

Abstract: Standardized Patient Simulation to Recognize and Treat Behavioral Health Patients Safely in Emergent Settings

Purpose:

Increasing complex behavioral health visits to the Emergency Department necessitated comprehensive inter-professional team training to ensure therapeutic behavioral patient management. The purpose of this training was to deliver patient simulation scenarios to multi-disciplinary teams focusing on recognition of patient agitation, employment of de-escalation techniques, utilization of therapeutic communication, and successful application of physical and/or chemical restraints.

Design:

This was an evidence-base quality improvement staff development initiative project which provided an opportunity for staff to practice effective skills and methodologies while providing participants real time feedback.

Setting:

A teaching, urban multi-site pediatric level I and level II trauma center.

Participants/Subjects:

389 Emergency Department Nurses, Paramedics, and Technicians.

Methods:

For this simulation, a professional actor served as the standardized patient to ensure realism of the patient encounter allowing clinicians to cater their communication skills and de-escalation methods to meet the specific patient needs. The “patient” was trained to respond to interventions accordingly. Pre and post surveys were conducted to reveal staff confidence via a seven question survey.

Results/Outcomes:

Participant confidence in their ability to safely care for and manage a violent or aggressive patient improved by 20% with a p value of <.0001. The survey also revealed that participant confidence that the training has decreased the risk of injury to self or others, and patients when caring for violent or aggressive behavior improved by 30% with a p value of <.0001.

Implications:

This simulation training proved to be an effective method to educate Emergency Department staff in recognition and treatment of behavioral health patients without biases. Future simulation trainings will be utilized to increase clinician confidence without potential risk to patients.

References:

Chapman, L. L., Chun, T. H., Fein, J. A., Friedlaender, E. Y., & Katz, E. R. (2016). Behavioral and Psychiatric Emergencies. In G.R. Fleisher & S. Ludwig (7th ed.), Textbook of Pediatric Emergency Medicine (pp. 1438-1459). Philadelphia: Wolters Kluwer/Lippincott, Williams, & Wilkins Health.

Joint Commission. (2010). A follow-up report on preventing suicide: Focus on

Medical/Surgical units and the emergency department. Retrieved from

http://www.jointcommission.org/assets/1/18/SEA_46.pdf

Sentinel Event Alert 56: Detecting and treating suicide ideation in all settings.

A complimentary publication of The Joint Commission. 2016(56).