

## RESOLUTION 2024-D

SUBJECT: INCREASING MENTAL HEALTH CRISIS TRAINING FOR EMERGENCY MEDICINE (EM) PHYSICIANS

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SUBMITTED TO: Michigan Osteopathic Association House of Delegates

SUBMITTED BY: Michigan Osteopathic Association Council of Interns and Residents

REFERRED TO: Professional Affairs Committee

RECOMMENDATION: Approve as Amended

ACTION TAKEN AT MOA HOD:

1 **Whereas**, individuals with a behavioral health emergency such as suicidal ideations, severe  
2 depression, or psychosis frequently seek assistance for those issues at the same location to which  
3 they would go, for other emergent medical needs; and

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6 **Whereas**, Emergency physicians often may have limited training in behavioral emergencies in  
7 emergency medicine. There are a few EM programs that include significant experience or  
8 training in emergency psychiatry and the American Board of Emergency Medicine board  
9 certification exam has historically included very few questions that pertain to behavioral  
10 issues<sup>2</sup>; and

Deleted: Whereas, psychiatric patients have a unique set of preferences that differ from the non-psychiatric patients. They want verbal interventions, use of oral medications, input regarding their medication experiences and preferences, peer support services, improved discharge planning, a better triage process, reduced wait time for treatment and more privacy<sup>2</sup>; and ¶

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12 **Whereas**, providing comprehensive education and training in de-escalation techniques for  
13 residents in emergency medicine residency programs can improve their ability to manage  
14 challenging psychiatric patient encounters, reduce the risk of harm, and improve the quality of  
15 care provided to these patients in crisis; now<sup>1</sup>, therefore, be it

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17 **RESOLVED**, that the Michigan Osteopathic Association (MOA) advocates to the American  
18 Osteopathic Board of Emergency Medicine (AOBME) for greater emphasis on psychiatric  
19 emergencies in residency, more questions on the EM board exams, practicing de-escalation  
20 techniques in required monitored simulations, and provide continuing medical education courses  
21 on psychiatric emergencies for residents in emergency medicine residency programs across the  
22 state; and, be it further

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24 **RESOLVED**, that the MOA encourages residency program directors and administrators to  
25 prioritize the development and implementation of psychiatric de-escalation training initiatives  
26 that are evidence-based, interactive, and tailored to the unique needs and challenges of  
27 emergency medicine practice; and, be it further

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45 **RESOLVED**, that the MOA, **urges** supporting residency **training** programs in the identification  
46 of resources, training materials, and expert faculty to facilitate the delivery of effective de-  
47 escalation training to residents; and, be it further

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49 **RESOLVED**, that the MOA encourages ongoing evaluation and assessment of de-escalation  
50 training programs to ensure their effectiveness, relevance, and alignment with best practices in  
51 emergency medicine education.

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#### References

1. *Michigan Behavioral Health Capacity in Emergency Departments*. (2019, March 5).  
State of Michigan. Retrieved February 16, 2024, from [https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder56/Folder2/Folder156/Folder1/Folder256/\\_MDHHS\\_Hospital\\_BH\\_Capacity\\_Report-\\_FINAL\\_UPDATED\\_March\\_2019.pdf?rev=a0fbb58c25914790a696dc7460c08a6b](https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder56/Folder2/Folder156/Folder1/Folder256/_MDHHS_Hospital_BH_Capacity_Report-_FINAL_UPDATED_March_2019.pdf?rev=a0fbb58c25914790a696dc7460c08a6b)
2. Zun, L. (2016, March 2). *Care of Psychiatric Patients: The Challenge to Emergency Physicians*. NCBI. Retrieved February 16, 2024, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4786237/>