



2023 Poster Slam

Elizabeth “Libby” Beiter, MD, Session Facilitator

Saturday, March 25th

AIAMC Annual Meeting 2023

Poster Slam Format

Top Five Poster Abstracts Received

- Presentations: Six Minutes, Followed by Two Minutes Q & A

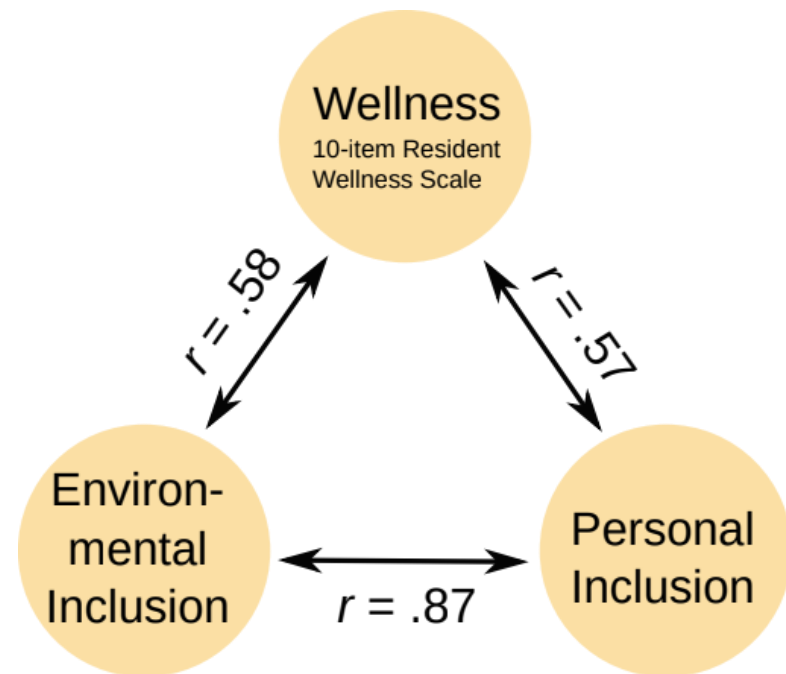
The Relationship of Inclusiveness with Resident Clinical Engagement and Wellness

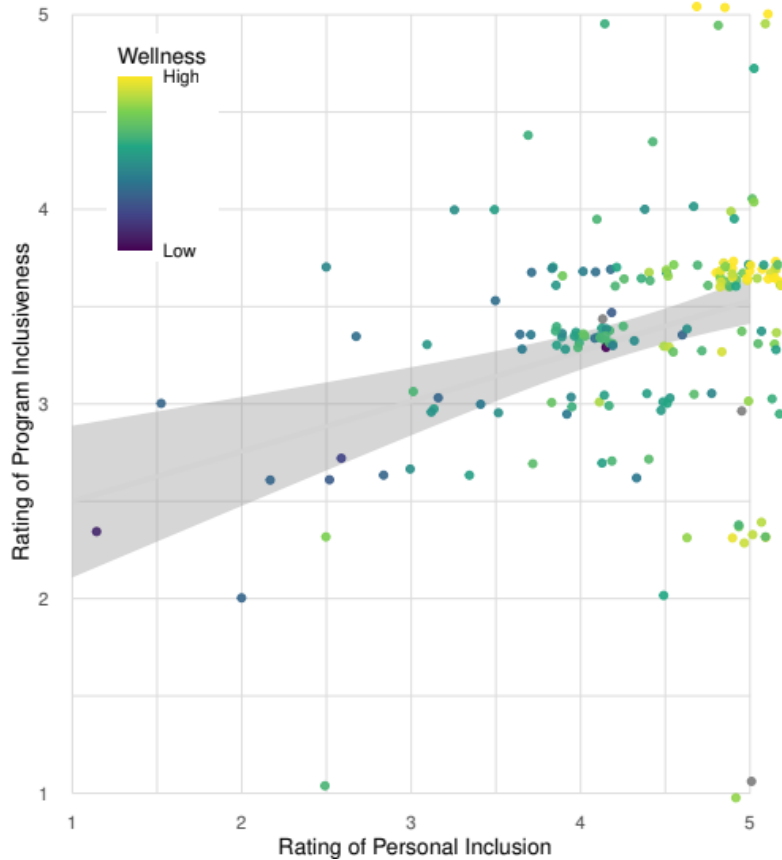


R. Brent Stansfield, PhD, Heidi Kenaga, PhD, Anne Messman, MD
Office of Graduate Medical Education, Wayne State University School of
Medicine, Detroit, MI

