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38 From Outcomes to Insights: A Structured Reflection Tool for Practice-Based Learning and Improvement

Kathryn Ritter, Kathryn Lorenz, Michael Ehmann, Haleigh Ferro, Sarah Hill-Yeterian, Jeremiah Hinson, Linda Regan, Kamna Balhara

Background: To optimize skills in Practice Based-Learning and Improvement (PBLI), residents should have access to their patient outcomes data. Prior research demonstrates that automated patient outcome feedback increases electronic health record (EHR) re-access by residents, but outcomes data alone may be insufficient to promote reflective practice. Residents may benefit from a format for structured reflection upon those outcomes.

Objective: We developed a longitudinal tool grounded in narrative writing with structured prompts to bridge outcomes data with resident reflection ("Growth Charts"). We describe residents' experiences with Growth Charts and analyze the tool's impact on PBLI through qualitative analysis.

Methods: Six PGY1-4 Emergency Medicine residents at a single academic program participated in a 12-month pilot. Residents analyzed their personalized outcomes on a digital platform, Linking Outcomes Of Patients (LOOP), which tracks unanticipated return visits ("bouncebacks"), inpatient level-of-care escalations, and deaths. Participants then responded to Growth Chart prompts with written reflections on factors contributing to reported outcomes and intended practice modifications. Semi-structured interviews with residents about their experience with Growth Charts and LOOP data were qualitatively analyzed via an inductive approach and grounded theory.

Results: Six key themes emerged (Table 1). All participants reported that LOOP provided valuable information and several expressed that using data enhanced reflection quality. One participant stated, "My reflections wouldn't have been as robust without [LOOP]." Participants reported that structured reflections led to practice change (e.g., adjusting discharge instructions to prevent bouncebacks and increasing confidence when advocating for level-of-care decisions).

Table 1. Categorized themetic analysis from participant semi-structured interviews. *Codes regarding the Growth Chart; #Codes regarding LOOP; ^Codes reagrding LOOP and Growth Chart together.

Theme	Codes	Representative Quotes
Goal setting	Benefit of written record*	"Having all the rotations in the same document allowed me to look back [at] other things that I was working on earlier."
	Benefit of goal setting^	"It was nice to think about where I'm going, where I've been, especially with all of the data that I have, and how I want to get to where I want to be."
Benefit of reflective practice	Valuable adjunct to biannual reviews with program directors^	"And I think those [LOOP and Growth Charts] help[ed] me kind of anchor in individual practice goals and who I want to be as a physician. And kind of drive some of those conversations in a way that I don't know if I would have been as focused on, or as cognizant of, without the LOOP data and the narrative reflections."
	Valuable practice for emotional processing^	"I think anytime you're intentionally reflecting. It's gonna change how you behave and [have] small micro interactions...in the daily workspace."
Format & content of Growth Chart	Personal preference for reflective practice^	"I feel like when you write something down it solid[ifies]...and allows you to tackle some...of the reality [of] what you're putting in your head, [by]...putting it into speech."
	Redundancy of phrasing of questions^	"I think some of the questions were a little redundent sometimes...I would just eventually be like, 'See that answer,' especially towards the end of the year."
	Formatting of Google document^	"I think it was on a Google document. I'm wondering if just making it on One Drive might be easier to access because I had to keep searching for the Google document link."
Barriers to consistent use	Inaccessibility of LOOP#	"Usually to access LOOP, we'd have to be on the VPN. That was a bit of a challenge or a barrier"
	Lack of motivation^	"It was really just the buy-in, and I feel like should the buy-in have been influenced by a requirement to do it or some kind of carrot to do it? But ultimately the buy-in ended up being influenced by the experience with it."
	Less useful for off-service rotations#	"It would have been interesting to see my bounceback rate [on those off-service rotations]...in theory, it could have been useful."
Benefit of objective data	Valuable patient care follow-up information#	"I think one of the best parts of LOOP was seeing the bouncebacks, and I think you didn't get a good handle on that end of the spectrum prior to using LOOP[, and one could argue, that's kind of the most relevant area for improvement."
	Enhanced quality of reflections#	"It allowed to me to be grounded in objective data...I think it actually foster[ed] the reflection, because I feel like my reflections wouldn't have been as robust without the LOOP data."
Clinical practice change	Confirmation of current practice*	"Data allowed you to feel strong in your decision making of appropriate level of care decisions that was happening based off of good clinical practice."
	Change in discharge planning*	"[The data led me to think] should I have changed my discharge instructions? Do I need to have a more in depth conversation with this patient, and anticipate a return?"
	LOOP data resulted in practice change*	"Prescribing habits were definitely influenced by the LOOP data...and the emphasis on care transitions was very much influenced by the LOOP data in terms of the bouncebacks."

Conclusion: Growth Charts to bridge EHR-derived outcomes data with structured reflection may foster PBLI by facilitating reflective practice.

39 Improving the Evaluation and Feedback Process in an Emergency Medicine Residency Program

Lindsey Jennings, Justine McKittrick, Katherine Rodriguez, Alexander Howard

Background: To improve the volume of written feedback and evaluations at our institution, we made several changes to our emergency medicine resident evaluation process. These changes included: 1) shortening the number of questions asked on our resident evaluation form from 23 questions to 4 questions , 2) utilizing an entrustable professional activities (EPA) framework for evaluations, and 3) adding completion of resident evaluations to the bonus pay structure for faculty.

Objectives: The purpose of this study assess for changes in 1) resident perceived quality of feedback , 2) attending perceived quality of evaluation forms, and 3) the number of evaluations completed by faculty before and after the intervention.

Methods: This study included 2 components: 1) a prospective survey study that assessed resident and faculty satisfaction with our evaluation system before and after the intervention, and 2) an observational prospective study examining the number of written evaluations completed by attending physicians before and after the intervention. Surveys assessed the quality of feedback provided from the evaluation system using a 5-point Likert scale. All emergency medicine residents (n=30) and faculty (n=35) were eligible for participation. The number of evaluations completed pre-intervention (4/15/2024-7/14/2024) and post-intervention (7/15/2024-10/14/2024) were obtained from our evaluation software, MedHub. Descriptive statistics were utilized.

Results: 15 residents (50%) and 20 (57%) attendings completed the pre survey. 13(43%) residents and 16 (46%) attendings completed the post-survey. There was an increase in residents reporting feedback was actionable (47% to 69%), and a decrease in the percentage of residents who reported vague feedback (47% pre, 23% post). There was an increase the percentage of faculty who felt the questions asked on evaluations were relevant (30% pre, 86% post). There were 115 evaluations completed in the pre-intervention period,