safeTALK: An Integration of Suicide Prevention Training into the Preclinical Curriculum

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Introduction

According to the the Centers for Disease Control and Prevention, in 2021, 1.7 million adults attempted suicide. Furthermore, the number of deaths from suicide increased 2.6% from 2021 to 2022 (1). Every year, 300-400 physicians die by suicide (2). To address this ongoing mental health emergency, suicide prevention workshops have been introduced to resident physicians to aid their ability to recognize and act in these scenarios while providing patient care (3). However there exists a gap in suicide education for medical students, especially in the preclinical years.

During their four years at Oakland University William Beaumont (OUWB), students complete the Promoting Reflection and Individual growth through Support and Mentoring (PRISM) longitudinal course. One of the first sessions during the M1 year focuses on burnout, depression, and suicidal ideation prevention. Our Suicide Prevention (MHFA) Project is an extension of this class. Through this project, our goal is to provide students with an opportunity to complete an optional SafeTalk Training. SafeTalk Training, offered by the Corewell Health Spiritual Care Team, is a three hour training that uses a combination of videos, role playing, and conversations to teach students how to recognize and respond to suicidal ideation.

Aims and Objectives

1. Describe the relationship between the SafeTalk training and students' perceived ability to identify a mental health crisis.
2. Describe the relationship between the SafeTalk training and students' perceived ability to handle a mental health crisis.

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Methods

We began this project by surveying medical students across the country to gain an understanding of how many medical schools have suicide prevention training as a part of their preclinical curriculum. This survey included AAMC's Organization of Student Representatives (OSR) from 38 medical schools. Next, we offered suicide prevention training for preclinical students at Oakland William Beaumont School of Medicine (OUWB). The suicide prevention training we chose was safeTALK. In February 2024, this training was first available as an optional session. The training was advertised to students via the Office of Student Affairs emails and class group chats. A total of 12 M1 (5) and M2 (7) students participated. In August 2024, this training was incorporated into M1 orientation as a mandatory session. A total of 127 M1 students participated. For both sessions, students completed a four question pre-training survey that asked about their class standing, prior suicide prevention training, and self-percieved ability to identify and handle a mental health crisis on a 1-10 likert scale. The "1" denoted not prepared while "10" denoted very prepared. Furthermore, ability to "handle" was defined as "connecting an individual experiencing a mental health crisis with appropriate resources." In the two question post-training survey, students were again asked to report their comfort with these skills. Data analysis was performed using Microsoft Excel. A comparison of assessment scores was done by using paired t-tests. A p-value of less than 0.05 was considered statistically significant.

Results

Figure 1: AAMC OSR survey (n=38)

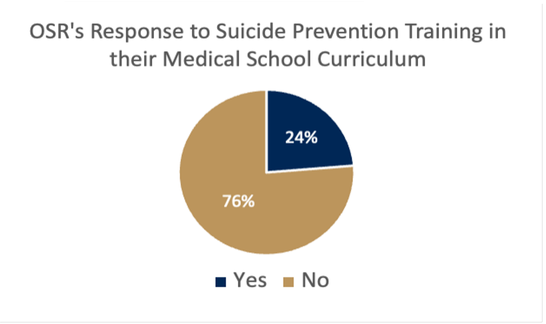


Figure 2: Optional Session Results (n= 5 M1 and 7 M2 students)

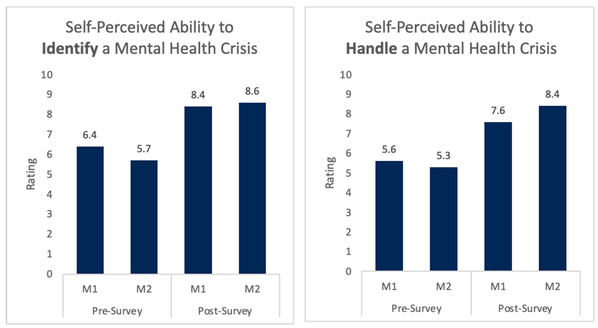
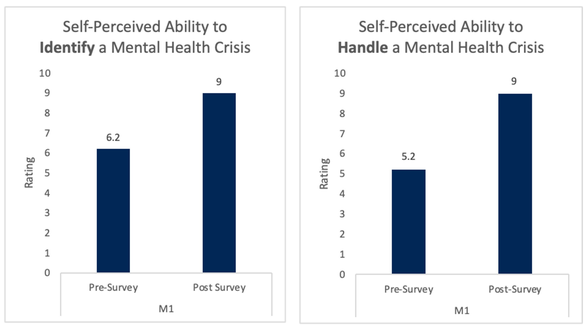


Figure 3: Mandatory Session Results (n= 127 incoming M1 students)



Conclusions

Our data showed that there was a statistically significant increase in students' ability to both identify and handle a mental health crisis after they attended the safeTALK Training at OUWB.

Some limitations include the small sample size of the pilot program and that all of our survey responses were collected directly after the training. Future studies can investigate students' preparedness over time (end of preclinical or during rotations).

Moving forward, we would like to incorporate more medical-student based scenarios into the training. Furthermore, we would also like to expand safeTALK to other medical schools.

Select Recommendations

Having the safeTALK training as a part of the M1 mandatory orientation…

- allows us to train the **most** amount of students at the **earliest time**
- reminds students of the **importance of mental health** at the start of medical school
- serves as an opportunity to **equip students with the skills** to not only help a patient in a mental health crisis but also a peer
- emphasizes that the OUWB community is a **safe space** for students

References

1. Suicide Data and Statistics | Suicide Prevention | CDC. https://www.cdc.gov/suicide/suicide-data-statistics.html

2. Eckleberry-Hunt J, Lick D. Physician Depression and Suicide: A Shared Responsibility. *Teach Learn Med*. 2015;27(3):341-345. doi:10.1080/10401334.2015.1044751

3. Stanley A, Chelvakumar G, Cody P, Sadhir M, Nugent M, Hoffmann R, Simpson P. Resident Training Curriculum in Adolescent Depression and Suicide Screening. *MedEdPORTAL*. 2016;12:10361. https://doi.org/10.15766/mep_2374-8265.10361