

## RATIONALE/NEED

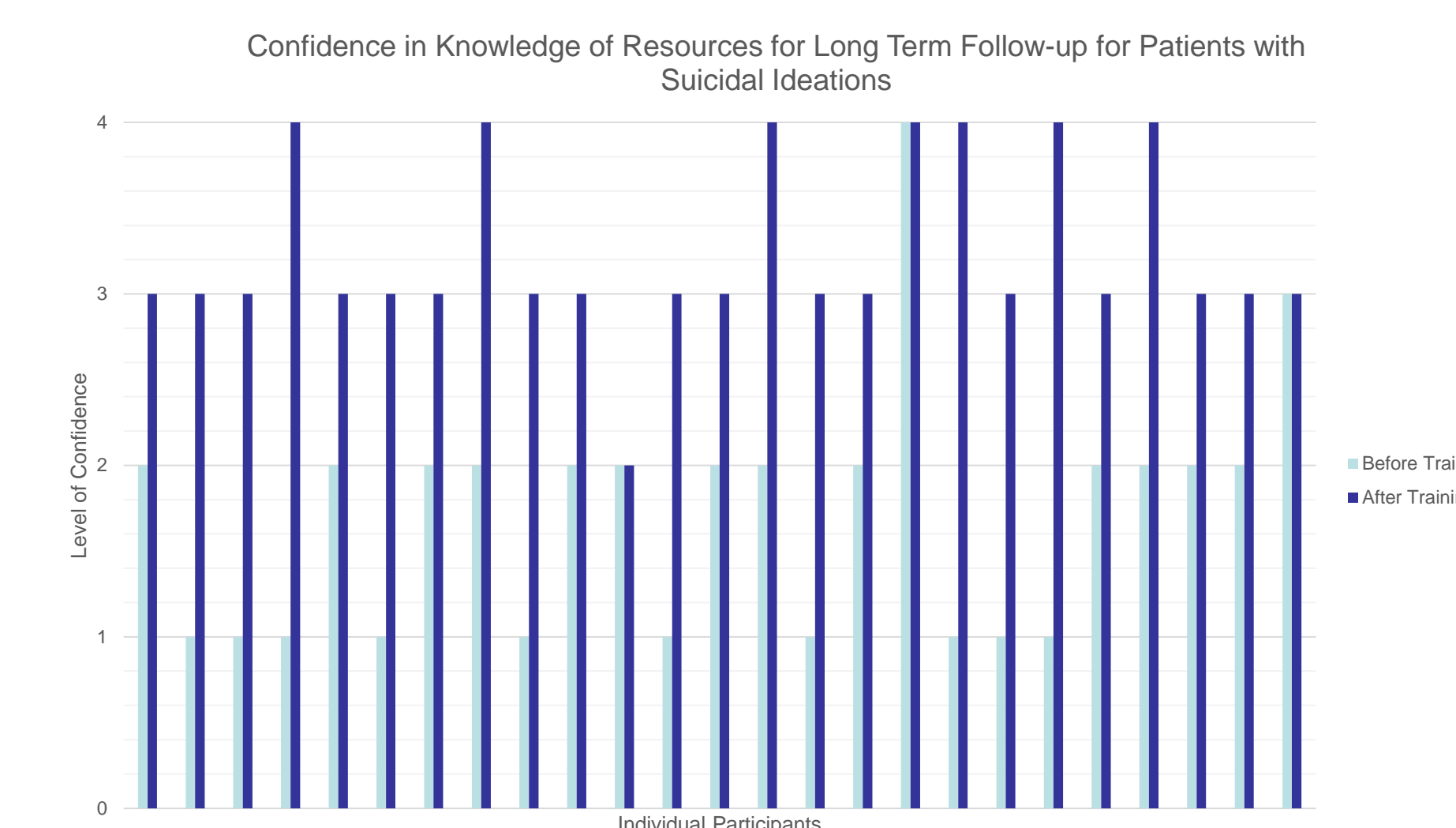
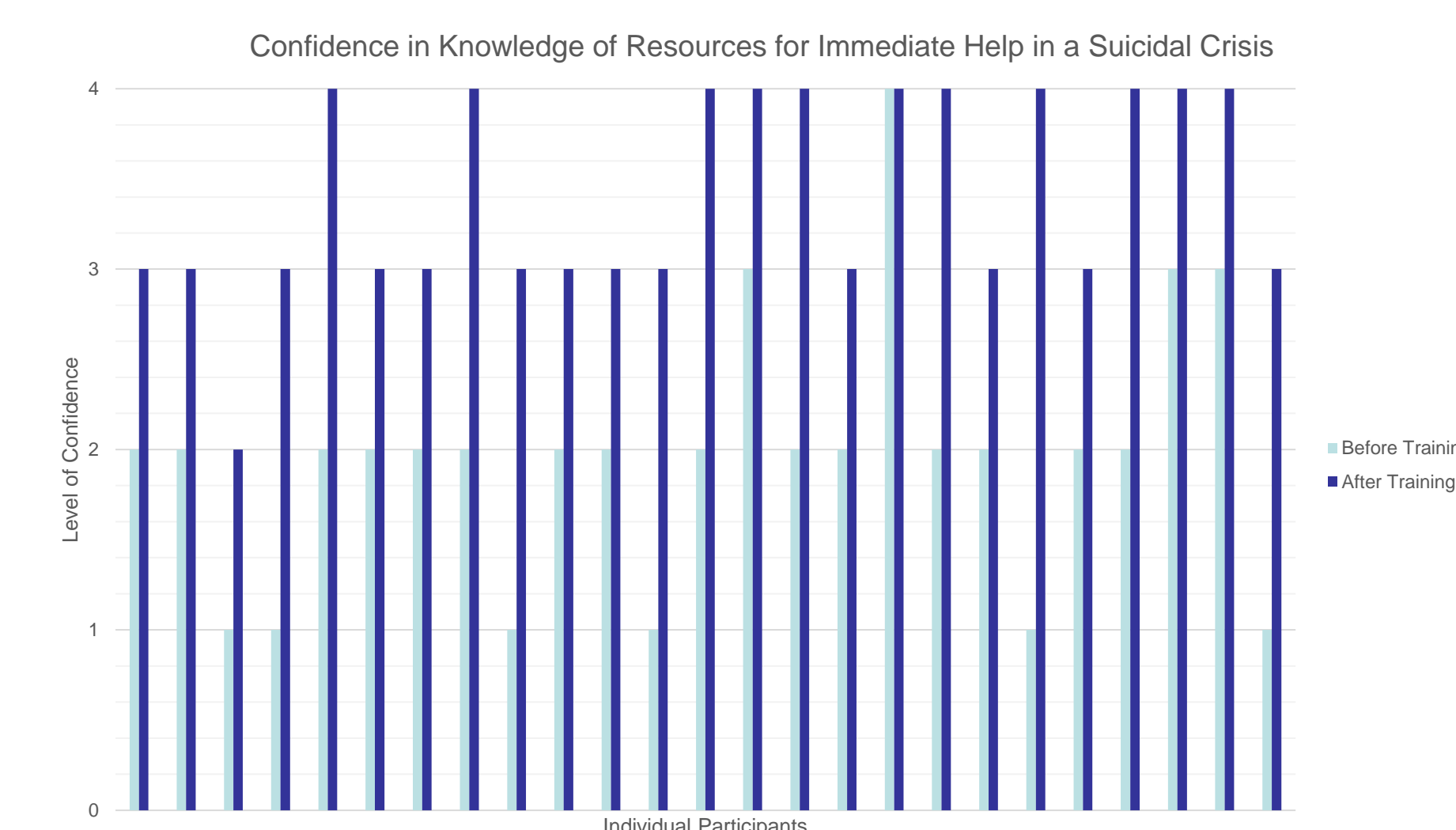
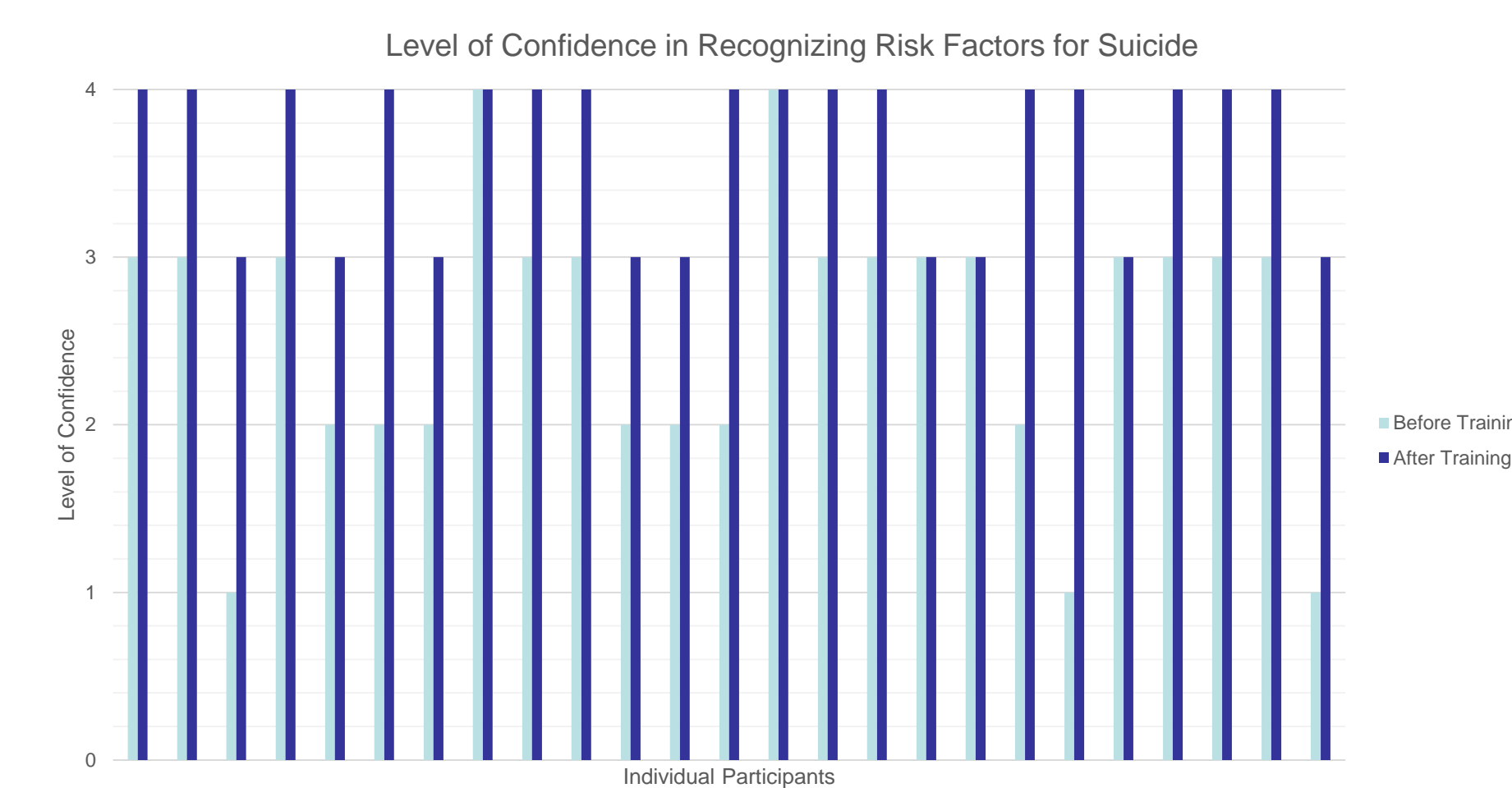
- Suicide is the tenth overall leading cause of death in the United States and the second leading cause of death of people between 10-34 years old.<sup>1</sup>
- While suicide rates continue to climb, it remains that patients who attempt or complete suicide are more likely to have had contact with their PCP than with a mental health specialist in the month before<sup>2</sup>, which presents the opportunity for early intervention by medical students and general providers.
- We first recognized the need for targeted training for suicide assessment and management when medical student volunteers at Greenville Community Shelter Clinic expressed uncertainty in how to approach these patients.
- We felt that it would be beneficial for all students at Brody to receive additional training in suicide risk recognition and evaluation for application at the shelter clinic and as rotating medical students and physicians.

