UC San Diego Health

Joint Effort: A Pain-Free Approach to MSK Notes!

Jason Xu, MD

UC San Diego Department of Family Medicine

Background

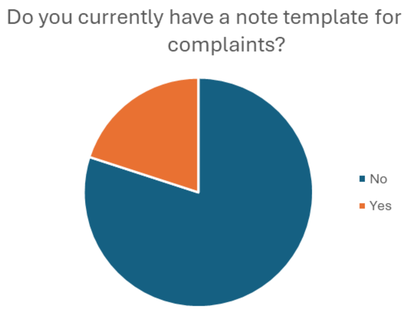
- Musculoskeletal (MSK) complaints comprise more than 20% of all visits to healthcare providers each year, and more than 50% of adults in the US suffer from MSK conditions.[1,2] These visits will only continue to be more prevalent as the US population ages. [1,3]
- Unfortunately, residents often enter residency deficient in MSK skills and graduate with suboptimal confidence in diagnosing MSK conditions.[4-7] This includes uncertainty regarding physical exam skills and ascertaining what special tests may help narrow the differential diagnosis.
- Moreover, the EHR and documentation is a significant burden on physicians and is a significant contributor to physician, especially primary care physician, burnout.[8] Note templates have been demonstrated to improve provider satisfaction with time spent documenting as well as EHR burden and efficiency.[9]

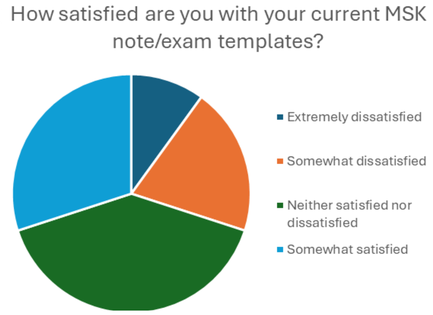
Aim/Purpose

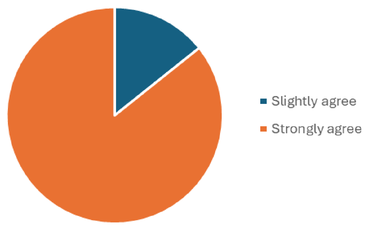
- This project was aimed at improving both provider efficiency with documentation of an MSK visit as well as improving confidence in and ability to diagnose MSK conditions. A major component of the MSK exam is special tests that are used to help localize injuries.
- To improve provider comfort with these tests, physical exam templates were created that labeled the special tests with the pathology they tested for.
- Additionally, a note template was created to capture relevant HPI to properly evaluate MSK complaints as well as including a drop-down menu for the physical exam templates.

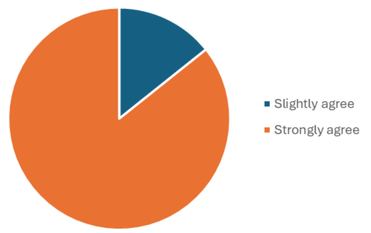
Methods

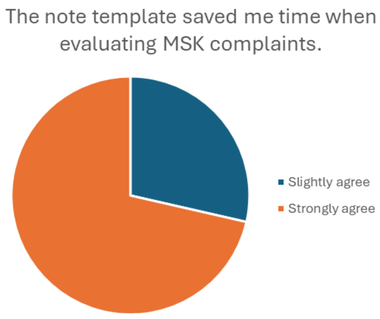
- A pre-survey was distributed to collect pre-intervention data.
- Key variables that were evaluated included current use of a note and/or physical exam template as well as knowledge base questions regarding special tests.
- The MSK visit note template with physical exam templates were then distributed to the residents in the UCSD Family Medicine Residency.
- A post-survey re-evaluating the knowledge base questions as well as questions to evaluate the note template were distributed after 1 month.

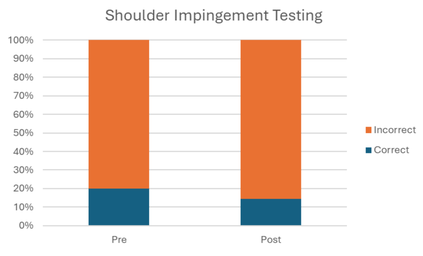


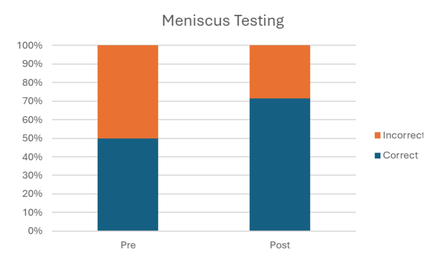


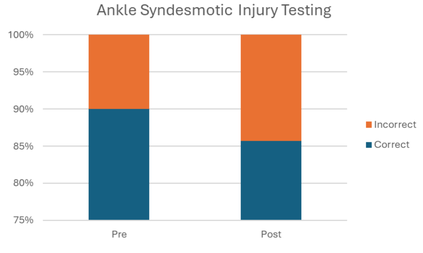












Results

- Both the pre- and post-surveys had 10 respondents
- Most residents did not have a note template for MSK complaints. Most residents were not satisfied with their pre-existing note and/or physical exam templates.
- There was an increase in the proportion of residents who correctly answered special tests for meniscus injuries, but there was a decrease in the proportion of residents who correctly answered about shoulder impingement and ankle syndesmotic injury testing in the group of residents who had used the note templates.
- All residents who used the note template thought it improved their efficiency and ability to evaluate MSK complaints.
- After using the template, more residents asked about baseline and desired level of activity while evaluating MSK complaints.

Conclusion

- Residents who utilized the template had improvement in their history taking and efficiency evaluating MSK complaints.
- There was some improvement in resident understanding of special tests for evaluating MSK complaints.
- While passive learning via note templates is not sufficient for resident learning, it may provide benefit for reinforcement of MSK exam skills.
- Family medicine residents should continue to be given opportunities to learn and practice MSK exam skills. Note templates should be offered for providers to improve efficiency and reduce burnout.

References

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