Meghan Oswald DMD MD, Nida Khan DO, John Lofti MD, Saad Khan DO





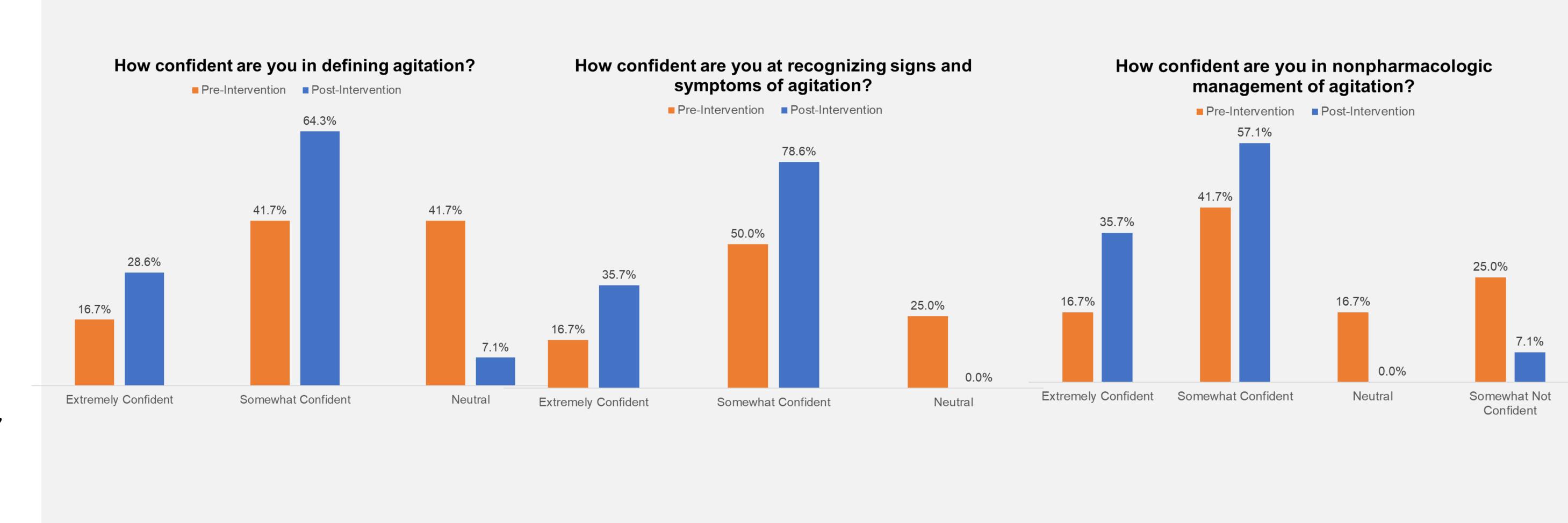
INTRODUCTION:

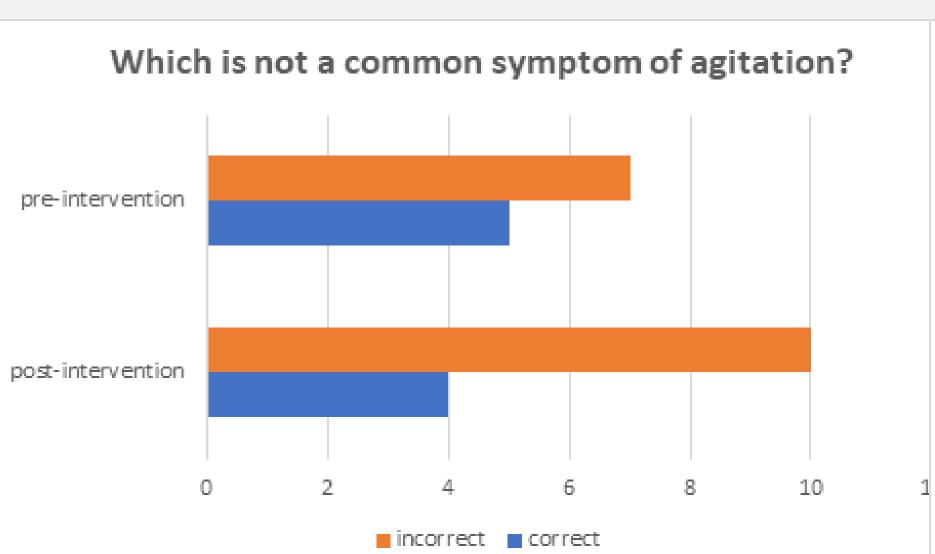
- Agitation is a common behavioral syndrome observed in hospitalized patients which poses challenges to healthcare providers on the medical floors (Haskell, 1997)
- There are a variety of conditions that cause agitation, highlighting the need for timely identification
- Due to diagnostic complexity, agitation is often managed with psychotropic medications and/or restraints
 (Richmond, 2012)
- This provides an opportunity to enhance education on assessment and management of agitation. The purpose of this project is to improve the quality of care of medically ill patients compromised with agitation

