

Development of a Case Study Based De-escalation Training in the Johns Hopkins Emergency Department

Shannon Heuklom
Helene Fuld Fellow in Patient Care Quality and Safety

Johns Hopkins University School of Nursing

Michelle Patch, MSN, RN, ACNS-BC
Department of Emergency Medicine
The Johns Hopkins Hospital

1 Background

This project involved development of a case-study curriculum to support an existing Emergency Department (ED) de-escalation training program for staff. This new training will supplement their existing didactic training and facilitate de-escalation application discussions through a more interactive curriculum (Forsgren, Christensen, & Hedemalm, 2013). The training will help staff recognize and de-escalate situations in which there may be aggression or violence, through discussions using actual past ED cases. The purpose of this poster is to describe the curriculum development project.

2 Methods

The project deliverables were defined through discussions with the ED Safety Officer, who served as a Fuld Fellows Leadership Program mentor. We had initially defined the end deliverable as a PowerPoint presentation of case studies and simulation training conducted, as a follow-up, after the current training program in the JHH ED. The design team included this poster's authors, and content included didactic work previously completed by an ED interprofessional team. Deadlines were set at every meeting and deliverables were added or taken away as new needs became apparent.

The initial stages of the project called for a strong understanding of the ED workflow. Shadowing various ED roles allowed greater insight into key stakeholders and situations they encountered. Observation and staff anecdotal accounts, event reviews, and literature searches on de-escalation in emergency departments and case study curriculum development/evaluation all contributed to the final products. Throughout the process, the Fellow and Mentor met frequently for discussion and critique.

We agreed that the case studies would be based on actual patient cases from the department. We reviewed recent escalation events that had been reported to the Safety Officer. Three cases were chosen based on the relevance to the training program. Medical records and escalation documents were collected. Files were reviewed and then case studies were written. Case studies were reviewed by the ED Safety Officer and edits and re-writes were conducted as needed. Patient identifiers were changed to protect patient confidentiality.

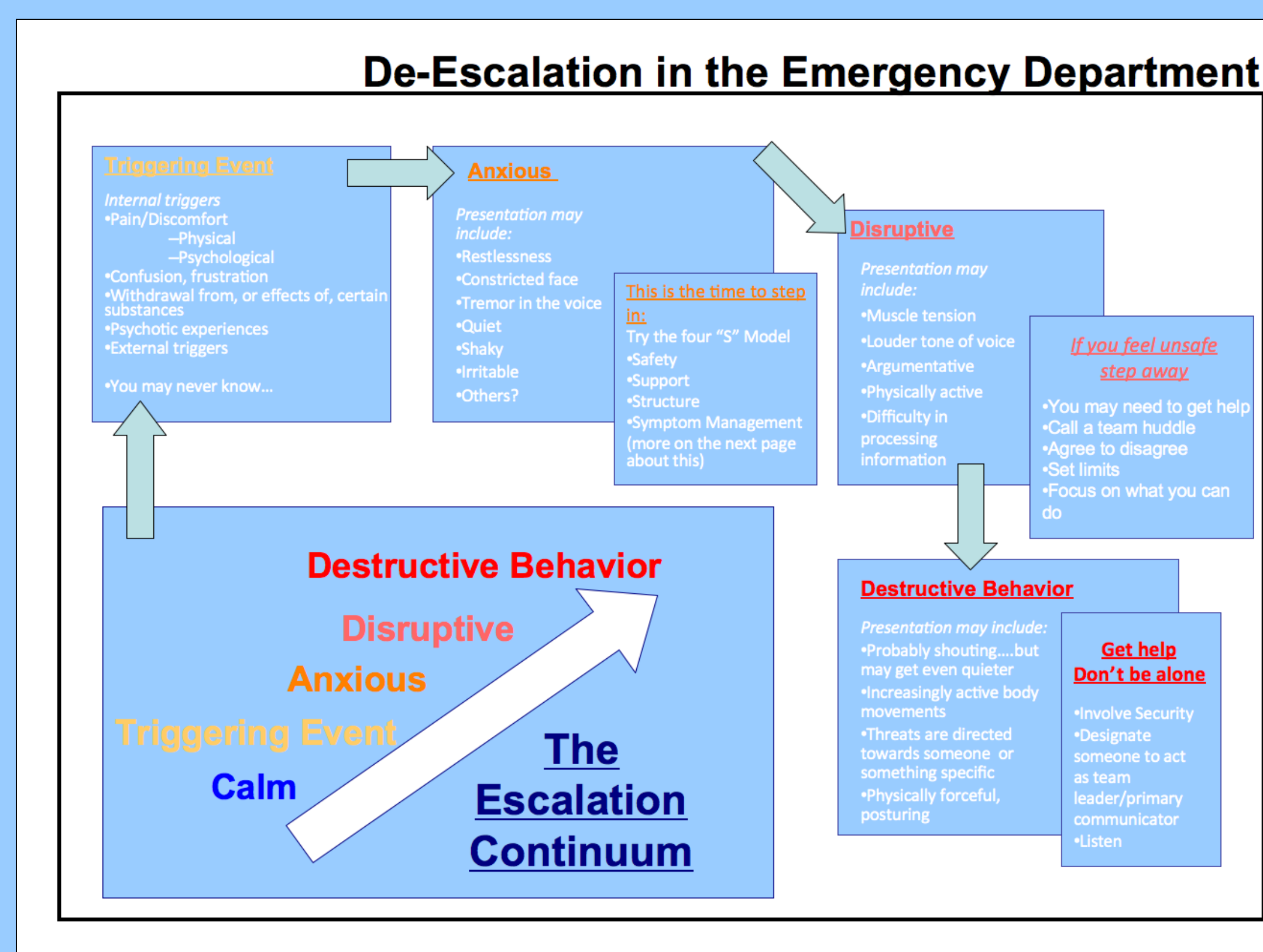
Review Sheet information was gathered from the original didactic training and put in a more graphic form. The goal was to build upon already existing skills and methods, and to provide consistency in trainings.

