INTRODUCTION

Difficult encounters
- Approximately 15% of patient encounters are perceived as difficult by providers.\(^1\)\(^2\)
- Difficult encounters are associated with lower patient satisfaction, worsening of symptoms, higher utilization, provider burnout, and job dissatisfaction.\(^1\)\(^2\)
- Providers in these encounters are likely to have less of a psychosocial orientation.\(^1\)\(^3\)

Training learners to manage difficult encounters
- Recommendations for managing these encounters have been shared in the literature,\(^4\)\(^5\) but training learners for these encounters and increasing psychosocial orientation can be challenging.
- Flipped classrooms offer an opportunity to improve training.\(^6\)

Current study
- Implemented two flipped classroom sessions for difficult encounters and psychosocial orientation with second year medical students in pre-clinical psychiatry course.
- Assessed student perceptions & exam performance.

MATERIALS & METHODS

PARTICIPANTS
- M-2 students

MEASURES
- Four-point Likert-scale questionnaires completed after both sessions, comparing flipped classroom with standard lecture for preference, perceived learning, and engagement.
- Exam questions on session content.

PROCEDURES
- Prior to class, students viewed brief lecture videos of voice-over PowerPoint slides.
- Session 1 – Difficult encounters (n = 32) Students watched simulated videos (Figures 1 and 2) of common difficult encounters, created by a clinical psychologist, C&L physician, and ED physician.
- After each video, faculty facilitated discussion of what factors contributed to the difficult encounter, what the provider did well to manage the encounter, and what could be done differently to manage the encounter better.

PROCEDURES (continued)
- Session 2 – Psychosocial orientation (n = 17) Students were presented with five clinical vignettes with patients with the same chief complaint of sleep problems. In progressive disclosure format, students read clinical vignettes that included biopsychosocial diathesis and stress factors, then suggested a diagnosis before feedback and discussion.

ANALYSIS
- Chi-square analysis of differences among ratings
- Comparison of exam scores (n = 76) with prior cohort (n = 78) that received traditional lectures.

RESULTS

Table 1

<table>
<thead>
<tr>
<th>Student Evaluations of Difficult Encounters (Session 1)</th>
<th>Definitely True</th>
<th>Mostly True</th>
<th>Mostly False</th>
<th>Definitely False</th>
<th>(\chi^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred flipped classroom</td>
<td>53.1%</td>
<td>40.6%</td>
<td>6.3%</td>
<td>0%</td>
<td>11.3*</td>
</tr>
<tr>
<td>Learned more from flipped classroom</td>
<td>40.6%</td>
<td>50.0%</td>
<td>6.3%</td>
<td>3.1%</td>
<td>21.8*</td>
</tr>
<tr>
<td>More engaged during flipped classroom</td>
<td>81.3%</td>
<td>18.8%</td>
<td>0%</td>
<td>0%</td>
<td>12.5*</td>
</tr>
</tbody>
</table>

\(\chi^2\) for preferred flipped classroom: 11.3*, \(p < .05\)

Table 2

Student Evaluations of Psychosocial Orientation (Session 2)

<table>
<thead>
<tr>
<th>Preferred flipped classroom</th>
<th>Definitely True</th>
<th>Mostly True</th>
<th>Mostly False</th>
<th>Definitely False</th>
<th>(\chi^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29.4%</td>
<td>64.7%</td>
<td>5.9%</td>
<td>0%</td>
<td>8.9*</td>
</tr>
<tr>
<td>Learned more from flipped classroom</td>
<td>23.5%</td>
<td>64.7%</td>
<td>11.8%</td>
<td>0%</td>
<td>7.9*</td>
</tr>
<tr>
<td>More engaged during flipped classroom</td>
<td>47.1%</td>
<td>47.1%</td>
<td>0%</td>
<td>5.9%</td>
<td>5.8</td>
</tr>
</tbody>
</table>

\(\chi^2\) for preferred flipped classroom: 8.9*, \(p < .05\)

DISCUSSION

When learning about managing difficult encounters and increasing psychosocial orientation towards case conceptualization, students preferred flipped classroom sessions to standard lectures. They reported more learning and engagement as well. This was especially the case with videos used to teach strategies for difficult encounters.

Exam scores suggest their learning was comparable to students who received traditional lectures.

A limitation of the current study is a possible selection bias: less than half of students in the cohort studied attended flipped classroom sessions. Additional innovation may be needed to appeal to an increasingly Millennial student body.\(^6\)

Future research should include longitudinal assessment of retention of material and vertical integration with undergraduate clinical curriculum.

REFERENCES