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The effects of Covid-19 pandemic on the post graduate plans of emergency medicine residents

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Results: 273 students participated, yielding 24 transcriptions with >85,000 words. Preliminary analysis revealed themes that differed between roles. Students playing the physician tend to emphasize useful lessons they gleaned, whereas those playing patients discussed empathy and the emotional impact of decisions by the physician role.

Conclusion: Initial results indicate that role-playing as patient may support learning in ways that playing as physician does not. Educators should utilize RP with an eye towards these benefits, emphasizing engagement when playing the role of the patient.

14 Residents' Perception of the Feedback They Receive

Brian Walsh, Frederick Fiesseler, Corrine Espinosa, Nicole Riley

Learning Objectives: Understand what residents perceive as obstacles to receiving feedback. Understand the areas in which residents want more feedback.

Objective: Feedback is perhaps the most important part of the educational process and how residents learn the art and the practice of medicine. Because of its importance, residency programs and all faculty members should constantly strive to improve the process. We sought to analyze the areas our residents believed they could use more feedback and what they perceived as obstacles to obtaining productive feedback.

Methods: Using an online, anonymous survey, all the residents in a 3-year emergency medicine residency program were asked about the feedback they receive. They were asked about the areas in which they receive the most feedback, the areas in which they would like more feedback, and what they perceive as the obstacles to getting good feedback.

Results: 94% of residents said they would like more feedback (44% said "much more," 50% said "a little more.") When asked about the areas in which they get the most feedback, 67% of respondents said they get the most feedback about charting/documentation and 20% said they get the most feedback about clinical care. When asked about the areas in which they wish they had more feedback, 94% would like more feedback on clinical care with critically-ill patients, 81% wanted more feedback on clinical care in non-critically-ill patients, and 44% wanted more feedback with procedures. 38% wanted more feedback about interactions with consultants, while only 31% wanted more feedback about interactions with patients. When asked about the obstacles to getting constructive feedback, 94% identified the patient volume / workload, while 63% identified the system being used (New Innovations.)

Conclusion: Despite the emphasis our program puts on feedback, residents still perceive that there is not enough,

especially when it comes to clinical care. Surveys like this can be eye-opening and will hopefully lead to changes in faculty behavior to improve the teaching we provide.

15 The effects of Covid-19 pandemic on the post graduate plans of emergency medicine residents

Megan Marcom, Susan Miller, Linda Papa, Josef Thundiylil, Jay Ladde, Chrissy Van Dillen

Learning Objectives: Evaluate the economic impact of the COVID-19 pandemic on the post graduate plans of the 2020 and 2021 graduating emergency medicine residency classes to aid in the future career guidance by emergency medicine faculty.

Background: The strict lockdown measures in response to the COVID-19 pandemic had significant effects in all aspects of the economy and the healthcare industry, including a reduction in emergency department visits by 42%, according to the CDC. This decrease in volume continued throughout 2020 and 2021, causing many physician practice groups to re-evaluate their costs.

Objective: We hypothesize that the COVID-19 pandemic caused economic impacts on the class of 2020 and 2021 emergency medicine residents in a variety of ways both economically and with changes to post graduate plans to include fellowship.

Methods: We created a survey-based study of the graduating classes of emergency medicine residents of all 17 programs in Florida sent via email through the Florida CORD consortium. Inclusion criteria were that the survey respondent must be from the graduating class of 2020 or 2021. Data was collected through an anonymous online survey platform.

Results: We received a total of 33 responses, stratifying the data based on the graduating class year. In our small sample, 49% of responders indicated that COVID-19 did impact their post-graduate plans in some way. 50% of responders from the class of 2020 noted some level of reduction in their number of post-graduate shifts, with a total of 33% of responders from both classes. We found a statistically significant difference ($p=0.054$) in expenses reduction for the class of 2021 graduates (43% of responders) compared to the class of 2020 (8%), with a total of 33% of responders of all classes indicating a reduction. There was no significant difference regarding impact on fellowship plans.

Conclusions: There seemed to be some impact on employment opportunities and post-graduate career plans, though the degree of this impact is somewhat limited by small sample size. Similar studies need to be repeated to observe any potential generalizable trends to further aid residency program leadership in career guidance for residents.

Table.

