Title
Improving the Quality and Standardization of Resident Handoffs Through Interspecialty Handoff Training

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Methods: This was a retrospective review of EM resident productivity from 2012-2017 over the course of a 3-year training program. It was performed at a level-1 community academic tertiary care referral center. Data collected included patients/hour, RVUs/patient and RVUs/hour. Mixed effects models were used to assess change in outcome over PGY levels for graduating classes during the study period. The models included the interaction between graduating class and PGY to detect patterns between classes. Statistical significance was set at p<0.05.

Results: There was a statistically significant increase in RVU/patient for each graduating class (p = 0.032) but the pattern of change over PGY was not the same for graduating classes (Figure 1). There was a statistically significant increase in RVU/hour (p < 0.001) and mean increased from 3.0 to 5.5 to 6.6 over PGY levels (Figure 2). Lastly, there was a statistically significant increase in patients/hour that was essentially the same for all graduating classes (p < 0.001). Mean patients/hour increased from 0.75 to 1.2 to 1.4 over PGY levels.

Conclusions: There is a statistically significant increase in patients/hour, RVU/patient, and RVU/hour during the course of a residency. This descriptive study will allow the emergency medicine programs to have an enhanced understanding of the overall productivity expectations from their residents.

2 Improving the Quality and Standardization of Resident Handoffs through Interspecialty Handoff Training


Background: Transitions of care present a major risk for to patients. Formal handoff training during medical school varies. While many residency programs have implemented handoff training, it is variable, resource-intensive, and doesn’t promote interspecialty standardization.

Educational Objectives: We developed a handoff training program for incoming interns that would improve and standardize handoffs.

Curricular Design: We provided handoff training during intern orientation; 120 interns participated, representing 12 of 15 programs. Pre-course online modules were used to introduce the IPASS and TeamSTEPPS concepts. The workshop began with a didactic review followed by 3 simulated hand-off scenarios: ED to floor, shift change, and transfer of service. Interns were assigned to groups of 3 and given a checklist to ensure each team member completed all activities: giving handoff, receiving handoff, observing handoff. Additionally, each team was observed by a trained facilitator (1 facilitator for every 3 groups). The observer completed a tool on handoff quality. The workshop concluded with a debriefing and evaluation (5 point Likert scale with 1 - “strongly disagree” and 5 - “strongly agree”).

Intern IPASS Workshop 6/19/2017

Which specialty are you?

Had you received formal education in handoffs during medical school? (Please describe)

This session had clear goals.

This session was organized.

This session was relevant to my needs.

I feel more confident handing off a patient after attending this workshop.

I will use IPASS during patient handoffs.

Please describe the most important take home point from today’s workshop.

Please provide suggestions for improving the workshop
**Qualitative Analysis of Residency Applicant Perceptions of Social Media Use by Emergency Medicine Residency Programs**

Scott K, Zielinski A, Love J, Conlon L, DeRoos F, Mamtani M, /Perelman School of Medicine at the University of Pennsylvania, Philadelphia, Pennsylvania

**Background:** Studies have demonstrated that program specific websites are important sources of information for applicants; playing a role in decision-making during the application cycle. Social media can be utilized in a similar manner, offering expanded information about the unique qualities of residencies and perhaps influencing candidates’ decisions to apply, interview, and rank a particular program. There is a lack of understanding of applicants’ perceptions of social media use by residency programs.

**Objectives:** We hypothesized an overall positive perception of social media use by residency programs, allowing for increased communication and provision of information. The purpose of this study was to assess overall sentiment toward residency program social media use and gain insight to applicants’ perceptions.

**Methods:** We conducted a survey-based, cross sectional study of all applicants to the Emergency Residency Program at the University of Pennsylvania during the 2015-16 application cycle. Applicants were asked if they thought residency programs should have a presence on social media and to provide an explanation of their answer. We utilized descriptive and qualitative thematic analysis of responses. This study was determined to be exempt by the Institutional Review Board at the University of Pennsylvania.

**Results:** We received 275 (26.3% response rate, 41% female) responses with 52.4% stating that programs should have a social media presence (n=144) and 39.6% of applicants being unsure (n=109). We identified themes with positive, negative, and neutral sentiment. Emerging positive themes included: (1) Provision of deeper insight to programs, (2) Ease of access to program information, (3) Increased avenues for communication, (4) Important for innovation and relevance. Emerging negative themes included: (1) Use as a source of distraction, (2) Presence as unprofessional, (3) Potential for inaccuracy of content.

**Conclusions:** A majority of residency applicants believe programs should have a social media presence. Our findings can serve as a resource for programs that have or are considering a presence on social media. Limitations of our study include a low response rate and inclusion of applicants to a single emergency medicine residency program.

**Table 1. Themes of applicant perception of residency program social media use**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>144</td>
</tr>
<tr>
<td>Neutral</td>
<td>109</td>
</tr>
<tr>
<td>Negative</td>
<td>22</td>
</tr>
</tbody>
</table>

**3 The Use of Quick Response (QR) Codes to Improve Resident Compliance and Assessment**

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**Background:** One of the key obligations of residency leadership and faculty is to provide trainees with timely and accurate feedback. In 2008, the ACGME introduced the Milestones project aimed to evaluate each resident on...