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Developing Suicide Assessment Teaching Strategies through Understanding Nursing Students' Experiences of Assessing Suicidal Ideation

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Background About Suicide

- 36,035 individuals committed suicide in 2008 (CDC, 2011)
- One million adults in the U.S. reported attempting suicide in the past year (CDC, 2011)
- A top five sentinel event in healthcare facilities in the U.S. (The Joint Commission, 2011)

Standards of Practice

- Healthcare professionals must conduct suicide risk assessments (The Joint Commission, 2011)

- Nursing students must learn about suicide assessment and devise and implement suicide prevention strategies (IPNA/APNA, 2008)

Standards of Practice

- QSEN Safety Competency: “Minimizes risk of harm to patients and providers through both system effectiveness and individual performance” (QSEN, 2012).

Gap in the Literature

- Nurses affirm difficulties assessing suicidal ideation, reporting they don't have the knowledge and skills to effectively elicit suicidal ideation (Clark, Brown & Giles-Smith, 2008; Keogh,Doyle & Morrissey, 2007; Valente & Saunders, 2004).

Study Purpose

- Examine student nurses' experiences of assessing suicidal ideation
  - The clinical and research literature have focused on risk and protective factors rather than on suicidal ideation and intent to commit suicide (Shea, 2009, para. 3).

Study Design

- Phenomenology and hermeneutics
  (Gadamer, 1960/1989; Heidegger, 1927/1962)
- Interviewed eleven senior nursing students
- Topical analysis of students' experiences
  (Smith, 1991; Moules, 2002)

Findings

- Theme 1:Fearing Suicide Assessment
- Theme 2:Limiting the Assessment
- Theme 3:Beginning Therapeutic Conversations

Theme 1. Fearing Suicide Assessment

- Difficult to assess something that is "taboo."
- "What was I going to do if my patient said yes?"
- Feeling relieved when the patient denied suicidal ideation- "I was not prepared."

Theme 2. Limiting the Assessment

- Eager to ask patients about ideation and plans
  - Became the focal point of the assessment
  - Students' primary goal
- Wanted to be able to document "denies suicidal ideation and plans to commit suicide"

Theme 3. Beginning Therapeutic Conversations

- Therapeutic Conversations: Intentionally helping individuals explore concerns about their problems to provide opportunities that bring forth healing (Wright & Leahey, 2009).

- Students unknowingly began therapeutic conversations with those who were at risk for suicide

Theme 3. Beginning Therapeutic Conversation

- Quickly naming problems
- Inaccurate labeling/nursing diagnoses
- Misidentifying corresponding interventions

Implications

Increase Students':

- Confidence in suicide assessment
- Ability to skillfully interview those at risk for suicide
- Ability to have more extensive therapeutic conversations with those at risk for suicide

Teaching Strategies/Confidence, Interviewing, Therapeutic Conversations

- 'Solution-Focused Nursing' care:
  - Patient education
  - Strengths development
  - Self-care

(McAllister, Billet, Moyle, & Zimmer-Gembeck, 2009, p. 122)

Teaching Strategies/Confidence, Interviewing, Therapeutic Conversations

- 'Think Aloud' to measure clinical reasoning
  - Providing nurses with 'real' patient scenarios
  - Asking them to 'think aloud' plans and decisions
  - Example: "Could you please recall your thinking processes in reaching conclusions about the patient's condition and your recommended response?"

(McAllister, Billet, Moyle, & Zimmer-Gembeck, 2009, p. 123)

Teaching Strategies/Confidence, Interviewing, Therapeutic Conversations

Exemplary Response

- The nature of self-harm seems to be keenly understood. Change is not forced. The person is helped to feel secure. Concern for ongoing safety and support is conveyed.

Inadequate Response

- The understanding of self-harm is inadequate. Because of the approach, it is likely that the person will feel insecure and unsafe. There is a lack of concern for the person.

(McAllister, Billet, Moyle, & Zimmer-Gembeck, 2009, p. 125)

Teaching Strategies/Interviewing

- Use of self-reports (e.g., Beck Depression Inventory®) and interviews may result in more accuracy about assessing suicide risk (Yigletu, Tucker, Harris, & Hatlevig, 2004).

Teaching Strategies/Interviewing

- Behavioral Incident: Used to elicit the behavioral details of a story as opposed to the patient's opinions
  - Fact finding: Asking about specific behavioral details as opposed to patient opinion
  - Sequencing: Uncovering both behaviors and cognitions in a sequential fashion

(Shea, 2007, p. 253)

Teaching Strategies/Interviewing

- Fact finding: Asking about specific behavioral details as opposed to patient opinion
  - "How close do you think you came to killing yourself?" (opinion) vs. "Exactly how many pills did you take?"

(Shea, 2007, p. 253)

Teaching Strategies/Interviewing

- Sequencing: Uncovering both behaviors and cognitions in a sequential fashion
  - "What did you do then?"
  - "What were you thinking at that moment?"

(Shea, 2007, p. 254)

Teaching Strategies/Therapeutic Conversations

- Teaching students how to have therapeutic conversations.
  - "One Question Question": "If you could have just one question answered through our work together, what would that one question be?" (Duhamel, Dupuis, & Wright, p. 462)
- Handout B

Limitations

- Research approach limited to topical analysis
- Need for more research: multi-site studies
- Evidence-based limited to those studies that corresponded to findings

Thank you-Questions?

Acknowledgements

Thanks to Viterbo University for funding the study

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