| | Graduate 2000 (n=12) | Graduate 2021 (n=21) | Total (n=33) | P-Value |
|---|----------------------|----------------------|--------------|---------|
| Age Group | | | | |
| 25-30 | 5 (42%) | 8 (38%) | 13 (39%) | 0.579 |
| 31-35 | 5 (42%) | 11 (52%) | 16 (49%) | |
| 36-40 | 2 (17%) | 1 (5%) | 3 (9%) | |
| >40 | 0 (0) | 1 (5%) | 1 (3%) | |
| Gender | | | | |
| Female | 7 (64%) | 10 (48%) | 17 (53%) | 0.472 |
| Male | 4 (36%) | 11 (52%) | 15 (47%) | |
| COVID-19 changed the career path | 4 (33%) | 12 (57%) | 16 (49%) | 0.282 |
| Planning or considering a Fellowship prior to COVID-19 | 6 (60%) | 7 (33%) | 13 (42%) | 0.247 |
| COVID-19 changed Fellowship plans | | | | |
| No answer | 5 (42%) | 1 (5%) | 6 (18%) | 0.168 |
| Decided against a fellowship | 0 (0) | 1 (5%) | 1 (3%) | |
| Decided in favor of a fellowship | 0 (0) | 1 (5%) | 1 (3%) | |
| Undecided | 1 (8%) | 2 (10%) | 3 (9%) | |
| Still doing a fellowship | 2 (17%) | 4 (19%) | 6 (18%) | |
| Never considered a fellowship | 4 (33%) | 12 (57%) | 16 (49%) | |
| COVID-19 changed the post-graduate attending schedule | 6 (50%) | 5 (24%) | 11 (33%) | 0.149 |
| How much did COVID-19 change the post-graduate attending schedule? | | | | |
| None | 6 (50%) | 16 (76%) | 22 (67%) | 0.189 |
| <25% | 2 (17%) | 1 (5%) | 3 (9%) | |
| 26-50% | 3 (25%) | 1 (5%) | 4 (12%) | |
| >50% | 1 (8%) | 3 (14%) | 4 (12%) | |
| Moving expenses and sign-on bonuses were reduced due to COVID-19? | 1 (8%) | 9 (43%) | 10 (30%) | 0.054 |

16 Residency Case Mix Impact on In-Service Training Exam Scores

Michael Kern, Dann Hekman, Corlin Jewell, Benjamin Schnapp

Learning Objectives: To examine the effect of increasing clinical exposure to common EM complaints had on in-service training exam scores, and provide some insight into how to further strengthen the relationship between these two pillars of training.

Background: The in-service training exam (ITE) for Emergency Medicine (EM) residents has been shown to predict subsequent pass rate on the American Board of Emergency Medicine (ABEM) qualifying exam. Multimodal learning theory suggests that clinical exposures to common EM presentations would be beneficial for acquiring and retaining medical knowledge. It is unknown whether greater clinical exposure is associated with higher scores on the annual ITE.

Objective: To determine whether a higher number of clinical patient encounters in a given domain correlates with higher ITE score across the corresponding ABEM domain.

Methods: This is a retrospective review examining ITE scores and chief complaints seen by EM residents from 2013-2021 at our main clinical site. Visits were attributed to the first assigned resident. Patient encounters were categorized by chief complaint into one of 20 domains of the ABEM Model of Clinical Practice using a previously published consensus process. ITE scores during the third year of training were broken down into percentages by domain. Linear regressions were performed comparing clinical exposure within a domain to the ITE score.

Results: Data were available for 70 residents. Correlation coefficients ranged between 0.01 and 0.29, indicating weak or no correlation (Table 1). Only 3 domains had significant correlations identified: Head, Ear, Eye, Nose, and Throat (multiple R=0.25, p<0.05), Musculoskeletal Disorders (multiple R=0.25, p<0.05), and Psychobehavioral Disorders (multiple R=0.29, p<0.05). Twelve of the categories demonstrated a negative correlation.

Conclusion: We found mostly weak, nonsignificant correlation between clinical exposure and ITE score within core EM domains. This may inform programmatic decisions for EM training, and further investigation is necessary to adequately describe the relationship between clinical training and exam performance.

Table 1. ABEM domain clinical exposures and correlations with ITE scores. *Bolded are significant.

| Topic | Correlation Coefficient | P value |
|---|-------------------------|-------------|
| Abdominal and Gastrointestinal Disorders | 0.14 | 0.021 |
| Cardiovascular Disorders | 0.03 | 0.84 |
| Cutaneous Disorders | 0.05 | 0.7 |
| Endocrine, Metabolic, and Nutritional Disorders | 0.06 | 0.64 |
| Environmental Disorders | 0.05 | 0.7 |
| Head, Ear, Eye, Nose, and Throat Disorders | 0.25 | 0.03 |
| Hematologic Disorders | 0.04 | 0.75 |
| Immune System Disorders | 0.01 | 0.93 |
| Musculoskeletal Disorders (Non-traumatic) | 0.25 | 0.04 |
| Nervous System Disorders | 0.07 | 0.56 |
| Obstetrics and Gynecology | 0.04 | 0.77 |
| Other Components | 0.03 | 0.81 |
| Procedures and Skills | 0.2 | 0.1 |
| Psychobehavioral Disorders | 0.29 | 0.02 |
| Renal and Urogenital Disorders | 0.04 | 0.74 |
| Signs, Symptoms, and Presentations | 0.03 | 0.82 |
| Systemic Infectious Disorders | 0.17 | 0.16 |
| Thoracic-Respiratory Disorders | 0.1 | 0.39 |
| Toxicologic Disorders | 0.04 | 0.72 |
| Traumatic Disorders | 0.12 | 0.31 |