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Research Abstracts

1 “DC HOME:” A Standardized Communication Tool Used During Discharge Improves Resident Performance

Baca M, Raza C, Boge L, Edwards D, Cubeddu L, Goldszer R, Farcy D, Dalley M / Mount Sinai Medical Center

Background: The discharge conversation is a critical component of the Emergency Department encounter. Studies suggest that Emergency Medicine residency education is deficient in formally training and assessing residents on the patient discharge discussion.

Objectives: To assess the proficiency of Emergency Medicine residents in addressing essential elements of a comprehensive discharge conversation, to identify which components of the discharge conversation are repeatedly omitted, to introduce “DC HOME,” a standardized discharge mnemonic, and to determine if its implementation improves resident performance.

Methods: This is a prospective observational pre and post intervention study done by convenience sampling of 400 resident discharge encounters. Resident physicians were observed by attending physicians who completed an evaluation, answering “Yes” or “No” as to whether residents addressed 6 different components of a comprehensive discharge. The 6 components included diagnosis, care rendered, health and lifestyle modifications, obstacles after discharge, medications and expectations or “DC HOME”. A 30-minute lecture introducing the mnemonic “DC HOME” was provided to resident physicians. Differences between pre-intervention and post-intervention were recorded.

Results: Resident physicians improved significantly in all 6 components of “DC HOME” from pre-and-post intervention: discharge diagnosis ($p=0.0036$) and the remaining 5 components ($p<0.0001$). There was a statistically significant improvement in patients’ perception for health and lifestyle modifications, obstacles after discharge, medications and expectations after discharge ($p<0.0001$) and discharge diagnosis ($p=0.0029$).

Conclusion: Emergency Medicine residents frequently fail to address key components of the discharge conversation. The implementation of the “DC HOME” discharge mnemonic improves resident discharge performance.

2 A Comparison of Standardized Letters of Evaluation for Emergency Medicine Residency Applicants

Wilson D, Chandra S, Laoteppitaks C / Sidney Kimmel Medical College at Thomas Jefferson University

Background: Medical students pursuing an EM residency are advised to obtain at least two Standardized Letters of Evaluation (SLOE). Students often complete one rotation at their home institution and at least one “away” rotation at a program separate from their home institution. The SLOE was introduced as an objective tool. There is a sparsity of literature comparing SLOEs of home and away rotations. Program directors value away SLOEs more highly than home SLOEs. A recent study determined students performed better on home rotations with respect to global assessment and rank list placement, but did not look at all parts of the SLOE.

Objective: The aim of this study was to determine if there is a difference in scores between home rotation and away rotation SLOEs.

Methods: The authors retrospectively reviewed applications of all applicants to an urban, academic EM residency program. For each SLOE, the authors calculated a composite score from rankings in seven skill categories, and converted global assessment and rank list position to percentile scores. The composite score, global assessment, and rank list position on the home rotation SLOE were compared to those of the away SLOE using a paired t-test for each student. Average scores were calculated and compared for students with more than one home SLOE or more than one away SLOE.

Results: An evaluation of 721 applicants with at least one home SLOE and one away SLOE demonstrated a significant increase in the estimated rank list placement of home rotators ($p=0.003$). The data failed to demonstrate a statistically significant difference in a composite score of the seven skill categories ($p=0.69$), or the global assessment ($p=0.97$).

Conclusion: Our study concluded that the only difference in SLOEs is that students are likely to be given a slightly higher estimated placement on the rank order list on a home SLOE. We hope this will help residency leadership with reviewing applications.

3 A Nationwide Survey of Program Directors on Resident Attrition in Emergency Medicine

Mittelman A, Palmer M, Dugas J, McCabe K, Spector J, Sheng A / Boston Medical Center

Background: Despite the burdens that resident attrition places upon programs, fellow trainees, and patients, little is known about attrition in EM. We aim to conduct the first national survey of EM program directors (PDs) to characterize reasons behind and risk factors for resident attrition in EM.