

“Let’s RAP”: Risk Assessment in Pediatrics: A Quality Improvement Project



COLLEGE OF MEDICINE
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Introduction

Mental health disorders in the pediatric population have increased throughout the COVID-19 pandemic, including suicidality.

In residency, each specialty has various competencies and milestones that must be achieved regarding the evaluation and assessment of emergency situations; yet are not provided with directives on how to fulfill these educational requirements. It is imperative that resident physicians understand how to appropriately use risk assessment tools in the assessment and management of children with suicidality.

Purpose

A quality improvement project was designed to study the impact of an interactive didactic session on resident physician knowledge and confidence with interviewing a suicidal child, completing a standardized risk assessment, and treatment guidelines in the management of a suicidal child.

Methods

An email was distributed to program directors at University of Toledo requesting a 30-minute didactic session. Each session was led by faculty, residents, and medical students from the Department of Psychiatry. The session included a didactic on suicidality in youth, a question & answer portion, and a handout containing summary information with local resources.

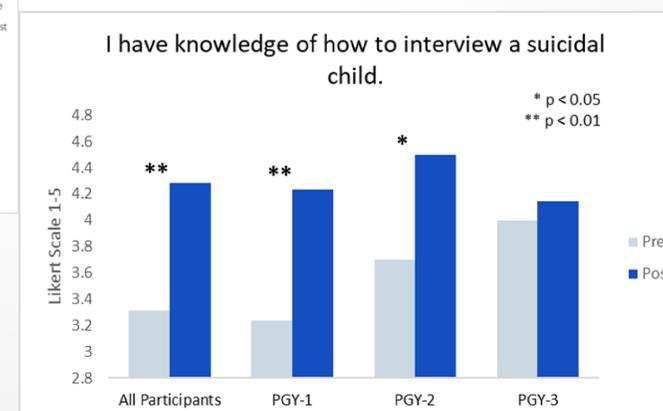
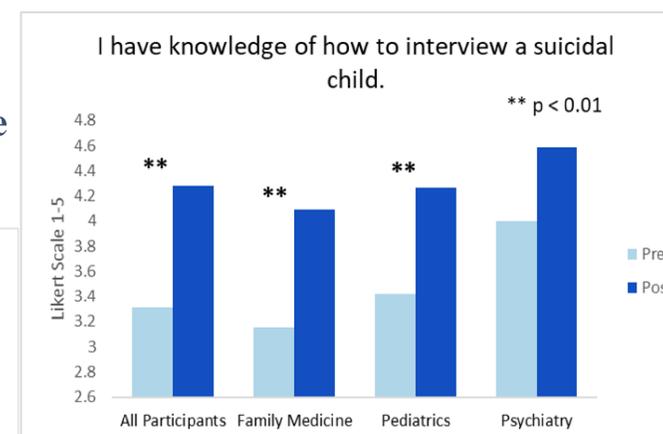
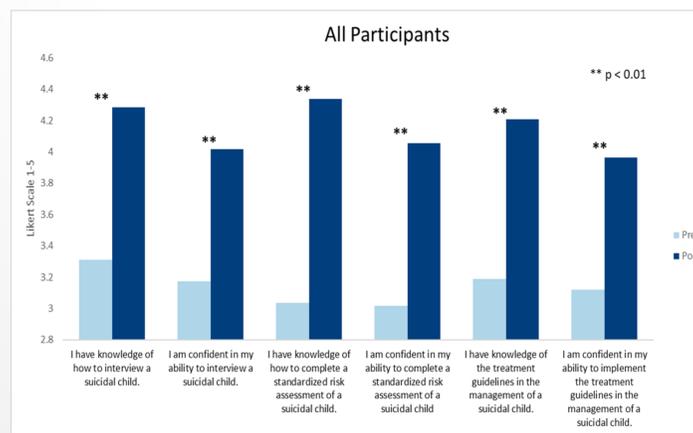
The participants completed a pre- and post-session 6 question Likert scale survey examining knowledge and confidence in suicide risk assessment of a pediatric patient.

Results

Psychiatry, Pediatrics and Family Medicine residencies participated. For all participants, knowledge and confidence improved after the presentation ($p < .01$).

- All six survey questions were statistically significant with $p < 0.01$.
- When stratified by specialty, all questions were significant with $p < 0.01$ for Family Medicine and Pediatrics.
- Family medicine residents improved significantly on knowledge of how to complete a standardized suicide risk assessment in a child.
- Only question three, “I have knowledge of how to complete a standardized risk assessment” was statistically significant with $p < 0.05$ for Psychiatry.
- When stratified for training level, all six questions were statistically significant with $p < 0.01$ among PGY-1 residents.
- Among PGY-2 residents all questions were statistically significant with $p < 0.05$.
- Questions 3,4, and 6 were statistically significant with $p < 0.01$ among PGY-2 residents.
- Among PGY-3 residents, only question three was statistically significant with $p < 0.05$.
- Only question three remained statistically significant across all stratification.

Assessing Confidence In Using Suicide Assessments



Discussion

Family medicine had the greatest improvement in knowledge of how to complete a standardized suicide risk assessment in a child followed by pediatrics, then psychiatry.

This may be due to training requirements within their own specialties (e.g. since psychiatry has the most pre-existing training, including taking child-call, there was less improvement).

Higher significance values among the lower PGY-levels may be due to less knowledge and experience with this patient population.

All specialties did significantly improve in knowledge and confidence in interviewing suicidal children. This highlights the importance of collaborative educational projects by psychiatry to improve access to mental health care for all children

Conclusion

Appropriate management of pediatric suicidality requires clinician knowledge of the components and treatment guidelines for risk assessment. Given the low level of comfort among primary care providers with performing and managing pediatric risk assessments, effective instruction with inter-departmental didactics may help fill this educational gap.

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