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Impact of a Departmental Guideline and Educational Intervention on Droperidol Use in the Emergency Department

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Table 1. Considerations utilized by applicants when deciding which programs to signal.

Of the 5 signals applicants were allotted, how many were used . . .	N	Mean	SD	95% CI
...for geographical considerations?	377	4.0	1.3	(3.9, 4.1)
...to apply to "reach"/more competitive programs?	365	2.3	1.1	(2.2, 2.5)
...to apply to "safety" programs?	257	1.9	0.9	(1.8, 2.0)
...to apply to programs whose strengths align with applicant's career interests?	348	3.9	1.3	(3.7, 4.0)
...to apply to programs that applicants perceived as offering strong clinical training?	377	4.4	1.0	(4.3, 4.5)

Table 2. Effect of the ability to send program signals on applicant self-reported anxiety during the match.

		Frequency (N = 427)	Percent (100%)
How did the signaling process affect applicants match anxiety?	It did not change my outlook	203	47.5%
	It made me a little less anxious	124	29%
	It made me a little more anxious	54	12.7%
	It made me much less anxious	10	2.3%
	It made me much more anxious	7	1.6%
	Missing	29	6.8%

16 Beyond the Requirement: A Novel Patient-Follow Up Report

Kraftin Schreyer, Jack Allan, Zachary Repanshek, Megan Healy, Michael DeAngelis, Wayne Satz, Jacob Ufberg

Background: Until now, residents were required to perform patient follow-ups as part of practice-based learning and improvement. Most commonly a patient follow-up log (PFUL) was used.

Objectives: We sought to provide residents patient follow-ups in an efficient, value-added manner, and hypothesized that our novel patient follow-up report (PFUR) would be better received than the previous FUL.

Methods: The PFUR, sent monthly via email, is automatically generated based on specific criteria in the electronic medical record. The PFUR includes five non mutually exclusive categories of cases: patients who were discharged and readmitted within 72 hours, patients with certain diagnoses, patients who expired during the hospital stay, and patients who were upgraded to the intensive care unit within 24 hours of admission, and patients independently flagged for inclusion. Pre and post surveys were sent to the senior post-graduate year (PGY) residents. PGY-1s were excluded as they had not used the PFUL.

Results: Four months following implementation, 1436 total cases were included on the PFUR, an increase from the previous average of 105. Across all PGYs, the majority (19.8%) of cases were ICU upgrades, followed by those diagnosis-based (16.7%) and those that expired that encounter (12.3%). On average, 9.57% of total patient encounters met criteria for the PFUR. Fourteen of the eligible 28 residents responded to the surveys. The PFUR had an average value

rating of 4.36, compared to the PFUL rating of 1.64. The PFUR was preferred by 90% of the residents, and 82% felt that it impacted the clinical care they provide. Subjective evaluation of the PFUR found it, "consolidated, less forced, and exponentially more helpful for learning."

Conclusion: The novel PFUR has already proven to be more comprehensive, accessible and more highly valued that then PFUL. Programs looking to continue to provide the benefit of patient follow-ups should consider a similar report.

17 Impact of a Departmental Guideline and Educational Intervention on Droperidol Use in the Emergency Department

Christopher Karousatos, Zachary Repanshek

Background: In 2001, the FDA issued a Boxed Warning for droperidol due to concerns for QTc-interval prolongation. In response, its use has decreased and even been abandoned by many EDs. Based on more recent research finding these risks to be overstated, AAEM and ACEP have issued guidelines affirming that droperidol can be safely administered in the ED to treat headache, nausea, and agitation. Departments may be considering the best way to reintroduce this medication to ED practice.

Objectives: This study assesses droperidol use patterns in the ED following a multimodal educational intervention based on a new departmental guideline.

Methods: This is an observational cohort study across 3 EDs in a university healthcare system. Data was collected by electronic medical record (EMR) review. An ED guideline for droperidol use was created (Figure 1) and added to the EMR for reference on shift. An educational session about the history, usage, and safety of droperidol was presented during resident didactics and faculty meeting. A recorded version was added to the departmental YouTube page and emailed to residents and faculty along with the guideline. The primary outcome was droperidol usage five months pre- and post-intervention, with secondary outcome of use by indication.

Results: At five months post-intervention, droperidol use increased significantly: 27 doses in the pre-intervention period to 238 after (p-value < 0.0001). Table 1 shows pre- and post-intervention usage by indication.

