Measuring Resident Experience with Intraoperative Hemorrhage

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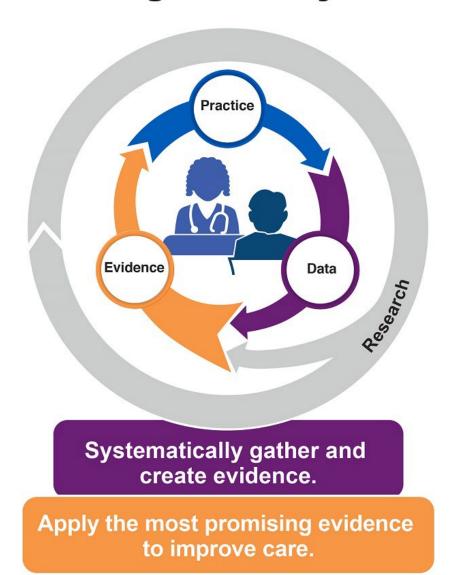
Disclosures

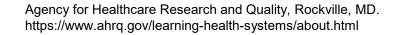
- Foundation for Anesthesia Education and Research
 - FAER-REG 08-15-2023

- Michigan Medicine Graduate Medical Education Innovation Grant Program
 - Award U078433



Learning Health Systems

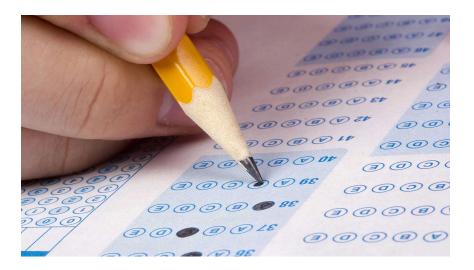


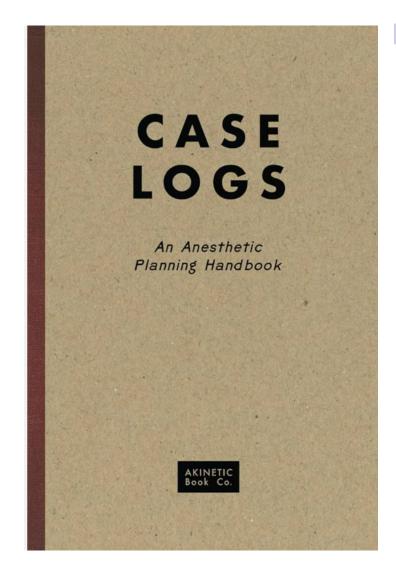




Current data for anesthesiology GME







ACGME Competencies

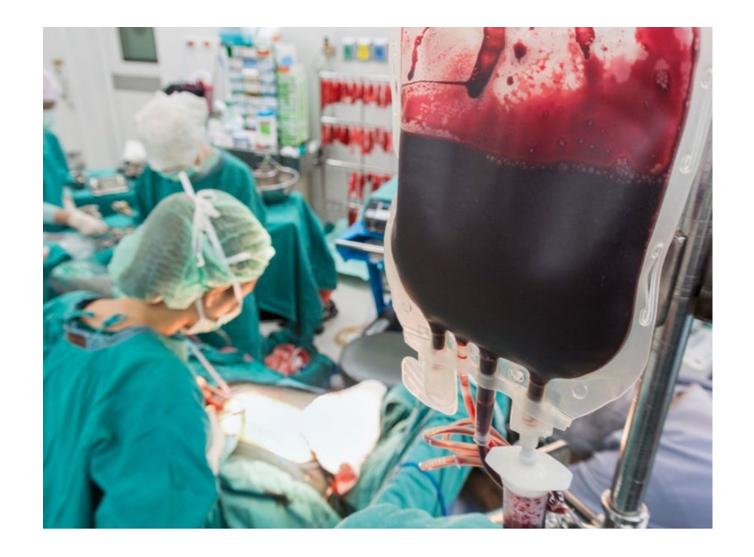








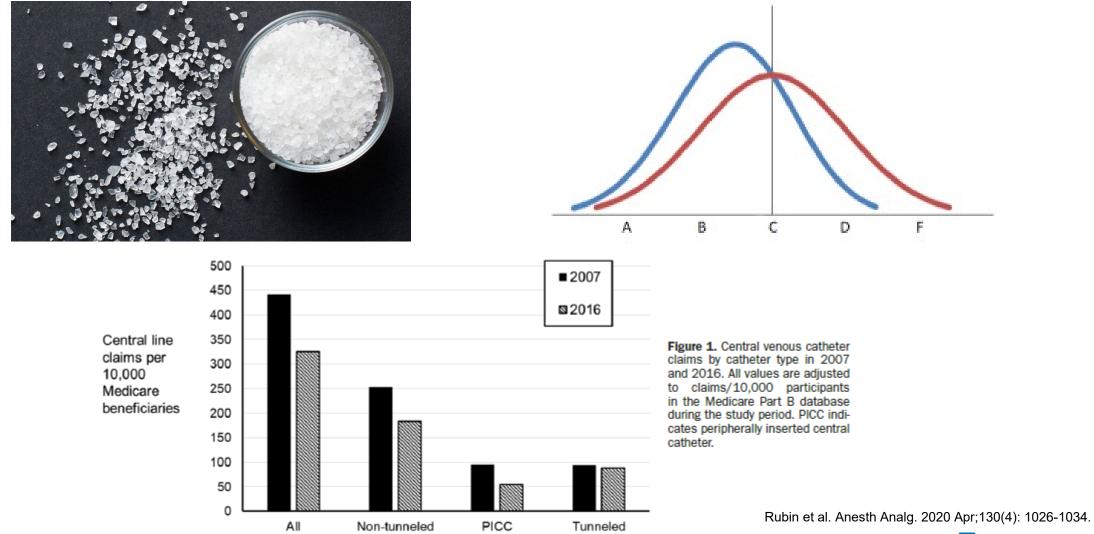
How might MPOG data help improve Graduate Medical Education?







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INSPECT: Improvement in the Scope and Precision of Educational Cases for Trainees

