

Symposium for Innovation in Medical Education

Virtual Poster Session – Room A



| Poster Title | Presenter |
|--|--|
| Global virtual strabismus surgery teaching for ophthalmology residents during Covid-19 | Alison Chan, MD Resident, Department of Ophthalmology axchan@health.ucsd.edu |
| Exploring the Effects of Sense of Belonging on Professional Identity Formation in Preclerkship Medical Students | Kanchi Mehta Medical Student k2mehta@health.ucsd.edu |
| UCSD Pediatric Resident Neonatal Intubation Attempts are Declining over a 15 Year Period | Charles Sauer, DO Associate Clinical Professor, Department of Pediatrics csauer@health.ucsd.edu |
| Contributors and Detractors to Senior Medical Students' Sense of Belonging on Clinical Rotations | Helen Wang, MD Assistant Clinical Professor, Department of Pediatrics hew004@health.ucsd.edu |
| PREPPED: Plastic Surgery Research, Education, and Preparation Promoting Equity and Diversity | Meera Reghunathan, MD Resident, Plastic and Reconstructive Surgery mreghuna@health.ucsd.edu |
| "Zoom"ing to the Kitchen: A Novel Approach to Virtual Nutrition Education for Medical Trainees | Justin Charles, MD Resident, General Preventive Medicine Department of Family Medicine and Public Health j1charles@health.ucsd.edu |
| Training the Neurology Resident in End of Life Care | Julia Bu, MD Resident, Department of Neurosciences J1BU@health.ucsd.edu |

PURPOSE

To demonstrate the feasibility of teaching strabismus surgical skills remotely by evaluating resident comfort and confidence level with strabismus surgery technical skills

BACKGROUND

The COVID19 pandemic forced residency programs to limit, or altogether stop in-person training with ophthalmology ORs around the world closed, further limiting residents' exposure to surgical training. In response, WSPOS piloted strabismus surgery simulation webinars providing real-time surgical instruction using an accessible model eye.

METHODS

Survey Study, Queen's University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board approval.

Participants: Ophthalmology trainees worldwide were invited to participate in the WSPOS Virtual Strabismus Surgery Wet Lab Webinar on March 27, 2021. Residents selected for the educational event were invited to participate in the research study on March 21, 2021, after informed consent.

Inclusion Criteria: Resident participants with no prior strabismus surgery experience, access to a cell phone, wifi, Zoom app, ability to create the eye model. Instructors were expert pediatric ophthalmologists in strabismus surgery.

METHODS (CON'T)

Surveys: Resident participants completed 3 surveys anonymously, created by the instructors: Pre-Video, Post-Video and Post-Surgery. Survey responses were collected online using the Qualtrics platform (Provo, UT). Data collected: demographic data, prior experience and interest in strabismus surgery and questions to confirm knowledge in strabismus surgery. Trainee's comfort and confidence in strabismus surgery technical skills was graded using a Likert scale (1-5) for each question.

Methods: Residents created a basic ping pong eye model at home following emailed video instructions with basic surgical techniques demonstrated (www.simulatedocularsurgery.com) (Fig.1A). Prior to watching the video, the Pre-Video survey was completed. After watching the video the Post-Video survey was completed. The March 21st virtual teaching session was conducted via Zoom, with 5 breakout rooms, each room with 1 instructor and 2 residents. Both trainees and instructors had the remote strabismus surgery set up (Fig.1B). Basic strabismus surgery technical skills (needle handling, scleral passes, muscle suturing) were introduced and practiced during this 45 minute live remote session. The Post-Surgery survey was completed after the breakout session.

Statistical Analyses:

- Paired t-tests and repeated measures ANOVA of survey responses (Greenhouse-Geisser correction for lack of sphericity)

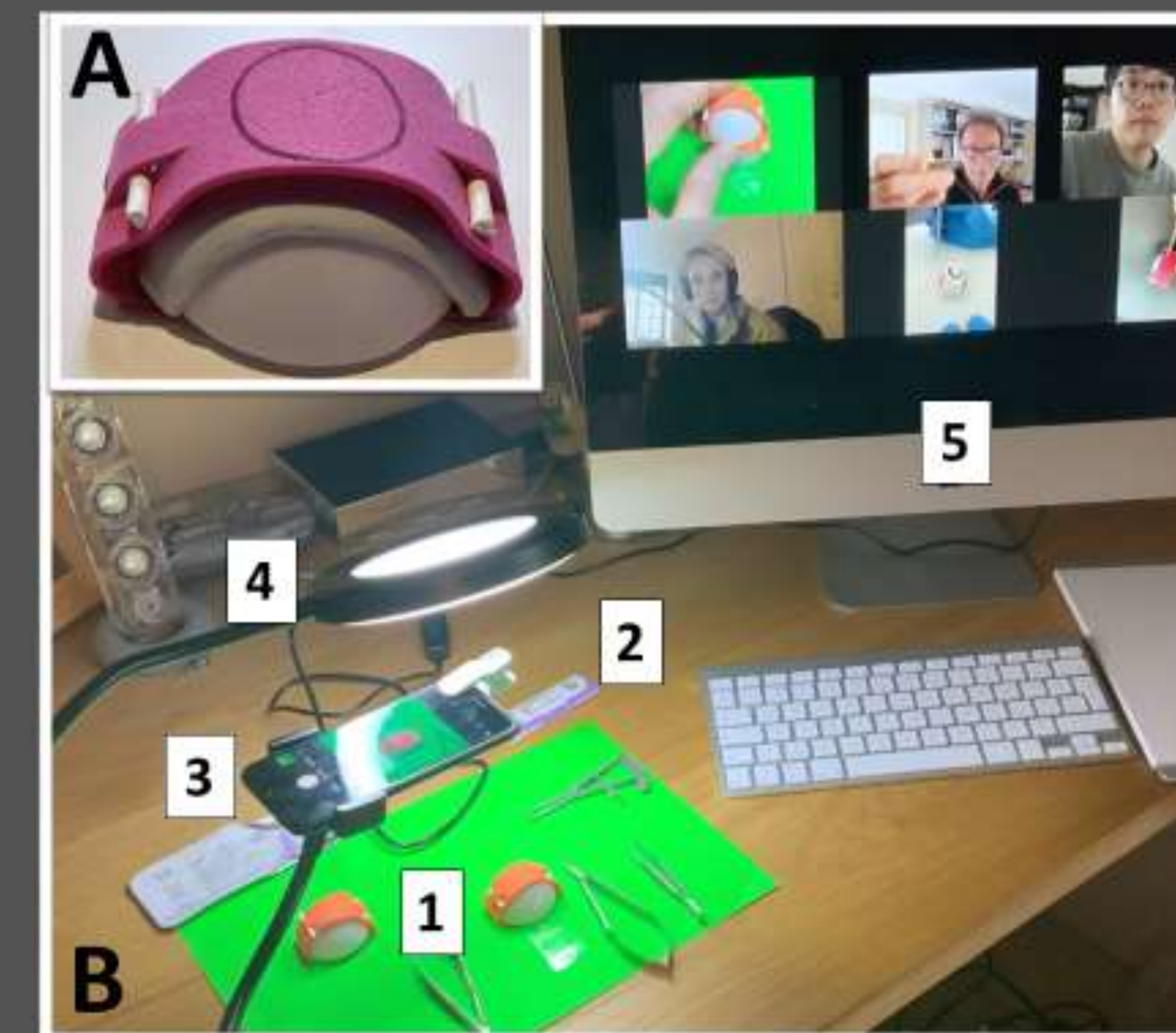


Figure 1A: Simple Model Eye

Made at home by participants, from ping pong ball, craft foam, match sticks and modeling clay

Figure 1B: Remote Virtual Strabismus Sim Set Up

1. Model Eye
2. Surgical instruments and sutures
3. Cell phone – Zoom recording surgery on model eye
4. Light source
5. Computer – Zoom recording participants' faces



Figure 2: Pre-Video, Post-Video, Post-Surgery Data
N = 4 residents; bars represent average responses; error bars represent standard deviations

RESULTS

10 residents and 5 instructors participated in the March 21st teaching session. Residents were from South Africa, Asia and Europe. 8/10 residents participated in the survey study; 4/10 residents completed all 3 surveys: there was marked improvement comparing Pre-Video to Post-Surgery survey scores, with some improvement Pre-Video to Post-Video (Fig.2). Feedback from residents for learning was positive.