Conclusions: Droperidol is an effective medication that fell out of favor because of questionable evidence. Now that the safety of this medication has been demonstrated, departments may consider the best way to reintroduce this treatment to practice and educate providers on its use. In this study, a multimodal educational intervention, coupled with the implementation of a departmental guideline, has led to a significant increase in the appropriate utilization of droperidol in the ED.
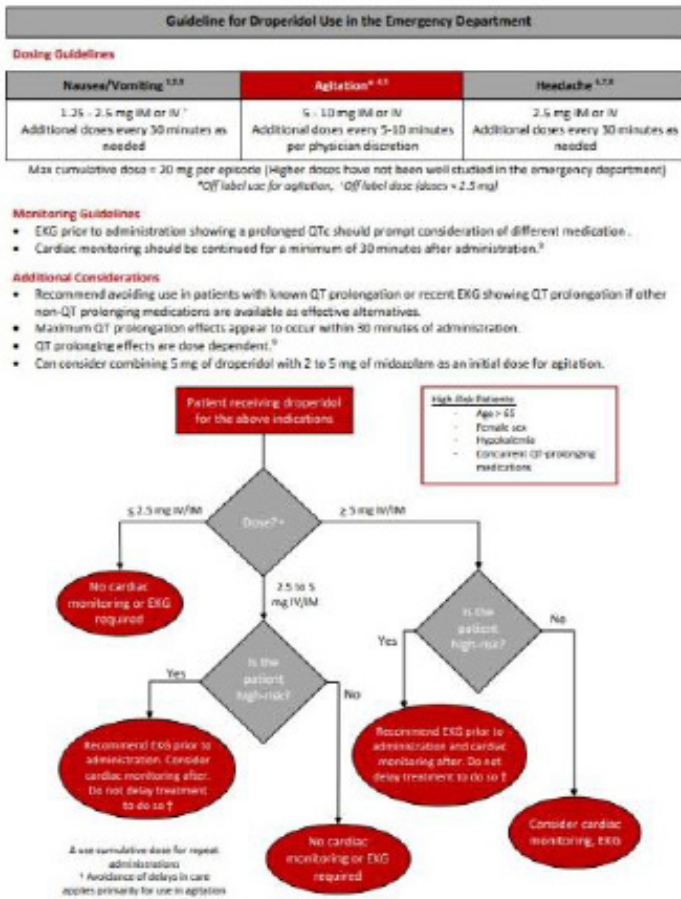
Figure.

Table. Pre and post- intervention droperidol usage by indication.

	Pre-Intervention	Post-Intervention
Nausea/Emesis	19	170
Agitation	4	58
Headache	4	7
Other	0	3
Total	27	238

18 Comparative Analysis of Emergency Medicine Standardized Letter of Evaluation Between Chief Resident vs. Non-chief Resident: A Preliminary Report Based on Objective Domains

Zaid Tayyem, Chaiya Laoteppitaks, Christopher Wetzel, Peter Tomaselli, Carlos Rodriguez, Abagayle Bierowski, Casey Morrone, Ridhima Ghei, Xiao Zhang

Background: Chief residency in EM is a highly competitive leadership position that allows 'chiefs' to represent their co-residents, perform administrative and education functions, and serve as liaisons between the hospital and the residency program. The chief selection process can be rigorous and varies by residency program.

Objective: To determine whether the Standardized Letter of Evaluation (SLOE) can predict which residents are more likely to become chiefs based on their qualifications and global SLOE assessment.

Methods: De-identified SLOEs from 2015 to 2021 at an urban center EM residency were collected for data analysts as part of a retrospective observational study. Each question from 'Qualification of EM' and 'Global Assessment' were given a numeric score, 1 to 4, depending on the number of selectable options (i.e. Above Peers=3, Below peers =1; top 10%=4, lower 1/3=1). For each question, a T-test was used to determine if there was a difference between the mean score for residents selected to be chiefs and all others.

Results: We selected and performed a quantitative analysis of 10 quantitative questions; five had statistically significant differences between the chiefs and non-chiefs. Chiefs were more likely to be ranked in the top 1/3 on the program rank list (2.94 vs 2.541, n=233, T=3.1, P=0.002), more likely to be evaluated in the top 1/3 compared to previous year's applicants (2.904 vs 2.516, n=243, T= 3.056, P= 0.002), more likely to succeed in residency (2.442 vs 2.241, n=243, T=2.361, P=0.019), less likely to need guidance (2.442 vs 2.241, n=243, T=2.361, P=0.019), and more team-oriented (2.712 vs 2.476, n=243, T=2.865, P=0.005).

Conclusion: While there is not a clear predictor of which resident will become a chief resident, preliminary analysis of SLOEs revealed applicants who were more team-oriented, with slightly higher ranking, while requiring less guidance were more likely to become future chiefs.

19 Current State of Social Media Use in Emergency Medicine Residencies

Zachary Repanshek, Lauren McCafferty, Jay Khadpe, Kristy Schwartz, Michael Fink, Abbas Husain

Background: In the 10 years since CORD first published best practices for social media (SM) use, nearly all EM residency programs have had some form of SM presence. Initially focused on education, SM is now a key tool for program branding and recruitment. With recent shifts in the state of SM, including the change in ownership of Twitter (X) and the rise of visual platforms like Instagram (IG) and TikTok, we aim to identify the current trends in EM residency SM use.

Objective: This study describes and quantifies the current usage of various SM platforms by EM residencies. We hypothesize that utilization of IG has become more prevalent compared to that of blogs, Facebook (FB), and X.

Methods: Using the EMRA Match site, 239 unique EM residency programs were evaluated for the presence of six digital platforms, as self-reported by individual programs. We only included platforms which posted novel content during the study period (September 2022-August 2023). An analysis of engagement was performed by quantifying posts for X and IG.