- Residency is stressful
- Low resident wellness harms patient care
- Wellness includes social-support & institutional support
- These are not felt equally by all residents, possibly by residents under-represented in medicine
- We used survey data to test the hypothesis that residents' sense of inclusion was related to their perception of the learning environment and to their well-being

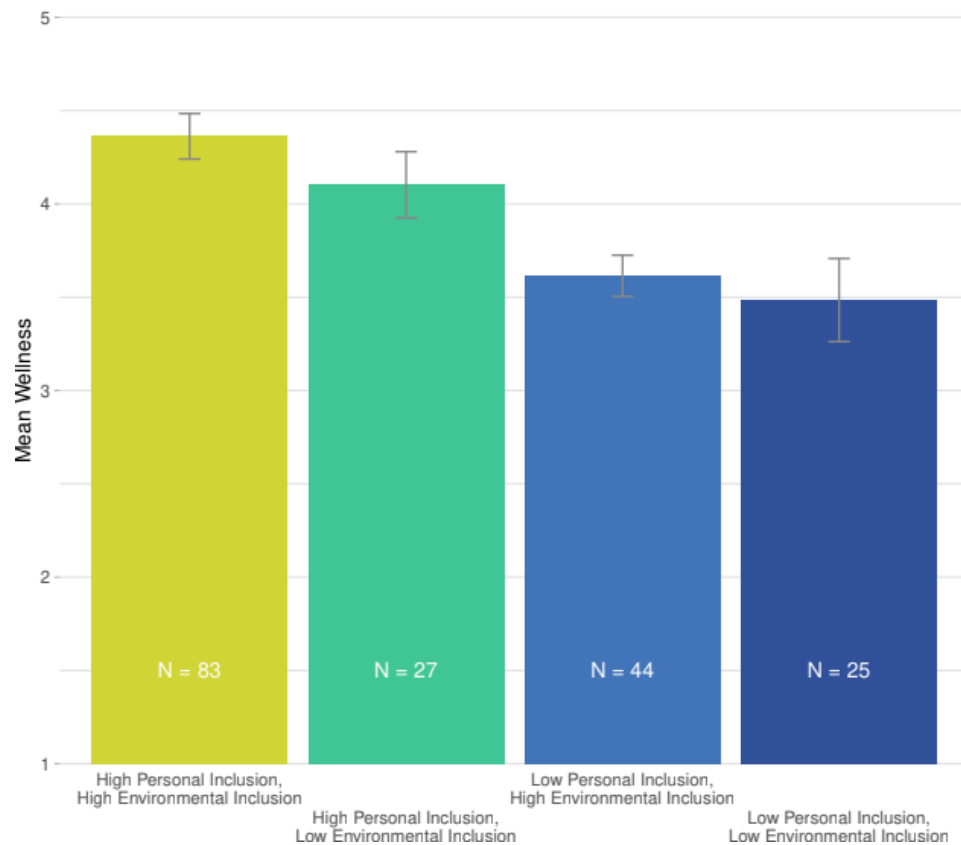
- Wellness
 - RWS
- Institutional Inclusiveness
 - e.g. "My program fosters an environment of mutual trust and respect among residents, faculty, patients, nurses and staff."
- Personal Inclusion
 - e.g. "Faculty include me in finding solutions to clinical problems."