CONCLUSIONS

- Our pilot project and data showed that strabismus surgery can be effectively taught virtually using an accessible model eye
- Technology-based training tools can facilitate remote mentoring and simulation-based surgical teaching
- With remote surgical simulation the world expertise in strabismus surgery teaching can be easily delivered to trainees worldwide
 - No longer are residents and students limited by local resources and teaching staff
 - Opens up previous barriers to learning
 - Ultimately improves care to our pediatric strabismus patients worldwide.

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Background

- Professional Identity Formation (PIF): students' pre-existing identities integrate into new identities that incorporate the tenets of being a physician
- Sense of belonging (SB) is likely a critical aspect of PIF and correlates to a person's self-esteem, connectedness, and efficacy
- SB strengthens social ties, enhances academic performance and motivation
- SB has not been adequately explored in preclerkship medical students

Objectives

Explore effects of SB in preclerkship students on their motivation to learn and their PIF

Methods

- Class of 2025 and 2026 students were recruited via electronic postings to participate in an anonymous survey based on prior SB and PIF conceptual frameworks
- IRB approval and participant consent were obtained
- Recruitment and data analysis occurred concurrently until data saturation was achieved
- Using Dedoose and through an iterative process, two investigators (K.M., H.W.) coded and identified themes together
- Consensus was reached for any coding disagreements

Results

- 28 medical students responded
- SB influenced by prior experiences (i.e. clinical work or volunteer experiences, research, travel, and personal/family health experiences), physician mentorship, and interactions with classmates
- Students with higher SB had increased self-efficacy in educational settings
- Students with lower SB frequently compared themselves with peers and were fearful of external judgement

Figure 1. Students self-rated their SB on a 1 to 10 scale.

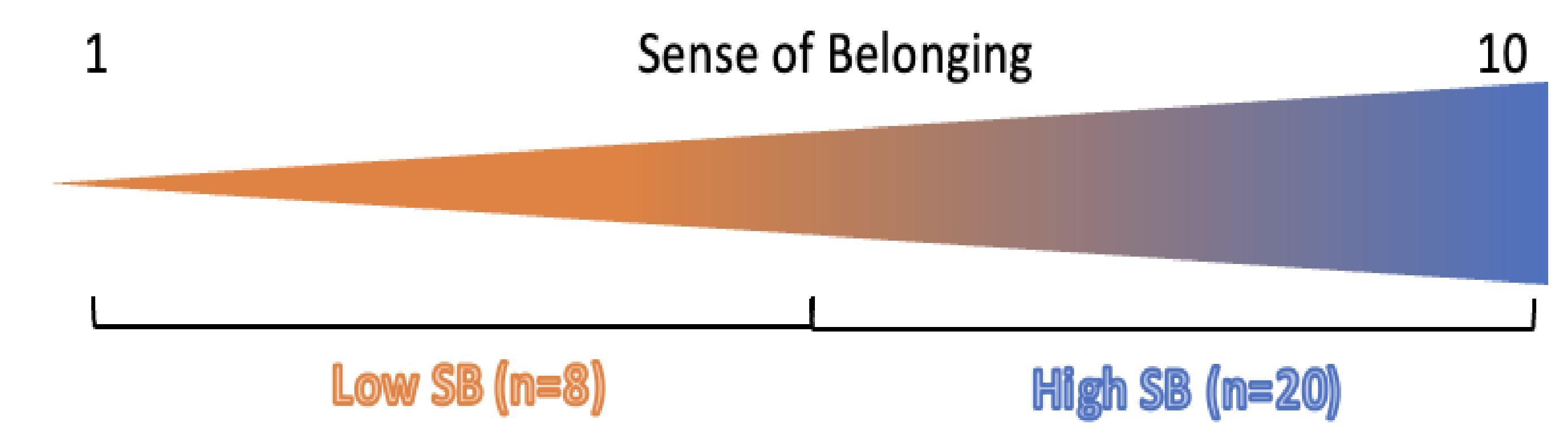


Table 1. Effect of SB on PIF in students with high vs. low SB. Excerpts of students' perspectives on how their SB affected their PIF are listed below.

| | | High SB | Low SB |
|--|---------------------|--|---|
| Professional Identity Formation Components | Imposter syndrome | "My sense of belonging allows me to shape my professional identity because I can focus on exploration and skill-development rather than being stressed about whether I belong or not." | "Constant imposter syndrome impedes my ability to seek out new opportunities" |
| | Motivation to learn | <p><u>Growth mindset:</u></p> <p>"When I experience belonging uncertainty, I'm motivated to reach out more to guidance counselors and peers to help iron out my fears."</p> <p>"It has made me more comfortable with participating in group settings. It is hard to relate to many people that I encounter, but it hasn't been an insurmountable challenge."</p> | <p><u>Self-limiting mindset:</u></p> <p>"Constantly afraid to speak out and talk in class because of how I feel that others will be assessing me and making assumptions about me based on things I say or questions I ask"</p> <p>"Feeling that not belonging contributes hugely to a lack of confidence, and that can make it extremely intimidating to speak up in small groups, or during clinical experiences (like ACA [ambulatory care apprenticeship], preceptorship electives, etc)."</p> |

Conclusion

In a field where lifelong learning is a hallmark, the negative effects of SB on PIF so early in training for low SB students is alarming and needs to be addressed

Future Directions

- Explore SB and PIF in preclerkship students with larger sample sizes
- Explore SB and PIF over the course of medical training

Acknowledgements

This study was funded by the UC San Diego Sanford Institute for Empathy and Compassion.

UCSD Pediatric Resident Neonatal Intubation Attempts are Declining over a 15 Year Period

Charles W Sauer DO, James K Goodmar, Crystal Le MD, Richard Song MD
Department of Pediatrics, University of California San Diego

Contact: csauer@health.ucsd.edu

Abstract

UCSD Pediatric Resident Neonatal Intubation Attempts are Declining over a 15 Year Period
Charles W Sauer, James K Goodmar, Crystal Le, Richard Song
Department of Pediatrics, University of California San Diego

Background: Traditionally, pediatric residents have been taught the skill of endotracheal intubation during their neonatal intensive care unit (NICU) rotation. Pediatric residency programs have been changing over the years that required less rotations in the NICU. In addition, there is a change in management of infants with respiratory distress syndrome to need mechanical ventilation less often. Consistent across the country, pediatric residents have had less opportunities to perform endotracheal intubation. Trainees entering critical care fellowship are less skilled at performing intubation and have been a priority in getting intubation attempts. As of 2021, the Accreditation Council for Graduate Medical Education has removed questions for pediatric residents inquiring about neonatal endotracheal intubation experience. The University of California San Diego (UCSD) NICU keeps a log on each intubation performed and identifies the provider that attempted the intubation.

Hypothesis/Aim: To determine how the number of intubation attempts for pediatric residents at the UCSD NICU on actual infants has changed over the last 15 years.

Methods: Review of the University of California San Diego Neonatal Intensive Care Unit intubation log to determine the number of infants that had an intubation attempt by a pediatric resident and how this has changed over a 15 year period from July 1, 2007 to June 30, 2022.

Results: The UCSD intubation log shows 3164 infants having intubation attempts over the last 15 years. (July 1, 2007-June 30, 2022) In the academic year 2007-2008 there were 158 infants that had an intubation attempt by a pediatric resident. Since then, there has been a steady decline in the number of infants that had a pediatric resident perform an intubation. From the start of academic year 2017 to present there has only been 24 infants with an intubation attempt by a pediatric resident.

Conclusion: Neonatal intubation attempts by pediatric residents has steadily declined over time. This is a skill that can no longer be expected of the graduates of pediatric residency programs because the opportunity to perform it on actual patients is no longer available. The expectation of critical care fellowship programs should be that new trainees will not have this skill. Nonetheless, other innovations or opportunities can be offered through simulation training. This should be part of the pediatric residency curriculum so that if graduates find themselves in an emergent situation where intubation is required, they will at least have some knowledge on how to perform this procedure.

