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Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

Rapid Decisions, Real Evidence: Shaping Tomorrow's Emergency Physicians with an Innovative Evidence-Based Medicine Curriculum

Permalink

https://escholarship.org/uc/item/1xv8m3bk

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 26(3.1)

ISSN

1936-900X

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Publication Date

2025-06-21

DOI

10.5811/westjem.48744

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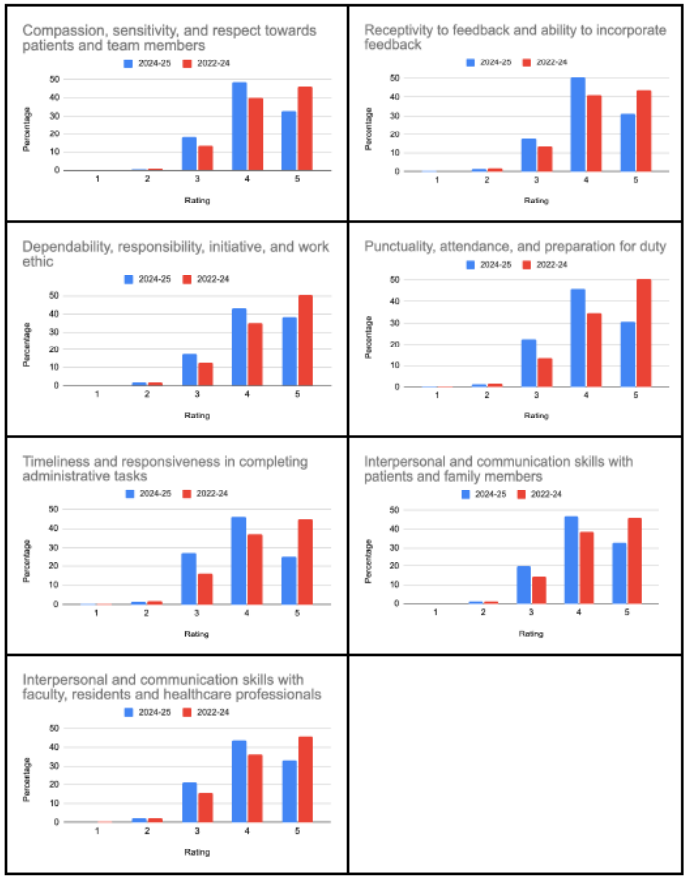
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Interventions: For the 2024-25 SLOE, radio buttons for ratings in Part B were pre-populated to a rating of 3 out of 5, rather than being blank. If a rating of 1 or 5 was selected, a pop-up message prompted the writer to provide narrative justification.

Data Analysis: Descriptive statistics were used to summarize the distribution of ratings pre- and post-intervention. Absolute differences in the percentage of students rated 5 were calculated.

Results: Data were extracted from 17,727 letters (5,938 from 2024-25; 11,789 from 2022-24). The distribution of responses to Part B can be seen in Figure 1. The absolute difference in the percentage of students rated 5 for each characteristic ranged from -12.3% to -19.7% (Table 1).

Figure 1. EM Standardized Letter of Evaluation (SLOE) Part B Rating Distributions, 2024-25 vs. 2022-24.



Conclusions: Pre-population of SLOE Part B ratings to 3 out of 5 and pop-up messages prompting letter writers to justify extreme ratings led to a shift in the distribution of scores and a reduction in the percentage of 5 ratings in the 2024-25 cycle, as compared to the prior two cycles. The individual contribution of each intervention to the reduction cannot be determined.

45 Rapid Decisions, Real Evidence: Shaping Tomorrow's Emergency Physicians with an Innovative Evidence-Based Medicine Curriculum

Sydney Miller, Brett Todd

Introduction: Evidence-based medicine (EBM) is an important facet of medical education, yet surveys show that residents have low confidence in EBM skills and poor understanding of EBM concepts. The literature on EBM education is particularly limited in emergency medicine (EM). To close this gap, we developed a novel longitudinal curriculum for teaching EBM to EM residents.

Educational Objectives: We aimed to develop and deliver a year long curriculum covering EM-relevant EBM topics and to evaluate resident attitudes towards EBM and knowledge in EBM concepts.

Curricular Design: We administered 11, 15-minute lectures to PGY1 - 3 EM residents (Table 1) monthly during the 2023-2024 academic year. The lecture topics included were as follows: EBM basics, critically appraising literature, research study types, sample size and power, nominal/ordinal/continuous variables, p-values/confidence intervals/t-test/chi-squared, sensitivity/specificity/PPV/NPV, NNT/NNH/odds ratios, likelihood ratios, and multivariate risk models/regression. Content was reinforced during residency journal clubs and a summary document was distributed after presentations for spaced repetition.

Table 1. Resident demographic data.