A post-training survey was developed based on a previous survey conducted after the didactic training and a literature review of successful surveys for evaluating team trainings. The survey included 3 sections: demographics, training evaluation and knowledge of escalating behavior concepts.

3 Results

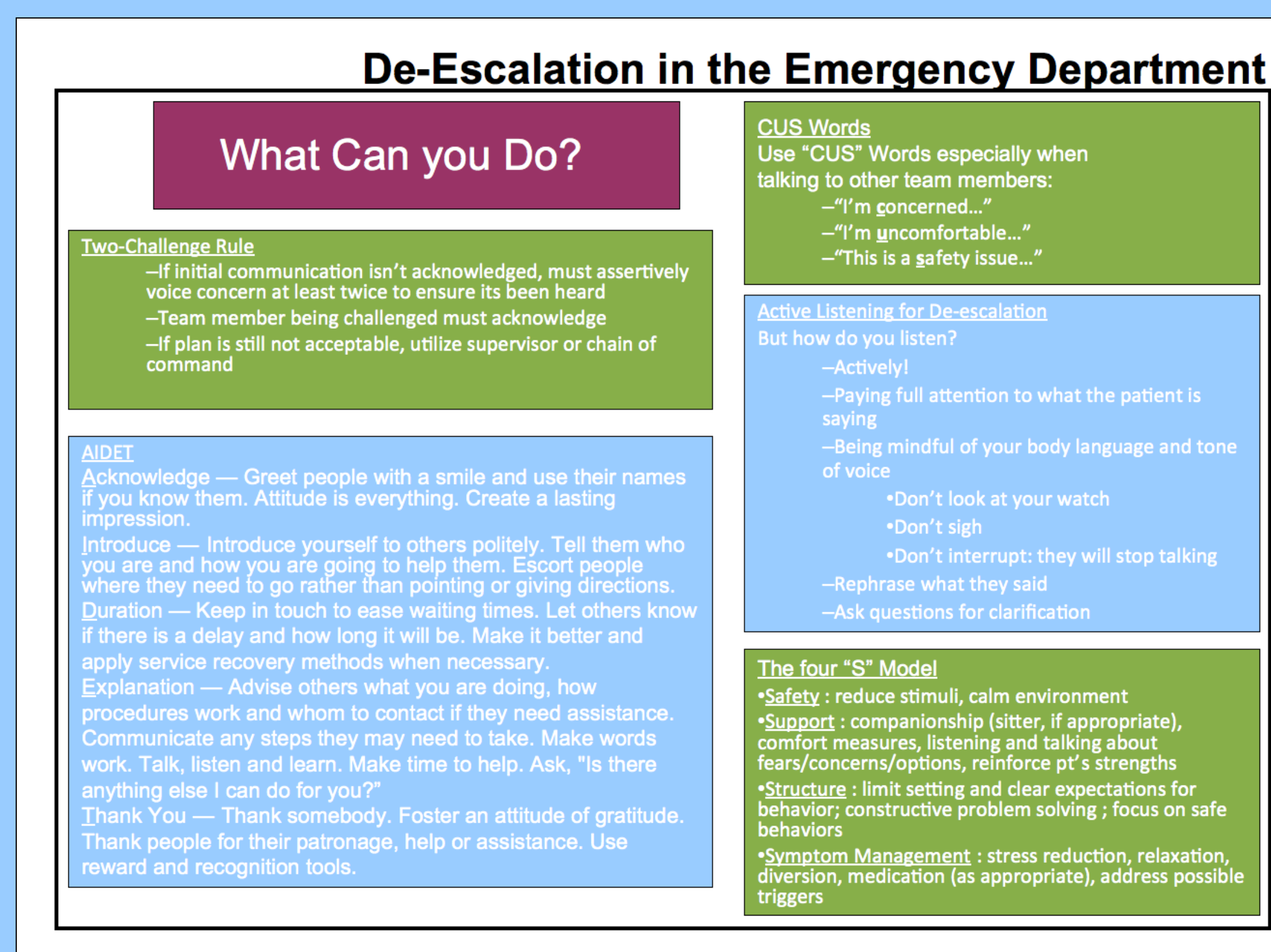
The project resulted in the development of two review sheets: The Escalation Continuum and De-Escalation Methods, 3 case studies with discussion questions and a post training survey. The three case studies include a variety of situations. Case study 1 for example is a patient whose pain medication is taking longer to administer than he would like. He has several family members with him and collectively they cause an escalation that leaves a nurse fearful of physical violence and a large disturbance at the nurses' station. Each of the cases included discussion questions and resolutions. The survey is intended both to determine information learned and how valuable participants found the training.