Background

Traditionally, pediatric residents have been taught the skill of endotracheal intubation during their neonatal intensive care unit (NICU) rotation. Pediatric residency programs have been changing over the years that required less rotations in the NICU. In addition, there is a change in management of infants with respiratory distress syndrome to need mechanical ventilation less often. Consistent across the country, pediatric residents have had less opportunities to perform endotracheal intubation. Trainees entering critical care fellowship are less skilled at performing intubation and have been a priority in getting intubation attempts. As of 2021, the Accreditation Council for Graduate Medical Education has removed questions for pediatric residents inquiring about neonatal endotracheal intubation experience. The University of California San Diego (UCSD) NICU keeps a log on each intubation performed and identifies the provider that attempted the intubation.

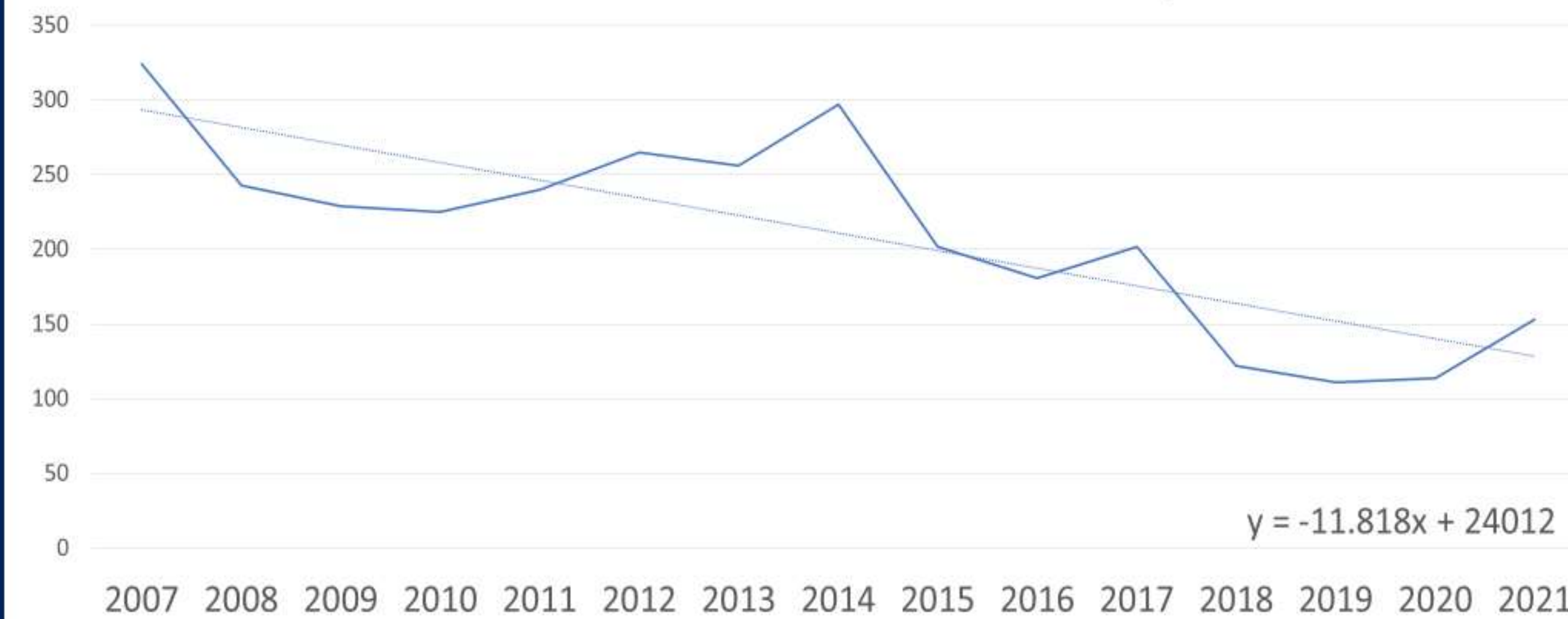
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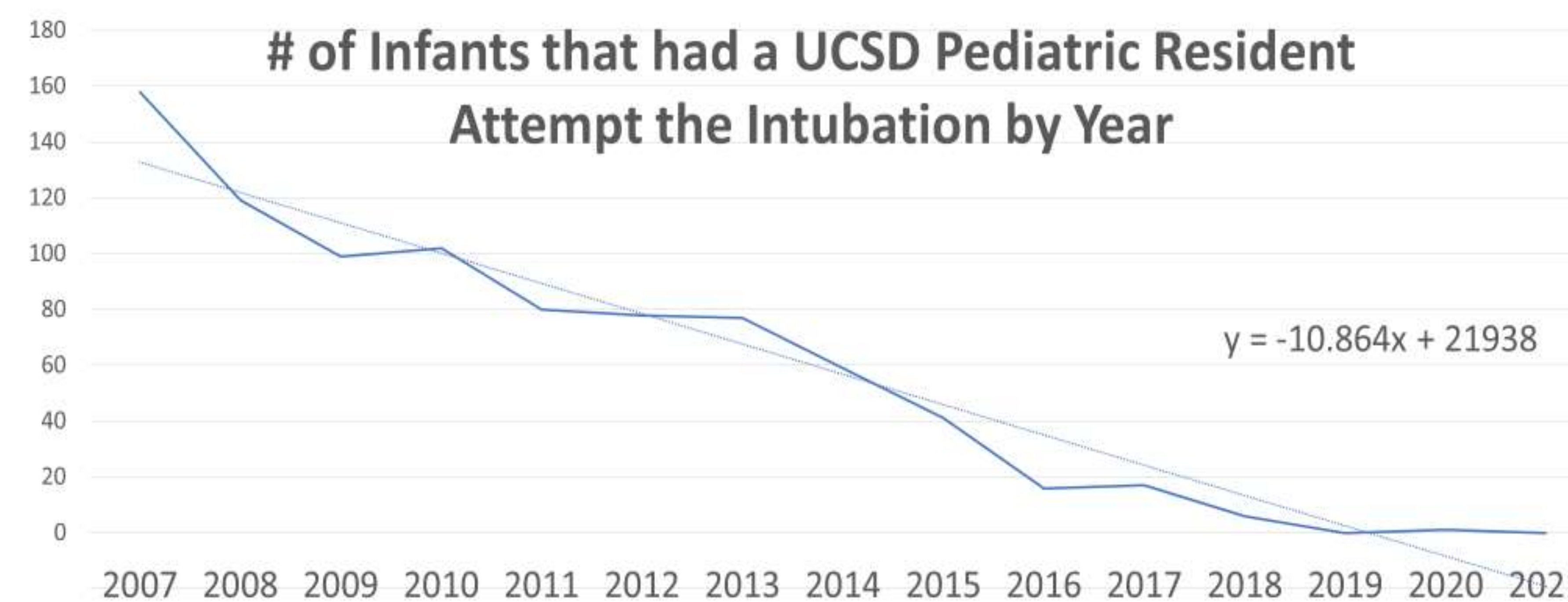
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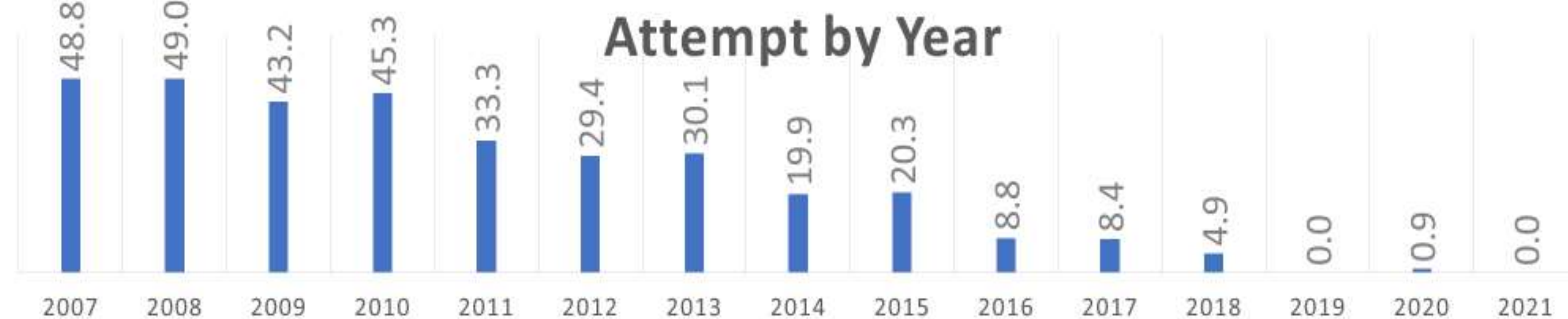
Total Number of Infants Intubated by Year



