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Examining practice patterns of emergency physicians through the use of simulated patient vignettes

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Study Objectives: Several recent studies indicate that anxiety and depression are poorly recognized in the emergency department. Given that anxiety and depressive disorders are two of the most prevalent psychological conditions seen in emergency department settings, proper recognition and diagnosis should be of primary concern to medical staff. The present study addressed the question of whether emergency medicine physicians are able to properly diagnose and refer patients who present to the emergency department with psychiatric symptoms consistent with depressive episode/disorder and panic episode/disorder.

Methods: Simulated patient vignettes counterbalanced by gender were disseminated randomly to 3041 members of the Society for Academic Emergency Medicine physicians by email. Four hundred, thirteen physicians completed the web-based vignettes (13.6%). Of these, 202 responded to the anxiety vignette and 211 responded to the depression vignette. The physicians were asked to provide a final diagnosis along

with recommendations for treatment and referral. They were also asked to provide demographic information and details about the emergency department setting in which they practiced.

Results: In the case of the depressive episode patient vignette, 152 (72%) of the 211 respondents correctly identified a depressive episode/disorder. In contrast, only 67 (33.2%) of the 202 respondents to the anxiety vignette correctly identified panic episode/disorder. Frequency analysis showed that 88% of patients correctly diagnosed with panic episode/disorder, and 76.2% of those correctly diagnosed with depressive episode/disorder were referred to a psychologist/psychiatrist and/or primary care physician for follow-up care. When examining for differential diagnostic patterns based on the sex of the patient described in the vignette, there were no statistically significant differences in diagnostic accuracy between male and female patients. Further, none of the physician variables examined were significant predictors of diagnostic accuracy for either type of vignette.

Conclusion: The results of this study indicate that the majority of emergency physicians were able to correctly identify depressive conditions. However, they were much less accurate when presented with patients who present with panic episode/ disorder. Nonetheless, across both types of vignettes, the majority of physicians who accurately diagnosed their patients also provided an appropriate referral for follow-up care. These findings illustrate the importance of enhancing recognition of anxiety and depression by emergency physicians.