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Thinking about the End: Addressing Resident Perceptions of Palliative Care in the Emergency Department

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Authors

Trojano, Max
Goldenberg, Harrison
Stevens, Kendall
[et al.](#)

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34 Project Emma (Emergency Medicine Milestone Application)

Robert Sobehart, Aleta Mizner

Receiving written and verbal feedback is a crucial aspect of emergency medicine (EM) residents' training. This can be a cumbersome and time consuming process for attending physicians and is often overlooked at the end of a busy

09:15

Hi, Dr. [Name]

Evaluation

1. Rank **MD on Selection and Interpretation of Diagnostic Studies** using the scale below based on the ACGME milestones of emergency medicine .

Novice Level 2 Level 3 Graduation Expert

Score: 3.0

Selection and Interpretation of Diagnostic Studies

Interprets results of diagnostic testing (e.g., electrocardiogram (EKG), diagnostic radiology, point-of-care ultrasound); Given a limited or dynamic circumstance, prioritizes the diagnostic studies that are essential

2. Please comment on the resident's performance on this specific topic: **Selection and Interpretation of Diagnostic Studies**

Type here...

Draft Submit

shift. This challenge led to the development of EMMA the Emergency Medicine Milestone Application.

The primary goal of developing this mobile application was to increase the amount and quality of formative feedback, both in real time and through written evaluations. Building on previous research, we sought to build an application that combined timed prompts and short milestone based evaluations to facilitate faculty evaluation of residents during shifts. This was accomplished via grant funding to develop the smart-phone application through a partnership

with data and information science graduate students. In our estimation, there were three critical aspects for application success: shift matching of residents and attendings; beef, targeted evaluations, and time-prompted notifications to complete evaluations and provide verbal feedback. Using the ACGME milestones for emergency medicine, we developed twelve targeted evaluation prompts. Each was mapped to the corresponding milestone and the corresponding shift evaluation card allowed the attending to rate the resident on a likert scale matching the ACGME milestone descriptions. The evaluation card also asked for directed narrative feedback on the prompted topic, provided a reminder for verbal feedback and allowed for additional generalized narrative feedback.

EMMA was officially launched on August 5, 2024 the Allegheny General Hospital Emergency Medicine Residency. The initial implementation included downloading the application on 34 resident and 20 attending faculty cellular devices. Prior to the deployment of EMMA only 19% of resident shifts were captured via the prior evaluation system utilizing a QR code system. Within the first two months of deployment of EMMA 75% of resident shifts were being captured with evaluations via the application with a reported increase in quality of feedback as well. The initial derivation phase of this study is ongoing with completion planned in January of 2025. EMMA an ongoing project in precision medical education with development of metrics and administrative components currently underway.

35 Thinking about the End: Addressing Resident Perceptions of Palliative Care in the Emergency Department

Max Trojano, Harrison Goldenberg, Kendall Stevens, Kurt Weber, Sara Baker

Introduction: Individuals with poor prognosis diseases will visit an emergency department (ED) at the end of life. Historically, the emphasis for these vulnerable patients was the same for all comers: avoidance of death. However, early initiation of palliative care from the emergency department has been shown to reduce in-hospital deaths and increase overall quality of life. Yet, EM clinicians report feeling unprepared to address the palliative needs of their patients.

Objectives: Our primary objective was to assess the perceptions of palliative care preparedness among EM residents before and after a palliative care training activity.

Methods: This was an observational study at a three-year residency program. The training included a lecture regarding end-of-life issues, a panel discussion with palliative physicians, and simulation scenarios (Figure 1). Residents were asked to participate in a survey regarding their self-efficacy in palliative care both pre- and 3 months post-training. The survey included both the Self-Efficacy in Palliative

Care (SEPC) and Thanatophobia scales (TS). The SEPC is a 23-item survey that measures efficacy in communication, management, and teamwork, while the TS has 7 items that assess attitudes towards palliative care.

Results: Seventeen residents completed the pre-intervention survey out of a body of 54. Five of these residents completed a follow-up (29.4%). All training years were represented: 35.3% PGY1, 47.1% PGY2, 17.6% PGY3. The majority were female (64.7%), white (94.1%), and non-Hispanic (82.4%). Mean pre-intervention SEPC and TS were 51.2 (SEM = 3.1) and 24.5 (SEM = 2.7) respectively. Neither SEPC ($p = 0.342$) nor TS ($p = 0.770$) differed across PGY year. Among those who completed both a pre- and post-survey, initial SEPC scores ($x = 54.4$, SEM = 3.9) improved after the training event ($x = 79.3$, SEM = 4.3); ($p = 0.002$) (Figure 2). There was no significant difference in TS scores (x pre = 27.6, SEM = 4.1; x post = 23.2, SEM = 2.7); ($p = 0.450$).

