UC Irvine

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

Title

Educational Continuous Process Improvement: Implementation of an Equity Dashboard for ACGME Milestone Score Assessment

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https://escholarship.org/uc/item/1f48h081

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suggested areas of improvement and desired expansion for the future curriculum.

Table 1. Retrospective pre-post-survey.

Q6 BEFORE DEI course: My knowledge of....	NONE	A LITTLE	SOME	A LOT	TOTAL	WEIGHTED AVERAGE
Race/ethnicity historical impact	0.00% 0	15.38% 4	57.69% 15	26.92% 7	26	3.12
Culturally competent care of the LGBTQ community	3.85% 1	23.08% 6	61.54% 16	11.54% 3	26	2.81
DEI vocabulary/lexicon	0.00% 0	38.46% 10	46.15% 12	15.38% 4	26	2.77
DEI impact in academic medicine	7.69% 2	34.62% 9	46.15% 12	11.54% 3	26	2.62
Formation of an anti-racist professional identity	15.38% 4	26.92% 7	38.46% 10	19.23% 5	26	2.62
Reflection/Action strategies case discussions	7.69% 2	42.31% 11	38.46% 10	11.54% 3	26	2.54

Q7 AFTER DEI course: My knowledge of....	NONE	A LITTLE	SOME	A LOT	TOTAL	WEIGHTED AVERAGE
Race/ethnicity historical impact	3.85% 1	0.00% 0	26.92% 7	69.23% 18	26	3.62
Culturally competent care of the LGBTQ community	3.85% 1	0.00% 0	42.32% 11	53.85% 14	26	3.46
DEI vocabulary/lexicon	3.85% 1	0.00% 0	38.46% 10	57.69% 15	26	3.50
DEI impact in academic medicine	3.85% 1	0.00% 0	42.31% 11	53.85% 14	26	3.46
Formation of an anti-racist professional identity	3.85% 1	0.00% 0	34.62% 9	61.54% 16	26	3.54
Reflection/Action strategies case discussions	4.00% 1	4.00% 1	36.00% 9	56.00% 14	25	3.44

Table 2. Paticipant impact.

Q9 Do you think this course impacted or changed your current practice? Why or why not?		
ANSWER CHOICES	**RESPONSES**	
Yes	73.08%	19
No	7.69%	2
I don't know	19.23%	5
Total Respondents: 26		

made me become aware of what terms i can use to be helpful

I'm better equipped to care and advocate for diverse patient populations

While I have spent a lot of time in the health equity space there is constant need for learning and improvement. I think this course allows us to slow down from our fast paced environment and reflect on mistakes and how we can do better. Similar to other M &Ms.

This course created a shared understanding and language to discuss these important issues in our emergency department. Since we took this course as a residency as a whole, we now can hold each other accountable to important changes and discuss events in a more productive manner.

I think that it has allowed me to be ok with what I dont know and allows me to ask questions as a learner and physician that at first I was not comfortable asking. I enjoyed the safe space to have conversations around topics that have been challenging for me in the past. Thank you.

I now feel more confident addressing and interacting with patients who have many different racial/ethnic/sexual identities.

I think I am much more aware of the racism in the work place and can be a better advocate

It has made me more aware of terminology associated with trying to make our environment more inclusive and has made me more aware of the struggle people face with getting care as well as other physicians may face in the professional environment. It has made me aware of my privilege in this sector and given me the tools and shown me how I can work to create a more inclusive environment.

Yes, it has made me more mindful of potential biases I may have and given me strategies to combat them.

These are concepts that are persistent in my everyday life, not just my practice in EM. Great course; please keep it for future years!

I think to just be more aware in every patient interaction and also helped to help residents navigate these complex situations.

I will be more aware of these topics and how to deal with them in real time.

broadened some of my knowledge base

16 Educational Continuous Process Improvement: Implementation of an Equity Dashboard for ACGME Milestone Score Assessment

Jillian Mongelluzzo, Esther Chen, Evelyn Porter, Christopher Fee

Introduction/ Background: Studies have shown inequities in assessment within Graduate Medical Education (GME) based on race/ethnicity and gender identities of residents. Accreditation Council for Graduate Medical Education (ACGME) milestone assessment scores can serve as a warning sign for deeper issues in methods of assessment, well-being, or opportunities for residents. To help mitigate bias in assessment, we piloted an equity dashboard to compare outliers in semi-annual milestone scores by gender and underrepresented in medicine (UIM) status from one emergency medicine (EM) residency program.

Educational Objectives: 1. Implement an educational continuous quality improvement (ECQI) process, the equity dashboard, to identify outliers in ACGME milestone scores by gender and UIM status 2. If persistent discrepancies are identified, utilize a root cause analysis framework to gain a deeper understanding of the causes and formulate potential solutions.

Design: During each CCC meeting scores for each sub-competency (e.g., Patient care, Medical Knowledge, etc.) within each of the six core competencies were summed for each postgraduate year (PGY). Median scores are calculated for each of the six core competencies based on gender and UIM status, as defined by the Association of American Medical Colleges (AAMC). A median difference of greater than or equal to 0.5 triggers a review of the scores in real-time and if sustained over 2 CCC meetings a root cause analysis is implemented.

Impact/Effectiveness: The equity dashboard was piloted for one 4-year EM residency program for 3 CCC meetings, from 2021-2022. Once the milestone scores were finalized during the meeting, any differences in medians were discussed and the data was reviewed by CCC members. Real-time changes were made to ACGME milestone scores to ensure internal consistency and interrater reliability. Over 3 CCC cycles, a root cause analysis has not been needed thus far.

17 Gamification through Low-Fidelity Simulation to Teach Early Clinical Application of Point-of-Care Ultrasound

Daniel Saadeh, Lauren McCafferty

Introduction/ Background: Point-of-care ultrasound (POCUS) has become an integral part of EM residency training, but pre-residency exposure is highly variable. Efficiently teaching the many core POCUS applications to new EM interns in a 1-day bootcamp in a way that is effective, engaging, and clinically relevant can be a challenge. Gamification and simulation have been demonstrated to be valuable mediums through which to teach POCUS to undergraduate and graduate learners. Especially early in training, the emphasis is often on image acquisition and interpretation skills rather than clinical application, which is learned more in clinical practice throughout residency.

Educational Objectives: We utilized gamification and simulation as engaging educational techniques to introduce interns to the clinical application and integration of POCUS from the beginning of residency.

Curricular Design: As part of a POCUS bootcamp for EM interns in July, we incorporated a gamified approach into the curriculum. After learning the basics of image acquisition and interpretation, the learners were placed into teams for a competition stage where they rotated through seven low-fidelity simulation stations, each composed of a clinical scenario in which POCUS is commonly incorporated. Progression through each scenario depended on the learner's ability to successfully apply bedside ultrasonography to clinical care.

Impact/Effectiveness: This educational symposium