safety” or “violence” or describing an action indicating a concern for their own safety.

RESULTS

- The number of residents citing safety concerns in their response to the vignette following our intervention increased from 5/13 (38%) to 12/13 (92%).

- Also, the nature of their concerns appeared more direct and pointed following the intervention, with far more residents indicating they would consider safety as a primary concern, conduct an acute risk assessment, or request the presence of security personnel.

- A brief educational intervention focused on violence risk and increasing safety may be effective in increasing residents' attention to safety concerns in their clinical care.

- Our results suggest that residents were more alert for safety-related issues and ready to act in a way that would ensure their own safety, as well as demonstrating a more sophisticated and nuanced understanding of the topic, with many residents outlining a multi-step or tiered approach to maintaining their safety, which was notably absent in the pre-test responses.

- Though promising, these findings should be considered in light of clear limitations, including lack of formal statistical analyses, long-term follow-up or assessment of whether we achieved all of the specific learning objectives.

- Further work in this area with larger samples, variable duration of training, longer follow-up, and more specific assessment of resident knowledge and rates of resident assaults using formal statistical analyses will be crucial to confirm and expand upon these findings.

Table 1. Syllabus for the Didactic Session

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Syllabus</th>
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<tbody>
<tr>
<td>1. Demonstrate the ability to recognize characteristics of patients and situations which elevate the risk for violence.</td>
<td>- Recognizing the key patient and the risky situation</td>
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<td>2. Increase their efforts to be cognizant of their own internal state while sitting with patients and take action based on their observations.</td>
<td>- Safety, reassure, identify needs, address escalation</td>
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<td>3. Make appropriate adjustments to the interview milieu in all clinical encounters to attend to their safety and that of their patients.</td>
<td>- Attending to safety in the psychiatric interview</td>
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Table 2. Residents' Written Responses Citing Safety Concerns

<table>
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<tr>
<th>Pre-Test</th>
<th>Post-Test</th>
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<tr>
<td>1. “I would explain to the patient that based on his presentation he has to remain calm and he will be further evaluated. Offer some pos”</td>
<td>1. “Ensure safety—Avoid adequate distance, inform staff, call for security”</td>
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<td>2. “Avoid setting limits explicitly, but be very clear to myself and to staff I’m working with what these might be”</td>
<td>2. “Safety – de-escalate, request security, medicate, give him time to cool down, re-evaluate”</td>
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<td>3. “Validate”</td>
<td>3. “Leave the room, state you’ll be back when patient has calmed down”</td>
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<td>4. “Try to get both of you sitting, back to the door”</td>
<td>4. “Safety – assess need for 1:1, withdrawal symptoms, meds for agitation, collateral from family or treaters”</td>
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<tr>
<td>5. “Offer po Haldol or Ativan to help him calm down prior to proceeding”</td>
<td>5. “Safety – First try de-escalating verbally, then offering him some po meds to calm down”</td>
</tr>
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Figure 1. Whiteboard Diagrams for the Didactic Session

Figure 2. Percent of Residents Citing Safety Concerns

Figure 3. Residents' Written Responses Citing Safety Concerns

DISCUSSION

- A brief educational intervention focused on violence risk and increasing safety may be effective in increasing residents' attention to safety concerns in their clinical care.

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References