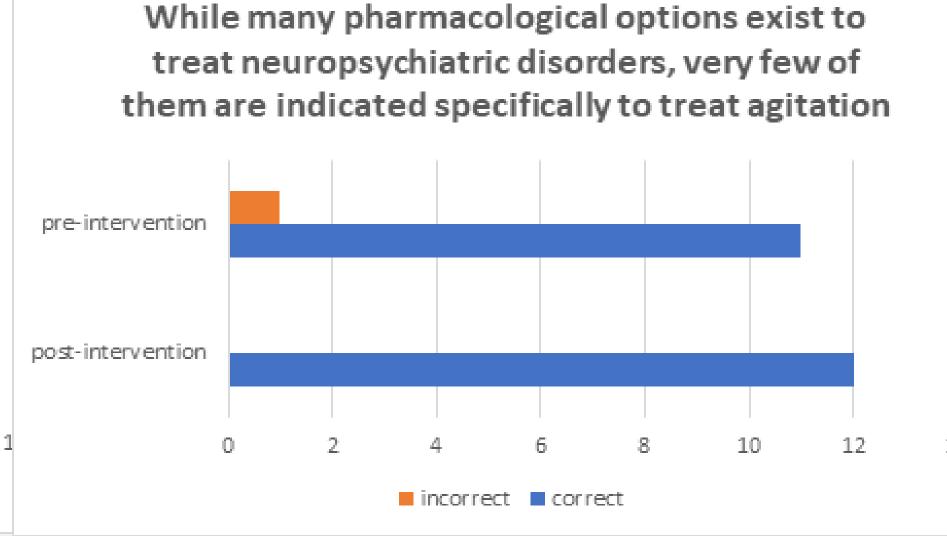
METHODS:

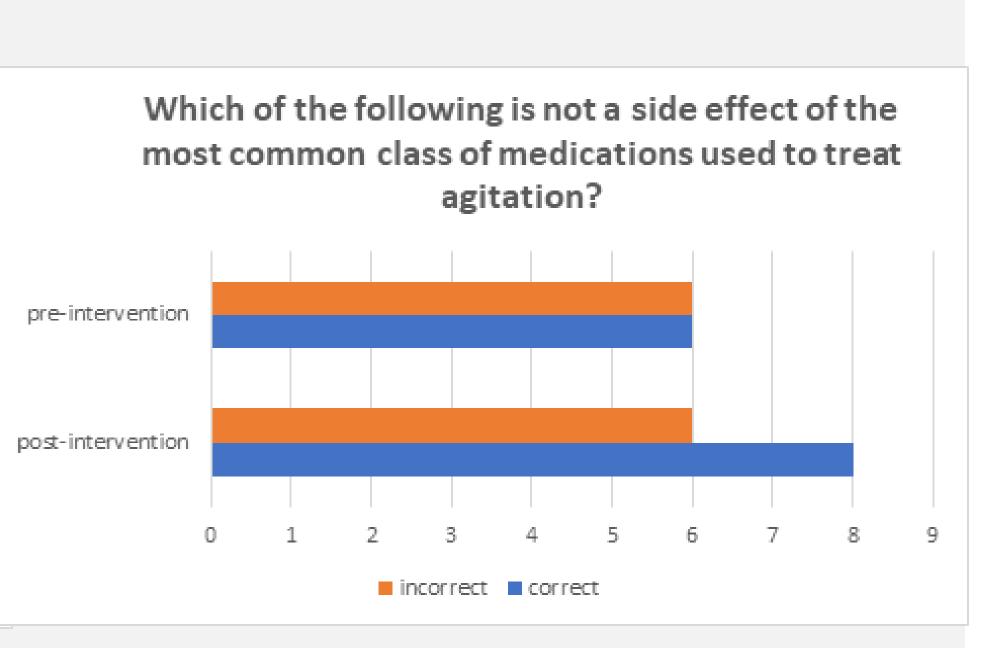
- A QI project to improve the agitated patient's care at a community hospital through a pilot education program for Internal Medicine (IM) Residents was completed
- The lecture series was given as part of intern bootcamp
- A two-part lecture series was given to the IM residents:
- Part One "Medical Evaluation of Agitation"
- Objectives were to define agitation, describe behaviors associated with agitation, and review common etiologies of agitation
- Part Two "Management of Agitation"
- Objectives were to review verbal deescalation, psychopharmacologic approaches to agitation, use and avoidance of seclusion and restraints
- Prior to the first lecture a survey was administered to IM residents to assess their comfort in preventing, assessing, and managing agitation
- After completion of the second lecture, a survey was administered to monitor improvement in residents' responses
- Both surveys prompted respondents with the same questions which included five confidence level questions on defining, recognizing, common etiology, and management of agitation and three knowledge-based questions
- Confidence level was assessed using a Likert scale from 1 (extremely confident) to 5 (extremely not confident)

Transforming management of agitation in the medically hospitalized patient through resident education









RESULTS:

- 26 total surveys completed (12 pre and 14 post surveys)
- No statistically significant improvement in confidence level between pre and post surveys
- No statistically significant improvement in correct answers on knowledge-based questions

DISCUSSION:

- Overall, this QI project was instrumental in identifying key areas to enhance medical and behavioral health care for complex medically ill patients with agitation
- First, the pre-lecture surveys knowledge base questions illustrate gaps in knowledge in characterizing agitation as well as with medications commonly prescribed in managing agitation
- An increase in resident attendance, engagement, and perhaps re-visiting the length of the lecture series might prove to be important for future quality improvement efforts
- While the results did not show statistical significance, it does illustrate a potential area of improvement in medical care through education.
- We envision this series being incorporated annually into residency curriculum for IM residents to continue to improve resident confidence and knowledge, thereby improving patient care and limiting use of pharmacological interventions and restraints

REFERENCES:

- 1. Haskell, R. M., et al. *AACN clinical issues 1997;* 8(3), 335–350.
- 2. Martínez-Raga, et al. 1st International Experts' Meeting on Agitation: Conclusions Regarding the Current and Ideal Management Paradigm of Agitation. *Frontiers in psychiatry* 2018; *9*, 54.
- 3. Richmond, J. S., et al. Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *The western journal of emergency medicine* 2012; 13(1), 17–25.
- 4. Roppolo, L. P., et al. Improving the management of acutely agitated patients in the emergency department through implementation of Project BETA (Best Practices in the Evaluation and Treatment of Agitation). Journal of the American College of Emergency Physicians open 2020; 1(5), 898–907.