	Pre (N=32)	Post (N=26)	Total (N=58)	p value
Level of Training				0.378
PGY-1	11 (34.4%)	9 (34.6%)	20 (34.5%)	
PGY-2	11 (34.4%)	5 (19.2%)	16 (27.6%)	
PGY-3	10 (31.2%)	12 (46.2%)	22 (37.9%)	
Sex				0.789
Female	12 (38.7%)	9 (34.6%)	21 (36.8%)	
Male	19 (61.3%)	17 (65.4%)	36 (63.2%)	
Race				0.544
White	24 (75.0%)	17 (65.4%)	41 (70.7%)	
Asian	5 (15.6%)	5 (19.2%)	10 (17.2%)	
Other	2 (6.2%)	4 (15.4%)	6 (10.3%)	
Decline to answer	1 (3.1%)	0 (0.0%)	1 (1.7%)	
Ethnicity				1
Hispanic or Latino	3 (9.4%)	2 (7.7%)	5 (8.6%)	
Not Hispanic or Latino	29 (90.6%)	24 (92.3%)	53 (91.4%)	

Impact/Effectiveness: Prior to administering the curriculum, we developed a survey and quiz assessing

residents' attitude toward and understanding of EBM. The survey was sent to four content experts in EBM to review questions for clarity, neutrality, and completeness. Questions were then modified based on their feedback. The survey and quiz were administered before and after the curriculum was presented. In the post-curriculum survey, residents reported increased confidence in their understanding of EBM ($p = 0.028$). Residents also noted a preference for 15 minute lecture length and delivery of lectures quarterly or monthly (Table 2). There was a non-significant trend towards improvement in quiz scores. We plan on curricular modifications to improve retention of EBM concepts.

46 Drivers of Past and Present Interview Practices for Emergency Medicine Residencies

Elizabeth Werley, Cullen Hegarty, Melanie Camejo, Alexis Pelletier-Bui, Mary Edens, Bryanne Macdonald, Erin McDonough, Eric Blazar, Leah Colucci, Brian Milman

Introduction: GME recruitment is changing. The COVID-19 pandemic necessitated virtual interviews. Discussions on "best practices" for programs and applicants followed. Numerous factors are at play: improving equity for applicants, environmental concerns, budgetary constraints, compliance with recommendations, and improving chances at match success, to name a few.

Objective: CORD's Application Process Improvement Committee sought to determine the drivers of interview practices in the 2020-2024 cycles, hypothesizing that recruitment practices as well as the driving factors behind those decisions evolved over time.

Methods: EM residency programs were surveyed via the CORD listserv September-December 2023. Participation in the survey was voluntary; all responses were confidentially collected via REDCap.

Results: There were 67 survey respondents. In the 2020 cycle, in-person interviews predominated with either optional second look events (49.20%) or no second looks events (36.9%). All virtual interviews with no second looks predominated in the 2021 (81.50%) and 2022 (67.70%) cycles. 55.40% of programs began hosting all virtual interviews with optional in-person second looks in the 2023 and 2024 cycles. For the 2024 cycle, 26.30% of programs preferred hybrid interviews with optional in-person second look events but only 16.9% intended to use that format. (Figure 1) In the 2020 cycle, programs used an established interview day pattern at the program (90.60%) or institution (35.90%). 43.80% of programs hoped to combat misperceptions about the area or program. In the 2021 and 2022 cycles, the two most common drivers of interview format were institutional restrictions on visitors (65.60%, 53.10% respectively) and a desire to maintain compliance with national recommendations (62.50%, 75.00% respectively). There has been increased interest in improving equity to applicants over time (54.70% in the 2024 cycle, up from 10.90% in 2020). (Figure 2) Programs estimated their recruitment budget for the 2021 cycle was 60.47% from previous years. Budgets have trended up slightly but still remained at <75% of baseline for the 2024 cycle. (Figure 2)

Conclusion: Interview practices have changed in recent years. While COVID-19 may have been the impetus, there appear to be numerous factors that drive recruitment practices.

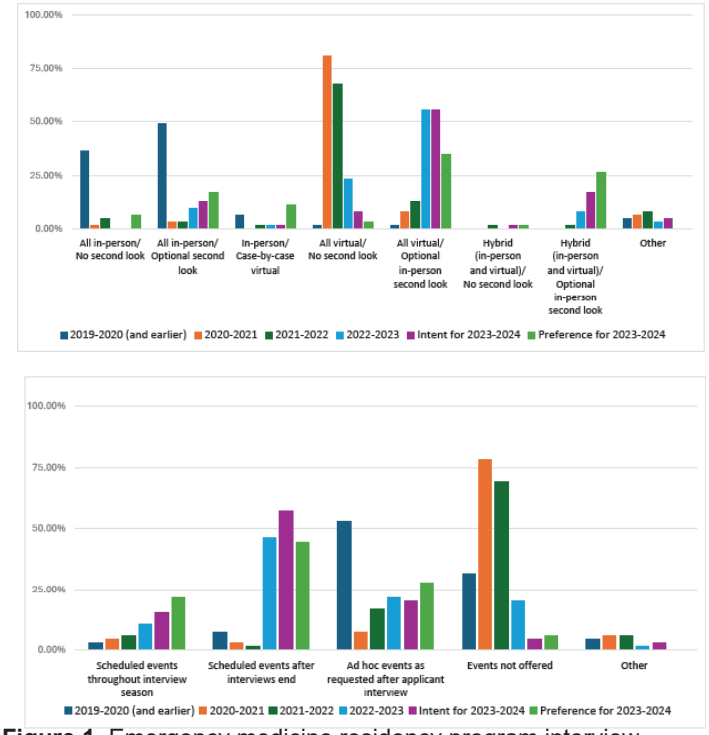


Figure 1. Emergency medicine residency program interview practices by year.

47 Impact of Simulation-Based Training on Procedural Competency

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Introduction: The ACGME model for procedural competency utilizes index procedure minimums as a measure of procedural competency for Emergency Medicine. As clinical opportunity for these procedures is inconsistent; simulation has been used increasingly to address these gaps.

Purpose: The purpose of this study was to characterize the impact of simulation-based training during residency.