Using Crisis Response Mock Drills to Prepare Leaders and Enhance Policies

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* Project Leaders
Q1. What did you hope to accomplish?

- Engage GME program leaders in how to appropriately respond if an untimely death, absence, or a suicide occurs.

- Refine our standardize process and policies for early recognition and response to concerns based on mock drills experience.
Q2. What were you able to accomplish?

- All GME program leaders completed 3 mock drills (PDs/APs, Coord, Chiefs)
  - An unexplained absence, an attempted suicide, a completed suicide
  - Separate scoring rubric x scenario
    1) Awareness and use of the policy
    2) Actions taken
    3) Confidentiality considerations
    4) Case specific special considerations
- Identified/refined gaps in current policies + New unexplained absence policy
- Internal Spread:
  - Mock drill approach adopted by our medical student leaders
  - UME adapting crisis communication plan/policies
  - Initiated drills w Advocate GME Programs with DIO support
Q3. Knowing what you know now, what do differently?

**Preparation**
- Add pilots to “test run” policy to clarify policy prior implementation
- Initiate formal rater training for mock drills

**Enhance Psychological Safety**
- Orient participants using multiple communication channels re: purpose and approach
- Bring “hydration refreshments” or other approach
Q4. What surprised you and why?

- Hard to author drill scenarios + scoring guide
- Participants knew was a policy | where it was located but...
  - Didn’t know where to find it
  - Action related steps within the policies
- How engaged and appreciative all participants in the mock drill.
  - 45-60 minutes doing the drills and getting feedback virtually
  - 1 PD perceived drill limited flexibility → dialogue re why policy-actions
- Substantive improvement in the policy clarity
- **Action for Us:** Critical/important policies should be “mock drilled”
Q5. Cohort Five – Sustainability and next steps

*Our CEO needs to know ...*

- Medicine is a high stress profession
- Residents (like all clinicians) are at high risk for suicide
- Vital anticipatory practice / feedback on how to enact the processes and procedures for unexpected events (suicide, unexpected no show)
- **Critical:** Your strong and visible support for GME - Innovation
  - Policies and practices

[Logo: WALK THE TALK]
**NI-7 GME Mock Drill Master Scoring Sheet**

**Program Name:**
**Date:**
**Reviewer:**

**DRILL #1: Resident 1 did not show up for impatient shift today. Supervising physician has called & paged R1. Chief resident has called and paged R1. Three hours have passed, & no one has heard from R1 who was assigned to a core clinical rotation.**

<table>
<thead>
<tr>
<th>DRILL #1 ITEMS</th>
<th>IDEAL ANSWER</th>
<th>RATING</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY Part A:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Is there a formal plan for handling this situation?</td>
<td>Yes</td>
<td></td>
<td>They should access the Unexplained Absence Plan</td>
</tr>
<tr>
<td>2. What is the name of the Plan?</td>
<td>Unexplained Absence Plan – Must Show on Screen</td>
<td></td>
<td>The CCP does not apply at this stage.</td>
</tr>
<tr>
<td>3. Access the plan now from the location where residents, faculty can get to it.</td>
<td>Access policy (in MedHub)¹</td>
<td></td>
<td>If they cannot access policy, help them find it.</td>
</tr>
</tbody>
</table>

**ACTIONS TAKEN**

4. What’s the 1st thing you would do in this scenario per the plan? If
   a. Coordinator
   b. Chiefs
   c. PDs
   a. Coordinator: Call PD or if not available APD
   b. Chiefs call PD/Coordinator and determine coverage/advisement/assist with contact up to 2-hour mark.
   c. PD will attempt to reach resident up to 3-hour mark

5. If unsuccessful in reaching the resident, who do you contact next and when?
   a. PD/APD (or coordinator): Call Public Safety & GME Manager or DIO
   If no contact within three hours, Assess Risk with Public Safety

6. Are there any additional people that may need to know about this issue?
   Programs Leadership (PD, APD, Coordinator, Chief, Residents sharing rotation or called in for coverage.)
   Chiefs need to be involved as need to attend to scheduling/communication.
   Each role should be informed based on what they need to know to proceed with patient care and duty coverage and ensuring safety of the missing trainee.
   Score: All roles must be identified to receive one point. If role missing = 0

¹ Access policy in MedHub refers to an online platform or system used by medical institutions for information management and communication. Users can access the policy through this platform.