## METHODS

- First and second year medical students at Brody School of Medicine were offered the opportunity to attend a one hour lunch training session with speaker Kevin Parker, a behavioral health coordinator and licensed clinical social worker at Access East.
- The training objectives included understanding risk factors, identifying at-risk patients, interacting with suicidal patients, and understanding local resources for short-term and long-term interventions.
- Students were given a pre- and post-survey asking them to assess their level of confidence regarding the above objectives on a scale of 1 to 4.
- We compared the confidence rating before and after the training to assess whether the improvement was statistically significant using a one tailed t-test with a p-value set at 0.05.

## RESULTS

- Using a one tailed t-test with a p-value set at 0.05, each of the following questions showed statistically significant improvement in confidence level at a confidence interval of 95%: confidence in recognizing risk factors for suicide, identifying a suicidal patient, knowledge of resources for immediate help in suicidal crisis, and knowledge of resources for long term help for suicidal patients.
- There was not a statistically significant change in confidence in discussing suicidal ideations with patients.



### Pre-Training Survey

1. I have previously experienced interactions with an individual with suicidal ideations  
Strongly Disagree    Somewhat Disagree    Somewhat Agree    Strongly Agree
2. I have previously undergone a formal training or received a certificate in management of an individual with suicidal ideations  
Strongly Disagree    Somewhat Disagree    Somewhat Agree    Strongly Agree
3. I feel knowledgeable about the risk factors associated with suicide  
Strongly Disagree    Somewhat Disagree    Somewhat Agree    Strongly Agree
4. I feel comfortable identifying a patient with suicidal ideations  
Strongly Disagree    Somewhat Disagree    Somewhat Agree    Strongly Agree
5. I feel comfortable having a conversation with a patient or friend with suicidal ideations  
Strongly Disagree    Somewhat Disagree    Somewhat Agree    Strongly Agree
6. I feel comfortable with my knowledge of what resources are available for immediate help to those in suicidal crisis  
Strongly Disagree    Somewhat Disagree    Somewhat Agree    Strongly Agree
7. I feel comfortable with my knowledge of resources available for long term follow-up to those experiencing suicidal ideations  
Strongly Disagree    Somewhat Disagree    Somewhat Agree    Strongly Agree

If you have had experience or training in interacting with others experiencing suicidal crisis please explain here: \_\_\_\_\_

### Post-Training Survey

1. I feel knowledgeable about the risk factors associated with suicide  
Strongly Disagree    Somewhat Disagree    Somewhat Agree    Strongly Agree
2. I feel comfortable identifying a patient with suicidal ideations  
Strongly Disagree    Somewhat Disagree    Somewhat Agree    Strongly Agree
3. I feel comfortable having a conversation with a patient or friend with suicidal ideations  
Strongly Disagree    Somewhat Disagree    Somewhat Agree    Strongly Agree
4. I feel comfortable with my knowledge of what resources are available for immediate help to those in suicidal crisis  
Strongly Disagree    Somewhat Disagree    Somewhat Agree    Strongly Agree
5. I feel comfortable with my knowledge of resources available for long term follow-up to those experiencing suicidal ideations  
Strongly Disagree    Somewhat Disagree    Somewhat Agree    Strongly Agree
6. I feel that the information presented in the training today is applicable to my experiences as a medical student now  
Strongly Disagree    Somewhat Disagree    Somewhat Agree    Strongly Agree
7. I feel that the information presented in the training today will be applicable to my practice as a physician  
Strongly Disagree    Somewhat Disagree    Somewhat Agree    Strongly Agree

What, if anything, would you improve about this training: \_\_\_\_\_

What is something you learned in this training that you did not know previously: \_\_\_\_\_

## CONCLUSIONS AND POTENTIAL IMPACT

- A majority of attendees reported that the information presented in the training is applicable to experiences as a medical student now and to future practice as a physician.
- The training was effective in achieving 4 of the 5 objectives, but did not produce a significant increase in student-reported confidence discussing suicidal ideation with patients.
- Future sessions could include a secondary training with incorporation of standardized patients to allow students to apply interview skills and practice having these difficult conversations.
- The one-hour session requires a minimal time investment but produces a beneficial increase in confidence in applicable skills for medical students now and in the future.

## REFERENCES

1. "Suicide." *National Institute of Mental Health, U.S. Department of Health and Human Services*, www.nimh.nih.gov/health/statistics/suicide.shtml.
2. Gramaglia, Carla, and Patrizia Zeppegno. "Medical Students and Suicide Prevention: Training, Education, and Personal Risks." *Frontiers in Psychology*, vol. 9, 2018, doi:10.3389/fpsyg.2018. 00452.

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