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Implications of a Drastic Increase in ACGME Ultrasound Scan Requirements: One Program's Perspective

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with applicants who were undecided prior to attending a focused panel.

Results: 69 of 264 applicants participated (26%). Applicants were more likely to apply to MMC’s EM program after attending one of the focused panels. There was no statistically significant difference between applicants who were going to apply to MMC regardless compared to undecided applicants. Applicants were more likely to rank the program higher after attending interview socials and the open house.

Conclusions: Applicants were more likely to apply to and rank MMC’s EM program higher after attending virtual panels, socials, and open house. We conclude that each virtual session we held was a valuable recruitment tool.

31 Implementation of Text-message Reminders (Nudges) to Increase Emergency Medicine Resident Feedback

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Background: Feedback to resident physicians is instrumental to their development into proficient physicians. However, inadequate or insufficient feedback is common in Emergency Medicine (EM). Barriers include asynchronous shift schedules, patient care time pressures, and simply remembering to pause for feedback. Thus, EM residents and programs are frequently seeking tools to improve the quantity and quality of feedback.

Objectives: The study objective was to evaluate the effectiveness of text-message reminders to increase feedback for EM residents.

Methods: A non-randomized historically controlled experimental study was conducted at the quaternary care medical center of a four-year residency. We developed an intervention using Python to automatically send text-message reminders with a link to an existing web-based feedback form to attendings and residents 15 minutes before the end of their shifts. Residents in phase one (Mar-Jun 2021) and attendings in phase two (Sept-Oct 2021 and Jan-Feb 2022) received texts. The intervention was paused from Nov-Dec 2021 as an update of the scheduling portal necessitated an update of the program’s code. Means of the number of feedback forms per day were calculated for the historical controls and intervention groups. Welch’s t-test was performed to assess statistical significance.

Results: 62 residents and 59 attendings received a combined total of 1083 and 757 texts respectively. During phase one, the number of feedback forms increased from 155 to 282 (81.9% increase, $p=0.0002$, 95%CI 0.74 to 2.36) and phase two, 265 to 286 (7.9% increase, $p=0.62$, 95%CI -0.76 to 1.27).

Conclusion: Text-message reminders are a simple and effective way to increase resident feedback. The effect of reminders was substantially greater when directed at EM residents than attendings. Future studies should explore barriers to attending initiated feedback as well as frequency and timing of the reminders to increase yield and quality of feedback.

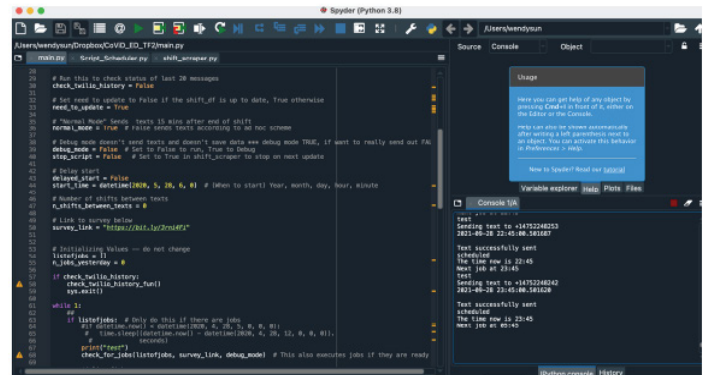


Figure 1. Screenshot of Python Code.

Table 1. Quantity of resident feedback forms by training year during intervention phases compared to their historical controls.

	Phase One Historical Control	Phase One: Resident Intervention (% increase from historical control)	Phase Two Historical Control	Phase Two: Attending Intervention (% increase from historical control)
PGY-1	57	110 (93.0%)	94	99 (5.3%)
PGY-2	38	74 (94.7%)	70	59 (-15.7%)
PGY-3	36	66 (83.3%)	52	73 (40.4%)
PGY-4	24	32 (33.3%)	49	55 (12.2%)
Total	155	282 (81.9%)	265	286 (7.9%)

32 Implications of a Drastic Increase in ACGME Ultrasound Scan Requirements: One Program’s Perspective

James Chan, David Toro, Derek Oswald, Danielle Doyle, Gregory Griffin, Alex Bobrov, Samuel Cory, Crystal Nock, Ahmad Mohammadieh, Derek Davis

Background: ACGME’s core competency for emergency medicine ultrasound (EUS) mandates a minimum of 150 scans for graduation. There have been recent calls to increase this number. Most residencies rely on resident self-reporting of clinical scans both during and outside EUS blocks. However, programs that perform quality assurance (QA) to track resident scans likely capture a more accurate representation of true ability.

Objectives: This study aims to elucidate the current characteristics and time trends of one program’s QA data. The hypothesis is that a sizeable portion of trainees will not meet

an expanded threshold number.

Methods: We performed a retrospective review of the ultrasound portfolio of a 3-year emergency medicine (EM) program between July 2020 and Oct 2022, encompassing 24 resident-years of data. Averages and chi-square analysis of all scan categories are compared across classes.