High wellness (yellow)

- Only found with high Personal Inclusion
- Sometimes found with lower Environmental Inclusiveness

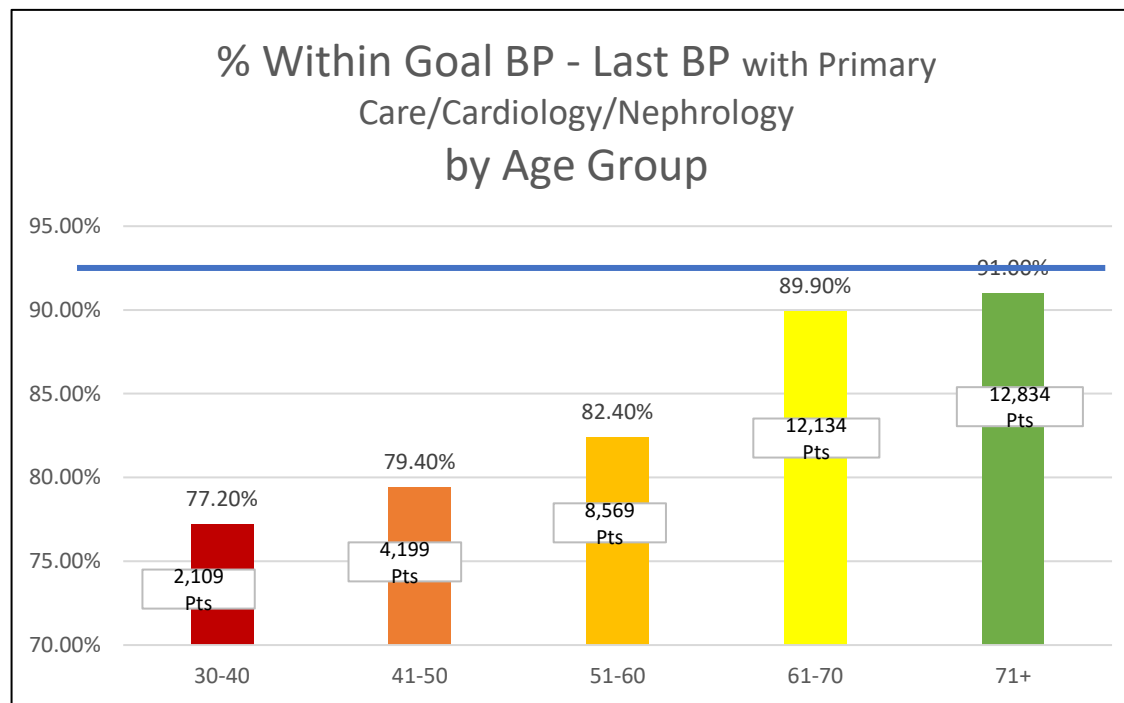


The biggest drop in wellness comes with low Personal Inclusiveness



Differences in Hypertension Control by Demographics and Social Determinants of Health
Lea Scopelliti, Victor Kolade - The Guthrie Clinic
AIAMC 2023 Poster Slam
3/25/23

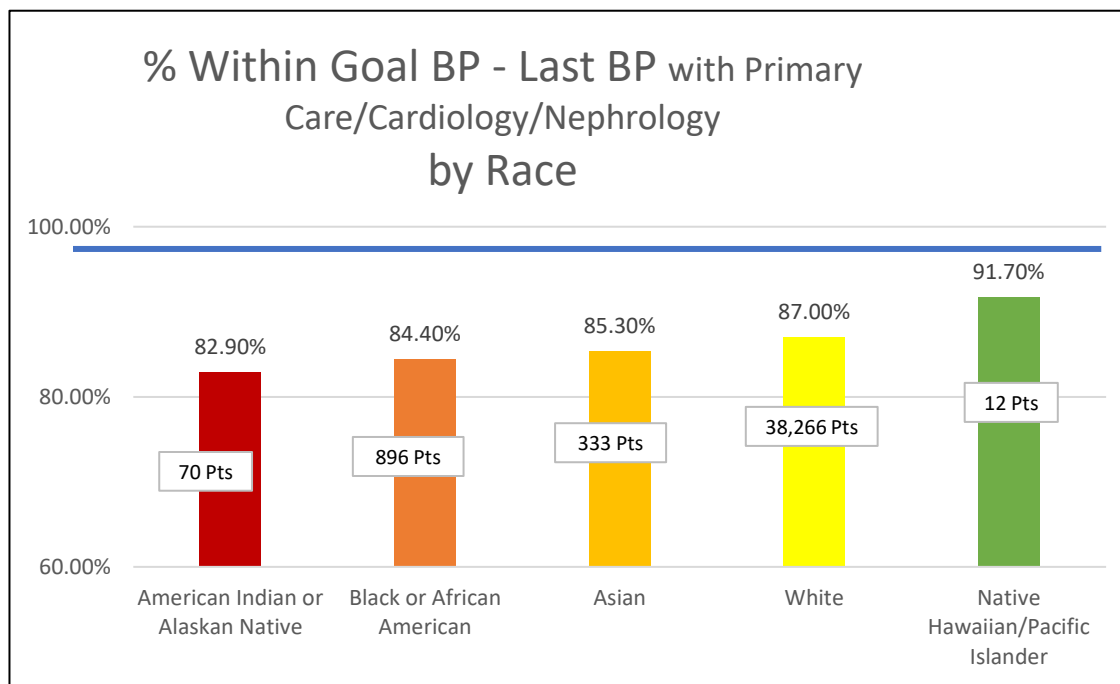
Age Group - Hypertension Summary Data FY 2022



