Aurora Health Care®
GME Leadership

Mock Drills to Practice Teaming for Potential "Physician Crisis"

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National Initiative
NI VII Meeting #2
STORYBOARD

Introduction: Background/Context

- Approximately 300 to 400 practicing physicians die by suicide annually[1]
- Medical residents are at high risk for depressive disorders, depressed mood, burnout, and suicidal ideation[2-4]
- ACGME endorsed an "After a Suicide" toolkit to use in time of crisis[5]
  - Aurora GME approved a 4-page *Crisis Communication Plan*
  - Includes a 4-Level (by risk of harm) decision/action tree
  - Outlines key roles for GME & system leaders (e.g., security, legal, EAP, PR, HR)
- As part of extensive prevention interventions, it is vital to prepare PDs APDs, Coordinators, Chiefs for appropriate response in a time of crisis[5]
- Mock drills provide opportunity to simulate high stakes practice[6]

1. Center C, Davis M, Detre T, et al. Confronting depression and suicide in physicians: A consensus statement. JAMA. 2003;289:31613166.
2. Mata DA., et al. Prevalence of depression and depressive symptoms among resident physicians: A systematic review and meta-analysis. JAMA. 2015;314:23732383.
3. Bellini LM, Baime M, Shea JA. Variation of mood and empathy during internship. JAMA. 2002;287:31433146.
4. Dyrbye LN, et al. Burnout among U.S. medical students, residents, & early career physicians relative to the general U.S. population. Acad Med. 2014;89:443451.
5. After Suicide a Suicide: A Toolkit for Physician Residency/Fellowship Programs (American Foundation for Suicide Prevention - AFSP) http://www.acgme.org/Portals/0/PDFs/13287_AFSP_After_Suicide_Clinician_Toolkit_Final_2.pdf
6. Labrague LJ, Hammad K, Gloe DS, et al. Disaster preparedness among nurses: a systematic review of literature. International nursing review. 2018 Mar;65(1):41-53.

AHC-GME Mission/Vision Statement

Vision: To demonstrate GME's leadership role in driving a culture of continuous learning - essential in a high reliability organization

Mission: To improve care for our patients and the well-being of our clinical team members through implementation of system aligned QI projects within and across our GME programs/clinics/service units

Aim/Purpose/Objectives

Aurora Aim: Apply tested interventions to facilitate a safer environment for patients and clinicians

NI-7 Project Aim: To design/implement key GME stakeholders' Crisis Communication Plan Mock Drills to optimize plan utilization during an emergency/crisis (e.g., roles, responsibilities, exceptions)

Methods: Interventions/Changes

Phase 1: Develop Mock Drills - Crisis Communication Plan (CCP)

- Identify 3 realistic drill scenarios associated with key CCP key elements
- Develop an assessment rubric and drill to assess each GME program's leadership responses - approved by GME leadership and HR
- Pilot, reconcile assessor differences, and revise

Phase 2: Implement Mock Drills

- Conduct a mock drill (with 3 scenarios) within individual residency program's leadership team (e.g., PDs APDs, Coordinators, Chiefs)
- Minimum of two assessors for each drill (authors)

Phase 3: On-Going Education with Deliberate Practice

- Analyze data → identify gaps → revise CCP as needed
- Periodic review and practice of plan with GME Leader

Methods: Measures/Metrics

Mock Drill Assessment Rubric → Drill #1: No Show

- Resident didn't show up for inpatient shift today
- Supervising physician has called & paged resident; Chief resident has called & paged the resident
- 3 hrs have passed; No one has heard from resident
- What's the 1st thing you do (by role)

GME Wide Measures

- Well-Being Index
- ACGME Resident & Faculty Survey

Assessment Rubric	Rate-Yes /No
POLICY	
Is there a policy?	
Does the policy contain:	
○ Workflow outlines who would do what when	
○ When to loop in GME and Security/Public Safety	
○ Identification of Risk Factors of potential concern (eg, known illness, mental status, learning plan from CCC, prior no shows)	
ACTIONS TAKEN	
What's the 1st thing you'd do per your policy by role?	
A resident/fellow/faculty says "What's going on with MIA resident. I've been asked to cover." What do you say?	
CONFIDENTIALITY	
Should confidentiality be considered in this case?	
Who are the key people in your program who may need to know the details of this case?	
Is there a process in place to orient Chiefs to their role and bounds of confidentiality?	
SPECIAL CONSIDERATIONS	
What are the special considerations (if any) in this case?	

Barriers – Strategies

Phase #1: Finalizing Mock Drills

- Strategy: Finalize scoring rubrics and pilot
- Strategy: Training raters

Phase 2: Implement Mock Drills with 2 Assessors

- Strategy: Schedule mock drills; every program
- Strategy: Seek to embed drill in existing program leadership

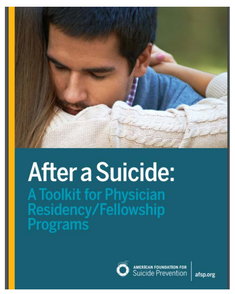
Discussion

Critical Next Steps

- **Phases 1-2:** Finalize Drills, schedule and implement
- **Phase 3:**
  - Compile and review data into meaningful conclusions
  - Use common knowledge gaps to guide future education and awareness campaigns

Areas Seeking Guidance/Input

- Areas of rubric missing?
- Sustaining team time/effort:
  - To do "deep thinking" has been difficult
  - To perform assessments - time consuming and challenging to schedule



Group Feedback

AdvocateAuroraHealth