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Authors

Finch, Alexander
Colbenson, Kristina
Garcia, Samuel
[et al.](#)

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23 Effectiveness and Utilization of Hospital-Directed Wellness Initiatives during the COVID-19 Pandemic

Adrian Cotarelo; Nishad Rahman, MD; Adrian Cotarelo, MD, MHS; Mary McLean, MD; Miriam Kulkarni, MD

Learning Objectives: Given the ongoing pandemic, the authors hope to determine which of the commonly implemented COVID-19 hospital-directed wellness initiatives were most effective for physicians, enabling tailored recommendations for future wellness plans.

Background: The COVID-19 pandemic has placed an unprecedented burden on healthcare workers. Many hospitals have instituted wellness initiatives. The optimal hospital-directed wellness initiatives during a pandemic are currently unknown.

Objectives: The authors hope to determine which of the commonly implemented COVID-19 hospital-directed wellness initiatives were most effective for physicians, enabling tailored recommendations for future wellness plans. The hypothesis is that some hospital-directed wellness initiatives are significantly more effective than others.

Methods: This cross-sectional survey was distributed via EM specific online email listservs and message boards, including ACEP, CORD, and SAEM/RAMS. Emergency Medicine physicians practicing in the USA were recruited; sample size was determined via convenience sample. Survey questions included practice setting, geographic location within the US, and pandemic-specific wellness initiatives implemented at institutions. Likert scale (1-5) responses were assessed for self reported effectiveness of each of the specified hospital wellness initiatives. Results were analyzed using descriptive statistics.

Results: There were 527 responses eligible for inclusion. Morale at the time of the survey was significantly worse than morale at peak (4.36 v 4.57, p = 0.02). The most effective interventions were direct payment, informal debriefing sessions among staff, free food and community Thank You cards. The

Intervention	Frequency (%)	Effectiveness (1-5)	
		Median	Mean (SD)
Direct Payment/Hazard Pay	53 (10.06%)	4	3.605 (1.120)
Informal debriefing sessions among staff	127 (24.10%)	4	3.507 (1.153)
Free food at work, including from the community	350 (66.41%)	3	3.344 (1.140)
Display of Thank You cards from the community	254 (48.20%)	3	3.215 (1.106)
Public acknowledgement/displays (daily applause for hospital staff, military jets overhead, EMS/Fire Department/Police display of lights and sirens, etc)	231 (43.83%)	3	2.952 (1.245)
Daily email updates from hospital administration or whoever else might send them	266 (50.47%)	3	2.891 (1.250)
Displaying support signs	301 (57.12%)	3	2.867 (1.138)
Public celebration of successful COVID-19 discharges	92 (17.46%)	3	2.859 (1.228)
Psychiatric/Psychological services	189 (35.86%)	3	2.549 (1.127)
Victory Song playing overhead	100 (18.98%)	2	2.086 (1.123)
No support	24 (4.55%)	N/A	N/A

Figure.

least effective was the use of a victory song. The most common intervention was free food. The least common was direct payment. Among effective interventions, only free food was offered a majority of the time.

Conclusions: Hospital-directed wellness plans should focus resources on more effective interventions such as direct payments, free food, informal debriefing sessions, and community Thank You cards. Wellness plans should continue even after COVID-19 cases lessen.

24 Effectiveness of low fidelity in situ simulation for medical resuscitation team leadership development among emergency medicine residents

Alexander Finch; Kristina Colbenson, MD; Samuel Garcia, MD; Berghthor Jonsson, MD; Jenna Geers, MB BCh BAO; James Homme, MD; James Colletti, MD

Learning Objectives: Our objective was to assess the effectiveness of an ultra-low fidelity simulation model to improve PGY-1 resident resuscitation competence and confidence. A secondary objective was to assess content retention over time.

Background: Our emergency medicine (EM) residency program evaluation committee identified the transition of EM interns to the post-graduate year PGY-2 and PGY-3 medical resuscitation team leader role as a program gap. Key areas for development included cognitive component mastery and confidence.

Methods: The study was implemented one hour per month during scheduled conference time. All 26 EM residents were encouraged to participate. Three one-hour simulations were performed from August to November 2020. Pre- and postintervention cognitive and confidence outcomes were measured. Topics from previous simulations were implemented into all simulations as a spaced repetition component. We report descriptive statistics.

Results: Twenty-two resident assessments and surveys were recorded over 3 months. The mean PGY-1 resident cognitive component assessment score increased from 26% pre-intervention to 64% post-intervention while the mean PGY-2 and PGY-3 resident score increased from 44% preintervention to 83% postintervention for all 3 simulations combined. Data from the first simulation was tracked for content retention over three months. The mean PGY-1 resident score was 86% on review assessment and the mean PGY-2 and PGY-3 resident score was 71% at the three-month time point. 100% of residents reported that they perceived improved cognitive ability and confidence in leading medical resuscitations following the intervention and believed it was an appropriate use of conference time.

