

Submitting Author: Maya Prabhu, MSc, MD, LLB  
Medical Education Research

Poster Title

Disruptive Patients: A Model for Understanding and De-Escalation for Residents Authors

Maya Prabhu, MD

Disruptive Patients: A Model for Understanding and De-Escalation for Residents

Background:

Objective. To develop resident self-efficacy and knowledge relating to identifying, preventing and managing disruptive patient behavior especially forms of harassment. Background: In December, 2014, a survey was sent to all Internal Medicine Residents (N=140) soliciting their experiences with sexual harassment in the medical workplace. A sizeable number of residents reported a range of unwanted behaviors with patients and staff being the most commonly cited source followed by other trainees or supervisors. A pilot educational session which included role-play was taught by members of the Psychiatry Consultation Service to increase residents sense of self-efficacy in identifying, preventing and managing disruptive behavior.

Method: Based on the needs assessment survey described above and the feedback from the pilot, it is proposed that an educational intervention be developed for residents which includes observed role-play, education about de-escalation techniques and guidance about when and to whom to report such negative experiences.

Results:

Of 139 survey replies, up to 33 respondents indicated they have had been the object of unwanted sexual behavior in the workplace.

Conclusions: Residents experience a range of belittling, harassing and at times frightening experiences in the workplace, most often related to, but not limited to the patient-physician interaction: this is consistent with national surveys from the US and elsewhere. Although the original needs assessment survey was conducted to identify concerns primarily about sexual harassment, residents see disruptive behaviors as occurring along a spectrum of troubling experiences. While sexual harassment can occur in isolation, it can also be a part of a patient's escalating response to other needs not being met. It is proposed that an educational intervention involving formal didactics, observed role-play and de-escalation techniques be developed to improve resident sense of self-efficacy in managing a variety of scenarios. One model already in use at Yale New Haven Hospital and developed by the Clinical Nurse Specialists of the Psychiatry Psychological Medicine Division provides a base toolkit of techniques and existing resources using an interdisciplinary approach. This model has the potential to be expanded both to other trainees, such as residents from other specialties and medical students.