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## 48 MERC PROJECT: A Deliberate Practice Didactic Successfully Increased Resident Follow Up of Patients by Telephone

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**Background:** Follow-up of discharged patients provides valuable insight into misdiagnosis and gives an opportunity for self-reflection as a means of preventing errors. Dispositioned patients are a unique population at risk for medical error, therefore increasing follow-up in this population may be valuable.

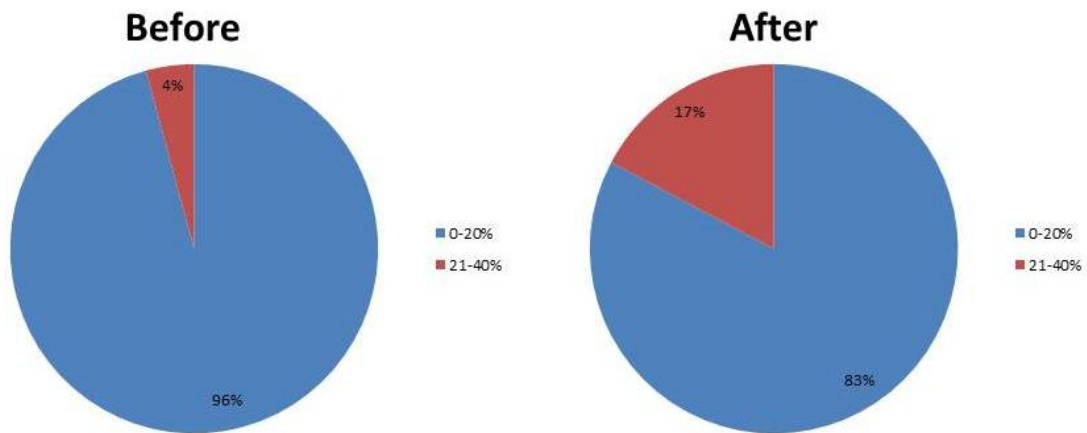
**Objectives:** Improve resident understanding of deliberate practice as a means of achieving expertise in emergency medicine and increase the number of follow-ups residents perform as a consequence of their understanding how follow-up improves mental cognition.

**Methods:** A seven residency multicenter pre and post didactic study as part of the MERC at CORD group. Study population was a convenience sample of residents who attended a didactic presentation from March 2013 to July 2013. The didactic taught the importance of deliberate practice and follow-up. During small groups, residents described interesting case follow-ups with a faculty mentor. Interesting cases were then shared with the group. This study was powered to show an increase in follow ups from 20 to 40 follow-ups a year.

**Results:** Two sites were excluded from the study - one due to lack of IRB approval and the other for inability to collect post test data. The number of follow-ups did not change significantly. Residents had a significant increase in telephone follow-ups (<20% to >20;  $p=0.04$ ), which also significantly increased requests for patient return to the ED ( $p=0.02$ ). Most residents agreed that follow-up is important, and reported better understanding of deliberate practice ( $p=0.001$ ).

**Conclusions:** Residents do see a value to performing patient follow ups but the majority of these follow-ups are done by chart review and therefore on the admitted population. Few residents contact by telephone patients who have been discharged. After this didactic, residents were more likely to contact patients by telephone for follow-up. Additionally, residents more often requested patient return if needed.

## Percentage of Resident Callbacks Pre/post Intervention



## Frequency of Request for Patient Return Pre/post Intervention