*Target 88.6%
Within Goal BP



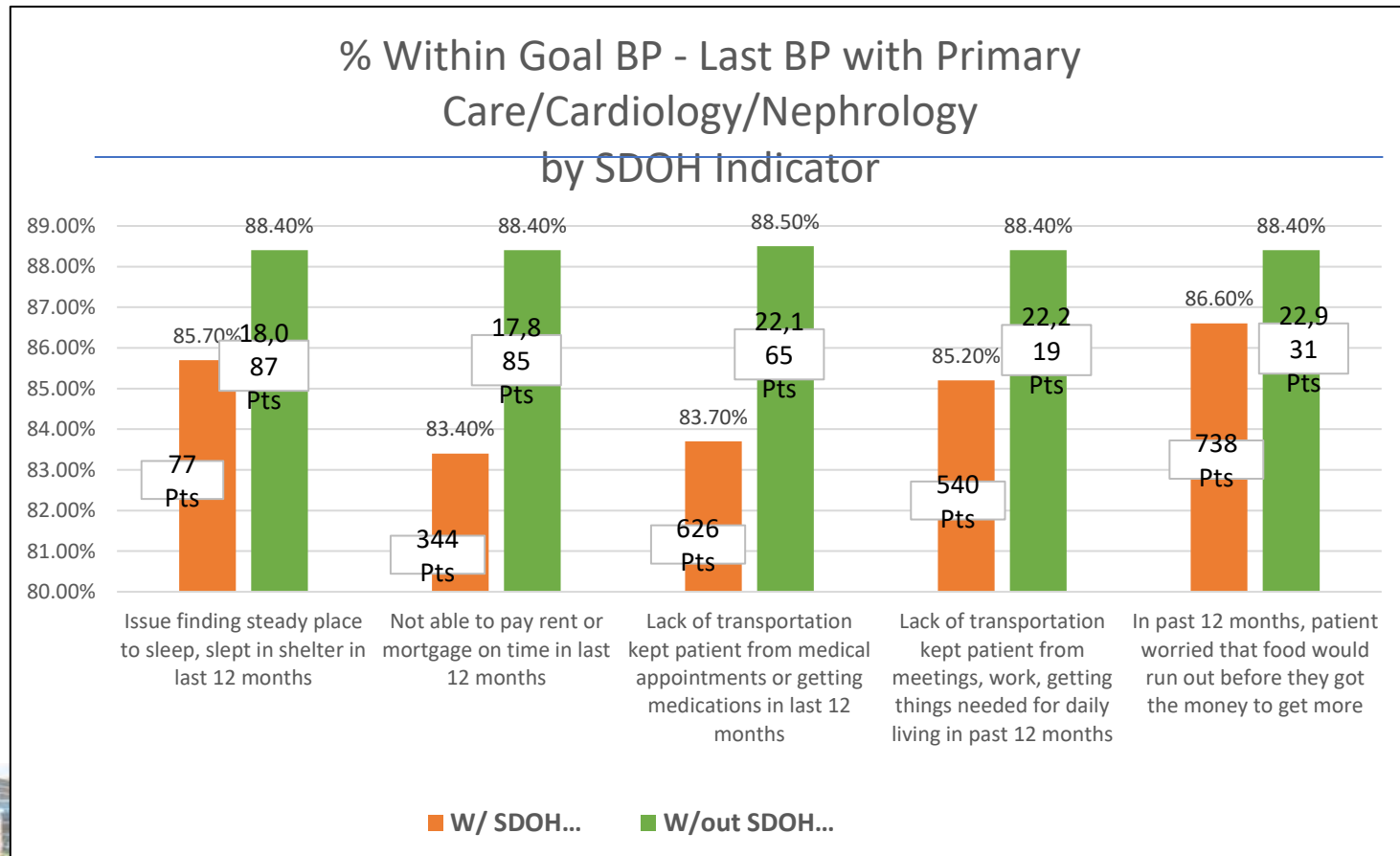
Racial Group - Hypertension Summary Data FY 2022