De-escalation Review Sheet: The Escalation Continuum*



*Anderson, Figueroa, Johnson, Jones, Lindauer, Neira et al., 2011

De-escalation Review Sheet: De-Escalation Methods*



*Anderson, Figueroa, Johnson, Jones, Lindauer, Neira et al., 2011

4 Conclusions

Teamwork is pivotal, particularly because of the high stress and tension levels that can occur in an emergency environment. The products of this project will serve to reinforce de-escalation concepts and will encourage interprofessional collaboration, thereby improving communication, teamwork and patient safety (Nadzam, 2009). Additional case studies can be developed and the materials can be used for continued trainings both as an introduction to new material and as a refresher training course. The use of case studies will offer an alternative learning style to the didactic training and allow for practicing of new learned skills.

5 Future Directions

The project will be reviewed by several staff members who work on safety and training on the unit for edits and approval of use. If approved, the training will be provided to nursing staff members of the ED. Additional review and case development will be pursued for a broader interprofessional audience, based on the framework provided by this project.

Future work building from this project may include simulation training and additional case scenarios.

6 References

- Anderson, M., Figueroa, S., Johnson, L., Jones, D., Lindauer, C., Neira, P., Patch, M., Regan, L., Saheed, M., & Taylor, K. (2011). De-escalation training for the emergency department setting. Phase 1 Didactic: Reducing the Risk for Violent Behavior. [PowerPoint document]
- Forsgren, S., Christensen, T., and Hedemalm, A. (2013). Evaluation of the case method in nursing education. *Nurse Educ Pract.* Sep 5. pii: S1471-5953(13)00162-5. doi: 10.1016/j.nepr.2013.08.003
- McCaughy, C. & Traynor, M. (2010). The role of simulation in nurse education. *Nurse Educ Today.* Nov ;30(8):827-32. doi: 10.1016/j.nedt.2010.03.005. Epub 2010 May 16
- Nadzam, D. (2009). Nurses' role in communication and patient safety. *J Nurs Care Qual.* 24, No. 3. Wolter Kluwer Health. Lippincott Williams & Wilkins

Funding Source:

The Helene Fuld Leadership Program for the Advancement of Patient Care Quality and Safety