

Building Consensus around the “Scholarly Project” Requirement for Emergency Medicine Residents Consensus Round 2, Qualitative Analysis

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Building Consensus around the “Scholarly Project” Requirement for Emergency Medicine Residents

Consensus Round 2, Qualitative Analysis

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Background

- 1999: Research Directors’ Interest Group (RDIG) of the Society of Academic Emergency Medicine (SAEM) developed consensus statement on EM resident scholarly project requirement

ACGME Program Requirements on the EM Resident Scholarly Activity

Must advance residents’ knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

Sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement.

- Initial intent focused on emphasizing unique specialty-specific literature
- Variety of interpretation amongst programs
- Single accreditation system for graduate medical education in place for July 2020
- Need for revised consensus document on best practices, processes, and outcomes for the emergency medicine scholarly activity

Problem Statement

After the initial steps towards creating an up-to-date consensus amongst the major governing bodies of EM on the ‘scholarly project’ requirement for EM residents, *what qualitative agreement is there among attendees at the following consensus conference?*

Methods

Consensus methodology: techniques or processes used to achieve a nonbiased, valid agreement among a group of individuals with diverse opinions and expertise

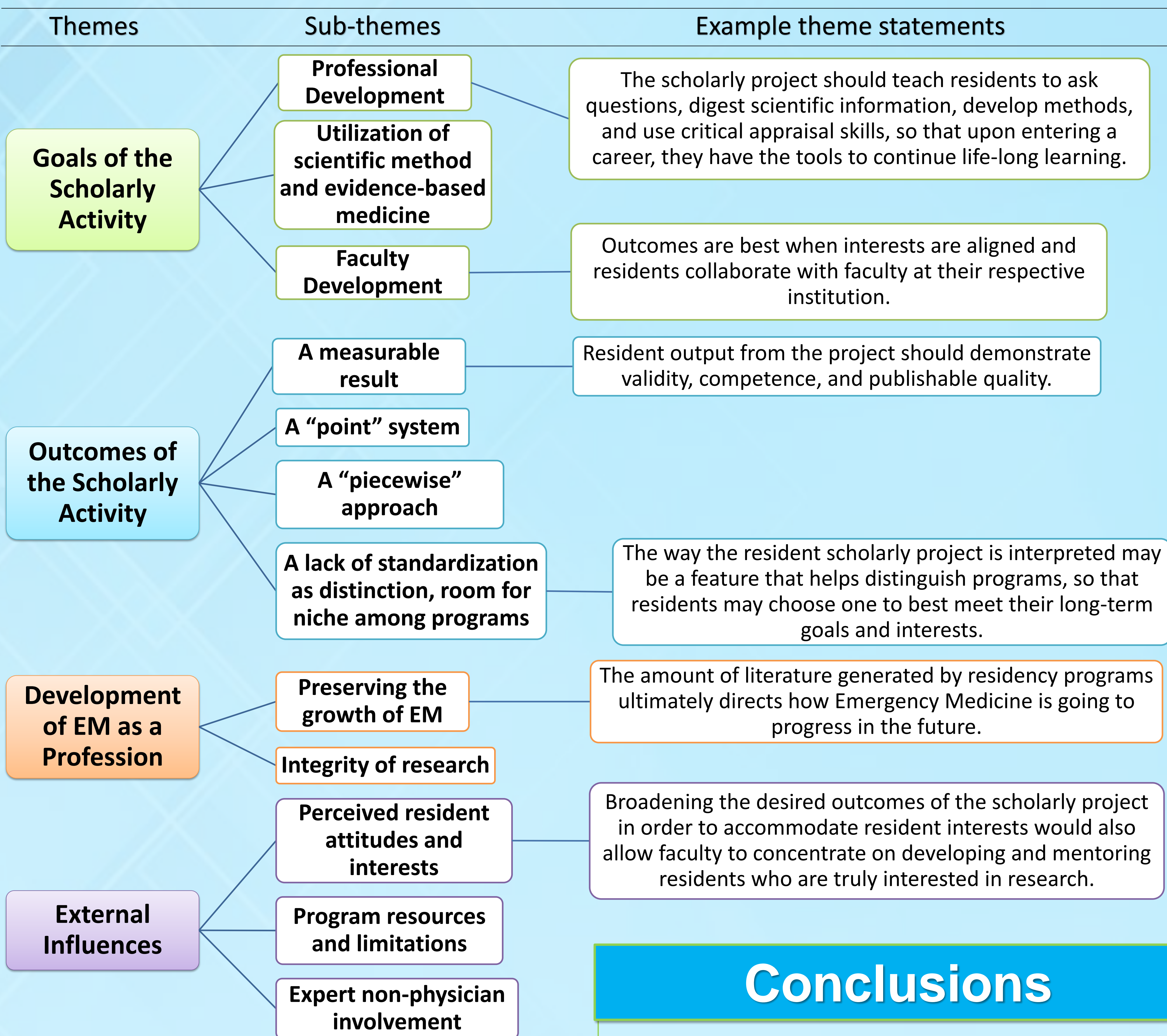
First Round

- Selection of stakeholders and participants
 - Association of Academic Chairs in EM Residency Review Committee/ACGME Program Directors
 - Emergency Medicine Resident’s Association
- Creation and distribution of survey
- Analyzing results (360 responses) to determine initial areas of concordance and discordance
- Dissemination of results from initial survey

Second Round

- Consensus Meeting
 - Stakeholder representatives share viewpoints
 - Group discussion (>50 participants)
 - Re-rank outcomes using anonymous polling
- Qualitative Analysis
 - Data: Transcript from consensus meeting
 - Primary themes, or parent nodes, identified using deductive approach through content analysis via coding of transcript
 - Further deductive analysis used to identify subthemes, or child nodes

Results



Discussion

- Attitudes toward the EM resident scholarly activity have evolved with time.
- Primary goal: Instruct residents on the process of scientific inquiry.
- Ideas for outcome metrics varied greatly among participants.
 - Traditional methods, such as authorship on peer-reviewed original research publications will always be one of a number of ways to evaluate faculty productivity.
 - It is critical to address how to evaluate contributions via non-traditional formats and work products, such as blogs, contributions to FOAMed websites, tweets, etc.
 - It will be incumbent upon stakeholders to address how to measure and recognize these new traditional scholarly activities and academic accomplishments and how to create an academic currency from them that can be recognized institutionally.
- Limitations
 - Potential for bias
 - Possibility that individuals who participated do not represent range of opinions
 - Survey limits

Conclusions

- The consensus document may serve as a best practices guideline for EM residency programs by delineating the goals, definitions, and endpoints for the EM resident SA.
- Each program must evaluate the resources available and individually implement requirements by balancing the residency review committee requirements with their own circumstances.
- Themes emerged during the consensus process highlight this integral connection between healthcare systems, leadership, and the ultimate goals and outcomes of resident scholarly activity.
- Springboard for discussion of possibilities for future change in the system
- Exploring leadership in medicine, and the process of building consensus

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