

Improving Resident Knowledge and Autonomy When Performing Medical Decision Making Capacity Evaluations at a Regional Medical Center

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BACKGROUND

- Misunderstandings regarding medical decision-making capacity evaluations are common and affect patient care (3)
- A barrier to this success may be lack of provider education and resources
- Previous research indicated educating residents on this topic increased confidence to perform evaluations, but did not increase performance of them (2)

OBJECTIVES

Examine the effect that educating residents and implementing an Epic evaluation tool has on performing decision-making capacity evaluations independently.

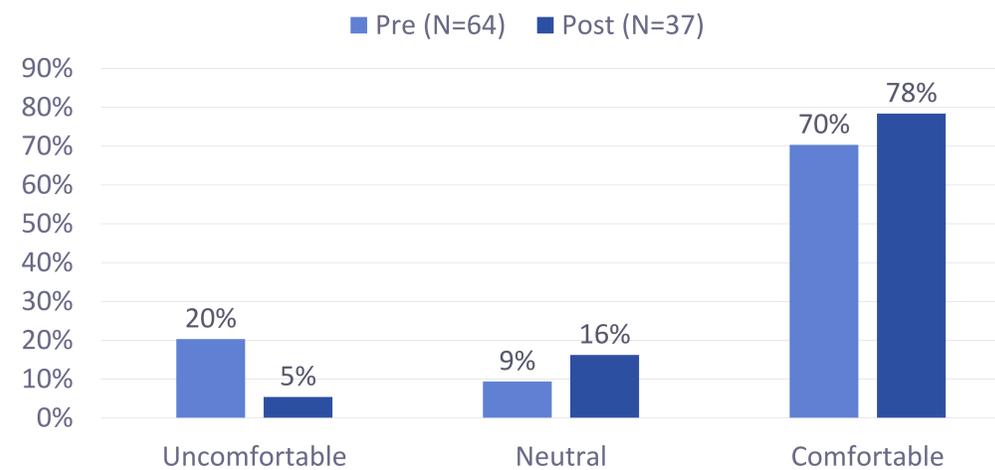
METHODS

- A didactic presentation on medical decision-making capacity evaluations was given to all medical residents at one regional medical center
- Residents were shown how to use a new Epic assessment tool to assist with these evaluations
- Residents were surveyed prior to and immediately after the presentation to measure their comfort and knowledge of these evaluations
- Data was collected from electronic medical records for patients who had a psychiatry consult note written during a hospitalization from 3 months before and 3 months after the education and tool implementation. Charts were reviewed to determine whether the consult was a consult for a capacity evaluation
- Data was collected on the number of encounters for which the new Epic capacity assessment evaluation tool was used

RESULTS

- A total of 64 residents responded to the pre survey, and 37 responded to the post survey. Most respondents were from Family Medicine or Psychiatry.

Figure 1: How comfortable are you in evaluating a patient's decision-making capacity?



- The volume and percent of psych consult notes related to capacity evaluation did not change from before to after the intervention (Table 1).
- The number of hospitalizations that used the Epic capacity assessment tool almost doubled, from 9 pre to 15 post (Table 2), but the percent of hospitalizations that used the Epic capacity assessment tool did not shift.

Table 1. Psych consult notes

	Pre	Post
Total number of hospitalizations with any psych consult note	43	42
Number of hospitalizations with a psych consult notes related to a capacity evaluation	6	7
Percent of psych consult notes related to capacity evaluation	14%	17%

Table 2. Use of the Epic capacity assessment evaluation tool

	Pre	Post
Total number of hospital encounters at GSRMC	1812	2131
Total number of encounters that used the capacity assessment evaluation tool	9	15
Percent of hospital encounters at GSRMC	0.5%	0.6%

CONCLUSIONS

- Education of cross-specialty residents at a community hospital increased knowledge of and perceived ability to perform medical decision-making evaluations
- The use of a new Epic capacity assessment tool increased following the education, but the number and proportion of encounters requiring a psychiatry consult for medical decision-making capacity evaluations did not decrease.
- When the Epic tool is used, a psych consult for capacity evaluation is usually not required. Therefore, we would have expected the need for psychiatric consults to decrease as use of the tool increased.

FUTURE IMPLICATIONS

- The resident education was given in the virtual format. This may have affected the lack of implementation. Future work should repeat the education in more engaging formats.
- Future studies could examine reasons why residents tended not to perform medical decision making capacity evaluations independently despite having increased knowledge and a new tool available to use.

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