of Infants that had a UCSD Pediatric Resident Attempt the Intubation by Year



Percent of Infants that had a Resident Intubation Attempt by Year



| Academic Year (July 1 to June 30) | Total number of infants intubate | # of infants that had a UCSD pediatric resident attempt the intubation | Percent of infants that had an UCSD Pediatric resident intubation attempt |
|-----------------------------------|----------------------------------|--|---|
| 2021 | 153 | 0 | 0.0 |
| 2020 | 114 | 1 | 0.9 |
| 2019 | 111 | 0 | 0.0 |
| 2018 | 122 | 6 | 4.9 |
| 2017 | 202 | 17 | 8.4 |
| 2016 | 181 | 16 | 8.8 |
| 2015 | 202 | 41 | 20.3 |
| 2014 | 297 | 59 | 19.9 |
| 2013 | 256 | 77 | 30.1 |
| 2012 | 265 | 78 | 29.4 |
| 2011 | 240 | 80 | 33.3 |
| 2010 | 225 | 102 | 45.3 |
| 2009 | 229 | 99 | 43.2 |
| 2008 | 243 | 119 | 49.0 |
| 2007 | 324 | 158 | 48.8 |

Results

The UCSD intubation log shows 3164 infants having intubation attempts over the last 15 years. (July 1, 2007-June 30, 2022) In the academic year 2007-2008 there were 158 infants that had an intubation attempt by a pediatric resident. Since then, there has been a steady decline in the number of infants that had a pediatric resident perform an intubation. Over the last 5 years from the start of academic year 2017 to present there has only been 24 infants with an intubation attempt and only 1 infant with an attempt in the last 3 years by a pediatric resident.

Conclusions

Neonatal intubation attempts by pediatric residents has steadily declined over time. This is a skill that can no longer be expected of the graduates of pediatric residency program because the opportunity to perform it on actual patients is no longer available. The expectation of critical care fellowship programs should be that new trainees will not have this skill. Nonetheless, other innovations or opportunities can be offered through simulation training. This should be part of the pediatric residency curriculum so that if graduates find themselves in an emergent situation where intubation is required, they will at least have some knowledge on how to perform this procedure.

Disclosures: The authors have no relevant disclosures

Contributors and Detractors to Senior Medical Students' Sense of Belonging on Clinical Rotations

Authors: Helen Wang MD¹, Amy Creel MD², Chris Peltier MD³, Joseph Jackson MD⁴, Amal Khidir MBBS⁵, Nikita Nagpal MD MS⁶, Chad Vercio MD⁷, Gary Beck Dallaghan PhD⁸, Terry Kind MD MPH⁹

¹University of California, San Diego, Department of Pediatrics, ²Louisiana State University Health Sciences Center New Orleans, Department of Pediatrics, ³University of Cincinnati College of Medicine, Department of Pediatrics, ⁴Duke University School of Medicine, Department of Pediatrics, ⁵Weill Cornell Medicine - Qatar, Medical Education Division, ⁶New York University Grossman School of Medicine/Bellevue Hospital Center, Department of Pediatrics, ⁷Loma Linda University School of Medicine, Department of Pediatrics, ⁸University of Texas, Tyler School of Medicine, ⁹George Washington University, Children's National Hospital, Department of Pediatrics

Background

- Professional identity formation (PIF): socialization process where one transforms to "think, act, and feel like a physician"
- Students' sense of belonging (SB) in the Community of Practice of Medicine (CoM) likely shapes how they interpret their experiences
- SB has not been adequately explored in medical students

Objectives

Characterize the clinical experiences senior medical students perceive to enhance and undermine belongingness.

Methods

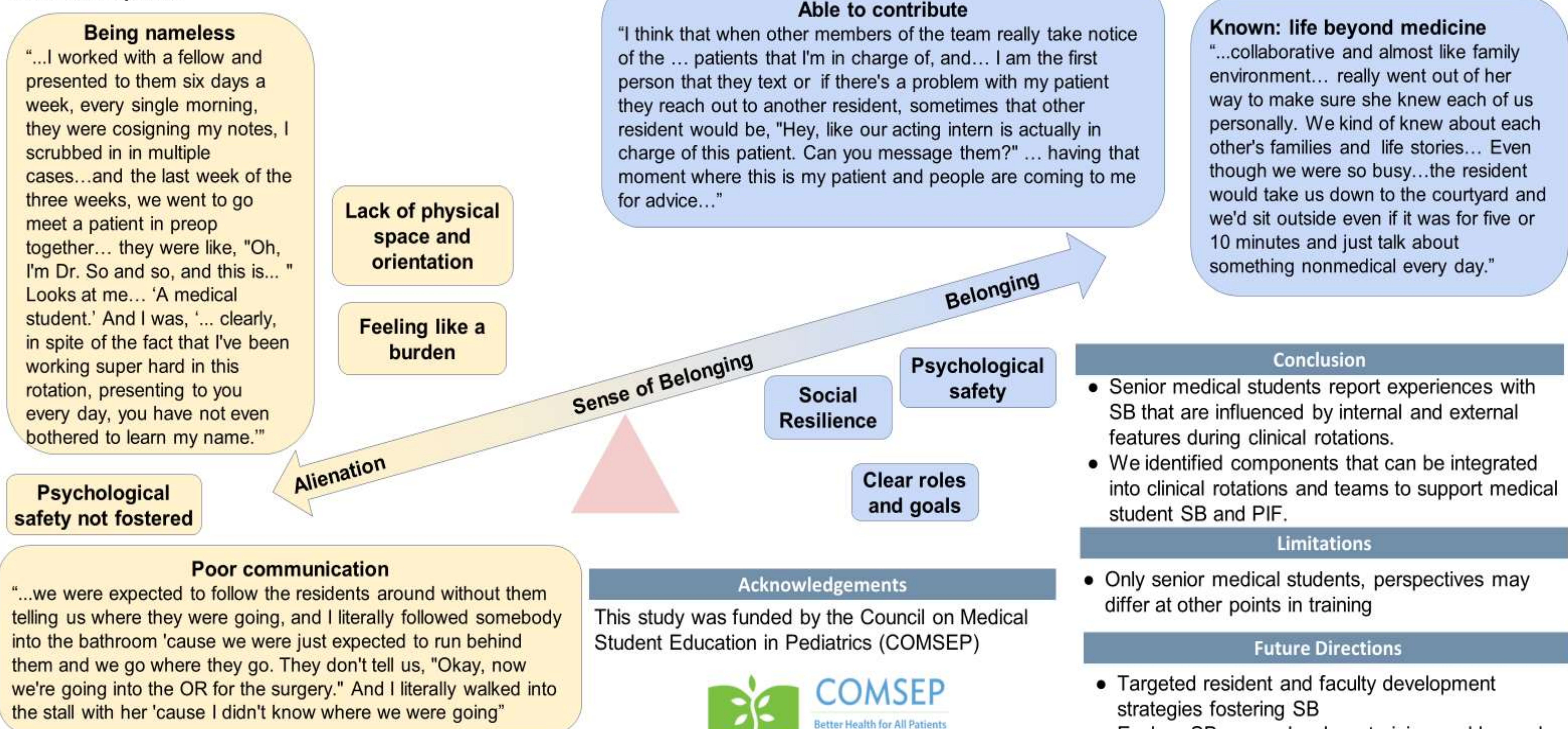
- Focus groups and Written Reflections
- Phenomenological approach
- 6 institutions
- Iterative group coding process

Results

- Twenty-five senior medical students, 6 focus groups

- Analysis yielded 62 codes categorized into themes.

