

RESOLUTION 2024-D

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

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: Adopted as Written

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
4

5 **Whereas**, Emergency physicians often may have limited training in behavioral emergencies in
6 emergency medicine. (There are a few EM programs that include significant experience or
7 training in emergency psychiatry and the American Board of Emergency Medicine board
8 certification exam has historically included very few questions that pertain to behavioral issues²);
9 and
10

11 **Whereas**, providing comprehensive education and training in de-escalation techniques for
12 residents in emergency medicine residency programs can improve their ability to manage
13 challenging psychiatric patient encounters, reduce the risk of harm, and improve the quality of
14 care provided to these patients in crisis; now¹, therefore, be it
15

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

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

27 **RESOLVED**, that the MOA urges support residency training programs in the identification of
28 resources, training materials, and expert faculty to facilitate the delivery of effective de-
29 escalation training to residents; and, be it further

Deleted:

31
32 **RESOLVED**, that the MOA encourages ongoing evaluation and assessment of de-escalation
33 training programs to ensure their effectiveness, relevance, and alignment with best practices in
34 emergency medicine education.

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/>