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Authors

Stuempfig, Nathan
Rahman, Hanna
Lam, Jamie

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34 Emergency Medicine Resident Perspectives about Feedback in the Emergency Department

Brian Walsh, Fred Fiesseler

Background: Resident feedback is an important component of emergency medicine resident training. Although residents often report that they do not get enough feedback, it is unclear what exactly they consider feedback. We sought to clarify resident views on the feedback they consider most helpful and in what areas they would appreciate more and less feedback.

Methods: An anonymous survey was created using Google Forms and distributed to all residents in an emergency medicine residency with 29 residents. Residents were asked multiple-choice questions about their views of feedback, specifically about the best times to give feedback, the areas in which they would like more and less feedback, and the manner in which they would like feedback given. The percent of residents responding with each option was calculated.

Results: 27 out of 29 residents (93%) completed the survey. 93% said the most helpful feedback comes from attending physicians. 56% said feedback is best given in private immediately after a patient encounter, while only 4% said it is best given at the bedside. 96% said feedback is best given in small aliquots instead of during dedicated meetings. The top areas in which residents would like more feedback are management plans (85%) and patient assessments (70%). The area in which they would like less feedback are social skills and social interactions (44%).

Conclusion: Feedback is an important component of education. Clarifying resident views about it and ways in which feedback may be better-received by residents will likely benefit their education.

35 Creation of a Resident Pod Improves Educational Experience in a Community Hospital

Nathan Stuempfig, Hanna Rahman, Jamie Lam

Introduction: Currently, there are varied clinical workflows throughout emergency medicine (EM) training programs without recommendations that optimize resident learning opportunities. Furthermore, newer, community-based programs often have difficulty integrating residents into existing workflows. It is critical for EM training programs to optimize opportunities to perform advanced, critical procedures and to provide adequate patient volumes for their residents.

Objectives: We compare 2 different clinical workflows and the impact they have on educational opportunities for EM residents. We anticipate that the creation of a Resident Pod (R Pod) will lead to an increase in critical procedures and patient volumes for residents when compared with a 1 on 1, round-robin assignment system.

Methods: This is a retrospective, observational study that was conducted in a single, community-based emergency department. Data were collected for 1-year prior to the implementation of a R Pod and for 1 year after implementation. PGY-1 and PGY-2 classes were used in each data set. There were 8 residents for each class, 16 residents for each timeframe. The number of patient encounters and critical procedures were totaled for each class during each time period. The median number of patients seen per month as well as critical procedures per month were calculated. Wilcoxon rank sum was utilized to determine statistical significance.

Results: There was an increase in both patient encounters per month and critical procedures performed by residents per month. For patient encounters, statistical significance was obtained for the PGY-1 residents (p=0.004) and for all residents (p=0.022). Procedures increased for PGY-1s (p=0.002), PGY-2s (p=0.041) and all residents (p=0.002). PGY-2 residents saw more patients in the R Pod, but this did not obtain statistical significance.

Table. Median number of patients seen per month pre and post RPOD implementation overall by PGY level.

	RPOD Implementation Period		
Resident Year	Pre (8/1/22-6/30/23)	Post (8/1/23-6/30/24)	p-value*
Total (PGY1 and 2)			0.004
Median (IQR)	1273 (1253-1387)	1537 (1371-1653)	
Min-Max	1170-1425	1344-1733	
PGY-1			0.022
Median (IQR)	573 (439-701)	698 (661-797)	
Min-Max	418-736	618-881	
PGY-2			0.26
Median (IQR)	756 (686-835)	870 (667-936)	
Min-Max	506-924	578-964	

*Wilcoxon rank sum

Conclusion: The creation and implementation of a R Pod showed increased patient volumes and increased opportunities to perform critical procedures for EM residents when compared to a round-robin patient assignment system. Although this is a small, single -center study, consideration of utilizing a R Pod clinical structure should be considered for new, community-based EM residency programs.

36 Nature vs. Nurture: Career Choice in Emergency Medicine Residents

Jaime Jordan, Samuel Clarke, Mark Curato, Adam Frisch, Adam Janicki, Jonathan Ilgen, Anne Chipman, Laura Hopson, Michael Gottlieb

Background: Career choice is a complex decision