

Background

Agitation management on medical units presents a unique challenge and requires a multi-faceted approach that identifies potential medical causes of agitation while applying the most appropriate treatment strategies to each case (Garriga, 2016). Internal Medicine (IM) trainees at our Brooklyn-based community hospital receive no formal training on verbal de-escalation, non-pharmacological interventions, and pharmacological interventions for the management of agitation. Furthermore, there are no ACGME requirements for any specific psychiatric training in IM programs, making this education deficit nation-wide (ACGME, 2022). This may result in trainees feeling overwhelmed and unprepared in these situations, which can potentially lead to negative outcomes for both staff and patients. The aims of this quality improvement initiative are to assess the IM trainees' confidence and knowledge level in managing agitation in medically complex patients before and after a didactic developed by Psychiatry residents and Consultation-Liaison (CL) attending physicians.

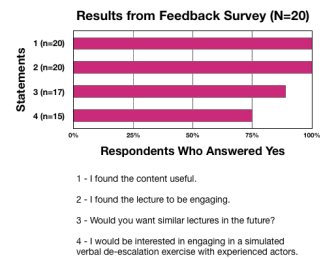
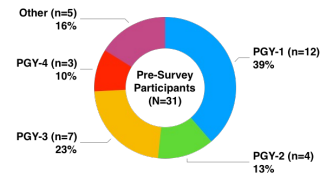
Methods

IM residents in a Brooklyn-based community hospital were given a questionnaire to assess their confidence and knowledge level in managing agitation in acute medical patients. A presentation was created outlining relevant case examples to frame a practical discussion on agitation management in the acute medical setting. In this presentation, we discussed 1) verbal de-escalation techniques, 2) non-pharmacological interventions for safety, and 3) pharmacological management of agitation for a variety of medical conditions. A brief feedback survey was collected immediately following the presentation. One week later, a follow-up assessment was conducted using a questionnaire to assess changes in confidence and knowledge in managing agitation for medical patients. Due to low number of these post-surveys completed, however, only data from the pre-survey are presented.

References

- Garriga M, Pacchiarotti I, Kasper S, et al. Assessment and management of agitation in psychiatry: Expert consensus. *The World J Biol Psychiatry* 2016;17:86-128.
- Accreditation Council for Graduate Medical Education. ACGME program requirements for graduate medical education in internal medicine. 2022. <https://www.acgme.org/specialties/internal-medicine/program-requirements-and-faqs-and-applications/>. Published February 7 2022. Accessed 14 March 2024.

Results



Experiences of Internal Medicine Residents		
	Yes	No
Agitation management	31 (100%)	0 (0%)
Agitation management without consulting psychiatry	31 (100%)	0 (0%)
Consulted psychiatry for agitation management	22 (71%)	9 (29%)
Utilized medications for agitation management	28 (90%)	3 (10%)

N=31

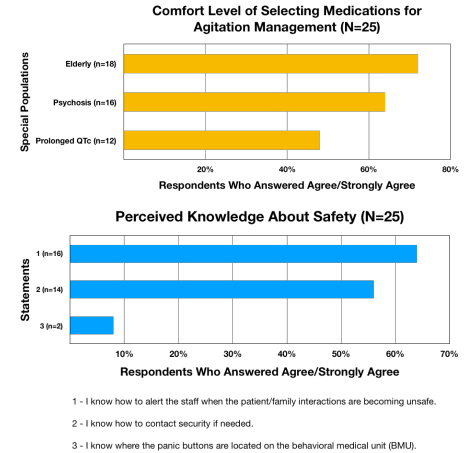
Comfort Level of Internal Medicine Residents				
	Strongly Disagree	Disagree	Agree	Strongly Agree
Managing a behavioral emergency on a medical unit	2 (8%)	7 (28%)	14 (56%)	2 (8%)
Verbally de-escalating a difficult situation	0 (0%)	4 (16%)	15 (60%)	6 (24%)

N=25

Knowledge of Internal Medicine Residents	
	% Correct
Agitation management in elderly ¹	44%
Agitation management of Parkinson's ¹	67%
Agitation management in alcohol withdrawal ¹	67%
Co-administration of IM Olanzapine and Benzodiazepine ²	72%
QTc prolongation ²	44%

N=18

¹ Multiple Choice
² True or False



Discussion

The pre-survey participation rate of 29% (31 out of 107 trainees) provides a meaningful, albeit limited, snapshot of the trainee population. Respondents are primarily interns (39%). The drop in participation for the post-survey (3 responses) prevents meaningful statistical analysis of the potential impact of the intervention. Factors that may have contributed to low participation include: survey fatigue, time constraints in a busy clinical environment, and lack of incentives. Despite these limitations, the pre-survey results capture the current state of agitation management amongst IM trainees. In addition, the brief, immediate feedback surveys (20 responses) offer valuable insight into the perceived usefulness of the intervention.

Agitation in the Hospital

Pre-survey results show that agitation is common in the clinical setting. All respondents reported experience in treating agitated patients, with more having utilized pharmacological interventions (90%) than having involved psychiatry (70%). In addition, the survey revealed varying levels of comfort and knowledge in medication selection for specific patient populations and clinical scenarios. This underscores the importance of comprehensive training to ensure residents are equipped to manage agitation effectively.

Security Measures and Emergency Protocols

A concerning finding is the lack of awareness regarding security measures. 44% of respondents were unsure how to contact security, and an alarming 92% did not know the location of the panic button on the Behavioral Management Unit (BMU). This highlights a critical gap in institutional emergency preparedness and suggests an urgent need for improved training regarding safety protocols.

Future Directions

- 1. Improve Survey Participation:** Develop strategies to increase response rates for both pre- and post-surveys, such as offering incentives, integrating surveys into mandatory training sessions, and using multiple reminder systems.
- 2. Targeted Interventions:** Build a didactic series addressing specific areas of need, such as medication selection for special populations. Deliver lectures earlier in the academic year to maximize its relevance and impact.
- 3. Practical Skills Training:** Incorporate hands-on training sessions or simulations to reinforce knowledge gained from didactic series.
- 4. Institutional Protocols:** Work with hospital administration to address systemic issues identified, such as improving awareness of security protocols and emergency measures.

Conclusion

While our study faced limitations, particularly in post-intervention assessment, it has provided valuable insights into the current state of agitation management skills among IM trainees and future direction for educational and systemic interventions. The enthusiasm demonstrated by the feedback survey responses suggests that trainees recognize the importance of this topic and are receptive to further training initiatives.