VAL LISHMAN HEALTH RESEARCH FOUNDATION

Investigating the merits of simulation-based video materials on inter-professional practice in community-based suicide prevention training

Final Report

June 2016

RACGP ACCREDITATION

RACGP accreditation has been approved for:

- Completion of modules 1, 2 & 3 – Activity Number 45301, 40 Category 1 points
- Completion of module 1 only – Activity Number 40889, 4 Category 2 points
- Completion of module 1 & 2 only – Activity Number 40889, 8 Category 2 points

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Communication: Beth McEwan, RACGP, WA
Date: 18 February, 2016
Subject: Online category 2 application – a pragmatic guide for GP's suicide prevention

Perfect – thanks!

The activity is approved with activity number 40889 – for 8 category 2 points.

Kind Regards
Beth

Beth McEwan
QI&CPD Program Coordinator
RACGP WA

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WEBSITE LAUNCH

The website (http://www.vlhrfsuicideprevention.org.au) launched on January 20, 2016. Final editing approval and authority for payment to website developers (The Kaiju Creative) was provided by Professor Cobie Rudd on 30.06.2016. This included additional development allowing access to participant results of the pre-disposing and module quiz activities that was outside of the original agreement with the Kaiju.

URL REGISTRATION

The URL (vlhrfsuicideprevention.org.au) registration with auDA (.au Domain Administration Ltd) was confirmed on February 17, 2016.

Communication: Chris Disspain, .au Domain Administration Ltd
Date: 17 February, 2016
Subject: Welcome to the .au domain space

Hello,

Congratulations on the registration of your .au domain name vlhrfsuicideprevention.org.au, from all of us at auDA (.au Domain Administration Ltd).

What is auDA you ask? We are the policy authority for the .au domain name space.

But this is about you. As a new registrant, this email aims to give you some basic guidance and assistance - should you ever need them - regarding important stuff about your domain name and the policies that help protect you.

Here is what you need to know -

- You need to keep your ***contact details*** up-to-date; to check these at any time you can go to whois.ausregistry.com.au - for any changes, your registrar can help you with that. If you are concerned about your privacy, you can use a generic contact email address like info@yourdomain.com.au (but it must be an address that you check regularly)
- A full list of ***auDA policies*** governing .au domain names can be found at www.auda.org.au/policies
- We hope you don't come across any problems, but if you want to make a ***complaint*** or want guidance in settling a ***dispute*** about a .au domain name, there is a formal way to do this. You can find out exactly how at www.auda.org.au/submitcomplaint

auDA policies are regularly reviewed. If you would like to be kept ***informed of changes***, you can subscribe at www.auda.org.au/announcements

If you want to ***read more about us*** and the ***community programs*** we work on to help support .au domains, our website is the perfect place at www.auda.org.au, or if you wish to contact auDA, this is the best way - info@auda.org.au

Welcome and thank you.

Sincerely,
Chris Disspain | Chief Executive Officer
.au Domain Administration Ltd | ACN 079 009 340
T: +61 3 8341 4111 | F: +61 3 8341 4112
E: info@auda.org.au | W: www.auda.org.au
Twitter: @auda | Blog: www.auda.org.au/blog
auDA - Australia's Domain Name Administrator

RURAL AND REMOTE MENTAL HEALTH CONFERENCE (20–23 October, 2015)

Owen Carter successfully presented at this conference. The submitted abstract can be found below:

Title: **Development of a practical, online, suicide prevention course for general practitioners in the South West**

Authors: Associate Professor Owen Carter*, Professor Cobie Rudd*
Sponsored by the Val Lishman Health Research Foundation

* Office of the Pro-Vice-Chancellor (Health Advancement), Edith Cowan University

Recognising that suicide prevention was a pressing local issue in the South West, the Val Lishman Health Research Foundation (VLHRF) commissioned an assessment of suicide prevention capacity of local front-line services. A survey was undertaken of health professionals, the results of which highlighted inadequacies in health professional collaboration, understanding of roles and responsibilities, and active professional development.[1] In particular, three-quarters of general practitioner (GP) respondents had undertaken no suicide prevention training in the past three years, fewer than half could identify early warning signs of suicide risk, and less than one-in-ten considered interprofessional collaboration effective for suicide prevention. In response, VLHRF approached Edith Cowan University (ECU) to modify an existing suicide prevention training package and specifically tailor it for South West GPs. In recognition of GPs being time-poor, VLHRF asked for the package to be in a modular form and be delivered online. It was also requested that video vignettes be used to simulate a range of clinical encounters with suicidal patients under the observation that these increase trainee engagement with the learning materials. In response, ECU collated a range of real-life anecdotes from mental health professionals in the South West and developed these into three scripts that were converted into 'photomatics'- storyboards using photographs and actor voice-overs. These were shown to 14 GPs from Busselton and Bunbury and eight medical students from the Rural Clinical School of WA. Feedback suggested the scripts were believable, interesting and relevant to the GPs and fully covered the areas of early warning signs, asking about suicidal thoughts, creating a safety plan, and interprofessional collaboration. These results suggested the scripts met the brief well. However, further discussions suggested that the original brief itself was wide of the mark - the GPs suggested they were more familiar identifying suicidal patients than previously believed - what they really wanted to know was 'what to do next' in terms of developing a treatment plan and follow-up, especially in isolated areas with limited access to other health services. An extensive search of existing suicide training packages suggested nothing of this type really existed elsewhere; the end-point of most training was to 'refer to a GP' rather than 'what GPs should do next'. This necessitated 'going back to the drawing board' and coming up with a new paradigm that would be useful for GPs. To fit this new brief, ECU envisaged a three-part, pragmatic training package for GPs, essentially outlining:

