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Nursing Feedback for Emergency Medicine Residents: A Mixed Methods Survey Analysis of National Practices

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https://escholarship.org/uc/item/29s99951

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41 Non-NCAT-EM Evaluations Positively Skew eSLOE Entrustability Scores

Erin Karl, Sharon Bord, Doug Franzen, Cullen Hegarty, Katherine Hiller

Background: The National Clinical Assessment Tool in EM (NCAT-EM) was created to standardize the assessment of EM-bound medical students. The eSLOE was updated for the 2022-23 residency application season, of which 'Part A' was created using the NCAT-EM domains and entrustability anchors. Objectives: We hypothesized eSLOEs completed with non-NCAT-EM evaluations would have a positive skew of entrustability, as compared to those using the NCAT-EM.

Methods: This observational, retrospective study used cluster sampling. Residency program leaders were required to answer a five-question survey when filling out eSLOEs for the 2022-23 residency application season. For blinding, a randomly assigned user lookup key linked the survey data to eSLOE data for each program. eSLOEs from programs who used the NCAT-EM without modification (N=748) were separated from those who used an institution-specific or locally made shift card (N=3,179). Programs who used a modified NCAT-EM or a combination of more than one assessment tool were excluded. Entrustability for domains in 'Part A' of the eSLOE was compared between the two groups. Confidence intervals and t-tests were calculated to compare entrustability between the groups.

Results: Figure 1 compares entrustability anchors for the domains between the two groups. Non-NCAT-EM eSLOEs had a statistically significant positive skew for the percentage of evaluations placing students as fully entrustable, as compared to those completed using the NCAT-EM, for the history/physical exam (CI 71.5-74.6% vs 65.1-71.8%, p=0.011), plan (CI 44.6-48.0% vs 37.9-44.9%, p=0.016), and emergent situations (CI 58.8-62.2% vs 47.9-55.1%, p=0.000) domains. There was no significant difference for the differential diagnosis domain.

Conclusions: When a non-NCAT-EM evaluation tool was used, entrustability within the domains of history/physical exam, plan, and emergent situations showed a positive skew, as compared to eSLOEs completed using the NCAT-EM.

42 Nursing Feedback for Emergency Medicine Residents: A Mixed Methods Survey Analysis of National Practices

Alex Fleming-Nouri, Alina Tsyrulnik, Ryan Coughlin, Jessica Bod, Ryan Barnicle, Katja Goldflam, David Della-Giustina

Background: "Feedback, formative evaluation, and summative evaluation" are critical facilitators of resident development. Accurately evaluating clinical progress against established benchmarks remains a challenge. Nurses interact with trainees of all levels in the ED, but there is a dearth of research describing the logistics and utility of nursing feedback for assessing EM residents.

Objectives: We aimed to evaluate current national patterns in the collection and use of nursing feedback for assessing EM residents.

Methods: We used a novel descriptive mixed methods survey tool to investigate practices in nursing feedback among EM residency programs in the US.

Results: Among respondents, most solicited nursing feedback at varying frequencies, generally using electronic survey-based methods. Feedback response rate was generally <50%. Most used novel feedback tools of their own devising. Few utilized ACGME milestones wording. About half conveyed assessments verbally to residents, and less than half distributed unaltered written feedback. The vast majority felt nursing feedback was useful for assessing professionalism and interpersonal skills, but in most cases negative feedback did not result in negative ramifications for residents. Barriers included logistics and concerns around quality. Retributional and gender-disparate feedback was reported.

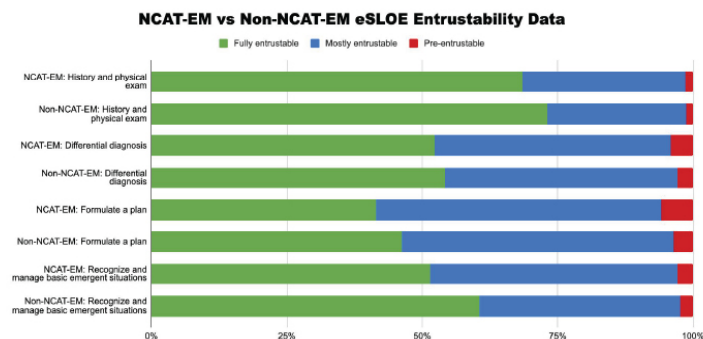**Conclusions:** Nursing feedback was advantageous for assessing interpersonal and communication skills, but not

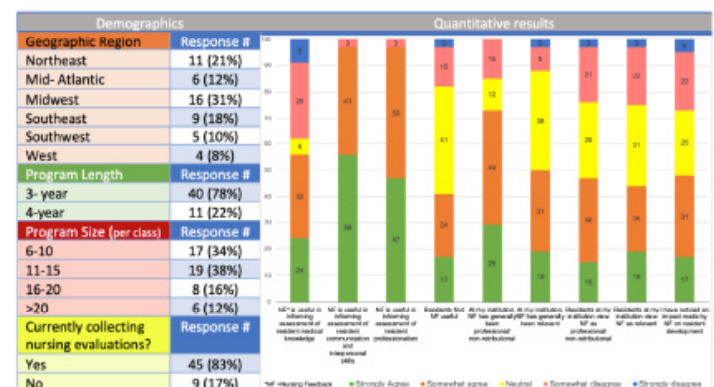**Figure 1.** MCAT-EM versus non-MCAT-EM eSLOE entrustability data.

