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evaluate medical students may result in improved evaluation of medical students by residents.

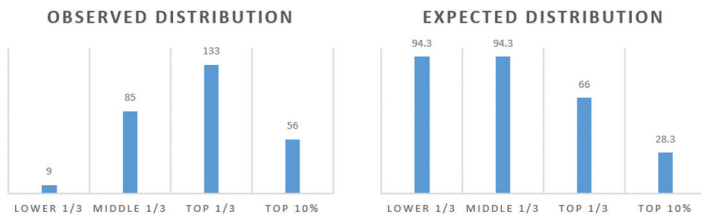


Figure 1.

28 Evaluating the Effect of Resident Physicians in a Supervisory Role on Clinical Efficiency in a University-Affiliated Community Emergency Department

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Introduction: While patient throughput and emergency department (ED) length of stay (LOS) are recognized as important metrics in the delivery of efficient care, they must be balanced with the educational mission of academic centers. Prior studies have examined the impact of learners on ED throughput and LOS when staffing directly with attending physicians and have yielded mixed results. Herein we sought to examine the impact of a staffing model involving a supervisory resident “pre-attending” (PAT) on ED throughput and LOS, as this model offers a valuable educational experience for residents, but may do so at the expense of operational efficiency. **Methods:** 26,702 unique patient encounters at a university-affiliated community ED between 7/1/2017 and 1/1/2019 were retrospectively analyzed (Table 1). The experimental group was comprised of patients seen primarily by midlevel providers (APP), who staffed with a PAT, who, in turn, staffed with an attending physician. The control group was comprised of patients seen by an APP and staffed directly with attendings without a PAT (Figure 1). A parametric hazard model was used to analyze the effect of the presence of a PAT on service time, controlling for potential confounders including timing of presentation and patient demographics.

Objective: To determine the effect of a supervisory resident “pre-attending” physician (PAT) on the clinical efficiency of a university-affiliated emergency department (ED).

Results: The presence of a PAT is associated with a statistically significant increase in service time of 5 minutes ($p = 0.006$). Holding other variables equal, predicted service time in the experimental group was 173 min (95%CI 171-176), while that for controls was 168 min (95%CI 165-171).

Conclusion: The presence of a PAT is associated with a statistically significant increase in service time, but the magnitude (5 minutes) is likely operationally insignificant.

The negligible increase in service time is offset by the benefit to residents’ training. The results of this study may be helpful for residency programs considering a PAT shift structure for their training program.

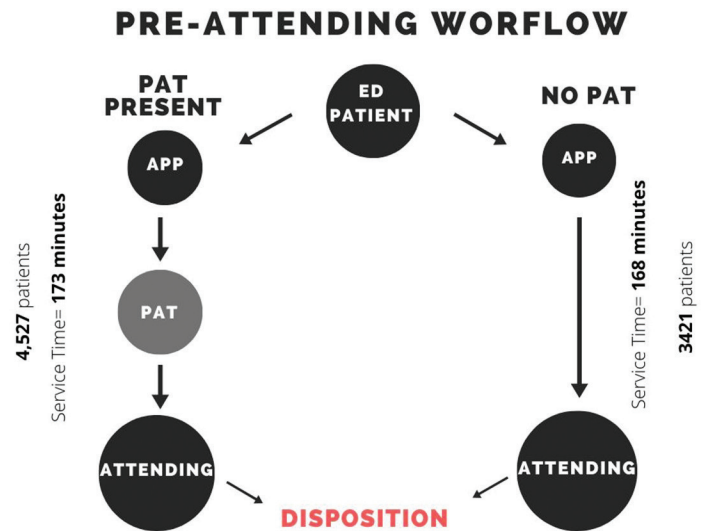


Figure 1. Workflow for ED patients seen by PAT vs ED patients not seen by PAT with associated adjusted mean service times.

Figure 1.

Table 1. Patient demographics for control and experimental groups.

| | Pre-attending Encounters (N = 4527) | Non Pre-attending Encounters (N=3421) |
|-----------------------|-------------------------------------|---------------------------------------|
| Age | 47.7(47.1-48.4) | 45.8(45.0-46.5) |
| Female Gender | 57.8(56.3-59.2) | 54.4(52.7-56.0) |
| Proportion Discharged | 78.4(77.2-79.5) | 80.5(79.1-81.8) |

29 Evaluation of a Blended Curriculum on Medical Student Outcomes in an Emergency Medicine Clerkship

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Background: Educational programs have adapted to incorporate instructional strategies that better align with how adults learn. In response to a needs analysis of the Emergency Medicine (EM) clerkship at the Sidney Kimmel Medical College at Thomas Jefferson University, the clerkship was changed to a blended format consisting of internet-based, asynchronous learning, flipped-classroom, and in-person sessions. The goal of the study was to compare the effectiveness of the new format compared to the traditional lecture series.

Objective: The goal of the study was to compare the effectiveness of a blended curriculum consisting of internet-based, asynchronous learning, flipped-classroom, and in-person sessions compared to a traditional lecture series.