

De-escalating Angry Caregivers: A Randomized Controlled Trial of a Novel Communication Curriculum for Pediatric Residents

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Objectives

- Define current state of difficult encounters
- Describe de-escalation curriculum development and study
- Share preliminary results, dissemination, and future directions

Curriculum Development

Kern's six steps

1. Problem identification and general needs assessment
2. Targeted needs assessment
3. Goals and objectives
4. Educational strategy
5. Implementation
6. Evaluation and feedback

1. Problem Identification and General Needs Assessment

- Anecdotal increase in resident reports of angry caregivers
- Literature review:
 - Internists have reported 1 out of 6 outpatient encounters as difficult (Hahn et al, *J Gen Intern Med*, 1996)
 - One article in pediatrics on strategies for difficult encounters (Breuner and Moreno, *Pediatrics*, 2011)
 - No curriculum

1. Problem Identification and General Needs Assessment

- When polled, majority of our residents reported 1-3 encounters/week with angry caregivers in both inpatient and outpatient settings
 - ED not included

2. Targeted Needs Assessment

- IRB-approved survey of pediatric residents, October 2014
- 41/83 (49%) residents responded
- Many residents had prior communication training
- 32/41 (78%) respondents agreed or strongly agreed that expanded communication skills program is needed
 - PRIORITY: de-escalation, sharing bad news

3. Goal

- Improve Stanford pediatric residents' communication skills

3. Objectives

- Create a novel communication curriculum to teach pediatric residents de-escalation techniques with angry pediatric patient caregivers
- Develop an assessment tool to measure residents' skills in de-escalating angry pediatric patient caregivers
- Conduct a randomized controlled trial (RCT) to evaluate the impact of the curriculum using the developed assessment tool

