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Incorporating a Resident-Driven Mentorship Program into Emergency Medicine Clerkship Rotations

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Authors

Chung, Arlene
Novak, Daniel
Lee, Eric
et al.

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period, the frequency of SSRI exposures increased by 19.9% (95% CI: 16.2%, 22.7%; p<0.001), and the rate of SSRI exposures increased by 23.1% (95% CI: 15.2%, 29.2%; p<0.001).

Conclusion: There was a significant increase in the reports of SSRI exposures during the study with sertraline being the most commonly reported SSRI. Suspected suicides was the most common reason for exposure. Greater intervention and awareness initiatives are needed considering the severity of such overdoses.

11 Characterization of Oxycodone Misuse using National Survey Data.

Christopher P. Holstege; Kawai Tanabe; Moira Smith; Saumitra Rege; *Will Goodrich*

Objectives: The objective of the study is to characterize the risk markers of oxycodone misuse using the nationally representative National Survey of Drug Use and Health (NSDUH) data.

Background: Drug overdoses continues to be a public health crisis with 70,630 fatalities in 2019. Approximately two-thirds of these deaths (66%) involved a prescription or illicit opioid. Synthetic opioids accounted for 72.9% of opioid-involved overdose deaths in 2019.

Methods: The 2019 NSDUH public use cross-sectional data were analyzed. The respondents were classified into two groups, past year oxycodone misusers and non-misusers, based on the screening questions assessing past year misuse of oxycodone products. The prevalence of selected demographic, clinical factors and substance use and abuse, including prescription medications, was assessed descriptively for the two population groups using cross tabulated frequencies and chi-square tests. Logistic regression models using a backward selection process were used to identify predictors of oxycodone misuse adjusting for covariates. Adjusted odds ratios (OR) and corresponding 95% Confidence Intervals (CI) were calculated.

Results: Overall, the 2019 NSDUH survey comprised of 56,136 respondents, of which 4,359 respondents (7.7%) reported using oxycodone products over the last year. Furthermore, 770 respondents reported misuse, accounting for 17.6% of the total oxycodone users or 1.4% of the survey sample. The proportion of past year oxycodone misusers was higher in males (54.1% vs 44.6%, p<0.001), unmarried (69.6% vs 44.8%, p<0.001), and Hispanic (16.3% vs 13.4%, p<0.001). Suicide ideation was much more frequent in oxycodone misusers (19.8% vs 10.1%, p<0.001). The prevalence of use and misuse of other substances in the previous year was significantly higher in the oxycodone misusers. Previous year marijuana use (OR: 1.90, 95% CI: 1.41 – 2.57) was a significant predictor of oxycodone

misuse while morphine users were 40% less likely to misuse oxycodone (OR: 0.60, 95% CI: 0.37 – 0.98). Similarly, hydrocodone use reduced the risk of oxycodone misuse by 64% (OR: 0.36, 95% CI: 0.26 – 0.50).Self-reports of obtaining the oxycodone from sources other than the doctors increased the risk of oxycodone misuse by 96% (OR: 1.96, 95% CI: 1.38 – 2.81). Hispanics (OR: 1.34, 95% CI: 1.02 – 1.55) had a significantly higher probability to misuse oxycodone. Oxycodone misuse was significantly more likely among misusers of other opioids including morphine (OR: 5.19, 95% CI: 1.62 – 15.12) and buprenorphine (OR: 2.42, 95% CI: 1.12 – 5.25). Previous year benzodiazepines misusers (OR: 2.44, 95% CI: 1.62 – 3.67), stimulant misusers (OR: 2.68, 95% CI: 1.71 – 4.21) increased the risk for oxycodone misuse in the past year. Males (OR: 1.60, 95% CI: 1.19 – 2.14) and individuals receiving medications for mental health treatment reported a higher risk of oxycodone misuse (OR: 1.46, 95% CI: 1.02 – 2.09).

Conclusion: The current study used data from a nationally representative sample and indicated a high prevalence of oxycodone misuse. Our study highlighted risk factors associated with misuse of oxycodone, including gender, use and misuse of other substances including other opioids appear to be important predictors of oxycodone misuse. Tailored interventions and risk-screening measures to optimize oxycodone prescribing might be key in limiting the misuse and diversion of tis pain medication.

12 Incorporating a Resident-Driven Mentorship Program into Emergency Medicine Clerkship Rotations

Arlene S. Chung; Daniel Novak; Eric Lee; Jeanette Kurbedin; Sabena Vaswani

Presenter: *Mahlaqa Butt*

Objectives: We launched an EM resident-driven mentorship program to help medical students excel in their clerkships, develop relationships, and navigate residency applications. We hypothesize that students will rate the mentoring positively and will report that it improved their performance.

