**MOCK DRILLS TO PRACTICE TEAMING FOR POTENTIAL “PHYSICIAN CRISIS”**

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**INTRODUCTION: BACKGROUND/CONTEXT**
- Approximately 300 to 400 practicing physicians die by suicide annually.
- Medical residents are at high risk for depressive disorders, depressed mood, burnout, and suicidal ideation.
- ACGME endorsed an “After a Suicide” toolkit to use in time of crisis.
  - 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.
- Mock drills provide opportunity to simulate high stakes practice.

**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.

**PHASE 3: GOING ON EDUCATION WITH DELIBERATE PRACTICE**
- Analyze data → identify gaps → revise CCP as needed.
- Periodic review and practice of plan with GME Leader.

**METHODS: MEASURES/METRICS**

**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.

**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**

**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)?

**Assessment Rubric**

<table>
<thead>
<tr>
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<tbody>
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<td>Does the institution:</td>
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**ACTIONS TAKEN**

What’s the 1st thing you’d do per your policy by role?
- A resident/attend/faculty says “What’s going on with XA resident. He was 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 of role in this case?’

**MOCK DRILL ASSESSMENT RUBRIC → Drill #2: Dr. Smith’s Death**
- Dr. Smith has not shown up for rounds.
- Residents have called the family to check on his well-being.
- There is no response from Dr. Smith’s family.
- What’s the 1st thing you do (by role)?

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**MOCK DRILL ASSESSMENT RUBRIC → Drill #3: Dr. Jones’ Call**
- Dr. Jones called to report that his daughter is suicidal.
- This is the 1st time Dr. Jones has called.
- What’s the 1st thing you do (by role)?

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- SPECIAL CONSIDERATIONS
- ‘What are the special considerations of role in this case?’

**MOCK DRILL ASSESSMENT RUBRIC → Drill #4: Dr. Brown’s Call**
- Dr. Brown called to report that his son is suicidal.
- This is the 1st time Dr. Brown has called.
- What’s the 1st thing you do (by role)?

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