• Aim 1: Quantify and describe the experience of anesthesiology residents with severe intraoperative hemorrhage resuscitation.

• Aim 2: Determine trainee and program factors associated with low (<25th percentile) resident exposure to severe hemorrhage resuscitation.

• Aim 3: Develop and optimize data visualization tools for use by Program Directors to improve resident education.



Study population

- 37 MPOG centers with anesthesiology residency training programs
 - 28 centers with sufficient resident data for inclusion in study

• 4 resident cohorts from graduation years 2020-2023

1640 total residents



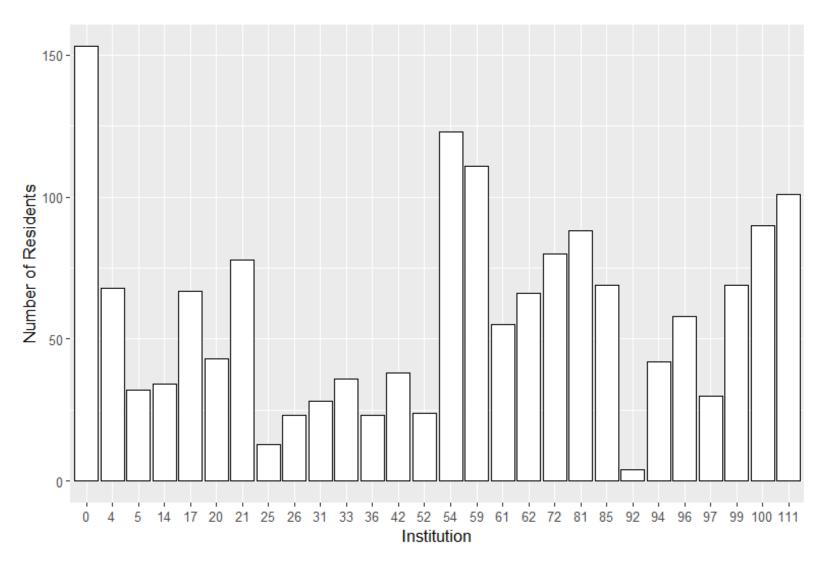
Study outcomes

Primary outcome severe hemorrhage resuscitation (equivalent of 4 units of pRBCs)

