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A Computerized Google Sheets Tracking System for ACGME Procedures Increases Reporting Numbers

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### **Authors**

Walsh, Brian  
Fiessler, Frederick  
Riggs, Renee  
[et al.](#)

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## 19 A Computerized Google Sheets Tracking System for ACGME Procedures Increases Reporting Numbers

Brian Walsh, Frederick Fiessler, Renee Riggs, Shannon O'Toole

**Learning Objectives:** Understand how residency programs track procedures. Understand how real-time procedure tracking can improve documentation. Understand how real-time procedure tracking can make SIM labs more efficient.

**Objective:** Tracking of residency procedures is vital to the continued accreditation of Emergency Medicine (EM) residency programs. We sought to determine if a Procedural Achievement Count Evaluation (PACE) score utilization increases ACGME procedural reporting.

**Methods:** A spreadsheet was created on Google Sheets, which contains the names of all the residents and the ACGME required procedures. The minimum procedural threshold is divided by the total months of residency (36) and then multiplied by each resident's month in training. We termed the minimal monthly requirement the PACE score. Each resident's tallied procedures are compared to the PACE value. Residents had open access to the Google Sheets PACE score, attendings were educated monthly, and residents additionally were educated at their semi-annual exams regarding their comparative score. Documented procedures were subdivided into "live" or "SIM". The number of procedures reported by the third year classes one year before and one year after implementation were tallied. The number of procedures compared to the minimum ACGME requirement were calculated. A two-tailed Wilcoxon Signed-Rank test was utilized, with a p-value of less than 0.05 for statistically significant.

**Results:** Of the fifteen core procedures reported to the ACGME, 87% (N=13) had increased totals following implementation (P=0.004). The only two procedures without increases were pericardiocentesis and central lines. The average percent increase of all procedures when compared to the minimum requirement was 37% (95% CI, 23,46). The number of live procedures increased in 60% (N=9) of procedures (p=0.06). Additionally, SIM procedures increased in 86% of those procedures that utilized SIM. (N=6 procedures, p=NS). The average percentage increase of SIM procedures was 24% (95% CI, 18,36).

**Conclusion:** Utilization of a PACE score significantly improved ACGME procedural reporting numbers overall and specifically increased SIM utilization.

## 20 Emergency Medicine Program Director Perceptions of the Resident Selection Process Following the Transition to a Pass/Fail USMLE Step 1

Kevin Bray, Kaitlin Burge, Om Patel, Ishant Patel, Will Haynes, Nicholas Van Wagoner, Charles Khoury

**Learning Objectives:** To assess Emergency Medicine residency program directors' perceptions of the impact of Step 1 P/F reporting on other selection criteria.

**Background:** Beginning in 2022, the NBME will transition score reporting of USMLE Step 1 from a 3-digit score to Pass/Fail (P/F). Historically, Step 1 has been weighed heavily by program directors (PDs) as an important metric in assessing competitiveness for residency. Our study examined whether EM program directors would place increasing value on Step 2 CK scores following the transition to a P/F Step 1.

**Objective:** To assess PD perceptions of the impact of Step 1 P/F reporting on other selection criteria.

**Methods:** A survey consisting of ranking questions was sent to PDs of all 282 EM programs in the US. These questions focused on assessing current resident selection practices in comparison to expected selection criteria changes following transition to P/F Step 1. Sixteen attributes were ranked by importance by PDs based on their own applicant selection process. PDs were also asked a series of questions to determine their confidence in Step 1 and Step 2 CK scores in predicting an applicant's clinical skills and ability to succeed.

**Results:** The survey was completed by 43 (15.24%) PDs. 52.6% reported that both Step 1 and Step 2 CK adequately predicted a resident's ability to pass EM board examinations (52.6% and 73.7% respectively). When asked if Step 1 and Step 2 CK are accurate predictors of a resident's ability to perform well clinically, only 10.5% of program directors answered yes to Step 1, compared to 31.6% for Step 2 CK. PDs ranked 14 of the 16 attributes higher following the transition to P/F Step 1 (p<0.001 per attribute). Step 2 CK score importance was ranked lower following transition to P/F Step 1. The first quartile of attributes pre- and post-transition did not change and are as follows: letters of recommendation [1st], away rotation [2nd], clerkship grades [3rd] and Step 2 CK score [4th].

**Conclusion:** Despite no longer having a 3-digit Step 1 score, PDs may not necessarily place greater emphasis on Step 2 CK scores following the transition.