Figure 1. Contributors and detractors to sense of belonging and illustrative quotes



PREPPED

Plastic Surgery Research, Education, and Preparation Promoting Equity and Diversity

Meera Reghunathan MD, Jessica Blum MS, Greta Davis MD, Haripriya Ayyala MD, Amber Leis MD, Paris Butler MD, Amanda Gosman MD

Background

There are major pipeline issues in the matriculation of UIM students and other under-represented groups into surgical fields.

Evidence shows that UIM students are rated as performing more poorly in some categories on their sub-internships.

Match rate in 2022: 194 matches/ 351 applicants (55%)

Objective: Create a 2 day course for under-represented rising fourth year medical students to prepare for sub-internships and the application process.

Methods

Funding from Plastic Surgery Foundation Diversity & Inclusion grant as well as the Garnes Society, ACAPS (American Council of Academic Plastic Surgeons), and ConnectMed International.

Pre- and Post- surveys administered to students and faculty.

Day 1

Day 2

| | |
|------------------|--|
| 7:00 - 7:30 am | Registration / Check-In |
| 7:30 - 8:00 am | Course Welcome: Diversity in Plastic Surgery <i>Meera Reghunathan, Amanda Gosman, Paris Butler</i> |
| 8:00 - 9:00 am | Basics of Breast Reconstruction <i>Manish Champaneria, Julie Park</i> |
| 9:00 - 10:00 am | Small Group: Common Consults <i>Ash Patel & Small Group Leaders</i> |
| 10:00 - 11:00 am | Success in Sub-Internships <i>Meera Reghunathan, Julie Park, Amber Leis, Paris Butler</i> |
| 11:00 - 12:00 pm | Residency Application & Interview Tips <i>Amanda Gosman, Ash Patel, Kerri Woodberry</i> |
| 12:00 - 1:00 pm | Lunch |
| 1:00 - 2:30 pm | Skills Lab: Operating Room Basics / Suture Lab <i>Gabrielle LaBove & Small Group Leaders</i> |
| 2:30 - 4:00 pm | Skills Lab: A to Z Plasties of Reconstruction <i>Haripriya Ayyala & Small Group Leaders</i> |
| 4:00 - 5:00 pm | Resident Panel: Journey to Now <i>Olivia Means, Pablo Padilla, Analissa Lopez</i> |
| 6:00 - 7:00 pm | Social Hour / Networking Session |

| | |
|------------------|--|
| 7:00 - 8:00 am | Aesthetics & Facial Analysis <i>John Pang & Interactive Session</i> |
| 8:00 - 9:00 am | Elective Breast & Body Contouring <i>Bryn Morris & Eva Williams</i> |
| 9:00 - 10:30 am | Hand: Anatomy, Radiology & Common Consults <i>Amber Leis & Small Group Leaders</i> |
| 10:30 - 12:00 pm | Skills Lab: Craniofacial (Craniosynostosis, Cleft Lip, Ear Sculpting) <i>Naikhoba Munabi & Small Group Leaders</i> |
| 12:00 - 1:00 pm | Lunch & Farewell |



Figure 1. Course schedule and the small group format .

40 students

48.5% Male
48.5% Female
1% non-binary

30.3% White/ Caucasian
72 % Hispanic/ LatinX
45.4% Black/ AA
12.1% Asian/ Pacific Islander
3% AI/ Alaska Native
9.1% Multiracial

Results

48.5% no home program

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Case 2: The Intra-Operative Consult

You receive an intra-operative consult from the orthopedic surgery service regarding a left lower extremity soft tissue defect for a 20-year-old male following removal of an external fixator (see fig) and plating for Gustilo IIB distal tibia fracture.



Questions:
1. What is the Gustilo classification?
2. What elements in a patient's history might produce a higher risk for distal lower extremity wound/healing problems?
3. Describe the principles for lower extremity reconstruction based on location of wound.
4. If a free flap reconstruction were performed, what signs would you look out for post-operatively to indicate flap failure?

Figure 3. Student Workbooks.

Pre- and Post-PREPPED Knowledge Scores

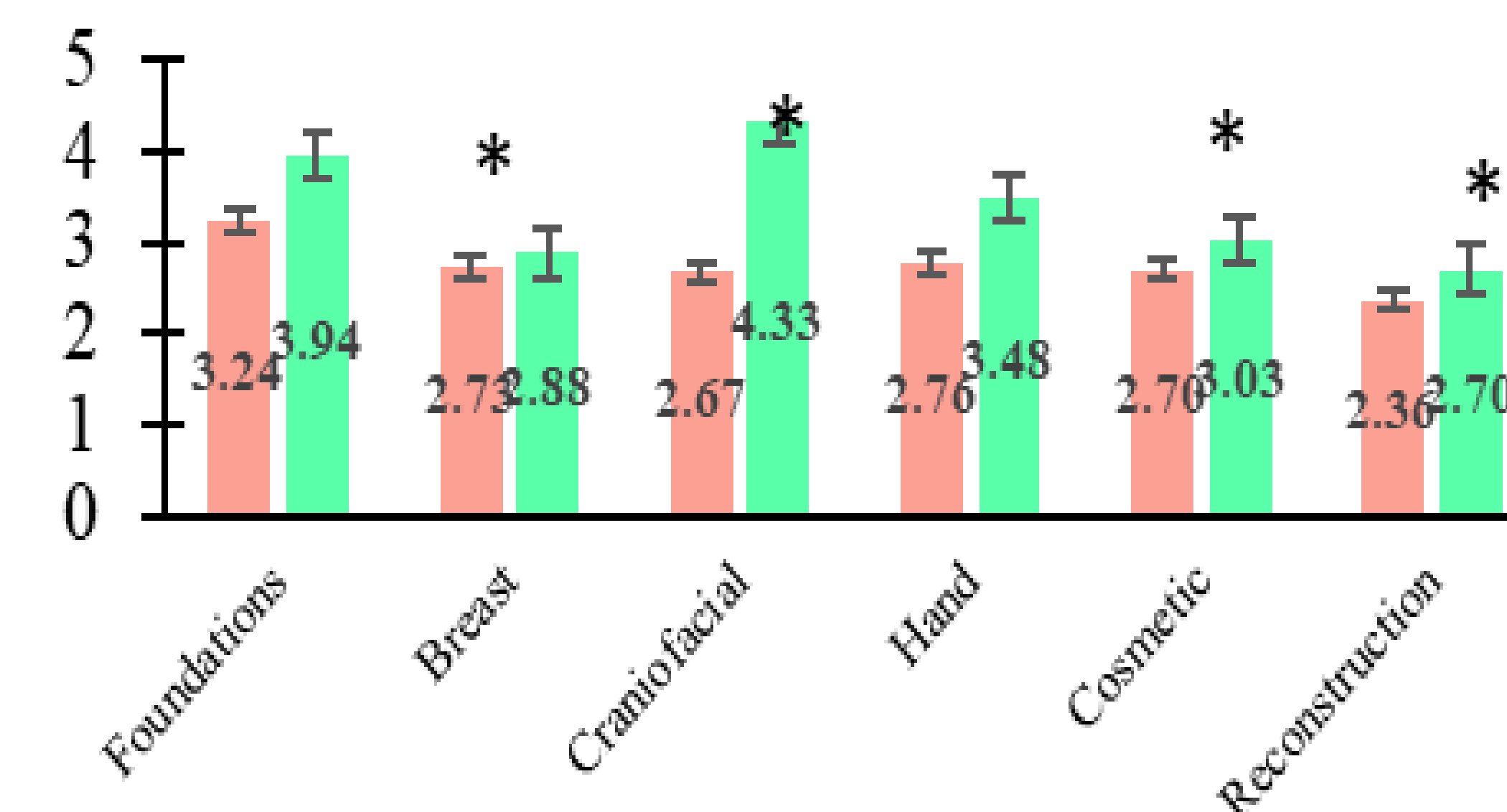


Figure 2. Pre and Post Survey knowledge scores by specialty..

Students experienced a statistically significant improvement in their plastic surgery knowledge and ability to identify mentors and pathways to success in plastic surgery.

