

Introduction

- Management of behavioral health emergencies such as acute agitation in pregnant patients requires knowledge of general agitation management as well as special considerations for this unique population.^[1]
- The growing shortage of psychiatrists^[2] places a significant burden on other specialties, as in-house psychiatric support is not always readily available.
- Data from a cross-sectional study of Obstetrics and Gynecology (OB-GYN) program directors in the US indicates a lack of integration between OB-GYN and Psychiatry.^[2]
- The aims of this quality improvement initiative conducted at Maimonides Health, which has one of the highest birth rates in New York State,^[3] were to assess the OB-GYN trainees' confidence and knowledge in managing agitation in perinatal patients before and after targeted education from Psychiatry.

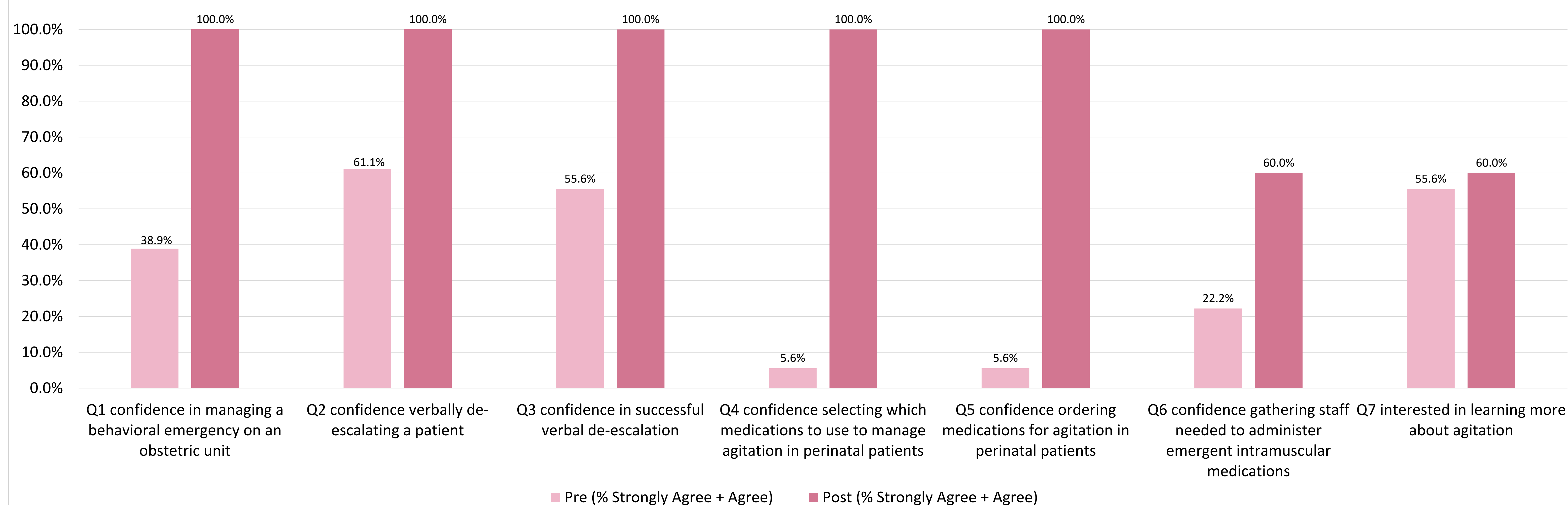
Methods

- 25 OB-GYN residents at Maimonides Health were given a questionnaire to assess their confidence in managing acute agitation in perinatal patients.
- A 60-minute educational training session was given to OB-GYN residents by Drs. Suleiman, DeCaire, and Carlini reviewing the management of acute agitation in perinatal patients, including verbal de-escalation strategies and medication management.
- A follow-up assessment was conducted using a questionnaire to assess OB-GYN trainee confidence in managing acute agitation in perinatal patients.

Results

- 23 OB-GYN trainees provided data for the pre-educational session assessment survey and 5 provided data for the post-session assessment surveys.

Pre- and Post- survey data quantifying confidence in managing agitation in perinatal patients in OB-GYN trainees



Discussion

- The educational intervention improved the self-reported confidence of OB-GYN trainees in managing acute agitation in perinatal patients.
- The most significant improvement was seen in confidence with medication management, with trainees' self-reported confidence in selecting and ordering medication increasing from 6% to 100%.
- The most impactful limitation was the low rate of post-survey completion by trainees, which could be a result of various factors including demanding didactic curriculum, long work hours, and cumbersome survey software.

Conclusion

- Given our overall improved confidence in agitation management, it appears that an educational intervention is beneficial to trainees.
- While this was classroom-based learning this can be expanded to include simulation training with standardized patients.
- This educational intervention can also be altered and disseminated to various departments, such as internal medicine, for overall enhanced patient safety.

References

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