*Target 88.6%
Within Goal
BP



SDOH - Hypertension Summary Data FY 2022



*Target
88.6%
Within Goal
BP



Closing notes and highlights

- Several SDOH bear the potential to limit clinical quality; addressing them may improve population health
- Current efforts include implementation of UniteUs to facilitate closing the loop on identified SDOH needs
- Resident & student research/QI is evolving



<https://nypost.com/2015/02/05/foolish-croc-chomps-down-on-elephants-trunk-regrets-it/>



A SIMULATION BASED MULTIDISCIPLINARY DE-ESCALATION TRAINING FOR PSYCHIATRY RESIDENTS IMPROVES CONFIDENCE

Mandy Collins MD, Brad Gable MD, Megan Schabbing MD
AIAMC 2023 Annual Meeting
March 25, 2023

Background: Violence in Healthcare Settings



Photo from the simulation



OhioHealth **NEUROSCIENCE**

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Methods



Photo from the post-simulation discussion



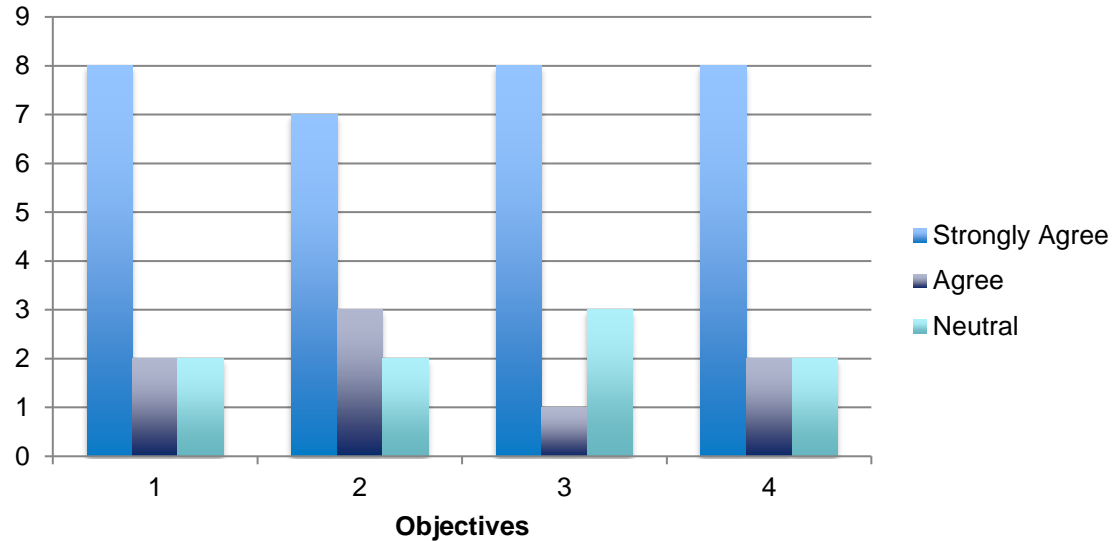
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Results