Results: Out of 3,207 total studies performed, 90.4 % underwent QA, versus 9.6 % without. Across the three years, the top 6 most performed studies are: FAST (24.4 ± 4.9 %), cardiac (23.2 ± 1.9 %), renal (10.3 ± 0.9 %), thoracic (9.8 ± 1.4 %), soft tissue (6.6 ± 1.6 %) and biliary (5.7 ± 0.8 %). Using FAST as the standard modality, residents across the three classes attain similar proportions of scans in renal (p = 0.29) and biliary (p = 0.28) scans, but diverged for cardiac, thoracic and soft tissue studies (p < 0.001 for all). Data extrapolation to end-of-training showed that 77.7 %, 44.4 % and 11.1 % of our residents will fail to meet a theoretical threshold increase to 300, 250 and 200 scans, respectively.

Conclusions: Based on data from a single EM residency, if ACGME were to increase the ultrasound scan minimum from 150 to 300, we anticipate a significant percentage of our residents will not meet graduation requirements. Assuming EUS remains four weeks long, equally valuable education in research, image interpretation, QA and billing may have to be sacrificed.

33 Blood, Sweat, and Beers – Improving the Wellness of Emergency Medicine Physicians via Exercise Competition

Megan Anderson, Sam Corbo, Loice Swisher

Background: Emergency Medicine has a high rate of physician burnout. Studies have shown that exercise and social activities have positive impacts on physician wellness. Many residency programs have implemented initiatives aimed to positively impact the emotional, physical, intellectual, and social aspects of wellness.

Objectives: The purpose was to improve EM physician wellness by implementing a voluntary team exercise competition into an EM residency program wellness curriculum over 3 months.

Methods: This study utilized a voluntary survey to compare wellness pre- and post-competition. The population studied included 33 EM residents and 28 EM attending participants. Residents were grouped based on pre-established residency “Houses” and attendings assigned to one of these Houses at random. Participants earned 1 point for every 30 minutes of exercise with the winning team earning a residency funded “House Party” at the end of the 3-month period. Data from the survey was analyzed using a 2 Sample T-Test to assess for significance. The mean values of the pre/post data were compared to determine if an aim of 25% improvement in wellness was met.

Results: Resident survey results showed that 100% exercised more during this competition and 100% would participate again. There was improvement in wellbeing (p = 0.026), energy (p = 0.014), and sleep (p = 0.025); these areas all also met the aim of improving by more than 25% after this 3-month competition (25%, 36%, 33% respectively). 80% of residents felt that their increased exercise positively impacted their wellness at work.

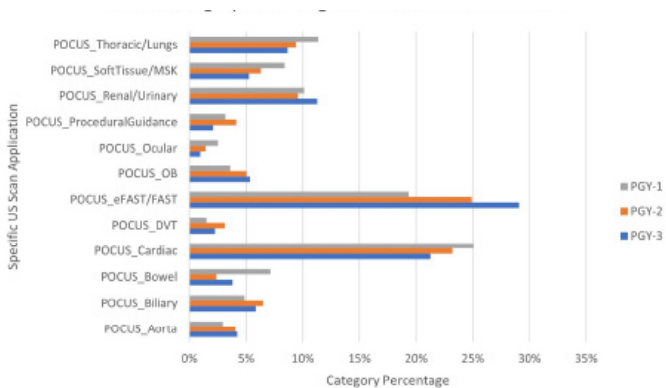


Figure 1. POCUS category percentage breakdown across classes.

Table 1.

Cumulative	Total			Percent		
	PGY-3	PGY-2	PGY-1	PGY-3	PGY-2	PGY-1
POCUS_Aorta	58	55	14	4.22%	4.07%	2.95%
POCUS_Biliary	80	88	23	5.83%	6.52%	4.84%
POCUS_Bowel	52	32	34	3.79%	2.37%	7.16%
POCUS_Cardiac	292	313	119	21.27%	23.19%	25.05%
POCUS_DVT	31	42	7	2.26%	3.11%	1.47%
POCUS_eFAST/FAST	399	336	92	29.06%	24.89%	19.37%
POCUS_OB	73	68	17	5.32%	5.04%	3.58%
POCUS_Ocular	13	19	12	0.95%	1.41%	2.53%
POCUS_ProceduralGuidance	29	56	15	2.11%	4.15%	3.16%
POCUS_Renal/Urinary	155	129	48	11.29%	9.56%	10.11%
POCUS_SoftTissue/MSK	72	85	40	5.24%	6.30%	8.42%
POCUS_Thoracic/Lungs	119	127	54	8.67%	9.41%	11.37%
Subtotal	1373	1350	475	100.00%	100.00%	100.00%

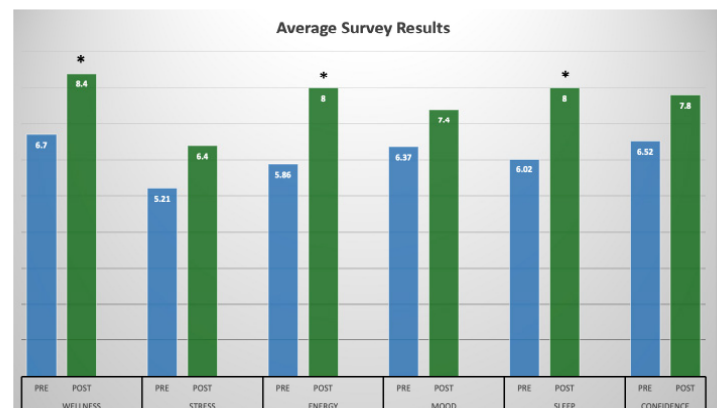


Figure.