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Simulated Encounter in Primary Care Simulation Use to Navigate an Adolescent Well Child Visit that is Anything but Well

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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

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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.

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