Objectives of the education

1. Provide a culture of dignity and respect for the patient
2. Provide emotional safety for agitated patients
3. Use a framework to approach agitated patients
4. Distinguish each team member's role in caring for agitated patients



❖ This training provided me with new information or clarified existing information (80%)

❖ This training was relevant to my work (100%)

❖ I intend to use what I learned from this training (93%)



Discussion & Conclusions

- ❖ Simulation improved confidence with the added benefit of enhancing team building
- ❖ Greater awareness of safety concerns and individual roles in managing agitation
- ❖ Limitations

1. U.S. Bureau of Labor Statistics. Workplace Violence in Healthcare, 2018. www.bls.gov. Published April 2020. <https://www.bls.gov/iif/oshwc/cfoi/workplace-violence-healthcare-2018.htm>
2. Occupational Safety and Health Administration. (2015). Preventing Workplace Violence: A Road Map for Healthcare Facilities. Osha.Gov. <https://www.osha.gov/sites/default/files/OSHA3827.pdf>
3. Duncan G, Schabbing M, Gable B D (December 31, 2021) A Novel Simulation-Based Multidisciplinary Verbal De-escalation Training. Cureus 13(12): e20849. doi:10.7759/cureus.20849





A pilot Study on Resilience, Stress, and Burnout in Trainee Physicians after Faculty Delivered Coaching Sessions: Mixed-Method Longitudinal Survey Study

Parampreet Kaur MD

Research and Quality PM

Asst Professor, Temple/SLUHN School of Medicine

Annual Meeting and National Initiative VIII Meeting Four
March 25th, 2023





BURNOUT



Introduction

- Physicians experience high levels of burnout and stress, and trainee physicians are a particularly high-risk group
- 65.8% of residents reported burnout, especially during COVID
- 3,588 second-year resident physicians were surveyed and found burnout occurred in 45.2%. Nearly 15% regretted their career choice
- Frank suicidal ideations were reported in 5-10% of physicians.
- Overall doctor burnout costs the US \$17 BILLION ANNUALLY
- Burnout has been linked to a reduction in the quality of care, prescription errors, and diminished professionalism.
- Burned-out doctors are twice as likely to be involved in a patient safety incident
- ACGME recommends, medical educators should take an active role in supporting interns with respect to self-care, communication, and leadership

Aims

- 1) To improve the resilience of residents during the first year of the transition from UME to GME
- 2) To decrease stress and burnout during this time of significant transition