- Secondary outcomes
 - pRBC transfusion management (transfusion of any volume of red blood cells)
 - Non-pRBC transfusion
 - Pediatric transfusion
- Subgroup analyses
 - Emergency status
 - Surgical subgroups
- Factors associated with resident participation in severe hemorrhage resuscitation

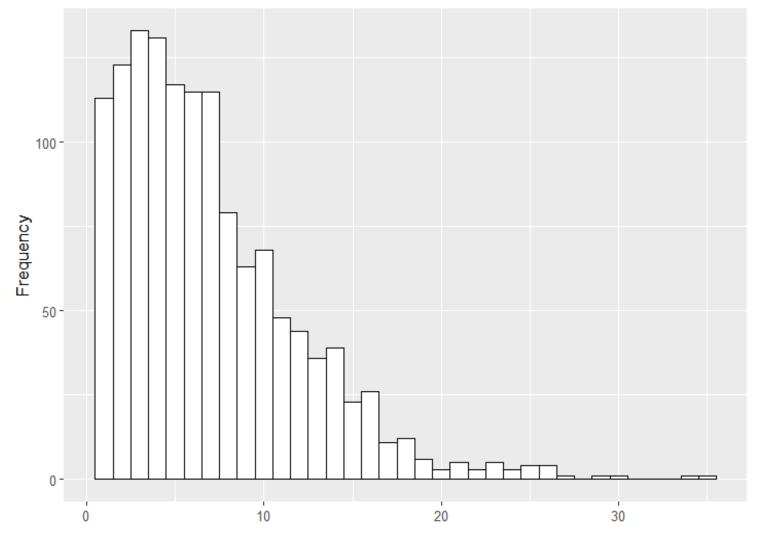


Distribution of residents across centers (preliminary data)





Resident cases with severe hemorrhage (preliminary data)

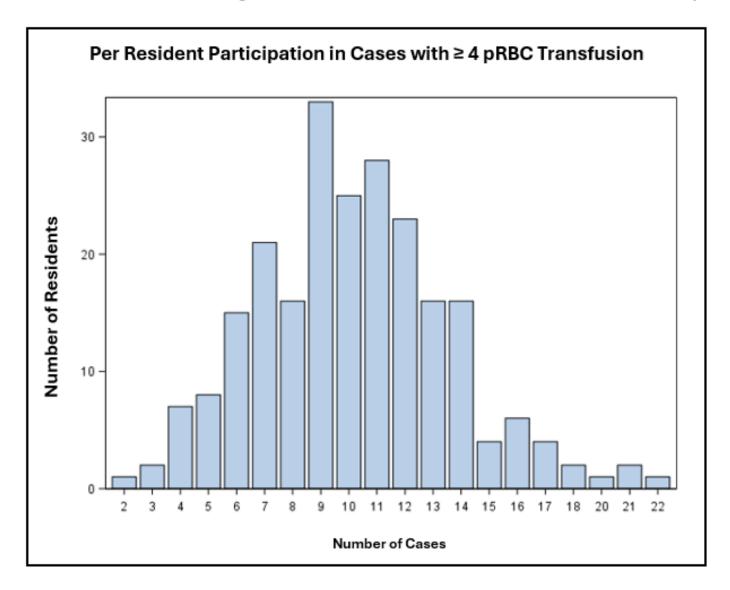


Median	Range (min, max)	IQR (Q1, Q3)
6	(1,35)	(3,10)

