Teaching Triaging: Case-Based Consultation-Liaison Psychiatry Workshop for Residents

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Background

- Triaging on the consultation-liaison (CL) psychiatry service is a challenging skill to learn, but is often taught and learned informally.
- Two case-based medical education resources exist regarding triaging (1,2), although both focus on preparing interns and medical students for internal medicine rotations and call.
- To the best of our knowledge, there are no educational resources to train psychiatric residents in triaging.
- The goal was to assess residents' level of comfort and confidence on triaging skills, teach triaging techniques using case-based examples of real-life clinical scenarios, and re-assess level of comfort and confidence post-workshop to understand if case-based CL triaging workshops can be a valuable educational tool to better prepare psychiatry residents.

Pilot Results at Institution 1

- Completed fish-bone diagram and priority/pay-off matrix to identify challenges and to prioritize potential changes.
  - Information was gathered from an informal survey of challenges and an inventory of current didactics

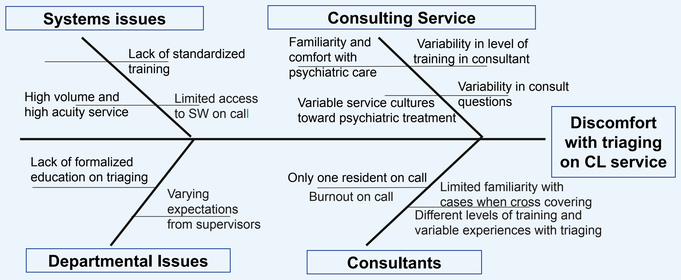

Figure 1. Fish-bone diagram. Several challenges leading to discomfort with triaging on the CL service were identified.

<u>Survey with primary stakeholders</u>

3 PGY-1 and 9 PGY-2 Adult Psychiatry residents

- 80% felt that they did not have enough formal training regarding triaging cases on call or on the CL service
- Most frequently identified challenges:
  - Setting boundaries with teams when asked to complete tasks that are outside the role of the on-call psychiatrist (91.7%)
  - Providing temporizing agitation recommendations while seeing another consult (83.3%)

<u>2 hour workshop</u> with 7 PGY-2 Adult Psychiatry residents, run by two CL fellows

Post-workshop survey indicated:

- Improvement in confidence delineating a clear consult question from 58.3% to 85.7%
- 100% found the workshop helpful
- 100% recommended repeating the workshop annually

Methods & Workshop at Institution 2

- Pre-workshop survey (7 Likert-based, 3 qualitative Q's)
- <u>1 hour 45 minute workshop</u> run by one CL attending and one senior resident
  - 9 case-based scenarios and discussion
  - 7 interspersed didactic topics
  - 1 simulation using TigerText paging, audio cues, and simulated phone calls
- Post-workshop survey (7 Likert-based, 4 qualitative Q's)
- Analysis with Wilcoxon signed rank sum tests

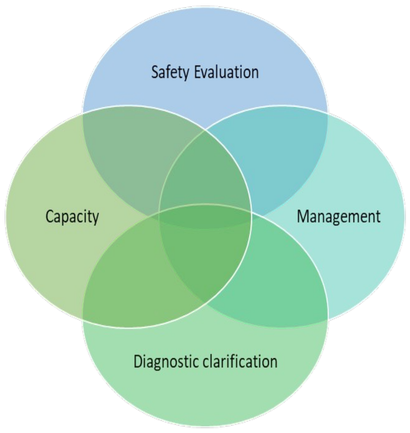

Figure 2. The "bones" of a consult. Consults can be categorized and distilled to 4 major questions that can be further elicited with consulting teams, can offer teams a better idea of the scope of CL psychiatry involvement, and provide further clarification on a focused consult question. This was used as a guiding principle over the course of the workshop.

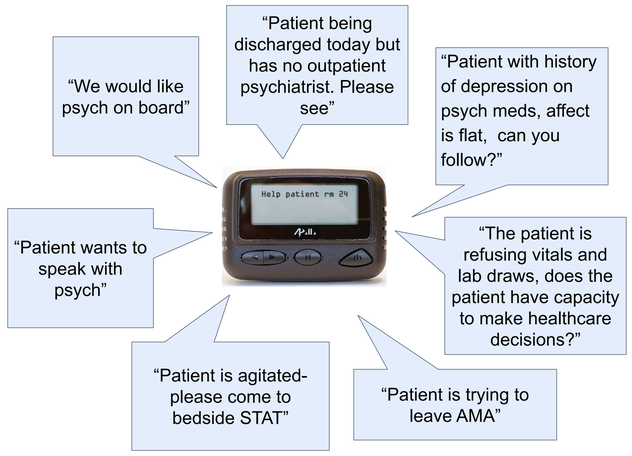

Figure 3. Case based examples of real-life clinical scenarios. Various examples of sample messages from primary teams were reviewed and a working framework was discussed for each example. This was followed by interactive simulations of potential high-stress situations that could arise on the consult service.