Faculty Coaching

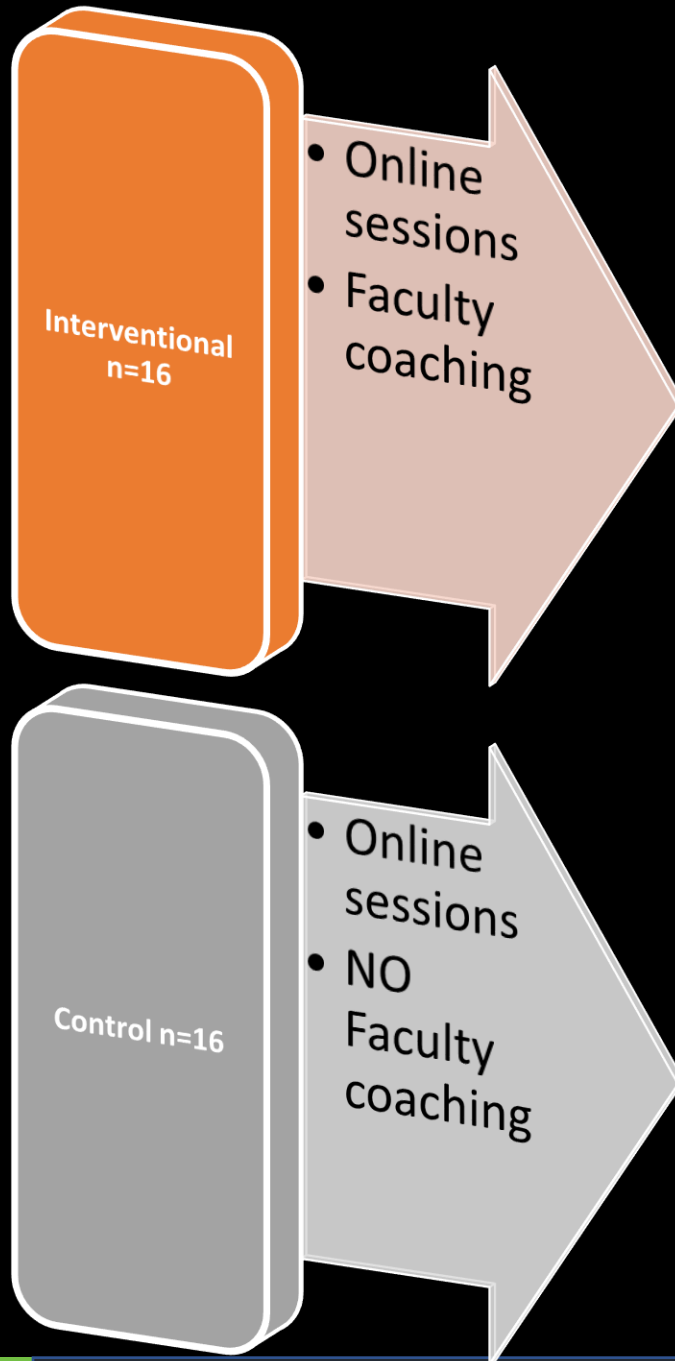
**Transition
Program**

**6 online
workshop
sessions**

Methods- Interventions

- **IRB approved two-arm study** to compare resilience and burnout among first year residents participating in intern transition program
- **Intern Transition program-** A two-pronged program consisting of formal coaching by residency faculty members and online workshop sessions
- **Coaches received formal training** from an external consultant with practical hands-on tools. Coaches were assigned by their respective program directors to mentor first-year residents from the other program
- **Online Sessions**
 - ✓ *Helping Patients Manage Chronic Health Conditions: A Collaborative Approach*
 - ✓ *Introduction to Crucial Conversations*
 - ✓ *Engaging Patients in Shared Decision Making*
 - ✓ *Crucial Conversations, "Part I"*
 - ✓ *Crucial Conversations, "Part II"*
 - ✓ *Effective Time Management*

Methods- Interventions



- **Interventional group**--Both online sessions and faculty coaching (16 EM and Psych from Anderson)
- **Control group**--ONLY workshop sessions (16 ED Bethlehem and FM Anderson)

Validated survey instruments were compared between two groups both pre and post intervention

1. **Professional Quality of Life(ProQOL)**--Compassion Satisfaction, Burnout, Secondary Traumatic Stress
2. **Resilience Scale; Intolerance to Uncertainty Scale**--Prospective Anxiety, Inhibitory Anxiety
3. **Single Item Measure of Burnout**

Survey Instruments (Range of Possible Scores)	Interventional Coaching Sessions Provided Median (Range)	Control: NO Additional Coaching Sessions Median (Range)
Professional Quality of Life (ProQOL)		
Compassion Satisfaction (CS) (10-50)	38(28-44)	41(25-44)
Burnout (BO) (10-50)	20.5(11-25)	27(18-32)
Secondary Traumatic Stress (STS) (10-50)	14((12-23)	24(18-24)
Resilience Scale-14 (14-98)	62(51-70)	56(45-67)
Intolerance to Uncertainty-Scale12		
Prospective Anxiety (7-35)	18(13-21)	17(15-19)
Inhibitory Anxiety (5-25)	9(5-14)	14.5(10-19)
Single Item Measure of Burnout 1-2=Low risk 3-5=High risk	12(86%) Low risk 2(14%) High risk	4(66%) Low risk 2(33%) High risk

Results

- **60% were 26-30 years**, 34% between 31-35 years and, 6% were more than 40 years old
- **69% were males**
- **97% graduated from medical school within one year**
- 3% who had graduated from medical school for more than 4 years
- Control group residents had higher scores on measures of burnout, secondary traumatic stress, and inhibitory anxiety, as well as lower scores for measures of resilience at the end of transition program

