

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Take-Home Naloxone in the Emergency Department: Assessing Residents' Attitudes and Practices

Permalink

<https://escholarship.org/uc/item/7883d45c>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 24(3.1)

ISSN

1936-900X

Authors

Dora-Laskey, Aaron
Ladson, Brittany
Gerstner, Brett

Publication Date

2023

DOI

10.5811/westjem.61115

Copyright Information

Copyright 2023 by the author(s). This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

they are the victim of microaggressions: 1: never or almost never to 5: very frequently. The term “microaggressions” was not defined, allowing residents to determine what they feel it to be. Pearson product moment correlation between the two variables was calculated and statistical significance to $p < 0.05$ was determined.

Results: 20 out of 27 residents responded to the questionnaire. Seven residents scored for at least mild depression (three severe), nine residents scored for at least mild anxiety (five severe), and 11 residents scored for at least mild stress (one severe). The average rating on the frequency of being the victim of microaggressions was 2.2 (95%CI: 1.6, 2.7), suggesting residents infrequently felt victimized by microaggressions. The Pearson correlation between Depression and the frequency of microaggressions is $r = 0.56$ ($p = 0.01$), between Anxiety and microaggressions is $r = 0.41$ ($p = 0.07$, NS), and between Stress and microaggressions is $r = 0.63$ ($p = 0.004$).

Conclusion: This study suggests there is a correlation between depression/stress and a residents’ perception of being victimized by microaggressions. It is unclear whether being the victim of microaggression leads to more depression/stress or if residents with more depression/stress view comments as being more insulting. Certainly, this subject merits further study.

52 Take-Home Naloxone in the Emergency Department: Assessing Residents’ Attitudes and Practices

Aaron Dora-Laskey, Brittany Ladson, Brett Gerstner

Background: Take-home naloxone may mitigate opioid overdose risk in emergency department (ED) patients who use drugs, yet little is known about emergency medicine (EM) resident dispensing practices.

Objective: To identify factors associated with resident take-home naloxone dispensing.

Methods: We analyzed ED take-home naloxone kit data retrospectively from a single Michigan community ED (100k/yr) convenience sample between 3/11/2020 and 10/30/2021, comparing dispensing rates to resident shift type (morning, midday, night) and training year (PGY-1 to 3) using the Kruskal Wallis test. Current residents’ attitudes regarding naloxone were assessed using a validated tool, the Naloxone-Related Risk Compensation Belief survey.

Results: Of 274 kits, 76 could be linked with one of 2,409 resident shifts, yielding a dispensing rate of 3.15 kits/100 shifts. Of 34 residents scheduled, 12 (35.3%) ordered no kits, 7 (20.6%) ordered 1 kit, and 15 (44.1%) ordered ≥ 2 kits. Dispensing rates were highest among PGY-3 (4.35 kits/100 shifts) compared to PGY-2 (2.20) and PGY-1 (1.06) residents ($p = 0.006$). Kit dispensing was more frequent during night (3.82 kits/100 shifts) compared to midday (3.23) and day

(2.20) shifts; this was not statistically significant ($p = 0.09$). Of 25 EM residents surveyed, 21 responded (84%). Fewer than 10% believed dispensing naloxone to people who used opioids would result in greater drug use or decreased treatment-seeking, and only 1 resident agreed that there should be a limit to the number of times a person receives naloxone. None reported that naloxone was enabling for people who used drugs, or that dispensing naloxone sends the message that residents condone risky opioid use.

Conclusions: EM resident take-home naloxone dispensing was associated with more senior year of training, suggesting a need to better educate junior residents. Few residents expressed concern that naloxone would increase risky drug use or decrease treatment-seeking.

53 Targeted Procedure Lab to Improve Self-Identified Deficiencies Among Graduating Emergency Medicine Residents

Andrew Bobbett, Stephanie Cohen, Andrew Bobbett, Jeffrey Thompson, Robert Pell, Latha Ganti

Background: Simulation is the artificial recreation of an experience for the purpose of education. This study focuses on the usefulness of targeted procedural labs in correcting self-identified deficiencies and increasing procedural confidence in emergency medicine (EM) resident procedural skills.

Objectives: To determine whether a procedure lab targeting procedures that EM residents do not feel proficient in can increase feelings of confidence prior to residency graduation.

Methods: A survey was performed comparing EM residents that participated in a targeted procedure lab versus residents that did not. The sample included 31 EM residents delineated by program year at onset of study— Group A: Class of 2021 (15 residents, year 2), Group B: Class of 2020 (16 residents, year 3). In June 2020, groups A and B filled out a survey indicating procedural confidence. A procedure lab was made based on the top 12 procedures group A felt they needed practice in. Group A participated in the procedure lab in March 2021. Group B did not receive the targeted treatment lab. Group A completed the post intervention survey in May 2021.

Results: Group A self-reported a decreased need for more procedural support training and increased confidence in procedural skills compared to Group B in nine out of twelve procedures. Results from an inference for two proportions indicate a statistically significant difference between the percent of Group A compared to Group B participants wanting more experience performing Subclavian Line (TS = -2.102, $p < .05$; 95%CI (-0.68, -0.02) and Thoracotomy (TS = -2.01, $p < .05$; 95%CI (-0.603, -0.007) procedures, indicating Group A reported significantly increased confidence in the Subclavian Line and Thoracotomy procedures.