4A) *"Great cases!"*
"Super helpful simulation & real examples"

4B) **What topics do you wish to be covered or covered in more detail in future workshops?**

"Would love to do more simulations"
"Med recs and escalation of meds"
"Do you ever ask a team to do more work or gather more info and reconsult/ get back to us?"
"Teams openly disagreeing w/ recs even after you strongly recommend recs"

Figure 4. Qualitative comments highlight usefulness and next steps. (4a) After completing the workshop, residents highlighted the usefulness of case scenarios and specifically the simulation. **(4b)** When asked about topics they wish to be covered or covered in more detail, residents asked for more simulations and identified two specific topics.

Results at Institution 2

- 6 PGY-1, 6 PGY-2 Adult Psychiatry residents, and 1 PGY-2 Triple Board resident
- Significant improvements post-workshop in 3/7 domains

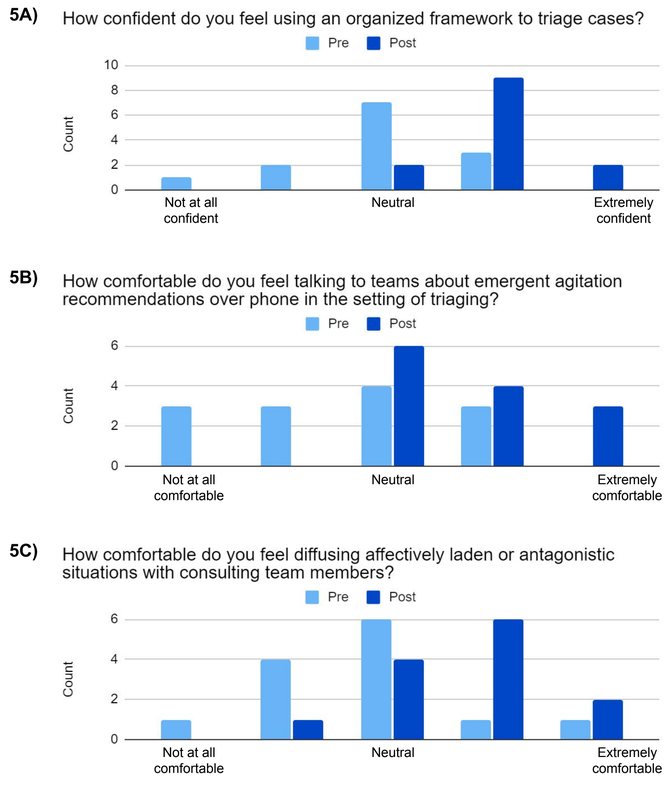

Figure 5: Significant differences in pre- versus post-workshop responses. (5a) After completing the workshop, residents were significantly more confident with using an organized framework to triage cases (mean 2.92 pre vs 4 post, Wilcoxon signed-rank, p=.002). **(5b)** After completing the workshop, residents were significantly more comfortable talking to teams about emergent agitation recommendations over the phone in the setting of triaging (mean 2.54 pre vs 3.77 post, Wilcoxon signed-rank, p=.004). **(5c)** Post-workshop, residents were significantly more comfortable with diffusing affectively laden situations or antagonistic situations with consulting team members (mean 2.77 pre vs 3.69 post, Wilcoxon signed-rank, p=.002).

- On further analysis, there was no significant difference in pre-workshop baseline responses between PGY-1 and PGY-2 residents, except for increased confidence using an organized framework to triage
- 100% found the workshop helpful
- 100% recommended repeating the workshop annually

Discussion & Conclusions

- Hosting a workshop run by senior residents and CL psychiatrists offers a unique perspective to residents developing triaging skills
- More formalized workshops should exist with a practice-based format to learn these skills as a primer before starting call shifts
- Overall feedback and interest in continuing these workshops was high
- Overall comfort improved from pre-workshop to post-workshop in tackling situations with complex interpersonal dynamics, agitation management, curbsiding skills, and using an organized framework when delineating consult questions
- Eventual expansion of the workshop to other institutions with ultimate goal of creating a national curriculum for triaging on consult services for all psychiatry residency training programs.

References

1. Lescinskas E, Sargsyan Z, Ayyala US, Fisher J. Preparing for Medical Internship: A Case-Based Strategy to Teach Management of Common Overnight Calls to Students. MedEdPORTAL. 2020;16:10966. https://doi.org/10.15766/mep_2374-8265.10966
2. Chen T, Stapleton S, Babcock M, Kelley MN, Frallicciardi A. Handoffs and Nurse Calls: Overnight Call Simulation for Fourth-Year Medical Students. MedEdPORTAL. 2021;17:11138. https://doi.org/10.15766/mep_2374-8265.11138