

Using Virtual Simulation Training in Suicide Risk Assessment

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INTRODUCTION

Issue

Virtual simulation training has been shown to improve nurses' knowledge, practice behaviors, and confidence, with comparable outcomes to traditional training modalities^{1,2,3}. In addition, virtual simulation supports the development of non-technical skills like communication, team work, and decision-making³. Such skills are important when assessing suicide risk.

Prior to the COVID-19 pandemic, the Professional Practice Office and Simulation Centre collaborated to deliver an in-person suicide risk assessment (SRA) simulation training, to address gaps identified in clinical interviewing skills, risk formulation, and care-planning. As a result of the SRA being an Accreditation Canada Required Organizational Practice, and the organization's goal to maintain continuous readiness, the curriculum design, scenario, debriefing model and training modality were adapted for virtual delivery, in line with the shift to virtual care at the organization. COVID-19 restrictions and maintaining psychological safety were key factors in the training design and delivery.

METHODS

Phase 1

Created and disseminated a "how-to" document to clinicians. This document, was intended to be reviewed with their respective teams and educational leads, and outlines the CAMH policies, safety considerations and strategies for conducting virtual care. This phase addressed the identified knowledge gap in conducting SRAs virtually.

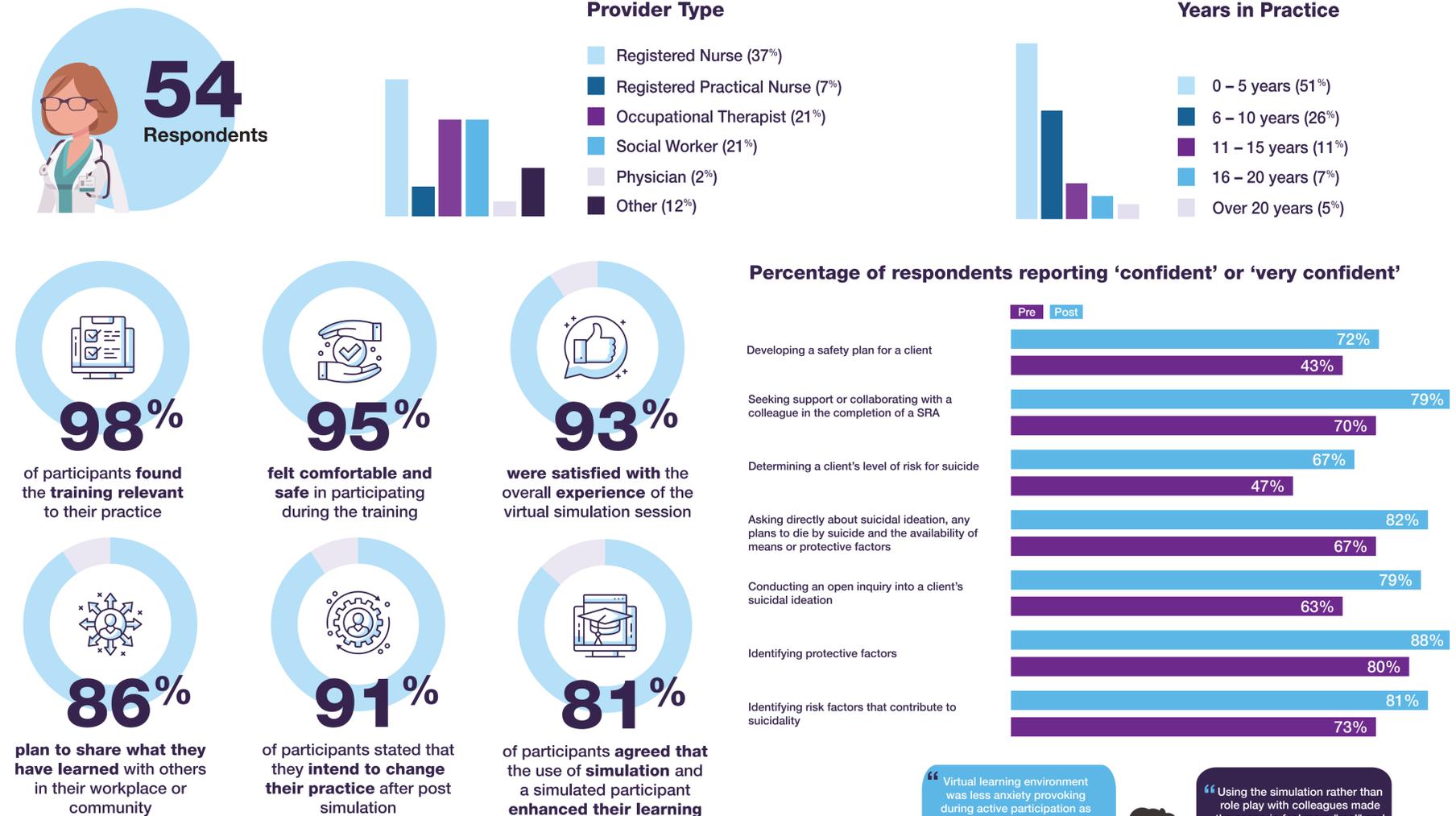
Phase 2

Offered virtual SRA simulations on the WebEx Training Platform with the use of a Simulated Participant (actor portraying patient). This phase addressed the identified need to practice/experience conducting SRAs and assess the client's level of risk virtually.

Format of training

- Introduction (20 min)
- Simulation (20 min)
- Break (10 min)
- Debrief & Discussion (60 min)
- Reflections (15 min)

RESULTS



DISCUSSION

The COVID-19 pandemic required the Professional Practice Office and Simulation Centre to pivot to virtual education to support clinicians conducting virtual care. Altering the original in-person simulation scenario and training format to reflect the same virtual care environment that clinicians are conducting SRAs in, created learning opportunities not otherwise available in in-person offerings. Adapting to virtual simulation has also increased the range of disciplines participating in the training.

Evaluation results indicate that participants felt comfortable and safe participating in the virtual simulation training, plan to share what they've learned with colleagues and intend to change their practice, demonstrating that the virtual learning platform is an effective simulation modality for continued medical education.

ACKNOWLEDGEMENTS

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