A Personal Crisis Management Plan for Residents

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Introduction

• Studies have shown that approximately 30% of residents are depressed and 10% have had suicidal ideation yet few tools have been developed for residents to address this professional risk.

Objectives

• To develop a tool which can be used for identification and resources for mental health issues

• To design a session in which a personal crisis management plan can be introduced to residents early in the training curriculum.

Curricular Design

• Using a template similar to safety plans used by psychiatrists in suicidal patients (Fig 1), a personal crisis management plan given to interns during orientation. Interns were asked to identify warning signs that might indicate they were headed towards crisis and to create an individualized list of coping strategies and resources to use once they identified an impending crisis. They were also invited to give examples of triggers and coping mechanisms.

• The goal of introducing residents to this tool early in training was to make them aware of the potential for emotional crisis during the high risk period of training as well as to decrease the perceived social stigma of discussing mental health in medicine.

Personal Crisis Management Plan

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. 
2. 
3. 

Step 2: Internal coping strategies - things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activity):

1. 
2. 
3. 

Step 3: People and social settings that provide distraction:

1. Name 
   Phone 
2. Name 
   Phone 
3. Name 
   Phone 

Step 4: People whom I can ask for help:

1. Name 
   Phone 
2. Name 
   Phone 
3. Name 
   Phone 

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name 
   Phone 
2. Clinician Name 
   Phone 
3. Local Urgent Care Services Address: 
   Urgent Care Services Phone: 

Step 6: Making the environment safe:

1. 
2. 

Fig 1
Results

• Assessment of the usefulness of the tool was done by surveying interns 3 months into their intern year to measure their perception of the likelihood of developing suicide ideation in their training, how useful they felt the personal crisis management plan would be if they found themselves in crisis and if they had used the tool.

• Feedback from interns indicated that having an electronic version of the plan would be a useful modification as it would be more accessible than the paper version originally used.

• A survey of the intern class with a response rate of 88% (21 out of 25) showed that 40.9% of interns felt they were “likely or “very likely” to become depressed or suicidal in residency (Fig 2). 40.9% and 27.3% agreed and strongly agreed that the personal crisis management tool would help them identify a crisis. 59.1% and 18.2% agreed and strongly agreed that the personal crisis management tool would help manage a crisis (Fig 3). 31.8% of respondents indicated that they had used their personal plan in the last three months (Fig 4).

Conclusion

• Initial results indicate that interns recognize the high mental health risk that residency training comes and a majority feel that a personal crisis management tool would be useful in identifying and managing a personal crisis.

• In a follow up survey, when asked how the personal crisis management plan for residents could be improved upon, residents’ answers seemed to focus on ease of accessibility as well as increasing accountability in using the tool. Next steps may include designing an app-based version of the tool which both makes it easier to access, and can be created such that a resident receives notifications to review and update their personal plan.

References