Per resident number of cases with severe hemorrhage

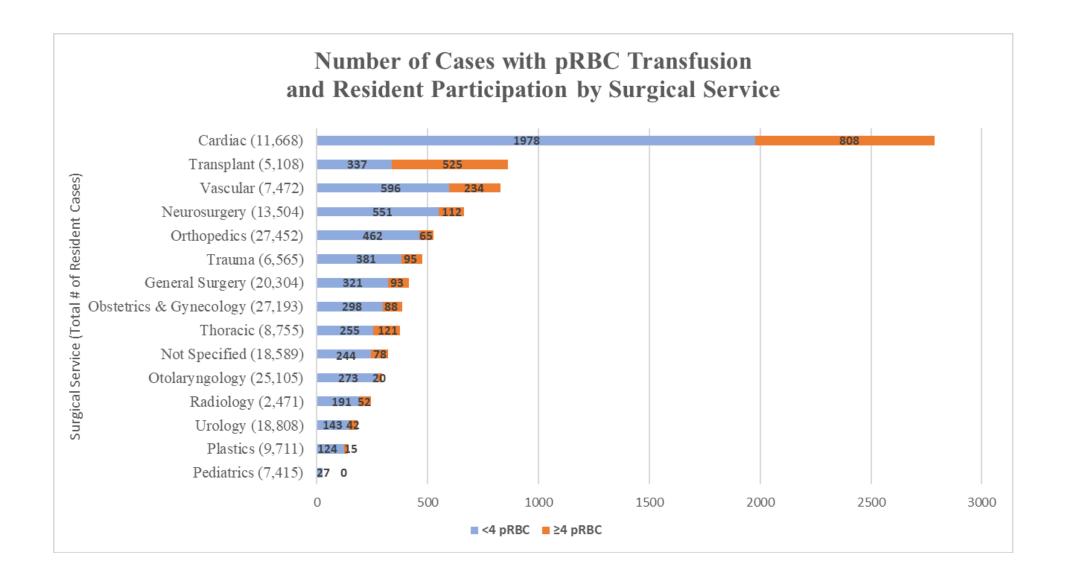


Single Center Data: Severe Intraoperative Hemorrhage



Median	Range (min, max)	IQR (Q1, Q3)
10	(2, 22)	(8,12)

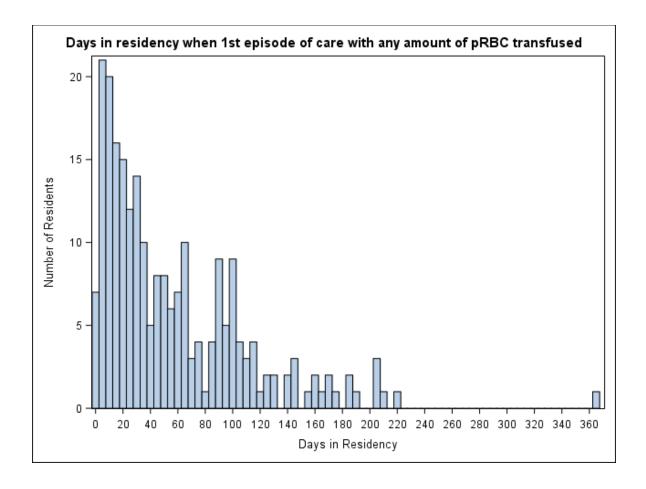


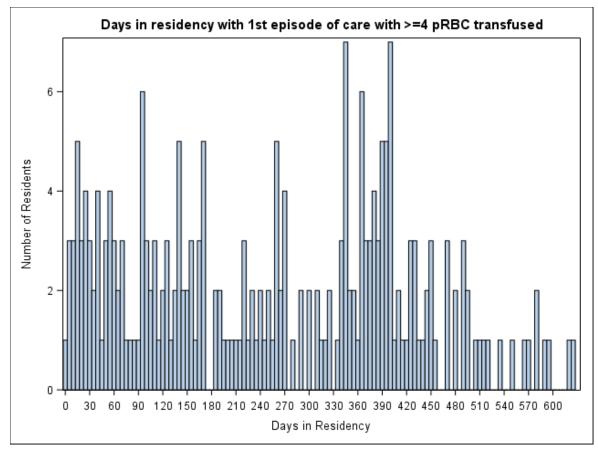


^{*}Single center data



Timing of first exposure





*Single center data



How might we use this data to improve education and ultimately patient care?

- Educational scaffolding
- Reflective practice
- Smooth variability across residents
- Intentional scheduling to increase likelihood of specific clinical scenarios
- Identify high value low frequency scenarios for simulation



Key Points Summary

- MPOG data can be used to support GME
 - Can provide normative data
 - Responsive to shifts in clinical practice
 - Precision education
- May allow for optimized experiential learning
- Rich opportunity to further explore



Mentors and Collaborators

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