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Specific Concussion Curriculum: Does it Improve Resident Comfort, Knowledge, and In-Training Examination Scores? A Pilot Study

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Results: There were a similar number of attending physicians in the pre-residency and post-residency groups ($N_{\text{pre-attending}} = 41$, $N_{\text{post-attending}} = 36$). An independent-samples t-test was conducted to determine if there were differences in number of procedures completed by attendings before and after a residency started. The number of US IV placed by attendings was statistically significant, $M = 3.86$, 95% [-6.12, -1.60], $t(75) = -3.40$, $p = 0.001$, with the post-residency group significantly higher ($M = 4.03$, $SD = 7.25$) than the pre-residency group ($M = 0.17$, $SD = 0.54$). However, there was no significant difference found in remainder of the number of procedures pre-residency and post-residency for central lines, tube thoracostomies, lumbar punctures, FAST exams or intubations ($p > 0.05$).

Conclusion: This study examined the impact of a residency on the number of procedures performed by attending physicians. Only the number of US IV placements was found to be significant with an increase in number of procedures performed by attendings post-residency. This is likely due to the professional development training initiatives led by the residency US division which did not exist prior to the start of the residency. Future research will examine the number of procedures performed by attending physicians as the residency expands.

821 | Specific concussion curriculum: Does it improve resident comfort, knowledge, and in-training examination scores? A pilot study

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Background: Concussion is defined as aberrant brain function consequent to traumatic injury characterized by disorientation or loss of consciousness or memory. If concussions are not recognized and treated appropriately, they can cause significant morbidity. Because ~20% of sports-related concussions occur in juveniles, pediatricians must be able to treat this injury. Objectives: Our primary objective was to assess the comfort and competence of pediatric residents in managing patients with concussions. Secondary objective was to assess the change in the In-Training Examination (ITE) scores after instituting a novel multimodal concussion curriculum.

Methods: From February to June 2019, all pediatric residents ($N = 24$) were required to complete a multimodal concussion curriculum, including board review-style questions, lectures, and rotation in a concussion clinic. Residents voluntarily participated in a pre- and post-curriculum survey. ITE scores from 2018 and 2019 were compared.

Results: Twenty-three of 24 (96%) residents completed both pre- and post-curriculum surveys; of those, 17 (74%) had matched identifiers. Most residents (82%) want more education about concussion management. Residents' scores on knowledge-based questions increased an average of 0.64 questions, with PGY-1 showing the most improvement. The proportion of residents who correctly answered

the ITE head injury/concussion questions increased from 0.33 to 0.88. The concussion clinic was identified as the most helpful tool.

Conclusion: To better educate pediatric residents about concussions, we propose a unique multimodal curriculum. We found improved self-assessed comfort and performance on knowledge-based questions and the ITE. We recommend that pediatric and other residency training programs consider implementing this type of curriculum.

822 | Emergency medicine resident physician attitudes regarding buprenorphine training

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Background and Objectives: Emergency medicine physicians can play an increasing role in curbing the opioid epidemic by initiating buprenorphine treatment for opioid use disorder (OUD) in the emergency department setting and referring for ongoing treatment. To improve strategies for implementation, we aimed to describe emergency medicine resident physician preferences and experiences around the treatment of OUD and DATA 2000 (aka X-waiver) training.

Methods: We created an online survey which was distributed by the Emergency Medicine Resident Association research committee listserv to approximately 6600 people at all levels of EM residency training from June 2020 to October 2020. This 12-question voluntary survey included questions exploring emergency medicine resident physician preferences and experiences around the treatment of OUD and X-waiver training. Descriptive statistics were used to analyze results.

Results: 288 emergency medicine resident physicians from 127 different emergency medicine residency programs across 38 states in the United States, District of Columbia, and Puerto Rico completed the survey. Most respondents (165/288; 57.3%) reported that it was "very important" for emergency physicians to have training to initiate buprenorphine treatment for patients with OUD. Just under half (140/288; 48.6%) reported they have or will receive X-waiver training during residency. When asked if they had not had X-waiver training, if they would be interested in receiving it during residency, 70% (182/260) responded "yes", 15/260 responded "no" and 19% (50/260) reported X-waiver training prior to residency. Just under half, 46.9% (135/288), reported experience prescribing buprenorphine in the ED. Estimated proportion of EM faculty at respondents primary teaching hospital with an X-waiver was "most or all" (48; 16.8%); "about half" (23; 8.1%); "a handful" (79; 27.7%); "one or two" (33; 11.6%); "none" (19; 6.7%) or "not sure" (83; 29.1%).

Conclusion: Survey results suggest that resident emergency medicine physicians are interested in receiving X-waiver training and perceive the evidence-based management of OUD to be relevant to EM residency training.