Conclusion: Resident preparedness for palliative care in the ED is suboptimal. These data suggest that residents are unlikely to passively absorb palliative principles during their training. However, improving self-efficacy in this discipline appears to be trainable, so long as there is a dedicated effort and emphasis on its curricular importance.

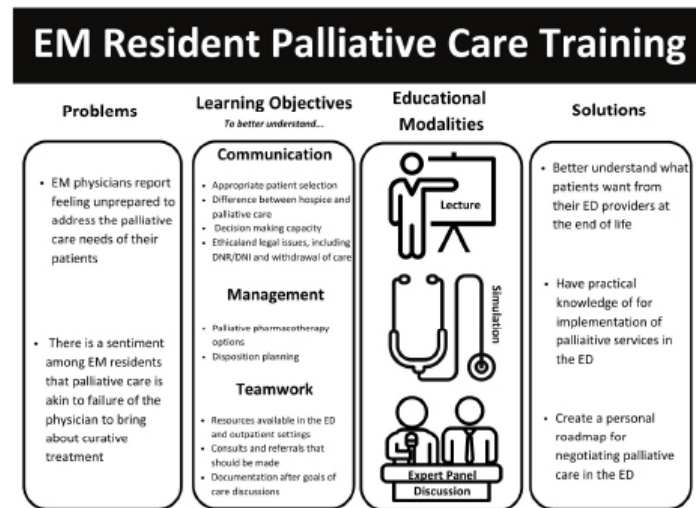


Figure 1. Schematic of EM resident palliative care training event.

36 Physician-Patient Communication in Emergency Medicine Resident vs Attending Physicians

Katarzyna Gore, Callan Coghlan, Danielle Raslan, Aylin Ornelas Loreda, Dustin Brown, Galeta Clayton, Gary Peksa, Michael Gottlieb

Introduction: Patients provide feedback on attending physicians through surveys, whereas residents usually do

not have the same opportunity. Feedback residents receive is often based on secondhand accounts.

Objective: We aimed to evaluate resident and attending physicians' communication with patients using the Communication Assessment Tool (CAT). We hypothesized that attending physicians would score higher on individual survey questions.

Methods: We conducted a single center prospective observational study at a tertiary care Emergency Department (ED). After being treated in the ED, patients completed a survey on both resident and attending physicians independently. If no ED resident was caring for the patient, only the attending was evaluated. Off-service residents were excluded. Only English speaking patients were included. A mixed-effects model was used to compare attending and resident data, accounting for participant-level random effects. Open ended questions were graded as positive, negative, or neutral.

Results: 36 residents and 49 attendings were eligible for assessment. Between May and July 2024, we gathered responses from 144 participants. In the 90 resident surveys and 144 attending surveys, responses were predominantly positive, with "Very Good" making up 87.2% of responses for residents and 89.5% of responses for attendings. Open-ended feedback was positive or neutral, highlighting physician strengths or focusing on unrelated patient conditions. Results comparing residents and attendings on

Table 1. Results of Communication Assessment Tool (CAT) Questions in Residents vs Attendings.

CAT question	Resident mean (SD)	Attending mean (SD)	Difference (95% CI)	p-value
Greeted me in a way that made me feel comfortable	3.85 (0.05)	3.88 (0.03)	-0.03 (-0.13, 0.07)	0.52
Treated me with respect	3.89 (0.03)	3.90 (0.03)	-0.01 (-0.10, 0.07)	0.77
Showed interest in my ideas about my health	3.84 (0.05)	3.87 (0.04)	-0.03 (-0.13, 0.08)	0.6
Understood my main health concerns	3.86 (0.05)	3.88 (0.04)	-0.02 (-0.12, 0.08)	0.65
Paid attention to me (looked at me, listened carefully)	4.10 (0.04)	4.12 (0.04)	-0.02 (-0.11, 0.07)	0.68
Let me talk without interruptions	3.75 (0.06)	3.77 (0.05)	-0.02 (-0.15, 0.10)	0.71
Gave me as much information as I wanted	3.92 (0.03)	3.95 (0.03)	-0.03 (-0.12, 0.07)	0.5
Talked in terms I could understand	3.88 (0.04)	3.91 (0.03)	-0.03 (-0.13, 0.07)	0.59
Checked to make sure I understood everything	3.72 (0.05)	3.75 (0.05)	-0.03 (-0.14, 0.08)	0.66
Encouraged me to ask questions	4.00 (0.03)	4.03 (0.03)	-0.03 (-0.10, 0.05)	0.45
Involved me in decisions as much as I wanted	4.05 (0.03)	4.08 (0.03)	-0.03 (-0.10, 0.05)	0.42
Discussed next steps including any follow up plans	4.02 (0.04)	4.04 (0.03)	-0.02 (-0.11, 0.06)	0.71
Showed care and concern	3.80 (0.05)	3.82 (0.05)	-0.02 (-0.14, 0.10)	0.75
Spent the right amount of time with me	3.70 (0.06)	3.72 (0.05)	-0.02 (-0.16, 0.11)	0.78