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

- Standardized Patient Exercise
  - Intervention
  - Control
  - Retro-Pre-Post-Self-Assessment
  - Debrief
  - SP Evaluation

Breuner article, self-facilitated discussion

90 minute workshop
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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