Figure.

medical knowledge. Variable response rates and feedback fatigue are limitations. The discordance between perceived utility and lack of impact of nursing evaluations on resident standing may reflect quality or significance of feedback. Nursing staff may benefit from education on feedback delivery and avoiding retributional and gender-disparate feedback. Collaborative efforts are needed to create, validate, and standardize tools for collecting and utilizing nursing feedback.

43 Podcasting in Emergency Medicine Residents' Education: Information Retention Comparison vs. Lecture

Michael Overbeck, Jeremy Voros, Paul Pelletier, Rachel Johnson, Jeffrey Druck

Background: Podcasts as a source of information in Emergency Medicine resident education is gaining in popularity. However, the degree of knowledge retention compared to traditional learning modalities (i.e., Lecture) is unknown.

Methods: A convenience sample of residents at a 4-year academic emergency medicine residency were provided an in-person (synchronous) 30-minute lecture (Radiation Safety in the Emergency Department) and access to an (asynchronous) 30-minute podcast (Neonatal Endocrine Emergencies) to listen to at their convenience. Residents were asked to complete a pre-, post-, and after 10-14 days, retention test for both learning modalities. This longitudinal data set was modeled as a linear mixed model with a continuous outcome of test score. Time, type of learning technique, and interaction between time and type of learning were adjusted for by including them in the model as fixed effects. The correlation of both time and type of learning technique were accounted for by including them as nested random effects with AR(1) and unstructured covariance structures, respectively.

Results: Thirty-seven residents participated in the study, with 22 residents completing all pre-, post-, and retention tests for each learning modality. Podcast scores were significantly

Figure. Participants' scores for the pre-test, and retention tests. Gray boxes: Lecture, white boxes: Podcast scores. *The slope of the drop in scores from post-test to retention tests was not significantly different between the two modalities (p=0.4430).

higher at the post-test by 1.97 points (p < 0.0001) and higher at the retention test by 1.47 points (p = 0.0107). However, the decrease in scores from post-test to retention tests was not significantly different between the two modalities (p = 0.443).

Conclusion: Retention of content by emergency medicine residents is similar when delivered by lecture (synchronous) or podcast (asynchronous) modalities.
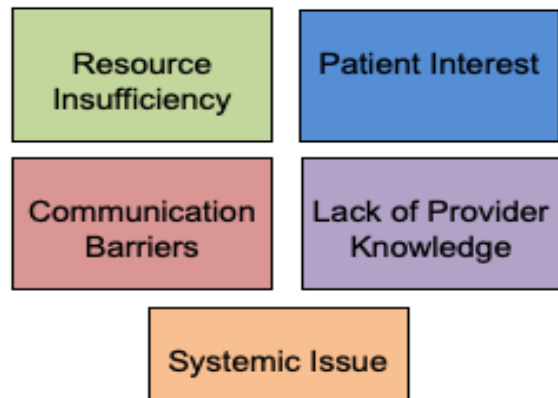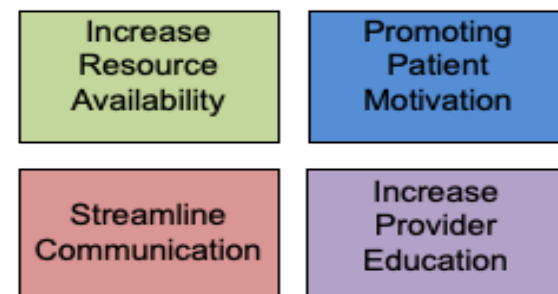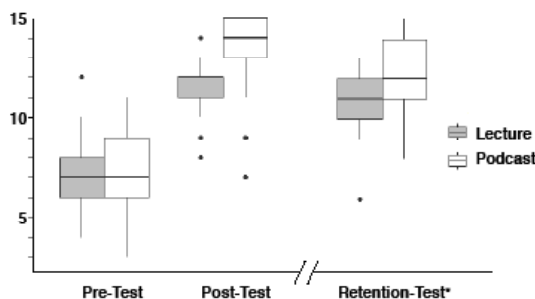
44 Provider Perspectives on Trauma Recovery & Violence Prevention Resource Allocation for Assault Injured Adolescents in an Urban Level 1 Trauma Center

Symphony Fletcher, Princy George, Alisa McQueen

Background: Nationally, firearm homicide is the leading cause of mortality for adolescents 1 to 19 years of age. Though rates of violence have decreased over the years, violent injury among adolescents remains an important public health issue, particularly in areas impacted by disproportionate rates of poverty and violence (Purtle et al., 2016).

Objectives: This study sought to assess provider reported knowledge and usage of trauma recovery and violence

Figure.