[1] B. J. English & J. C. Devereux (2011) LIFE in the South West of Western Australia: A study of existing suicide prevention services. Edith Cowan University: commissioned by the Val Lishman Health Research Foundation.

Step 1: Diagnosis of suicide risk, considering five contributing domains of a biological, cognitive, emotional, behavioural and environmental nature;
Step 2: Treatment as appropriate, considering availability, accessibility, acceptability, efficacy and timeliness; and
Step 3: Measurement to determine if treatment has diminished risk.

This training package has been under development for the past year and is currently in the final stages before launch.

EVALUATION

Seven participants took part in the evaluation, each receiving a $150 gift card (an additional cost covered by ECU as the VLHRF grant funding has been fully used) as reimbursement for their time for completing the training package, as well as participating in a short phone interview. Three of the participants were medical students currently studying at Notre Dame University, with the other four being GP trainees currently residing in South-West WA. A pragmatic, action-research oriented, interpretive inquiry approach was utilised whereby participants were asked to recall their experiences, feelings, beliefs and perceptions of the training package. Quotations were organised into themes for analysis.

Four consistent themes arose from the analysis of the interviews, namely the 'Case Studies' (often referred to by participants as 'videos'), 'Assessment Tasks', 'Drag and Drop Tasks', 'Resources', and 'Transfer to Practice'.

Case Studies

The case studies (or videos) were viewed very favourably by participants, e.g., *"The videos were really great, with the examples of the actors and whatnot they really showed how things are."* The majority of the participants made comment about how they felt the scenarios were realistic and depicted well a consult with patients suffering different stages of suicide ideation, e.g., *"It was similar to sitting in on a real consult. They were quite realistic"* and *"I thought they were really realistic, and I liked how they were broken up into each of their segments all within the same case"* and *"The interactions seemed quite genuine and less contrived than what I'm used to. I liked the variation that was allowed within them. They basically treated the patients like intelligent people. I liked that."* The participants also commented on how the case studies being depicted were more beneficial than their previous learning modalities that were typically more didactic and utilised textual resources as opposed to videos, e.g., *"I'm a visual learner as well so seeing things being played out in real life helps a lot. I think I'll be looking back at these in the future and thinking about my patients and how they might be similar to the patients from the videos"* and *"The videos were good in the way the GP's kind of managed it. I mean reading what you are supposed to say is one thing but seeing how it flows is another thing that kind of gives you different strategies and 'one liners' and things like that to use with patients. Seeing something in action is easier to learn from than reading it I think."*

One consistent less than positive theme did arise from discussions of the case studies that—while they were viewed as realistic—were unable to allow for patient and consult variation. Specifically, some participants mentioned that while the GP's handled themselves very well, often consults do not run as smoothly as those depicted, and that it may have been beneficial to provide more information pertaining to dealing with combatant or impassive patients, e.g., *"I guess one thing, I*

mean some patients like that young guy who was a bit agitated and aggressive, I mean sometimes you actually can't counteract that, with patients getting overheated or whatnot. And so I guess maybe what would have been good would be some suggestions of what to do in those circumstances" and *"I guess realistically a GP would not always have the time to go into the level of detail, like the guy with the neck complaint, I'm not sure whether most GP's would have actually gone down that line of questioning. Although, I guess that's the point of this training!"*

Assessment Tasks

Typically participants were relatively impartial when it came to the assessment tasks (i.e. not positive or negative). They felt they adequately contributed to reinforcing their learning, and liked that they were given the opportunity to re-do assessment tasks if they were unable to attain an appropriate mark the first time around e.g., *"Having to redo the module quizzes isn't a bad thing, it gives you more time to think about it"* and *"I think I marked one of the girls as medium risk when she was high risk. But as I re-read all the material I realised she was definitely high risk and I should have picked up on that"* and *"Some of the questions were really easy, this was a slam dunk, but some of the others you really had to think about each option so overall I did like the end of module quizzes."* Participant also felt that feedback being provided on whether they answered correctly or incorrectly for each question was also valuable e.g., *"I like how it explained whether you had a question right or wrong. That was a good learning tool."* With respect to the predisposing learning activity entitled 'A Quick Refresher' participants appreciated how this section 'set-up' the course to follow, with some commenting on how they were somewhat surprised that this section challenged their base knowledge, e.g., *"You know you consider young males to be your main target. This brings in the fact that the population of 80 year olds is very small but the incidence rate was highest in them is something to keep in the back of your mind"* and *"It was really good. I got quite a few questions wrong, so it was good because what I had assumed was a little off so I had something to learn so I thought that was really good putting that at the start of the modules because it gave you a little kick up the bum and told me I better pay attention and learn something because I didn't get the best result, so that was good I thought"* and *"I liked the questions because they were designed in a way that you might jump to the obvious conclusion or answer but it wasn't actually the right one."*