Conclusions: A spaced repetition, ultra-low fidelity in situ simulation improved EM resident competence and confidence in the medical resuscitation team lead role. Our results suggest that the model contributed to high content retention over time.

25 Emergency Medicine and Internal Medicine: Perceptions of the Relationship and Professionalism

Navdeep Sekhon, MD; Anisha Turner, MD; Adedoyin Adesina, MD; R. Michelle Schmidt, MD; Erica Lescinskas, MD; Malford Pillow, MD, MEd; Sarah Bezek, MD

Learning Objectives: To assess the current state of the relationship and professionalism between Emergency Medicine and Internal Medicine Physicians at a county, academic hospital.

Background: Collaboration between Emergency Medicine (EM) and Internal Medicine (IM) providers is essential in assuring safe patient care transitions from the emergency department (ED) to inpatient services, but can be prone to conflict.

Objectives: We used a cross-sectional survey to investigate the perceptions of EM and IM residents and faculty regarding their attitudes in regards to collaboration, respect, and mistreatment in interdepartmental interactions.

Methods: This cross-sectional survey was administered to the EM and IM faculty and residents of a county, academic hospital. This study was a performance improvement project to evaluate each specialty's current perception of professional behaviors by the other specialty in order to identify areas for improvement via a survey. The survey items were answered using a 5-point Likert scale. P-values were calculated using the unpaired t-test.

Results: 68 residents and faculty completed the survey, 32 (59.4% residents) from EM and 36 (94.4% residents) from IM. 11.8% of all respondents reported experiencing unprofessional behaviors from the other department at least once a month. EM most frequently reported the following unprofessional behaviors: condescension (82.1%), dismissiveness (60.7%) and rudeness (50.0%); while IM reported dismissiveness (50.0%) and unwillingness to help (38.5%) as being common. EM clinicians, compared to IM clinicians, reported experiencing condescension (p-value<0.0001) and rudeness (p-value= 0.0041) more frequently. Challenges identified by EM physicians included time to consult, recommendations, and disposition. Challenges identified by IM included difficulty contacting EM physicians and lack of communication regarding patient's clinical status changes.

Conclusion: This study is a first look at the prevalence of negative attitudes and misperceptions between EM and IM providers. Further studies can be done to determine how these attitudes and misperceptions can be lessened.

Table 1. Unprofessional behaviors that disturbed respondents.

	Emergency Medicine	Internal Medicine
They were dismissive	17 (60.71%)	13 (50%)
They were not appreciative	9 (32.14%)	7 (26.92%)
They were overly confrontational	10 (35.71%)	6 (23.07%)
They were just plain rude	14 (50%)	5 (19.23%)
They were unwilling to help	6 (21.43%)	10 (38.46%)
They were condescending	23 (82.14%)	7 (26.92%)

Table 2. Situations that present challenges to professional and collegial interactions between services (1=Never, 2=Rarely, 3=Occasionally, 4=Frequently)

Situation	Emergency Medicine		Internal Medicine	
	Average Score	n	Average Score	n
Requests for routine consultation	1.87	23	2.07	27
Requests for disposition	2.66	29	2.74	31
Uncertainty over responsibility of completing procedures	2.13	29	2.42	31
Communications of changes of patient status	2.29	31	2.88	32
Expectations for turnaround time for consults	2.82	28	2.45	29
Ease of contacting the other service	2.19	27	2.52	33
Uncertainty over guidelines	2.04	28	1.90	29

26 Emergency Medicine Clerkship Director Experience Adopting Emergency Remote Learning During the Onset of COVID-19 Pandemic

Xiao Chi Zhang, MD, MS; Ronnie Ren, MD; Kendra Parekh, MD; Doug Franzen, MD, MEd, FACEP; Molly Estes, MD; Melanie Camejo, MD; Mark Olaf, DO, FACEP

Learning Objectives: To survey EM clerkship directors (CDs) on their experience adapting an EM virtual rotation (VR) curriculum during the onset of the COVID-19 pandemic.

Background: The recent outbreak of the coronavirus disease 2019 (COVID-19) altered the traditional paradigm of clinical medical education by necessitating distance learning, employing new educational platforms such as video conferencing and virtual simulation in order to reduce disease transmission, and to minimize the loss of student learning in lieu of reduced clinical exposure. While individual clerkships have shared their curricular adaptations via social and academic networking media, there is currently no organizational standard in establishing a non-clinical, EM virtual rotation (VR).

Methods: A 21-item survey with quantitative and qualitative questions was disseminated between June and August 2020 to EM clerkship directors (CDs) via CDEM Listserv to describe their experience and perspectives in adopting a virtual EM rotation during the spring of 2020.

Results: 59 out of 77 EM clerkship survey responses were analyzed. 52.5% adopted a VR while 47.5% did not. Of those who adopted a VR, 71% of CDs had 2 weeks or less with 84% reporting usual or increased clinical load while