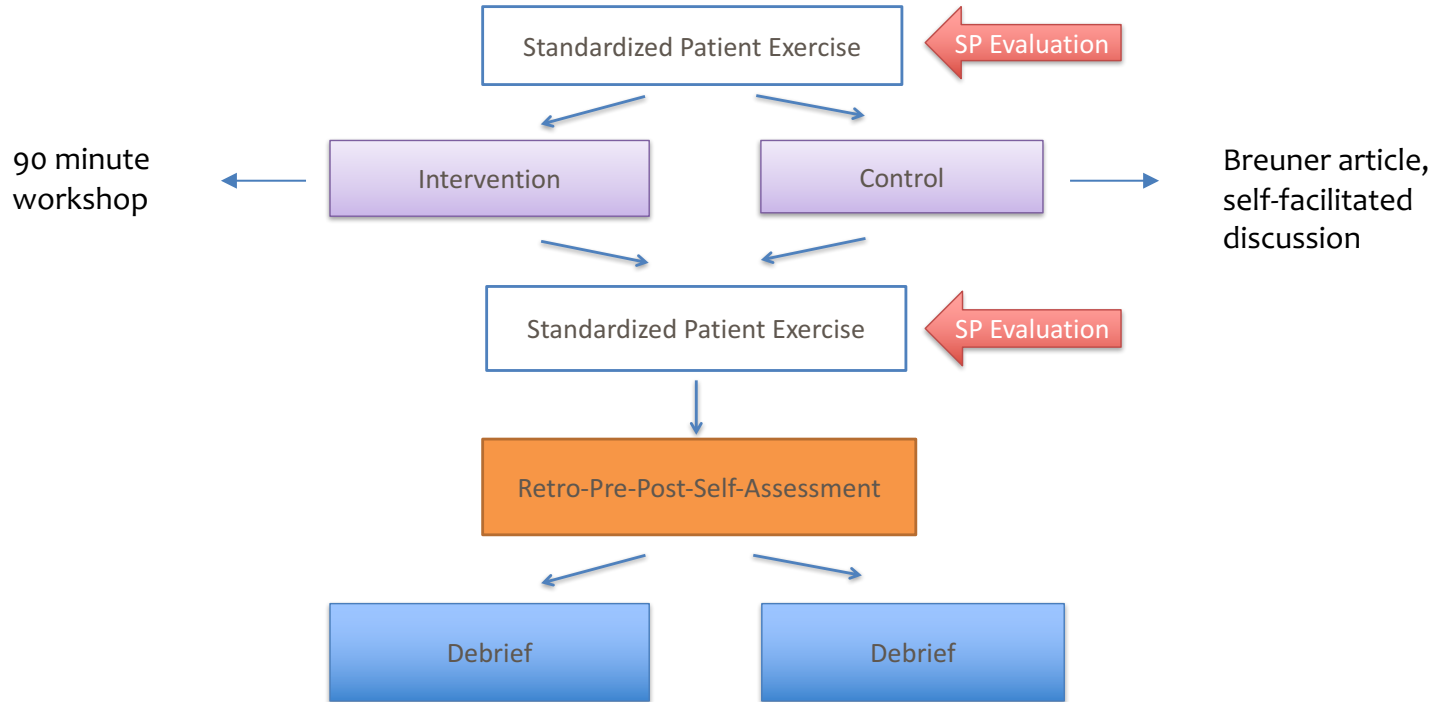
4. Educational Strategy

- 90 minute workshop focused on practical skills
 - Facilitated, highly interactive discussion
 - Fundamental communication skills
 - Novel 9-step de-escalation framework
 - Evidence-based techniques and language
 - 3 role plays
- Simulation with standardized patient (SP) actors
 - 2 unique cases

5. Implementation

- IRB-exempt pilot of 6 graduating residents in May 2016
 - Feasible, well-received
- IRB-exempt RCT of 84/88 (95%) residents (PGY1-5)
 - Intervention n=43 vs control n=41
 - 30 PGY1 (I=15, C=15), 29 PGY2 (I=15, C=14), 25 PGY3+ (I=13, C=12)
 - 6 protected half days
 - August-September 2016
 - Immersive Learning Center
- Overall cost \$15,000+ (10 SPs, SP trainer)

5. Implementation



6. Evaluation and Feedback

1. SP Evaluation

- 23-item tool
- Based on previously validated communication tools, expert review
- Global assessments, behaviorally-anchored items, 2 ACGME milestones
- Completed at end of each encounter

2. Resident self-assessment

- SP tool adapted to resident

3. Curriculum Survey

6. Evaluation and Feedback

- Analysis
 - Independent and paired t-tests
 - Holm-Bonferroni to control for multiple comparisons

RCT Preliminary Results and Conclusions

- A de-escalation curriculum did not significantly improve the de-escalation skills of all PGY level residents as rated by SPs
- Intervention interns showed significant improvements in SP-rated overall performance ($p=.01$) and de-escalation skills means ($p=.03$)
- PGY2+ did not improve likely secondary to meaningful everyday experience
- All residents who received the intervention showed improvements in their self-assessed de-escalation skills means (PGY 1 $p=.001$, PGY2 $p=.03$, PGY3+ $p=.02$)

Curriculum Survey Results

- 95% (41/43) intervention residents “will apply the skills learned in my clinical practice” vs 78% (33/41) controls
- 93% (40/43) reported that their “ability to de-escalate angry caregivers will improve as a result of participating” vs 78% (32/41) controls
- Appreciation for dedicated time, discussion with peers
 - “I found our personal stories and strategies exceptionally useful”

Limitations

- Single institution
- New non-validated assessment tool
- PGY2+ reported SP cases as too easy to de-escalate
- Control arm design biased toward null

Future Directions

- De-escalation workshop for pediatric interns in fall
- More challenging cases for PGY2+ residents to supplement their existing clinical experience
- Full communication curriculum
 - Sharing bad news, discussing goals of care, disclosing medical errors
- Experimentation with formative SP experiences to try to optimize the learning environment as perceived by trainees

Dissemination

- Workshop and poster presentation
 - Association of Pediatric Program Directors (APPD) Spring Meeting, April 2017
 - Pediatric Academic Society (PAS) Annual Conference, May 2017
- Future: MedEdPORTAL, peer-reviewed manuscript

Appreciations

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