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Resident Education for Improved Quality and Confidence in Inpatient Hyperglycemia Management

Maxwell Horowitz, DO, Sananda Moctezuma, MD, Keerthana Haridas, MD, and Rahul Agarwal, MD

Background: Hyperglycemia is widely prevalent in hospitalized patients and has been associated with adverse outcomes and increased mortality. Guidelines for inpatient management of hyperglycemia in non-critically ill adults are inconsistently implemented within our hospital system in a large academic center in New York. Thus, we strove to develop a formal curriculum for our internal medicine program to improve the level of confidence in trainees when managing inpatient hyperglycemia and to promote appropriate subspecialty consultation.

Methods: We designed a three-phase educational curriculum for internal medicine residents of all training levels. The first phase consisted of a pre-intervention...
questionnaire distributed online, examining the self-reported level of confidence and knowledge of hyperglycemia management in non-critically ill patients. The second phase consisted of a 50-minute lecture providing background on the prevalence and risk of inpatient hyperglycemia, standard guidelines for inpatient hyperglycemia management, appropriate insulin regimen initiation and adjustment and practice questions reviewed in real time. The third phase consisted of an online post-intervention questionnaire which, in addition to reassessing confidence and knowledge, examined change in individual confidence level in hyperglycemia management and the ability to recognize situations appropriate for endocrinology consultation. In the context of convenience sampling, all residents were eligible to participate in the second questionnaire independent of their participation in the first questionnaire or educational intervention.

**Results:** There were 57 total respondents for the pre-intervention questionnaire and 54 total respondents for the post-intervention questionnaire. 26 (48%) of the post-intervention questionnaire respondents completed the initial questionnaire and 22 (41%) attended the lecture. In examining confidence in managing inpatient hyperglycemia on a four-level scale (not comfortable, somewhat comfortable, comfortable, and very comfortable), there was an overall increase in percentage of "comfortable" responses (26% to 52%) with a subsequent decrease in "somewhat comfortable" responses (65% to 37%) when comparing post- to pre-intervention questionnaires. In addition, there was a higher percentage of "comfortable" responses in those who attended the lecture versus those who did not (59% vs. 47%). Furthermore, 21 of the 22 respondents who attended the lecture felt "more confident" in their ability to treat inpatient hyperglycemia. Lastly, those who attended the lecture were more likely to identify situations in which endocrinology should be consulted.

**Conclusion:** Currently, there is no formal longitudinal curriculum established for resident education in inpatient diabetes care and hyperglycemia management. The objective of this intervention was to identify and bridge the gap in practical knowledge and confidence level across all training levels. In a small sample size of residents, data revealed higher confidence in management and ability to recognize the necessity of endocrinology consults. Future research will focus on analyzing concrete data in a target unit to assess translation of the intervention to improved quality of inpatient glycemic control.

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