Drag and Drop Tasks

There was a consistent view-point that the Drag and Drop function exercises were of diminutive value and constituted little to participants learning. Participants agreed that the actual content included in these exercises was fine, it was merely the exercise of dragging boxes into a seemingly arbitrary ranking order participants did not respond well to e.g., *"It was hard to guess and I mean it literally was a guess as it terms of what makes it a higher risk for someone. I think some factors I thought would be much higher than they were. I don't know if this added much more to my learning"* and *"In the case of a consult with someone you're not really going to draw on that information I wouldn't have thought."* The seemingly random nature of this exercise often led to participants becoming frustrated, e.g., *"It was pretty frustrating when I couldn't get it right. You know I'd just try and drag it into every different box. Toward the end I was just going through the motions because my brain wasn't actually getting the hang of it"* and *"I did not in any way participate in the drag all of these things into the order of importance. It didn't work. It was of no learning use to me whatsoever and I just found it a frustrating and fairly pointless exercise. It wasn't really very helpful in a practical sense and it took frickin' forever. I knew which ones were vaguely more important than others but someone has decided that this is number three and this is number four and that's not really how it works in real life. It's not going to be applicable practically. In the end I just skipped it."* One participant felt that a feedback mechanism justifying the order of these rankings may have been of benefit e.g., *"I don't think there was much feedback about why these were the right answers. It*

would have been more valuable if there was some feedback. Just putting them in the boxes and then there was nothing to follow-up on that."

Resources

Many participants felt the resources and web links provided in the package were very useful, and often stated that they had downloaded and saved these resources for future reference e.g., *"I saved all the resources that you gave because I think they'll definitely be useful"* and *"I think really what was most useful was the flow-chart stuff which detailed what to ask and how to ask it. I think most of us are at a stage where we know what to do but putting it all together and stratifying it into risk levels and what to do, I think that will be useful for me. What to do in certain situations"* and *"I did like the assessment tree or flowchart that you can apply to any given situation. Being able to have different criteria to place people into low, moderate or high risk for suicide is very helpful, it gives you an objective way to approach any situation instead of getting overwhelmed by all the horrible, subjective things that have gone on in someone's life. It's good to have a point where you can step back and apply this objective criteria to it which gives you a way forward and a way of hopefully managing that patient successfully."* In fact, one participant stated they would have enjoyed additional resources being made available, e.g., "*It would be nice to have a few more links to references and reading materials maybe just to save for later and to consolidate what was being taught in the modules. A few more articles or whatever would have been nice."*

Transfer to practice

All participants agreed that there were lessons taken from the training package they envisioned would be implemented into their current practices. The majority of the value seemed to stem from the downloadable resources (which many participants took advantage of) and the case study videos e.g., *"I think I'll be looking back at these in the future and thinking about my patients and how they might be similar to the patients from the videos"* and *"It's particularly relevant to GP'S, I think, probably not just me but a lot of people would find it hard to bring it [suicide] up or know what to say to someone who does bring it up"* and *"How to ask certain things and to approach the topic of suicide, and even just management of a person that is high risk, knowing what to do with them immediately, it just gave me a better idea of how to approach the situation, so that was useful."*

Overall, participants saw great value in the training package and felt it was relevant to training of GP's with respect to suicide ideation. Participant saw the greatest value in the case studies depicted and enjoyed the distinction into low, medium and high risk patients, and the differing diagnosis, treatment and follow-up alternatives specific to level of risk. There were some exercises within the package that were felt to not contribute to greater learning (i.e. the drag and drop box function exercises) but the content discussed in these sections was felt to be entirely appropriate. All participants felt they would take some aspect of the training into future patient consultations.

WEBSITE HANDOVER

The website is now ready for active launch. Participants can register for a user account including input of their RACGP accreditation number which will allow for processing of RACGP accreditation points for CPD purposes. An automated email will be sent to Dani Mastrocola, the Systems Intervention Research Centre for Health (SIRCH) at ECU, informing when a participant has completed a module of the training package. At the close of every month, Dani will process these points with the RACGP. A Course Admin User Guide has been provided by the Kaiju web developers allowing access to the 'back-end' of the website that will allow for changes to content or administration details to be input and has been provided in conjunction with this Final Report.