Background: Mentorship is important for professional growth and success in medicine. There are few formal mentorship programs for medical students on audition rotations.

Methods: Students were assigned a self-selected EM resident mentor for their four-week clerkship at a single institution. Allopathic and osteopathic students were matched with residents from MD or DO schools, respectively. Mentors were instructed to review: patient presentations, differential diagnoses, clinical decision-

making tools, rotation advice, and the application and match process. Mentors were instructed to meet with their mentees and to check-in weekly. Following the rotation, students were sent an online anonymous survey consisting of 6 multiple choice and 3 free response questions. Simple descriptive statistics and qualitative methods were employed for data analysis. Initial coding was performed independently by two study authors and then reviewed by a third author with experience in qualitative methodology. Suggestions were merged via consensus into a final code set that was used for thematic analysis.

Results: Six audition rotations occurred over the study period. Of the 47 students, 74% (n=35) responded to our survey. 97% (n=34) of participants recommended continuing this program, 91% (n=32) rated this program helpful, and 64% (n=16) stated that this improved their success on the rotation. Preliminary qualitative analysis of students' responses revealed the themes in Figure 1.

Conclusion: Preliminary data suggests that students found having a mentor during their audition rotations was meaningful. We believe students can benefit from a resident-driven mentorship program during their auditions.

Figure 1:

Theme	Student Response
Clerkship Success	"I met him the first week of the clerkship and he provided me with some useful information on how to tackle the rest of the rotation. He helped me understand what my role should be."
Application Advice	"Getting outside feedback from someone who has so recently experienced the same challenges and found their way through those hurdles was just what I needed."
Enhanced Medical Knowledge	"They can teach from a supervising role because they went through intern year and learned from their own mistakes."
Team Camaraderie	"It can be hard adjusting to a new environment and a friendly face definitely helped."
Program Insights	The "mentor program was very good for general information and also to get a feel for the type of program..."
Safe Space	"It was helpful to have support from someone who truly wanted me to succeed and was willing to help me through the challenges I faced."

Figure 1.

Figure 2:

Survey Question	% Yes	% No
Should we continue this program in the future?	97.1% (34/35)	2.9% (1/35)
Did you ever meet with your mentor?	88.6 (31/35)	11.4 (4/35)
Was this program helpful?	91.4% (32/35)	8.6% (3/35)
Do you feel this program helped improve your clerkship performance?	64% (16/25)	36% (9/25)
Did this program positively influence your perception of our program?	81.5% (22/27)	18.5% (5/27)
Will you try to keep in touch with your mentor?	88.6% (31/35)	11.4% (4/35)

Figure 2.

13 ICU admission Risk Factors of Latinx/Hispanic COVID-19 patients at a US Mexico Border Hospital

Andrew LaFree; Christian A. Tomaszewski; Christopher Johln Coyne; Faith C. Quenzer

Presenter: *L.E. Gomez*

Objectives: To describe the association of demographics of sex, comorbidities, age with the risk of severe (Coronavirus Disease 2019) COVID-19 requiring intensive care unit level of care, and death in a primarily Latinx/Hispanic U.S.-Mexico border hospital operating at surge capacity.

Background: According to the CDC, the Latinx/Hispanic population in the U.S. have been particularly affected by severe COVID-19 complications and high mortality rates. Border hospitals and their emergency departments (ED) are particularly vulnerable to widespread communicable respiratory infections and severe COVID-19 complications and poor outcomes such as surges of hospitalizations and death. Multiple factors such as inadequate healthcare infrastructure in border areas, access to preventative healthcare and subsequently higher prevalence of comorbidities that increase the risk for severe COVID-19 in the Latinx/Hispanic patient population overall. At the U.S.-Mexico border region, there is a paucity of research and data regarding how COVID-19 affects this predominantly Latinx/Hispanic community. Our study seeks to identify demographic, and clinical risk factors that make this specific community vulnerable to severe COVID-19 complications such as intensive care unit (ICU) utilization and death.

Methods: This is was a retrospective, observational chart review of 156 hospitalized COVID-19 patients during a surge at a border hospital. Adult patients (> 18 years) diagnosed with SARS-CoV-2 and met admission criteria from April 10, 2020 to May 30, 2020 were included. Excluded were pediatric patients (< 18 years of age), patients who did not consent for treatment, pregnant women, patients who did not meet the above inclusion criteria. Descriptive statistics of sex, age categories of 18-49, 50-64, and > 65 years or older, BMI, presence of at least one comorbidity (coronary artery disease, hypertension, diabetes, cancer/lymphoma, current