

## BACKGROUND

- Globally, suicide ideation reports in medical students vary from a range of 6 to 43% (Coentre & Góis, 2018).
- Suicide is nationally one of the leading causes of death, and in 2020 ranked 12th for causes of death in the U.S., claiming the lives of 45,979 Americans, including 1,444 of Michigan residents (“Facts about Suicide, 2022).
- Medical students, as future physicians, may be an important resource to help both other medical students and community members struggling with suicide ideation.
- There are several studies that demonstrate a lack of physician competence and training in identifying and responding to mental health conditions such as depression and suicidal ideation. A study conducted with Family Medicine specialists during a patient visit with a patient-actor demonstrated that 97.6% of physicians failed to attend to the patient’s depressive symptoms (Stoppe, 1999).
- This study aims to evaluate current medical student self-perceived competency to treat patient suicidality and therefore the overall utility of implementing a Suicide Awareness, Prevention, and Management Training into the Wayne State School of Medicine (WSUSOM) curriculum.

## METHODS

- This study surveyed 46 current first year medical students at Wayne State University School of Medicine, using Qualtrics.
- The survey questions utilized the questions from the Gatekeeper Behavioral Scale, in order to measure participants’ intentions (preparedness, likelihood, and self-efficacy) to engage in gatekeeper behavior (Albright, 2016).
- Additionally, questions regarding state-specific resources and preparedness were asked within the survey.
- Gatekeeper training aims to boost action through identifying, motivating, and referring people who may be at risk of suicide.
- Prism and Qualtrics were used to visualize the data.

## RESULTS

Figure 1: Student Preparedness in Suicide Prevention

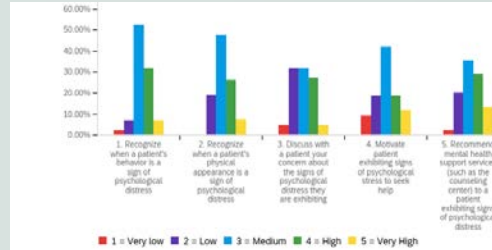


Figure 2: Prompts regarding Student Likelihood to Interfere in Suicide Prevention

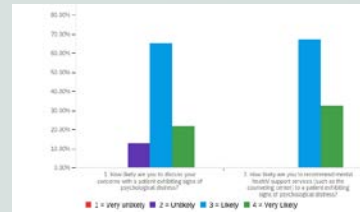
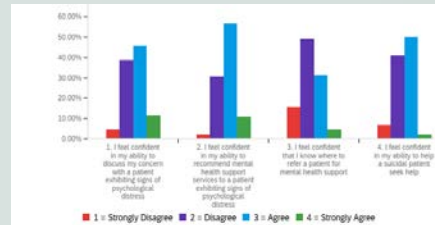


Figure 3: Student Self-Efficacy in Assisting in Suicide Prevention



## CONCLUSIONS / FUTURE DIRECTIONS

- Our data demonstrated that across the preparedness domain, students were most likely to rank “medium” for the prompts given, including ability to recognize psychological signs of distress, to motivate patients to seek help, and to recommend health support services. However, most students ranked “low” and “medium” on preparedness to actually discuss concerns with patients exhibiting psychological distress.
- Across the likelihood domain, 86.96% of students stated themselves as “likely” or “very likely” to discuss concerns with patients, while 100% of students stated they were “likely” or “very likely” to recommend support services.
- This shows students will still likely recommend support services, however, they may not currently feel prepared to do so.
- Across the self-efficacy domain, 64.45% of students rated themselves as “strongly disagree” or “disagree” with feeling confident in knowing where to refer patients for mental health support. 43.19% - 47.73% of students also rated themselves as “strongly disagree” or “disagree” with feeling confident in discussing concerns with patients exhibiting signs of psychological distress and feeling confident in their ability to help a patient seek help.
- Overall, our data thus shows that students are very likely to discuss their concerns with patients exhibiting psychological distress, however, most felt “medium” to “low” on their preparedness to discuss concerns with patients, and a majority of students also did not feel confident in knowing where to refer patients. Thus, these areas should be of focus for future suicide awareness and prevention education for students.

## REFERENCES

- Albright, Glenn L et al. “Development and Validation of the Gatekeeper Behavior Scale.” Crisis vol. 37,4 (2016): 271-280. doi:10.1027/0227-5910/a000382
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- Stoppe, G et al. “Family physicians and the risk of suicide in the depressed elderly.” Journal of affective disorders vol. 54,1-2 (1999): 193-8. doi:10.1016/s0165-0327(98)00149-9