

# Simple tool helps psychiatry residents ID risk of violence

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A simple, structured risk assessment tool, the Historical, Clinical, Risk Management-20 clinical subscale, could help psychiatric residents more accurately evaluate the risk for violence among patients, according to a study published online Aug. 31 in *Psychiatric Services*.

(HealthDay)—A simple, structured risk assessment tool, the Historical, Clinical, Risk Management-20 clinical subscale (HCR-20-C), could help psychiatric residents more accurately evaluate the risk for violence among patients, according to a study published online Aug. 31 in *Psychiatric Services*.

Alan R. Teo, M.D., of the University of California in San Francisco, and colleagues conducted a retrospective, case-control study involving 151 patients who assaulted staff at a county hospital and 150 comparison patients. [Violence risk](#) assessments were completed at admission by psychiatric residents (38 for 52 patients) or attending psychiatrists (41 for 249 patients). The HCR-20-C structured [risk assessment tool](#) was

used by blinded trained research clinicians to assess the risk of violence for each patient.

The researchers found that the predictive validity of risk assessments made by attending psychiatrists was significantly higher than those made by psychiatric residents. The risk assessments by attending physicians had an area under the curve (AUC) of 0.70 (moderately accurate), while the AUC for risk assessments by residents was 0.52. Use of the HCR-20-C had the potential to improve the accuracy to 0.67.

"The results support the conclusion that level of training confers an advantage in the accuracy of risk assessments for violence," the authors write. "In addition, the results illustrate that structured methods have the potential to augment training in a way that may improve the accuracy of [risk assessments](#)."

**More information:** [Abstract](#)  
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