Table 1. Pre and Post Survey Scores.

| Question | Pre-PREPPED Score Mean (SD) | Post-PREPPED Score Mean (SD) | p-value |
|---|-----------------------------|------------------------------|---------|
| Sub-internships and Applying to Residency | | | |
| Rate your confidence: | | | |
| Understanding the process of applying to residency in plastic surgery. | 2.66 (0.90) | 4.34 (0.65) | < .001 |
| Identifying the traits that make a good sub-intern and resident | 3.06 (0.76) | 4.66 (0.48) | < .001 |
| Identifying the most common residency and interview questions | 2.31 (0.82) | 3.88 (0.71) | < .001 |
| Technical Skills | | | |
| Performing a two-handed knot | 3.00 (1.41) | 3.69 (1.23) | .004 |
| Performing a subcuticular suture | 2.88 (1.24) | 3.94 (1.01) | < .001 |
| Designing a z-plasty | 1.50 (0.80) | 4.16 (0.72) | < .001 |
| Describing the reconstructive elevator | 2.13 (1.21) | 3.94 (0.95) | < .001 |
| Workforce Diversity and Mentorship | | | |
| I feel comfortable: | | | |
| Discussing the current state of gender disparities in plastic surgery | 3.59 (0.91) | 4.31 (0.82) | < .001 |
| Discussing the current state of racial disparities in plastic surgery | 3.63 (0.94) | 4.50 (0.62) | < .001 |
| Discussing how non-modifiable personal factors are related to barriers in a career in plastic surgery | 3.58 (0.92) | 4.42 (0.67) | < .001 |
| Identifying resources in place to help overcome these barriers | 3.00 (1.08) | 4.31 (0.78) | < .001 |
| Identifying the pathways to a career in plastic surgery | 3.44 (0.98) | 4.63 (0.61) | < .001 |
| Identifying greater than or equal to three individuals in plastic surgery who are available as resources for advice and/or mentorship | 3.19 (1.45) | 4.52 (0.81) | < .001 |

Conclusion

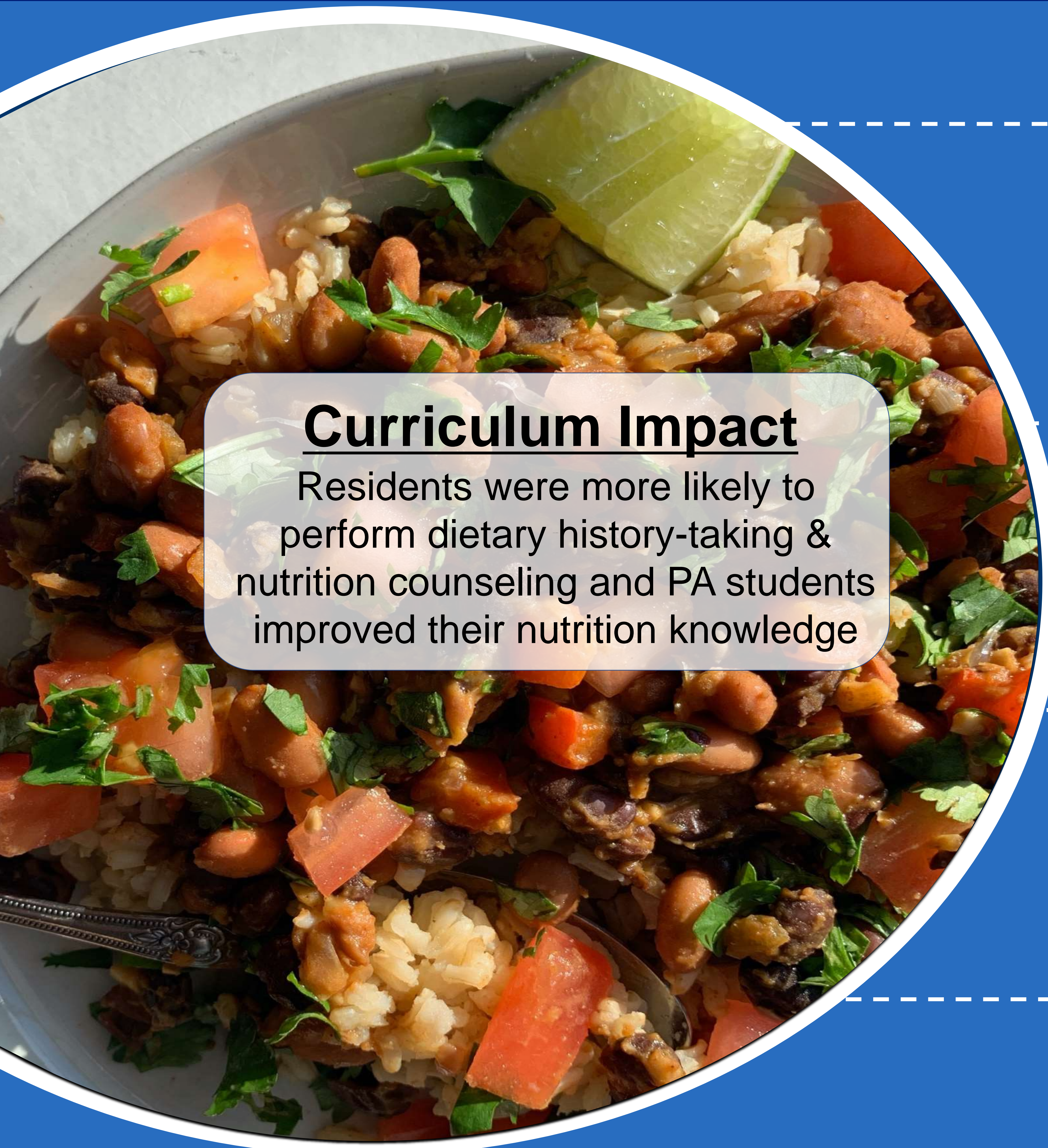
PREPPED is a promising program to help under-represented medical students overcome barriers to matriculating into plastic surgery residency, specifically addressing the transitional period into sub-internships and the application process.





“Zoom”ing to the Kitchen: A Novel Approach to Virtual Nutrition Education for Medical Trainees

Justin A. Charles, MD, Nathan I. Wood, MD, Benjamin Brink, MD, MS, Lindsey Scierka, MD, MPH, Stephanie Neary, MPA, MMS, PA-C, Kaitlin Maciejewski, MS, Julian Zhao, MSPH, Katherine Gielissen, MD, MHS



Curriculum Impact
Residents were more likely to perform dietary history-taking & nutrition counseling and PA students improved their nutrition knowledge

Background: The Need for Innovation

- Poor diet is the leading global risk factor for death¹
- Plant-based nutrition has the potential to prevent, treat, and reverse chronic diseases²
- Most medical schools have <20 hours of nutrition³
- Culinary Medicine combines nutrition and culinary arts⁴
 - Improves success in counseling patients and personal nutrition behaviors⁵

Methods: A Novel Curriculum

- Delivered to 42 YPCMP Residents and 80 Online PA Students
- Interactive virtual nutrition curriculum comprised of three 1-hour modules:
 1. Using a Plant-Based Diet for Chronic Disease Prevention and Treatment
 2. Introduction to Behavior Change and Performing a 24-Hour Dietary Recall
 3. Culinary Medicine Crash Course
 - Video cooking demonstration to guide preparation of plant-based meal virtually
- Surveyed pre- and post-curriculum to assess effects on nutrition attitudes and knowledge

Post-Intervention Results

- Residents and PA students alike were >90% satisfied with each aspect of the curriculum
- Residents gained confidence in nutrition counseling (57% vs. 93%; p = 0.002)
- Improvements in resident behavioral intention (Fig 1) and PA student knowledge (Fig 2)

