

## Research Abstracts

## 1 A Multi-Disciplinary, Hands-On Workshop on Facial Wound Repair Improves Knowledge and Confidence Among EM Learners

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**Background:** Emergency physicians frequently repair facial wounds. While most of these are routine, a few types, including ear, lip and through-and-through cheek lacerations require special techniques for closure. To our knowledge there are no reported, interdisciplinary educational modules instructing emergency medicine residents about facial wound repairs.

**Objectives:** To assess effectiveness of an interdisciplinary, experiential module designed to improve EM resident knowledge and comfort with facial wound repairs. We hypothesize that learners will feel more comfortable with these repairs and will demonstrate increased knowledge about the topic.

**Methods:** A brief needs assessment was conducted by polling residents in our PGY 1-3 residency as to which repairs caused the most discomfort. A group of 31 participants, including 2 fourth-year medical students, 26 EM residents (PGY1-3) and 3 pediatric EM fellows participated in this educational module. Participants were given a 5 question pre-test prior to a didactic session about facial wounds taught by a plastic surgeon in an interactive fashion. After the didactic they had hands-on learning and practice on cadavers, under the guidance of plastic surgery residents and EM faculty. Participants then took a 5 question post-test, followed by a 4 question survey assessing comfort with each repair utilizing a 5 point Likert scale. The pre- and post-test scores for each participant were compared and a delta was calculated for each participant. Descriptive statistics, including 95% confidence intervals, were reported.

**Results:** Participants improved their individual score from the pre-test to the post-test by an average of 1.52 points (95%CI 1.04-2.00), with overall pre-test mean of 3.06 (95% CI 2.71-3.41) and post-test mean of 4.17 (95% CI 3.92-4.43). Average reported comfort level for each technique was as follows: lip repair 4.39 (95% CI 4.21-4.57), ear repair 4.36 (95% CI 4.18-4.53), cheek repair 4.29 (95% CI 4.10-4.48), suture choice 4.23 (95% CI 4-4.49).

**Conclusions:** Participants increased their knowledge and reported being more comfortable with the various facial wounds repairs and suture choice. An interdisciplinary and hands-on approach proved successful in teaching these techniques.

## 2 A Novel Approach to Documentation: Telescribes

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**Background:** The work of ED physicians is complex, with increasing patient volumes, rapidly changing EHRs, and growing documentation regulations. Medical scribes aim to address these problems, workflow efficiency, job satisfaction, and increase reimbursements. Despite the advantages, facilities remain resistant to adopting a scribe program for several reasons, including cost, addition of ED personnel, and incorporation new roles within an established workflow. Looking to minimize challenges, we propose modified telescribes utilizing a pre-established, qualified volunteer program. Workflow consists of providers connecting to telescribes via audio/video from secure mobile devices. Proper consent is obtained and telescribes document patient interactions in real time. Providers reap benefits of note drafting and volunteers gain valuable education only obtainable through collaboration with ED providers.

**Objectives:** Assess physician, hospital volunteer, and patient receptiveness to scribes and telescribes.

**Methods:** A survey was sent to 88 attendings (RR=29%) and 59 residents (RR=39%) employing yes/no, multiple choice, and Likert scale questions to assess receptivity to scribes and telescribes; no supplemental information. A second survey evaluated hospital volunteers' desire to participate (n=50; RR=44%). A third survey (n=12) gauged patient responses to both scribes and telescribes services using a likert scale after a brief explanation of the services.

**Results:** Of providers surveyed, 84% never used a traditional scribe or telescribe, while 85% indicated a desire to work with them. Furthermore, 95% agreed that learning to use a scribe would benefit them in the future and 75% agreed to adjust workflow to accommodate a scribe. Despite willingness to use a traditional scribe, 45% indicated they would not use the telescribe service (free-text rationales related to inconvenience). Secondly, 95% hospital volunteer respondents were interested in the scribe position. Finally, a patient survey showed zero were uncomfortable with presence of a scribe and 16% and 25% were uncomfortable with an audio or video scribe, respectively.

**Conclusions:** Our results indicate patients and providers are more comfortable with a traditional scribe model and implementation of a telescribe model requires addressing workflow and privacy concerns of provider and patient.