➤ Feedback from coaches and residents

1. The first 1-2 coaching sessions were most meaningful, given the perception that ***“there was more to talk about.”***
2. They preferred to use their time off to relax with family rather than participating in “mandatory” coaching sessions ***“I didn’t want to waste her time because she already has a lot of help.”***

Next Steps –

- ✓ First-year residents would continue to benefit from targeted workshops that are aligned with ACGME focus areas.
- ✓ A GME fellowship faculty member is now providing faculty development and coaching **as and when needed rather than mandatory sessions.**



SHIP: A Safety and Health Disparities Conference to Improve Patient Outcomes

Christopher Shamburger, MD; Anna Cohen-Rosenblum, MD; Lauren Rabalais; Robin McGoey,
MD

Introduction



- Poor communication across disciplines and organizations increases the risk of patient harm¹.
- University Medical Center- New Orleans (UMCNO)
 - Young academic medical center
 - Two schools (Louisiana State University and Tulane University).
 - 100's of training programs (physicians, nursing, etc.)
 - Physicians are not employed by the hospital.
- Case-based patient safety conferences have historically been successful tools for such communication².
- The traditional morbidity and mortality conference is inadequate.

Conference Planning



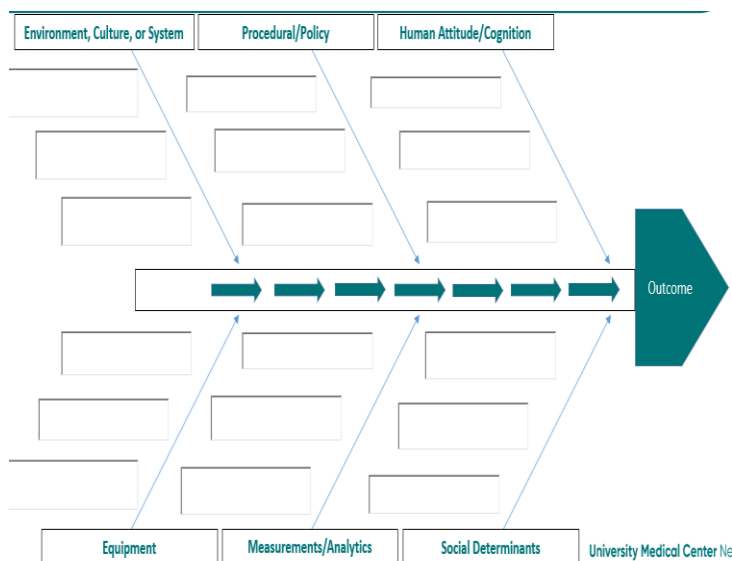
- Case selection- think multidisciplinary
- Form steering committee including all stakeholders and hospital administration
- 3-4 planning meetings- beginning about three months before conference date
 - 1st meeting: review of case, disciplines to present, learning objectives
 - 2nd meeting: review 1st draft of slides, edit collectively, tweak learning objectives
 - 3rd meeting: final changes to slides, rehearsal, IT and A/V planning

Historical Topics

- Caring for patients with opioid use disorder
- Language Justice: Caring for patients with LEP
- Falls with injury
- Difficult IV access + CLABSI

Conference Structure

- Follow up from previous SHIP conference
- Case presentation
- Nursing perspective
- Physician perspective
- Ancillary service perspective (Case management, PT/OT, Pharmacy)
- Ishikawa diagram- real time
- PICK diagram- real time



	Easy	Hard
High Payoff	Implement	Challenge
Low Payoff	Possible	Kill

Conference Statistics



- 10 SHIP conferences to date
- Average attendance: 134 (77-222)
 - 70% of attendees are nurses and physicians
- 15 hospital wide interventions have resulted from the SHIP conference.

Post Conference Evaluations

- Post conference evaluation rate average 52%
- 90% of respondents agree that discussions were solutions-based rather than blame-oriented.
- 92% of respondents report helpful insights from other disciplines

Next Steps and Sustainability

- Coupling SHIP conference with Quality/Patient Safety RCA system ensures ongoing case-based topics
- Working to create a system wide conference and/or expand to other hospitals.

Questions?