Figure 1: Change in Resident Behavioral Intention

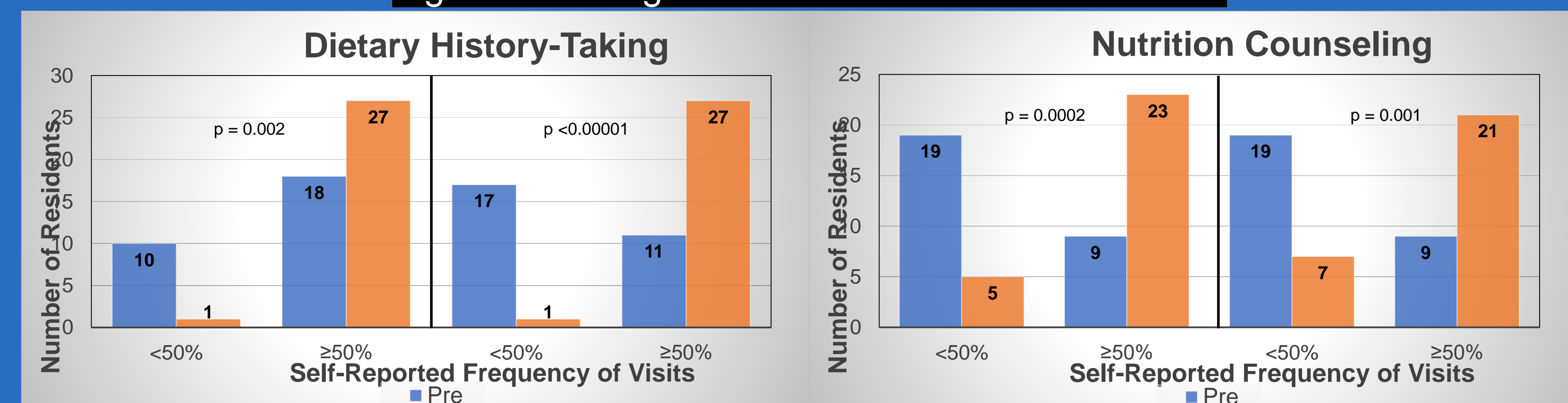
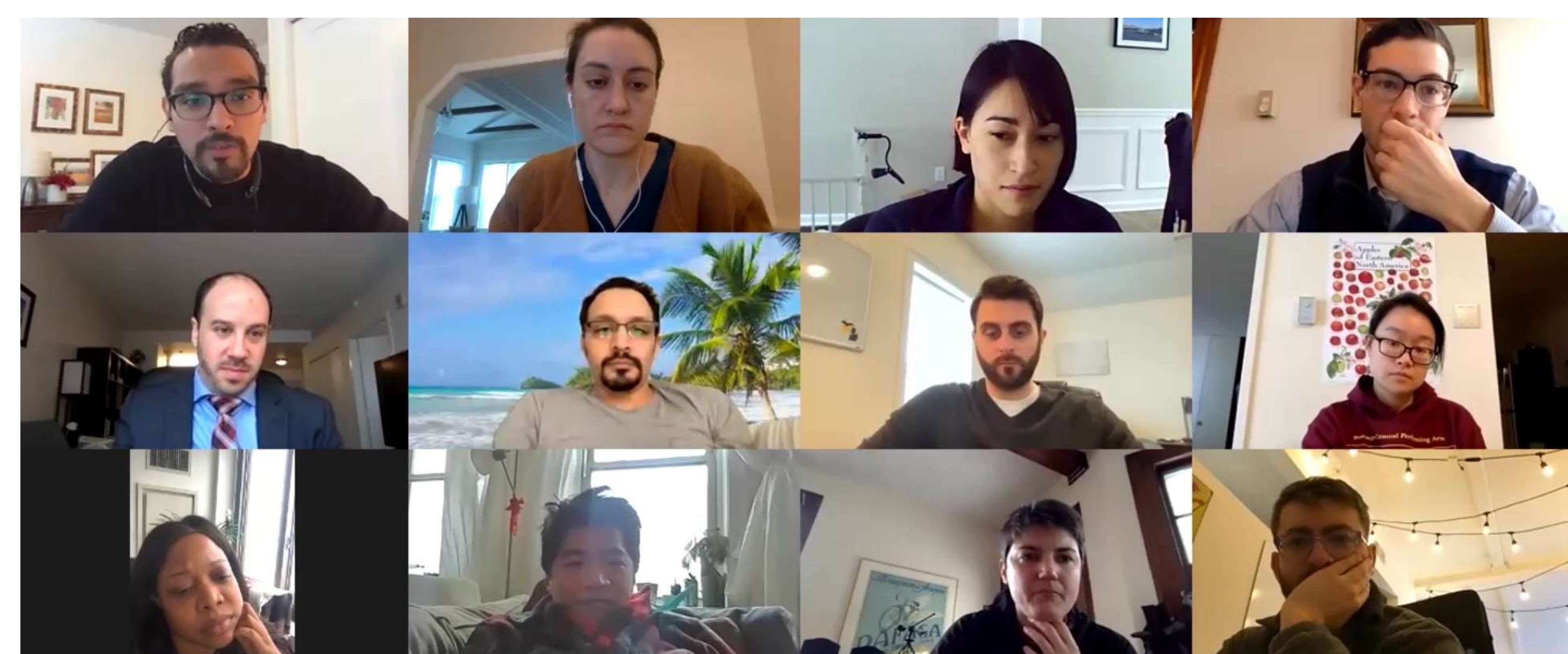
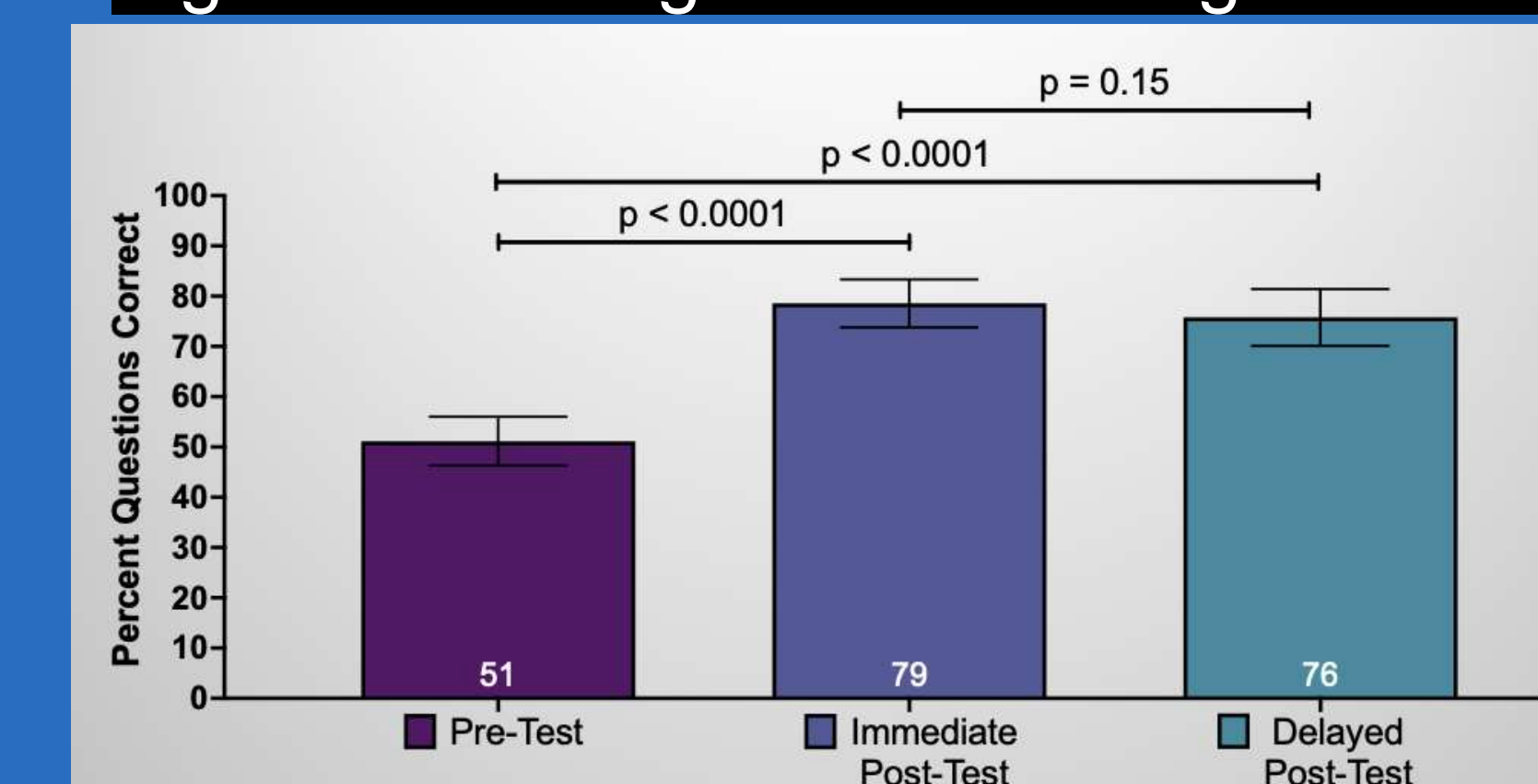


