



Figure 1. Examples.

19 Palliative Care Needs Assessment for Emergency Medicine Residents

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Introduction: In 2012, ACEP created a palliative care (PC) subgroup to study the intersection of EM and PC; they developed a list of provider skills that integrate primary PC with concepts relevant to EM.

Objectives: This needs assessment explored how Baystate EM residents rate: 1) the importance of PC skills in EM, 2) the teaching they have received, and 3) their comfort level with these skills, all to assess whether more training is needed.

Methods: We developed a survey based on current literature that was sent to EM residents in one program. Likert scale 1-5 was used to establish proportions of respondents who agreed or disagreed with statements and Z-tests were used to obtain p values. A priori, we intended to test the following hypotheses: 1) more participants will feel PC skills are important than feel teaching is sufficient; 2) more participants will feel PC skills are important than feel personally comfortable exercising the skill; and 3) participants will feel teaching is insufficient at the same rate that they feel uncomfortable.

Results: Of 47 residents, 32 responded (68%). When accounting for any given skill surveyed, 75 to 100% of residents feel the skill is important, 3 to 34% feel the teaching of that skill is sufficient (18 to 74% feel it is insufficient), and 9 to 46% feel comfortable exercising the skill (while 6 to 53% feel uncomfortable). For hypotheses 1 and 2, the null was rejected across every skill. For hypothesis 3, the null failed to be rejected for all but five skills. Participants were also surveyed on preferred learning modalities, and bedside teaching and small groups tied for top vote.

Conclusions: Results suggest that EM residents find PC skills important but do not feel comfortable exercising them. The lack of significant difference between the proportion who felt uncomfortable and the proportion who reported insufficient teaching suggests an association between teaching and comfort. Over 53% of residents reported

feeling uncomfortable with family witnessed resuscitation, the highest proportion of any skill. Results suggest that a simulation with subsequent debrief (a practical application of both bedside teaching and small groups), would be effective to improve the skill of running a family witnessed resuscitation.

Provider Skill	Reported Important	Reported Sufficient Teaching	Reported Insufficient Teaching	Reported Comfortable	Reported Uncomfortable
Pain control	96.9	28.1	18.8	43.8	6.3
Treating distressing non-pain symptoms	78.1	18.8	34.4	34.4	18.8
Difficult communication	100	21.9	25	37.5	21.9
Goals of care discussions	93.8	28.1	37.5	46.9	25
Caregiver support	75	3.2	74.2	18.8	43.8
Non-initiation or stopping of non-beneficial interventions	90.6	12.5	46.9	37.5	37.5
Treating common end-of-life symptoms	96.9	18.8	28.1	31.3	15.6
Care for the imminently dying and their family	90.6	15.6	50	28.1	28.1
Respect and grieving	87.5	3.1	59.4	18.8	34.4
Family witnessed resuscitation	100	9.4	65.6	9.4	53.1
Caring for patients under hospice care	87.5	9.4	68.8	15.6	25
Coping and self-care	90.6	34.4	37.5	†	†

Figure 1. Proportion (%) of respondents reporting importance, sufficiency of teaching, and comfort with palliative care skills. Denotes field that was unintentionally omitted from questionnaire and thus no data is available.

Important = Likert 4 and 5 on a scale of very unimportant to very important.

Sufficient Teaching = Likert 4 and 5 on a scale of none to more than enough (Insufficient = 1 and 2)

Comfortable = Likert 4 and 5 on a scale of very uncomfortable to very comfortable (uncomfortable = 1 and 2)

20 A Low-Cost, Reusable, Three-Dimensional-Printed Ultrasound Phantom for Simulation of Knee Arthrocentesis

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Introduction: Arthrocentesis is a common ED procedure that can quickly differentiate between a limb-threatening infection and a benign inflammatory reaction, but EM physicians get less practice with this procedure as many train at programs with orthopedic residencies. EM residents would benefit from arthrocentesis simulation. Commercial simulation phantoms are expensive. Previous homemade models have been limited by lack of US-compatibility and anatomical accuracy.

Educational Objectives: The objective was to create a