# Evaluation of an Electrodiagnostic Bootcamp Course for Physical Medicine and Rehabilitation Residents

Naveen Singh Khokhar, DO

BRODY SCHOOL OF MEDICINE

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## **Collaborative Team Members**

- John Norbury, MD, ECU PM&R Faculty, Electrodiagnostics and Neuromuscular specialist, Primary Educator for EDx Bootcamp
- Athanasios Tzaras, MD, ECU PM&R Resident, Assisted with collecting data and forming abstract
- Clinton Faulk, MD, ECU PM&R Faculty, Development and planning for Edx Bootcamp



## Introduction and Rationale

- ■Understanding electrodiagnostic (EDx) studies is core competency for a Physical Medicine and Rehabilitation (PM&R) resident.
- ■To perform these studies, the provider requires an understanding of neuromuscular anatomy, nerve physiology, and the technical components of the EDx machine.
- ■Typically, rotations in the EDx lab start in the senior resident years (PGY3-4) for PM&R residency.
- ■EDx bootcamp course was designed and implemented at the beginning of the academic year.
- ■Goals are to improve competency with these procedures and to develop a program that can be repeated yearly.

# ACGME Requirements

Procedure	Minimum
EMG/NCS (Total performed and observed)	200
EMG/NCS (Performed)	150
Axial Epidural Injection (Total)	5
Axial: facet, SI joint, nerve block (Total)	5
Periph joint/intra-artic inj/tendon sheath/bursa inj (Total)	20
Periph joint/intra-artic inj/tendon sheath/bursa inj (Performed)	15
Botulinum toxin injection (Total)	20
Botulinum toxin injection (Performed)	15
Ultrasound (Total)	10



# Methods/Description

### ■Setup

- ■1<sup>st</sup> session: (PGY1-4s): EDx basics.
- ■2<sup>nd</sup> session: (PGY3-4): Routinely performed studies.
- ■3<sup>rd</sup> session: (PGY3-4): Less frequently performed studies.
- ■Pre-course material
  - Readings and Quizzes

### Measures

- ■Post-course survey: 7 questions measurable on a graded scale 1-4 with 1 being poor and 4 being excellent with a maximum possible score of 28 points
- Average scores on the EDx portion of the PM&R residency in-service exam (SAE) from 2020 were compared to the average scores for 2021

### Results

- Session 1: 14 residents participated (5 PGY1s, 4 PGY2s, 3 PGY3s, and 2 PGY4s).
  - Pre-quiz had 5 questions and the average score was a 60%.
  - Post-survey: 7 of 14 participants responded: average total score 27.9/28 points.
- Session 2: 9 residents participated (5 PGY3s and 4 PGY4s).
  - Pre-quiz had 11 questions and the average score was a 68%.
  - Post-survey: 6 of 9 participants responded: average total score 28/28 points.
- Session 3: 9 residents participated (5 PGY3s and 4 PGY4s).
  - Pre-quiz had 10 questions and the average score was a 51%.
  - Post-survey: 8 of 9 participants responded: average total score 28/28 points.



# Results of SAE

		2020 SAE	
Year	P	rogram	National
	2	50.8	58.3
	3	71.1	71.6
	4	76.9	77.7
Total		66.3	69

2021 SAE				
Year		Program	National	
	2	76.9	73.1	
	3	89.2	85.4	
	4	95.4	90.1	
Total		87.2	82.5	





### **Evaluation Plan**

- Plan for Routine Evaluation
  - Annual SAE exam in January for PGY 2-4s
  - Annual EDx SAE exam in May required for PGY 4s and optional for PGY 3s
  - Pre- and post-quizzes for each Bootcamp session



# Challenges Encountered

- Limitation with educators
  - ■Dr. Norbury lead each session
- Accountability for pre-course content
  - ■Pre-readings and pre-quizzes
- Difficult to simulate true pathology in a teaching session
- ■Difficult to simulate technical issues that can happen in the real world

### Lessons Learned

- Bootcamp sessions reviewing high yield topics are an efficient way to teach a difficult topic
- Bootcamp sessions are repeatable and can ensure repetitive learning
- Dependent on faculty to dedicate time to education as each session was a few hours
  - Possibly include more faculty in the process

# Next Steps

- ■Include into didactic schedule to repeat the Edx Bootcamp in June/July with the next cycle of residents
- ■Find other faculty or residents to share burden of education
- ■Find more ways to include technically challenging cases
- ■Possibly include ultrasound in the future as the field of neuromuscular ultrasound is growing



# Acknowledgements

• John Norbury, MD

