

Using Virtual Simulation Training in Suicide Risk Assessment – Content Description

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Prior to the COVID-19 pandemic, an in-person interprofessional suicide risk assessment (SRA) simulation-based education (SBE) was delivered to address gaps identified in clinical interviewing skills, risk formulation, and care-planning. Because Suicide Prevention is an Accreditation Canada Required Organizational Practice, and due to the organization's goal to maintain continuous readiness, the curriculum design, scenario, debriefing model and training modality were adapted for virtual delivery. These adaptations were in line with the shift to virtual care at the organization.

The training was offered to interprofessional team members and was delivered in the WebEx Training platform. COVID-19 restrictions and maintaining psychological safety were keys factors in the training design and delivery. Attendees were oriented to the training space and briefed on the scenario prior to starting the simulation. Patient stressors related to the COVID-19 pandemic were built into the scenario to maintain high fidelity.

Two participants took an active role in the virtual simulation whereby one participant conducted the SRA, followed by both participants engaging in a discussion regarding the patient's level of risk and the development of a care plan. The remaining participants actively observed the simulation while remaining off camera. Once completed, a 40-minute group debrief using the Modified Plus/Delta Framework was conducted with all attendees to facilitate learning.

Pre- and post-training evaluations were conducted to assess changes in confidence related to SRA skills. The majority of the participants were Registered Nurses or Registered Practical Nurses (44%) followed by Social Workers (21%), Occupational Therapists (21%), Physicians (2%) and Other Disciplines (12%). Gains in confidence for target skills were also demonstrated. This included developing a safety plan, collaborating with a colleague to complete an SRA, determining the client's level of risk, conducting a suicide inquiry, identifying protective factors and identifying risk factors related to the patient's suicidality. With regards to the training modality, participants reported high satisfaction with the overall experience of the virtual simulation session, psychological safety and intention to change practice.

The SRA is a key mental health assessment and lends itself well to virtual SBE. Virtual SBE has allowed for intra & inter- professional opportunities, increasing the ability and

confidence of staff to work more effectively together. Greater reach and engagement from interprofessional team members was a success given the number of disciplines and participants able to partake in the training. The virtual simulation required some technology onboarding and a demonstration of how to use the technology which could be seen as barriers; however the success of the virtual SRA SBE outweighed the barriers, and allowed for the training and support needed by the participants.