Figure 2: Average PA Knowledge Scores

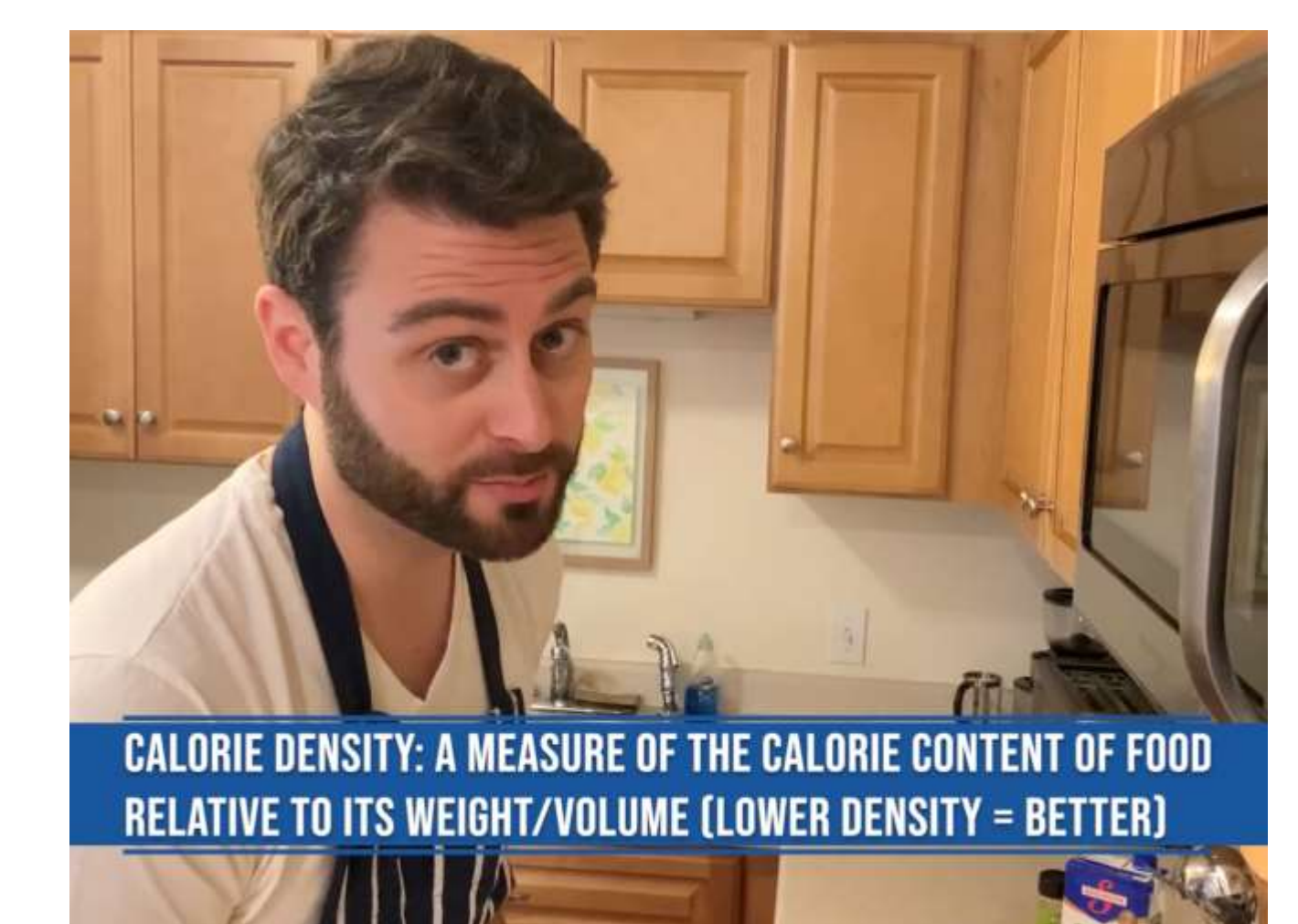


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Funding

- Yale Office Based Medicine Scholarship and Innovation Fund
- American College of Lifestyle Medicine (ACLM) Trainee Research Scholarship and Grant



Background: From the acuity of strokes to the insidious course of dementia, neurologists treat patients with life-threatening, life-limiting, and life-altering diseases. However, neurology residencies do not have a standardized amount of palliative care training.

Aim:

- 1) **To teach** neurology resident physicians foundational knowledge of palliative care medicine including the difference between palliative care vs hospice and end of life symptom management
- 2) **To empower** neurology resident physicians with communication skills to navigate end of life conversations by developing and running a case with affiliated simulation center.

Methods: Neurology residents participated in structured didactics tailored to end of life care including

- 3 one-hour lectures
- A simulated patient experience.

A survey evaluating participant comfort on Likert scales and knowledge-based questions on aspects of palliative care were administered pre- and post-didactic series. Statistical significance was calculated with unpaired 2-tail T-tests assuming equal variance.

Table 1: Summary of Survey Results Pre- and Post- Targeted Didactics

| Subjective Comfort Based Questions | | | |
|---|---|--|-------------------|
| | Very to extremely comfortable prior to didactic (4 or 5 out of 5 on Likert) | Very to extremely comfortable after didactic (4 or 5 out of 5 on Likert) | P-value (T-test) |
| Describe difference in palliative and hospice | 86% (12/14) | 100% (10/10) | 0.189 |
| Performing pain assessment and management at end of life | 14% (2/14) | 60% (6/10) | 0.002 |
| Communication with patient and family at end of life | 57% (8/14) | 100% (10/10) | 0.0002 |
| Assessment and management of non-pain symptoms at end of life | 28% (4/14) | 80% (8/10) | 0.006 |
| Withdrawing life prolonging therapies at end of life | 28% (4/14) | 80% (8/10) | 0.004 |
| Objective Knowledge Based Questions | | | |
| | Percentage correct prior to didactic | Percentage correct after didactic | Percentage Change |
| What is a POLST? | 71% (10/14) | 100% (10/10) | +29% |
| 15 mg oral morphine is equianalgesic to _mg IV morphine? | 36% (5/14) | 30% (3/10) | -6% |
| 5 mg IV morphine is equianalgesic to _mcg IV fentanyl | 7% (1/14) | 40% (4/10) | +33% |
| An opioid infusion will reach steady state approximately _ hours after initiation | 0% (0/14) | 10% (1/10) | +10% |
| 1 mg IV Lorazepam is equivalent to _mg IV Midazolam | 43% (6/14) | 50% (5/10) | +7% |
| All comfort care patients should be started on an opioid infusion. (True/false) | 100% (14/14) | 90% (9/10) | -10% |
| Breathing changes at end of life are inherently uncomfortable and should be medicated. (True/false) | 64% (9/14) | 50% (5/10) | -14% |
| It is possible for code status to be "ok CPR – no intubation". (True/false) | 36% (5/14) | 60% (6/10) | +24% |
| Glycopyrrolate crosses the blood brain barrier poorly. (True/false) | 71% (10/14) | 90% (9/10) | +19% |

Results: All respondents had palliative care experience prior to didactics. 71% (10/14) believed it was very or extremely important to be able to perform pain assessment and management at the end of life; there was a statistically significant difference (p=0.002) in resident comfort in doing so before and after didactics. Statistical significance was also seen in resident comfort before and after didactics for communicating with patient and family at the end of life (p=0.0002), assessment and management of non-pain symptoms (p=0.006) and withdrawing life prolonging therapies (p=0.004). There was no statistically significant change in objective knowledge based questions before and after didactics.

Discussion: Neurology resident comfort level of palliative care topics increased with a targeted didactics curriculum. Improvement was seen in some aspects of curriculum such as describing a POLST, though knowledge of specific medication and symptom management are not uniformly improved. Further research is needed on what palliative care themes would be most helpful for neurology resident training.

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Overall Symposium Evaluation

Please complete the Overall Evaluation in order to receive CME credit



THANK YOU!