UC Irvine

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

engaging environment to learn about cognitive errors and de-biasing strategies.

Educational Objectives: Our goal was to implement and execute a novel prospective approach to M&M conference that increases attendee engagement with an emphasis on cognitive biases and de-biasing strategies.

Curricular Design: Cases are selected from referrals by resident and attending physicians or cases involving an adverse outcome. The case is presented by an education faculty member. The conference begins with a brief case presentation that includes only pertinent, critical data in one to two slides. The next slide defines the adverse outcome. We intentionally omit the details of the emergency department course in order to foster discussion regarding possible patient-related, systems-related, and cognitive factors that may have contributed to the outcome. Attendees are then divided into small groups comprised of both residents and attendings. Each group has a spokesperson and facilitator. Open-ended questions are posed to the group. Each group develops a fault-tree analysis of the potential errors; this is followed by a discussion of de-biasing strategies that could have been implemented to prevent cognitive errors that may have occurred. Small groups then reconvene and the actual fishbone analysis is discussed.

Impact/Effectiveness: A survey was disseminated to postgraduate year 2-3 residents. We received 21 out of 36 possible responses (58.3%). Survey items asked residents to rate features of the prospective conference format as compared to the traditional format using a Likert scale: 1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree. The residents nearly unanimously agreed that the new format is more effective at teaching cognitive errors and de-biasing strategies, while promoting attendee engagement.

Program Evaluation Survey Results for M & M Conference
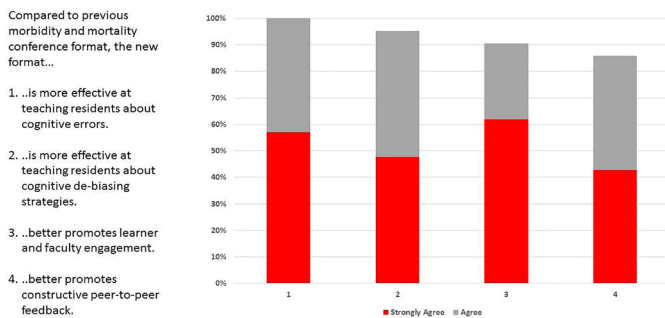
8 Burnout Scoring Using Electronic Medical Record

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Background: In emergency medicine and among physicians in general, burnout is a high risk and a growing concern. Large bodies of evidence have shown that burnout detracts from educational opportunity and decreases the quality of patient care. Burnout can also limit the amount of time a physician is able to practice his or her trade. Much of physician wellness involves prevention, identification, and treatment of burnout. There are many prevention models and treatment regimens but very few objective ways to identify those at risk for burnout.

Educational Objectives: We sought to 1) identify those at risk for burnout, using the electronic medical record (EMR); 2) improve physician wellness by increasing interventions based on burnout identification; 3) eliminate the stigma surrounding burnout by increasing conversation about risk; 4) encourage communication about traumatic events; and 5) improve debriefing.

Curricular Design: We are creating risk values for different types of patient encounters to be identified by the EPIC EMR. While some patient encounters are at average risk, others including patient death, drug-seeking patients, and pediatric traumas may increase risk of burnout. Patient interactions are labelled in the EMR with scores based upon perceived risk to burnout based on resident surveys. We have assigned these patient encounters with specific risk values based upon the potential for causing physician distress or frustration. These risk values are to be entered into the EPIC EMR, flagging certain types of patient encounters and giving them a shift- associated burnout score. Through EPIC each resident will be given a burnout score based upon these identifiably higher-risk patient encounters. While clinical stressors are not the only or even primary cause of physician burnout, they do lead to decreased morale and increased burnout risk. We are collecting the data on these EPIC-monitored scores and comparing them to pre- and post- evaluation Mini Z burnout surveys. We can then narrow the patient encounters that potentially have higher risk for burnout based upon the changes in Mini Z survey results in light of the scores EPIC has generated. The benefit to this program is that it will allow the residency leadership to identify residents who may need more than average resources including debriefing, counseling, or further narrative communication. This will give leadership a chance to reach out to those residents who may be in need and identify their needs.

Impact/Effectiveness: This project allows for rapid identification of physicians at higher risk for burnout and the opportunity for quick intervention. This project can be applied to residency programs as well as physician groups.

9 Essentials of the Emergency Medicine Match Process: The Couples Match Addendum, on Behalf of the CORD Advising Students Committee in Emergency Medicine